Date Received 3 23 73

APT No. 5326

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER S & T DEVELOPMENT COMPANY
(LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 131 Providence Road ZIP 28207

3) PHONE NO. Home Office 375 7731

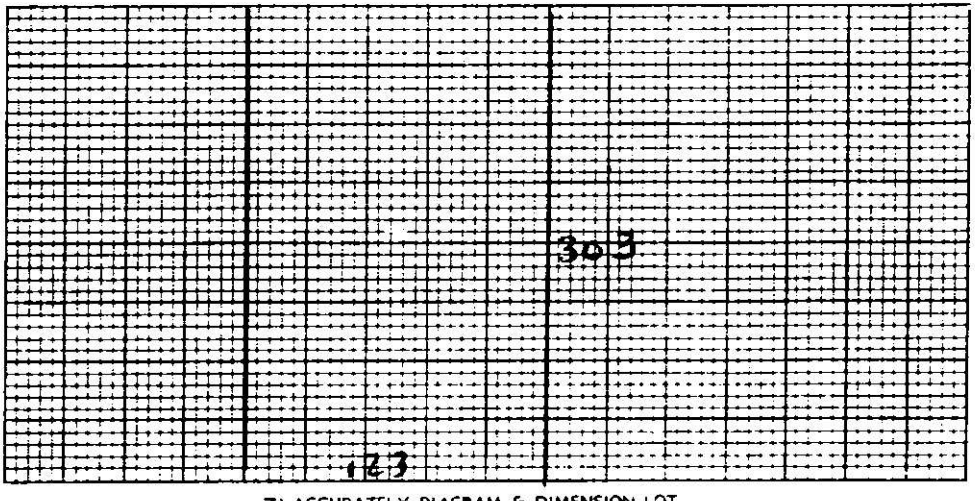
4) LOCATION OF PROPERTY 1301 Beverly Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 33 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

PLEASE RETURN TO:
STARNES & CRAIG CONSTRUCTION CO.
131 Providence Road

OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5826

Date Issued April 25, 1973

T C No. 227-043-23

Map Date 12-15-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

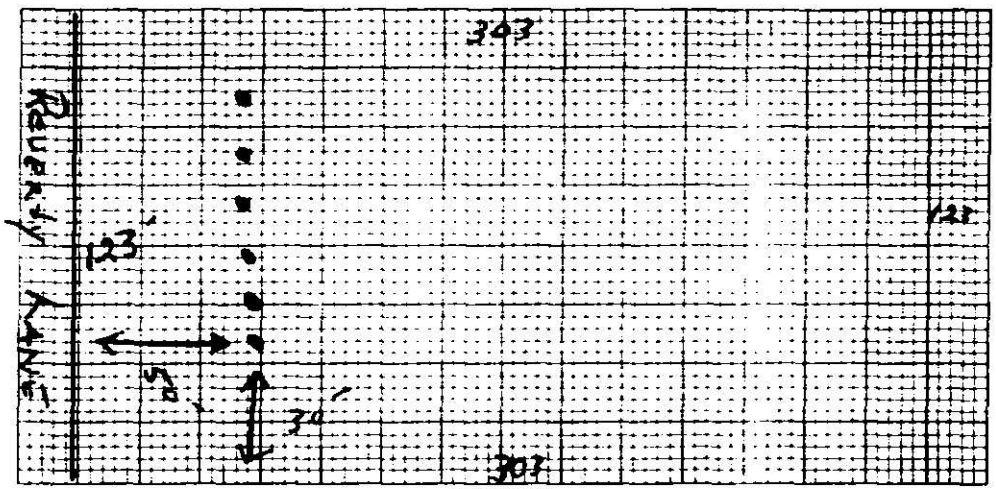
PERCOLATION TEST REPORT

NAME OF OWNER S & T Development Company
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP 28207

LOCATION OF PROPERTY 1301 Reverdy Lane
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 33 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 plat.

The percolation rate determined by the test was 60 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

W

SEE INSTRUCTIONS ON BACK

Date Received 4-26-73

ICAR (S) Application No 5826

T C No 227-043-23

Map Date 12 15 72

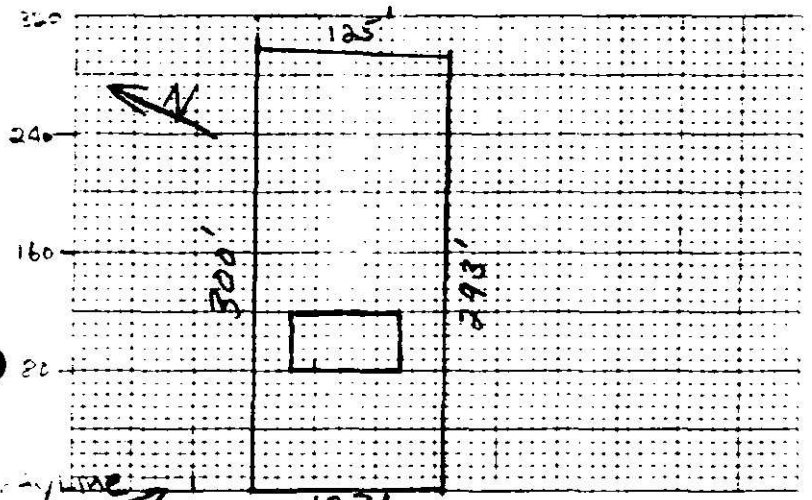
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4 No. of Bedrooms 4

5 Business Use Max. No. Employees

6 Washing Machine ✓ Yes No

7 Garbage Disposal Yes ✓ No

8 Dishwasher ✓ Yes No

9 Water Supply
A Public or Community Well ✓
B Government Supply
C Commercial Supply
Well
2 Government Supply
Sewage System
Public Sewer ✓ No
Private Sewer Yes ✓ No
Community Sewer Yes ✓ No

11 FHA Case No.

12 VA Case No.

13) NAME OF OWNER Flynnco Inc. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 116 John St.

15) PHONE NO Home ___ Office 8474731

16) LOCATION OF SYSTEM Revonda Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Revonda Woods Lot No. 33 Block No. —

Map Book No 15 Page No. 565 567

18) DEED REFERENCE — DEED BOOK 15 AT PAGE 567 PR 60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-19-73

20) PTR NUMBER (See Instructions) 5826

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.

4-25-73
DATE OF APPLICATION

Warren E. Flynn
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 27, 1973

Serial No. 2815

LA No 5826

T C No 227-043-23

Map Date 12-15-72

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 Flynnco, Inc., Flynn, Warren E. _____
LAST FIRST MIDDLE

ADDRESS OF OWNER 116 John Street ZIP _____

LOCATION OF LOT Reverdy Lane
STREET OR COUNTY ROAD

SUBDIVISION Reverdy Woods LOT NO 33 BLOCK NO _____

MAP BOOK NO 15 PAGE NO 565 & 567

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 60 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 5826. 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 on "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

Thomas L. Wade
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-7

HEALTH DEPARTMENT'S COPY

Date Issued 8-2-73

Serial No. 4122

ICAR (S) Permit No. 5826

T. C. No. 227-043-23

Map Date 12-15-72

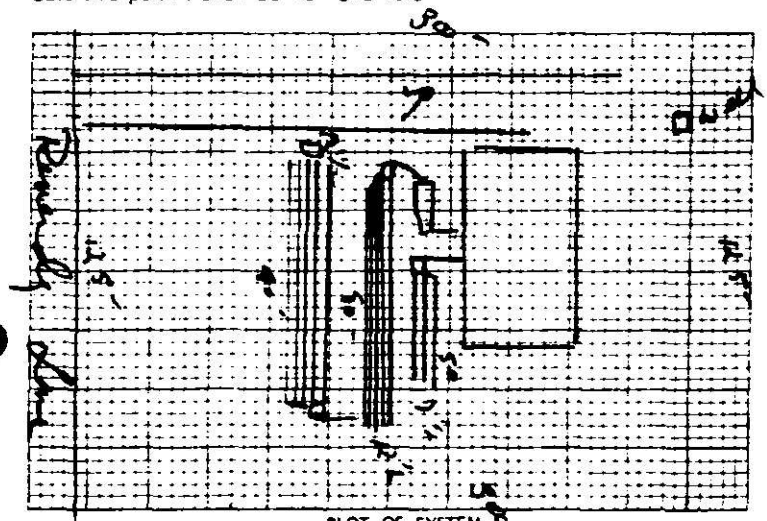
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 5826 dated 4-26-73 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 9-2-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal.

Tank Construction pre cast conc.

Absorption and/or Nitrification Lines:

Total Line Length 795'

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Flynnco Inc.

LOCATION OF PROPERTY 1301 Reveret Lane

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: 2 trenches 12½ x 80' x 17" stone - earth pit on end line.

Washington 1½ x 50' x 17" stone - County Septic Tank Co.

Division or Section Head

Thomas R. Ward
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 8-9-73

Serial No. 3716

C of A (s) No 5826

T. C No 227-043-23

Map Date 12-15-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Flynn, Inc. (LAST, FIRST, MIDDLE)

Location of Property 1301 Rosenth Lane

Application Number 5826 Permit Number 5826

Inspection Data:

Liquid Capacity of Tank 150 gal Tank Material Concrete

Total Length of Drain Tile 795' Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 8-9-73 (DATE) Tank Inspected 8-9-73 (DATE)

Nitrification Field Inspected 8-9-73 (DATE)

Washing Machine Line Inspected, If Applicable 8-9-73 (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: Installed by County Septic Tank Co.

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY