Date Received 8/12/75

Application No. 6398

T. C. No. 95 DW

Map Date 3 13

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER PICKLER (LAST) JAMES (FIRST) WILLIAM (MIDDLE)

ADDRESS OF OWNER 5921 MULLIS RD CHARLOTTE ZIP 28215

PHONE NO. Home 535-1199 Office 376-8426

LOCATION OF PROPERTY MINTFOREST DR. MINT HILL (STREET OR COUNTY ROAD)

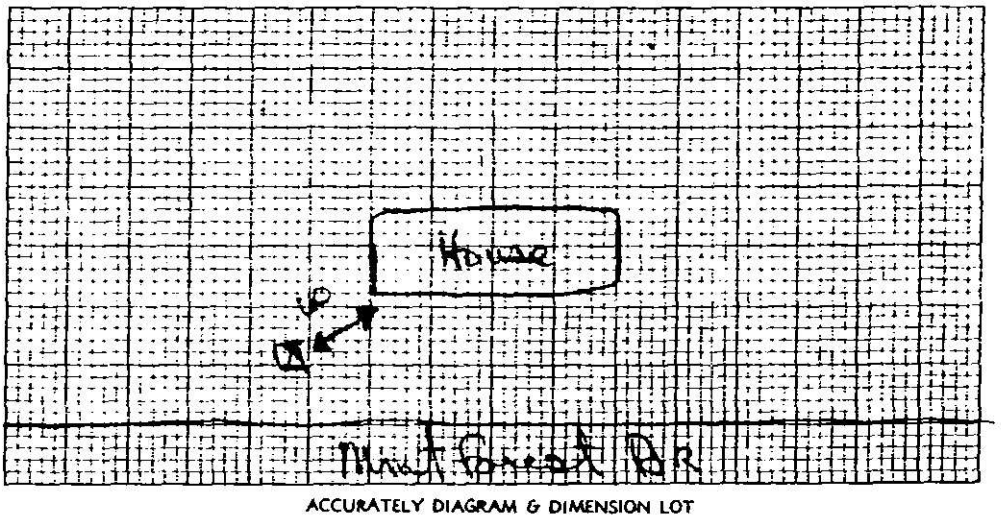
SUBDIVISION MINTWOOD ESTATES #2 LOT NO. 5 BLOCK NO.

MAP BOOK NO. 16 PAGE NO. 83

DEED REFERENCE: DEED BOOK 3714 PAGE NO. 0773

WELL CONTRACTOR _____ LICENSE NO.

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

8-12-75
DATE OF APPLICATION

James W. Pickler
OWNER

Application approved and permit hereby granted

Permit No: _____

A M Reynolds
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6-1-73

APT No 6398

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Lane (LAST) D. (FIRST) R. (MIDDLE)

2) ADDRESS OF OWNER 2121 Linalda Court, Charlotte, N. C. ZIP 28214

3) PHONE NO. Home 399-6142 Office 889-7600

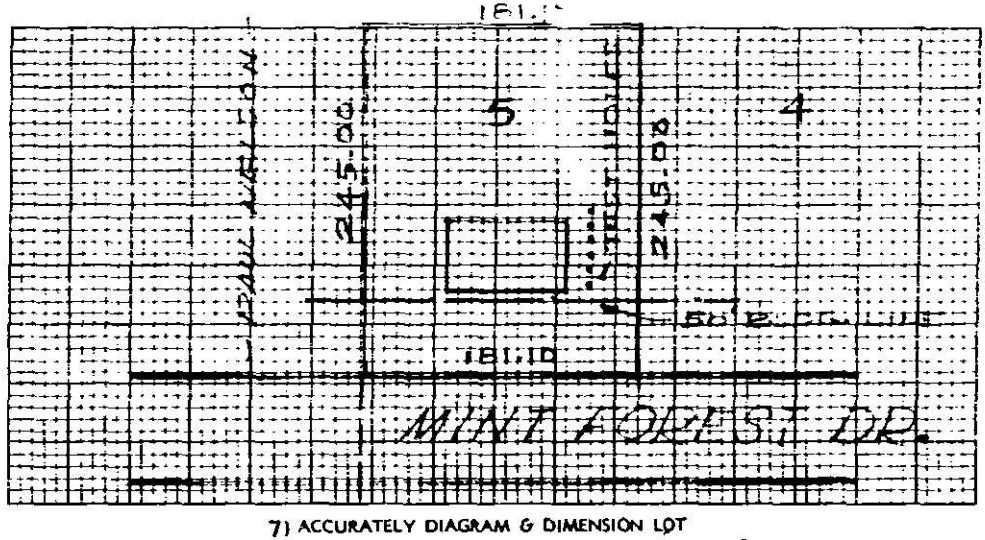
4) LOCATION OF PROPERTY Mintforest ~~Mintwood~~ Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Mintwood Estates LOT NO. 5 BLOCK NO. --

MAP BOOK NO. 15 PAGE NO. 593

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

OWNER D. R. Lane

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 6398

T C No. 195-041-45

Date Issued July 10, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

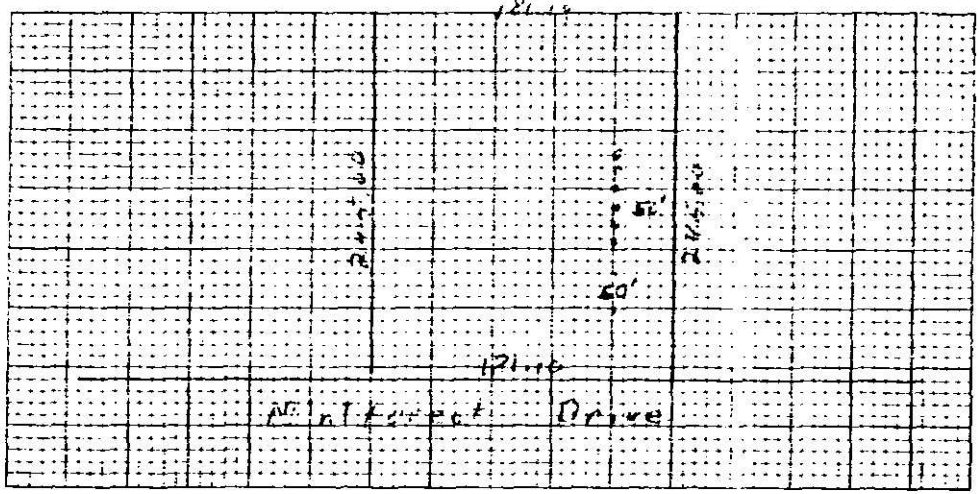
PERCOLATION TEST REPORT

NAME OF OWNER Lane (LAST) D. (FIRST) R (MIDDLE)

ADDRESS OF OWNER 2121 Linalda Court, Charlotte ZIP 28214

LOCATION OF PROPERTY Mintforest Drive (STREET OR COUNTY ROAD)

SUBDIVISION Mintwood Estates LOT NO 5 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 45 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.

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 8/12/75

ICAR(S) Application No. 6398

T C No. 12-24

Map Date: ____

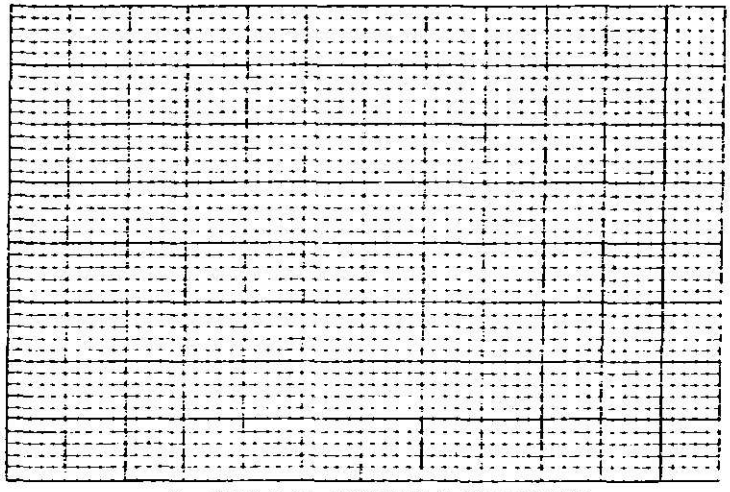
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 THREE

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 PICKLER (LAST) JAMES (FIRST) WILLIAM (MIDDLE)

14) ADDRESS OF OWNER 5921 MULLIS RD. CHARLOTTE, N.C.

15) PHONE NO Home 535-1194 Office 376-8426

16) LOCATION OF SYSTEM MINT FOREST DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION MINT WOOD #2 ESTATES Lot No. 5 Block No. ____

Map Book No 16 Page No. 83

18) DEED REFERENCE — DEED BOOK 3714 AT PAGE 0773

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.

8-12-75
DATE OF APPLICATION

James W. Pickler
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued August 18, 1975 Serial No. 5227

LA No 6398

T C No 195-041-45

Map Date 2-14-73

IMPROVEMENTS PERMIT

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 Pickler (LAST) James (FIRST) William (MIDDLE)

ADDRESS OF OWNER 5921 Mullis Road, Charlotte, N.C. ZIP _____

LOCATION OF LOT Mint Forest Drive (STREET OR COUNTY ROAD)

SUBDIVISION Mint Wood LOT NO 5 BLOCK NO. _____

MAP BOOK NO. 16 PAGE NO 83

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 45Min./In 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 6398. 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

John R Atkisson
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

V

6398

Serial No. 7462

ICAR'S Permit No. fc398

Date Issued 26 Apr 76

T C No 195-041-45

Map Date 2-14-73

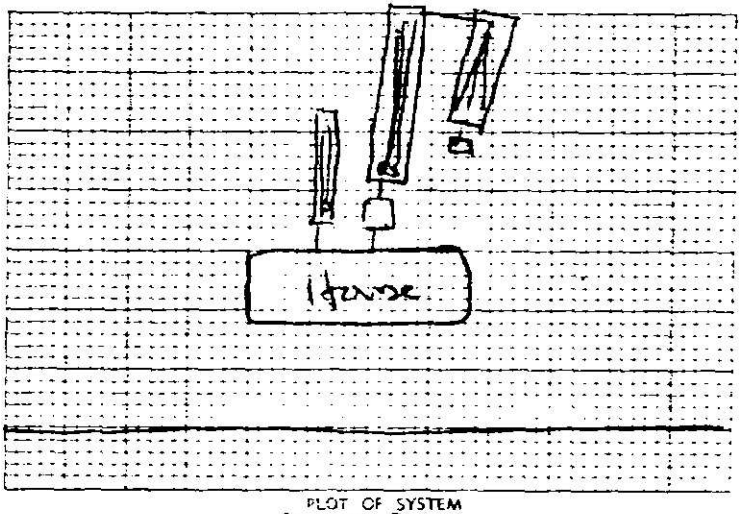
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 10398 dated 8-13-75 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 26 May 76 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nutrification Lines

Total Line Length 600' - 150'

Number of Lines 5-2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Pickler, James W.

LOCATION OF PROPERTY Mint Forest Dr.

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: _____

_____

_____

Division or Section Head _____

A. M. Reynolds
Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or 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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6897

C of A (s) No 6398 ~~10398~~

Date Issued 27 Apr 76

T C No 195-041-45

Map Date 2-14-73

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 Pickler, James (LAST, FIRST, MIDDLE)

Location of Property Mint Forest Drive

Application Number 10398 Permit Number 10398

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 600' - 150' Number of Lines 5-2

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 27 Apr 76 (DATE) Tank Inspected 27 Apr 76 (DATE)

Nitrification Field Inspected 27 Apr 76 (DATE)

Washing Machine Line Inspected, If Applicable 27 Apr 76 (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 O.K.

R. M. Reynolds
Environmentalist

FORM NO. E-5-2M-6-75

HEALTH DEPARTMENT COPY