SEE INSTRUCTIONS ON BACK

Date Received 4-13-73

ICAR(S) Application No 6019

T C No

Map Date

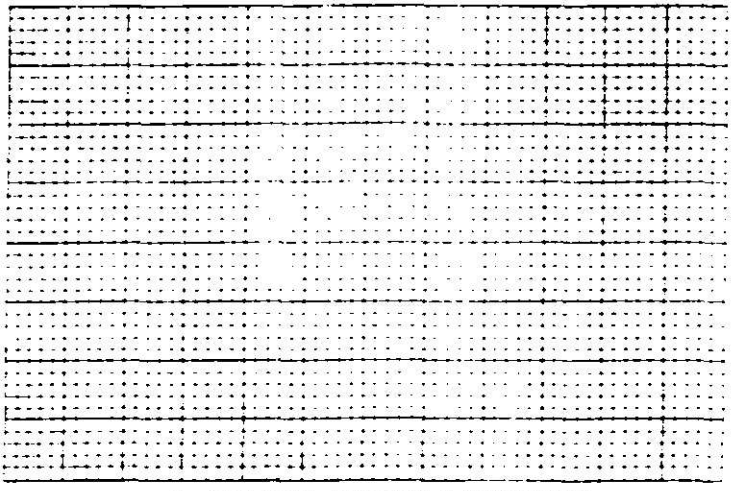
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 of Bedroom 3

5) Business Use Max No Employees

6) Washing Machine ✓Yes No

7) Garbage Disposal Yes ✓No

8) Dishwasher Yes ✓No

9) Water Supply
A) Individual Well
B) Government
C) Community
1) Well
2) Government

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 Charlotte Mech. Bd of Ed (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 3101 Wilkinson Blvd, Charlotte, N C

15) PHONE NO Home 392-4392 Office

16) LOCATION OF SYSTEM 483 Cathy Rd. (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.

X 4/13/73
DATE OF APPLICATION

X Charlotte Mech. Bd of Ed
OWNER

Sam Arthur
Frank Stephenson

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3648

ICAR(S) Permit No. [illegible]

Date Issued. [illegible]

T C No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

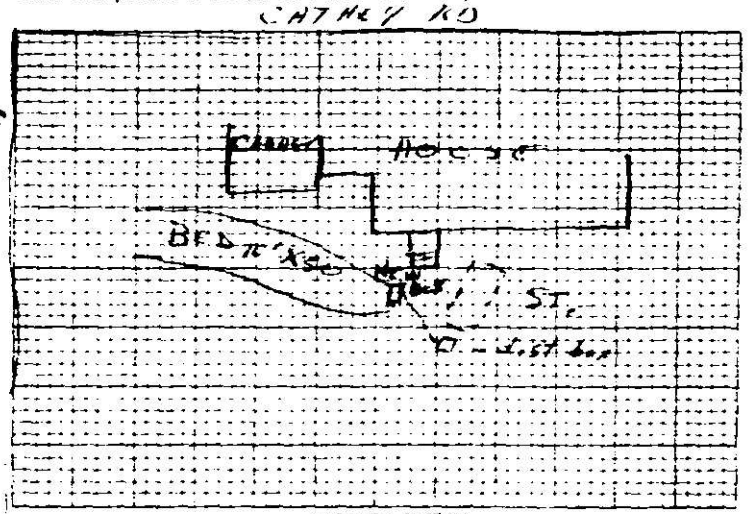
ENVIRONMENTAL HEALTH DIVISION

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 [illegible], dated [illegible] 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 MAY 30, 73, after which date this permit shall be null and void

CATHEY RD



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank ?

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Lenght 200

Number of Lines 4

Distance from House 10'

Distance from Property Line 10' MIN

Distance from Well ___

NAME OF OWNER MECK BD. OF ED. (PAW CK SCHOOL)

LOCATION OF PROPERTY CATHEY RD & BROOKLAIN DR.

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. BEDROOM - 4 LINE

[illegible]
Division or Section Head

[illegible]
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 DEPARTMENTS COPY

Date Issued 6/20/73 **Serial No.** 3432 C of A (s) No. 6017

T. C. No. 031-032-08

Map Date 3/4/22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CHAR-MECK. BD. OF ED. (LAST, FIRST, MIDDLE)

Location of Property CATHEY RD @ BROOKLAIN DR. (PRINCIPALS HOUSE)

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank ? Tank Material REPAIR

Total Length of Drain Tile 200 Number of Lines 6

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source Govt. Distance from Water Source —

Excavation Inspected 6/20/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6/20/73 (DATE)

Washing Machine Line Inspected, If Applicable N/A (DATE) (BOX TO BE REPLACED ON TAMPED EARTH)

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 SOIL APPEARS TO BE IMPERMEABLE

R L Bridgeman
Environmentalist

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

HEALTH DEPARTMENT'S COPY