Date Received 4 3 23

APT No. 5906

T C No 217-131-03 E

Map Date 2 1 4 23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CRUSE (LAST) William (FIRST) RoBerT (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 125 B, Pineville, N.C. ZIP 28134

3) PHONE NO. Home 588-0242 Office None

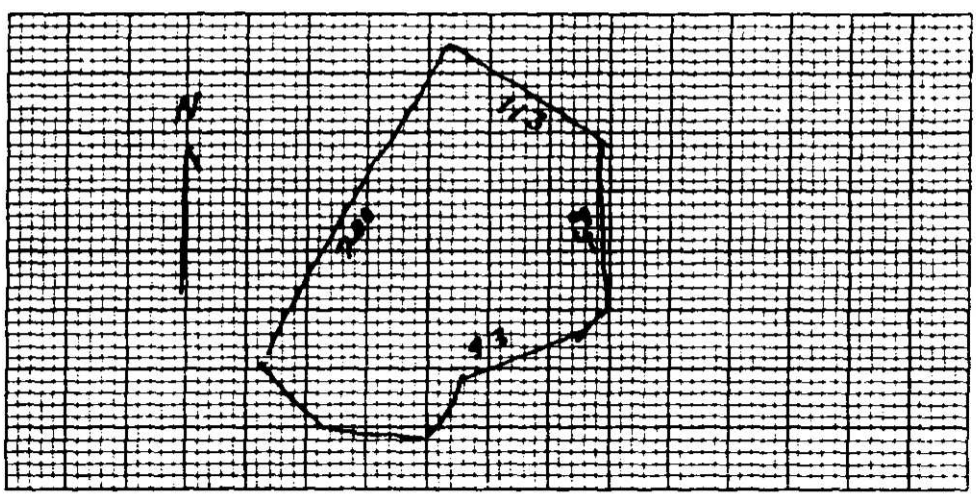
4) LOCATION OF PROPERTY Red Fox Club Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 44 ~~BLOCK~~ Section NO. 42

MAP BOOK NO. _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

William R. Cruse
OWNER

FORM NO. E-1-11-1-78

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No 5906
P.O.
T C No. 217-131-03 E

Date Issued April 4, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

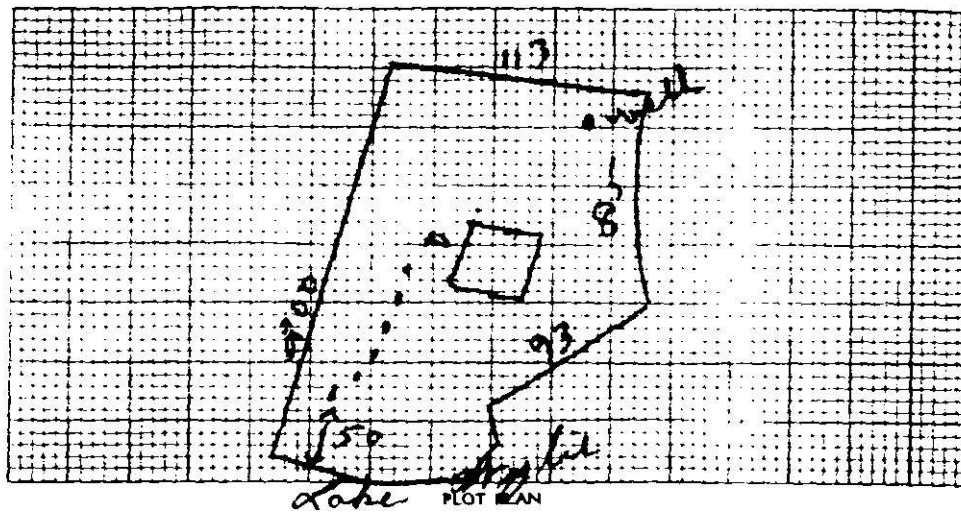
PERCOLATION TEST REPORT

NAME OF OWNER Cruse (LAST) William (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER Route 1, Box 125-B, Pineville, N.C. ZIP 28134

LOCATION OF PROPERTY Red Fez Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 44 BLOCK NO Section 42



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 58 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. Robinson

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 4-3-73

ICAR (S) Application No 5906

T C No 217-131-03E

Map Date 2-14-23

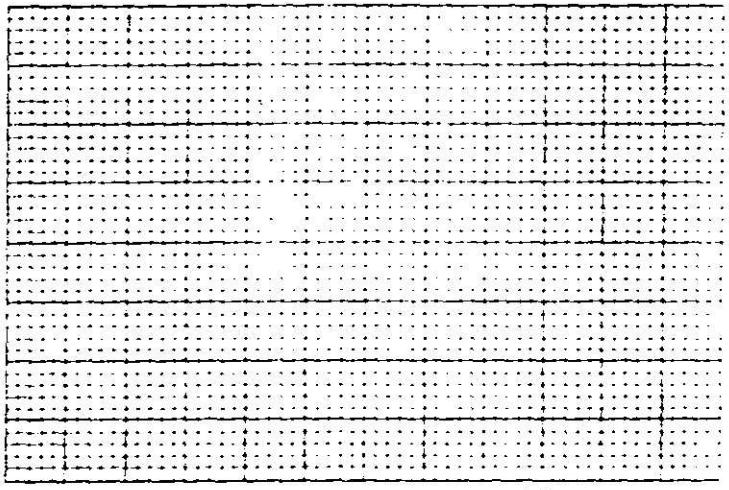
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 Bedroom 1

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 Government System
C Community System
1 Well System
2 Government System

Sewage System
House septic tank system
If public sewer Yes ✓ No
House septic tank system
Community sewer Yes ✓ No

11 FHA Case No

12 VA Case No

13) NAME OF OWNER Crouse (LAST) William (FIRST) Robert (MIDDLE)

14) ADDRESS OF OWNER Rt 1, Box 125 B, Pineville N.C. 28134

15) PHONE NO Home 588-0242 Office None

16) LOCATION OF SYSTEM Red Fox Club Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 44 Section Block No. 42

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 _____

William R. Crouse
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 4, 1973

Serial No. 2694

LA No. 5906
P.O.
T. C. No. 217-131-03 E

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 Cruse (LAST) William (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER Route 1, Box 125-B, Pineville, N.C. ZIP 28134

LOCATION OF LOT Red Fez Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 44 BLOCK NO Section 42

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 58 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 5906. 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

John R. Atkisson
Environmentalist

R. L. McMellen
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 5/1/73 Serial No. 3640 ICAR(S) Permit No. 5266

T. C. P. No. 2-12-131-036

Map Date 3-14-73

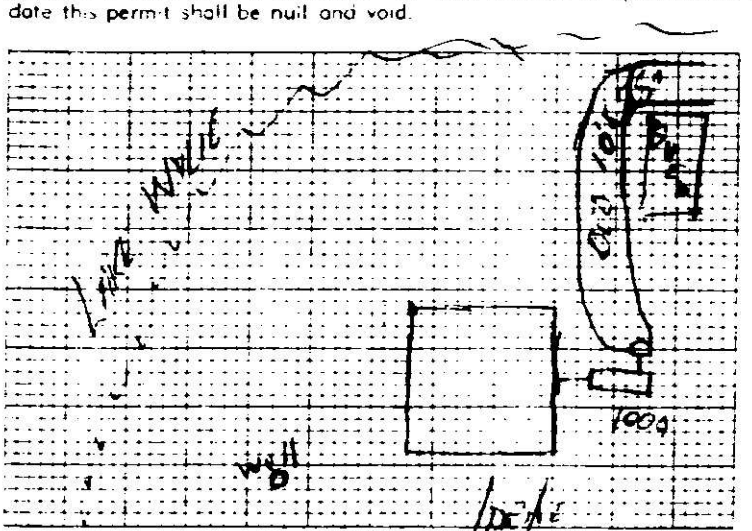
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to X 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 5266, dated 4-3-73 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 MAY 1, 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 55

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300

Number of Lines 4

Distance from House 10'

Distance from Property Line 10' min

Distance from Well 50' min

NAME OF OWNER William H. Cruse

LOCATION OF PROPERTY Red Fox Club Rd.

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: C. H. Allen 5/3/73

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

...MENTS COPY

Date Issued 5/4/73

Serial No. 3282

C of A (s) No. 5906

T. C. No. 217-131-036

Map Date 2/14/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CRUSE (LAST) WILLIAM (FIRST) P. (MIDDLE)

Location of Property RED FOX CAUSEWAY

Application Number 5906 Permit Number 5906

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 17" Cover Depth 12"-18"

Water Supply Source IND WELL Distance from Water Source 65'

Excavation Inspected 5/4/73 (DATE) Tank Inspected 5/4/73 (DATE)

Nitrification Field Inspected 5/4/73 (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: C.H. ALLEN 45' TO 'L' THEN 30"

L R Bingham
Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8/15/78

ICAR(S) Application No 5906

T C No. 217-222-12

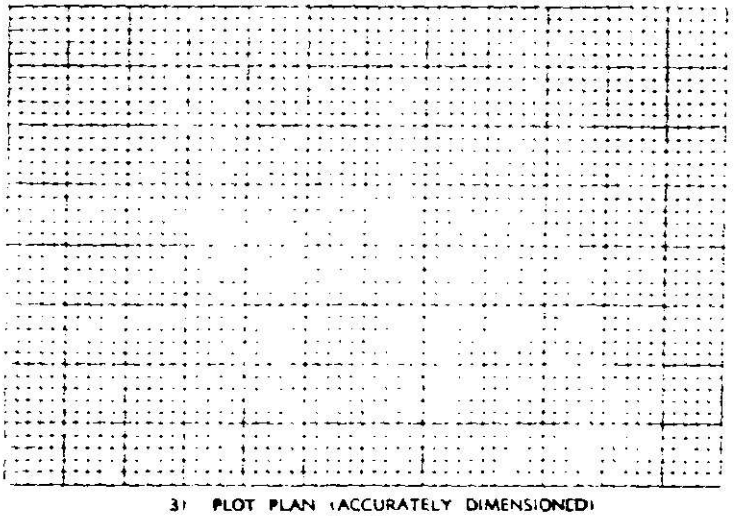
Map Date 8-6-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to Adding: Modular Home

1) Install or Construct 2) N/A Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home X Yes ___ No
Residence ___ Yes ___ No
4) No. of Bedrooms 3
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. ___

3 BR, 2 bths / Rec'd 3 copies

(13) NAME OF OWNER CRUSE (LAST) William (FIRST) ROBERT (MIDDLE)

(14) ADDRESS OF OWNER Rt. 1, Box 125B, Rd Fox Chase Rd, Pineville NC 28134

(15) PHONE NO Home 588-0242 Office 333-8702

(16) LOCATION OF SYSTEM off Rd Fox Chase Rd, on Bryce Lane, between R2 & R3 (STREET OR COUNTY ROAD) mail.

(17) SUBDIVISION ___ Lot No 44 Sect Block No 42

Map Book No 15 Page No 504

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___
1000 gal tank 500' line in 1973

19) HAS A SOIL INVESTIGATION 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.

8/15/78
DATE OF APPLICATION

William R. Cruse
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 8/15/78

Serial No. 2126

LA No. 5906

T. C. No. 217-222-18

Map Date 8-6-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cruse (LAST) William (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER Route 1, Box 125 B, Red Fez Club Road, Pineville, N. C. 28134

LOCATION OF LOT Bunch Walnuts Road (STREET OR COUNTY ROAD)

SUBDIVISION Lake Wylie LOT NO. 44 BLOCK NO. Sect. 42

MAP BOOK NO. 15 PAGE NO. 506

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 5906. 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 soil investigation 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

*May use existing system to add Modular home

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy