Date Received 2-28-73 APT No 5672

T C No.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Helms (LAST) T. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 7632 Frosch Road, Charlotte, N.C. ZIP

PHONE NO. Home Office 392-3242

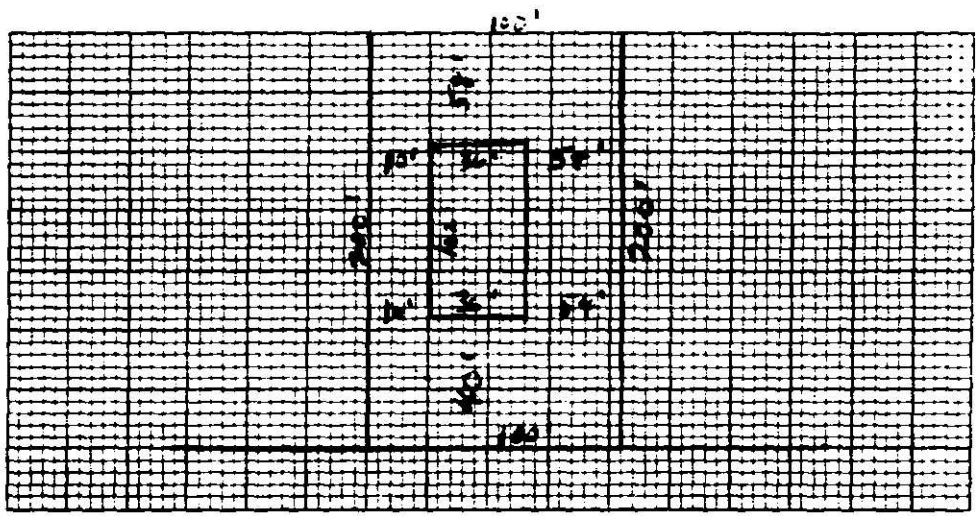
LOCATION OF PROPERTY 7647 Frosch Road (STREET OR COUNTY ROAD)

SUBDIVISION Star Unity Ind. Park LOT NO 10 BLOCK NO. A

MAP BOOK NO 12 PAGE NO 79

DEED REFERENCE DEED BOOK 2491 PAGE NO 371

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



ACCURATELY DIAGRAM & DIMENSION LOT

T D Helms
OWNER

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. April 12, 1973
2. _____
3. _____

SDR No. 3572
T.C. No. 113-143-10
2-23-72

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

NAME OF OWNER Helms, C. B.

ADDRESS OF OWNER 7832 Frosch Road ZIP _____

LOCATION OF LOT 7847 Frosch Road, Lot 10-A

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.	4-11-73	99 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

John R. Robinson
Environmentalist

(Stencil No.)
MED 398
8/70

FORM NO.
E-19-B-1-70

Serial No. [illegible]

PTR No. 5672

Date Issued April 20, 1973

T C No. 113-143-10

Map Date 2-23-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

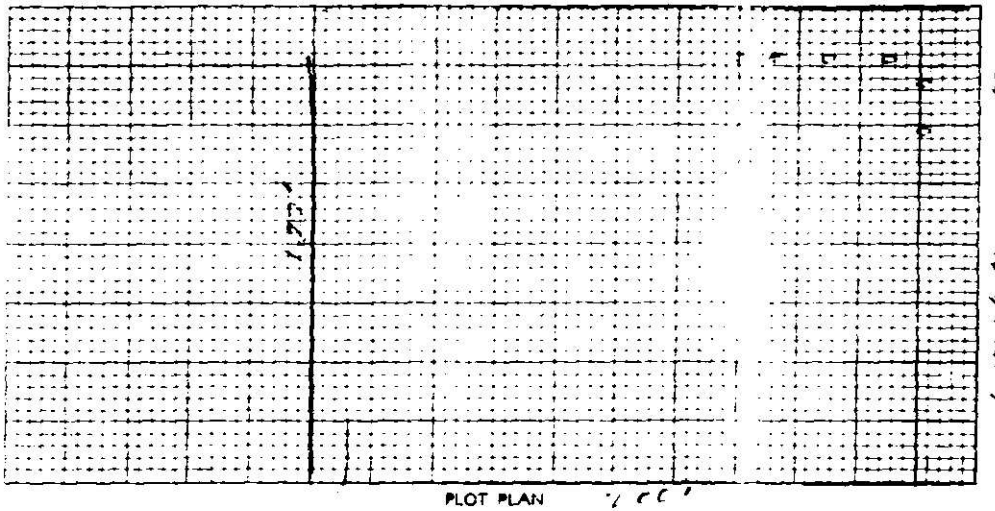
PERCOLATION TEST REPORT

NAME OF OWNER Helms (LAST) T. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 7632 Frosch Road ZIP

LOCATION OF PROPERTY 7647 Frosch Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 10 BLOCK NO A



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 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 void 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.

[signature]

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 4-20-73

ICAR (S) Application No 5672

T C No 113-193-10

Map Date 2 23 72

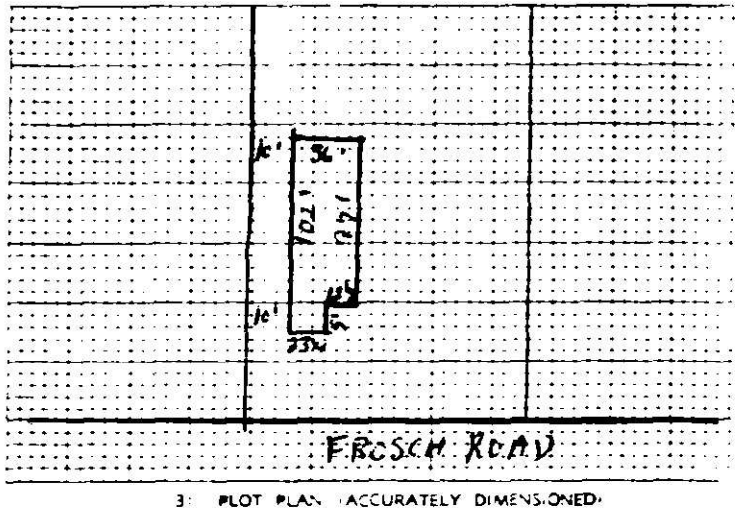
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___

5) Business Use Maximum Employees 5

6) Washing Machine Yes ___ No ___

7) Garbage Disp Yes ___ No ___

8) Dishwasher Yes ___ No ___

9) Water Supply
A) Individual Well ___
B) Government ___
C) Community System
Well X
Government ___

Sewage System
Public (Within 200' of Property) ___
Private (Over 200' of Property) X No
Public (Within 200' of Property) ___
Connected to Sewer Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER HELMS (LAST) T. (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER 7632 FROSCH ROAD

15) PHONE NO Home ___ Office 392-3242

16) LOCATION OF SYSTEM 7647 FROSCH ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION STAR UNITY INDUSTRIAL Lot No 10 Block No A

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4/18 B/R> 60

20) PTR NUMBER (See Instructions) 5672

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.

April 20, 1973
DATE OF APPLICATION

T R Helms
OWNER
by P.R. Helms

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 20, 1973 **Serial No.** 2768

LA No 5672

T C. No. 113-143-10

Map Date 2-23-72

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 Helms (LAST) T. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 7632 Frosch Road ZIP

LOCATION OF LOT 7647 Frosch Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 10 BLOCK NO A

MAP BOOK NO 12 PAGE NO 79

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 5672. 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 some.

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

B. E. Lineberger
Environmentalist

John Gibson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENTS COPY

Date Issued 1/12/73

Serial No. 3830

ICAR(S) Permit No. 5672

T C No. 113-142

Map Date 2/23/72

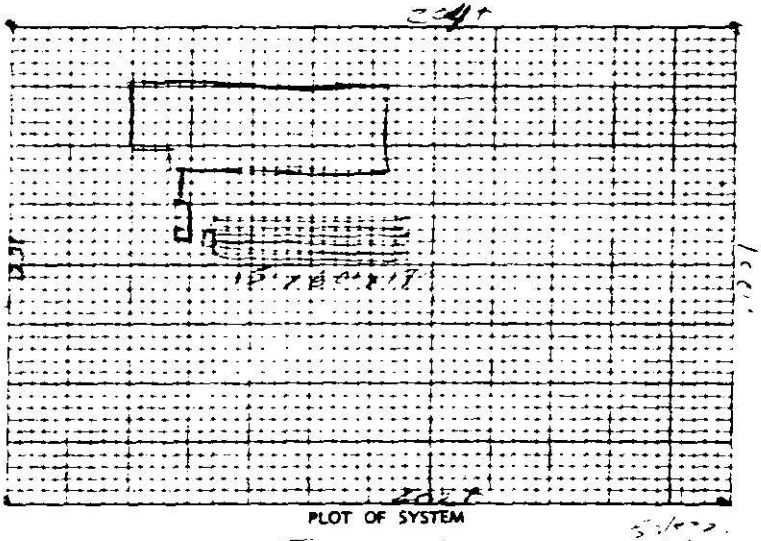
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5672 dated [illegible] 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 June 30, 73, after which date this permit shall be null and void



Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600

Number of Lines 6

Distance from House 15'

Distance from Property Line 15' +

Distance from Well 200 ya +

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 10.5R FREESCH 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: [illegible]

[illegible]
Division or Section Head

[illegible]
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 6/22/23

Serial No. 3512

C of A (s) No. 5672

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 T. R. Helms Const. (LAST) Sale To: Glenda H Shelton (FIRST) & Wife (MIDDLE)

Location of Property 7632 Fresch Rd.

Application Number 5672 Permit Number 5672

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 600 (Net) Number of Lines 5

Depth of Filter Material 17" (1½'+3'+1½') Cover Depth 18"

Water Supply Source COMM Distance from Water Source 100 yds ±

Excavation Inspected 6/22/23 (DATE) Tank Inspected 6/22/23 (DATE)

Nitrification Field Inspected 6/22/23 (DATE)

Washing Machine Line Inspected, If Applicable NA (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 these 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. to pit gravel in pit

L. R. Bradshaw
Environmentalist

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

HEALTH DEPARTMENT'S COPY