B

SEE INSTRUCTIONS ON BACK

Date Received 5-25-73

ICAK(S) Application No 6371

T C No 219-012-06

Map Date 10-2-70

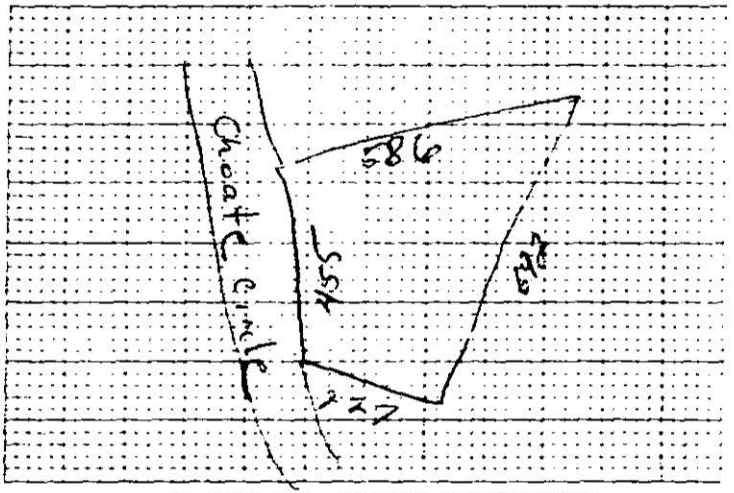
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of Bedrooms 3

5 Bathrooms With No. Employees

5 Washing Machine Yes ✓ No

7 Garbage Disp. Yes No ✓

8 Dishwasher Yes No ✓

9 Water Supply

A Individual Supply ✓

B Governmental System

C Community System

1 Well

2 Governmental System

D Spring

Private Spring Supply Yes

If Public Water Yes No

Private Individual Supply Yes

Community Water Yes No

FHA Case No

VA Case No

13) NAME OF OWNER Gordon (LAST) A. (FIRST) F. (MIDDLE)

14) ADDRESS OF OWNER 4-L Pineville, N.C. 28134

15) PHONE NO Home 588-0239 Office

16) LOCATION OF SYSTEM Choate Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No 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)

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

DATE OF APPLICATION

OWNER A. F. Gordon

FORM NO E-4-5-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/25/73

Serial No. 3735

ICAR(S) Permit No. 6371

T C No

Map Date

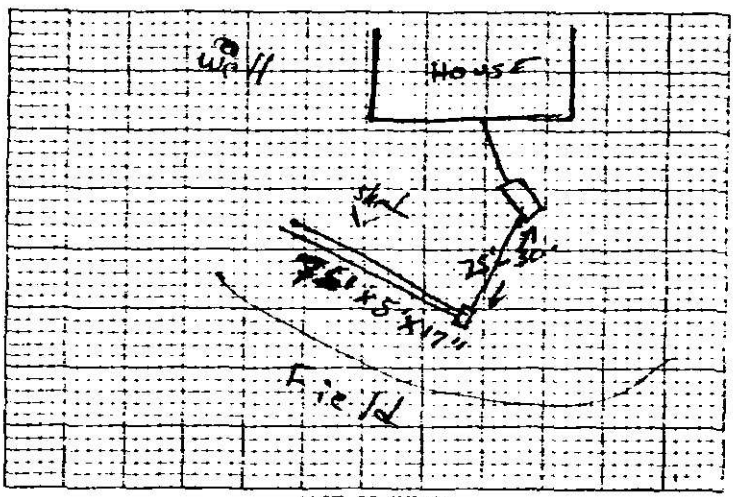
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby 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 6371, 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 June 25 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 Length 150 2(5'X75'

Number of Lines 2

Distance from House 50'+

Distance from Property Line 100'+

Distance from Well 50'+

NAME OF OWNER A. F. GORDON

LOCATION OF PROPERTY CHOATE CIR. (3rd brick from York Rd on N. side

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: Add new "T" to tank elevated 1" above existing T - new solid line 1/4" - 10' (MIN fall) to new dist box

RL McC/LPB

Division or Section Head

L P Bradshaw

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

...UMENTS COPY

Date Issued 7/6/23 **Serial No.** 3584 C of A (s) No. 6371

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 Gibson (LAST) A (FIRST) F (MIDDLE)

Location of Property Heath Cir 3rd pickup from Yates Rd

Application Number 6371 Permit Number 6371

Inspection Date:

Liquid Capacity of Tank 1250 Tank Material ~~CONC~~ VC

Total Length of Drain Tile 150 Number of Lines 2

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Ind well Distance from Water Source 50'+

Excavation Inspected 7/6 (DATE) Tank Inspected 7/6/23 (DATE)

Nitrification Field Inspected 7/6 (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, ____ 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: Tank Repair not installed according to instructions of permit. Verbal permission given to contractor to add new line from point of cut in to old line by back-hoe. Applicant attempt made to locate tank by probing or hand shoveling.

LP Brigmon
Environmentalist

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

HEALTH DEPARTMENT'S COPY