3

Date Received 3-14-23

APT No 5737

T C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] (LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

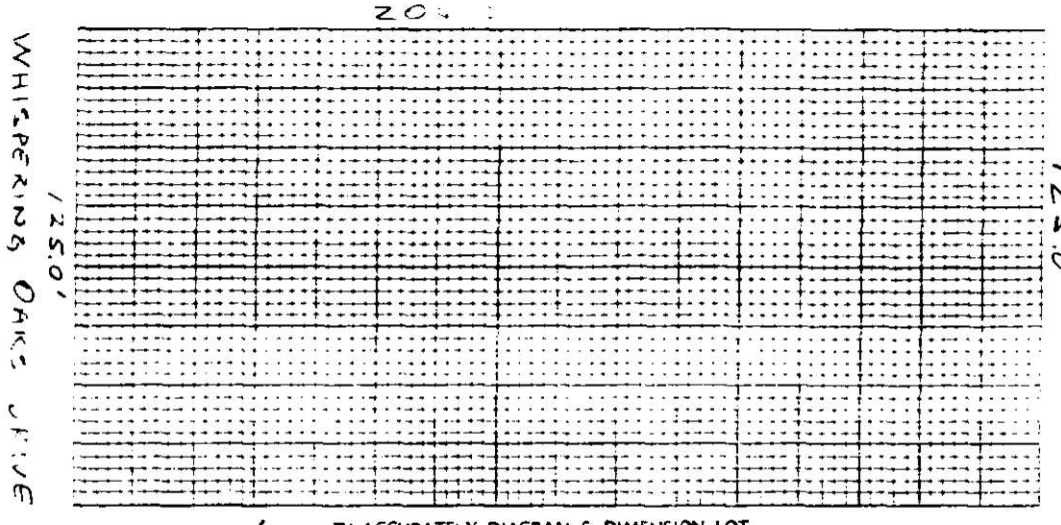
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO 4

MAP BOOK NO [illegible] PAGE NO [illegible]

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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

210.0'

NORTH

OWNER [signature]

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5737

Date Issued April 25, 1973

T C No 105-165-[illegible]

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

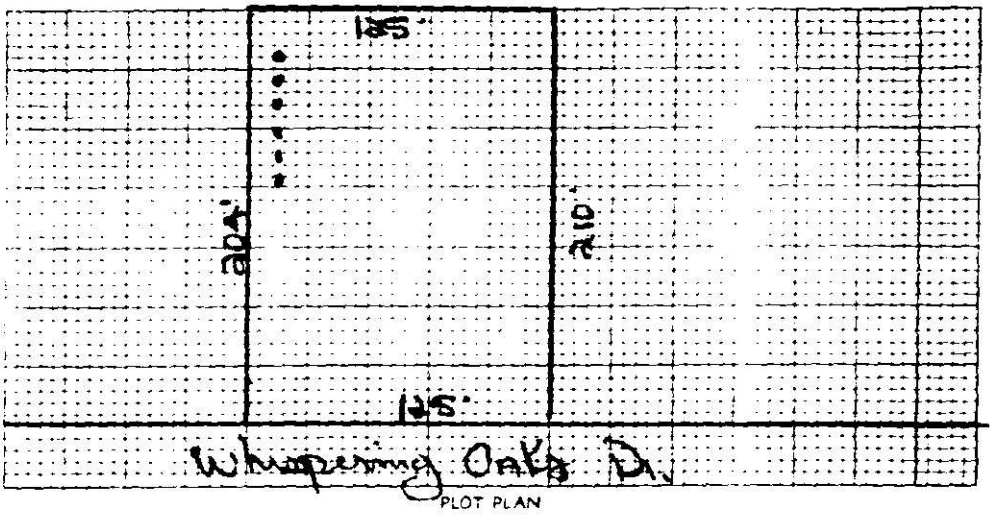
PERCOLATION TEST REPORT

NAME OF OWNER Vanderburg (LAST) Archie (FIRST) Collins (MIDDLE)

ADDRESS OF OWNER 4617 Thornwood Road ZIP 28213

LOCATION OF PROPERTY Whispering Oaks Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 22 BLOCK NO 4



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 56 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 wells) 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 A Robinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 5-2-73

ICAR's Application No 5737

T C No 105-165-18

Map Date 2-14-73

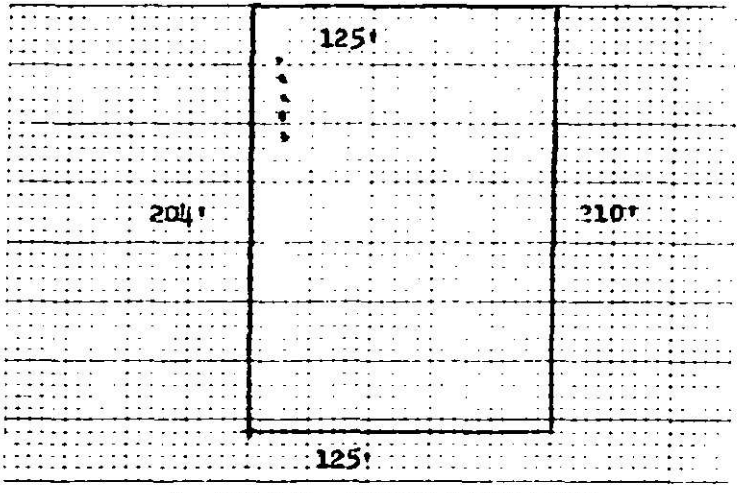
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 3

5 Building Use Residence
Employees

6 Washing Machine X Yes No

7 Garbage Disposal X Yes X No

8 Dishwasher X Yes No

9 Water Supply
A Private Well X
B Community System
C Connection to
Well
D Connection to
Water System
Add'l Item
Is property near
Public Sewer Yes No
Is property near
Public Water Yes No
EHA Lake No
EHA Code No

13) NAME OF OWNER Vanderburg, Archie Collins
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 4617 Thornwood St.

15) PHONE NO Home 596-7942 Office

16) LOCATION OF SYSTEM Whisperingoaks Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Whisperingoaks Lot No 20 Block No 4

Map Book No 9 Page No 183

18) DEED REFERENCE — DEED BOOK 3515 AT PAGE 407

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 4-24-73 @ 2:56

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

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 2, 1973

Serial No. 2364

LA No. 5737

T C. No 105-165-28

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 Vanderburg (LAST) Archie (FIRST) Collins (MIDDLE)

ADDRESS OF OWNER 4617 Thornwood Road ZIP _____

LOCATION OF LOT Whispering Oaks Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 20 BLOCK NO 4

MAP BOOK NO _____ PAGE NO _____

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 ******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 5737. This approval is subject to the following terms and conditions

1. That the trenches and/or beds 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 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 if it appears that the septic tank system is not being installed, constructed altered and or repaired in accordance with the valid Installation, Construction Alteration, and/or Repair Permit

* 56 minutes per inch.

R. M. Reynolds
Environmentalist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 23 Nov 73 Serial No. 4664

ICAR(S) Permit No. 5737
T C No 105-165
Map Date 2-14-73

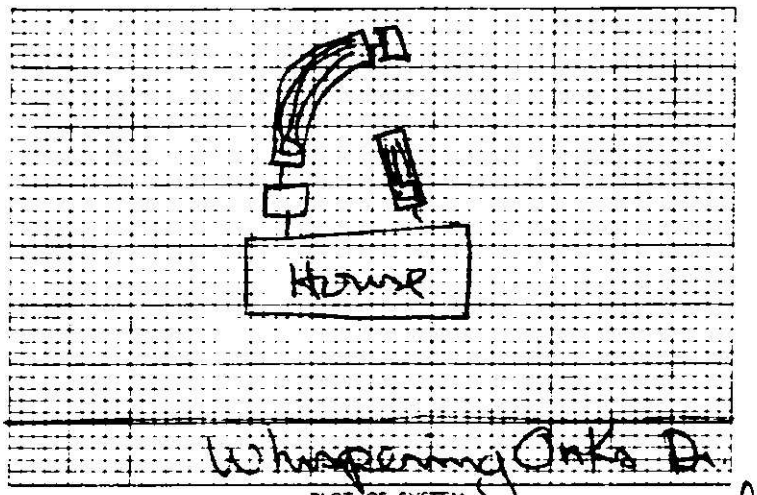
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5737 dated ___ and this permit shall be void and of no effect if the information provided in the application is not true or correct. All work shall be completed on or before 23 Dec 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600' & 150'

Number of Lines 5 @ 12½' X 120'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Vanderburg, Archie C.

LOCATION OF PROPERTY Whispering Oaks Dr.

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: washer 7½'x50'
curvation put 2½'x7'x4' stone

___ Division or Section Head

R. M. Reynolds 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 23 Nov 73 Serial 4238

C of A (s) No. 5737

T C No 105-165-18

Map Date 2-14-73

John R Atkinson

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner VANDERBURG (LAST) Archie (FIRST) C. (MIDDLE)

Location of Property Whispering Oaks #1

Application Number 5737 Permit Number 5737

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (5) 12½' X 120'

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 23 Nov 73 (DATE) Tank Inspected 23 Nov 73 (DATE)

Nitrification Field Inspected 23 Nov 73 (DATE)

Washing Machine Line Inspected, If Applicable 23 Nov 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 aeration pit O.K

R. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY