2

SEE INSTRUCTIONS ON BACK

Date Received 10-3-73

ICAR(S) Application No. 7057

T. C. No. _____

Map Date _____

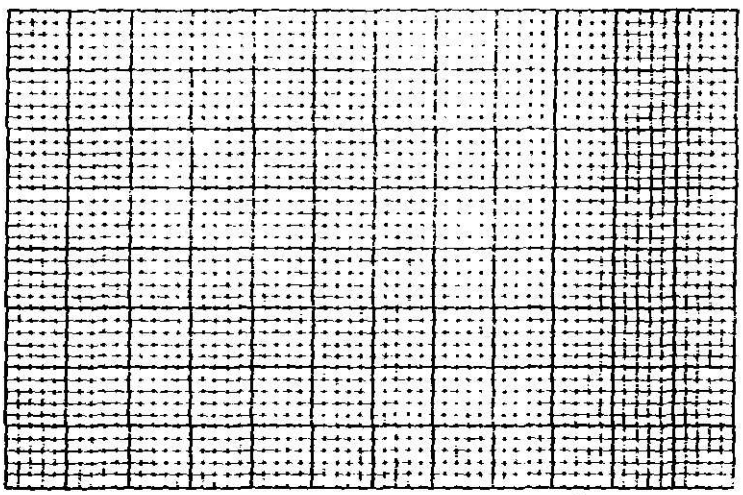
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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 McGregor (LAST) James (FIRST) E (MIDDLE)

14) ADDRESS OF OWNER 6403 Grove Park Blvd.

15) PHONE NO. Home 525-8311 Office ___

16) LOCATION OF SYSTEM 6403 Grove Park Blvd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Grove 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.

DATE OF APPLICATION

OWNER James E. McGregor

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

HEALTH DEPARTMENT'S COPY

Date Issued 20 Oct 73 Serial No. 4436 ICAR(S) Permit No. 7057

T. C. No. _____

Map Date _____

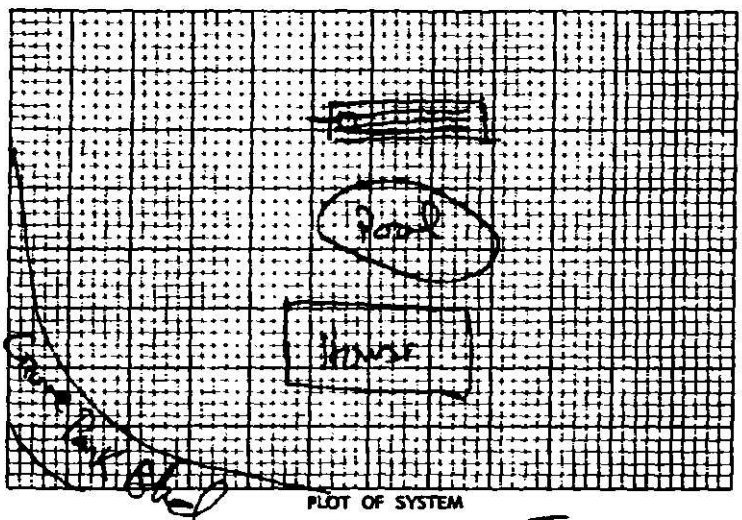
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7057, dated 10-3-73 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 3 Nov 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 200 Ft

Number of Lines (4) 10' x 50'

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Mc Gregor, James

LOCATION OF PROPERTY 6403 Grove Park 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: _____

_____

_____

_____ R. M. Reynolds

Division or Section Head* 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

Date Issued 4 October 73 Serial 3828

C of A (s) No. 7052

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 McGREGOR (LAST), James (FIRST) _____ (MIDDLE)

Location of Property 6403 Grove Park Blvd

Application Number 7052 Permit Number _____

Repair Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material pre cast concrete

Total Length of Drain Tile* 400 L/ft Number of Lines 3 2½"x33'x17"

Depth of Filter Material 17" Cover Depth 24" ±

Water Supply Source well Distance from Water Source 50' +

Excavation Inspected 10/4/73 (DATE) Tank Inspected 10/4/73 (DATE)

Nitrification Field Inspected ✓ (DATE)

Washing Machine Line Inspected, If Applicable 10/4/73 (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: washing machine line in bed 5'x50'x5'

John R Robinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY