Date Received 3-2-73

APT No 5688

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BLACKMON (LAST) HENRY (FIRST) B. (MIDDLE)

2) ADDRESS OF OWNER 1507 BURNWICK CT, CHAR. ZIP 28213

3) PHONE NO Home 596-3772 Office 536-3721

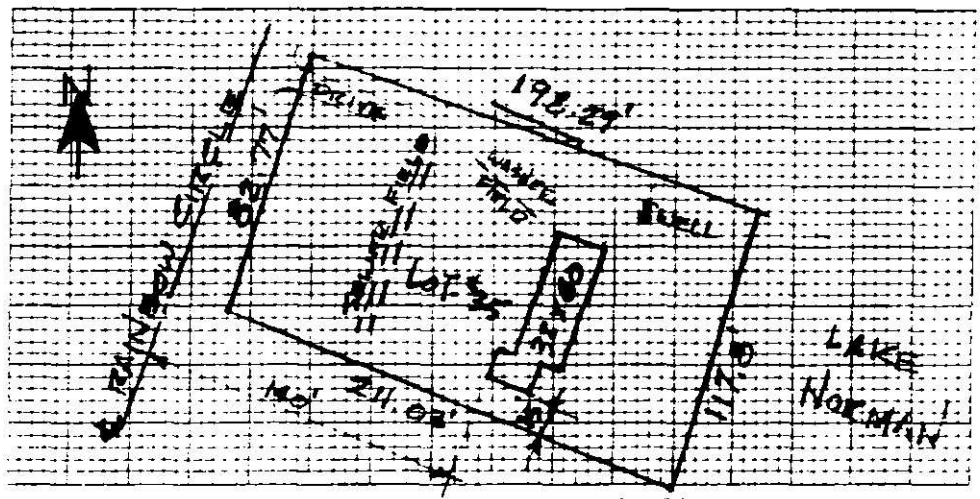
4) LOCATION OF PROPERTY RAINBOW CIRCLE (STREET OR COUNTY ROAD), LAKE NORMAN

5) SUBDIVISION BISCAYNE PARK LOT NO 35 BLOCK NO —

MAP BOOK NO 10 PAGE NO 183-185

6) DEED REFERENCE DEED BOOK 353 PAGE NO 122

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

Henry B Blackmon
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5688

T C No. 001-116-23

Date Issued April 11, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

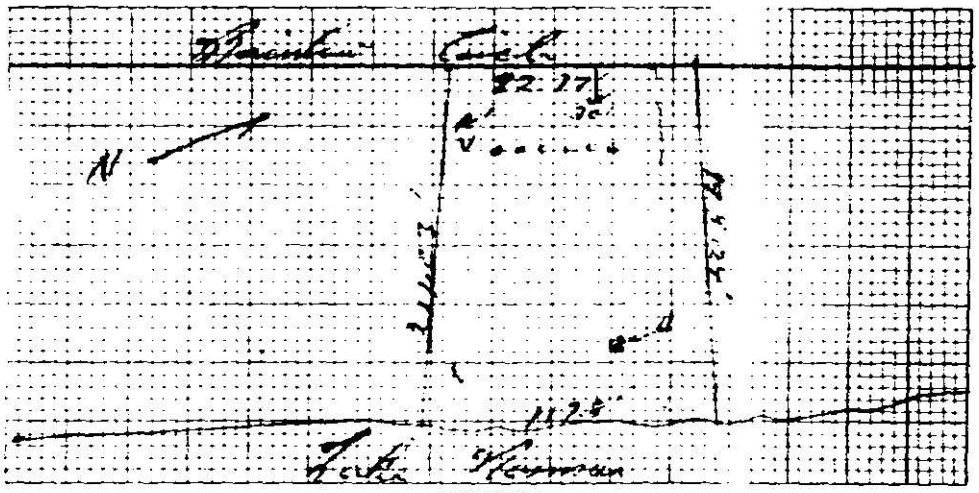
PERCOLATION TEST REPORT

NAME OF OWNER Blackmon (LAST) Henry (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 1307 Burnwick Court ZIP 28213

LOCATION OF PROPERTY Fairlew Circle (STREET OR COUNTY ROAD)

SUBDIVISION Biscayne Park LOT NO 35 BLOCK NO.



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 55 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John R. Stevenson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-30-73

ICAR (S) Application No 5688

T C No 001-116-73

Map Date 2-14-73

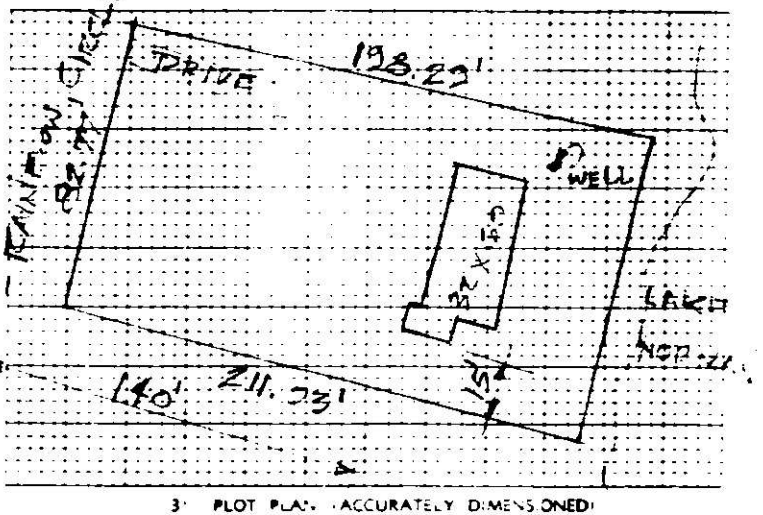
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1 [X] 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 3

5 Business Use Max No Employees

6 Washing Machine [X] Yes [ ] No

7 Garbage Disposal [X] Yes [ ] No

8 Dishwasher [X] Yes [ ] No

9 Water Supply

A Individual Well [X]

B Community System [ ]

C Community Well [ ]

D Connection to Municipal System [ ]

10 Sewage System

A Individual Septic Tank [X]

B Community System [ ]

11 Community Sewer Yes [ ] No [X]

12 EHA Case No

13 VA Case No

13) NAME OF OWNER Blackmon (LAST) Henry (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 1307 Burnwick Ct., Charlotte, N. C., 28213

15) PHONE NO Home 596-8693 Office 596-3721

16) LOCATION OF SYSTEM Rainbow Circle; Lake Norman (STREET OR COUNTY ROAD)

17) SUBDIVISION Biscayne Park Lot No 35 Block No -

Map Book No 10 Page No. 183-185

18) DEED REFERENCE — DEED BOOK 353 AT PAGE 122

19 HAS A PERCOLATION TEST BEEN RUN? ____ YES [X] 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.

April 29, 1973
DATE OF APPLICATION

Henry B Blackmon
OWNER

REV NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 11, 1973 **Serial No.** 2725

LA No. 5688

T C No 001-116-23

Map Date 2-14-73

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 Blackmon (LAST) Henry (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 1307 Burnwick Court ZIP 28213

LOCATION OF LOT Rainbow Circle (STREET OR COUNTY ROAD)

SUBDIVISION Biscayne Park LOT NO 35 BLOCK NO.

MAP BOOK NO 10 PAGE NO. 183-185

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption effluent discharge based on the percolation test results which yielded a percolation rate of 55 min/in 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 5688. 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.

M. D. Kirby
Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 8 Aug 73

Serial No. 4150

ICAR(S) Permit No. 5688

T. C. No. 001-116-23

Map Date Nov 13

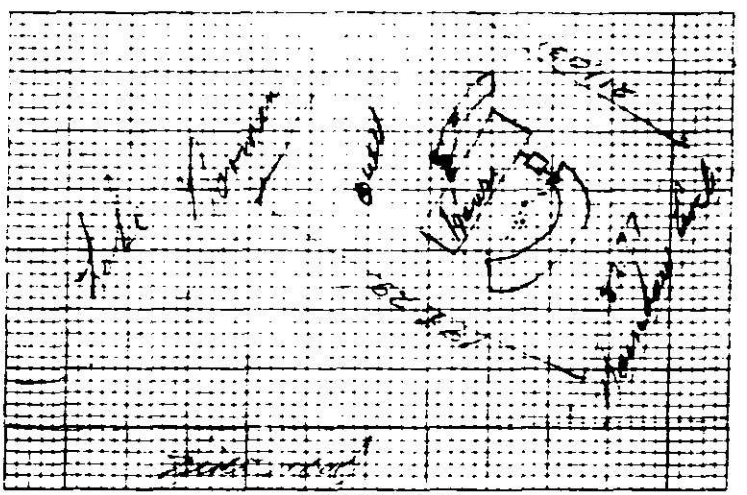
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 (Owner) 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 5688 dated 30 Jul 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 8 Aug 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1250 G

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Lenght 570 + 150 GMA
4 Trenches x 30' x 17"

Number of Lines 6 (2) x 95' x 17"

Distance from House 40'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Lineberger, Vinay B.

LOCATION OF PROPERTY Fairview Rd. (Gale Lineberger)

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: 2" Well (Cast)

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

Serial No. 3652

C of A (s) No. 5688

Date Issued 10 Aug 73

T C. No. 001-116-23

Map Date 14 Sept 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Blackmon (LAST) Henry (FIRST) B. (MIDDLE)

Location of Property Rainbow Trails (Cabe Foreman)

Application Number 5688 Permit Number 5685

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 570' + 150' Lat Number of Lines 6(15' x 95' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Yard Well Distance from Water Source 75'

Excavation Inspected 10 Aug 73 (DATE) Tank Inspected 10 Aug 73 (DATE)

Nitrification Field Inspected 13 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable 10 Aug 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: W. Well, H. (Cont.)

W. N. Kelly
Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ( ) ( )

Date Received 8-23-72

ICAR (S) Application No. 56.1 #453

T C No. 212-131-65A

Map Date 2-14-73

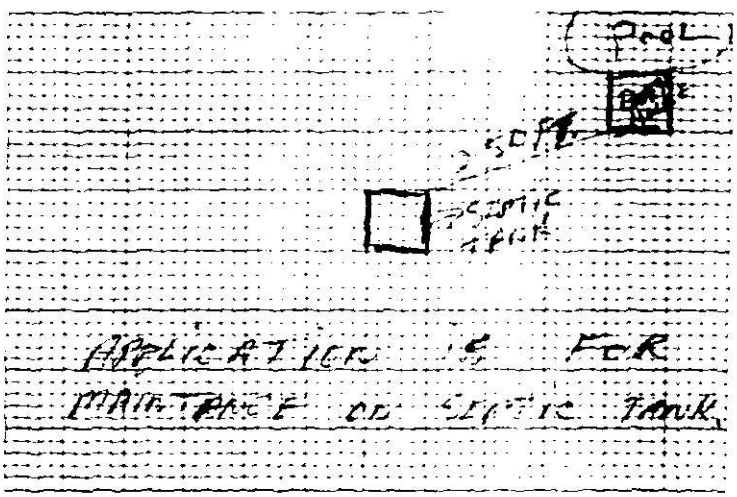
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

( ) Install or Construct ( ) 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 BATH House

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 RED FOX CLUB (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER LAKE WYLIE NEAR BUSTER Boyd Rd

15) PHONE NO. Home 588-6594 Office 333-6654

16) LOCATION OF SYSTEM Via Fox Club RD. (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 herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

J. A. Helton Manager
OWNER

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

HEALTH DEPARTMENT'S COPY