K

Date Received 19 March 1973

APT No 5778

DF2-022C

T C No 251-22EC1C

Map Date 24 Mar 72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Maxson (LAST) Embree (FIRST) Willard (MIDDLE)

2) ADDRESS OF OWNER 5215 Chedworth Dr. Charlotte ZIP 28210

3) PHONE NO Home 523-2618 Office 332-1281

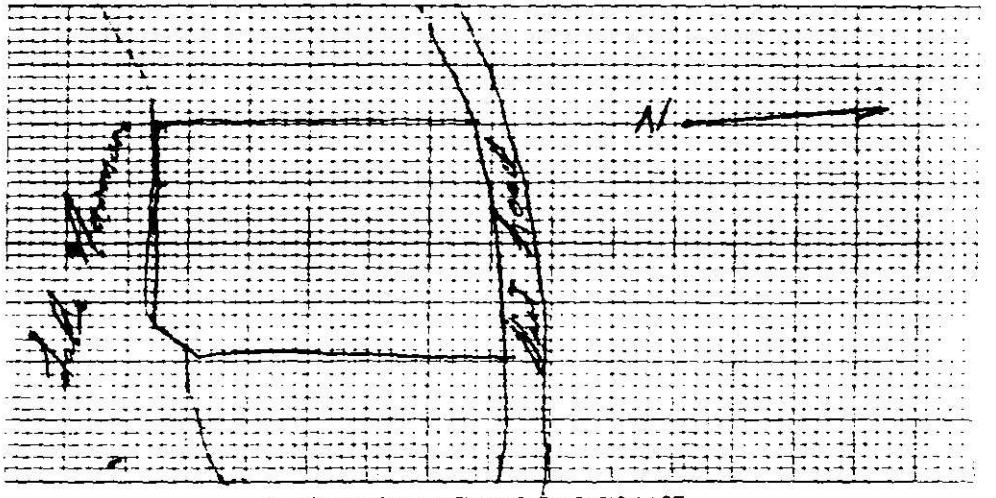
4) LOCATION OF PROPERTY Lot #20, in Compartment #2 (Lake Norman) (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 20 BLOCK NO 2

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 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

E.W. Maxson
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2702

PTR No. 5778

Date Issued March 21, 1973

T C No 001-221-01 C

Map Date 3-24-72'

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

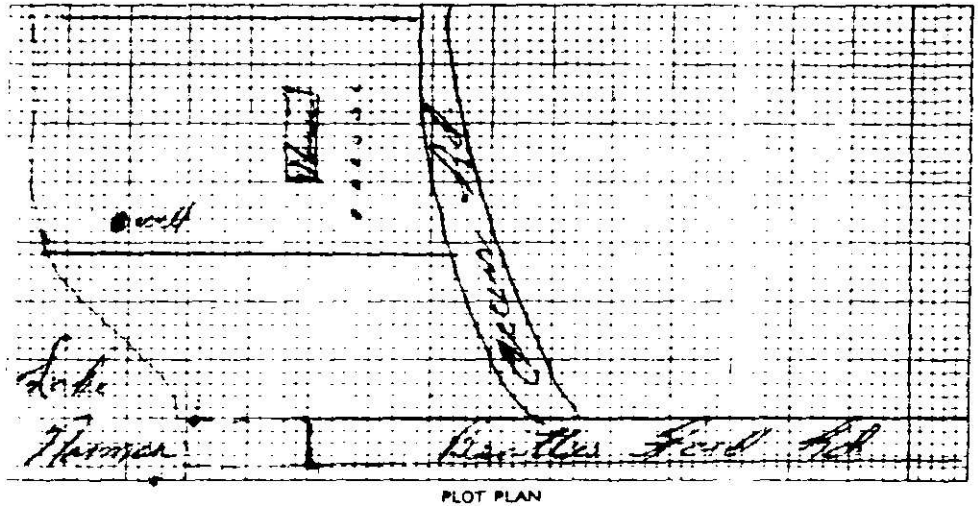
## PERCOLATION TEST REPORT

NAME OF OWNER Maxson (LAST) Embree (FIRST) Willard (MIDDLE)

ADDRESS OF OWNER 5215 Chedworth Drive ZIP 28210

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

SUBDIVISION Lake Norman LOT NO 20 BLOCK NO Compartment #2




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 treatment 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, operation, 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. Robinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 19 March 1973

ICAR(S) Application No. 5778

T C No CCL-221-C1C

Map Date 24 Mar 72

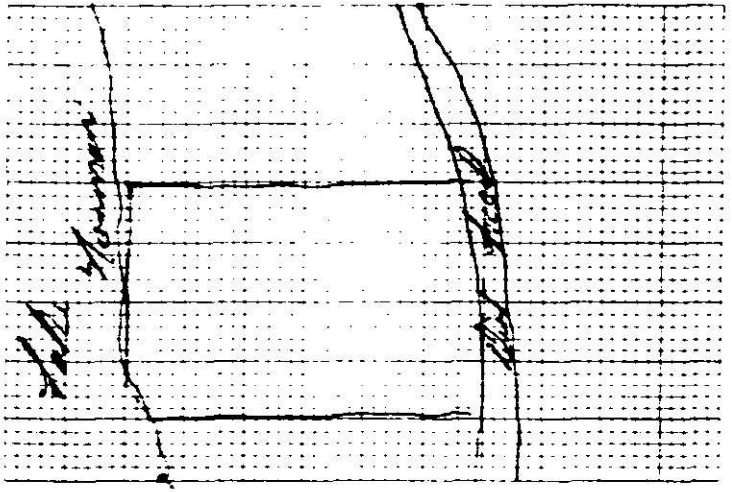
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 2

5 Number of Persons Who Will Live in Residence

Employee

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 system

10 Sewage System

House located within 200 feet of public sewer Yes ✓ No

House located within 200 feet community sewer Yes No

11 FHA Case No.

12 VA Case No.

13) NAME OF OWNER Maxson (LAST) Embree (FIRST) Willard (MIDDLE)

14) ADDRESS OF OWNER 5215 Chedworth Dr.

15) PHONE NO Home 523-2515 Office 332-1281 Bagley Pest Control

16) LOCATION OF SYSTEM Lake Norman off Cashy Rd. 2149
(STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. 20 Block No. 2

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.

19 March 1973
DATE OF APPLICATION

E. W. Maxson
OWNER

FORM NO E 4-4-[illegible]

**HEALTH DEPARTMENT'S COPY**

SEE INSTRUCTN S ON BAI E

Date Received 25 May 1973

ICAR S Application No 5778

T C No 001-221-01C

Map Date 25 May 197-

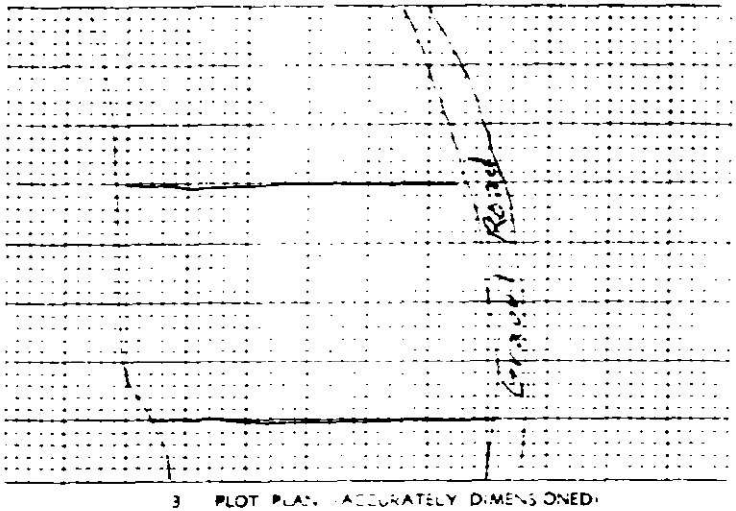
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 Bdrms 2

5 Baths Wash

Emp Shwr

6 Washing Machine ✓ No

7 Garbage Disp ✓ No

8 Dishwasher ✓ No

9 Auto Defrost

A ✓

F

No

13) NAME OF OWNER Maxson (LAST) Embree (FIRST) W. Ward (MIDDLE)

14) ADDRESS OF OWNER 5215 Chedworth Dr.

15) PHONE NO Home 523-2515 Office 332-1251

16) LOCATION OF SYSTEM Lake Norman Beatties Ford Road (STREET OR COUNTY ROAD) County Road 2149

17) SUBDIVISION _____ Lot No 20 Block No 2

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.

25 May 1973
DATE OF APPLICATION

Ed Maxson
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 21, 1973

Serial No. 2639

LA No. 5778

T C No. 001-221-01 C

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 Maxson (LAST) Embree (FIRST) Willard (MIDDLE)

ADDRESS OF OWNER 5215 Chedworth Drive ZIP 28210

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

SUBDIVISION Lake Norman LOT NO 20 BLOCK NO 2 Compartment #

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 in site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" number 5778. 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

Mike Beaty
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3754

Date Issued 25 May 73

ICAR(S) Permit No. 5778

T. C No. CCL-221-C1C

Map Date 24 May 73

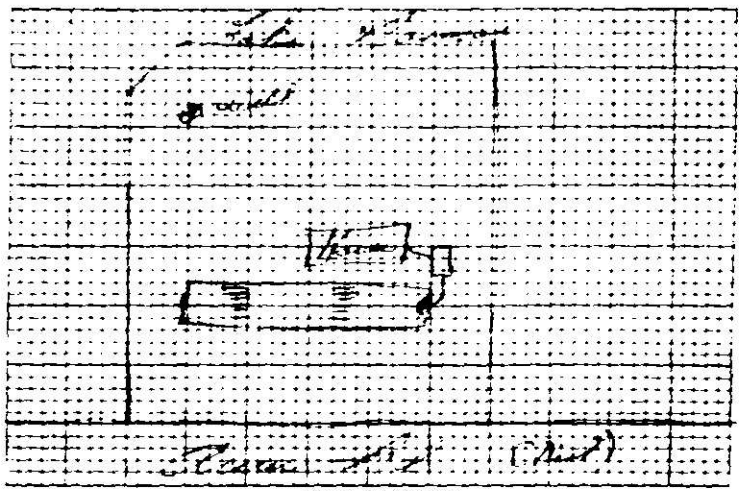
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 5778 dated 25 May 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 25 June 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40

Liquid Capacity of Tank 1000

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Lenght 450

Number of Lines 3

Distance from House 45'

Distance from Property Line 10'

Distance from Well 70'

NAME OF OWNER Wilson Trotter Wallace

LOCATION OF PROPERTY Lot in Tr. 5 Pine Forest

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: Front septic tank (Conc)

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

Date Issued 1 Jun 73

Serial No. 3391

C of A (s) No. 778

T C No 001-221-010

Map Date 24 Jan 73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Pierson (LAST) Eugene (FIRST) Mc Clint (MIDDLE)

Location of Property Section 2, Lake Norman

Application Number 5775 Permit Number 5778

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 450' Number of Lines 6 (15' 17' 17")

Depth of Filter Material 17" Cover Depth 24

Water Supply Source Drilled Well Distance from Water Source 90'

Excavation Inspected 1 Jun 73 (DATE) Tank Inspected 31 May 73 (DATE)

Nitrification Field Inspected 1 Jun 73 (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: Check septic tank (cont.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY