Date Received 10-25-73

MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 25 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 7177
T. C. No.
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

A. M. Haywood
Mount Hope Machinery Co.
P.O. Box 3190
2000 Donald Ross Road
Charlotte, N.C. 28203
Phone: 392-4156

MOUNT HOPE INDUSTRIES INC.

1) NAME OF OWNER ROBERTSON (LAST) JOHN (FIRST) DOUGLAS (MIDDLE)

2) ADDRESS OF OWNER 2 Dean St. Taunton, Mass. ZIP 02780

3) PHONE NO. Home 843-2447 Office 392-4156

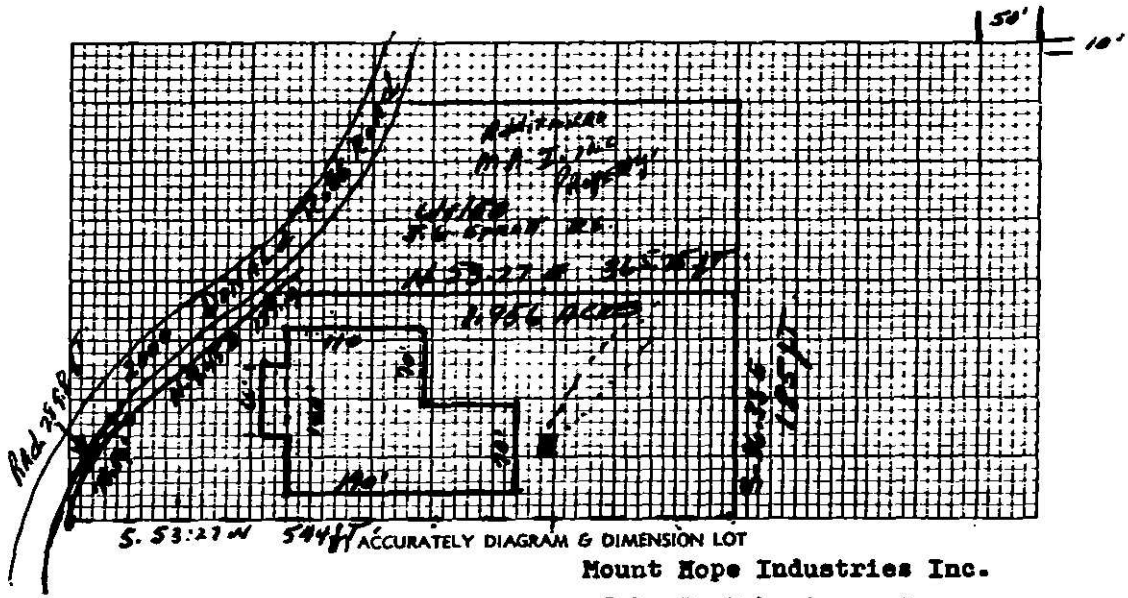
4) LOCATION OF PROPERTY 2000 Donald Ross Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 2085 PAGE NO. 191

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.



Mount Hope Industries Inc.
John D. Robertson, Sr.

OWNER Eldwell M. Haywood, Sec. Pres. Mgr.

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

HEALTH DEPARTMENT'S COPY

Serial No. 3770

PTR No. 7177

Date Issued October 30, 1973

T. C. No. 11-041-0120

Map Date 9/1/70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

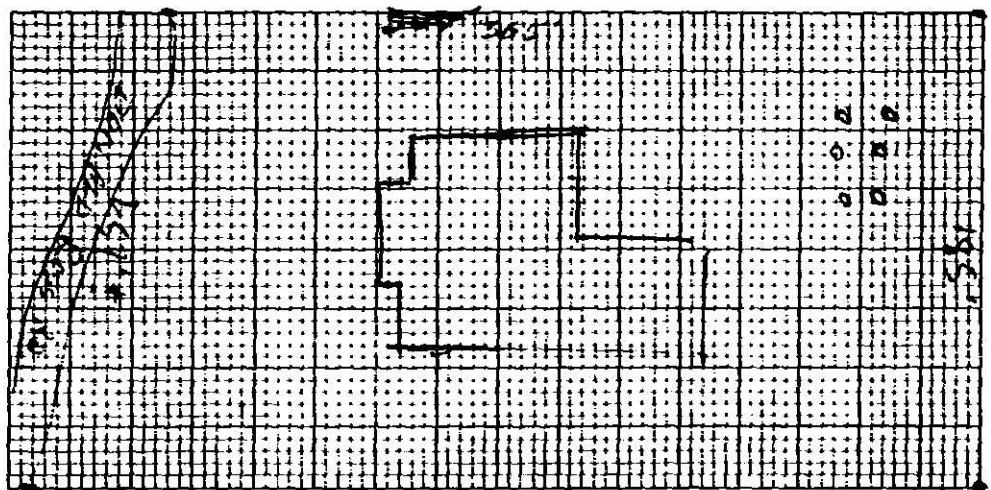
PERCOLATION TEST REPORT

NAME OF OWNER Mount Hope Industries, Inc. P.O. Box 3190
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER c/o Mount Hope Machinery Co. ZIP

LOCATION OF PROPERTY 2000 Donald Ross Road
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



5/8" 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 40 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-2-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 11-2-73

MECK. COUNTY HEALTH DEPT.
RECEIVED
NOV 2 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 7177

T C No 117-041-01

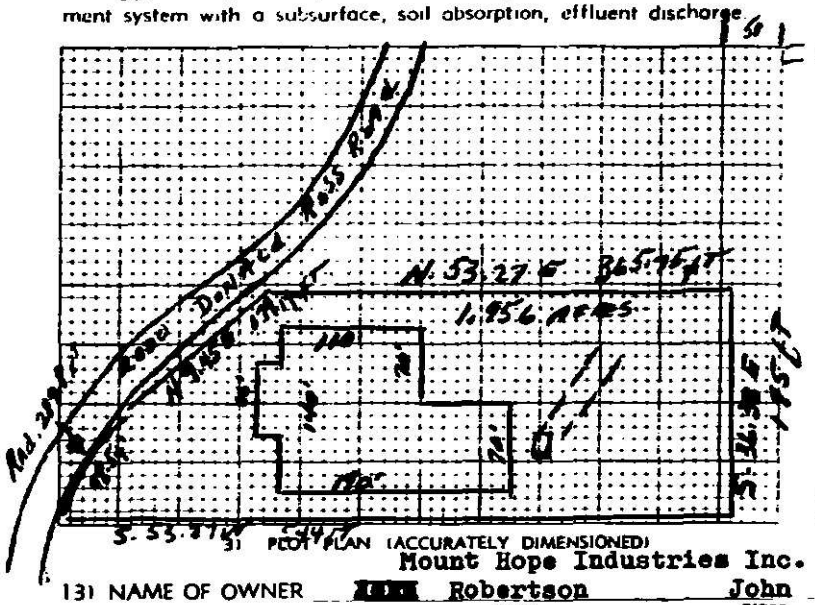
Map Date 9-1-70

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 **Installation of 1000 gal. Grease Trap**

1) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



4) No of Bedroom ___
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 ___

Mount Hope Industries Inc.

13) NAME OF OWNER ~~Mr.~~ Robertson (LAST) John (FIRST) Douglas (MIDDLE)

14) ADDRESS OF OWNER 2 Dean Street Taunton, Mass. 02780

15) PHONE NO. Home 843-2447 (Area 704) Office (704) 392-4156

16) LOCATION OF SYSTEM 2000 Donald Ross Road (STREET OR COUNTY ROAD)

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

Map Book No. ___ Page No. ___

18) DEED REFERENCE -- DEED BOOK 2085 AT PAGE 191

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 10-26-73 Perc

20) PTR NUMBER (See Instructions) 7177

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.

October 30, 1973
DATE OF APPLICATION

Mount Hope Industries Inc.
John D. Robertson, Sr.
OWNER Pres. Plt. Mgr.

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4/15/76

ICAR (S) Application No. 7177

T. C. No 117-041-01 02

Map Date 1 Apr 70

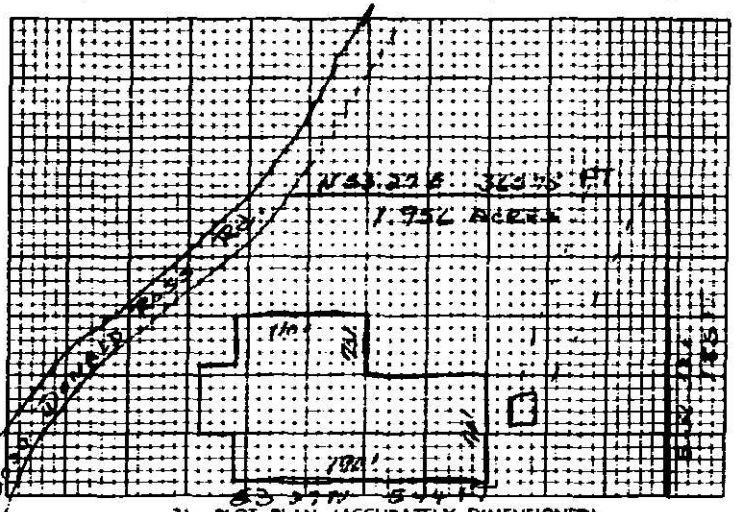
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) _____ Install or Construct 2) __X__ 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 _____

5) Business Use — Max No Employees 25

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 Mount Hope Machinery Co. Div. of S. W. Industries, Inc. (LAST) Representing the Corp. F. H. Marshall, Plt. Mgr. (FIRST MIDDLE)

14) ADDRESS OF OWNER Route 5, Lancaster, South Carolina

15) PHONE NO. Home 803 285-3429 Office 704 392-4156

16) LOCATION OF SYSTEM 2000 Donald Ross Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2085 AT PAGE 191

19) HAS A PERCOLATION TEST BEEN RUN? X YES _____ NO DATE RUN 10-26-73

20) PTR NUMBER (See Instructions) 7177

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.

4-12-76
DATE OF APPLICATION

F. H. Marshall Plt. Mgr. for SW. Industries Inc.
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued November 2, 1973

Serial No. 3585

LA No. 7177 01

T. C. No. 117-061-02

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 Mount Hope Industries, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER c/o Mount Hope Machinery Co., P.O. Box 3190 ZIP _____

LOCATION OF LOT 2000 Donald Ross 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 40 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 7177. 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.

L. R. Brickman — John R. Abercrombie

Environmentalist — Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 7383

Date Issued 14 Apr 76

ICAR (S) Permit No. 7127

T. C. No. 117-04-06

Map Date 14 Apr 76

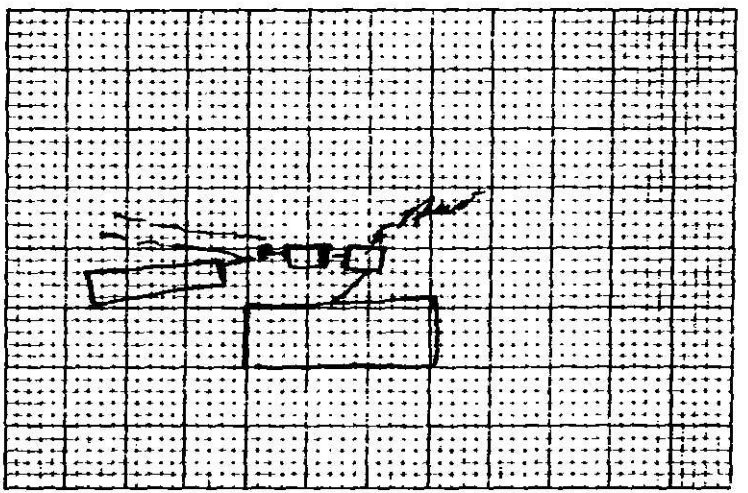
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, dated 14 Apr 76 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 14 May 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1500

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 4 @ 10'X75'X19"

Distance from House 15'

Distance from Property Line 20'

Distance from Well —

NAME OF OWNER Mount Hope Machinery Co.

LOCATION OF PROPERTY 2000 Donald Ross 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: Leonard Mowery (Contr)

Division or Section Head _____

Environmentalist M. L. Ely

* 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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6830

C of A (s) No. 2777

Date Issued 15 Aug 76

T. C. No. 112-041-04

Map Date 1 Sep 76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Brunt Tops Mecklenburg Co. (LAST / FIRST / MIDDLE)

Location of Property 2000 Block Tom Hall

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1250 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 [10'x75'x12"]

Depth of Filter Material 12" Cover Depth 18-24"

Water Supply Source City Distance from Water Source —

Excavation Inspected 14 Aug 76 (DATE) Tank Inspected 14 Aug 76 (DATE)

Nitrification Field Inspected 14 Aug 76 (DATE)

Washing Machine Line Inspected, If Applicable — (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: Leonard Mooney (Contr.)

M. A. Kirby
Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY