Date Received 15 Jan 1973

Construction Permit
Dan Krueger

APT No. 5429

T C No 115-171-01

Map Date 2-23-22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

394-2386
392-2196

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER AMP Incorporated
LAST FIRST MIDDLE

2) ADDRESS OF OWNER Harrisburg, Pennsylvania ZIP 17105

3) PHONE NO. Harrisburg (717)564-0101 Plant Office (704) 394-2386

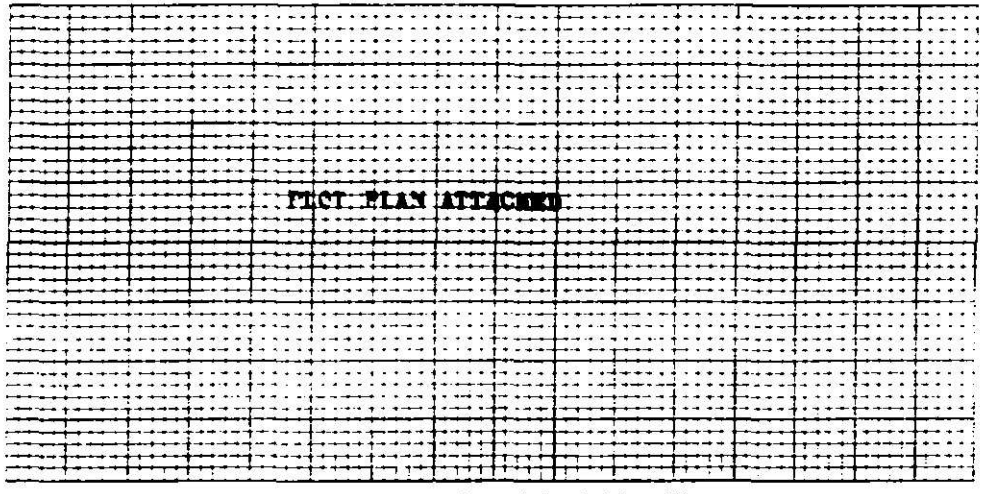
4) LOCATION OF PROPERTY 6400 Old Dowd Road
STREET OR COUNTY ROAD

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 2903 PAGE NO 194

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

AMP Incorporated

By: S. W. Pollock
OWNER

S. W. Pollock
Vice President
Title

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 15 Jan 1973

ICAR (S) Application No. 5129

T C. No. 115-171-01

Map Date 2-23-72

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

PLOT PLAN ATTACHED

175

Garbage Disposal: Yes X No

Dishwasher: Yes X No

Water Supply:

B Governmental System X

Sewage System:

House located within 200 feet of sewer: Yes X No

House located within 200 feet of sewer: Yes X No

EHA Case No. ___

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER AMP Incorporated (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER Harrisburg, Pa. 17105

Harrisburg

15) PHONE NO ~~HOME~~ (717) 564-2101 Office (704) 394-2396

16) LOCATION OF SYSTEM 6400 Old Dowd Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2903 AT PAGE 194

19) HAS A PERCOLATION TEST BEEN RUN? X YES _____ NO DATE RUN 1/9/73

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.

15 Jan 1973
DATE OF APPLICATION

AMP Incorporated
BY: [signature] 1/5/73
OWNER

S. W. Pollock
Vice President
Title

FORM NO. E 4-4-71

HEALTH DEPARTMENT'S COPY

Serial No. 2458

Date Issued January 22, 1973

LA No. 5429

T. C. No. 115-171-01

Map Date 2/23/72

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 AMP, Incorporated
LAST FIRST MIDDLE

ADDRESS OF OWNER Harrisburg, Pennsylvania ZIP 17105

LOCATION OF LOT 6400 Old Dowd 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 one 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 5429. 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.

* Additional drain field to be added.

John R Atkisson
Environmentalist

John Gibson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 18 April 1973 Serial No. 3203

C of A (s) No. 5429

T. C No. 115-171-01

Map Date 223-22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner AMP Inc (LAST / FIRST / MIDDLE)

Location of Property 6400 Old Dowd Rd

Application Number 5429 Permit Number

Repair Data

Inspection Data:

Liquid Capacity of Tank 6000 Tank Material poured concrete

Total Length of Drain Tile 1800 l/ft Number of Lines 2 Wds of 900 l/ft

Depth of Filter Material 12" Cover Depth 36"

Water Supply Source — Distance from Water Source —

Excavation Inspected 4/13/73 (DATE) Tank Inspected 4/17/73 (DATE)

Nitrification Field Inspected 4/17/73 (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:

John R Abrason

Sanitarian

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

HEALTH DEPARTMENT'S COPY