Date Received 3-19-73

APT No 5775

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mintz (LAST) William (FIRST) Leroy (MIDDLE)

2) ADDRESS OF OWNER 722 Fulton Street, Charlotte 28207

3) PHONE NO Home 535-1166 Office 392-1315

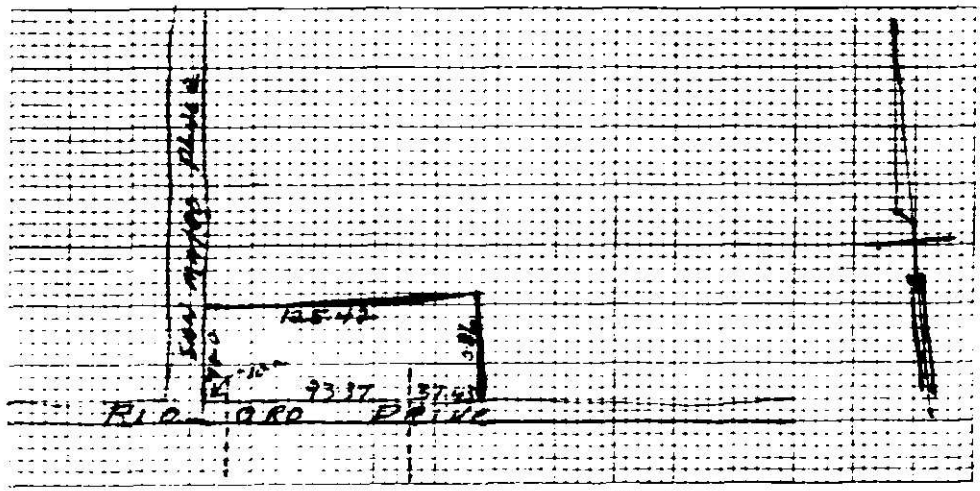
4) LOCATION OF PROPERTY Corner of Rio Grande Drive and San Mateo Place (STREET OR COUNTY ROAD)

5) SUBDIVISION Bahia Bay - Section #1 LOT NO 38 BLOCK NO.

MAP BOOK NO 15 PAGE NO 165

6) DEED REFERENCE DEED BOOK 3497 PAGE NO 436

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

William L Mintz
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No 5775

Date Issued May 23, 1973

T C No 001-292-16

Map Date 12-15-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

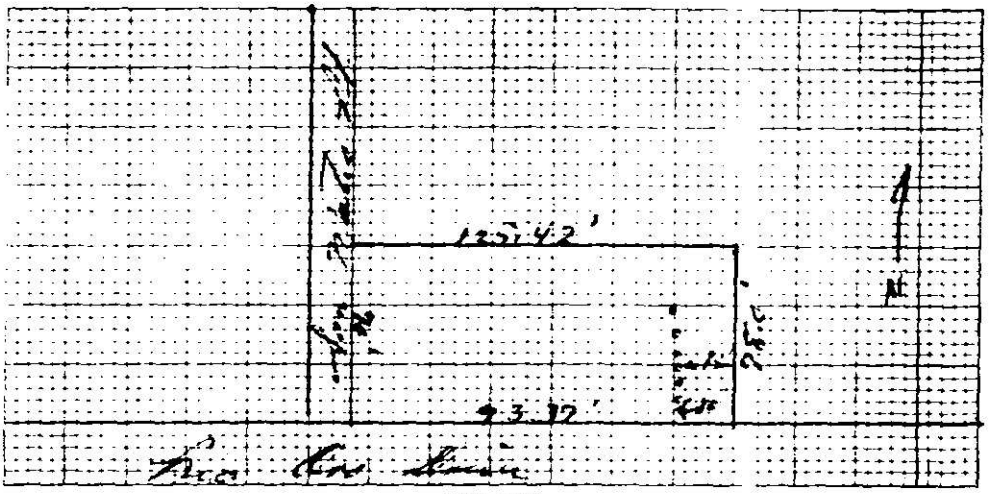
PERCOLATION TEST REPORT

NAME OF OWNER Mintz (LAST) William (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER 722 Belton Street ZIP 28209

LOCATION OF PROPERTY Rio Dro Dr. & San Mateo Pl. (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay I LOT NO 38 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 45 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 D. Robinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON REVERSE

Date Received 5-25-73

ICAR'S Application No 5775

T C No 001-292-16

Map Date 12-15-72

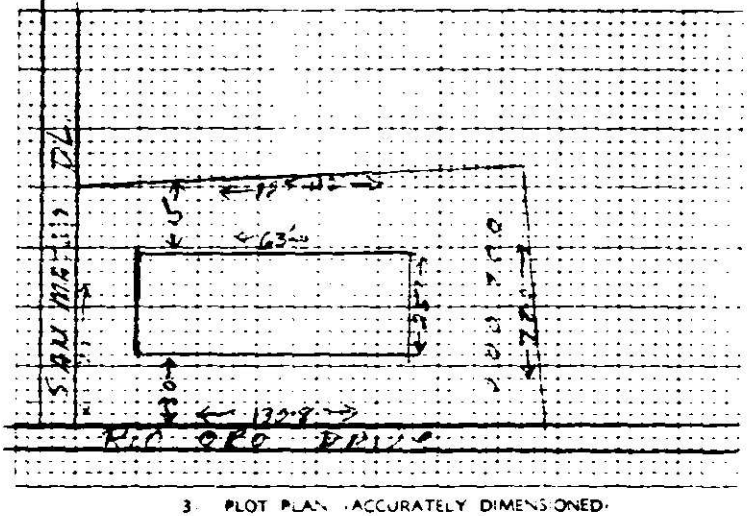
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

13) NAME OF OWNER Mintz (LAST) William (FIRST) Leroy (MIDDLE)

14) ADDRESS OF OWNER 1922 Wesley Dr. [illegible]

15) PHONE NO Home 525-1103 Office 377-6102

16) LOCATION OF SYSTEM Corner of Rio Oro Dr. and Soil Mantis Place
(STREET OR COUNTY ROAD)

17) SUBDIVISION Bahia Bay Section I Lot No 38 Block No ____

Map Book No 15 Page No 165

18) DEED REFERENCE — DEED BOOK 3427 AT PAGE 432

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 5-22-73 AM 9:45

20) PTR NUMBER (See Instructions) 5775

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

5/25/73
DATE OF APPLICATION

William Leroy Mintz
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 25, 1973

Serial No. 2981

LA No 5775

T C No 001-292-16

Map Date 12-15-72

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 Mintz (LAST) William (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER 1900 Wensley Drive ZIP 28210

LOCATION OF LOT Rio Oro Drive and San Mateo Place (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay Section I LOT NO 38 BLOCK NO

MAP BOOK NO 15 PAGE NO 165

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 45 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 5775. 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 12/6/73

Serial No. 4015

ICAR (S) Permit No. 5775

T. C. No. CCL-292-16

Map Date 15 Nov 72

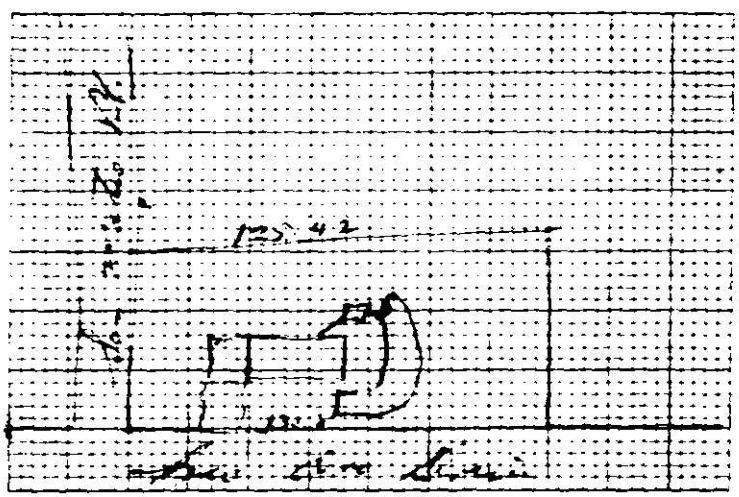
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ☐ 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 5775, dated 12/5/73, 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 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 360' x 150' (4" 2(6'x24'x48"))

Number of Lines 6(15'x6'x12")

Distance from House 10'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Mr. & Mrs. William L. Gray

LOCATION OF PROPERTY Corner Bridle Run & Saddle 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: 2" Gate (Cast)

Tank drain field may be reduced to 132'x72'x17"]

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

Serial No. 3609

C of A (s) No. 5775

Date Issued 7 Aug 73

T C No. 201 292 15

Map Date 1 Aug 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Wall (LAST), William (FIRST), [illegible] (MIDDLE)

Location of Property [illegible]

Application Number 5773 Permit Number 5773

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material [illegible]

Total Length of Drain Tile 360 + 150 Number of Lines [illegible]

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 7 Aug 73 (DATE) Tank Inspected 7 Aug 73 (DATE)

Nitrification Field Inspected 7 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable 7 Aug 73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been L 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: 2" Well (Cable)

[illegible]
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 6/15/77

ICAR (S) Application No 5775

T C No. CC1-215-16

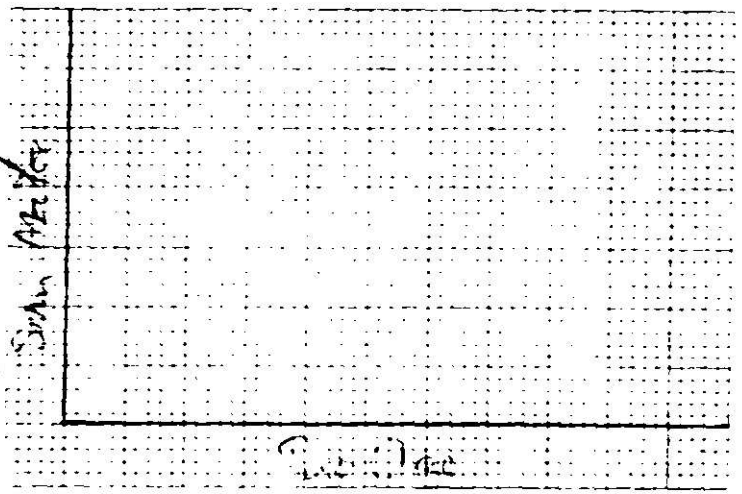
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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) Mobile Home Yes No
Conventional Yes No
4 No. of Bedroom 3
5 Business Use Yes No
Employees
6 Washing Machine Yes No
7 Garbage Disposal Yes X No
8 Dishwasher Yes X No
9 Water Supply
A Individual System
B Governmental System
C Community System
1 Well source ✓
2 Governmental source
10 Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No
11 FHA Case No
12 VA Case No

13) NAME OF OWNER ~~Hamilton~~ Mintz (LAST) William (FIRST) Leroy (MIDDLE)

14) ADDRESS OF OWNER 1116 Hickory Drive, Charlotte, NC 28216

15) PHONE NO Home 535-1166 Office 377-6549 (EXTENSION)

16) LOCATION OF SYSTEM Corner of Rio Grande Drive & Swan Harbor, NW of Ocean (STREET OR COUNTY ROAD)

17) SUBDIVISION Robin Bay Lot No. 38 Block No. Section II

Map Book No. Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

19 HAS A SOIL INVESTIGATION 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.

June 13, 1977
DATE OF APPLICATION

William Mintz
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 1-[illegible]

Serial No.0863

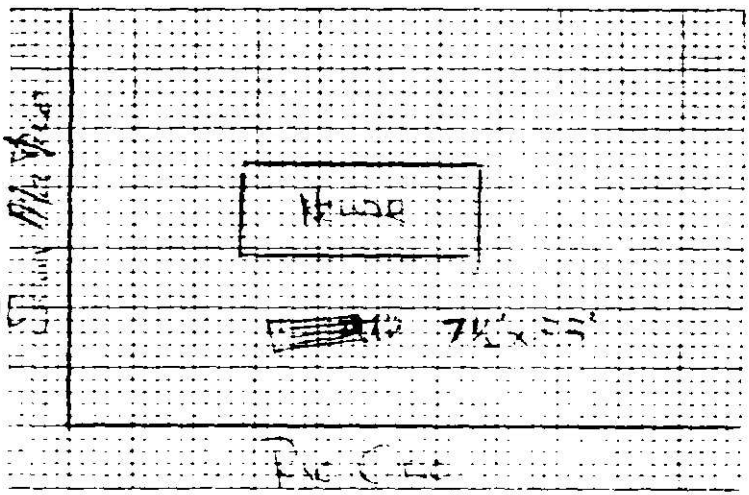
ICAR(S) Permit No. 5775

T C No [illegible]

Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 [illegible], 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and Notification Lines

Trench Length [illegible]

Number of Lines 3 [illegible]

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permitdoes not in any way gurantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereaftero owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Comments

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy