K

Date Received 3-6-73

APT No 5701

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Rickett, Clarence. A.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 1420 Jean St ZIP 28216

3) PHONE NO Home 37-55301 Office

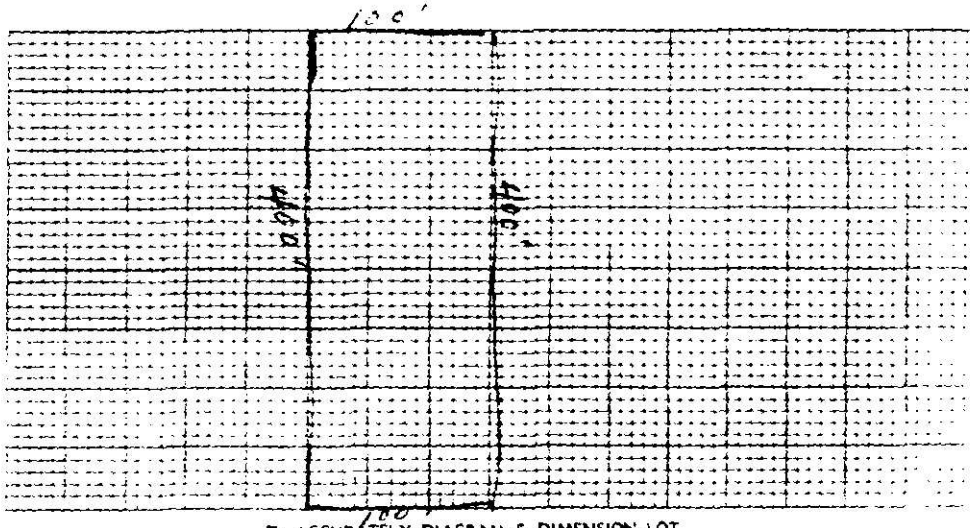
4) LOCATION OF PROPERTY Long Creek Beatties Ford Rd
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

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 on 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

Clarence D. Rickett
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5707

T. C. No. 037-124-07

Date Issued March 16, 1973

Map Date 3-24-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

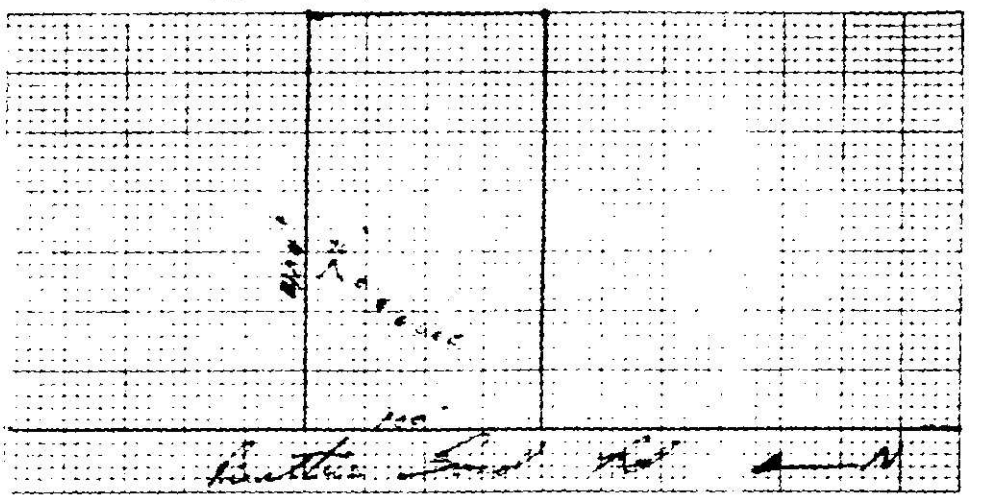
PERCOLATION TEST REPORT

NAME OF OWNER Rickett (LAST) Clarence (FIRST) A. (MIDDLE)

ADDRESS OF OWNER 1420 Dean Street ZIP 28216

LOCATION OF PROPERTY Beatties Ford Road (STREET OR COUNTY ROAD)

SUBDIVISION Hyde Park LOT NO 12 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 46 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 wells 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-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3-6-73

ICAR (S) Application No. 5707

T. C. No _____

Map Date _____

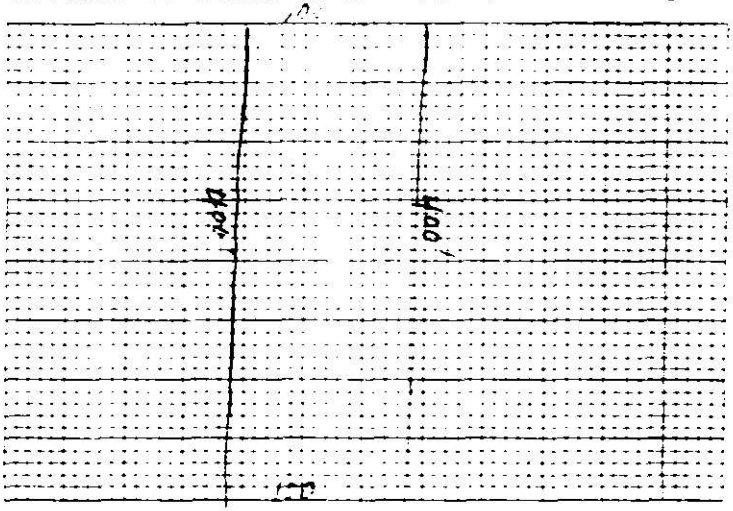
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 _____

5 Public or Mun. No _____
Emb. Dist. _____

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 Ricketts (LAST) Clarence (FIRST) A (MIDDLE)

14) ADDRESS OF OWNER 1421 Seven St

15) PHONE NO. Home 37-5530 Office _____

16) LOCATION OF SYSTEM Beatties Ford Rd (STREET OR COUNTY ROAD) Long Creek

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.

3-6-73
DATE OF APPLICATION

Clarence A Ricketts
OWNER

FORM NO. E 4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued March 16, 1973

Serial No. 2622

LA No. 5707

T C No. 037-124-07

Map Date 3-24-72

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 Rickett (LAST) Clarence (FIRST) A. (MIDDLE)

ADDRESS OF OWNER 1420 Dean Street ZIP 28216

LOCATION OF LOT Beatties Ford Road (STREET OR COUNTY ROAD)

SUBDIVISION Hyde Park LOT NO 12 BLOCK NO

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of conventional septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 46 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 5707. 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. A. Eddy
Environmentalist

John M. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4421

Date Issued 3 Oct 73

ICAR(S) Permit No. 5707

T C. No. 037-124-07

Map Date 24 Mar 72

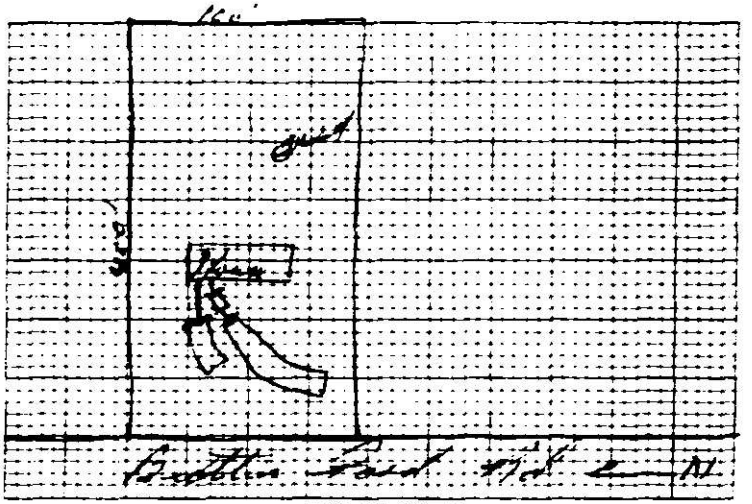
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5707 dated 6 Mar 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 3 Nov 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 46

Liquid Capacity of Tank 1500

Tank Construction CC

Absorption and/or Nitrification Lines:

Total Line Length 735 + 156 + 104 (3@52 ea 17")

Number of Lines 6 (5'x62'x36")

Distance from House 10'

Distance from Property Line 12'

Distance from Well 100'

NAME OF OWNER Jack B. Causey A.

LOCATION OF PROPERTY Bottle Point Road

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: Sewer Line (Cont)

Division or Section Head

W. H. Finley
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 3990

C of A (s) No. 5267

Date Issued 4 OCT 73

T C No 037-124-07

Map Date 24 Mar 72

John Atkisson

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 Gibbs, Thomas A. (LAST, FIRST, MIDDLE)

Location of Property Pentius Ford Road

Application Number 5267 Permit Number 5267

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material EC 7C12'x60'x17"

Total Length of Drain Tile 735'+156'=891' Number of Lines 6C15'x62'x36"

Depth of Filter Material 36" & 12" Cover Depth 15"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 4 Oct 73 (DATE) Tank Inspected 4 Oct 73 (DATE)

Nitrification Field Inspected 4 Oct 73 (DATE)

Washing Machine Line Inspected, If Applicable 4 Oct 73 (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: Same as Cert (Conv.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY