Date Received 8-12-71 APT No. 2238

T. C. No. 221-CB1-67

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Wallin (LAST) (FIRST) D. (MIDDLE)

ADDRESS OF OWNER [illegible] ZIP [illegible]

PHONE NO Home [illegible] Office [illegible]

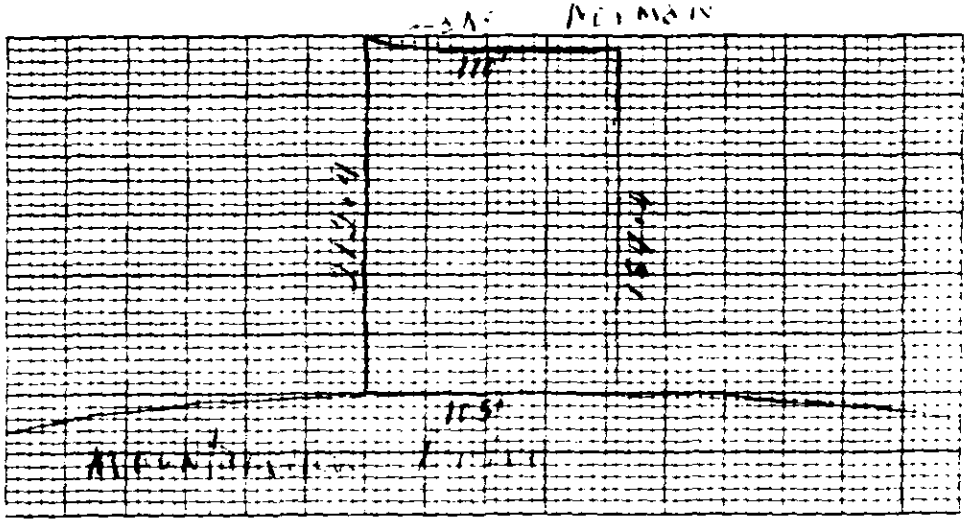
LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO. [illegible]

MAP BOOK NO 11 PAGE NO 243

DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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



ACCURATELY DIAGRAM & DIMENSION LOT

[signature]
OWNER

FORM NO E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No 971 PTR No. 2238

Date Issued September 1, 1971 T C No 71-081-17

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

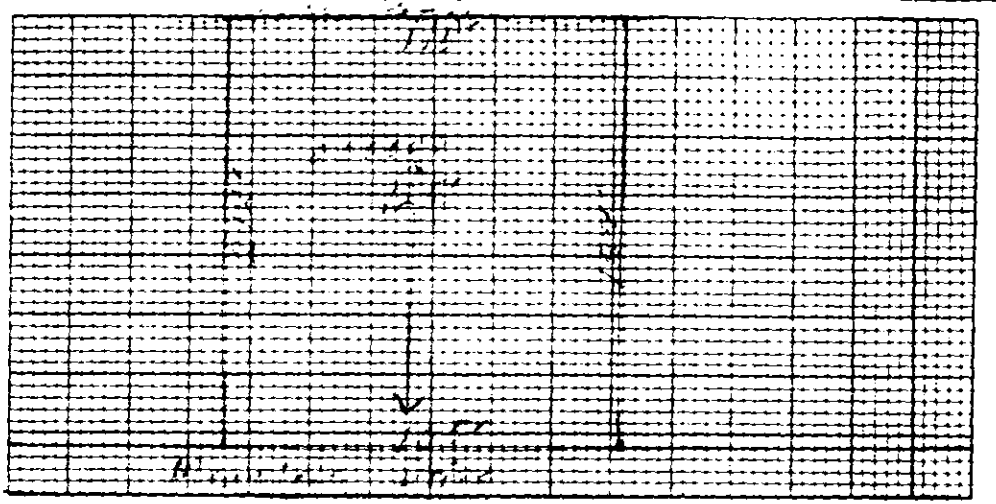
NAME OF OWNER Wallin (LAST) Steve (MIDDLE) E.

ADDRESS OF OWNER Post Office Box 505, Cornelius, N.C

LOCATION OF PROPERTY Mountainview Drive (STREET OR COUNTY ROAD)

Mountainview Drive ZIP

SUBDIVISION Mountain View Beach LOT NO 13 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 33 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 building 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 principally on the basis of the percolation rate obtained above and on the size and type of building constructed thereon.
3. This approval is valid only for the system as installed in the immediate area where the percolation test was run.
4. This approval is void for any building, alteration or construction, including the installation of wells performed on the site 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 H. Wilson

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 2-15-73

ICAR(S) Application No 2238

T C No 0

Map Date

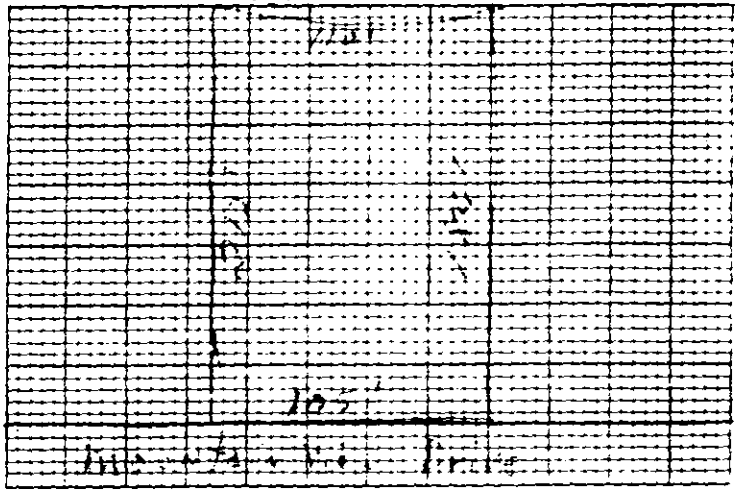
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ____

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 ____ LAST ____ FIRST ____ MIDDLE

14) ADDRESS OF OWNER ____

15) PHONE NO Home ____ Office ____

16) LOCATION OF SYSTEM ____ STREET OR COUNTY ROAD ____

17) SUBDIVISION ____ Lot No ____ Block No ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN ____

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

FORM NO. E-4-4-1-72

HEALTH DEPARTMENT'S COPY

Date Issued February 15, 1973 Serial No. 2538

LA No. 2238

T C No. 001-081-07

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 Wallin (LAST) Steve (FIRST) Douglas (MIDDLE)

ADDRESS OF OWNER Box 565, Cornelius, N.C. ZIP 28031

LOCATION OF LOT Mountainview Drive (STREET OR COUNTY ROAD)

SUBDIVISION Mountainview Beach LOT NO 13 BLOCK NO

MAP BOOK NO 11 PAGE NO 243

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 39 min/in on a site inspection of the said lot and upon the information supplied in the "Application for an Installation, Construction, Alteration and or Repair Permit" number 2238. This approval is subject to the following terms and conditions:

1. That the sanitation facilities installed, constructed, altered and or repaired in the same area where the percolation test was run.
2. That a valid Installation, Construction, Alteration and or Repair Permit is issued and in full force at which time the system is installed and inspected and approved and that the system is not put into use until so approved.

In granting this approval it is understood that if any proposed changes in the location, construction or operation of the sewage disposal system are to be made, or if in the opinion of the Health Department, conditions are created which would interfere with the proper functioning of the system, this approval may be withdrawn and the Health Department reserves the right to require such changes as are necessary to correct the unsatisfactory conditions. This approval is valid for a period of 60 days from the date of approval unless an Installation, Construction, Alteration and or Repair Permit is issued within that time.

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO. EHS 4 (1/71)

HEALTH DEPARTMENT'S COPY

Date Issued 12 Feb 74

Serial No. 4805

ICAR(S) Permit No. 2238

T C No. 001-011-07

Map Date 28 Jan 74

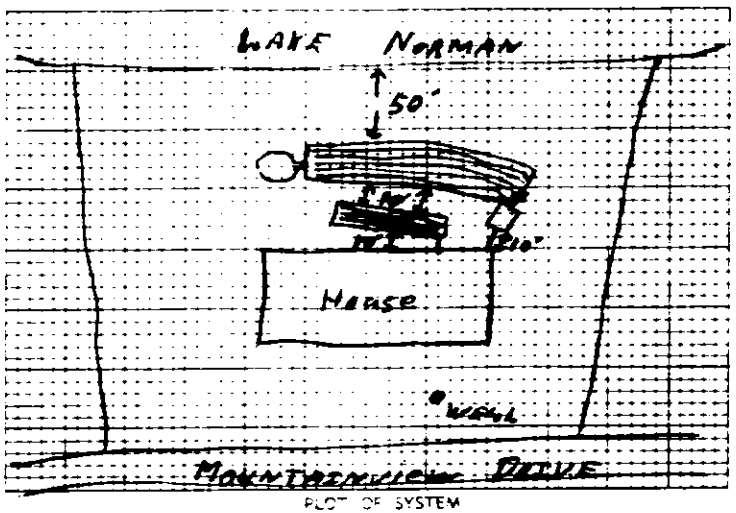
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission hereby granted to ✓ 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 2238, dated 2/5/74 and shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 18 MARCH 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 39

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 510' + 150' in M 3(7½' x 25' x 36")

Number of Lines 5(12½' x 51' x 36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Wallin Steve Douglas

LOCATION OF PROPERTY Mountainview 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 Gravity Aeration Pit 36" Stone

Division or Section Head

Environmentalist Jerry Burleson

* 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 4417

C of A (s) No. 2238

Date Issued 1 March 74

T C No 001-081-07

John R Adkisson
CERTIFICATE IS ISSUED BY

Map Date 28 JAN 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WALLIN (LAST) STEVE (FIRST) DOUGLAS (MIDDLE)

Location of Property MOUNTAINVIEW DRIVE

Application Number 2238 Permit Number 2238

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 510' + 150' in MM Number of Lines 5 (12½' x 51' x 36") 2 (5' x 40' x 36")

Depth of Filter Material 36" Cover Depth 15

Water Supply Source Individual Well Distance from Water Source 100'

Excavation Inspected 28 Feb. 74 (DATE) Tank Inspected 28 Feb 74 (DATE)

Nitrification Field Inspected 28 Feb. 74 (DATE)

Washing Machine Line Inspected, If Applicable 1 March 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 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 issued 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 CLEARED

Jerry Tomlin
Environmentalist

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

HEALTH DEPARTMENT'S COPY