Date Received 5/22/23

APT No 6343

T C No A0055-3F13

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HASKETT (LAST) FOY (FIRST) DEAN (MIDDLE)

2) ADDRESS OF OWNER 1213 ECHO GLEN RD. CHARLOTTE ZIP 28213

3) PHONE NO Home 596-3261 Office 373-3925

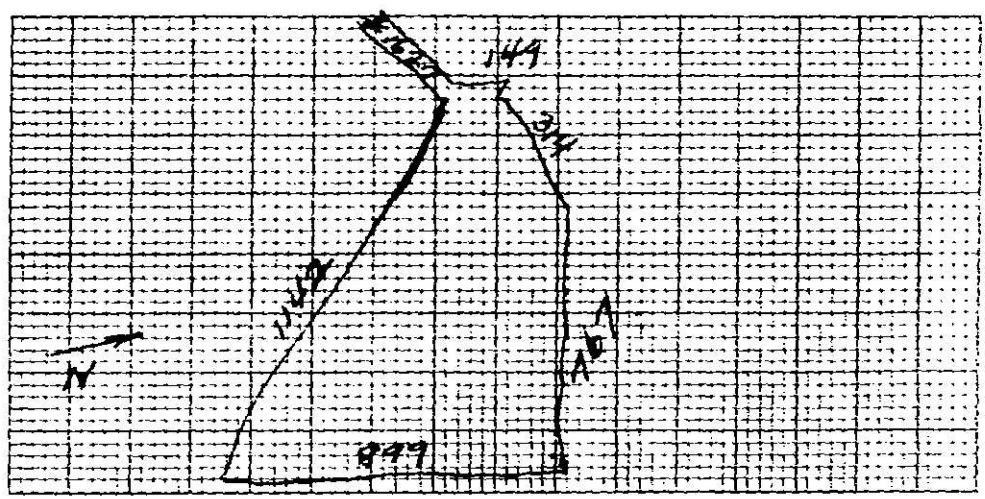
4) LOCATION OF PROPERTY END OF # 1627 OFF OF SAM WILSON RD. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO 113 PAGE NO. 23

6) DEED REFERENCE: DEED BOOK 1262 PAGE NO. 196

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

Jerry D. Haskett
OWNER

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3187

PTR No. 6343

P.O.

T C No 055-391-13

Date Issued July 19, 1973

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

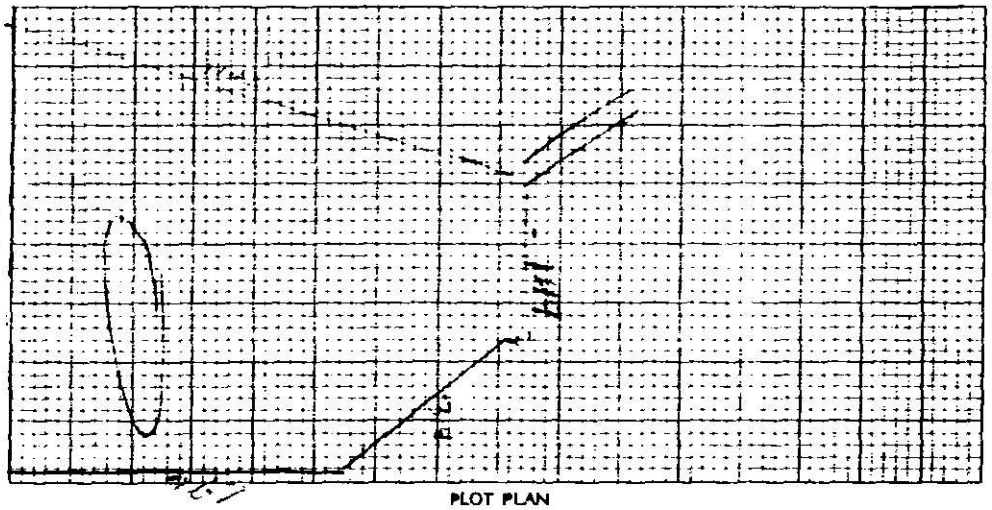
PERCOLATION TEST REPORT

NAME OF OWNER Haskett (LAST) Foy (FIRST) Dean (MIDDLE)

ADDRESS OF OWNER 1213 Echo Glen Road ZIP _____

LOCATION OF PROPERTY County Road 1627 (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 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 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.

* Results determined by soil analysis.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71 W Scott Lyon, Jr.

Soil Scientist

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. July 18, 1973
2. _____
3. _____

SDR No. 6343
T.C. No. P.O. 055-391-13

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

NAME OF OWNER Haskett, Foy Dean

ADDRESS OF OWNER 1213 Echo Glen Road ZIP 28213

LOCATION OF LOT County Road 1627

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.	6-19-73	150 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

_____

_____

_____

_____
Environmentalist

(Stencil No.)
MED 398
8/70

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: July 20, 1973

TO: Luther Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr.
Soil Scientist
WEL

SUBJECT: Soils investigation on County Road 1627, APT# 6343

Dear Mr. Bridgeman:

A soils investigation was made on the lot in question off of County Road 1627 to determine site suitability for a septic tank system. The soils were found to be of the Cecil series. These soils have good drainage and aeration. Slow percolation rates probably result from the presence of a small amount of swelling clay minerals. Another percolation test was conducted at the time of this investigation and a perc. rate of 60 min./in. was obtained.

As a result of this investigation, it is recommended that the site be approved for installation of a septic tank system with design based on a 60 min./in. perc. rate.

SEE INSTRUCTIONS ON BACK

Date Received 5-23-73

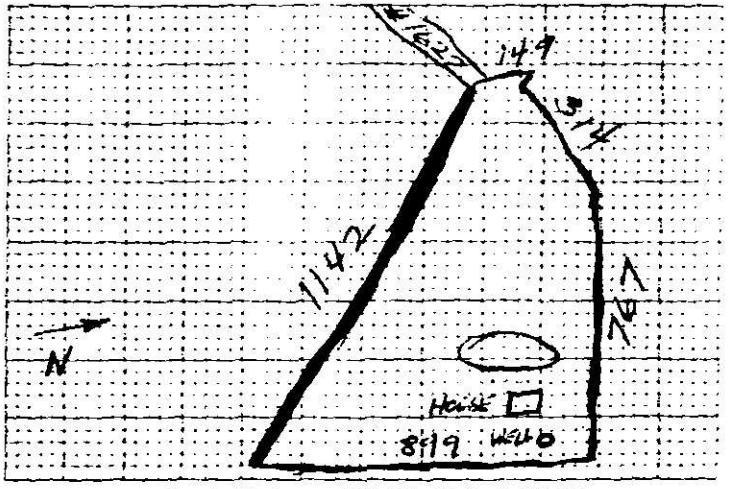
ICARIS Application No 6343
T C No 055-391-13
Map Date

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 the 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 Yes 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 Private
2 Governmental
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 HASKETT (LAST) FOY (FIRST) DEAN (MIDDLE)

14) ADDRESS OF OWNER 1213 ECHO GLEN RD. CHARLOTTE, N.C.

15) PHONE NO Home 596-3261 Office 373-3925

16) LOCATION OF SYSTEM END OF #1627 (STREET OR COUNTY ROAD) OFF OF SAM WILSON RD.

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

Map Book No. 113 Page No. 23

18) DEED REFERENCE — DEED BOOK 1262 AT PAGE 196

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.

5-21-73
DATE OF APPLICATION

Jay D. Haskett
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 19, 1973

Serial No. 3196

LA No. 6343
P.O.
T. C No. 055-391-13

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 Haskett (LAST) Foy (FIRST) Dean (MIDDLE)

ADDRESS OF OWNER 1213 Echo Glen Road ZIP 28213

LOCATION OF LOT County Road 1627 (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 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 6343. This approval is subject to the following terms and conditions: * Results determined by soil analysis.

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

Soil Scientist

HEALTH DEPARTMENT'S COPY

Date Issued 2/15/74 Serial No. 4892 ICAR IS Permit No 6343

T C No

Map Date

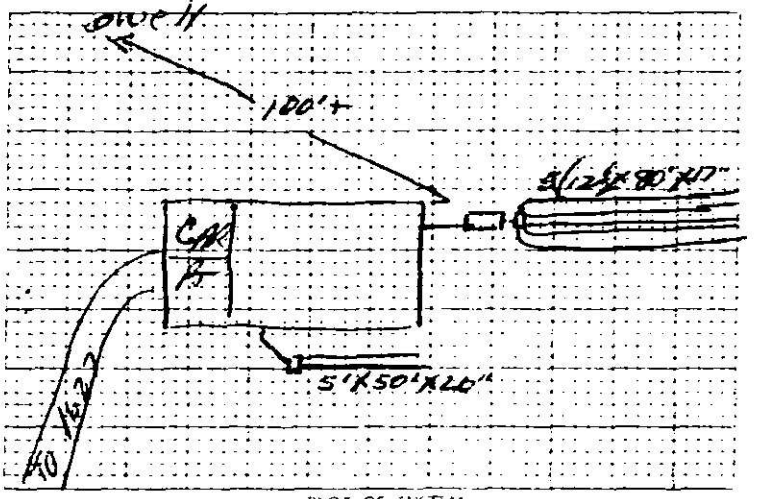
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6343 dated 2/14/73 and this permit shall be void and of no effect if the information supplied in the application is not true or is erroneous. All work shall be completed on or before 3/24/74 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60 SOIL ANAL

Liquid Capacity of Tank 1000 gal

Tank Construction 1000 gal

Absorption and/or Irrigation Lines S-T WM

Total Line Length 400' 150

Number of Lines 5 2-20'

Distance from House 10'

Distance from Property Line 10'+

Distance from Well

NAME OF OWNER [redacted] Haskett, For Dean

LOCATION OF PROPERTY Co. Rd 1627 @ end.

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 B. Lee

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-5-9-1-72

HEALTH DEPARTMENT U.S. Govt

Serial 4372

C of A (s) No. 6343

Date Issued 2/21/74

T. C. No

John R Adkinson

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 HASKETT (LAST) Fox (FIRST) DEAN (MIDDLE)

Location of Property Co Rd # 1627 Co. Cmd.

Application Number 6343 Permit Number 6343

Inspection Data: 10-0 Pmt

Liquid Capacity of Tank 1500 gal Tank Material PC

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

Depth of Filter Material 17" Cover Depth

Water Supply Source IND Well Distance from Water Source 100'

Excavation Inspected 2/21/74 (DATE) Tank Inspected 2/21/74 (DATE)

Nitrification Field Inspected 2/21/74 (DATE)

Washing Machine Line Inspected, If Applicable 2/21/74 (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: _____

R C Freeman

Environmentalist

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

HEALTH DEPARTMENT'S COPY