Date Received 4-11-73

APT No 6025

T C No ________

Map Date ________

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Nelson (LAST) Lazzell (FIRST) (NMN) (MIDDLE)

2) ADDRESS OF OWNER RTE 7 Box 875 Charlotte N.C. ZIP 28213

3) PHONE NO Home 596 0268 Office 596 6767

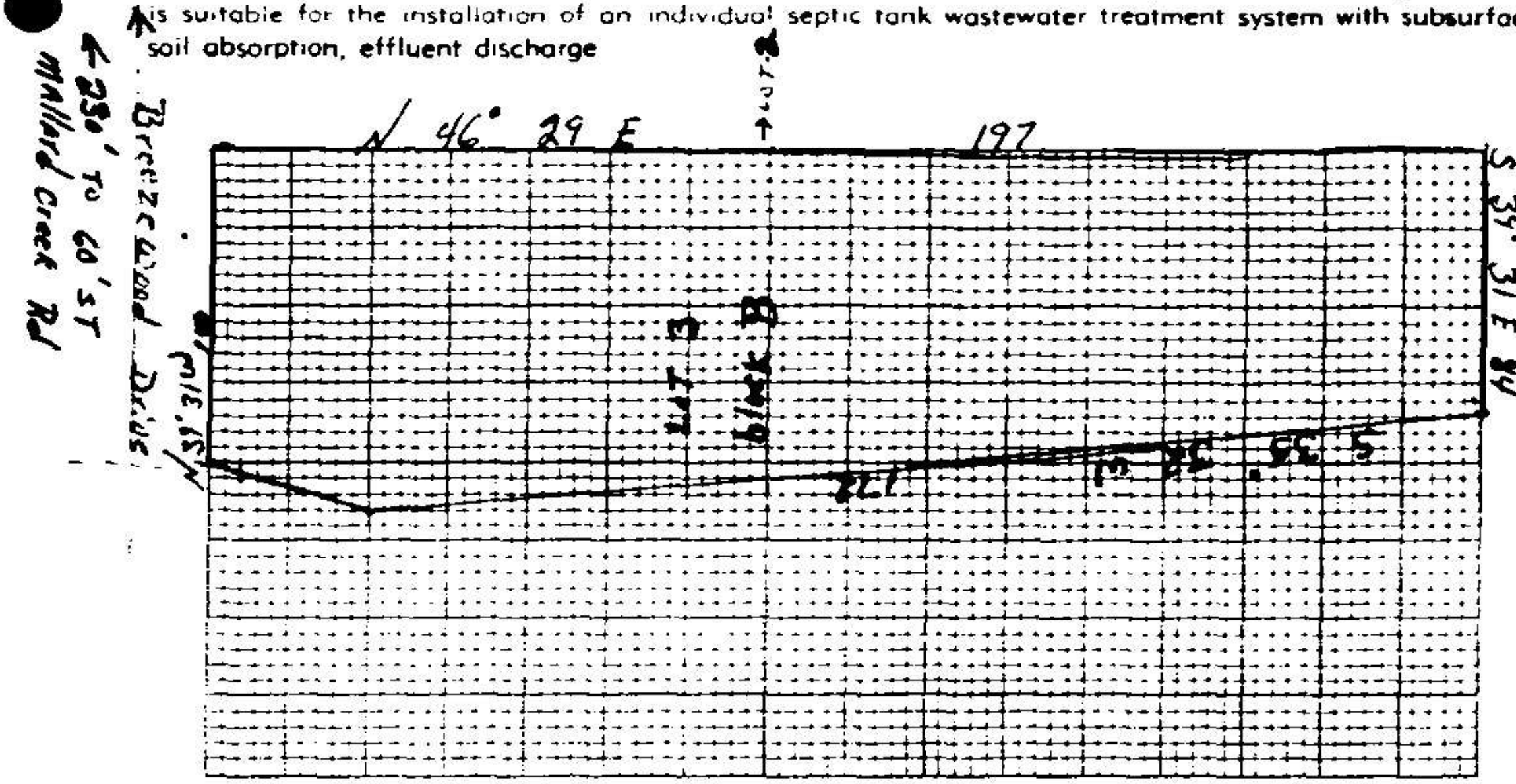
4) LOCATION OF PROPERTY Breezewood Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Hamwood Acres LOT NO 3 BLOCK NO. B

MAP BOOK NO ________ PAGE NO. ________

6) DEED REFERENCE DEED BOOK 3545 PAGE NO 444

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

Lazzell Nelson
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. April 25, 1373
2. _____
3. _____

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

SDR No. 6075
T.C. No. _____

NAME OF OWNER Nelson, Lassell

ADDRESS OF OWNER Route 7, Box 875 ZIP 28213

LOCATION OF LOT Breezewood Div., Lot 3-3

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.	4-24-73	480 min/in
X	2.	5-15-73	300 min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 5-22-73 - Percolation test holes were in fill dirt. System cannot be placed in fill dirt.

E. M. Reynolds
Environmentalist

(Stencil No.)
MED 398
8/70

FORM MD,
E-19-8-14-70

Serial No. ...

PTR No. 6075

T C No. 029-142-06

Date Issued June 18, 1973

Map Date April 27, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

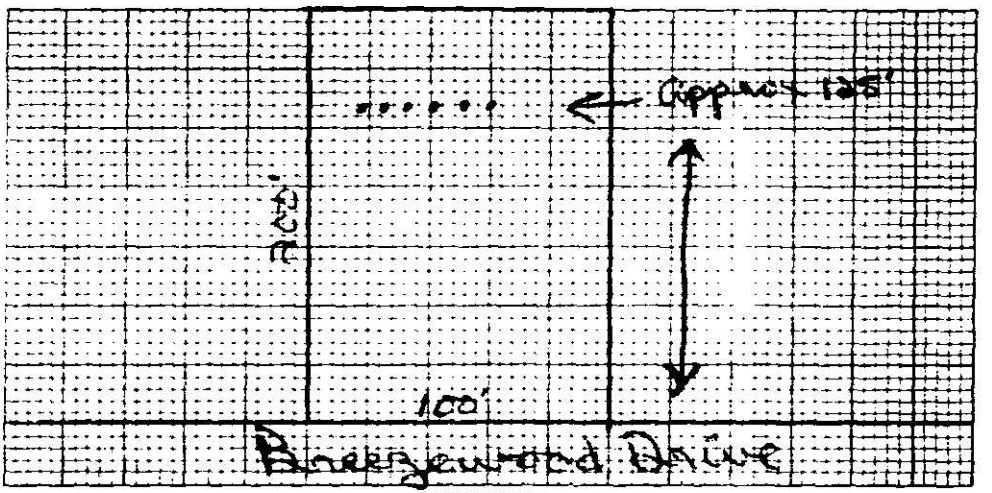
PERCOLATION TEST REPORT

NAME OF OWNER Nelson (LAST) Lazzell (FIRST) (MI) (MIDDLE)

ADDRESS OF OWNER Route 7, Box 875, Charlotte, N. C. ZIP 28213

LOCATION OF PROPERTY Breezewood Drive (STREET OR COUNTY ROAD)

SUBDIVISION Homewood Acres LOT NO 3 BLOCK NO. B



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 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 B. Hudson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 7-10-73

MECKLENBURG COUNTY HEALTH DEPT. SEE INSTRUCTIONS ON BACK
RECEIVED
JUL 1 1973

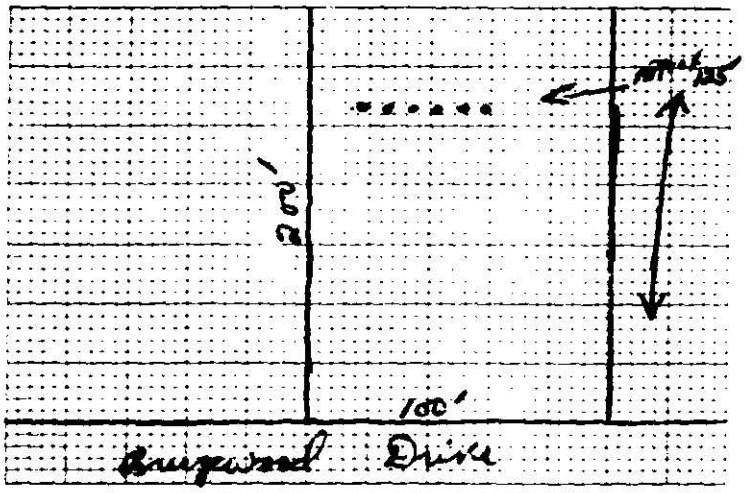
ICAR'S Application No 6075
T C No 029-142-06
Map Date 4-27-73

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 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 ✓
B ___
C ___
Well ___
D ___
Sewage System
___ Yes ✓ No
___ Yes ✓ No
___ Yes ___ No
11 FHA Case No ___
12 VA Case No ___

13) NAME OF OWNER Nelson (LAST) Lazzell (FIRST) (MIDDLE) (NMI)

14) ADDRESS OF OWNER RTC 7 Box 875

15) PHONE NO Home 596 0268 Office ___

16) LOCATION OF SYSTEM Breezewood Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Homewood Dr Lot No 3 Block No B

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK 3545 AT PAGE 444

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6-14-73 760

20) PTR NUMBER (See Instructions) 6075

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.

7-9-73
DATE OF APPLICATION

Lyell Nelson
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 10, 1973 **Serial No.** 3152

LA No. 6075

T. C. No. 029-142-06

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 Nelson (LAST) Lazzell (FIRST) NMI (MIDDLE)

ADDRESS OF OWNER Route 7, Box 875 ZIP _____

LOCATION OF LOT Breezewood Drive (STREET OR COUNTY ROAD)

SUBDIVISION Homewood Acres LOT NO. 3 BLOCK NO B

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 6075. 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

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 1 Aug 73 **Serial No. 4111** ICAR(S) Permit No. [illegible]

T C No. [illegible]

Map Date [illegible]

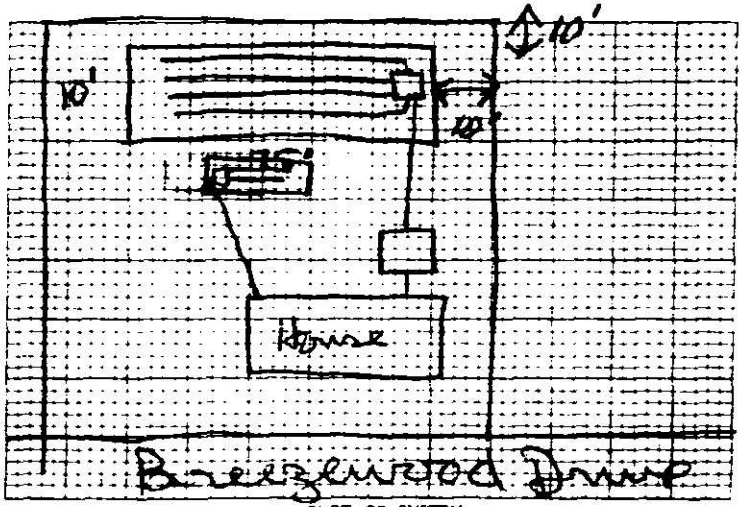
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 ___, 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 10 Oct 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 400' & 150'

Number of Lines (4) 10' x 75'

Distance from House 10'+

Distance from Property Line 10'

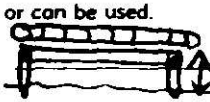
Distance from Well 100'

NAME OF OWNER Nelson, Lazell

LOCATION OF PROPERTY Breezewood Drive

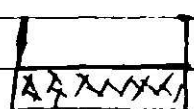
The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: owner to install system



#1 or #10 stone

Washe 5'x24'x4' OR 2½'x50'



10' between beds

Division or Section Head

R 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.

FORM NO E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 26 June 74 Serial No. 5016 C of A (s) No 6075

T C No 029-142-06

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 Nelson, Lazell (LAST, FIRST, MIDDLE)

Location of Property Breezewood Drive

Application Number 6075 Permit Number 6075

Inspection Date:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 400± Number of Lines (A) 10' x 75'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100±

Excavation Inspected 26 June 74 (DATE) Tank Inspected 26 June 74 (DATE)

Nitrification Field Inspected 26 June 74 (DATE)

Washing Machine Line Inspected If Applicable ——— (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption effluent disch[illegible] as described above and it has been ✓ installed or constructed ___ altered at the above location 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 having title to the property 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 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 NO washer line to be installed at present.

R. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY