B

Date Received 1-8-74

MECK COUNTY HEALTH DEPT.
RECEIVED
1974

APT No 7400

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Price (LAST) Jerry (FIRST) Dale (MIDDLE)

2) ADDRESS OF OWNER 528 Oakdale Rd ZIP 28216

3) PHONE NO Home 394-4317 Office

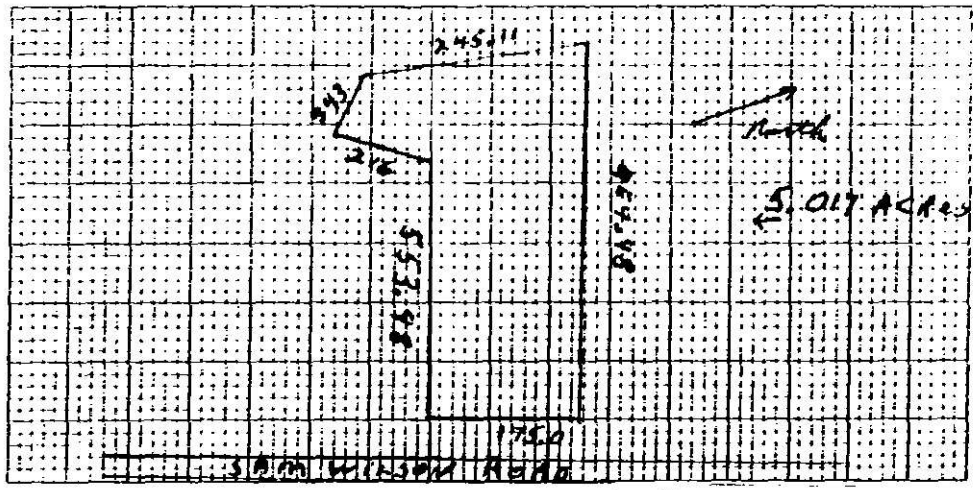
4) LOCATION OF PROPERTY Rt 5 Sam Wilson Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK 3620 PAGE NO 0308 0309 0310

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 Jerry Dale Price

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4092

PTR No 7400

T C No 053-142-17

Date Issued March 4, 1974

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

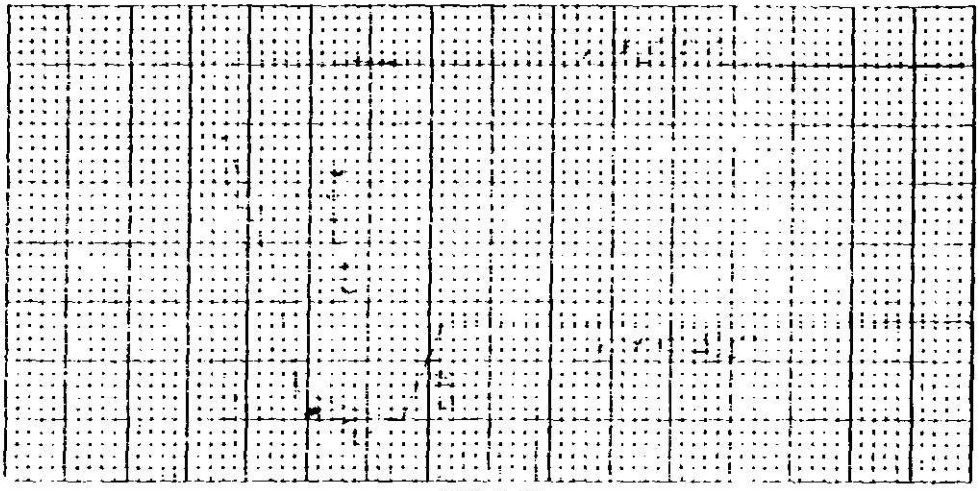
PERCOLATION TEST REPORT

NAME OF OWNER Price (LAST) Jerry (FIRST) Dale (MIDDLE)

ADDRESS OF OWNER 528 Oakdale Road ZIP 28203

LOCATION OF PROPERTY Sam Wilson Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 32 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.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-19-74

ICAR (S) Application No 7400

T C No 053-742-17

Map Date

150° 8 3/4
45° 3/4
150° 9/4

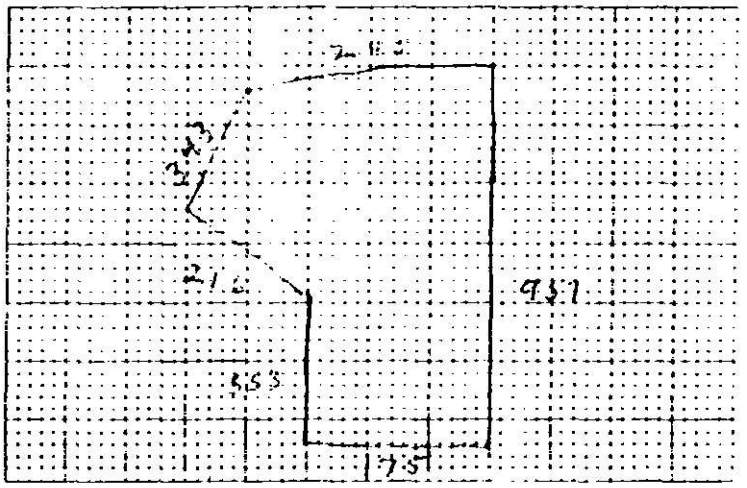
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Number of Bedrooms [illegible]

5) Expected Sewage Flow Gallons Per Day
Employees [illegible]

6) Washing Machine [illegible] Yes No

7) Garbage Disposal [illegible] Yes No

8) Dishwasher [illegible] Yes No

9) Water Supply
A) Individual [illegible]
B) Community [illegible]
C) Community System
1) Well [illegible]
2) [illegible]
Name of System
Name of Water Supply [illegible]
If public water [illegible] Yes No
Name of Sewage Treatment Plant [illegible]
Community Sewer Yes No

11) FHA Case No [illegible]

12) VA Case No [illegible]

13) NAME OF OWNER Price, Jerry
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No [illegible] Block No. [illegible]

Map Book No [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK 3621 AT PAGE 0329 PR→32

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 2-27-74

20) PTR NUMBER (See Instructions) 7400

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.

4-19-74
DATE OF APPLICATION

Jerry Price
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 19, 1974

Serial No. 3990

LA No 7400

T C No 053-142-17

IMPROVEMENTS PERMIT

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 Price (LAST) Jerry (FIRST) Dale (MIDDLE)

ADDRESS OF OWNER 528 Oakdale Road ZIP

LOCATION OF LOT Sam Wilson Road (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 32 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 7400. 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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 6003 ICAR(S) Permit No 7400

Date Issued 6 July 74 T C No 053-743-17

Map Date

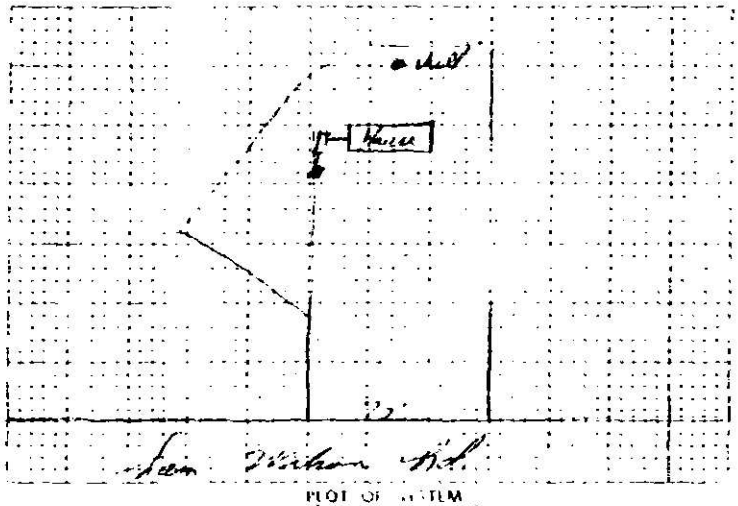
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7400, dated 19 June 74 and this permit shall be void and of no effect if the information provided in the application is in error or omits. All work shall be completed on or before 6 July 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 52

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 450' + 150 WM
3 (75' x 50' x 12")

Number of Lines 5 (12½' x 90' x 12")

Distance from House 15'

Distance from Property Line 50'

Distance from Well 120

NAME OF OWNER Price, Lucy Cole

LOCATION OF PROPERTY Dan Dirham Road

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 Home Cafe (Cook)

District Sanitarian Bell

Environmentalist M. L. Bailey

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

Form No. E-S-9-1-72

Serial No. [illegible]

C of A (s) No. 7400

Date Issued 13 Aug 74

T C No 05 3-143

CERTIFICATE OF COMPLETION

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Price (LAST) Larry (FIRST) Dale (MIDDLE)

Location of Property [illegible] Sam Wilson Road

Application Number 7400 Permit Number 7400

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material P.C. (3'6"x8'x50'x17")

Total Length of Drain Tile 450' + 150' WM Number of Lines 5 (12½'x90'x17")

Depth of Filter Material 17' Cover Depth 18-24"

Water Suppl, Source Dug Well Distance from Water Source 100'

Excavation Inspected 13 Aug 74 (DATE) Tank Inspected 13 Aug 74 (DATE)

Nitrification Field Inspected 13 Aug 74 (DATE)

Washing Machine Line Inspected, If Applicable 13 Aug 74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption of effluent disposal as described above and it has been ✓ installed / constructed at the above location 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 using or in any manner connecting, installing, 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 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 Tennis Court (Center)

M. L. Hinkley
Environmentalist

FORM NO E-6-9-1-72

API 14.00

T. C. No. 05-[illegible]

05-3-[illegible]-17

143-

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Rupert Wall Drilling Reg. No. 61 Well Permit No. 2666

1. Town [illegible] Mile South of Reeves Chapel Side County

2. Location [illegible] Quadrangle No.
Show direction and distance from two intersecting roads on back of form

3. Owner [illegible]
Address [illegible]

4. Topography: draw, slope, hilltop, valley, flat Home Jul-74

5. Use of Well 2 in. Diameter Date Completed 115 ft.

6. Rig type or method [illegible] Total Depth

7. Casing: Depth 0 Diam. 2 Type galvanized

From [illegible] to [illegible] ft. [illegible] in. [illegible]

8. Grout: Depth 0 to 20 Material cement & sand Method

From [illegible] to [illegible] ft. [illegible] in. [illegible]

9. Screen: Depth Diam. Type and Opening

From [illegible] to [illegible] ft. [illegible] in. [illegible]

10. Water Zones (depth) 13 [illegible]

11. Static Water [illegible] ft above / below top of casing
which is Jul-74 ft. above land surface. Elev. [illegible]
Date 30 1/2 hp. pump 0

12. Yield (gpm) [illegible] Method of testing 20

13. Pumping Water Level: [illegible] ft. after [illegible] hrs.
10
at [illegible] gpm.

14. Water Quality [illegible] Temperature (°F) 64 [illegible]

15. Well sterilization method [illegible]

16. Permanent Pump: Type Jul-74 [illegible] Jr.
Installed — Date 30 By [illegible]
Capacity [illegible] gpm Hp. [illegible]
Intake depth [illegible] Airline depth [illegible]

17. Remarks: [illegible]

I do hereby certify that this well record is true and exact.

Eddie Cooper Jr.
SIGNATURE OF CONTRACTOR OR AGENT

Depth From	Depth To	Color & Formation
0	115	[illegible]

FORM NO. E-22-9-1-72

Date Received_____

Application No. 7490

T C. No. 053-142 17

Map Date_____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER PRICE (LAST) JERRY (FIRST) DALE (MIDDLE)

ADDRESS OF OWNER 523 OAKDALE RD. ZIP 28203

PHONE NO. Home_____ Office _____

LOCATION OF PROPERTY SAM WILSON RD. W. SIDE ½ MI S. OF MOORES CHAPEL RD (STREET OR COUNTY ROAD)

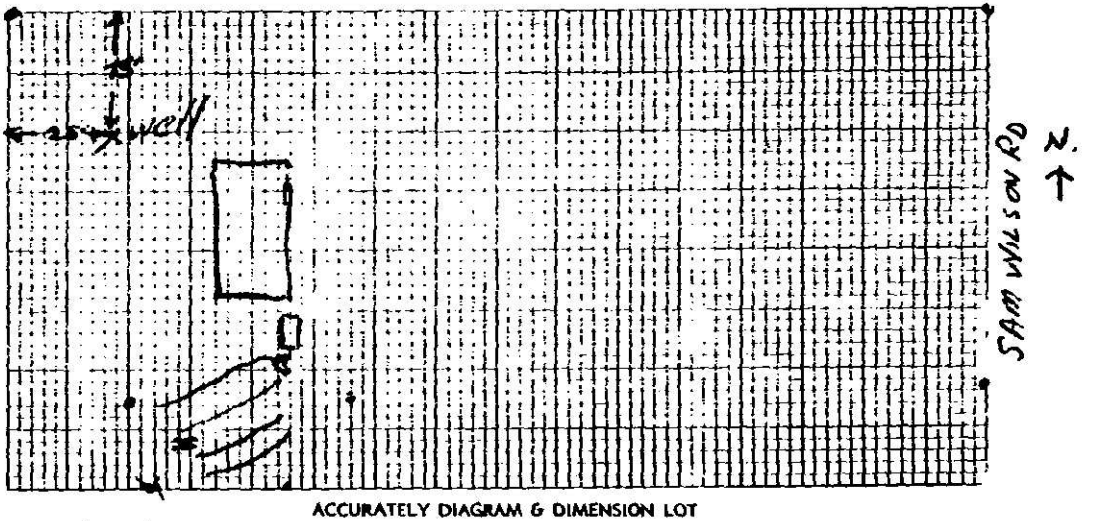
SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

DEED REFERENCE: DEED BOOK_____ PAGE NO._____

WELL CONTRACTOR EXPERT WELL DRILLING CO. LICENSE NO._____

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 X individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

4/2/74
DATE OF APPLICATION

Jerry Dale Price
OWNER

Application approved and permit hereby granted

Permit No: 7490

ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY