Date Received 2-27-73

ICAR(S) Application No 562

T C No.

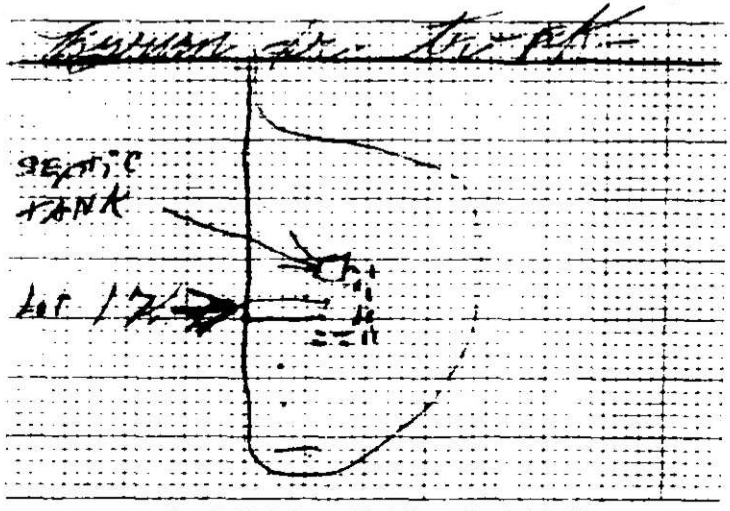
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1. Install or Construct 2. ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3. PLOT PLAN (ACCURATELY DIMENSIONED)

4. No. Bedrooms 2
5. Business Units Yes No
Employees
6. Washing Machine ✓ Yes No
7. Garbage Disposal Yes ✓ No
8. Dishwasher Yes ✓ No
9. Water Supply
A. Individual Well ✓
B. Governmental System
C. Community System
1. Well source
2. Governmental source
10. Sewage System
House located within 200 feet of public sewer Yes ✓ No
House located within 200 feet of community sewer Yes ✓ No
11. FHA Case No
12. VA Case No

13. NAME OF OWNER Sloan Ralph E.
(LAST FIRST MIDDLE)

14. ADDRESS OF OWNER 1143 Bynum Dr

15. PHONE NO Home 535-2372 Office Same

16. LOCATION OF SYSTEM Bynum Dr. Trailer Pk
(STREET OR COUNTY ROAD)

17. SUBDIVISION Lot No. 17 Block No.

Map Book No Page No. 3720

18. DEED REFERENCE — DEED BOOK AT PAGE

19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN

20. PTR NUMBER (See Instructions)

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

6-21-73
DATE OF APPLICATION

Ralph E Sloan
OWNER

FORM NO. E-4-A-(2)

HEALTH DEPARTMENT'S COPY

Date Issued 8/9/73 Serial No. 4155 ICAR(S) Permit No. 5662

T. C. No. _____

Map Date _____

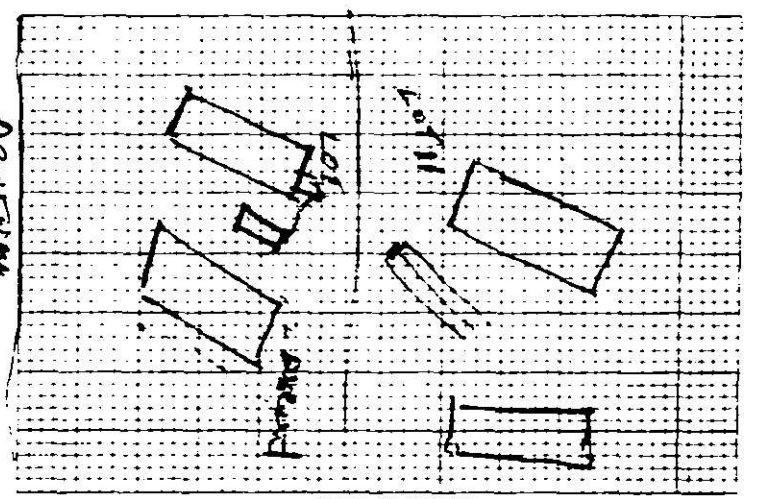
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, X Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 5662 dated ___ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 8/30/73, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1"

Tank Construction 1"

Absorption and/or Nitrification Lines

Total Line Lenght 300' Equiv

Number of Lines 3 (1½' x 33' x 36")

Distance from House 10'

Distance from Property Line 60' +

Distance from Well 100' +

NAME OF OWNER Ralph E. Sloan (By Rum Dr. Tur Pk)

LOCATION OF PROPERTY By Rum Dr. Lot 17 - 11

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: R. Cooks 2 wks NEW T in TANK 1" Below Present

JA/bbb

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8/10/73 Serial 3756 C of A (s) No. 5662

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner SLOAN (LAST) RALPH (FIRST) E (MIDDLE)

Location of Property BYRUM RD TURN LOT 17-11

Application Number 5662 Permit Number 5662

Inspection Data:

Liquid Capacity of Tank RE Tank Material P / R

Total Length of Drain Tile 200'+ Number of Lines 4 (10'X 25' X3'

Depth of Filter Material 24" Cover Depth 24"

Water Supply Source COMM WELL Distance from Water Source 100'+

Excavation Inspected 8/10/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 8/10/73 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ____ installed or constructed, X altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit (s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: R. OAKS. IF FUTURE TROUBLE W/ SYSTEMS DEVELOP RECOMEND SEPERATION OF WASHER DRAINS

L L Bridgeman
(Environmentalist)

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY