Date Received 3-6-73

ICAR(S) Application No. 5700

T. C No. _____

Map Date _____

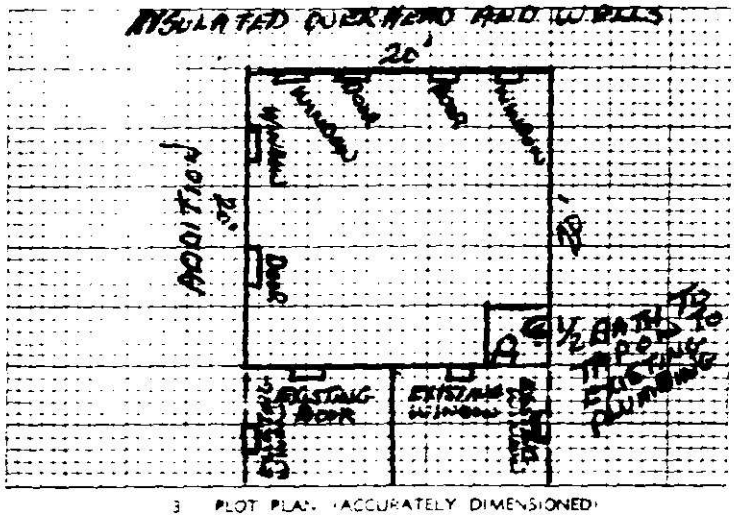
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible] with subsurface soil absorption, effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. Bedrooms _____

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 Governmental System _____
C Community System
1 Well source _____
2 Governmental source _____

10 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 NORTHERSTERN TRUCKING Co. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 2548 STARITA ROAD

15) PHONE NO Home _____ Office 596-3431

16) LOCATION OF SYSTEM 2548 STARITA ROAD (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.

3/5/73
DATE OF APPLICATION

Carl E. Valentine
OWNER
Director of Safety & Personnel
Northeastern Trucking Co.

FORM NO. E 4 [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued March 7, 1973

Serial No. 2597

LA No. 5700

T C No 045-022-19

Map Date 2-14-73

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 Northeastern Trucking Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 2508 Starita Road ZIP

LOCATION OF LOT 2508 Starita 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 5700. 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

* Owner [illegible] to add 100 lineal feet to existing system before occupying building.

M. A. Kirby
Environmentalist

John R. Atkinson
Director Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

ICAR'S Permit No. 5700

Date Issued 8 Mar 73

T C No. 045-022-19

Map Date 14 Feb 73

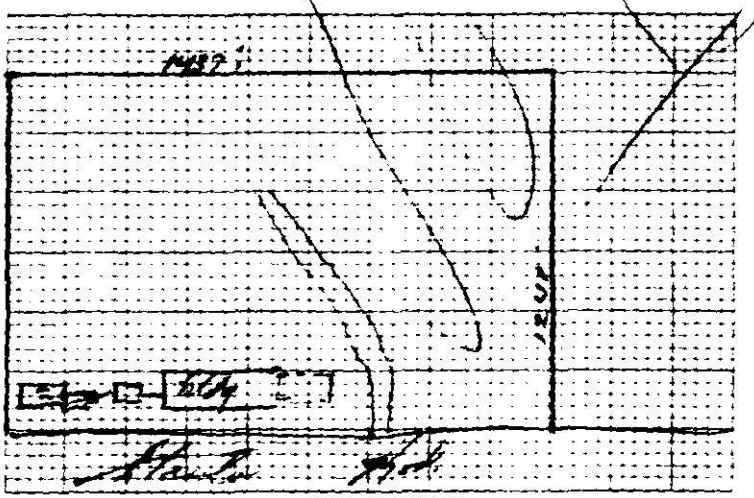
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 5700, dated 6 Mar 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 Apr 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght 100'

Number of Lines 2 (5'x16'x48")

Distance from House 25'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Pittsburgh Plate Glass Co

LOCATION OF PROPERTY 2 mi S Statesville Blvd

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 Plans Checked accepted Paul E. Ballentine

Note: Addition will be completed before new addition to bldg is occupied

_____ Division or Section Head

M M Eddy 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