Date Received 8 17 71

APT No. 2235

T. C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WALLACE (LAST), CHARLES (FIRST) WILLIAM (MIDDLE)

2) ADDRESS OF OWNER 323 ECHODALE DR. ZIP 28210

3) PHONE NO Home 525-1074 Office

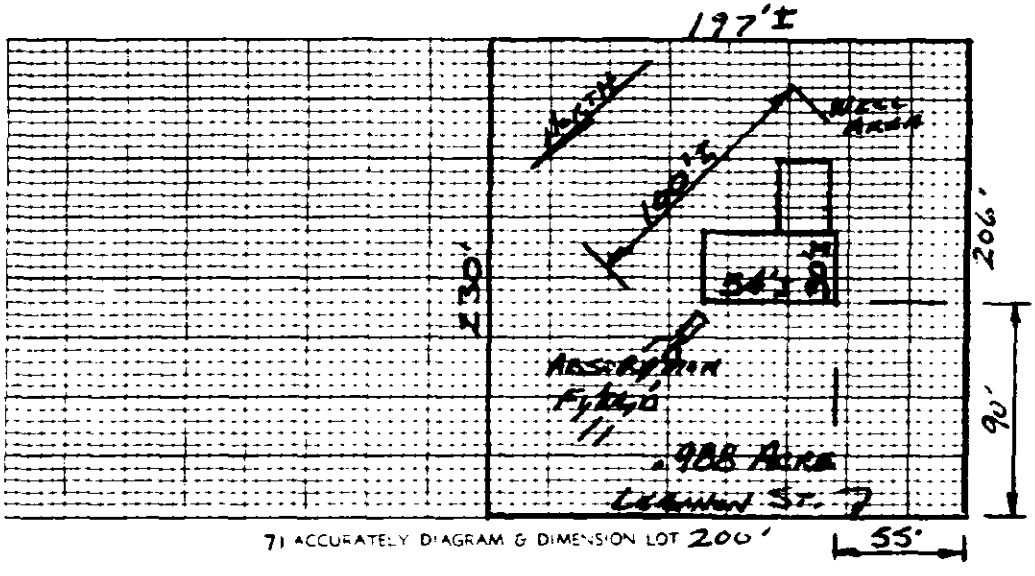
4) LOCATION OF PROPERTY LEBANON DR (CO. ROAD #1417) (STREET OR COUNTY ROAD)

5) SUBDIVISION LEBANON HEIGHTS LOT NO 3 BLOCK NO B

MAP BOOK NO 9 PAGE NO 503 & 505

6) DEED REFERENCE DEED BOOK 3277 PAGE NO 349

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 200'

CHARLES W. WALLACE
OWNER

FORM NO E-1-[illegible]-TC

HEALTH DEPARTMENT'S COPY

Serial No 952 PTR No. 2235

Date Issued August 25, 1971 T C No. 201-061-06

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

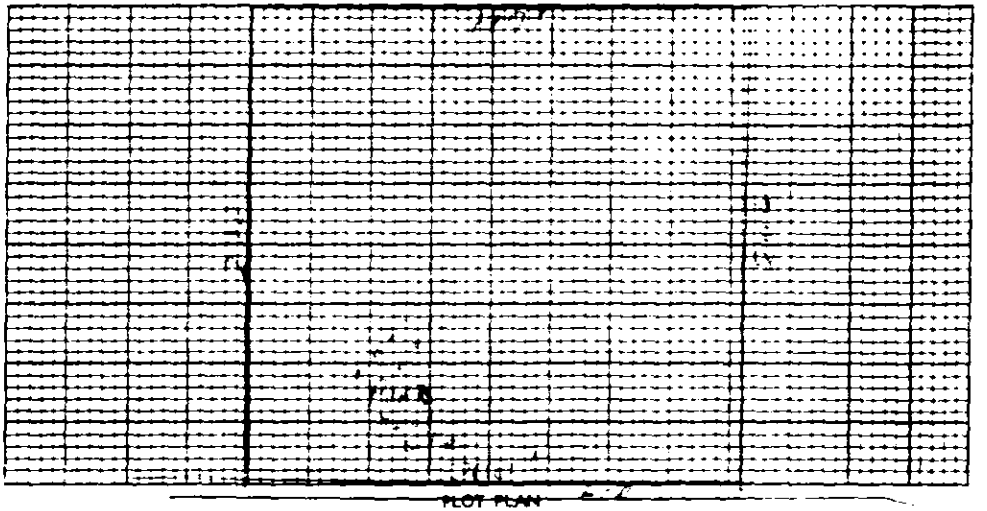
PERCOLATION TEST REPORT

NAME OF OWNER Wallace, (LAST) Charles (FIRST) William (MIDDLE)

ADDRESS OF OWNER 323 Echodale Drive ZIP

LOCATION OF PROPERTY Lebanon Drive (STREET OR COUNTY ROAD)

SUBDIVISION Lebanon Heights 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 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 applied on the size and type of building constructed thereon.
3. This approval is valid only for the system as indicated on the immediately preceding site plan where the percolation test was run.
4. This approval is void if any grading, filling or construction, including the installation of utilities, is performed on the lot area 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-2-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-3-73

ICAR(S) Application No. 2235

T. C. No. 201-061-06

Map Date _____

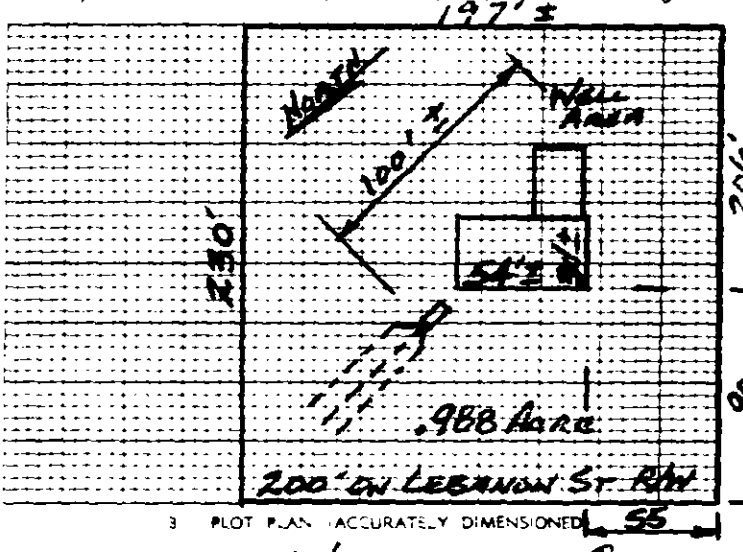
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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. 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 WALLACE (LAST), CHARLES (FIRST) WILLIAM (MIDDLE)

14 ADDRESS OF OWNER 323 Echodale Drive

15 PHONE NO. Home 525-1074 Office ____

16 LOCATION OF SYSTEM Lebanon St. (Co. Road # 1417) (STREET OR COUNTY ROAD)

17 SUBDIVISION Lebanon Heights Lot No 3 Block No B

Map Book No 9 Page No 503 & 505

18 DEED REFERENCE IN DEED BOOK 3277 AT PAGE 349

19 HAS A PERCOLATION TEST BEEN RUN ____ YES ____ NO DATE RUN 9-25-71 NR-60

20 PIN NUMBER (see instructions) 2235

The undersigned party hereby agrees that he has read the foregoing application and that the contents thereof 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.

1-3-73
DATE OF APPLICATION

Charles W. Wallace
OWNER

FORM NO. E-4-71-10G

HEALTH DEPARTMENT'S COPY

Date Issued July 5, 1973

Serial No. 3127

LA No. 2235

T C No. 201-061-06

Map Date

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 Wallace (LAST) Charles (FIRST) William (MIDDLE)

ADDRESS OF OWNER 323 Echodale Drive ZIP

LOCATION OF LOT Lebanon Drive (STREET OR COUNTY ROAD)

SUBDIVISION Lebanon Heights LOT NO 3 BLOCK NO B

MAP BOOK NO 9 PAGE NO 503 & 505

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 2235. 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 altered and/or repaired and that the system be installed in accordance with same

This approval and the required and the building inspection department request for issuance of building permits will not have been issued to authorize construction on the said lot if any time the data furnished on the information submitted 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 the said Installation Construction Alteration and or Repair Permit

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3 4-71

HEALTH DEPARTMENT'S COPY

Date Issued 12/12/22

Serial No. 4609

ICAR(S) Permit No. 2235

T C. No. _____

Map Date _____

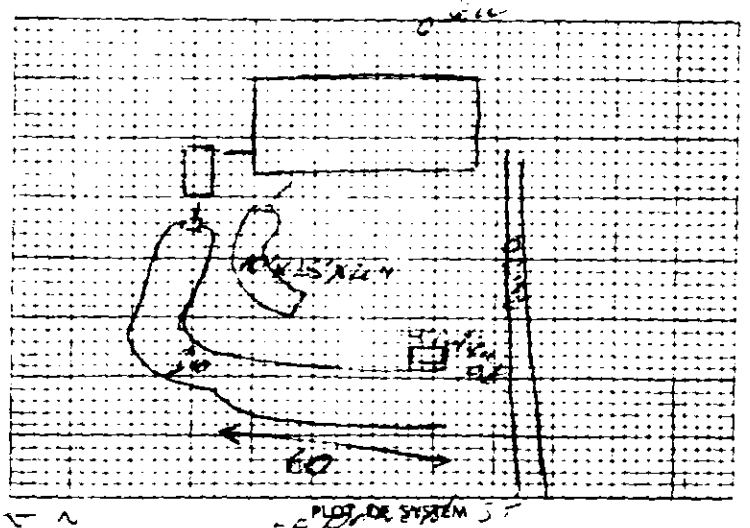
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 2235, dated 12-2-22 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 12/15/23, after which date this permit shall be null and void.



Percolation Rate 45

Liquid Capacity of Tank 1500

Tank Construction FC

Absorption and/or Nitrification Lines:

Total Line Lenght 540 sf WM
ST 1 (12C x 1½ x 17'

Number of Lines WM 1 (12C x 25' x 2C'
ST 1 (12C x 1½ x 17'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 70'+

NAME OF OWNER Willie Lee Wallace

LOCATION OF PROPERTY 4530 Mallard Creek Rd

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

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 5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4287

C of A (s) No. 2235

Date Issued 12/5/73

T C. No.

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 WALLACE (LAST) CHAS. (FIRST) W. (MIDDLE)

Location of Property LEBANON DR. off HICKORY RD.

Application Number 2235 Permit Number 2235

Inspection Data:

Liquid Capacity of Tank 1500 gal. - ST 1500 WM

Tank Material PC ST WM

Total Length of Drain Tile 346 ST 150' WM

Number of Lines 4 ST 4 WM

Depth of Filter Material 17" ST 26" WM

Cover Depth 2½'

Water Supply Source IND WELL

Distance from Water Source 70'±

Excavation Inspected 12/5/73 DATE

Tank Inspected 12/5/73 DATE

Nitrification Field Inspected 12/5/73 DATE

Washing Machine Line Inspected, If Applicable 12/ DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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 as 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

25 l/ft added on original layout

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY