5

Date Received 1-22-23

APT No 5447

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER W MELLICHAMP (LAST) WILLIAM. (FIRST) L. (MIDDLE) ,JR.

2) ADDRESS OF OWNER W 225 Shenandoah Circle ZIP W 28215

3) PHONE NO Home 537-0725 Office 537-3353

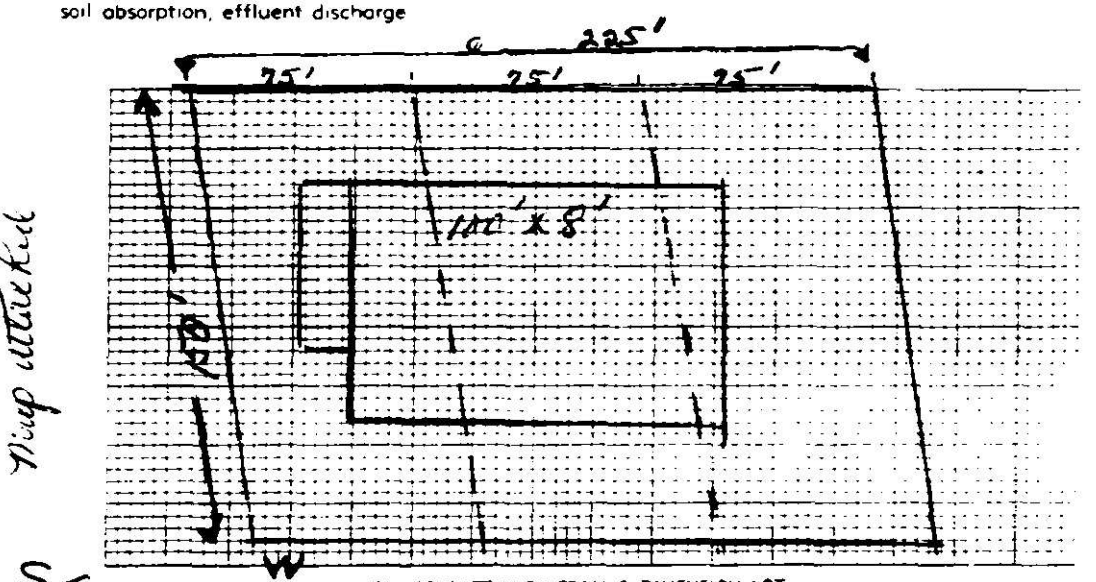
4) LOCATION OF PROPERTY Cor. Susan drive & x street-- one block off 5800 block (STREET OR COUNTY ROAD) Newel-Hickory Grove Rd.

5) SUBDIVISION LOT NO 24,25,26 BLOCK NO

MAP BOOK NO 2 PAGE NO 227

6) DEED REFERENCE DEED BOOK 798 / ~~966~~ / 972 PAGE NO 85 / ~~230~~ / 61

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

W L. Mellichamp Jr
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2 [illegible]5

PTR No. 5447

T C No. 107-313-04

Date Issued April 12, 1973

Map Date 3-24-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

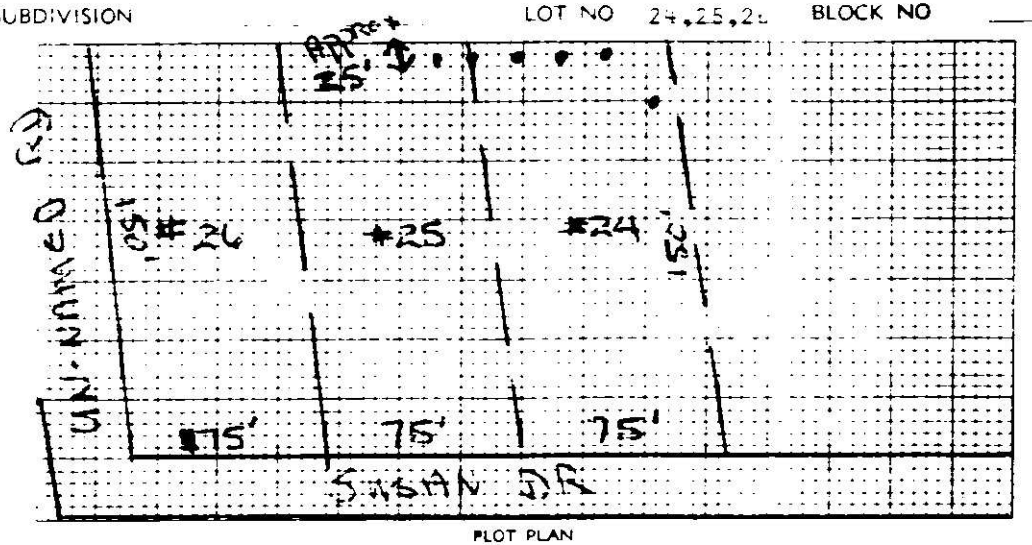
PERCOLATION TEST REPORT

NAME OF OWNER Mellichamp (LAST) William (FIRST) L., Jr. (MIDDLE)

ADDRESS OF OWNER 225 Shenandoah Circle ZIP 28215

LOCATION OF PROPERTY Susan Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 24,25,26 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 58 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.

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 1 DE

Date Received 4-19-73

ICAR (S) Application No 5447

T C No 107-313-04

Map Date 3 24 72

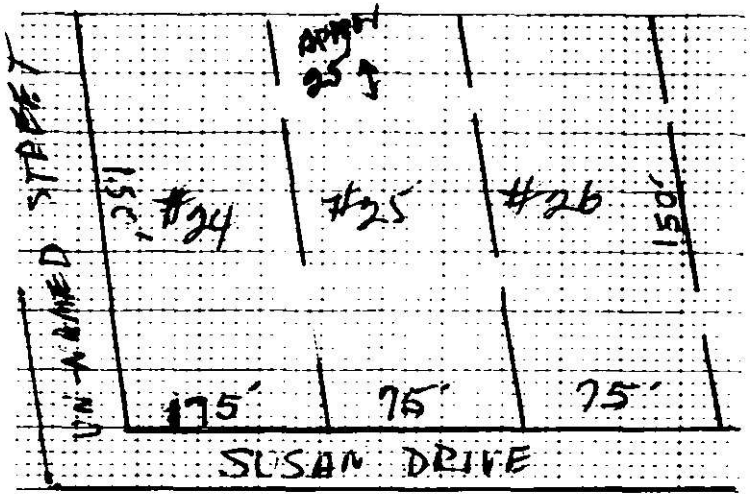
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

✓ 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 Bedr ___

5 Bathr ... X ... 16

Emp ...

6 Water, M ... Yes ... No

7 Garbage D ... Yes ... No

8 Drainage ... Yes ... No

A ... MORRIS

... MORRIS

... X No

... Yes X No

13) NAME OF OWNER MELLICHAMP (LAST) JR WILLIAM L. & MARTHA (FIRST, MIDDLE)

14 ADDRESS OF OWNER 225 SHENANDOAH CIRCLE

15) PHONE NO Home 537-0725 Office 537-3353

16) LOCATION OF SYSTEM COR. SUSAN DR. & X STREET (STREET OR COUNTY ROAD) 1 BLOCK OFF 5500 BLOCK NEWELL H.C. RD.

17) SUBDIVISION ___ Lot No 24, 25, 26 Block No ___

Map Book No 7 Page No 227

18) DEED REFERENCE — DEED BOOK 798, 566, 472 AT PAGE 55, 230, 61

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-11-73 W.T.S.

20) PTR NUMBER (See Instructions) 5447

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 4/18/73

W. L. Mellichamp, Jr.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 19, 1973

Serial No. 2766

LA No. 5447

T C No 107-313-04

Map Date 3-24-72

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 Mellichamp, Jr. (LAST) William (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 225 Shenandoah Circle ZIP

LOCATION OF LOT xxxxxx Susan Drivexxxxxxxxx (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 24,25,26 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 58 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 5447. 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 range 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 permit(s) which have been issued to authorize construction on the said lot at any time it is determined that any information specified 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 Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-7

HEALTH DEPARTMENT'S COPY

Date Issued 22 Oct 1973 Serial No. 4439 ICAR(S) Permit No. 5447

T. C No. 107-313-04

Map Date 3-24-22

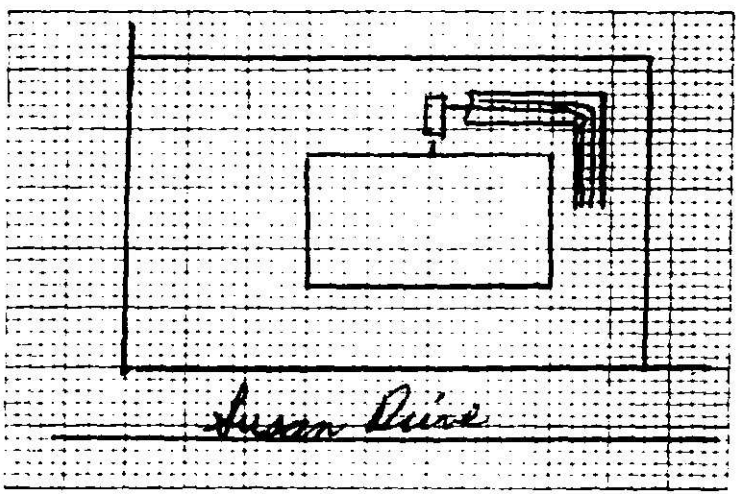
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5447, dated 4-18-72 and this permit shall be void and of no effect if the information provided in the application is not true in every respect. All work shall be completed on or before 15 Nov 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 5-8

Liquid Capacity of Tank 1000 gal

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 400 c/ft

Number of Lines 5 (12½ x 80)

Distance from House 10'

Distance from Property Line 8'

Distance from Well 100'

NAME OF OWNER Mellichamp, Jr., Wm L.

LOCATION OF PROPERTY Susan 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: put in bed 12½ x 80

John F Atkisson

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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 25 Oct 1973 Serial 4050

C of A (s) No. 5442

T C No 107-313-04

Map Date 3-24-32

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Mellichamp, William S. (LAST, FIRST, MIDDLE)

Location of Property Susan Drive

Application Number 5442 Permit Number 5442

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material precast concrete

Total Length of Drain Tile 400 @ ft Number of Lines 5 (12½ x 80)

Depth of Filter Material 12" Cover Depth 36"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 24 Oct 1973 (DATE) Tank Inspected 24 Oct 1973 (DATE)

Nitrification Field Inspected 25 Oct 1973 (DATE)

Washing Machine Line Inspected, If Applicable NA (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:

John R Atkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY