Date Received 6-14 73

APT No 6489 Lot 6

T C No 001-291-04 11

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Baisey (LAST) Douglas (FIRST) Austin (MIDDLE)

ADDRESS OF OWNER 6248 Cove Creek Dr. ZIP 28215

PHONE NO. Home 531-6504 Office 376-5661

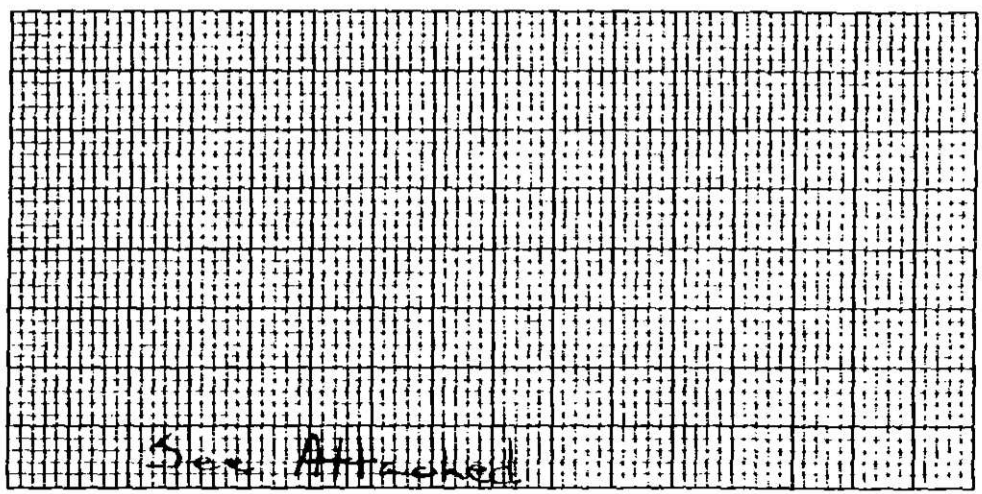
LOCATION OF PROPERTY Mecklenburg Nech - Lake Norman (Highway No.) (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 493 BLOCK NO. Sect. 6

MAP BOOK NO _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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.



ACCURATELY DIAGRAM & DIMENSION LOT

D. G. Baisey

OWNER

FORM NO E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3227

PTR No. [redacted] 6489 Bryde

T C No. 001-271-[redacted]304 m

Date Issued June 20, 1973

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

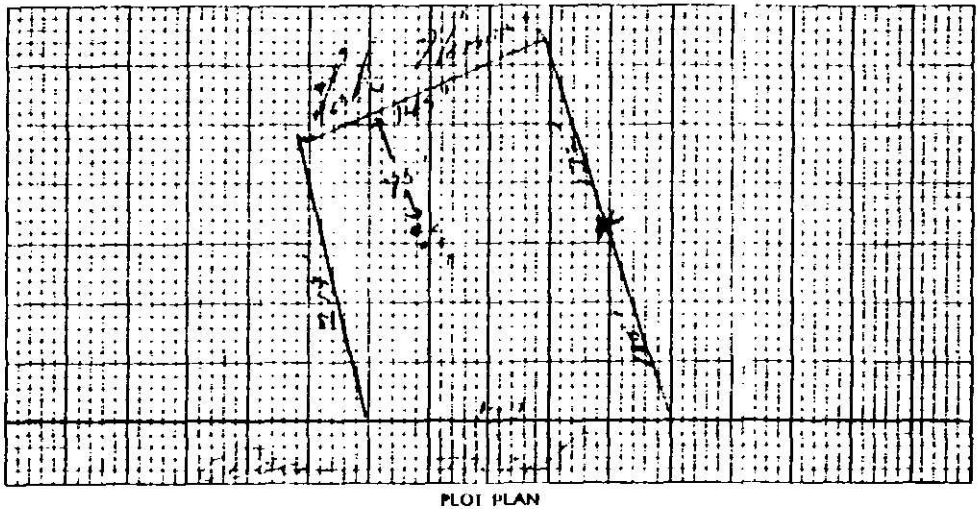
PERCOLATION TEST REPORT

NAME OF OWNER Baisey (LAST) Douglas (FIRST) Austin (MIDDLE)

ADDRESS OF OWNER 6248 Cove Creek Drive ZIP 28215

LOCATION OF PROPERTY Lake Norman (Hoyhead NC) (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 493 BLOCK NO. Section-6



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 B. Hanson

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 6 20 73

ICAR(S) Application No. 6489

T. C. No. 001 271

Map Date 04 M

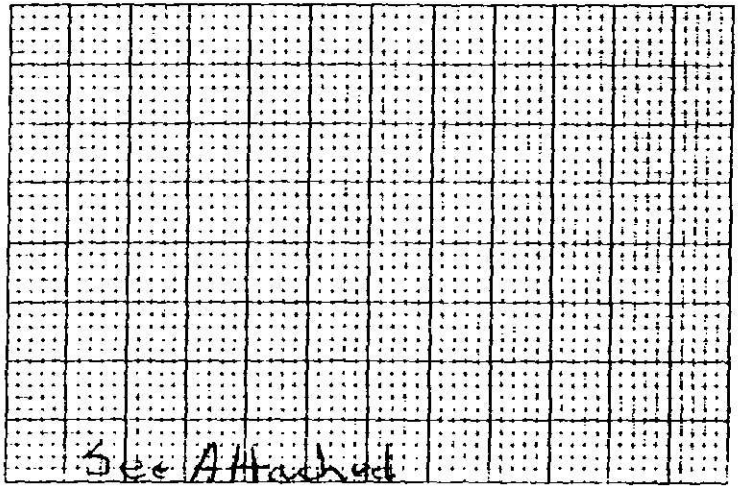
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2

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. ___

13) NAME OF OWNER Baisey (LAST) Douglas (FIRST) Austin (MIDDLE)

14) ADDRESS OF OWNER 6248 Cove Creek Dr., Charlotte, N.C.

15) PHONE NO. Home 537-6504 Office 376-5661 (Maynard No. 216)

16) LOCATION OF SYSTEM Mecklenburg Rock-Lake Norman (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 443 Block No. Sect. 6

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN June 19, 1973

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.

DATE OF APPLICATION June 20, 1973

OWNER D. A. Baisey

FORM 105 E-4 7 10

HEALTH DEPARTMENT'S COPY

Date Issued June 20, 1973

Serial No. 3068

LA No. 6489 inside

T. C. No. 001-271-64

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 Baisey (LAST) Douglas (FIRST) Austin (MIDDLE)

ADDRESS OF OWNER 6248 Cove Creek Drive ZIP _____

LOCATION OF LOT Lake Norman - Mayhew RD (2162) (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 493 BLOCK NO. Section 6

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 6489. 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 31 July 1973

Serial No. 3549

ICAR(S) Permit No 6489 wide

T C No 001-271-64 M

Map Date —

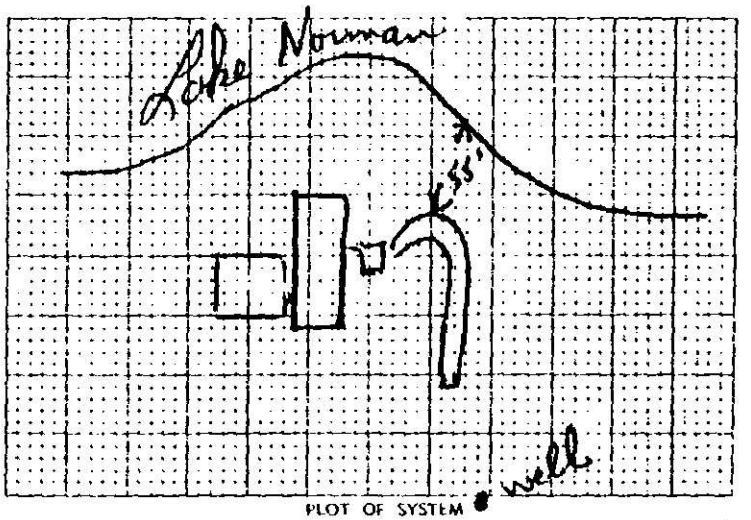
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6489, dated 6-20-73 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 30 Aug 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Length 300 l/ft

Number of Lines 4 (10 X 25)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' +

NAME OF OWNER Baisey Douglas Austin

LOCATION OF PROPERTY Mayhew Road (County Rd 2162)

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: system not designed water

Division or Section Head

John R Atkisson
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. [illegible]

[illegible] COPY

Date Issued 10 Aug 73

Serial No. 3651

C of A (s) No. 6489 bnd

T. C. No. 001-221-04 M

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 Bairey (LAST) Douglas (FIRST) Curtis (MIDDLE)

Location of Property Wayside Road (SR 2162)

Application Number 6489 Permit Number 6489

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 (10'X25'X12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 10 Aug 73 (DATE) Tank Inspected 10 Aug 73 (DATE)

Nitrification Field Inspected 10 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable N/A. (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: Bill Douglas (Contr.)

Environmentalist

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

HEALTH DEPARTMENT