Date Received 5-14-73

APT No. 6234

T. C. No. 197-0632

Map Date 9-1-70

Mail to:
Mr. A.A. Strunk
4935 Providence Rd.
28211

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Schwartz (LAST) Elliott (FIRST) M. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 2111, Charlotte, N. C. ZIP 28201

3) PHONE NO. Home 364-8478 Office

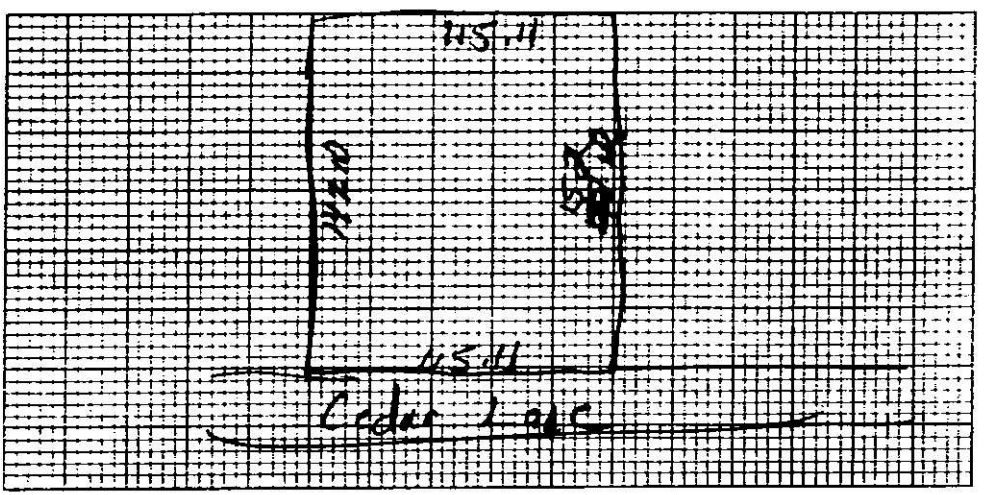
4) LOCATION OF PROPERTY Lot 3, Cedar Lane (off Providence Road)
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. 3 BLOCK NO.

MAP BOOK NO. 1580 PAGE NO. 405

6) DEED REFERENCE: DEED BOOK PAGE NO.

Applicotion 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

✓ Walt Schwartz
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3083

PTR No. 6234

Date Issued May 15, 1973

T. C. No. 187-061-32

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

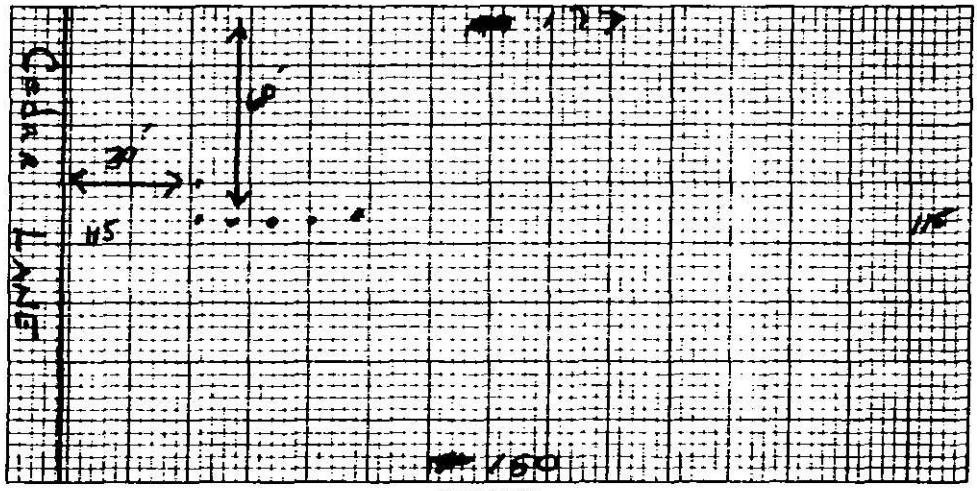
PERCOLATION TEST REPORT

NAME OF OWNER Schwartz (LAST) Elliott (FIRST) M. (MIDDLE)

ADDRESS OF OWNER P.O. Box 2111 ZIP 28201

LOCATION OF PROPERTY Cedar Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 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 57 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 teratment 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 10-1-73

ICAR(S) Application No 6234

T C No 187-061-3

Map Date 9-1-70

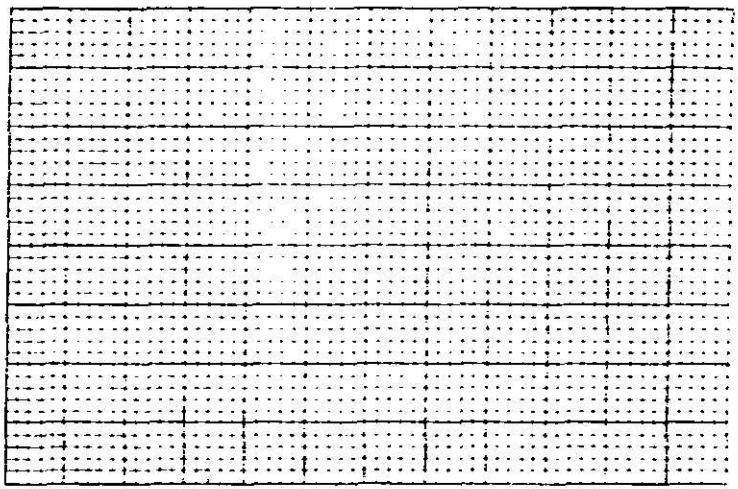
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 2

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 source ___
2) Government 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 Stacie (LAST) A. (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 1234 Cedar Lane (Temporary - 4002 B Pinehurst Apt.

15) PHONE NO Home 366-1499 Office ___

16) LOCATION OF SYSTEM 1234 Cedar Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 2 Block No. ___

Map Book No. 1580 Page No. 405

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___ OR 357

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-15-73

20) PTR NUMBER (See Instructions) 6234

The undersigned person hereby agrees that he has read the foregoing application and that the contents of some 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.

Oct. 1, 1973
DATE OF APPLICATION

C. M. Stacie
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3469

Date Issued October 1, 1973

IMPROVEMENTS PERMIT

LA No. 6234

T. C. No 187-061-32

Map Date 9-1-70

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 Strock (LAST) A. (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 4002-B Pinehurst Apartments ZIP _____

LOCATION OF LOT 1234 Cedar Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 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 57 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 6234. 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 on "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.

Thomas R. Ward
Environmentalist

W. L. Gaskill
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 5330 ICAR(S) Permit No. 6234

Date Issued 30 May 74

T C No 187-061-32

Map Date July 70

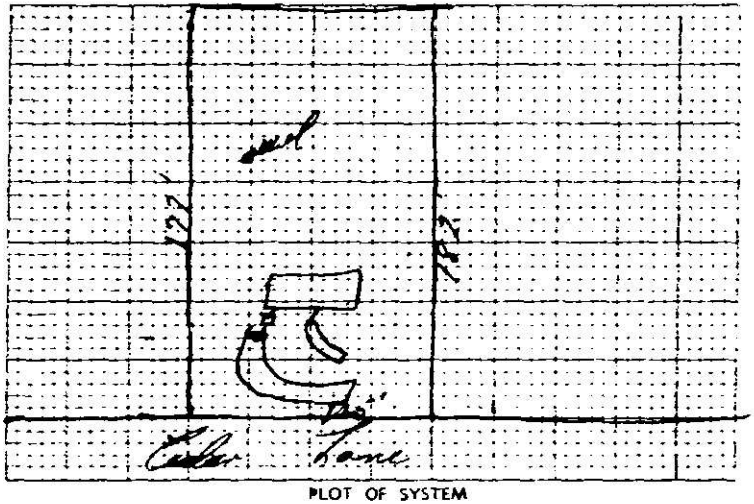
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 6234 dated 10 oct 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 30 Jun 74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 57

Liquid Capacity of Tank 1500

Tank Construction Pc

Absorption and/or Nitrification Lines

Total Line Lenght 450' + 100' (WM 3 C 75' 133' 117')

Number of Lines 6 (15' 85' 117")

Distance from House 10'

Distance from Property Line 15'

Distance from Well 100

NAME OF OWNER Stroeh, Allard Mr.

LOCATION OF PROPERTY 1234 Cedar Lane

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: Maple (Cedar)

Division or Section Head

Environmentalist M. W. Purdy

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.

REV. 5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4887

C of A (s) No 6234

Date Issued 5 Jan 74

T. C. No 187-061-72

Map Date July 20

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 Stroak (LAST), Alford (FIRST), Hemminger (MIDDLE)

Location of Property 1234 Cedar Lane

Application Number 6234 Permit Number 6234

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC (3 CTS 1'X5'X17")

Total Length of Drain Tile 450'+100' 4" PVC Number of Lines 4 (CTS 1'X5'X17")

Depth of Filter Material 17" Cover Depth 18-24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 5 Jan 74 (DATE) Tank Inspected 5 Jan 74 (DATE)

Nitrification Field Inspected 5 Jan 74 (DATE)

Washing Machine Line Inspected, If Applicable 5 Jan 74 (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 issued 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: Septic Tank

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY