Date Received 9-19-73

APT No 7010

T. C No 113-173-27

Map Date 9-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney (LAST) William (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 668 Kings Mtn. ZIP 28086

3) PHONE NO Home 825-5481 Office Mauney Mills

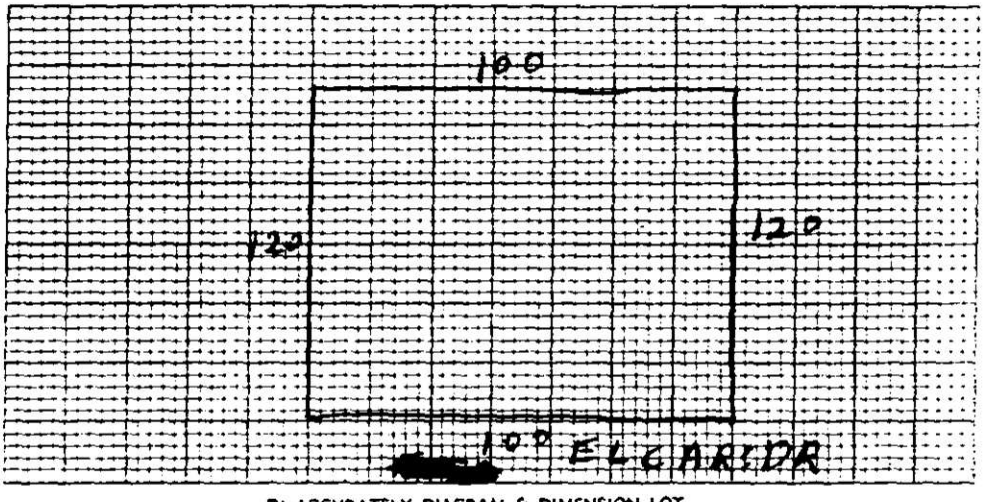
4) LOCATION OF PROPERTY Elgar Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 11 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

William K. Mauney Jr.
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. September 27, 1973
2. _____
3. _____

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

SDR No. 7010
T.C. No. _____

NAME OF OWNER Mauney, William K.

ADDRESS OF OWNER P.O. Box 628, Kings Mountain, N.C. ZIP _____

LOCATION OF LOT Elcar Drive, Lot #11

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.	9-26-73	120 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

_____
Environmentalist

(Stencil No.)
KMD 398
8/70

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: October 17, 1973

TO: Luther P. Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr.
Soil Scientist

SUBJECT: APT #7010 (W. K. Mauney)
Lot No. 11, Elcar Drive
10-16-73

Soils were found to be of the Cecil series. These soils have good aeration, good drainage and moderate permeability.

It is recommended that the lot be granted approval for installation of a septic tank system. Design should be based on a 60 min./in. perc. rate.

Serial No.

PTR No 7010

T C No 113-173-27

Date Issued October 17, 1973

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

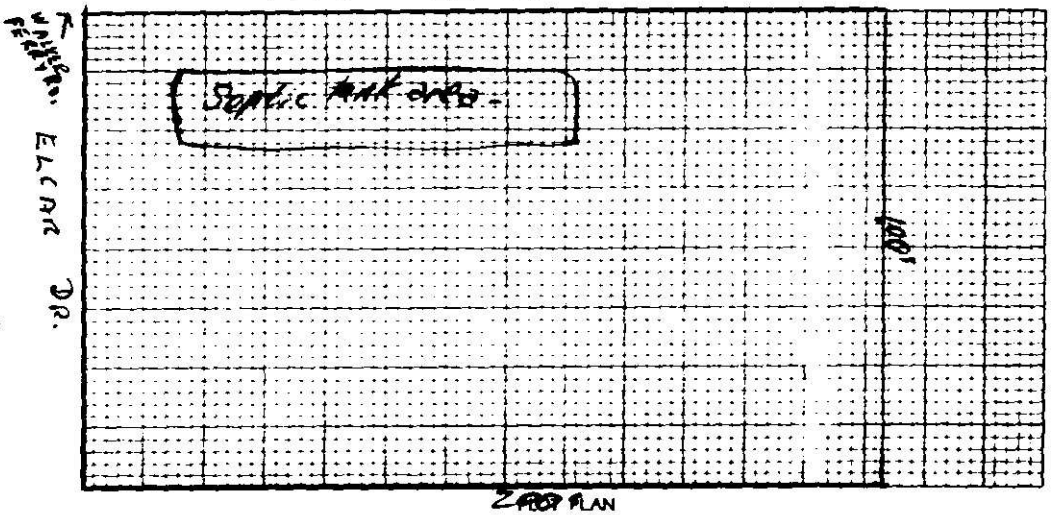
PERCOLATION TEST REPORT

NAME OF OWNER Mauney (LAST) William (FIRST) K. (MIDDLE)

ADDRESS OF OWNER Post Office Box 628, Kings Mountain, N. ZIP 28086

LOCATION OF PROPERTY Elgar Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 11 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.

*Results determined by soil analysis.

L. R. Brinson
Director, Environmental Health Division or Authorized Section Head

by Scott Lyons, Jr.
Soil Scientist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-19-73

ICAR(S) Application No 7010

T C No

Map Date

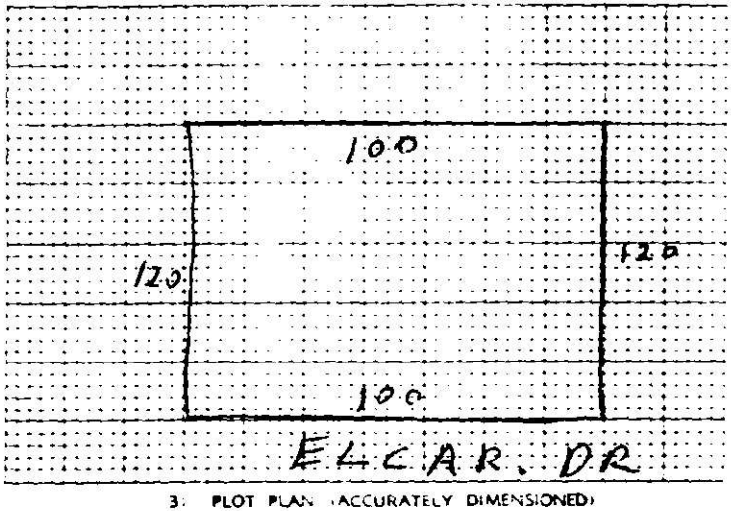
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Use Meals Employee

6 Washing Machine Yes X No

7 Garbage Disposal Yes X No

8 Dishwasher Yes X No

9 Water Supply
A Individual Well
B Government
C Community
Well X
Government
Sewage System
Septic Tank
Dual System
Public Sewer Yes No

10 FHA Case No

11 VA Case No

13) NAME OF OWNER MAUNEY (LAST) SR. WILLIAM (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 628 Kings Mtn. N.C. 28086

15) PHONE NO Home 8255481 Office MAUNEY MILLS

16) LOCATION OF SYSTEM ELCAR DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No 11 Block No

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

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

9-19-73
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 17, 1973 Serial No. 3530

LA No. 7010

T C No 113-173-27

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 Mauney (LAST) William (FIRST) K. (MIDDLE)

ADDRESS OF OWNER P.O. Box 628, Kings Mountain, N.C. ZIP 28086

LOCATION OF LOT Elcar Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 11 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 7010. 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12/16/73

Serial No. 4502

ICAR (S) Permit No. 2010

T C No. _____

Map Date _____

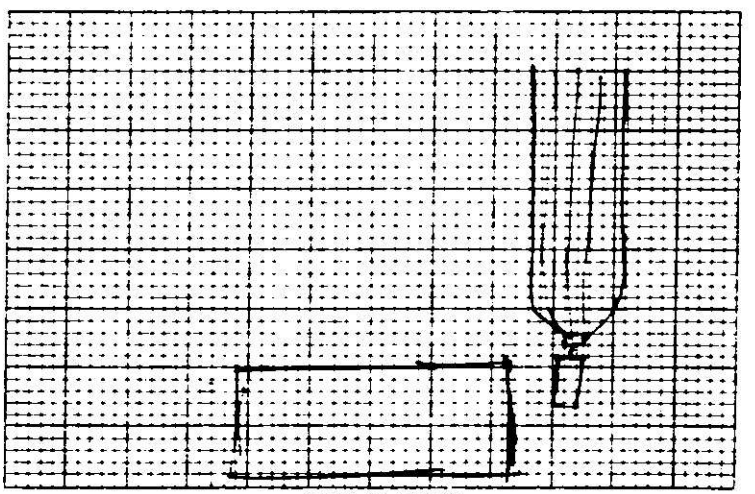
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 2010 dated 9/19/73 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 12/31/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 min Soils Analysis

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600

Number of Lines 5 (12½' x 60' x 3')

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER Wm. F Walney JR

LOCATION OF PROPERTY Ficar Dr Lot 11

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: _____

JH 12/17/73

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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 10/31/73

Serial 4134

C of A (s) No. 7010

T. C. No.

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 MAUNEY (LAST) WM. (FIRST) K JR. (MIDDLE)

Location of Property WESTWOOD MOBILE HOME PARK ESCARPMENT II

Application Number 7010 Permit Number 7010

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 Number of Lines 5

Depth of Filter Material 36" Cover Depth 34"

Water Supply Source COMM Distance from Water Source 100'+

Excavation Inspected 10/31/73 (DATE) Tank Inspected 10/30/73 (DATE)

Nitrification Field Inspected 10/31/73 (DATE)

Washing Machine Line Inspected, If Applicable COMB (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: L. Mauney

L P Brinkman

Environmentalist

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

HEALTH DEPARTMENT'S COPY