Date Received 5-22-73

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No 6331

T C No

Map Date

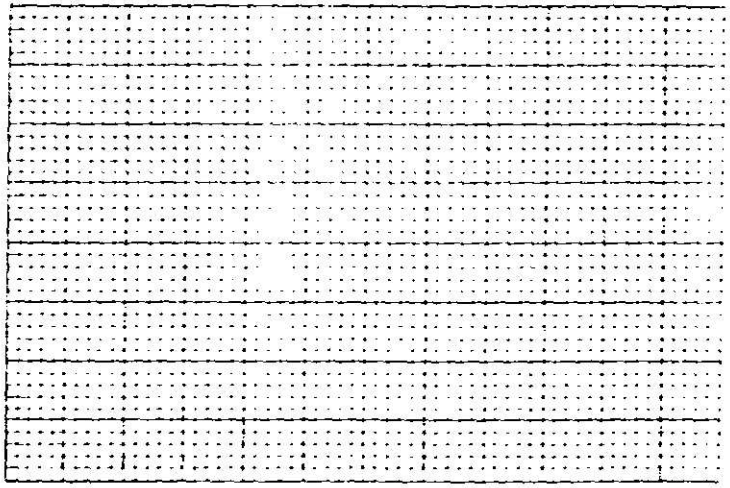
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of Bedrooms 3

5) Business use: No. of Employees ___

6) Washing Machine: Yes ___ No ___

7) Garbage Disposal: Yes X No ___

8) Dishwasher: Yes X No ___

9) Water Supply:
A) Individual Well ___
B) Government System X
C) Community System:
1) Well ___
2) Government ___

10) Sewage System:
Private septic tank & disposal field on property ___ Yes X No
Private septic tank & disposal field on property ___ Yes ___ No
community sewer Yes X No

11) FHA Case No ___

12) VA Case No ___

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER BALCUSKY (LAST) FRANK (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 129 SEDGEWICK TERRACE

15) PHONE NO Home 399-8612 Office 534-4703

16) LOCATION OF SYSTEM SAME 129 Sedgewick Terrace (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.

5/18/73
DATE OF APPLICATION

Frank E. Balcusky
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/24/73

Serial No. 3729

ICAR(S) Permit No. 6331

T C No

Map Date

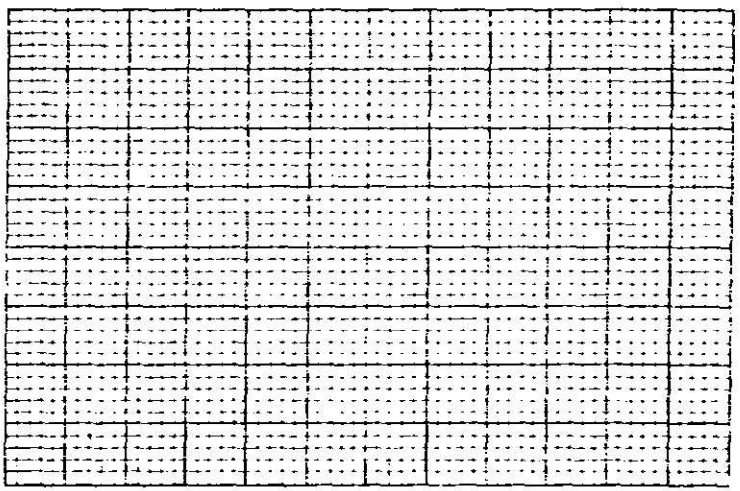
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 5/18/73 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 MAY 31, 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 2

Tank Construction PC

Absorption and/or Nitrification Lines 3 w M

Total Line Length 150 Sq

Number of Lines 1

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well City

NAME OF OWNER FRANK E BALOWSKY

LOCATION OF PROPERTY 129 SEDGWICK TERRACE

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: R. Staley - 10 days

RLMc/RPB.
Division or Section Head

R P Buchanan
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 NC E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5/25/73 Serial No. 3286 C of A (s) No. 6331

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 BALOWSKY (LAST) FRANK (FIRST) E (MIDDLE)

Location of Property 129 SEDGWICK TERRACE

Application Number 6331 Permit Number 6331

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material _____

Total Length of Drain Tile W.M. PIT 16'X6'X3 Number of Lines ST. 22'X6'X.5'

~~Depth of Filter Material~~ COVER WM 3' Cover Depth 30"

Water Supply Source CITY Distance from Water Source —

Excavation Inspected 5/23 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5/25 (DATE)

Washing Machine Line Inspected, If Applicable 5/25 (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: Before Tuflite or cinders used in previous installation(s) are crumbling & becoming ineffective

Environmentalist

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

HEALTH DEPARTMENT'S COPY