B

SEE INSTRUCTIONS ON BACK

Date Received 11-6-73

ICAR(S) Application No. 7205

T. C. No. _____

Map Date _____

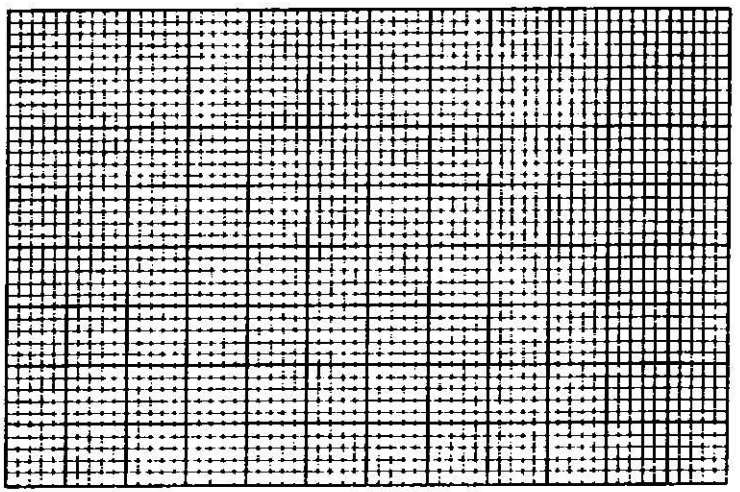
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

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 Tolson Blue (LAST) John (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 6609 Virginia Circle Charlotte NC

15) PHONE NO. Home 392-6512 Office 394-7351

16) LOCATION OF SYSTEM 6609 Virginia Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Virginia Park 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.

11-6-73
DATE OF APPLICATION

John M Blue
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 11/7/73

Serial No. 4606

ICAR(S) Permit No. 2205

T. C. No. _____

Map Date _____

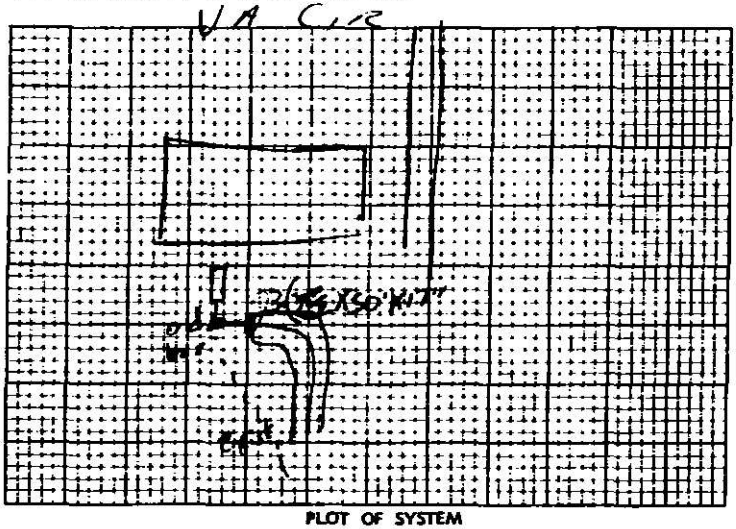
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2205, dated 11/7/73 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 11-25-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 2,

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Lenght 180

Number of Lines 2 (15' X 50' X 17")

Distance from House 12' (miss oil tank)

Distance from Property Line 10' min

Distance from Well 50' +

NAME OF OWNER JOHN M. BLUE

LOCATION OF PROPERTY 6609 VIRGINIA CIR. (MOORES PARK)

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: _____

JA/JH

Division or Section Head*

L 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 NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4293

C of A (s) No. 7205

Date Issued 12/13/73

T. C. No. 055-312-11

Map Date 4/27/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner BLUE (LAST) JOHN (FIRST) M. (MIDDLE)

Location of Property 6609 VIRGINIA CIR.

Application Number 7205 Permit Number 7205

Inspection Data:

Liquid Capacity of Tank RE Tank Material PR IR

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 17" Cover Depth 28" avg

Water Supply Source NO WELL Distance from Water Source 50'+

Excavation Inspected 12/13/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 12/13/73 (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 ____ 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: H. M'NABB. SOIL POOR. TOO WET TO COVER. DO NOT COVER UNTIL SOIL HAS DRIED FOR MIN. OF 48 HRS.

Environmentalist L P Bk. Jamison

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

HEALTH DEPARTMENT'S COPY