Date Received 9-19-73

APT No 7009

T C No

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Maurey (LAST) William (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 622 Kings Mtn. N.C. ZIP 28086

3) PHONE NO Home 8255481 Office Maurey & Mills

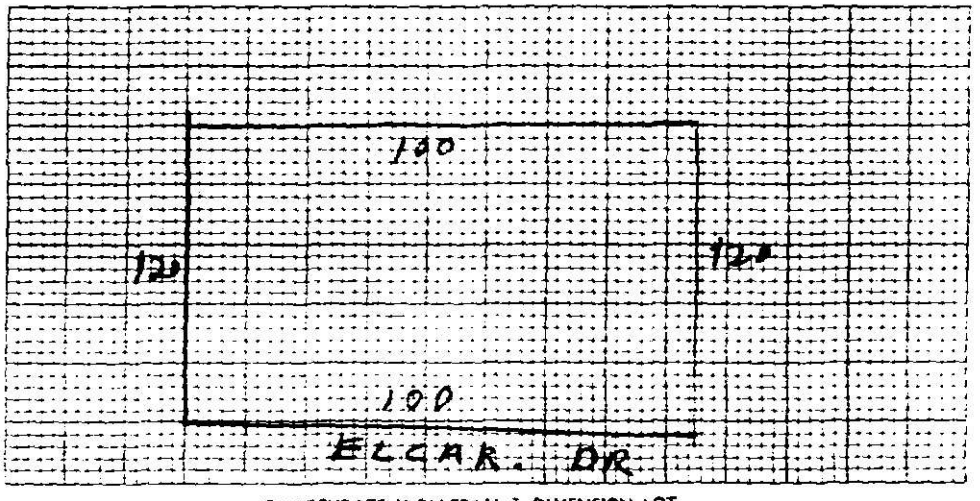
4) LOCATION OF PROPERTY Elcar Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 10 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 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

William K. Maurey Jr.
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 7009

Date Issued September 27, 1973

T C No. 113-173-26

Map Date 9-14-73

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

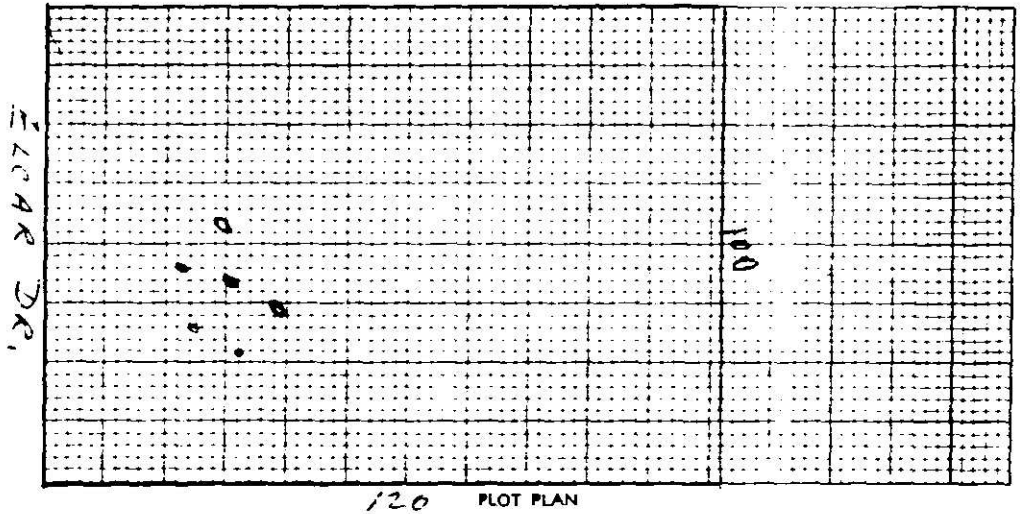
## PERCOLATION TEST REPORT

NAME OF OWNER Mauney (LAST) William (FIRST) K. (MIDDLE)

ADDRESS OF OWNER P.O. Box 628, Kings Mountain, N.C. ZIP 28086

LOCATION OF PROPERTY Elcar Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 10 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 50 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, 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

V

SEE INSTRUCTIONS ON BACK

Date Received 9-19-73

ICAR'S Application No 7009

T C No

Map Date

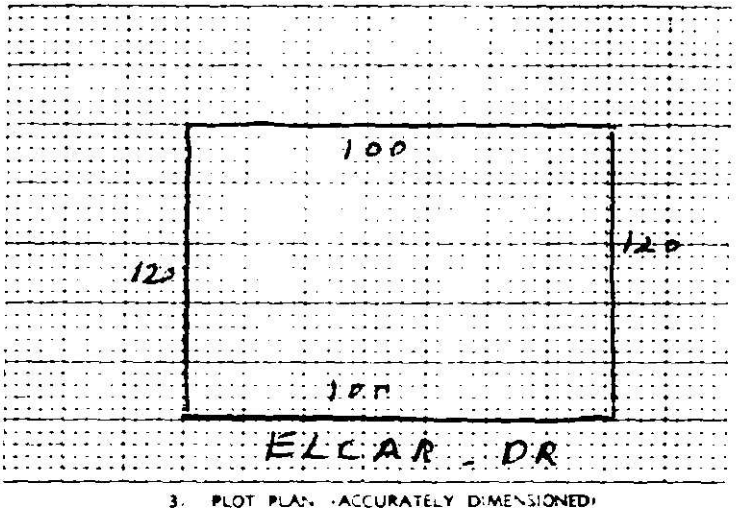
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 No of Bedrooms 3

5 Estimated Daily Water Usage Maximum Employees

6 Washing Machine ... X Yes

7 Garbage Disposal ... X No

8 Dishwasher ... X No

9 Water Supply
A Public Water
B Community
C Individual Well X
Location of Well
Yield ... Yes ... No
Water Sample Submitted ... Yes ... No
EHA Case No
VA Case No

13) NAME OF OWNER Mauney (LAST) Jr. William (FIRST) IC. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 628 Kings Mtn. N.C. 28086

15) PHONE NO Home 8255481 Office Mauney Mills

16) LOCATION OF SYSTEM ELCAR DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 10 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.

9-19-73
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3483

LA No 7009

Date Issued September 27, 1973

T C. No. 113-173-26

Map Date 9-14-73

# 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 Mauney (LAST) William (FIRST) K. (MIDDLE)

ADDRESS OF OWNER Post Office Box 628, Kings Mountain, NC 28086

LOCATION OF LOT Elcar Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 10 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 50 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 7009. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 10/5/73

Serial No. 4501

ICAR (S) Permit No. 7009

T C. No

Map Date

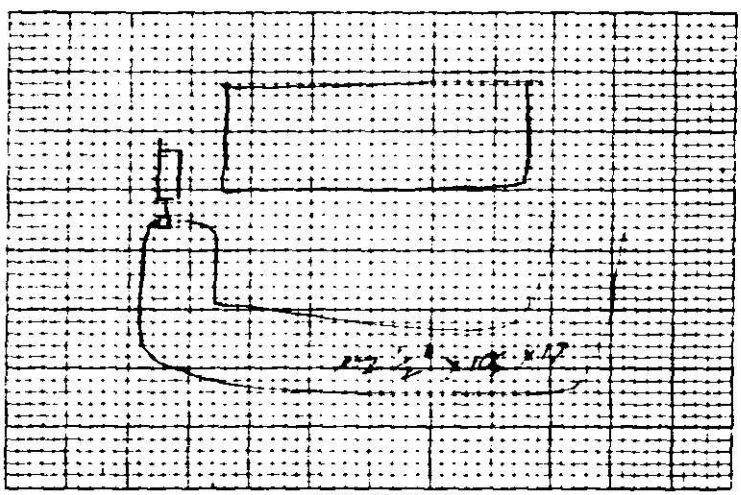
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 7009 dated 9/19/73 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 10/30/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1500

Tank Construction [redacted] PC

Absorption and/or Nitrification Lines:

Total Line Lenght 525

Number of Lines 5

Distance from House 10

Distance from Property Line 10

Distance from Well 100' +

NAME OF OWNER William L. Mauney JR

LOCATION OF PROPERTY Lot 10 Lecar Dr

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:

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

Serial 4068

C of A (s) No. 7009

Date Issued 10/16/73

T C No

Map Date

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 MAHNEY (LAST) WILLIAM (FIRST) K (MIDDLE)

Location of Property EDGAR DR - LOT 10

Application Number 7009 Permit Number 7009

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 525 Number of Lines 5

Depth of Filter Material 17" Cover Depth 16"

Water Supply Source 3 COMM WELL Distance from Water Source 100'+

Excavation Inspected 10/16/73 (DATE) Tank Inspected 10/16/73 (DATE)

Nitrification Field Inspected 10/16/73 (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 X 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: _____

L C Dickerson

Environmentalist

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

**HEALTH DEPARTMENT'S COPY**