Date Received 6-29-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUN 29 1973

APT No. 6554

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Abernathy (LAST) David (FIRST) Napoleon (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 501, Davidson, N.C. ZIP 28036

3) PHONE NO. Home 892-8634 Office _____

4) LOCATION OF PROPERTY Walter Henderson Road (STREET OR COUNTY ROAD) #2059 (Lake Norman Area)

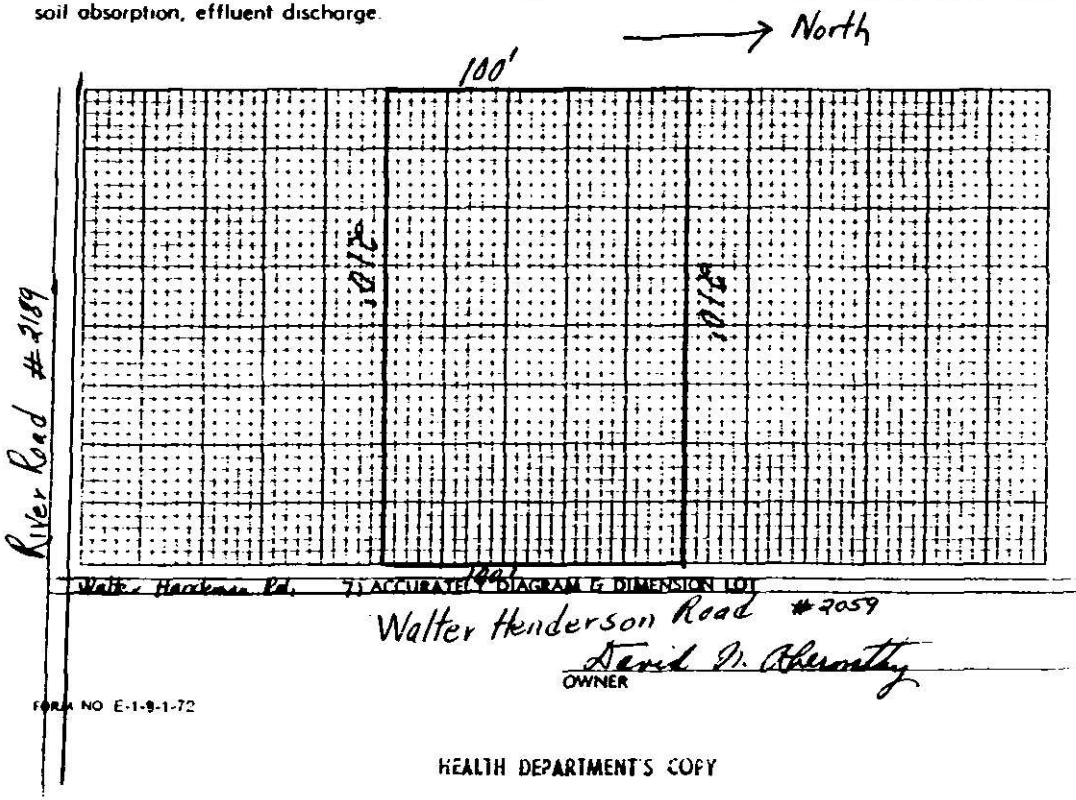
5) SUBDIVISION Lakeside Park LOT NO. 8 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE. DEED BOOK _____ PAGE NO. _____

Purchase pending test results –

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) ACCURATE DIAGRAM & DIMENSION LOT

Walter Henderson Road #2059

David D. Abernathy
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3277

PTR No. 6554

P.O.

T. C. No. 001-121-10

Date Issued July 5, 1973

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

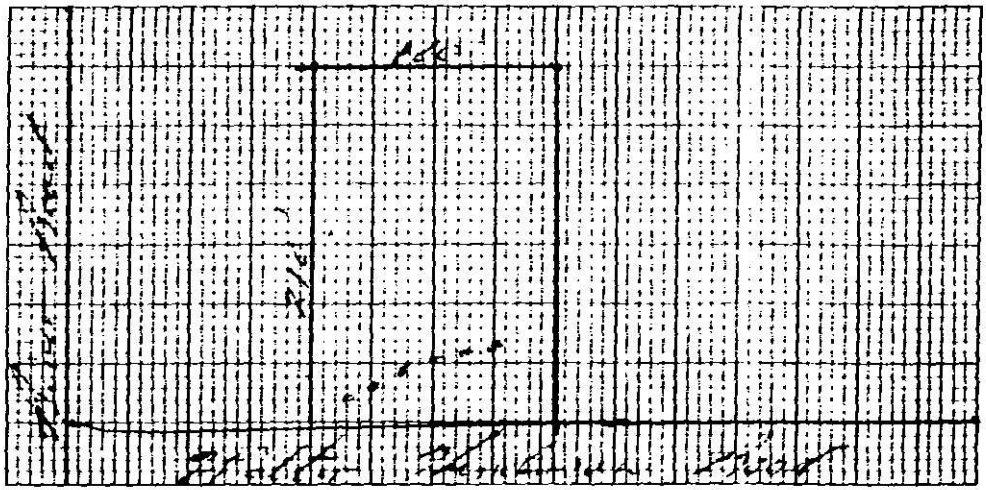
PERCOLATION TEST REPORT

NAME OF OWNER Abernathy (LAST) David (FIRST) Napoleon (MIDDLE)

ADDRESS OF OWNER Route 1, Box 501, Davidson ZIP 28036

LOCATION OF PROPERTY Walter Henderson Raod #2059 (STREET OR COUNTY ROAD)

SUBDIVISION Lakeside Park LOT NO 8 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 40 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.

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5/8/75

ICAR(S) Application No. 6554+6553

T. C. No. 00-121-10

Map Date 4-2773

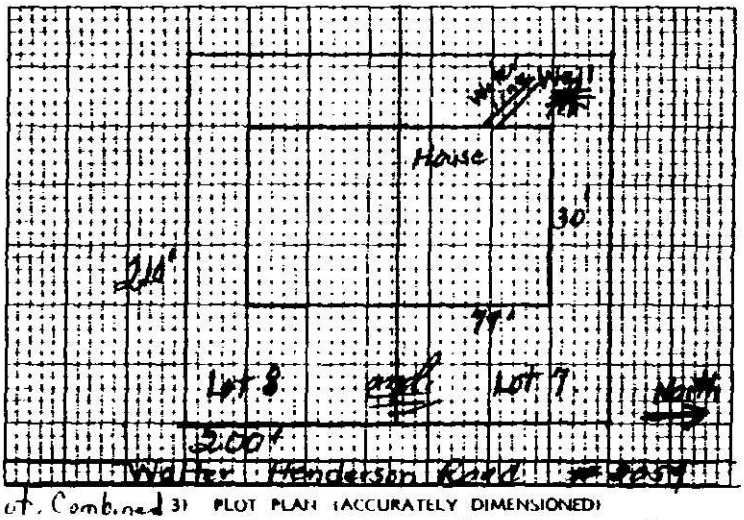
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



4) No of Bedrooms 3

5) Business 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. ___

Both Lot Combined for One House

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Abernathy, (LAST) David (FIRST) Napoleon (MIDDLE)

14) ADDRESS OF OWNER Rt. 1, Box 501, Davidson, N.C. 28036

15) PHONE NO Home 892-8634 Office ___

16) LOCATION OF SYSTEM Walter Henderson Rd. #2059 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 001 AT PAGE 121

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7-5-73

20) PTR NUMBER (See Instructions) 6553+6554

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.

5-8-75
DATE OF APPLICATION

David N. Abernathy
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued May 9, 1975

Serial No. 4938

IMPROVEMENTS PERMIT

LA No. 6554

T C. No 001-121-18

Map Date 4-27-73

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 Abernathy (LAST) David (FIRST) Napoleon (MIDDLE)

ADDRESS OF OWNER Route 1, Box 501, Davidson, N. C. ZIP 28036

LOCATION OF LOT Walter Henderson Road, (Rd. #2059) (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 7 & 8 Inclusive 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 40Min./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 6554. 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. P. Brigman
Environmentalist

M. H. Kirby
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10/21/25

Serial No. 6926

ICAR(S) Permit No 6554

T. C. No 001-121-10

Map Date 4-2773

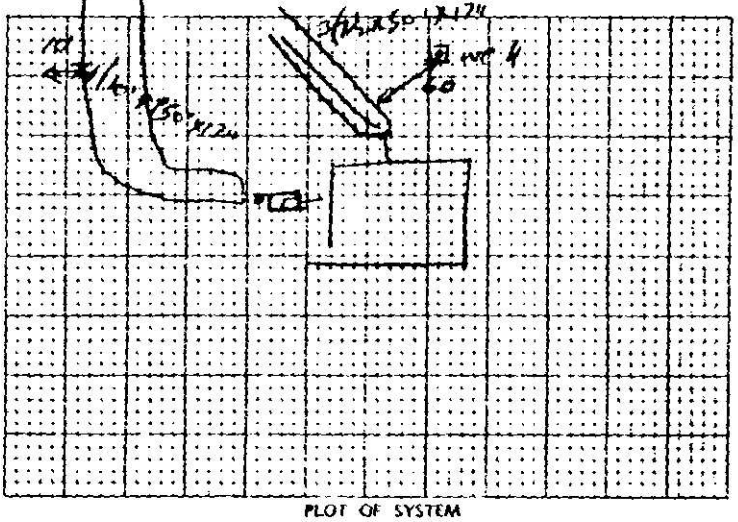
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6654, dated 5/8/25 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 11/10/25, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ? 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines ST WM

Total Line Lenght 600 150

Number of Lines 4 3

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 60'

NAME OF OWNER Abernathy David Napoleon

LOCATION OF PROPERTY Rt 1 Box 501 Davidson N.C 28036 (NAGER HENDERSON RD)

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:

Division or Section Head

Environmentalist L P Bridgeman

If this permit is for the installation or construction of a new system, it must be signed by the division or 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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6405

C of A (s) No. 6554

Date Issued 10/29/75

T C. No 001-121-10

Map Date 4-27-73

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 ABEL'S (LAST) (FIRST) (MIDDLE)

Location of Property ~~[illegible]~~ WALTER HENDERSON RD.

Application Number 6554 Permit Number 0554

Inspection Data:

Liquid Capacity of Tank 1500 gal ST / WM Tank Material PC ST / WM

Total Length of Drain Tile 400 ST Number of Lines 4 / 3 WM

Depth of Filter Material 17" Cover Depth 25"

Water Supply Source INDWELL Distance from Water Source 60'

Excavation Inspected 10/29/75 (DATE) Tank Inspected 10/29/75 (DATE)

Nitrification Field Inspected 10/29/75 (DATE)

Washing Machine Line Inspected, If Applicable 10/29/75 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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 F. J. ERWIN

Environmentalist

FORM NO E-6-9-1-72