S

Date Received 3-9-73

APT No 5722

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Foster (LAST) Ruth (FIRST) Andrews (MIDDLE)

2) ADDRESS OF OWNER 225 Lambeth Drive, Charlotte NC ZIP 28213

3) PHONE NO Home 596-4848 Office 596-4946

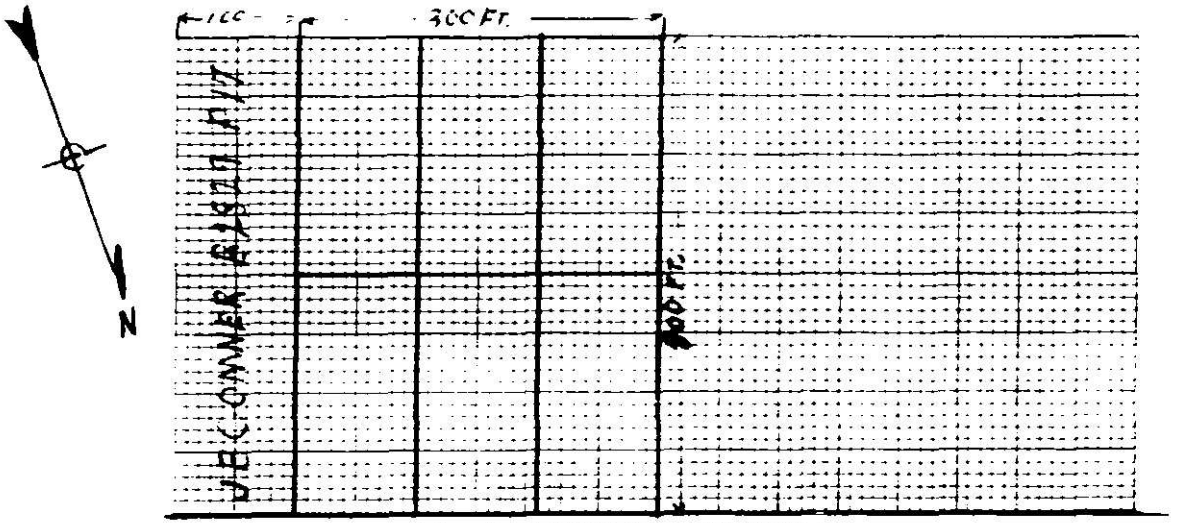
4) LOCATION OF PROPERTY 1215 Mineral Springs Road, Char NC (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO 3511-3387 (4th) (2nd) PAGE NO 65-189

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

MINERAL SPRINGS RD. NC #2500

Ruth Andrews Foster
OWNER

FORM NO E-1-8-1-72

Serial No. [illegible] 9

PTR No. 5722
P.O.
T C No 047-013-02
Map Date 11-10-72

Date Issued March 21, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

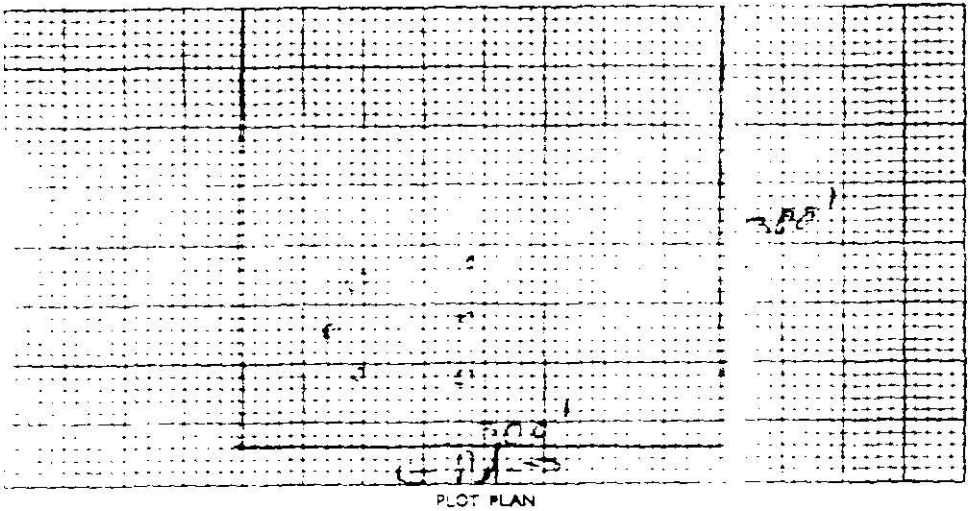
PERCOLATION TEST REPORT

NAME OF OWNER Foster (LAST) Ruth (FIRST) Andrews (MIDDLE)

ADDRESS OF OWNER 225 Lambeth Drive ZIP 28213

LOCATION OF PROPERTY 1215 Mineral Springs Road (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 41 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 treatment 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. Thusson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3-30-23

ICAR(S) Application No. 5722

T. C. No. 047-013-02

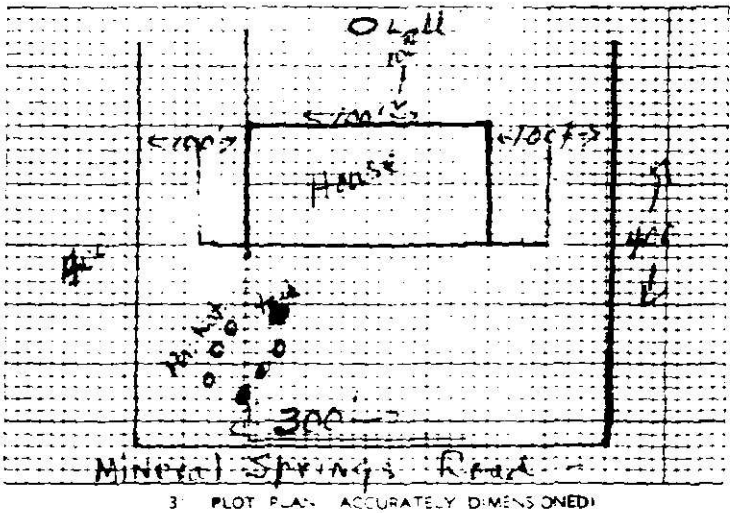
Map Date 10-10-22

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. Bedrooms 3 5 DOA

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 [illegible] (LAST) Ruth (FIRST) Andrea (MIDDLE)

14) ADDRESS OF OWNER 525 Lamont Drive 28213

15) PHONE NO Home 576-4848 Office 576-4946

16) LOCATION OF SYSTEM 1515 Mineral Springs Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3511 AT PAGE 65

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN March 21, 1973

20) PTR NUMBER (See Instructions) 5722

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.

March 29, 1973
DATE OF APPLICATION

Mrs Ruth A Foster
OWNER

FORM NO. E-4 (1-71)

HEALTH DEPARTMENT'S COPY

Date Issued March 30, 1973

Serial No. 2684

LA No. 5722
P.O.
T C. No. 047-013-02

Map Date 10-10-72

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 Foster (LAST) Ruth (FIRST) Andrews (MIDDLE)

ADDRESS OF OWNER 225 Lambeth Drive ZIP 28213

LOCATION OF LOT 1215 Mineral Springs Road (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 41 min/in on an on site inspection of the said lot and upon the information submitted in the "Application for an Installation, Construction, Alteration and/or Repair Permit" number 5722. 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 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 if 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

HEALTH DEPARTMENT'S COPY

Date Issued 19 April 1974 Serial No. [illegible] ICAR(S) Permit No 5722

P.O.T.C. No 047-013-02

Map Date 10-10-72

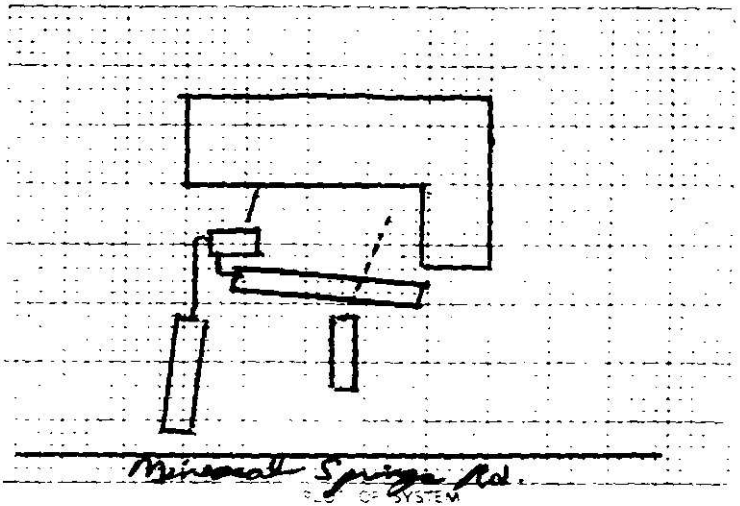
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 described herein at the described location. This permit is granted based upon the information supplied on application # 5722 dated 3-28-1973 and this permit shall be void and of no effect if the work is not started in the application is found to be false or fictitious. All work shall be completed prior to 15 May 1974 after which date this permit shall be null and void.



PLOT OF SYSTEM

Proposed Use 4 1

Liquid Capacity of Tank 1500 gal

Tank Construction precast concrete

Absorption Area Determination Lines *

Total Length 900 l/ft

Number of Lines 6 (2 beds)

Depth of Lines 10'+

Distance from Property Lines 10'+

Distance from Water Supply 100'

NAME OF OWNER Foster, Ruth Andrews

LOCATION OF PROPERTY 1215 Mineral Springs Rd

This system will 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 2 beds of 15'x75'x17" each with aeration pits of 5'x5'x' - wash line in bed 5x50'x17"

Division of Sanitation Head

Environmentalist John R Atkinson

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 E-5-9-1-72

[illegible] DEPARTMENT'S Copy

Date Issued 24 Apr 74 Serial 4700

C of A (s) No. 5722

T C No 047-013-02

Map Date 10-13-72

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 Foster, Ruth Andrews (LAST, FIRST, MIDDLE)

Location of Property 1215 Mineral Springs Rd

Application Number 5722 Permit Number 5722

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast Concrete

Total Length of Drain Tile 900 ft Number of Lines (6) 2 Beds

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 150'

Excavation Inspected 24 Apr 74 (DATE) Tank Inspected 24 Apr 74 (DATE)

Nitrification Field Inspected 24 Apr 74 (DATE)

Washing Machine Line Inspected, If Applicable 24 Apr 74 (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: washer line 200ft 10'X50'X17" stone

G.M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY