Date Received 3-22-73

APT No 5803

T C. No

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Homecraft Builders, Inc. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P. O. Box 12002 Charlotte, N. C. ZIP 28205

3) PHONE NO Home 537-5020 Office 333-0546

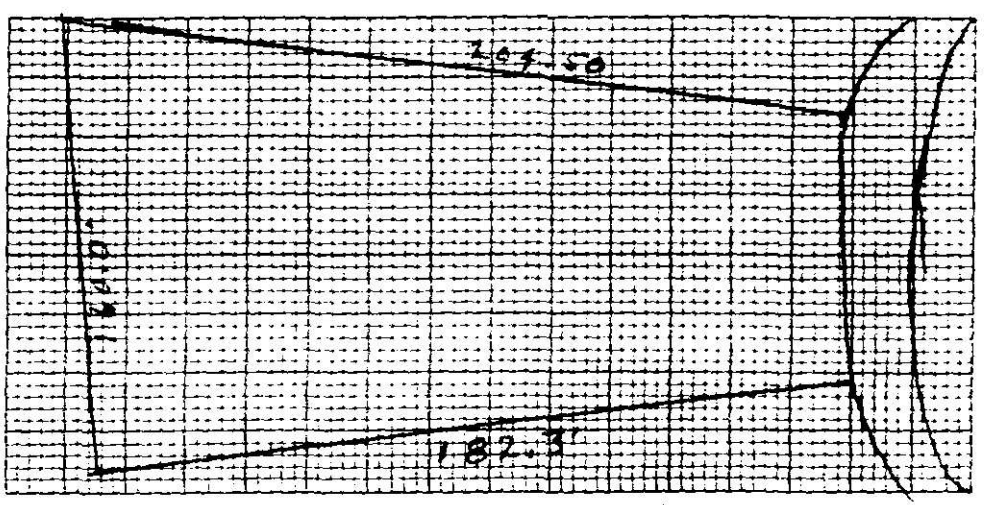
4) LOCATION OF PROPERTY 1828 CRANDON DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION CRANDON PARK LOT NO. 6 BLOCK NO. B

MAP BOOK NO 7 PAGE NO 709

6) DEED REFERENCE DEED BOOK 1848 PAGE NO 527

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

Fred H. Jost
OWNER

FORM NO. E-1-5-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2580

PTR No 5803

Date Issued April 17, 1973

T C No. 039-251-07

Map Date 9-1-70

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

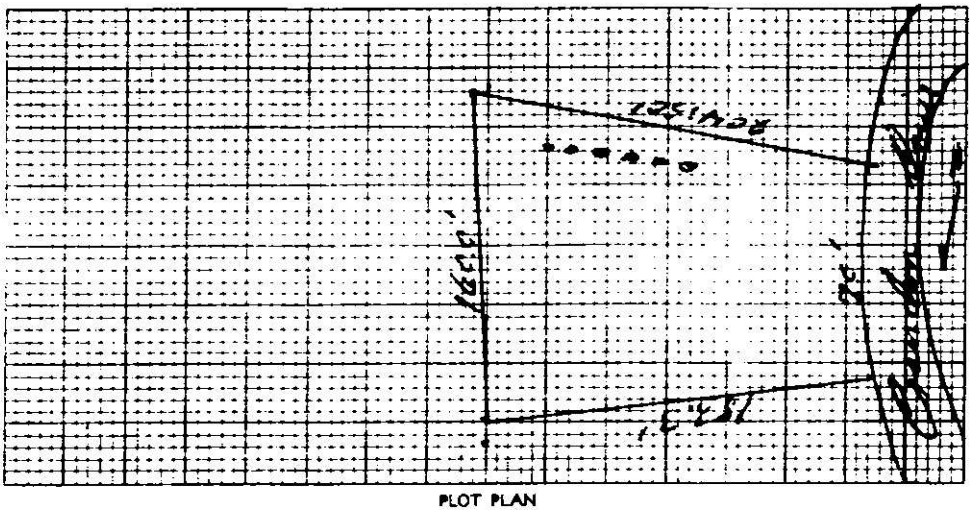
## PERCOLATION TEST REPORT

NAME OF OWNER Homecraft Builders, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P. O. Box 12002 ZIP 28205

LOCATION OF PROPERTY 1828 Crandon Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Crandon Park LOT NO 6 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 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.

John R Atkinson

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 5-2-73

ICAR (S) Application No. 5803

T C No. 039-251-07

Map Date 9-1-70

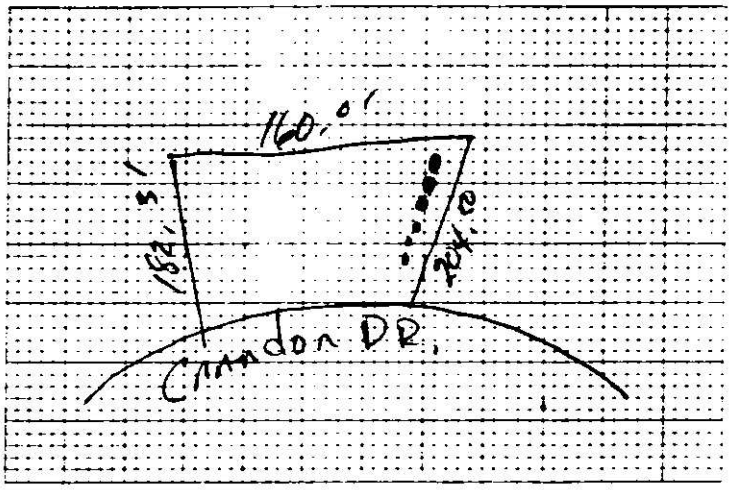
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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) X 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) Empl...

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply

A ...

B ...

C ... We X

D ...

10) ...

11) ... Yes ___ No

12) FHA Case No. ___

13) VA Case No. ___

13) NAME OF OWNER Homecraft Builders Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 12002

15) PHONE NO Home 537-5026 Office 333-0546

16) LOCATION OF SYSTEM Crandon DR.
STREET OR COUNTY ROAD

17) SUBDIVISION Crandon Park Lot No. 6 Block No. B

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 4-13-73 PR-745

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 ___ OWNER [signature]

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2858

Date Issued May 2, 1973

LA No. 5803

T. C. No 039-251-07

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 Homecraft Builders, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Offiee Box 12002 ZIP

LOCATION OF LOT Crandon Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Crandon Park LOT NO 6 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 45 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 5803. 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

M. S. Kirby
Environmentalist

John R. Adkisson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 4419

ICAR(S) Permit No. 5803

Date Issued 16 Jan 73

T. C. No. 039.251.07

Map Date _____

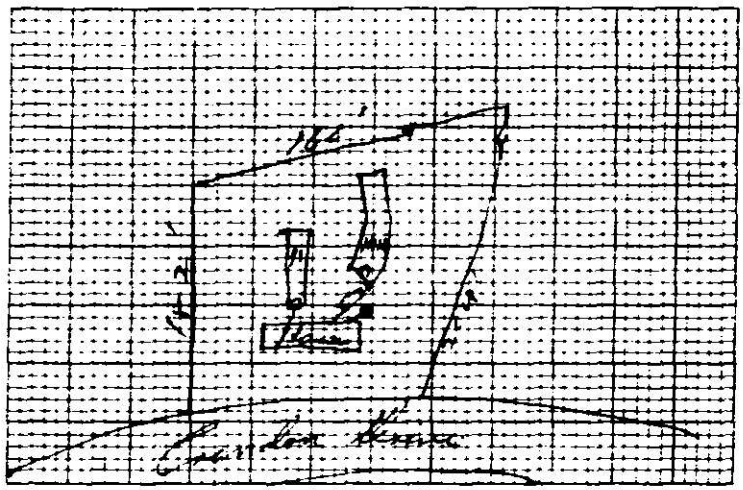
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 5803, dated 26 Jan 73 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 1 Mar 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 546' + 156' = 702'

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER Wencraft Builders, Inc. (Lot C-13)

LOCATION OF PROPERTY Carolina Lanes

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: 39 Valley (Cont.)

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**

Serial 4089

C of A (s) No. 5803

Date Issued 19 Oct 77

T. C. No. 039-251-05

John R Adkisson

Map Date

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 Homecraft Builders, Inc.
(LAST, FIRST, MIDDLE)

Location of Property Cranston Drive (Lot C-B)

Application Number 5803 Permit Number 5803

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 540' ± 150' ea. Number of Lines 3 @ 75' x 36" x 17" / 6 @ 15' 37" x 17"

Depth of Filter Material 17" Cover Depth 18-24"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 19 Oct 77 (DATE) Tank Inspected 19 Oct 77 (DATE)

Nitrification Field Inspected 19 Oct 77 (DATE)

Washing Machine Line Inspected, If Applicable 19 Oct 77 (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: H. Kelly (Cont.)

M. L. Kelly
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**