W

Date Received 1-23-23

APT No. 5632

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Huntley (LAST) Baxter (FIRST) D. (MIDDLE)

2) ADDRESS OF OWNER Roberts Ave. York S.C. ZIP 29745

3) PHONE NO. Home Office 523-0912

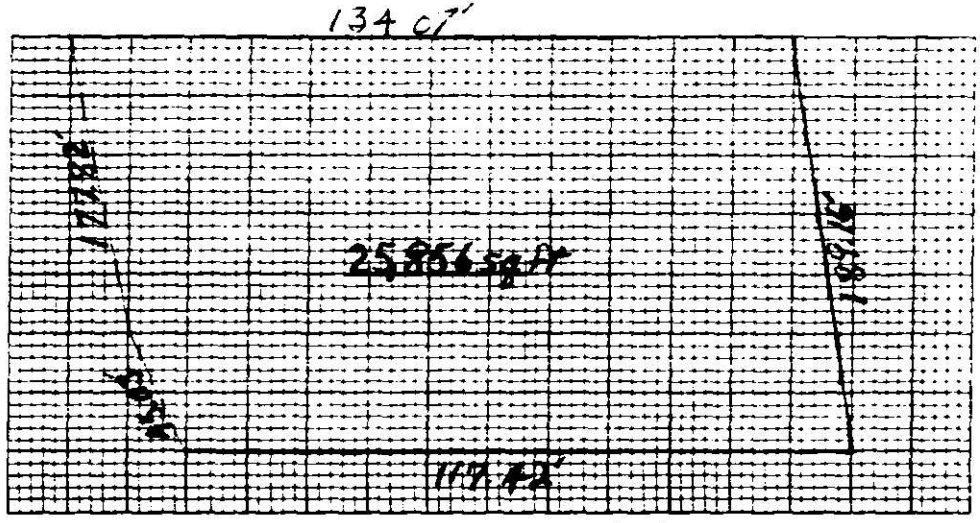
4) LOCATION OF PROPERTY Helena Circle (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 12 BLOCK NO

MAP BOOK NO #12 PAGE NO 171

6) DEED REFERENCE DEED BOOK 2759 PAGE NO 235

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

OWNER

FORM NO. S-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 2698

PTR No. 5632

Date Issued March 6, 1973

T C. No. 195-093-02

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

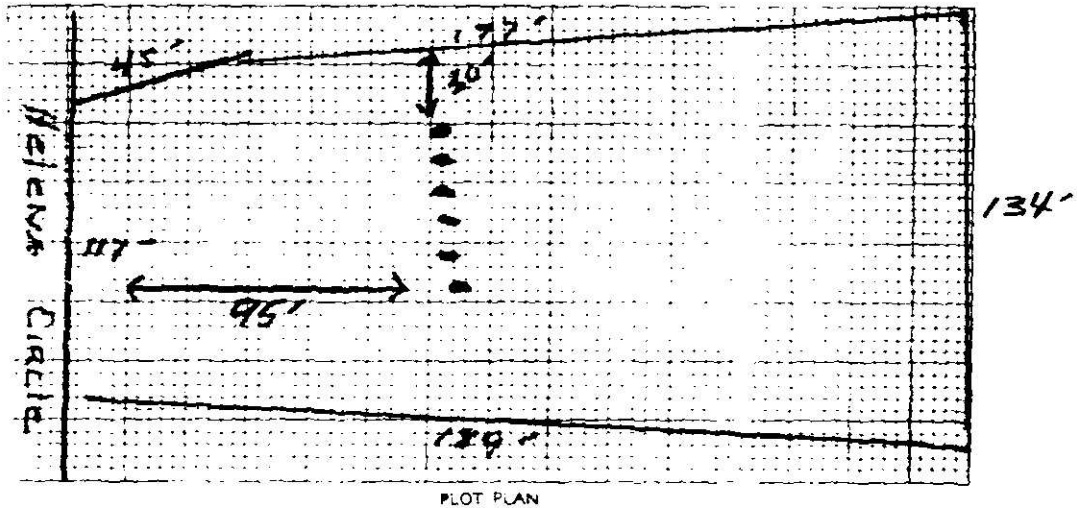
PERCOLATION TEST REPORT

NAME OF OWNER Huntley (LAST) Baxter (FIRST) D. (MIDDLE)

ADDRESS OF OWNER Roberts Ave., York, S.C. ZIP

LOCATION OF PROPERTY Helena Circle (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 12 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 59 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 Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 7-13-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 13 1973
ENVIRONMENTAL HEALTH DIVISION

CAR(S) Application No. 5632

T. C. No. 195-053-03

Map Date 9 29 71

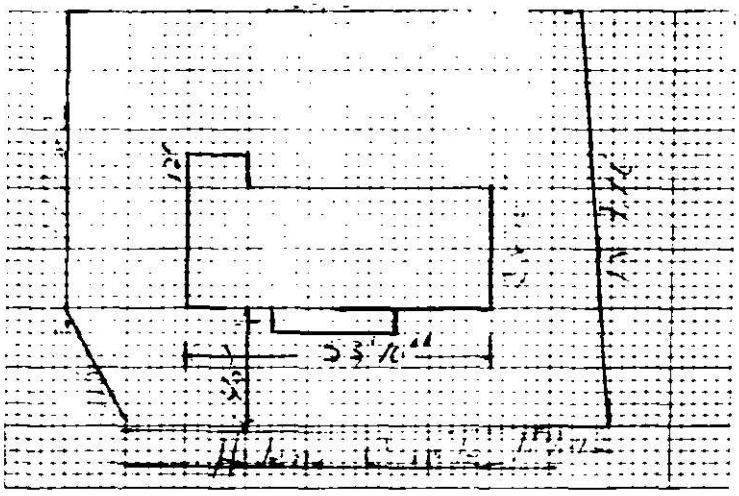
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

✓ 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) Home 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 [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home Office [illegible]

16) LOCATION OF SYSTEM Helm Circle
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No. 12 Block No.

Map Book No 12 Page No. 171

18) DEED REFERENCE — DEED BOOK 2307 AT PAGE 255

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 3-23 PR-59

20) PTR NUMBER (See Instructions) 5632

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

OWNER [illegible]

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued July 13, 1973 Serial No. 3168

LA No. 5632

T C No. 195-093-02

Map Date 9-29-71

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 Huntley (LAST) Baxter (FIRST) D. (MIDDLE)

ADDRESS OF OWNER Roberts Avenue, York, South Carolina ZIP _____

LOCATION OF LOT Helena Circle (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 12 BLOCK NO _____

MAP BOOK NO 12 PAGE NO 171

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 59 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 5632. 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

Thomas R. Ward
Environmentalist

W. C. Garrett
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 11-8-73

Serial No. 4624

ICAR (S) Permit No. 5632

T. C. No 195-053-02

Map Date 7-23-71

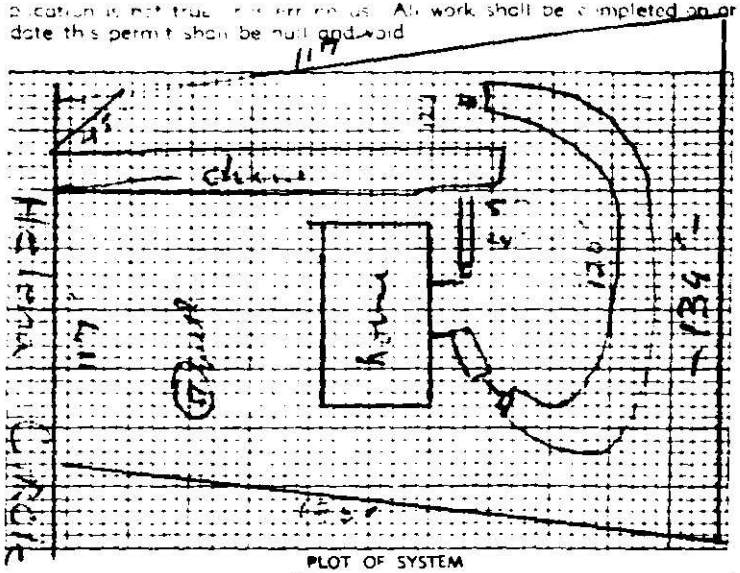
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5632 dated 7-13-73 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 1-8-73 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 35 min

Liquid Capacity of Tank 1500 gals

Tank Construction precast concrete

Absorption and/or Nitrification Lines

Total Line Lenght 500'

Number of Lines 5

Distance from House 10'

Distance from Property Line 15'

Distance from Well 150'

NAME OF OWNER Baxter V. Huntley

LOCATION OF PROPERTY 13201 Reiss Creek (Lot 12

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: 12'x12'x8' - excavation pit (stay off of trench area)

[redacted]. 5 - 24' x 4' stone trenches.

Direct west to

Division or Section Head

Thomas F. 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

Serial 4264

C of A (s) No. 5632

Date Issued 11-8-73

T C. No. 165-043 .00

Map Date 9-14-71

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 Huntley (LAST), Baxter (FIRST) D (MIDDLE)

Location of Property 13001 Helena Circle

Application Number 5631 Permit Number 5631

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material Precast Con

Total Length of Drain Tile 600' Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 11-8-73 (DATE) Tank Inspected 11-8-73 (DATE)

Nitrification Field Inspected 11-8-73 (DATE)

Washing Machine Line Inspected, If Applicable 11-8-73 (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 Lowe Const. Co.

Thomas R. Wade
Environmentalist

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

HEALTH DEPARTMENT'S COPY