Date Received 6/4/75 Apt. No. (S) _____ Application No. (W) 6608

T. C. No. 227-033-08

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER KING (LAST) FRANCIS (FIRST) L (MIDDLE)

ADDRESS OF OWNER 9106 WELL COURT 7400-T ZIP 28212

PHONE NO. Home 536-4966 Office _____

LOCATION OF PROPERTY Courtney Ln. (STREET OR COUNTY ROAD)

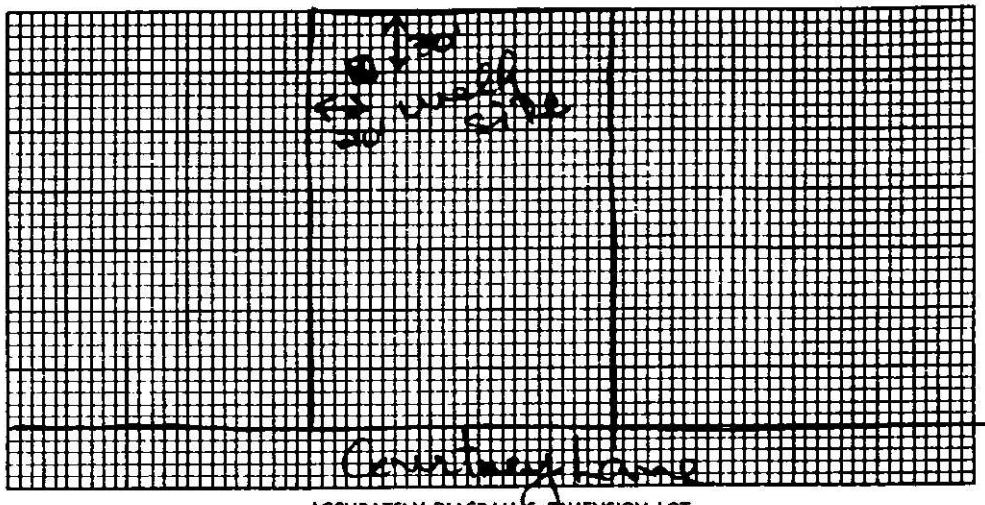
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. 36E 7 PAGE NO. 0085 FHA LOAN _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN _____

WELL CONTRACTOR McCALL BROS. LICENSE NO. 30

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

4 June 75
DATE OF APPLICATION

Francis L King
OWNER

Application approved and permit hereby granted

Permit No: 6608

G. M Reynolds
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

W

Date Received 2-10-73

CD

APT No. 6408

T. C. No. 227-032-29

Map Date 9-1-70

Suit
Mr. Francis Rt. 19
6414 Sardis Rd.
Charlotte

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hipp (LAST) Beulah (FIRST) Courtney (MIDDLE)

2) ADDRESS OF OWNER 2719 Hilliard Drive ZIP 28205

3) PHONE NO. Home 535-4414 Office

4) LOCATION OF PROPERTY Lot # 2 - Courtney Lane, Matthews, N. C. 2nd lot on left off Pineville-Matthews Hgy. 51 (STREET OR COUNTY ROAD)

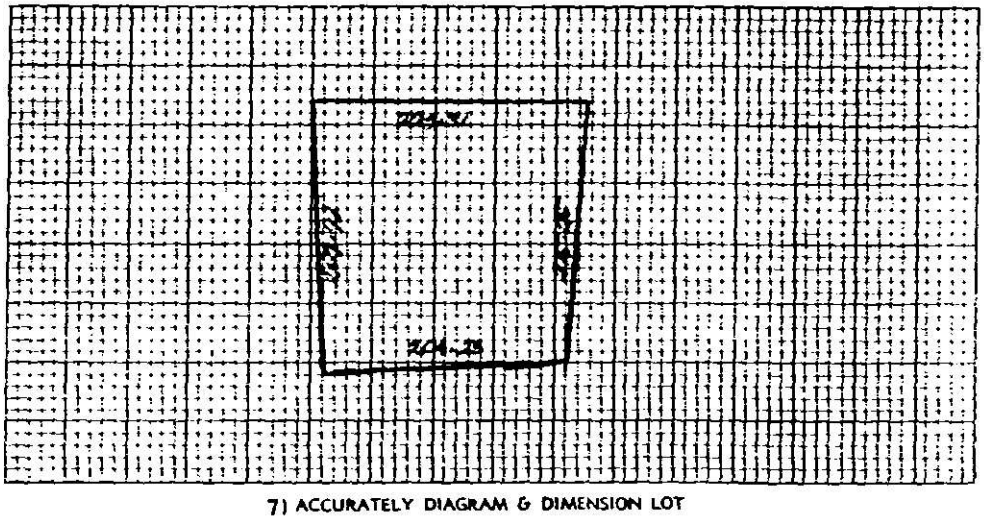
5) SUBDIVISION Providence Township LOT NO. # 2 BLOCK NO.

MAP BOOK NO 1166 PAGE NO. 547

6) DEED REFERENCE DEED BOOK 1167 PAGE NO 318

(This lot is 2nd half on left off Pinville-Matthews #51, of 28 on tax map.)

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

Beulah Courtney Hipp
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3421

PTR No. 6608
P.O.

T. C. No. 227-032-28

Date Issued July 31, 1973

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

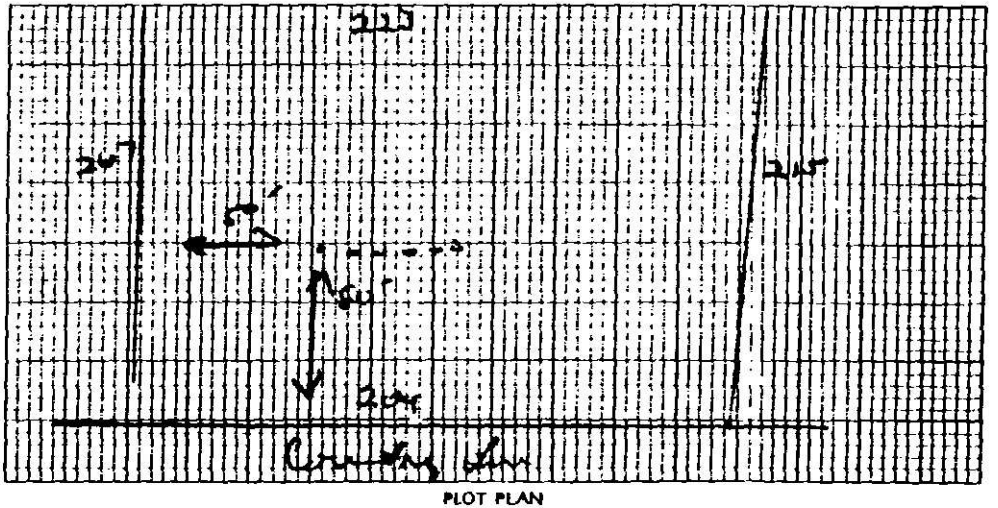
PERCOLATION TEST REPORT

NAME OF OWNER Hipp (LAST) Beulah (FIRST) Courtney (MIDDLE)

ADDRESS OF OWNER 2719 Hilliard Drive ZIP 28205

LOCATION OF PROPERTY Courtney Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 8 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 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 M. Hobson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 7/14/25

ICAR(S) Application No. 6605

T. C. No. 227-031-28

Map Date 9-1-70

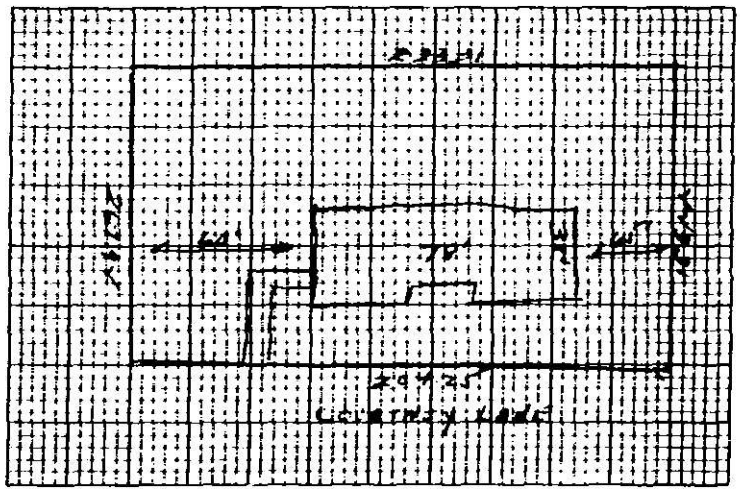
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 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 KING (LAST) FRANCIS (FIRST) LEROY (MIDDLE)

14) ADDRESS OF OWNER 7706-I OLD WELL COURT, CHARLOTTE, NC 28215

15) PHONE NO Home ~~536-4466~~ 536-4466 Office 537-4315 L.E. Barnette

16) LOCATION OF SYSTEM 112 COURTNEY LANE (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 2 Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 3607 AT PAGE 0085

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 7/31/73

20) PTR NUMBER (See Instructions) 6608

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.

DATE OF APPLICATION 7/14/75

FRANCIS LEROY KING
By: L.E. Barnette
OWNER

FORM NO. E 4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 18 July 1975

Serial No. 5127

LA No. 6608

T. C No P.0.227-032-28

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 King (LAST) Francis (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER 7400-I Old Well Court Charlotte ZIP 28212

LOCATION OF LOT 117 Courtney Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 2 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 60Min/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 6608. 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

A.M. Reynolds
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 20 Oct 75 **Serial No. 6940** ICAR(S) Permit No. 6608

T. C. No. _____

Map Date _____

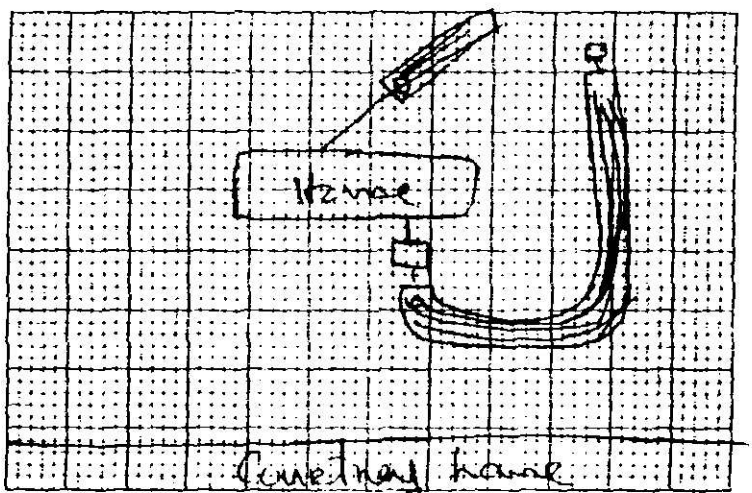
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6608, dated 7/14/75 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 20 Nov 75 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines.

Total Line Lenght 600' & 150'

Number of Lines (A) 10' x 150'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER King, Francis L

LOCATION OF PROPERTY 117 Courtney 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: washer 7½' x 50'

aerator pit 2½' x 2' 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.

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6432

C of A (s) No. 6608

Date Issued 24 Oct 75

T. C. No. P0.227-033-25

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 King, Francis L.
(LAST, FIRST, MIDDLE)

Location of Property 117 Courtney Lane

Application Number 6608 Permit Number 6608

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (4) 10' x 150'

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source well Distance from Water Source 102'

Excavation Inspected 24 Oct 75 (DATE) Tank Inspected 24 Oct 75 (DATE)

Nitrification Field Inspected 24 Oct 75 (DATE)

Washing Machine Line Inspected, If Applicable 24 Oct 75 (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 Excavation O.K.

G M Reynolds
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY