SEE INSTRUCTIONS ON

Date Received 5-3-23

ICAR(S) Application No. 6141

B

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

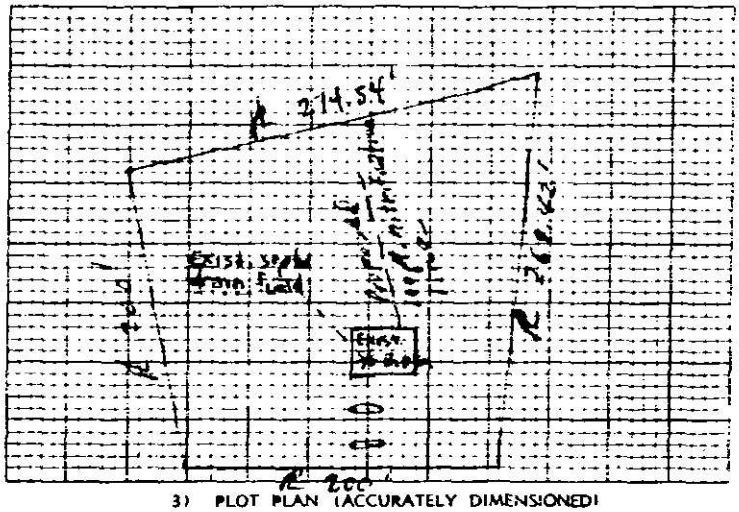
ENVIRONMENTAL HEALTH DIVISION

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

100 ft nitrification line



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms N/A

5) Business Use / Max No. Employees 4 none

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. N/A

12) VA Case No. N/A

13) NAME OF OWNER TEXACO INC.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P.O. Box 88 Paw Creek, N.C. 28130

15) PHONE NO. Home N/A Office c/o 704-399-3374

16) LOCATION OF SYSTEM I-85 and Sam Wilson Road
(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.

5/3/23
DATE OF APPLICATION

K. A. Kelly - Dist Engr. Cam
APPLICANT

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 6/7/73

Serial No. 3829

ICAR (S) Permit No. 6141

T. C. No. _____

Map Date _____

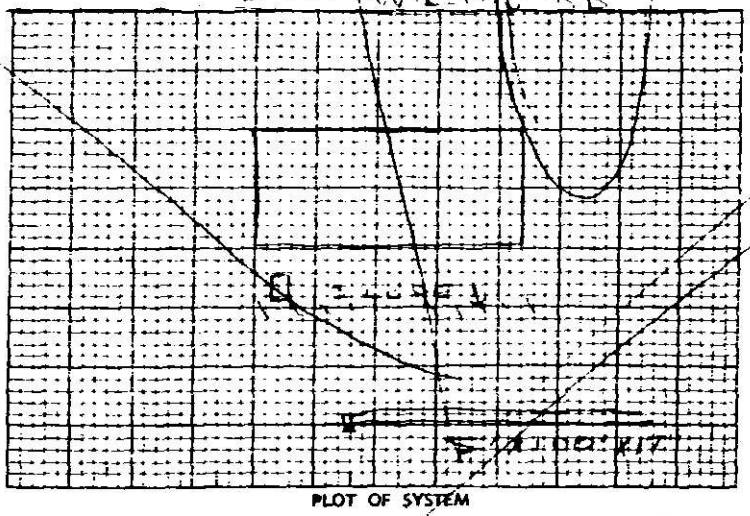
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ☐ 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 5345, dated 5/31/73 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 7/31/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

APPROVED

Percolation Rate 1 IN 45 MIN SOIL

Liquid Capacity of Tank 1000 DIRECT DISCHARGE

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 200

Number of Lines 2(5'x100'

Distance from House 40'+

Distance from Property Line 10' MIN

Distance from Well 50'

NAME OF OWNER ~~GEORGE WILLIAM BAKER~~ TEXACO INC.

LOCATION OF PROPERTY T 55 & SAM WILSON RD.

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: F. SALEY - 704-375-1515

6/11/73

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 6-15-73

Serial No. 3832

ICAR(S) Permit No. 6141

T. C. No.

Map Date

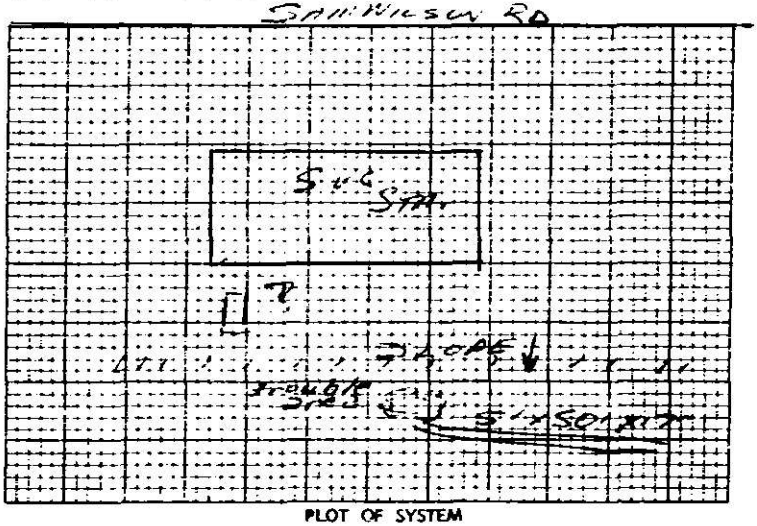
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6141, dated 5/3/73, 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank ?

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Lenght 100

Number of Lines 2

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 50'+

NAME OF OWNER TEXACO INC.

LOCATION OF PROPERTY I-85 & Sam Wilson Rd.

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: THIS PERMIT SUPERSEDES SERIAL # 3829
New line to be added from shallow pocket of stone
elevated min. 4" above existing stone

RF NC / JHB

Division or Section Head

R P Bridgeman

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 6/22/73 Serial No. 3516 C of A (s) No. 6141

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 TEXACO INC. (LAST FIRST MIDDLE)

Location of Property I-85 @ Sam Wilson Rd.

Application Number 6141 Permit Number 6141

Inspection Data:

Liquid Capacity of Tank REPAR Tank Material →

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 17" Cover Depth 28"

Water Supply Source IND WELL Distance from Water Source 52'

Excavation Inspected 6/28/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6/28/73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: RECOMMEND LANDSCAING TO SHIFT STORM DRAINAGE FROM OVER SYSTEM. LOW AREAS PERMIT INFILTRATION OF RAIN WATER

J R Bridges

Environmentalist

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

HEALTH DEPARTMENT'S COPY