A

Date Received 3-9-73

APT No 5724

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

Trustees of Mt. Zion F.B.H. Church

1) NAME OF OWNER Blakeney (LAST) Maggie (FIRST) Lee (MIDDLE)

2) ADDRESS OF OWNER 1524 McAllister Dr. City ZIP 28216

3) PHONE NO Home 399-697 Office 372-2590 Ext 560

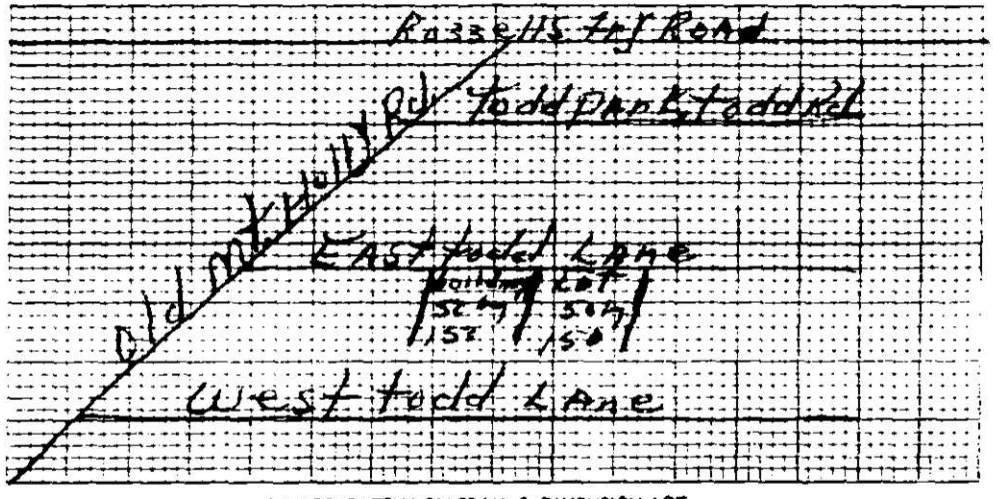
4) LOCATION OF PROPERTY Todd Park (STREET OR COUNTY ROAD)

5) SUBDIVISION East Todd Lane LOT NO Lots 101-102 2nd BLOCK NO

MAP BOOK NO 317-1178 PAGE NO 153-249

6) DEED REFERENCE DEED BOOK 1119-4 PAGE NO 364-668

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

Maggie Lee Blakeney
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. July 20, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 5724
T.C. No. 037-094-15
16

NAME OF OWNER Adams, Jr. Walter Mason, Pastor of Mt. Zion F.B.H. Church

ADDRESS OF OWNER 738 W. 28th Ave., Gastonia, N.C. ZIP 28052

LOCATION OF LOT 216 East Todd Lane

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	7-18-73	200 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 7-19-73 - Soil is of the Iredell series. These soils have subsoils of very stick and plastic clay which contain swelling clay minerals. As a result, the soils have inadequately slow percolation rate and have a perched high water table during periods of nigh rainfall.

W.E.L. Soil Scientist

Environmentalist

(Stencil No.)
MMD 398
8/70

FORM NO.
E-19-8-14-70

SEE INSTRUCTIONS (I I)

Date Received

MECKLENBURG COUNTY HEALTH DEPT.
RECEIVED
JUN 2
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 5724

T C No

Map Date

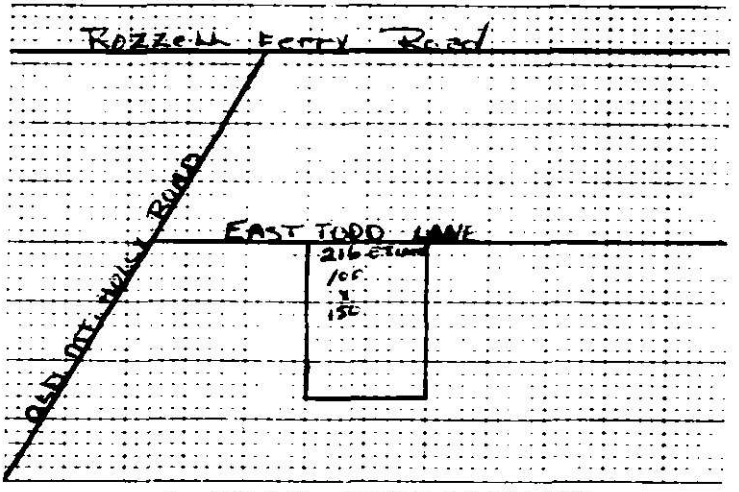
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
for an 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

✓ Install or Construct 2 Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



4 No of Baths ____
5 Business Only No of Employees ____
6 Washing Machine Yes No
7 Garbage Disposal Yes No
8 Dishwasher Yes No
9 Water Supply
A Public Supply ✓
B Community ____
C Individual ____
Well ____
Spring ____
10 Swimming Pool ____
11 Sewage Flow ____
12 Yes ✓ No
13 Commercial Food Yes ✓ No
14 FHA Loan No ____
15 VA Case No ____

3 PLOT PLAN (ACCURATELY DIMENSIONED)

PASTOR OF PTT. ZION BAPTIST CHURCH

13) NAME OF OWNER ADAMS (LAST) JR. (FIRST) WALTER MASON (MIDDLE)

14) ADDRESS OF OWNER 706 W. 20TH AVE. GASTONIA, N.C. 28052

15) PHONE NO Home 864-3729 Office 824-2561 - EXT 56

16) LOCATION OF SYSTEM ~~Todd Park~~ 216 East Todd Lane
STREET OR COUNTY ROAD

17) SUBDIVISION Todd Park Lot No 100-101-102-103 Block No ____

Map Book No 3171-1178 Page No. 153-299

18) DEED REFERENCE — DEED BOOK 1119-4 AT PAGE 364-668

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

6/5/73
DATE OF APPLICATION

Rev Walter Mason Adams Jr
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 25, 1973 Serial No. 3221

LA No 5724

T C No 22 057-094-16

Map Date

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 Mt. Zion F.B.H. Church Adams, Jr. (LAST) Walter (FIRST) Mason (MIDDLE)

ADDRESS OF OWNER 706 W. 20th Ave., Gastonia, N.C. ZIP 28052

LOCATION OF LOT 216 East Todd Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 *, 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 5724. This approval is subject to the following terms and conditions:

1 ~~That the nitrification field be installed, constructed, altered, and/or repaired on 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

* No plumbing facilities will be permitted in building. Only pit privy to be used.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY