Date Received 10-1-71

APT No 2493

T C No C31-22-07

Map Date 5-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Rhodes (LAST) Boyce, Wife Mary L. William (FIRST, MIDDLE)

2) ADDRESS OF OWNER Rt 1 Box 186 Huntersville N.C. 28078

3) PHONE NO Home 392-3364 Office

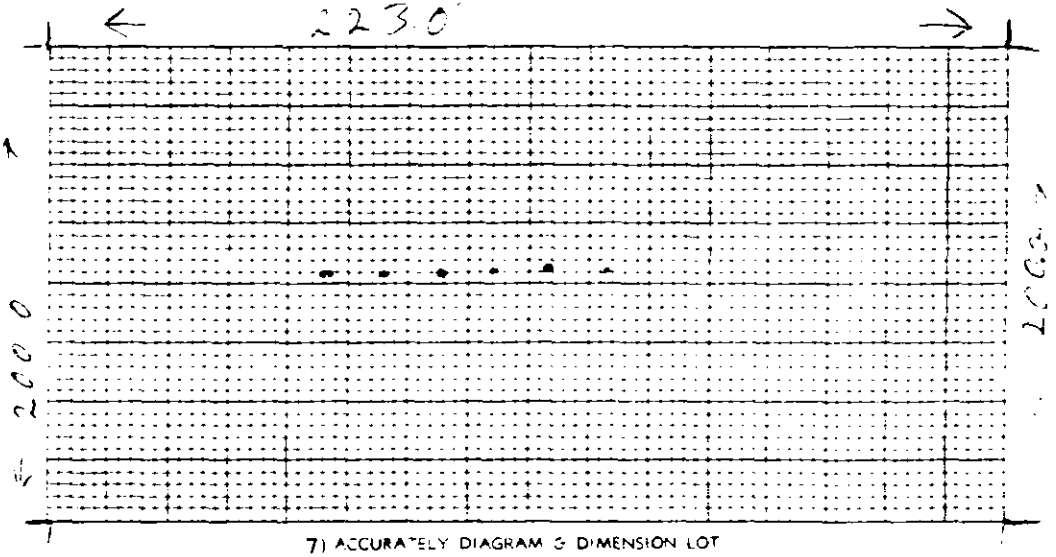
4) LOCATION OF PROPERTY Susanna Dr. (STREET OR COUNTY ROAD) Meck County

5) SUBDIVISION Riverhaven LOT NO 15 & 16 BLOCK NO J

MAP BOOK NO 8 PAGE NO 407

6) DEED REFERENCE DEED BOOK 2012 2153 PAGE NO 165 585

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

Boyce Rhodes, wife Mary L. Rhodes
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 1[illegible]24

PTR No. 2493

Date Issued October 8, 1971

T C No 031-222-09

Map Date 9/1/70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

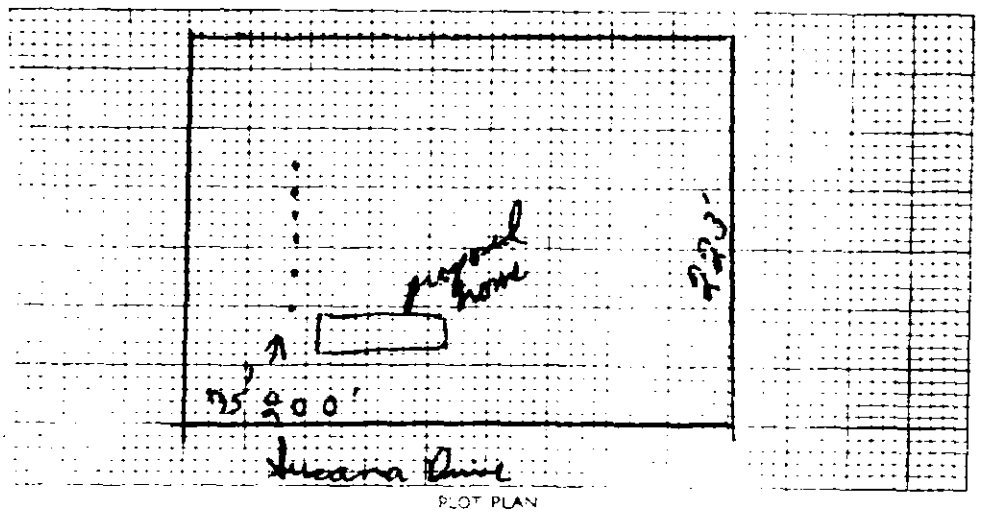
PERCOLATION TEST REPORT

NAME OF OWNER Rhodes (LAST) Boyce (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 1, Box 186, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Susanna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Riverhaven LOT NO 15 & 16 BLOCK NO J



PLOT PLAN

This is to certify that a percolation test has been run and [illegible] 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 40 min/in[illegible] approved for the installation of an individual septic tank wastewater treatment system with [illegible] absorption effluent discharge subject to the following terms and conditions:

