Date Received 7-30-73

RECEIVED
JUL 30 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 6762
T C No
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Simpson (LAST) Lela (FIRST) M. (MIDDLE)

2) ADDRESS OF OWNER Rt. # 10 Box 481 ZIP

3) PHONE NO Home 596 - 2409 Office

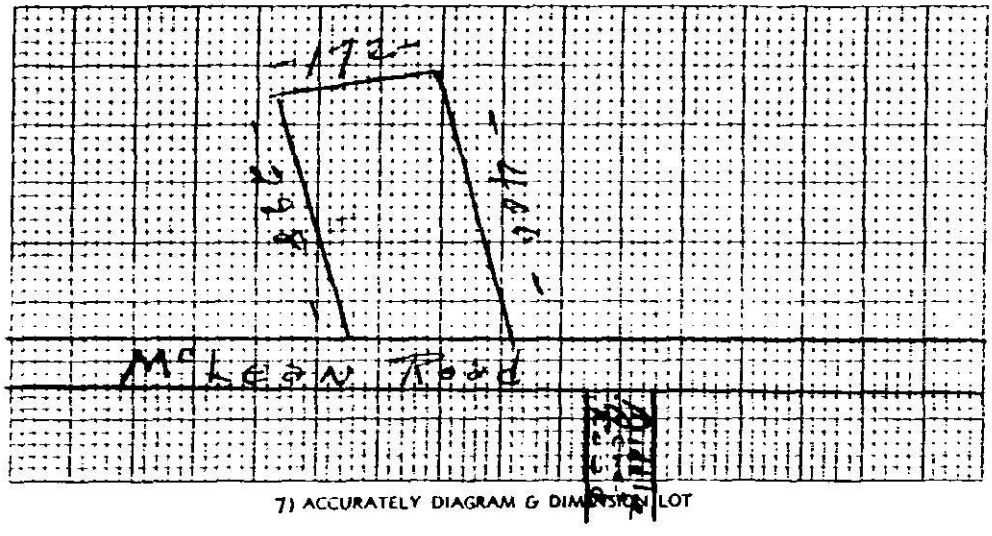
4) LOCATION OF PROPERTY Turn right off old highway # 29 just north of Newell cross creek (STREET OR COUNTY ROAD) on right

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 794 PAGE NO 420

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

OWNER

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 0489

PTR No. 6762
P.O.
T. C No. 105-021-01
Map Date

Date Issued August 16, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

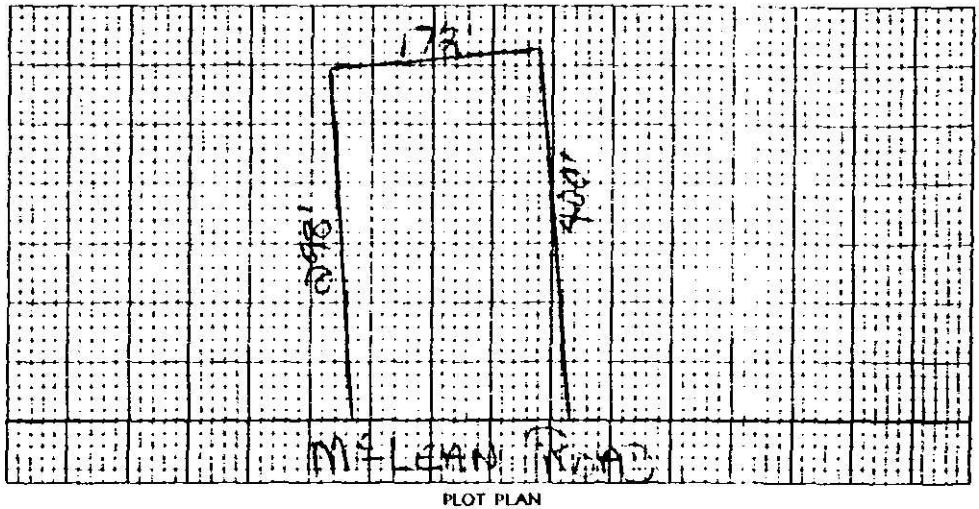
PERCOLATION TEST REPORT

NAME OF OWNER Simpson (LAST) Lela (FIRST) M. (MIDDLE)

ADDRESS OF OWNER Route 10, Box 481 ZIP

LOCATION OF PROPERTY McLean 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 plat

The percolation rate determined by the test was 53 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 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 M. Atkisson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 7 30 73

SEE INSTRUCTIONS ON BACK (CARBON)

RECEIVED
JUL 30 1973
ENVIRONMENTAL HEALTH DIVISION

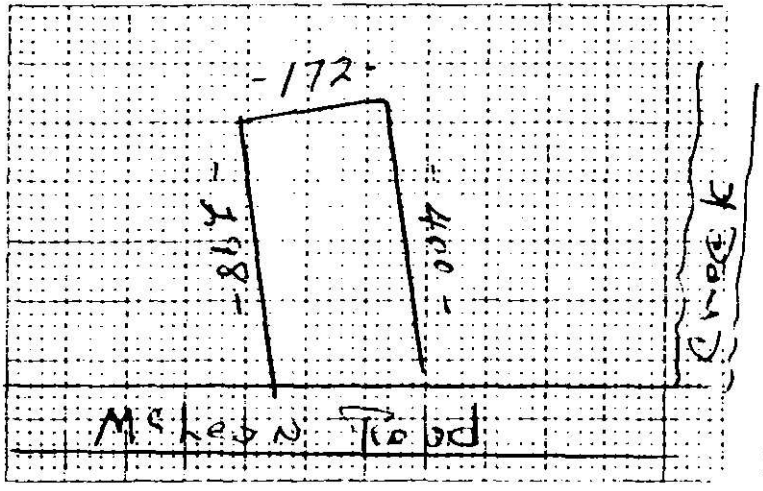
Application No 6762
T C No
Map Date

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) X 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) Income (For Multi-Family Units Only) Employee ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal Yes X No
8) Dishwasher Yes X No
9) Water Supply
a) Individual Supply X
b) Government ___
c) Community or Group System
1) Well ___
2) Government ___
10) Sewage System
Have you applied for connection to a sewer line? ___
If public sewer Yes X No
If community sewer Yes X No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Sallie Simpson M Simpson Lela
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Rt. # 10 Box 451

15) PHONE NO Home 596 - 2409 Office

16) LOCATION OF SYSTEM McLean Road, right off old highway # 29 north of Newell
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No ___ Block No ___
Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK 794 AT PAGE 420

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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.

DATE OF APPLICATION ___

OWNER Sallie Lela Simpson

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 16, 1973

Serial No. 3292

LA No. 6762
P.O.
T. C. No. 105-021-01

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 Simpson (LAST) Lela (FIRST) M, (MIDDLE)

ADDRESS OF OWNER Route 10, Box 481 ZIP

LOCATION OF LOT McLean 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 53 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 6762. 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

R. M Reynolds
Environmentalist

John R Atkisson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 16 April 74 Serial No. 5073 ICAR(S) Permit No 6762

T C No

Map Date

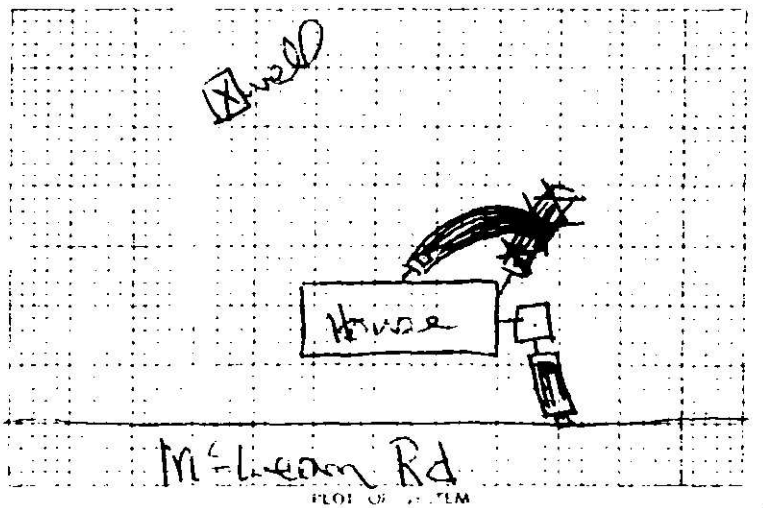
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6762 dated 7-30-73 and this permit shall be void and of no effect if the information provided in the application is not correct in all respects. All work shall be completed on or before 16 May 74, after which date this permit will be null and void



PLOT OF SYSTEM

Percolation Rate 53

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Neutralization Lines

Total Line Length 38' & 150'

Number of Lines 5 12½' x 16'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Simpson, M. Lela

LOCATION OF PROPERTY 2300 McLean Road

The system shall be constructed in accordance with the 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 concealed

Comments excavation put 2½ x 7' x 4' stone
washed 1½' x 50'

Division / Section Head

G M Reynolds
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. For the signature of the Environmentalist if work on an existing system is being altered or repaired

E-5-9-1-72

Serial 4642

C of A (s) No. 6762

Date Issued 10 Apr 74

T. C. No. PC. 105-021-01

John R Atkinson

Map Date

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 Simpson, M. Leila
LAST FIRST MIDDLE

Location of Property 2300 McLeans Rd

Application Number 6762 Permit Number 6762

Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 350' & 150' Number of Lines 5 12½' x 26'

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 10 Apr 74 DATE Tank Inspected 10 Apr 74 DATE

Nitrification Field Inspected 10 Apr 74 DATE

Washing Machine Line Inspected, If Applicable 10 Apr 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 Question pit O.K.

C. M. Reynolds Jr.
Environmentalist

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

HEALTH DEPARTMENT'S COPY