Date Received 7-1-93 APT No 6690

T. C. No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Key Homes Inc. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER PO Box 15813 Charlotte N.C. ZIP

3) PHONE NO. Home Office 525-6976

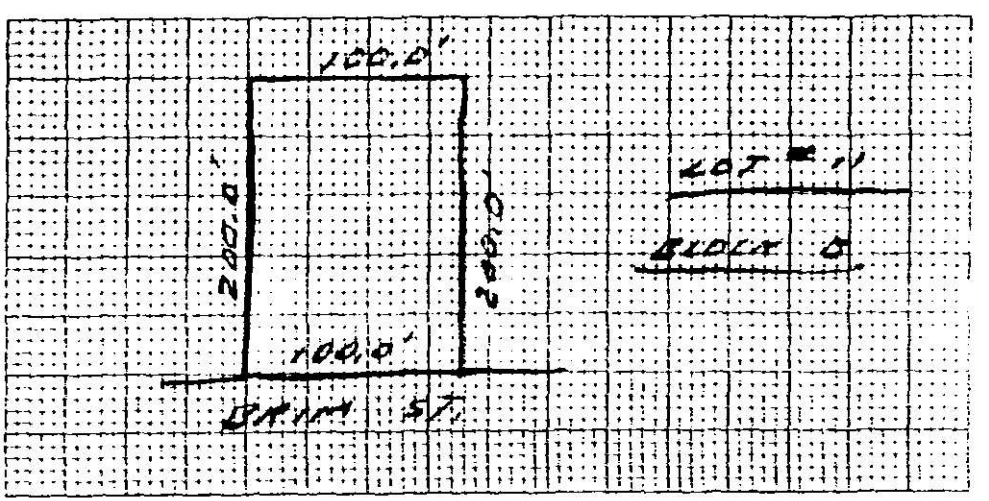
4) LOCATION OF PROPERTY 1612 Brim Street (STREET OR COUNTY ROAD)

5) SUBDIVISION Wilkinson LOT NO 11 BLOCK NO. B

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

Key Homes
OWNER
agent

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3356

PTR No. 6690

Date Issued July 23, 1973

T. C No. 055-209-03

Map Date 2-23-72

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

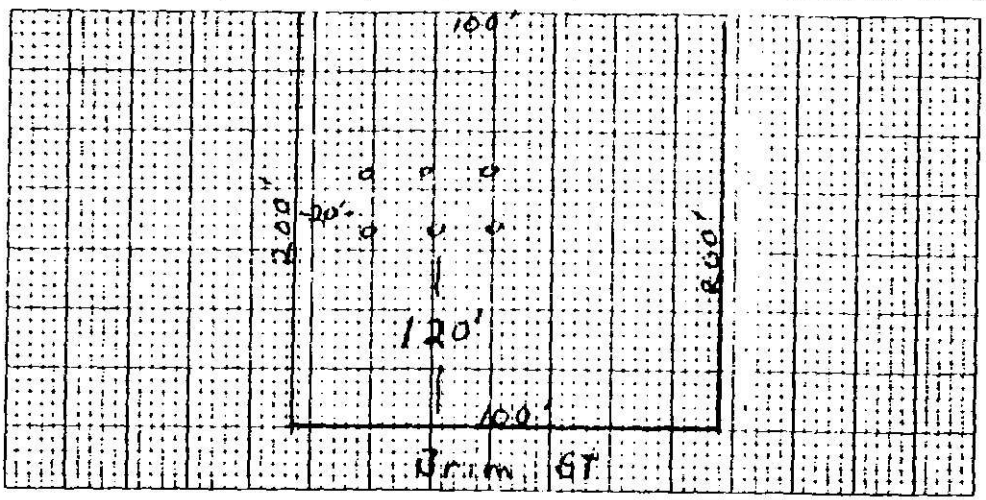
## PERCOLATION TEST REPORT

NAME OF OWNER Key Homes, Inc.
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF PROPERTY 1812 Brim Street
(STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO 11 BLOCK NO. B




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 46 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.

John R Adamson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

R

SEE INSTRUCTIONS ON BACK

Date Received 9-14-73

ICAR(S) Application No 6690

T C No 055-209-03

Map Date 2/3/12

15 sec
555
15c

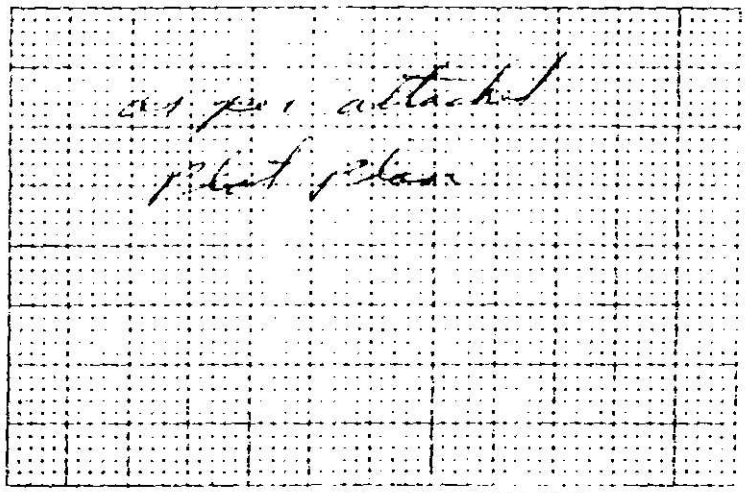
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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) Persons Living ... Max. No. Employed ...

6) Washing Machine ✓ Yes ... No

7) Garbage Disp. ✓ Yes ... No

8) Dishwasher ✓ Yes ... No

9) Water Supply
A) Individual Sys. ✓
B) Government ...
C) Community ...
1 Well ...
2 Community ...

Sewage System
House Located within 200' of public sewer ... Yes ✓ No
House located ... feet from community sewer ... Yes ✓ No

11) FHA Case No. ...

12) VA Case No. ...

13) NAME OF OWNER Key Homes, Inc. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. Box 15813

15) PHONE NO Home ... Office 525-6976

16) LOCATION OF SYSTEM 1812 Brim Street (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Lot No 11 Block No B

Map Book No ... Page No. ...

18) DEED REFERENCE -- DEED BOOK ... AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ... NO DATE RUN 7 20 73 PR 46

20) PTR NUMBER (See Instructions) 6690

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 9/14/73

OWNER ~~OWNER~~ agent

REV. 12-E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued September 14, 1973 **Serial No. 3419**

LA No. 6690

T. C. No. 055-209-03

Map Date 2-23-72

# 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 Key Homes, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 15813 ZIP

LOCATION OF LOT 1812 Brim Street
(STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO 11 BLOCK NO B

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 46 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 6690. 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

L. R. Ligleson
Environmentalist

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

FORM NO E-3-4-71

HEALTH DEPARTMENT'S COPY

Date Issued 2/18/74 Serial No. 4895 ICAR(S) Permit No 6690

T C No

Map Date

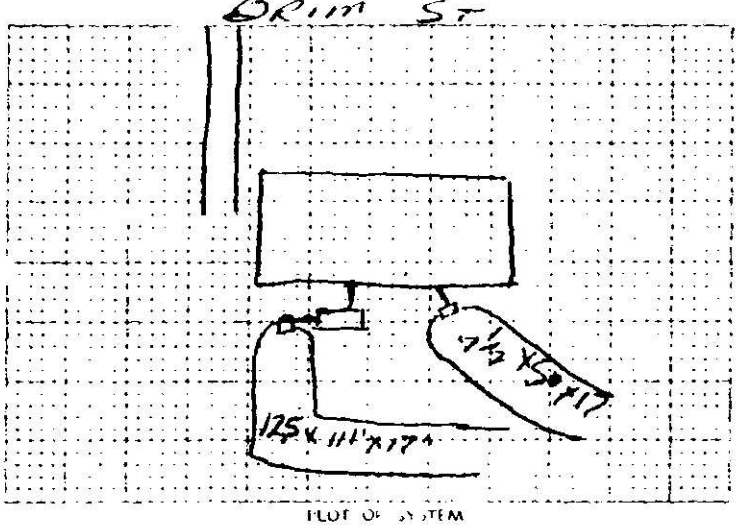
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 X Install or Construct, Alter or Repair the individual septic tank waste water 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 6690, dated 9/4/73 and this permit shall be void and of no effect if the information provided in the application is not factual as represented. All work shall be completed on or before 3/28/74, after which date this permit shall be null and void




PLOT OF SYSTEM

Percolation Rate 46 mpi

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length ST 555 AM 150
ST 5(12½'X111X17')

Number of Lines W/O 3(7½X50X17')

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER KEY HOMES INC.

LOCATION OF PROPERTY 812 Brum St.

The system will 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 20 RMS

Division of Sanitation by JA/KPS.

Environmentalist LRBrinson

If this permit is for the installation or construction of a new system it must be signed by the division or a supervisor of the Environmental Health Division in order to be valid. Only the signature of the Environmental Health Specialist is required where an existing system is being altered or repaired

E-5-9-1-72

Date Issued 6/5/71 Serial 4469

C of A (s) No. 6670

T C No.

Map Date

John Robinson
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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

**Inspection Data:**

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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: _____

_____

_____

_____

_____

_____
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**