b

Date Received 7-31-73

AUG 1 1973
ENVIRONMENTAL HEALTH DIVISION

(CARS) Application No 6771

T C No 167-24

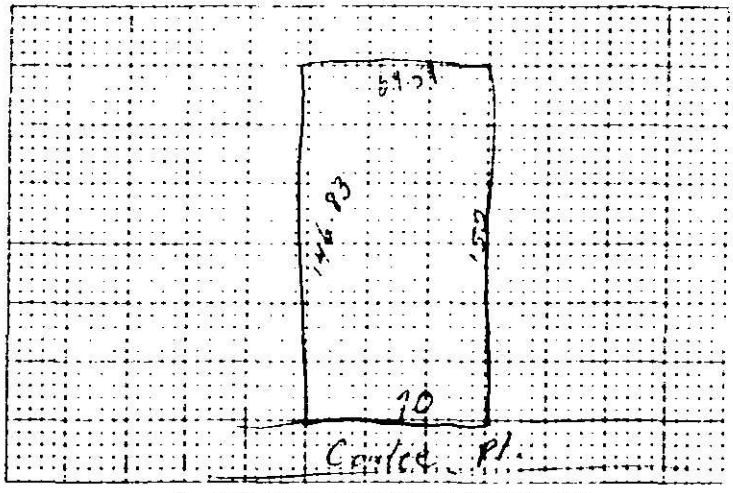
Map Date 9-

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



4) No of Bedrooms 3

5) Type of Use Residence
Employees

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

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

10) Public water Yes ✓ No

11) Community water Yes ✓ No

12) FHA Case No

13) VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Gordon (LAST) Janie (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 5742 Cooley Place

15) PHONE NO Home 523 1691 Office

16) LOCATION OF SYSTEM Back Yard (STREET OR COUNTY ROAD) County 5742 Cooley Pl.

17) SUBDIVISION York Mont Lot No 27 Block No I

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 content 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

31 July 1973
DATE OF APPLICATION

OWNER Janie Gordon

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8/7/73 Serial No. 4074 ICAR(S) Permit No. 6771

T. C. No. _____

Map Date _____

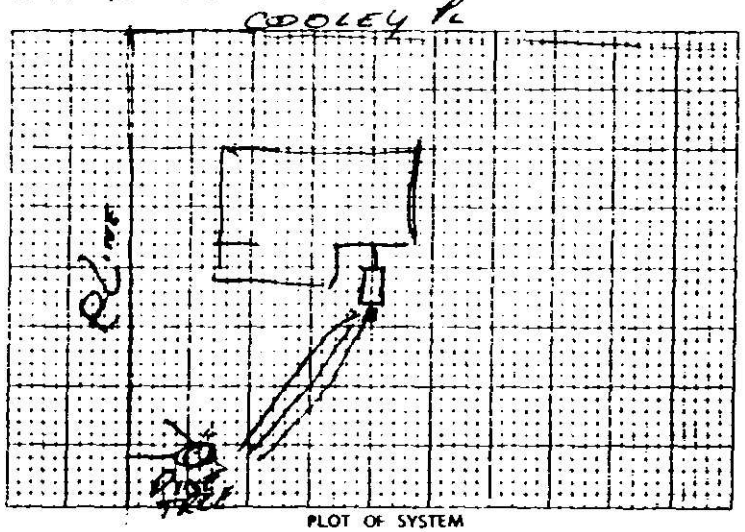
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6771, dated 7/31/73 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 8/20/73, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank "1

Tank Construction "1

Absorption and/or Nitrification Lines:

Total Line Length 120

Number of Lines 3(75' X 40' X 17"

Distance from House 20'

Distance from Property Line 10'

Distance from Well CITY

NAME OF OWNER JANIE GORDON

LOCATION OF PROPERTY 5742 COOLEY PLACE

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: Letter- CHECK FOR BOX & LINES BLOCKAGE CONNECT TO OLD SYSTEM AT (1) DIST BOX (2) NEW TIN TANK (3) AT PRESENT LINE NEAR TANK

JA/LRB

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

Serial 4073

C of A (s) No. 6771

Date Issued 10/18/73

T C No

Map Date

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 GORDON (LAST) JANIE (FIRST) (MIDDLE)

Location of Property 5742 Cooley Rd.

Application Number RE Permit Number R 6771

Inspection Date: ( )

Liquid Capacity of Tank Tank Material

Total Length of Drain Tile *100 eq. Number of Lines 2(5'x16'x4½'

Depth of Filter Material 4½ Cover Depth 2'

Water Supply Source City Distance from Water Source —

Excavation Inspected 10/18/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 10/18/73 (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 X 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: REPAIR TO PLUMBING DID NOT REMEDY TROUBLE

LINE AMOUNT CHANGED FROM 120' to 100'

J P Bridgman

Environmentalist

FORM NO E 6-4-1-71

HEALTH DEPARTMENT'S COPY