Date Received 1-23-73

APT No. 5461

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Gaither Catherine
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 2224 Augusta St. Charlotte, N C ZIP

3) PHONE NO Home 394-2432 Office

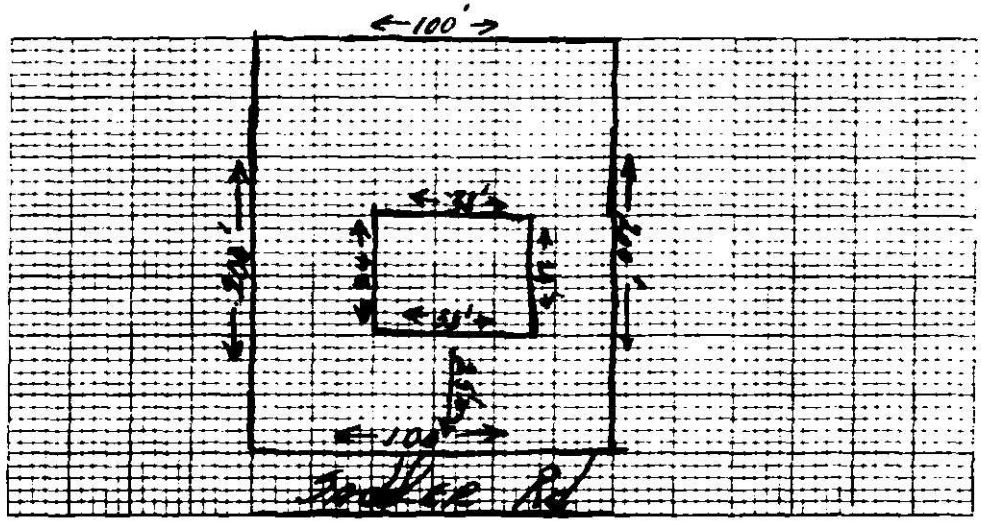
4) LOCATION OF PROPERTY Saddler Rd. Charlotte N.C.
STREET OR COUNTY ROAD

5) SUBDIVISION LOT NO 2 + 3 BLOCK NO

MAP BOOK NO 1120 PAGE NO 568

6) DEED REFERENCE DEED BOOK 3231 PAGE NO 418

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

Catherine Gaither
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203 Telephone 374-2113

Date Issued
1. 2-9-73
2. _____
3. _____

SDR No. 5461
T.C. No. 113-191-13

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Catherine Gaither

ADDRESS OF OWNER 2224 Augusta Street ZIP 28216

LOCATION OF LOT Sadler Road

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
x	1.	2-9-73	90 min/in
X	2.	2-21-73	150 min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

John D. Dickson
Environmentalist

(Stencil No.)
MED 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 9

PTR No. 5461

T C No 113-191-13

Map Date _____

Date Issued May 2, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

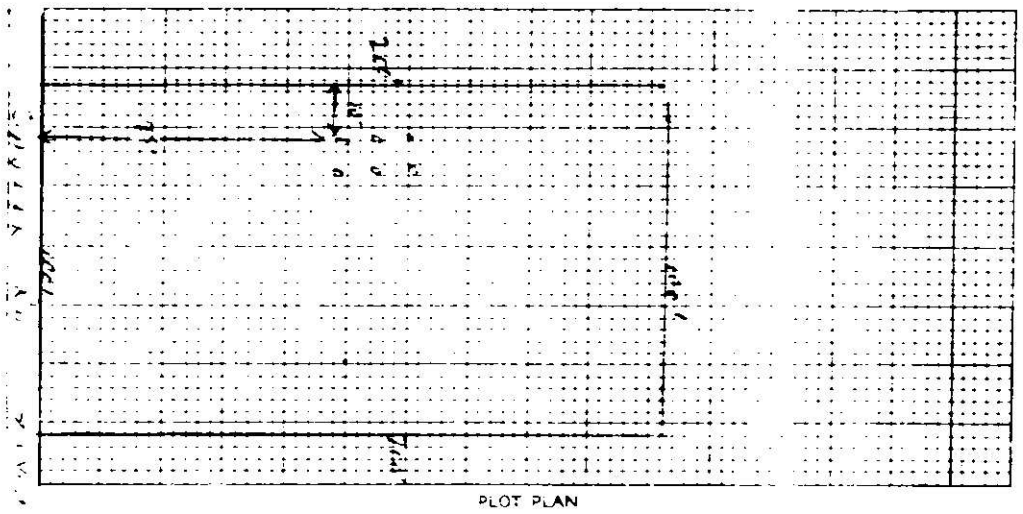
PERCOLATION TEST REPORT

NAME OF OWNER Gaither (LAST) Catherine (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER 2224 Augusta Street ZIP _____

LOCATION OF PROPERTY Sadler Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 2 & 3 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 60 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.

_____

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 1-23-13

ICAR (S) Application No 5461

T. C. No.

Map Date

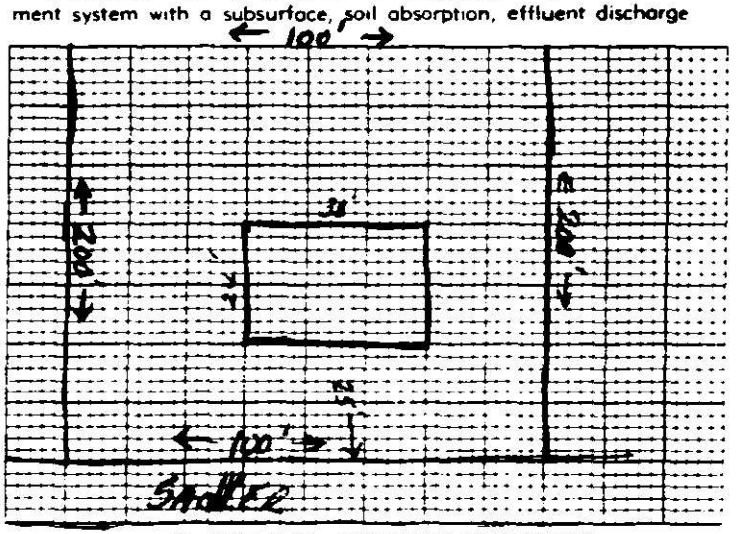
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ____

13) NAME OF OWNER ____ (LAST) ____ (FIRST) ____ (MIDDLE)

14) ADDRESS OF OWNER 2224 Augusta St. Charlotte, N.C

15) PHONE NO Home 394-2432 Office ____

16) LOCATION OF SYSTEM Sadler Rd. Charlotte, N.C.
(STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 2 + 3 Block No. ____

Map Book No 1120 Page No 568

18) DEED REFERENCE — DEED BOOK 3237 AT PAGE 418

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.

1-23-13
DATE OF APPLICATION

Catherine Gaither
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued May 2, 1973

Serial No. 2853

LA No 5461

T C No 113-191-13

Map Date

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 Gaither (LAST) Catherine (FIRST) (MIDDLE)

ADDRESS OF OWNER 2224 Augusta Street ZIP

LOCATION OF LOT Sadler Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 2 & 3 BLOCK NO

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 60 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 5461. 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

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8/7/73

Serial No. 4157

ICAR(S) Permit No. 5461

T. C No. _____

Map Date _____

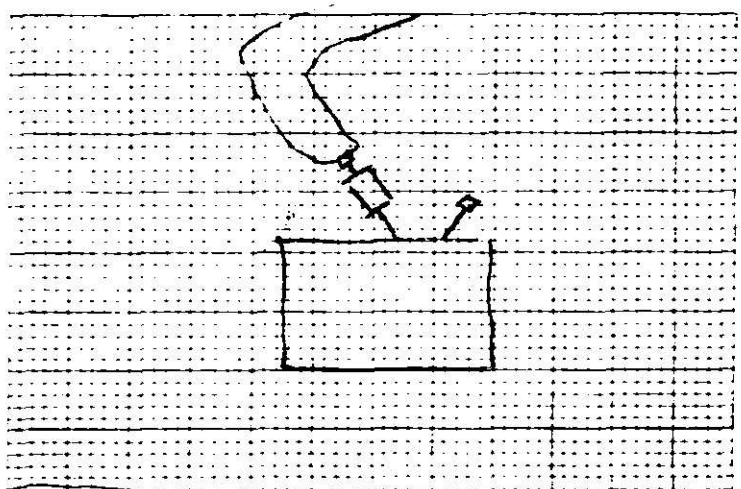
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct, _ _ Alter or Repair the individual septic tank waste-water 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 5461 dated 1/23/73 and this permit shall be void and of no effect if the information provided in the application is in any manner erroneous. All work shall be completed on or before 8-15-73 after which date this permit shall be null and void.



PLOT OF SYSTEM ADLER RD

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 300

Number of Lines 4 (10'X75'X17" W.M. .150 10'X40'X2

Distance from House 10'

Distance from Property Line 30'+

Distance from Well 50'+

NAME OF OWNER CATHERINE GANTER

LOCATION OF PROPERTY SADLER 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: L. Mowery

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 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 8/10/23 Serial 3757 C of A (s) No 5461

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 GRUTHER (LAST) CATHERINE (FIRST) (MIDDLE)

Location of Property SMOKER RD

Application Number 5461 Permit Number 5461

Inspection Date:

Liquid Capacity of Tank 1000gal Tank Material PC

Total Length of Drain Tile 3T·30b WM 15 Number of Lines 3 4 WM 4

Depth of Filter Material 17" Cover Depth 26"

Water Supply Source IND WELL ADJ PROP Distance from Water Source 50+

Excavation Inspected 8/10/23 (DATE) Tank Inspected 8/10/23 (DATE)

Nitrification Field Inspected 8/10/23 (DATE)

Washing Machine Line Inspected, If Applicable 8/10/23 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: awt to check straw

Environmentalist

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

HEALTH DEPARTMENT'S COPY