Date Received 2-20-73

ICAR(S) Application No 5604

T C No 001-281-05-4

Map Date 3-24-72

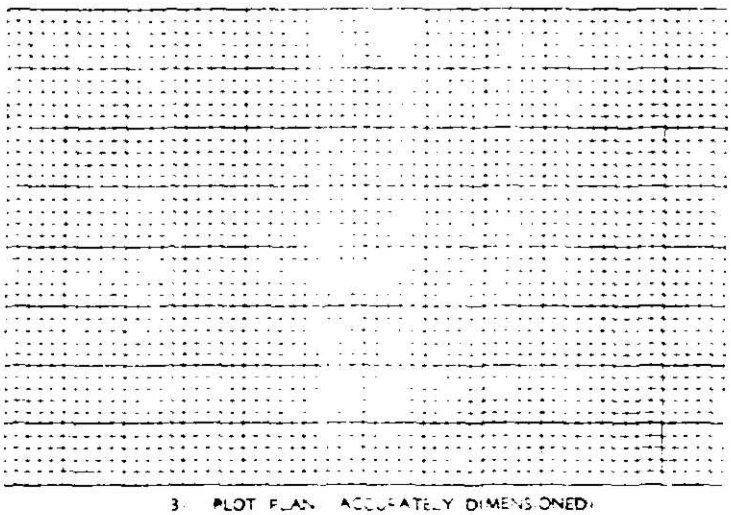
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

( ) Install or Construct ( ) (X) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER MARSHALL (LAST) FRANCELLA (FIRST) TURNER (MIDDLE)

14) ADDRESS OF OWNER 3500 BEDFORD CIRCLE CHARLOTTE NC 28211

15) PHONE NO Home 364-5655 Office 333-8125 CR MARSHALL (MU-CAMD)

16) LOCATION OF SYSTEM TUSKAWILLA RD (TRAIL) (STREET OR COUNTY ROAD) AT CIRCLE END OF RD 1/2 MILE OFF OF ~~SR~~ SECTION 6

17) SUBDIVISION Lake Norman Lot No 308 Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

20) PTR NUMBER (See Instructions) 5604

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.

2-26-73
DATE OF APPLICATION

Francella T. Marshall
OWNER

FORM NO E-4-4-

HEALTH DEPARTMENT'S COPY

Date Issued February 26, 1973 Serial No. 2567

LA No 5604

T C No 001-281-05-U

Map Date 3-24-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Marshall (LAST) Francella (FIRST) Turner (MIDDLE)

ADDRESS OF OWNER 3800 Sedgewood Circle ZIP 28211

LOCATION OF LOT Tuskarora Trail (STREET OR COUNTY ROAD)

SUBDIVISION Lake Norman LOT NO 308 BLOCK NO Section 6

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption effluent discharge based on the percolation test results which yielded a percolation rate of * on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation Construction, Alteration and/or Repair Permit" number 5604. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run
2. That an "Installation Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration and/or Repair Permit

* Adding 2 bedrooms and 1 bath. Will add-200 feet to drain field before ~~final~~ final building inspection.

Environmentalist

Director, Environmental Health Division

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 28 Feb 73

Serial No. 2378

ICAR(S) Permit No. 5664

T. C. No. 061-281-05-4.

Map Date 24 Mar 72

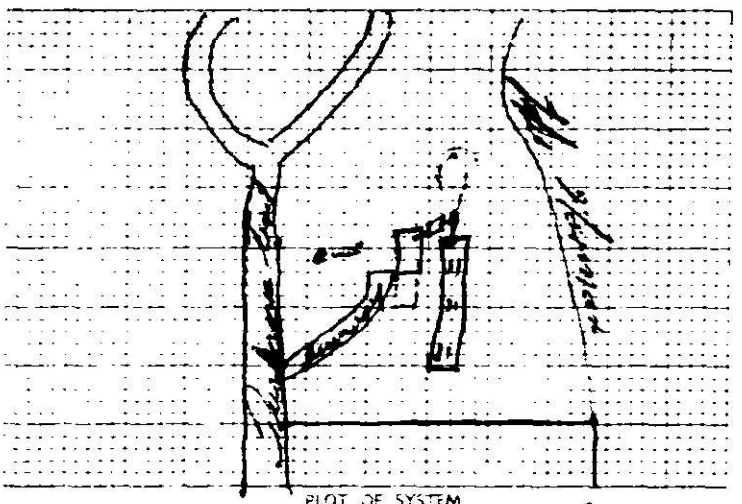
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ... Install or Construct ✓ Alter or Repair the individual septic tank waste-water 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 5664 dated 26 Feb 73 and this permit shall be void or of no effect if the information provided in the application is not true or correct. All work shall be completed on or before 28 Mar 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght 200'

Number of Lines 2 (5'x100'x11")

Distance from House 15'

Distance from Property Line 8'

Distance from Well 50'

NAME OF OWNER Mansfield, Francella Evans

LOCATION OF PROPERTY Nahanna Trail (Mck Park.

The system must 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 unusable or it can be used.

Comments: Baptist (Tank)

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 5-67

HEALTH DEPARTMENT'S COPY

Serial No. 3046

C of A (s) No. 5604

Date Issued 15 Mar 73

T C No. 001-284-05-21

Map Date 24 Mar 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Marshall, Lavelle (LAST, FIRST) Lamar (MIDDLE)

Location of Property Sunbeam Trail Mck. Rt. 1

Application Number 5604 Permit Number 5604

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Syrian

Total Length of Drain Tile 200' Number of Lines 2 (3 x 100' x 17')

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 15 Mar 73 (DATE) Tank Inspected 15 Mar 73 (DATE)

Nitrification Field Inspected 15 Mar 73 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 ~~or~~ 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: Graphics (Contour)

M. L. Ruby
Environmentalist

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

HEALTH DEPARTMENT'S COPY