Serial No. 3040

PTR No. 4284 P.O.

Date Issued May 7, 1973

T C. No. 029-201-02

Map Date 5-3-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

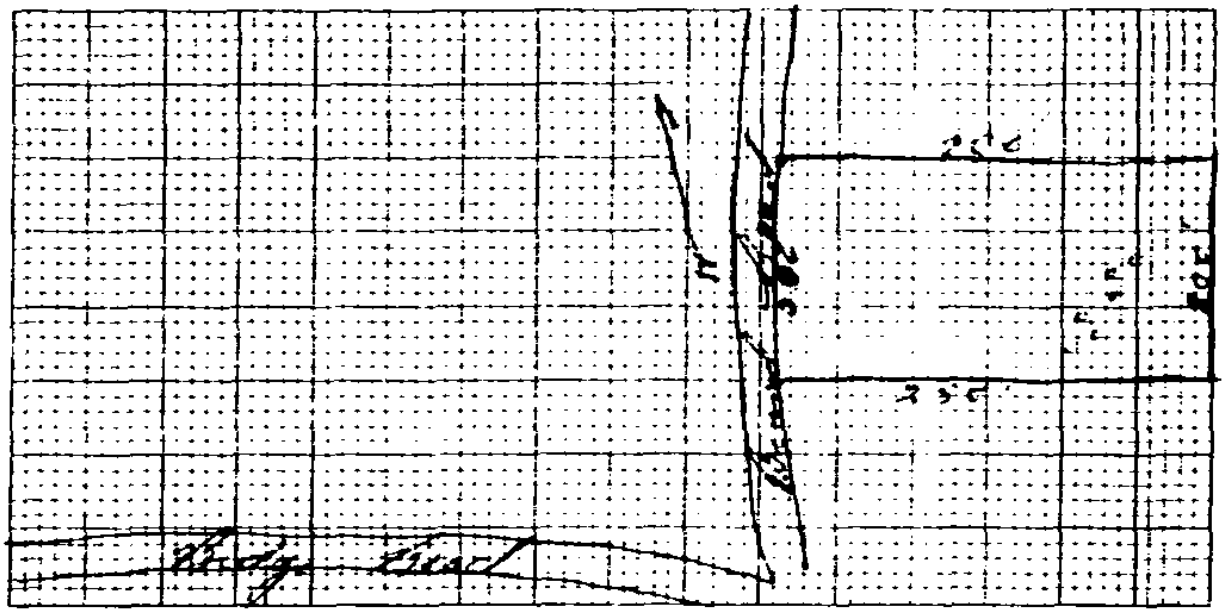
PERCOLATION TEST REPORT

NAME OF OWNER Robbins (LAST) Daniel (FIRST) Sidney (MIDDLE)

ADDRESS OF OWNER 3215 Riley Avenue ZIP 28213

LOCATION OF PROPERTY Beard 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 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 R. Gibson

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 5-16-73

ICARIS Application No 4184

T C No 029-201-02

Map Date 5 3 72

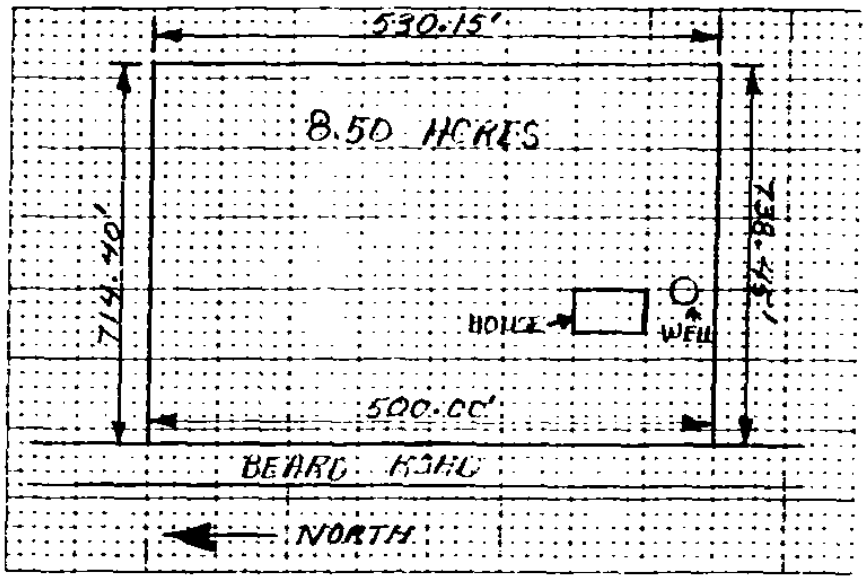
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 (Name, Nature) Employees _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disposal _____ Yes _____ No

8) Dishwasher ✓ Yes _____ No

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

Sewage System
Private Disposal System
Off Site _____ Yes _____ No
How _____
Community Sewer _____ Yes _____ No

11) FHA Case No _____

12) VA Case No _____

13) NAME OF OWNER Daniel (LAST) Sikes (FIRST) Kollins (MIDDLE)

14) ADDRESS OF OWNER 3215 Tuck Hwy.

15) PHONE NO Home 596-8776 Office 374-4242

16) LOCATION OF SYSTEM Beard Road (STREET OR COUNTY ROAD) Mecklenburg County

17) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2011 AT PAGE 157

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 5-4-73 HKB60

20) PTR NUMBER (See Instructions) 4184

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.

5-15-73
DATE OF APPLICATION

Daniel Sikes Kollins
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 17, 1973

Serial No. 2946

LA No. 4984
P.O.
T. C. No. 029-201-02

Map Date 5-3-72

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 Robbins (LAST) Daniel (FIRST) Sidney (MIDDLE)

ADDRESS OF OWNER 3215 Riley Avenue ZIP

LOCATION OF LOT Beard 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 60 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 4984. 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.

M. L. Kirby
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 11 Mar 74

Serial No. 4973

ICAR (S) Permit No 4984

P.O. T C No 029-201-02

Map Date 5-3-72

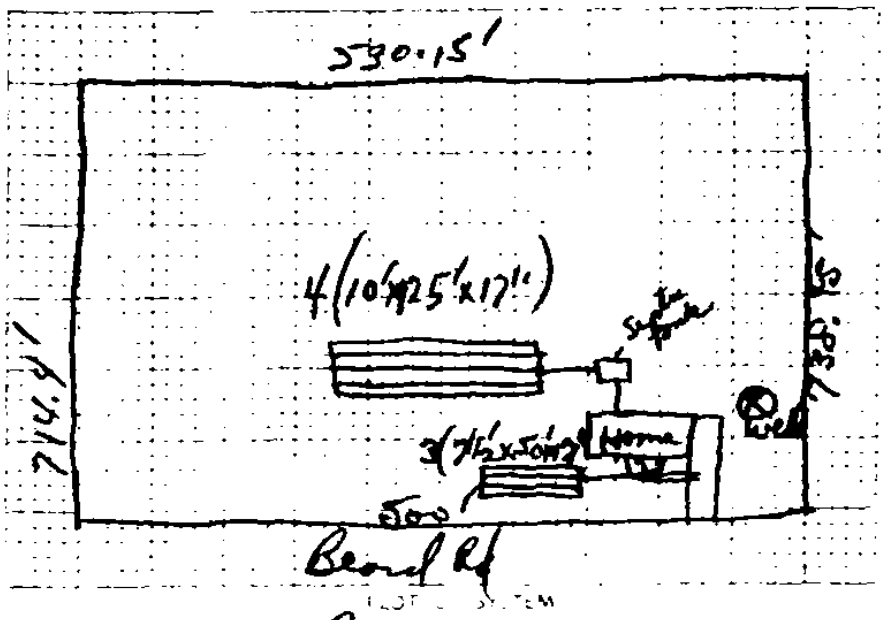
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 4984 dated 5-6-73 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 11 April 74 after which date this permit shall be null and void



PLOT PLAN SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Subsurface Area

Total Line Length 600'ε 150'ea

Number of Lines 4(10'x125'x17")
3(7½'x50'x17")

Distance from Tank 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Robbins, Donial Sidney

LOCATION OF PROPERTY 2700 Beard Rd Mech. Co.

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 Recession pit 2½'x 7'x 4' stone.
Cast iron pipe under sidewalk leading to washing Machine line. 1/4"/10' fall required.

Division or Section Head

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-S-9-1-72

HEALTH DEPARTMENT'S COPY

Serial 4689

C of A (s) No. 4984

Date Issued 22 April 74

T. C No 029-2010 2

Map Date 5-3-72

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 Robbins, Ronald S.
(LAST, FIRST, MIDDLE)

Location of Property 2700 Beard Rd

Application Number 4984 Permit Number 4984

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600' & 150 lin Number of Lines #10' x 125' x 17") 3(7½' x 50' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100 ft

Excavation Inspected 22 April 74 (DATE) Tank Inspected 22 April 74 (DATE)

Nitrification Field Inspected 22 April 74 (DATE)

Washing Machine Line Inspected, If Applicable 22 April 74 (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: Aeration pit 2½' x 7' x 4' of Stone

Richard Gordon
Environmentalist

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

HEALTH DEPARTMENT'S COPY