Date Received 2-9-73

APT No. 5543

T. C. No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney (LAST) Leonard (FIRST) Edward (MIDDLE)

2) ADDRESS OF OWNER Rte. 4 Box 421B ZIP 28208

3) PHONE NO. Home 399-6662 Office 399-1040

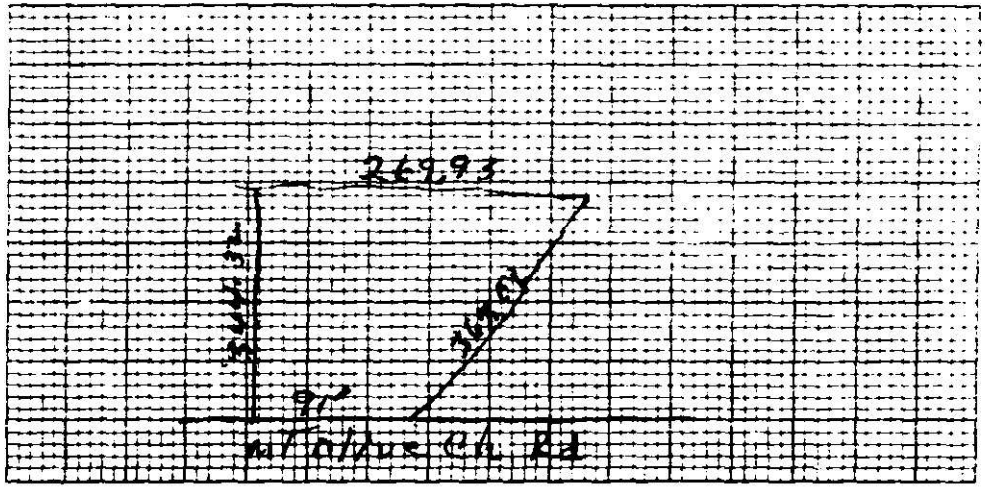
4) LOCATION OF PROPERTY Mt Olive Church Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 2110 PAGE NO 511

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

Leonard Mauney
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5543

Date Issued February 19, 1973

T C No. 113-164-17

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

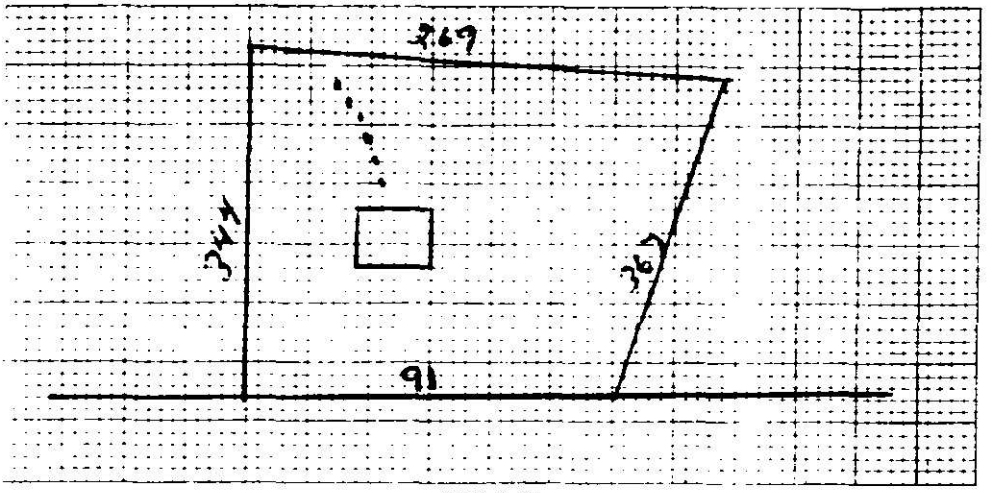
PERCOLATION TEST REPORT

NAME OF OWNER Mauney (LAST) Leonard (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER Route 4, Box 421-B ZIP 28208

LOCATION OF PROPERTY Mt. Olive Church Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 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 tests were 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 Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-9-73

ICAR(S) Application No. 5543

T. C. No. _____

Map Date _____

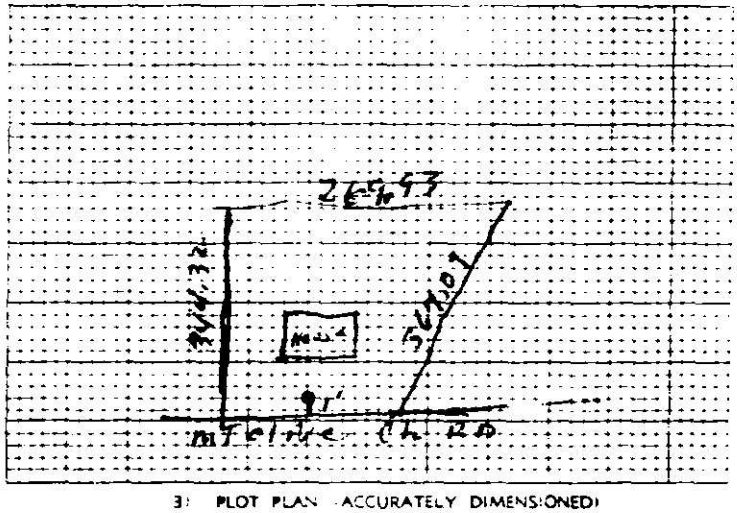
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Maney (LAST) Leonard (FIRST) Edward (MIDDLE)

14) ADDRESS OF OWNER Rte 4 Box 421B

15) PHONE NO. Home 3996002 Office 3991040

16) LOCATION OF SYSTEM Mt Olive Ch Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2110 AT PAGE 511

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

Leonard Maney
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2546

Date Issued February 19, 1973

LA No. 5543

T. C. No. 113-164-17

Map Date 9-29-71

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 Mauney (LAST) Leonard (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER Route 4, Box 421-B ZIP 28208

LOCATION OF LOT Mt. Olive Church Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 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 5543. 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 which may 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 F McMillan
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 12/3/73

Serial No. 4432

ICAR(S) Permit No. 5543

T. C. No. 11 2-169.17

Map Date 9-27-71

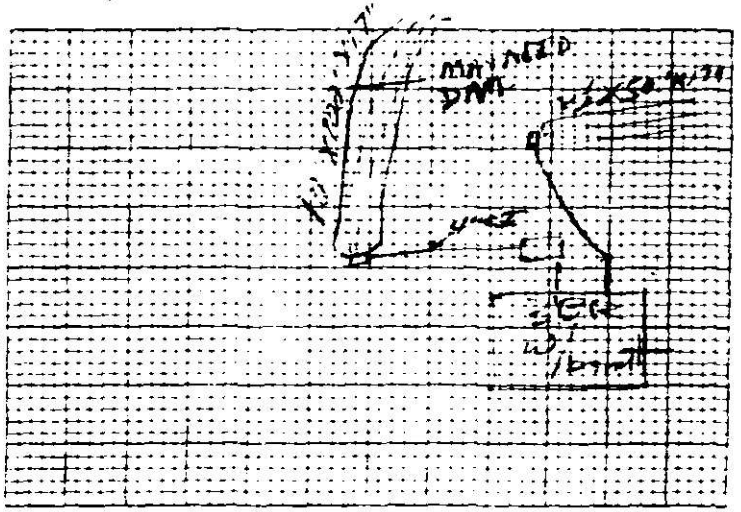
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 5543, dated 12/3/73, 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 ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 5.8 mpi

Liquid Capacity of Tank 1000

Tank Construction RC

Absorption and/or Nitrification Lines: ST (with)

Total Line Lenght 400 150

Number of Lines 4 3

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Leonard Whaley

LOCATION OF PROPERTY 117 Callie Cain 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: Owner will add extra drain field 150 gal tank

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-S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4072

C of A (s) No. 5543

Date Issued 10/19/73

T. C. No.

Map Date

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 MAUNEY (LAST) LEONARD (FIRST) E. (MIDDLE)

Location of Property MT OLIVE CH. RD.

Application Number 5543 Permit Number 5543

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile ST 400 WM 150 Number of Lines ST 4 WM 3

Depth of Filter Material 17" + Cover Depth 30"

Water Supply Source IND WELL Distance from Water Source 400'+

Excavation Inspected 10/19/73 (DATE) Tank Inspected 10/19/73 (DATE)

Nitrification Field Inspected 10/19/73 (DATE)

Washing Machine Line Inspected, If Applicable 10/19/73 (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: Self-contractor

L Bu Sanitarian

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

HEALTH DEPARTMENT'S COPY