Date Received RECEIVED JUN 22 1973

APT No 6525

T C No 107-314-08

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Morris (LAST), Harvey (FIRST) (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 1941, Charlotte, N.C. ZIP 28201

3) PHONE NO Home 399-3893 Office 399-3431

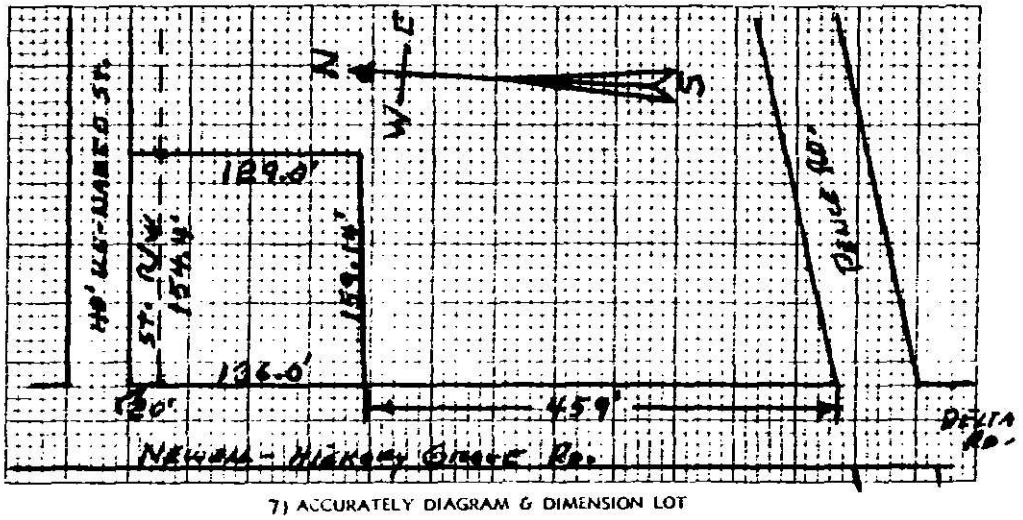
4) LOCATION OF PROPERTY Newell-Hickory Grove Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 10 & Pt. 9 BLOCK NO _____

MAP BOOK NO 7 PAGE NO 227

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

Harvey Morris
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3327

PTR No. 6525

Date Issued July 17, 1973

T C No. 107-314-08

Map Date 4-27-73

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

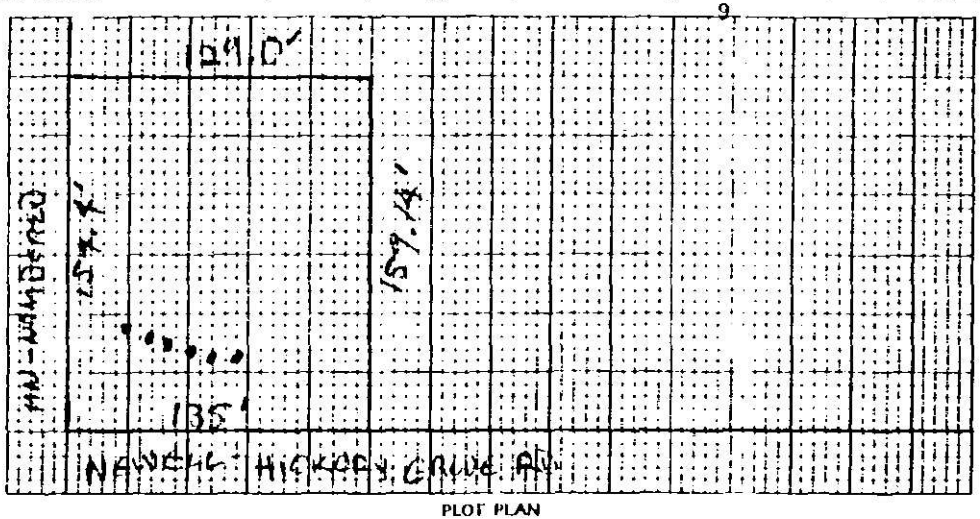
## PERCOLATION TEST REPORT

NAME OF OWNER Morris (LAST) Harvey (FIRST) (MIDDLE)

ADDRESS OF OWNER Post Office Box 1941 ZIP 28201

LOCATION OF PROPERTY Newell-Hickory Grove Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 10 & part of BLOCK NO 9




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 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 Atkisson

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 November 15 1973 ICAR(S) Application No 6525

T C No 107-314-08

Map Date 4-27-73

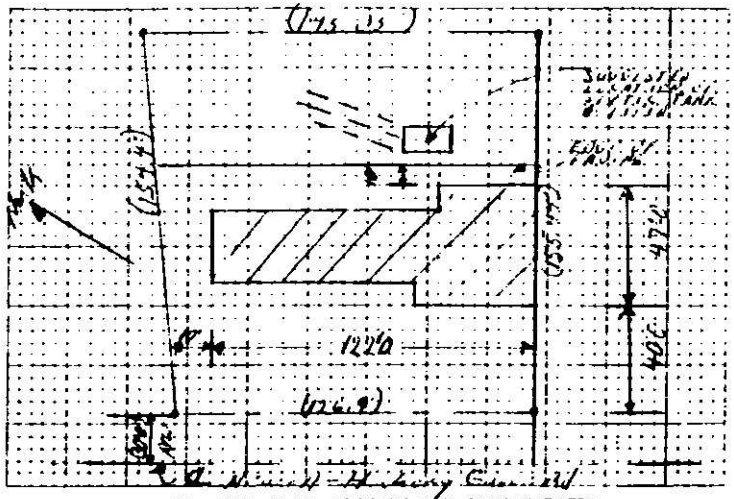
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 or parts 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




31 PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom ___
5) Business Use (Max No) Employees 5 ___
6) Washing Machine Yes X No
7) Garbage Disposal Yes X No
8) Dishwasher Yes X No
9) Water Supply
A) Individual Well
B) Government System ___
C) Community System ___
1 Well ___
2 Government ___
10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes ___ No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Johnston (LAST) Hall (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 221 South Church Street, Charlotte, N.C. 28202

15) PHONE NO Home 366-1581 Office 375-7771

16) LOCATION OF SYSTEM Neal Hall-Hickory Grove Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___ IR-56

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7-13-73

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 Hall M. Johnston (Personally)

Hall M. Johnston, Agent

FORM NO E-4-9-1-72 HEALTH DEPARTMENT'S COPY

Serial No. 3642

Date Issued November 23, 1973

LA No. 6525

T C No 107-314-08

Map Date 4-27-73

# 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 Johnston (LAST) Hall (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 221 South Church Street ZIP

LOCATION OF LOT Newell-Hickory Grove 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 56 min/in on 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 6525. 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

R.M. Reynolds
Environmentalist

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

FORM NO E-3-4-1-71

APPLICANT'S COPY

Date Issued 14 Mar 74 Serial No. 4878 ICAR(S) Permit No. 6525

T C No 107-314-08

Map Date 4-27-73

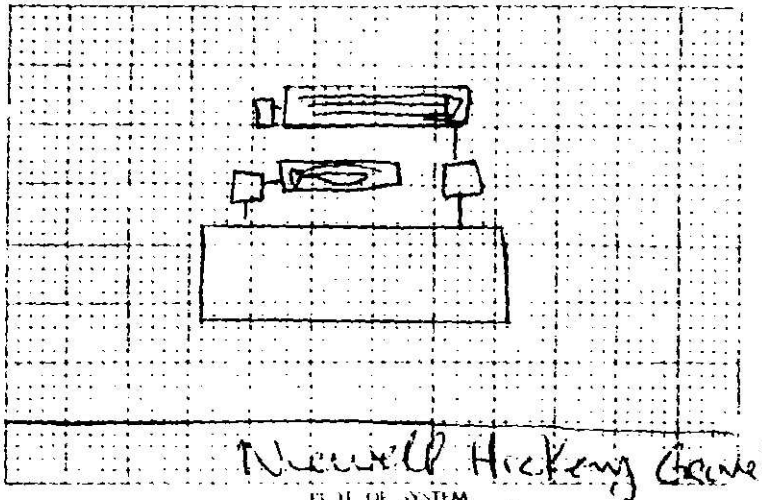
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 ✓ 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 6525, dated 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 14 Apr 74 after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 300' + pit

Number of Lines ---

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Morris, Harvey M.

LOCATION OF PROPERTY Newell Hickory Grove Rd & Sunset Dr

This system complies with 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 Aeration pit 24'x7' x4' stone

** floor drain system = 1000 gal tank & 200 gal dosing tank

Division or Section Head

G.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.

E-5-9-1-72

Date Issued 19 Mar 74 Serial 4554

C of A (s) No. 6525

T. C. No. 107-314 & 8

Map Date 4-27-73

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 Morris, Harvey M (LAST, FIRST, MIDDLE)

Location of Property Newell Hickory Grove Rd & Susan Dr

Application Number 6525 Permit Number 6525

**Inspection Data:**

Liquid Capacity of Tank 1000 & 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 300' & 300' Number of Lines (4) & (3)

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source city Distance from Water Source 100'

Excavation Inspected 19 Mar 74 (DATE) Tank Inspected 19 Mar 74 (DATE)

Nitrification Field Inspected 19 Mar 74 (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. aeration pit O.K.

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY