SEE INSTRUCTIONS ON BACK

Date Received 6-21-73

ICAR(S) Application No 6518

T C No

Map Date

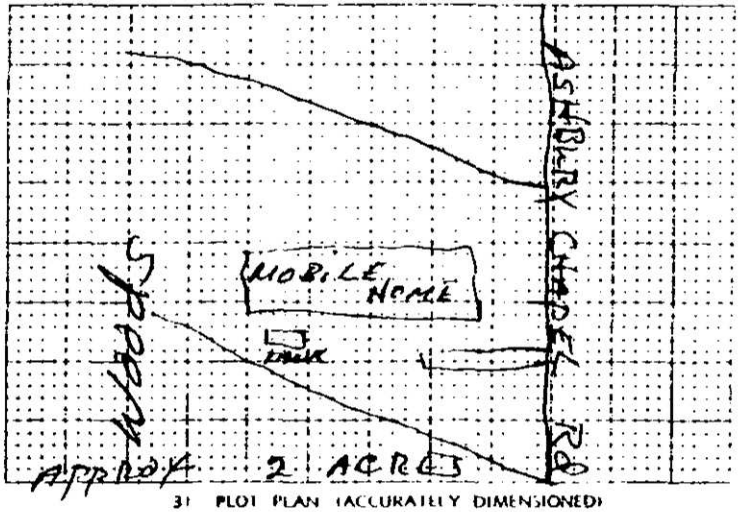
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 2

5) Furnace Use Main Employee

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water supply
A) Individual Well ✓
B) Governmental
C) Community
1) Well
2) Government

Sewage System
House located within 200' of public sewer Yes No
House located within 2 feet of community sewer Yes No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER RATCLIFFE (LAST) THOMAS (FIRST) A. (MIDDLE)

14) ADDRESS OF OWNER ASBURY CHAPEL ROAD

15) PHONE NO Home 895-2748 Office 332-7007

16) LOCATION OF SYSTEM ASBURY CHAPEL 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 hereunder shall be void and of no effect if any of the above facts are not true.

6/20/73
DATE OF APPLICATION

T. C. Ratcliffe
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 Jan 23

Serial No. 3887

ICAR(S) Permit No. 6518

T C No 019-211-10

Map Date 14 Feb 23

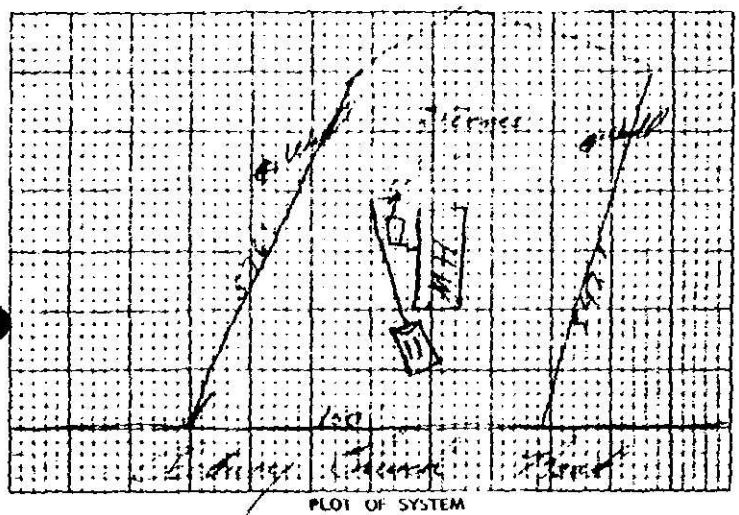
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6513, dated 23 Jan 23 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 21 Feb 23, 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 120'

Number of Lines 2 (3'X16'X48")

Distance from House 22'

Distance from Property Line 25'

Distance from Well 25'

NAME OF OWNER Mr Felipe Talavera A.

LOCATION OF PROPERTY Rocky Carpet 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: Clark (Conte)

Division or Section Head _____

Environmentalist Zane L. Hendley

* 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

Date Issued [illegible] 73 **Serial No.** 3481 C of A (s) No. 6518

T. C. No 09-211-10

Map Date 4-24-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

Location of Property [illegible]

Application Number 6518 Permit Number 6518

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 120' Number of Lines 2 (5' X 10' X 48")

Depth of Filter Material 24" Cover Depth 24"

Water Supply Source Well Distance from Water Source 75'

Excavation Inspected 22 June 73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 22 June 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 Check Septic Tank

[illegible]
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT COPY