SEE INSTRUCTIONS ON BACK

Date Received 6-15 73

ICAR(S) Application No. 6493

T. C. No.

Map Date

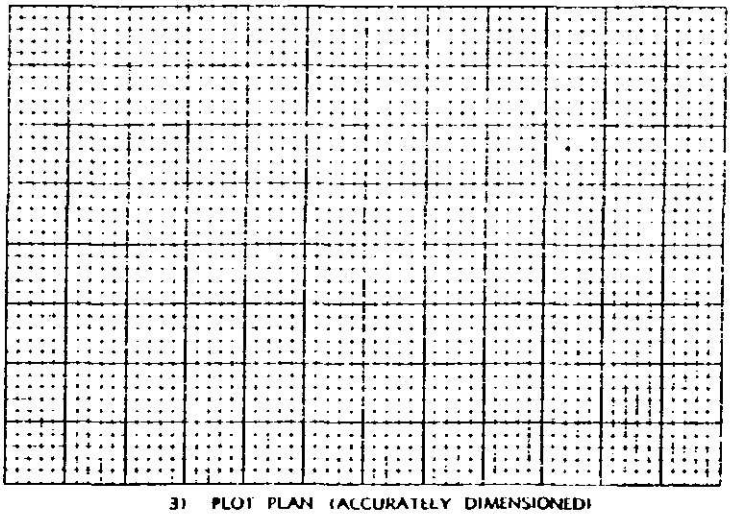
MECKLENBURG COUNTY HEALTH DEPARTMENT

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
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 Johnson (LAST) Tucker (FIRST) Irvin (MIDDLE) Jr.

14) ADDRESS OF OWNER 6710 Providence Rd - Matthews

15) PHONE NO Home 364-1097 Office 523-6261

16) LOCATION OF SYSTEM 6710 Providence Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 1 AT PAGE 559

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

DATE OF APPLICATION

Mrs Tucker Johnson Jr.
OWNER

FORM NO. E 4-4-73

HEALTH DEPARTMENT'S COPY

Serial No. 3945

Date Issued 6-26-73

ICAR(S) Permit No. 6493

T. C. No.

Map Date

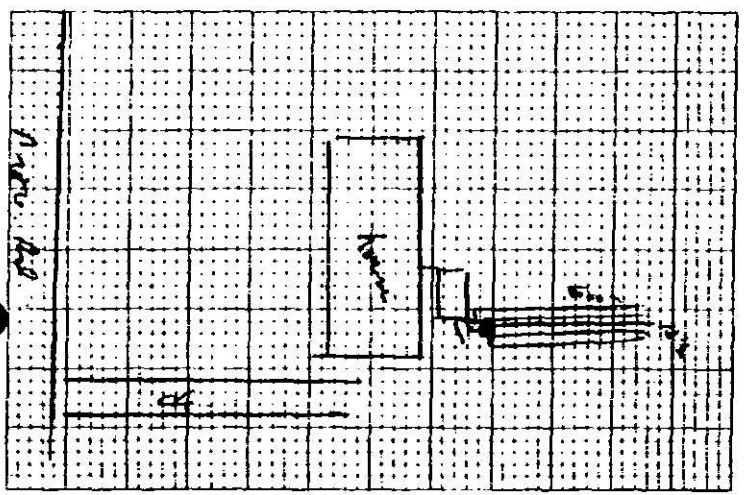
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 6493, dated 6-15-73 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 7-26-73, 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 300'

Number of Lines 5

Distance from House 10'

Distance from Property Line 5'

Distance from Well 100'

NAME OF OWNER Tucker Devin Johnson

LOCATION OF PROPERTY 6710 Pure 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 uninspectable or can be used.

Comments: 12½ x 60' x 11" stone to replace old drainfield drain field

Clark Septic Tank Co, Contractor

Division or Section Head

Thomas R. Ward
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 No. 3554

C of A (s) No. 6493

Date Issued 7-2-73

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 Johnson (LAST) Mickey (FIRST) Irvin (MIDDLE)

Location of Property 6710 Pace Rd.

Application Number 6493

Permit Number 6493

Inspection Data:

Liquid Capacity of Tank [redacted]

Tank Material —

Total Length of Drain Tile 300'

Number of Lines 5

Depth of Filter Material 24"

Cover Depth 18"

Water Supply Source well

Distance from Water Source 40'

Excavation Inspected 7-2-73 (DATE)

Tank Inspected 7-2-73 (DATE)

Nitrification Field Inspected 7-2-73 (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, ___ 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 by Clark Septic Tank Co.

Thomas R. Ward

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT COPY