Date Received 1-23-73

ICAR(S) Application No 5454

T C No 141-012-02

Map Date 9-1-70

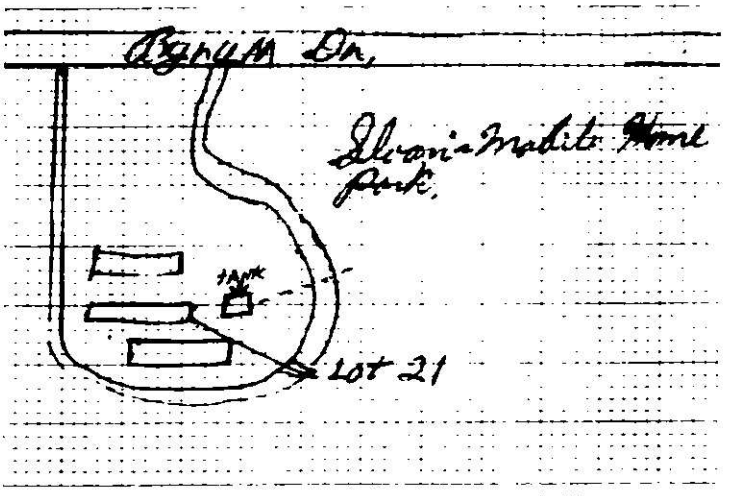
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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

[illegible] Alter or Repair an individual septic tank wastewater treatment system at the [illegible] of Effluent Discharge




Garbage D[illegible] Yes No
Dishwasher Yes No
Water Supply
Sewage System
Public Water Yes No

3 PLOT PLAN ADEQUATELY DRAWN

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

14) ADDRESS OF OWNER Rt 3 Byrum Dr.

15) PHONE NO Home [illegible] Office 525-2392

16) LOCATION OF SYSTEM Byrum Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 21 Block No. [illegible]

Map Book No [illegible] Page No [illegible]

Account No 141-012-02-C

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 8720

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES [illegible] NO DATE RUN [illegible]

20) PTR NUMBER See instructions [illegible]

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.

1-19-73
DATE OF APPLICATION

Ralph E Sloan
OWNER

FORM NO E 4-4[illegible]

**HEALTH DEPARTMENT'S COPY**

Date Issued 15 Feb 1973 Serial No. [illegible]936 ICAR(S) Permit No. 5454

T C No 141-012-02

Map Date 9-1-20

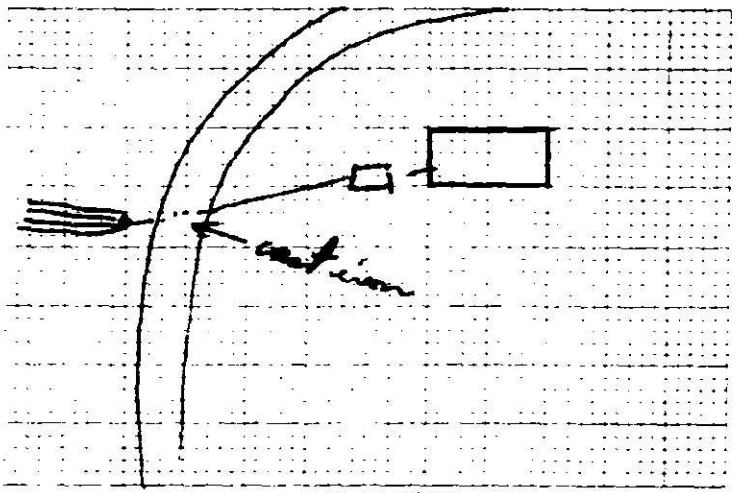
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is given to Install or Construct ✓ Alter or Repair the individual septic tank waste-water disposal system with subsurface soil absorption effluent discharge as specified herein at the described property. This permit is granted based upon the information supplied on application 5454, dated 1-23 73 and this permit shall be void and of no effect if the information provided in the application is found to be false. All work shall be completed on or before 15 May 1973 after which date the permit shall be void and of no effect.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Repair Data

Absorption and/or Nitrification Lines

Total Line Length 450 2/ft

Number of Lines 5 (12½ x 90)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph E Sloan

LOCATION OF PROPERTY Byrum Drive

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 unavailable for inspection.

Comment (60) Cast iron under road

Division or Section Head

Environmentalist John R Atkinson

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. [illegible]

[illegible] DEPARTMENT'S COPY

Date Issued 23 Feb 1973 **Serial No.** 2912

C of A (s) No 5454

T C No 141-012-01

Map Date 9-1-72

# 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 Drive

Application Number 5427 Permit Number 5454

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material precast material

Total Length of Drain Tile 450 lf Number of Lines 5 (12½ x 90)

Depth of Filter Material 12" Cover Depth 36"

Water Supply Source Comm well Distance from Water Source 100 ft

Excavation Inspected 2/22/73 (DATE) Tank Inspected 2-27-73 (DATE)

Nitrification Field Inspected _____ (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 and 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

John R Adkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY

City Hall
11/2/67

**CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT**
**PERCOLATION TEST RESULTS**

Location (St., Rd., Hwy.) 840 Eastway Dr
Subdivision Eastwood Park
Lot & Block No. 13 F
FHA Case No. _____

Owner Mr Dunn & Co
Builder _____
No. Perc. Holes 2

6 Hole Average

| | | | |
|---|---|---|---|
| 1st. Perc. Rate | 60 | Min./In. | Date |
| 2nd Perc. Rate | | Min./In. | Date |
| 3rd. Perc. Rate | | Min./In. | Date |
| 4th. Perc. Rate | | Min./In. | Date |

Lowest Rate Above = Average Perc. Rate 60

No. Bedrooms 3 Baths 2
Washing Machine ✓ Yes No Disposal ✓ Yes No

Separate ✓ Yes No Separate _____ Yes No

Tank Capacity 1000 Gallons
Nitrification Line 150 Lin. Ft. 1500 Sq. Ft.

**BUSINESS OR INDUSTRIAL BUILDINGS**

W. C. _____ Urinals _____ Lavatories _____
Showers _____ Sinks _____ Other _____
No. of Employees _____

Check:
Approved ✓
Disapproved _____
Conditional _____ Agreement Card Signed _____

_____
Sanitarian - Engineer