- A permit [illegible] or modification report the specific system [illegible] the Mecklenburg County Health [illegible]
- [illegible] the system on the said lot [illegible]
- [illegible] determined by the Health De[illegible] and type of building con[illegible] thereon.
- [illegible] was run [illegible] on the lot which [illegible] for the installa[illegible]

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 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

Date Received 10/5/71

ICAR(S) Application No. 2472

T. C. No. 031-222.09

Map Date 9/70 (corr)

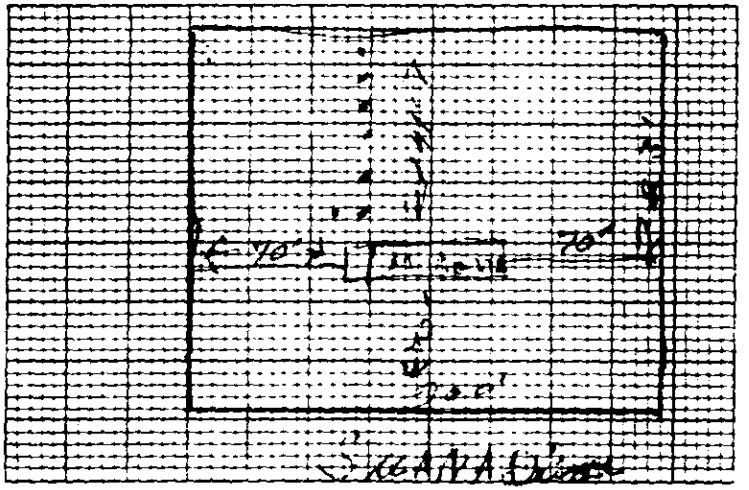
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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) 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 NONE
12 VA Case No NONE

13) NAME OF OWNER [illegible] Victor William
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office 399-1736

16) LOCATION OF SYSTEM [illegible] Sharon Drive
STREET OR COUNTY ROAD

17 SUBDIVISION [illegible] Lot No. 15 1/2 Block No. 5

Map Book No. 8 Page No 40

18) DEED REFERENCE - DEED BOOK [illegible] 153 AT PAGE [illegible]

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN [illegible]

20 PTR NUMBER See Instructions) [illegible]

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

Victor Mamie Lewis Thompson
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 1104

LA No. 2493

Date Issued October 15, 1971

T C No 031-222-09

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 Thompson (LAST) Victor (FIRST) William (MIDDLE)

ADDRESS OF OWNER Box 122 Route 9, Charlotte, N.C. ZIP

LOCATION OF LOT Susanna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Riverhaven LOT NO 15 & 16 BLOCK NO J

MAP BOOK NO 8 PAGE NO 407

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 and on-site inspection which yielded a percolation rate of 40 min/in and 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 2493. This approval is subject to the following terms and conditions:

1. The installation cannot be installed, constructed, altered and/or repaired in the same area as the percolation test was run.
2. That an Installation Construction Alteration and/or Repair Permit be issued and in force at the time when the system is installed, constructed, altered and/or repaired and that the system be installed in accordance with same.

This approval shall remain in effect for a period not to exceed one year from date of issuance, after which time it shall be void unless renewed by the Health Department. This approval is granted only with the understanding that the proposed Application for an Installation Construction Alteration and/or Repair Permit will be in accordance with all of the requirements governing the installation, construction, alteration and/or repair of individual sewage disposal systems as set forth in the Installation Construction Alteration and/or Repair Permit.

J. H. Atkisson
Environmentalist

W. G. Hamilton
Director Environmental Health Division or Authorized Section Head

FORM NO. E 3-4-71

HEALTH DEPARTMENT'S COPY

Serial No. 1487 ICARUS Permit No. 2493

Date Issued 4-22-71 T C No C31-222 69

Mod Date 9-1-70

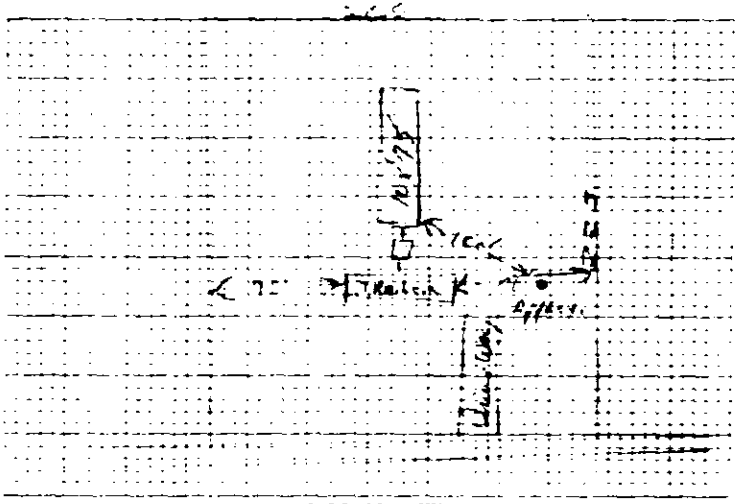
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted to [ ] Install or Construct [ ] Alter or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as set forth herein at the described location. This permit is granted based upon the information supplied on application # 2493 dated 4-15-71. Any deviation from the plans submitted in the application will void this permit. All work shall be completed on or before 4-22-71 after which date this permit shall be null and void.



PLOT OF SYSTEM

Property Code: 7

Lot No. or Parcel ID: 1CC09AL

Type Installation: Precast

Approved Septic Tank Size: 500 gal.

Number of Lines: 4 @ 25'

Distribution Box: 1

Trench Width: 24"

Bottom Area: 500 sq. ft.

Disposal Method: S.S.M.S.

NAME OF OWNER: [illegible] Thompson

LOCATION OF PROPERTY: [illegible]

[illegible] permits as set forth in [illegible] of the Mecklenburg [illegible] this grant [illegible] A certificate of [illegible] system or [illegible] in [illegible]

[illegible]

Date [illegible] Sanitarian

Environmentalist

This permit [illegible] installation [illegible] 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 [illegible]

WHITE COPY

Serial No. 1264

C of A (s) No. 2493

Date Issued 11-1-71

T C No. 031-222-07

Map Date 7-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Thompson (LAST) Victor (FIRST) W. (MIDDLE)

Location of Property Louanna Ln.

Application Number 2493 Permit Number 1432

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Concrete

Total Length of Drain Tile 300' Number of Lines 4 10 x 25'

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Well Distance from Water Source 75'

Excavation Inspected 11-1-71 (DATE) Tank Inspected 11-1-71 (DATE)

Nitrification Field Inspected 11-1-71 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 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 set forth in the permit in addition to those listed below under comments. This Certificate of Approval shall be void if any information contained in the application is not true or if any additions are made to the property which would increase the requirements for said system.

Comments

Environmentalist

FORM NO. E-6-4 1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ( ) OK

Date Received 8/4/76

ICAR(S) Application No 2493

T. C No. 081-222-2

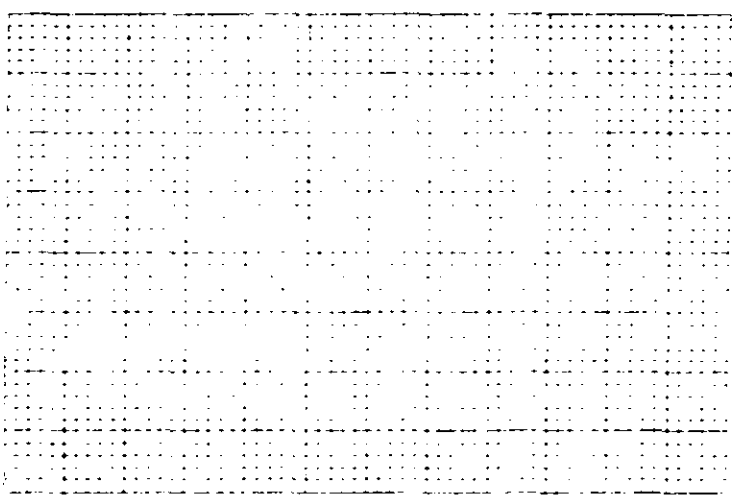
Map Date 1-29-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to

1) Install or Construct 2) N/A Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



Water Home X Yes ___ No

Business Use ___ Yes ___ No

4 No. of Bedrooms ___

Employees ___

Washing Machine ___ Yes ___ No

Garbage Disposal ___ Yes ___ No

Dishwasher ___ Yes ___ No

Water Supply

1. Individual well X

2. Government system ___

Community system

Water Source ___

2. Government source ___

Sewage System

1. Septic tank within 200 feet

2. Public sewer ___ Yes ___ No

House sewer within 200 feet of

Community sewer ___ Yes X No

FHA Case No ___

VA Case No ___

3 PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Wheeler (LAST) Katrinca (FIRST) Adams (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 117-E Mt. Holly, N.C. 28120

15) PHONE NO Home 827-2177 Office 423-2191

16 LOCATION OF SYSTEM Sweenar Dr. (STREET OR COUNTY ROAD)

17 SUBDIVISION Rankin Est. Lot No 3 & ½ Block No 2

Map Book No ___ Page No ___

18 DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19 HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN 8/4/76

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 ___

X Katrinca Adams Wheeler
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 8/6/76

Serial No. 0056

LA No. 2493

T. C. No. 031-222-21

Map Date 1-29-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Wheeler (LAST) Katrinca (FIRST) Adams (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 119-B, Mt Holly, N. C. ZIP 28120

LOCATION OF LOT Susanna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rivernaven LOT NO 15 & 16 BLOCK NO J

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 2493. 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 soil investigation 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, altered 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 permits which have been issued if authorized representatives of this Department shall determine that any statement contained in the Application for Installation, Construction, Alteration and Repair Permit submitted is untrue or that the septic tank system is not being installed, constructed, altered and/or repaired in accordance with the Installation, Construction, Alteration and/or Repair Permit

John R Atkinson

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy