SEE INSTRUCTIONS ON BACK

Date Received 4 Dec 73

(CARIS) Application No 107-291-01 (291-S)

T C No 27-Apr 73

Map Date

200 gal
750 gal/ft
300 gal/ft for wash line

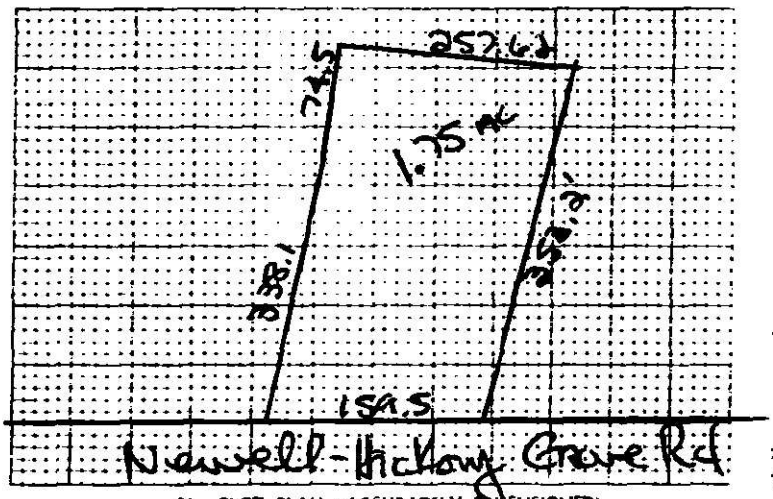
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ~~bedrooms~~ —

5) Business Type — Max. No. Employees 56 ✓

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

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

10) Sewage System
House located within 200' of public sewer Yes ✓ No
House located within 200' of community sewer Yes ✓ No

11) FHA Case No. —

12) VA Case No. —

13) NAME OF OWNER Sipes, James (Hickory Grove Child Development Center)
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt #8 Box 269-F 28212
(STREET OR RFD)

15) PHONE NO. Home 537-0673 Office —

16) LOCATION OF SYSTEM 7218 Newell-Hickory Grove 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.

4 Dec 73
DATE OF APPLICATION

James J. Sipes
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3667

LA No. 7292

Date Issued December 4, 1973

T. C No 107-291-01

Map Date 4-27-73

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 Sipes, James (Hickory Grove Child Development Center)
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Route 8, Box 269-F ZIP 28212

LOCATION OF LOT 7218 Newell-Hickory Grove Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

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 7292. 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.

* Will ~~xxxxx~~ install new septic system.

R.M Reynolds
Environmentalist

John R Adkerson
Director, Environmental Health Division or Authorized Section Head

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

Date Issued 9 JAN 74 **Serial No. 4694** ICAR(S) Permit No. 7292
T. C. No. 107-291-01
Map Date 27 Apr 73

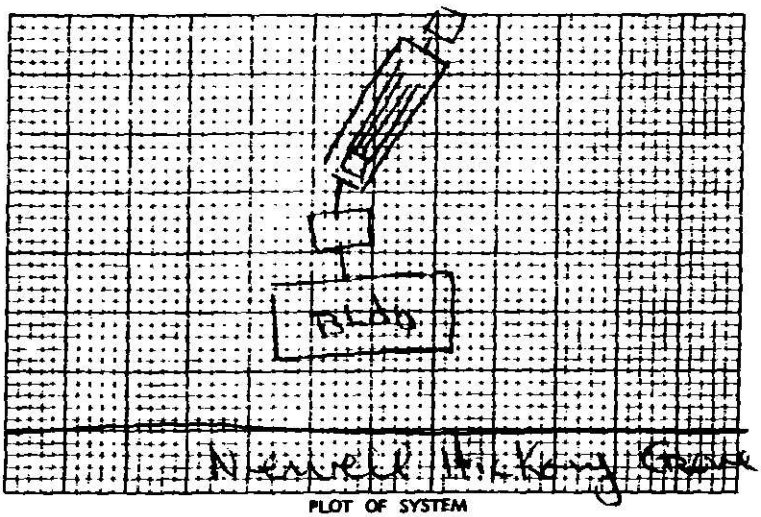
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7292, dated 4 Dec 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 9 Feb 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 1500 Rmin
Liquid Capacity of Tank 2000 gal
Tank Construction block
Absorption and/or Nitrification Lines:
Total Line Lenght 750 ft
Number of Lines (5) 12½' x 150'
Distance from House 10'
Distance from Property Line 10'
Distance from Well 100' +

NAME OF OWNER Lipes, James

LOCATION OF PROPERTY 7218 Newell-Hickory Grove 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 uninspecteble or can be used.

Comments: aeration pit 2½' x 7' x 4' stone

Division or Section Head

R. M. Reynolds
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 22Feb74 Serial 4448

C of A (s) No. 7292

T. C. No. 107-291-01

Map Date 27Apr73

John R Atkinson

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Sipes (LAST), James (FIRST)

Location of Property 7218 Newell-Hickory Grove (MIDDLE) Rd

Application Number 7292 Permit Number 7292

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 750ft Number of Lines (5) 12½' x 150'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 22Feb74 (DATE) Tank Inspected 22Feb74 (DATE)

Nitrification Field Inspected 22Feb74 (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: aeration pit O.K.

R. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY