Date Received 6-5-23

APT No. 6423

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Whitlow (LAST), Stephen (FIRST) Brown (MIDDLE)

2) ADDRESS OF OWNER 6518 Cove Creek Drive - Char ZIP 28215

3) PHONE NO. Home 537-7320 Office —

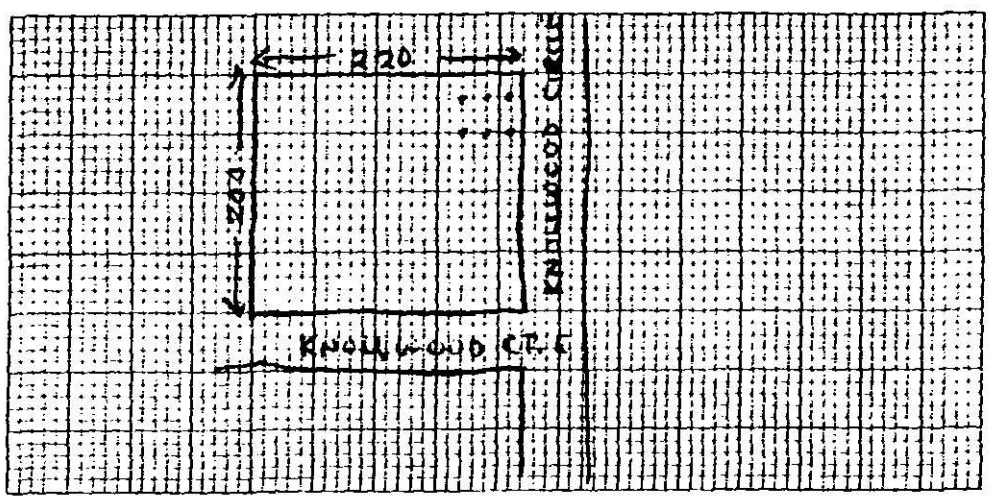
4) LOCATION OF PROPERTY Knollwood Ct. East (STREET OR COUNTY ROAD)

5) SUBDIVISION Knollwood Acres LOT NO. 12 BLOCK NO. 1

MAP BOOK NO 7 PAGE NO. 803

6) DEED REFERENCE DEED BOOK 3575 PAGE NO. 41

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

Stephen B Whitlow
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3202

PTR No. 6423
P.O.
T. C. No. 049-261-09

Date Issued June 13, 1973

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

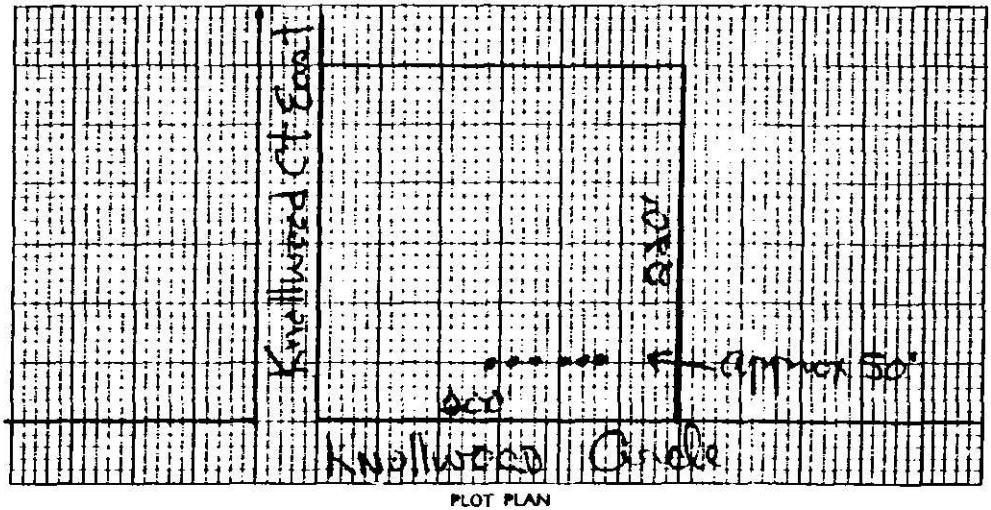
PERCOLATION TEST REPORT

NAME OF OWNER Whitlow (LAST) Stephen (FIRST) Brown (MIDDLE)

ADDRESS OF OWNER 6518 Cove Creek Drive ZIP 28215

LOCATION OF PROPERTY Knollwood Court East (STREET OR COUNTY ROAD)

SUBDIVISION Knollwood Acres LOT NO 12 BLOCK NO. 1



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 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.

John R Atkisson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 1-14-74

RECEIVED
JAN 14 1974

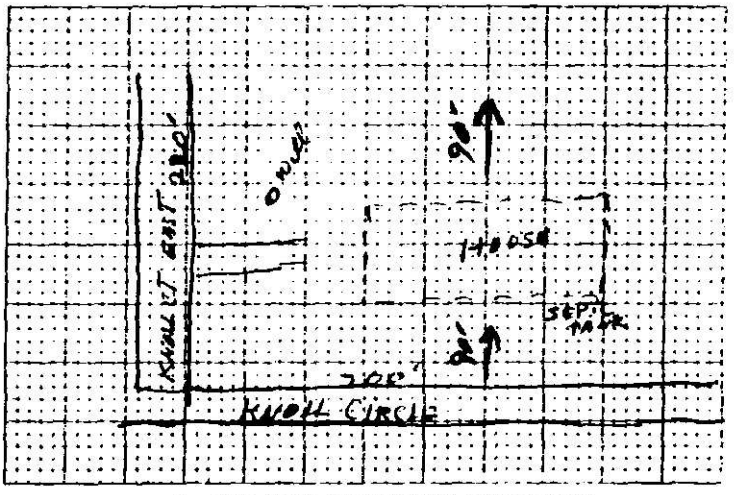
ICAR (S) Application No 6423
T C No 044-261-01
Map Date 9-1-70

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

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 Bedroom 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 WILSON (LAST) HARVEY (FIRST) PRESTON (MIDDLE)

14) ADDRESS OF OWNER 2023 #4 CANTERWOOD DR CHARLOTTE NC 28213

15) PHONE NO Home 597-7344 Office 399 1040

16) LOCATION OF SYSTEM KNOLLWOOD CIR + KNOLLWOOD CT EAST (CORNER) (STREET OR COUNTY ROAD)

17) SUBDIVISION KNOLLWOOD HOMES Lot No 12 & 13 Block No 1

Map Book No 7 Page No. 803

18) DEED REFERENCE — DEED BOOK 3175 AT PAGE 41

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6-13-73 VR745

20) PTR NUMBER (See Instructions) 6423

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.

1-11-74
DATE OF APPLICATION

Harvey P. Wilson
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3779

Date Issued January 14, 1974

LA No 6423
P.O.
T C. No 049-261-09

IMPROVEMENTS PERMIT

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 Wilson (LAST) Harvey (FIRST) Preston (MIDDLE)

ADDRESS OF OWNER 2023 #4 Canterwood Drive ZIP 28213

LOCATION OF LOT Knollwood Circle (STREET OR COUNTY ROAD)

SUBDIVISION Knollwood Acres LOT NO 12 & 13 BLOCK NO. 1

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 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 6423. 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

G. M. Reynolds
Environmentalist

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

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 May 74 Serial No. 5141 ICAR(S) Permit No 6423

T & P No C-49-204-01

Map Date 9-4-73

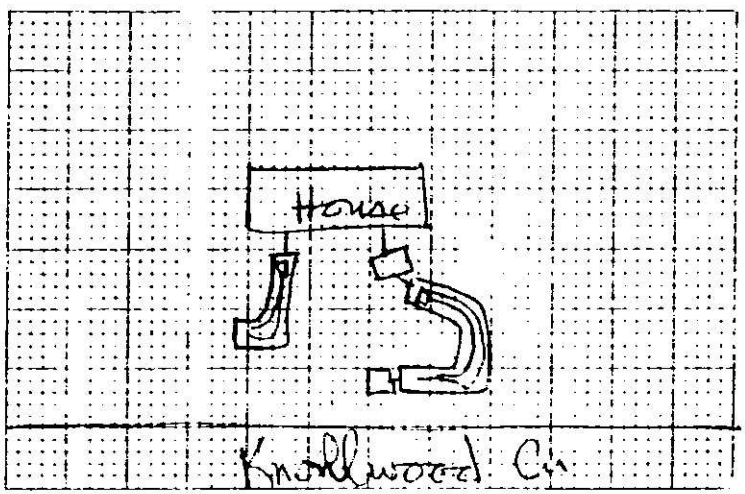
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6423 dated 1-11-74 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 23 May 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 720' X 150'

Number of Lines (4) 10' X 130'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Wilson, Harvey Preston

LOCATION OF PROPERTY Corner Knollwood Cir & Knollwood Ct. ind

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 washer 7½' x 50'

aeration pit 2½' x 7' x 4' stone

Division or Section Head

G.M. Reynolds
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.

REV. E-5-9-1-72

White-Applicant's Copy

Date Issued 2 May 74 Serial 4755

C of A (s) No. 6423

T. C. P.O. No. 049-261-01

Map Date 9-1-73

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 Wilson, Harvey Preston (LAST, FIRST, MIDDLE)

Location of Property Corner Knollwood Cir & Knollwood Ct. East

Application Number 6423 Permit Number 6423

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 720' X 150' Number of Lines @ 10' X 130'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 2 May 74 (DATE) Tank Inspected 2 May 74 (DATE)

Nitrification Field Inspected 2 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 2 May 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 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: aeration pit O.K.

A. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY