Date Received 12/3/74

Application No. 6313

T. C. No. 227-085-15

Map Date 10/9/74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER [illegible] (LAST FIRST MIDDLE)

ADDRESS OF OWNER [illegible] ZIP [illegible]

PHONE NO. Home _____ Office [illegible]

LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

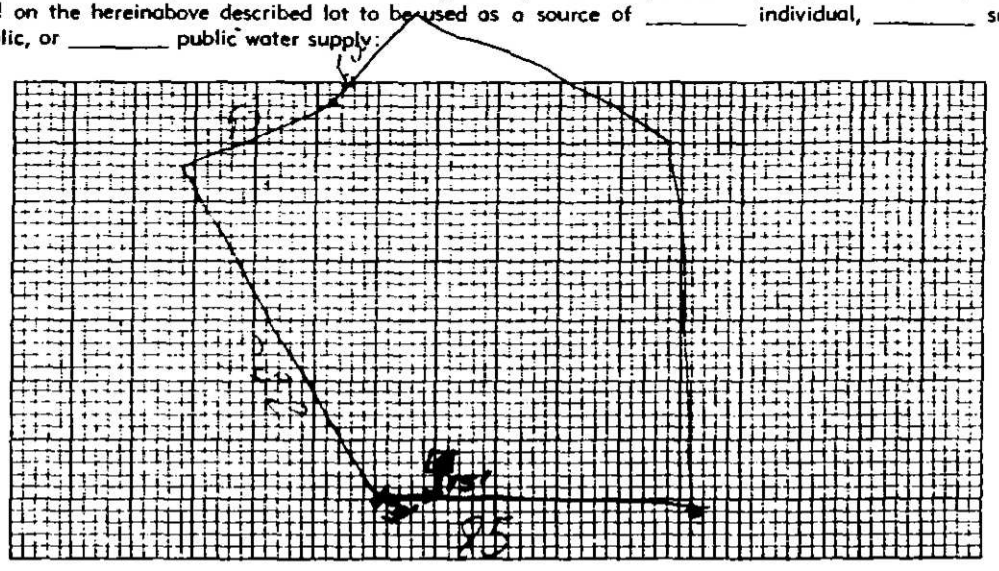
SUBDIVISION [illegible] LOT NO. [illegible] BLOCK NO. [illegible]

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

12/3/74
DATE OF APPLICATION

[signature]
OWNER

Application approved and permit hereby granted

Permit No: 6313

L. P. Bridgeman
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 5-17-23

APT No 6313

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SOUTHMINISTER COMPANY, INC.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P. O. BOX 23057 ZIP 28212

3) PHONE NO Home 545-5107 Office 372-3885

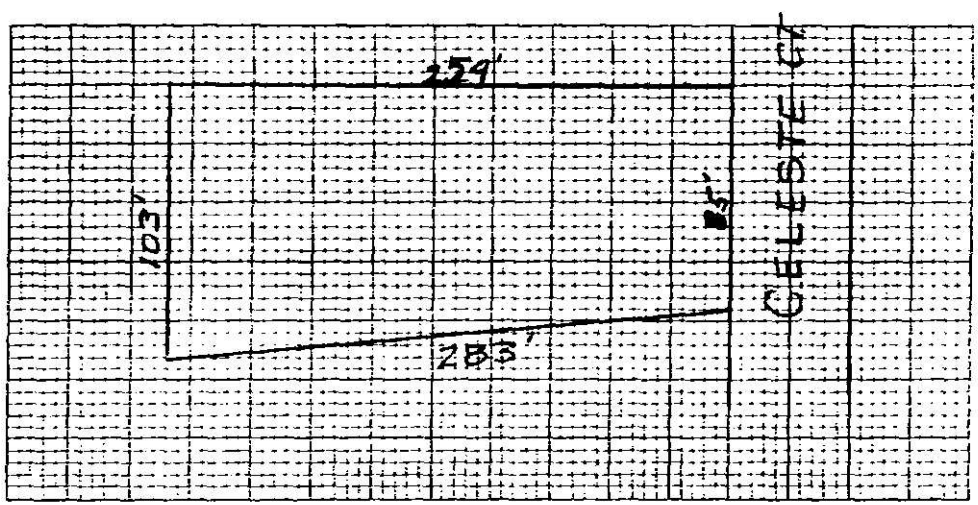
4) LOCATION OF PROPERTY CELESTE COURT
(STREET OR COUNTY ROAD)

5) SUBDIVISION CAMELOT LOT NO 15 BLOCK NO. 95

MAP BOOK NO 227 PAGE NO. 09

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

Southminster Co.
OWNER
John R Poore

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3127

PTR No. 6313

Date Issued May 24, 1973

T. C. No. 227-095-15

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

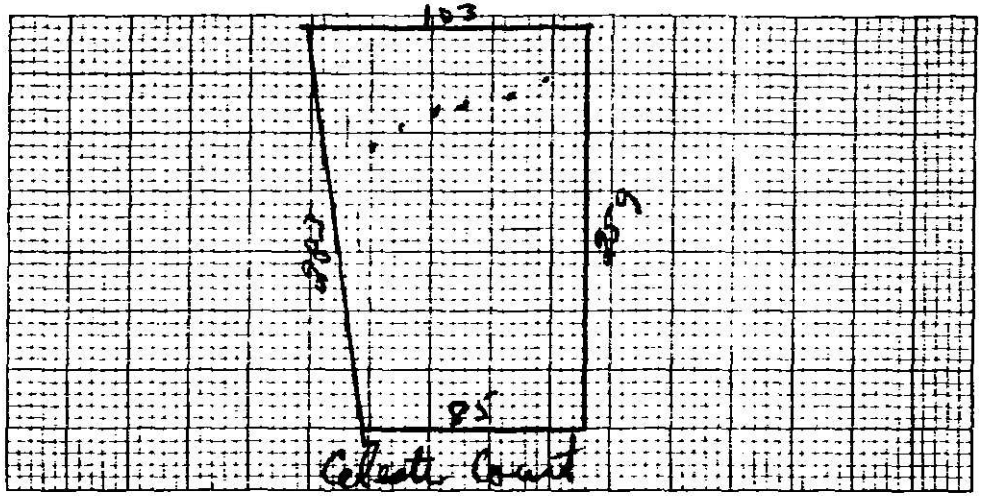
PERCOLATION TEST REPORT

NAME OF OWNER Southminister Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 23057 ZIP

LOCATION OF PROPERTY Celeste Court
(STREET OR COUNTY ROAD)

SUBDIVISION Camelot LOT NO 15 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 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 R. Johnson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 10-17-74

APT No. 6313

T. C. No. 227-045-15

Map Date 10/9/74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WILLIAMS (LAST) J. (FIRST) KEN (MIDDLE)

2) ADDRESS OF OWNER 1637 JAY FLORENCE ZIP 28207

3) PHONE NO. Home 366-2558 Office 377-1545

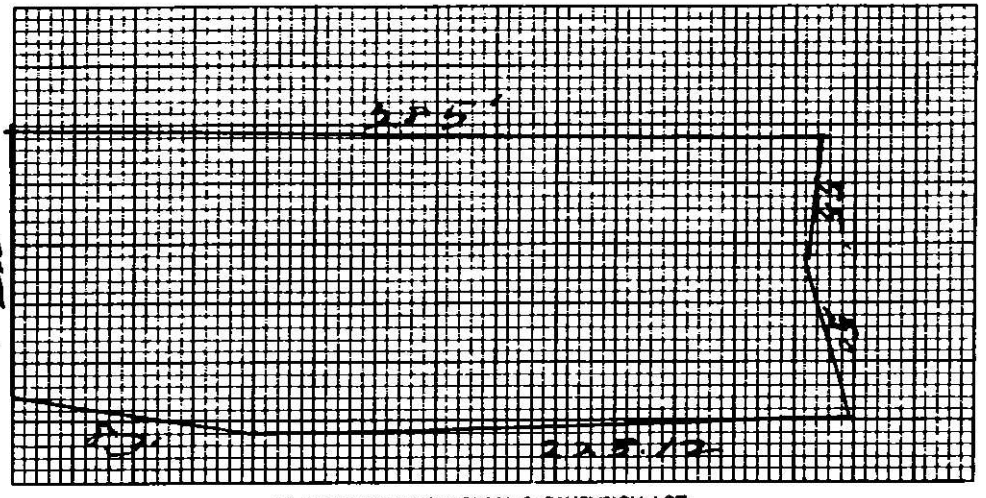
4) LOCATION OF PROPERTY 5616 CELEST CT. (STREET OR COUNTY ROAD)

5) SUBDIVISION CAMELOT LOT NO. 15 BLOCK NO. A

MAP BOOK NO 16 PAGE NO. 273

6) DEED REFERENCE DEED BOOK 2952 PAGE NO. 100

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 J. K. Williams

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

HEALTH DEPARTMENT'S COPY

Date Received 11/15/74

ICAR (S) Application No. [redacted]

T C. No. 827-045-15

Map Date 10-9-74

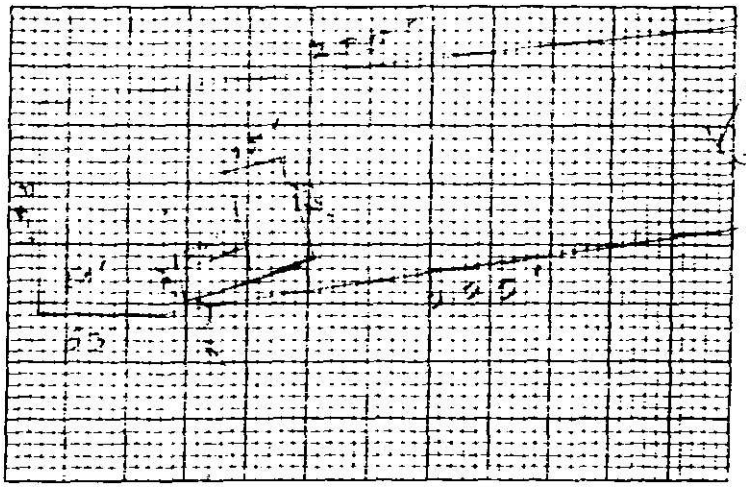
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 1 Yes ____ No

7) Garbage Disposal 1 Yes ____ No

8) Dishwasher ____ Yes ____ No

9) Water Supply
- A) Individual Well 1
- B) Governmental System ____
- C) Community System:
  - 1. Well source ____
  - 2. Governmental source ____

10) Sewage System:
House located within 200 feet of public sewer ____ Yes 1 No
House located within 200 feet of community sewer ____ Yes 1 No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER [redacted] (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER [redacted]

15) PHONE NO. Home [redacted] Office [redacted]

16) LOCATION OF SYSTEM [redacted] (STREET OR COUNTY ROAD)

17) SUBDIVISION [redacted] Lot No. 12 Block No. 2

Map Book No. 11 Page No. [redacted]

18) DEED REFERENCE — DEED BOOK [redacted] AT PAGE 100

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 10-10-

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 [redacted]

OWNER [redacted]

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

HEALTH DEPARTMENT'S COPY

Date Issued Nov. 15, 1974

Serial No. 4545
IMPROVEMENTS PERMIT

LA No 6313
T C No 227-095-15
Map Date 10-9-74

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 Williams (LAST) J. (FIRST) Ken (MIDDLE)

ADDRESS OF OWNER 1037 Providence Road ZIP 28207

LOCATION OF LOT 5016 Celest Ct. (STREET OR COUNTY ROAD)

SUBDIVISION Camelot LOT NO 15 BLOCK NO. A

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. 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 6313. 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

John R. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 8040 ICAR(S)-Permit No. 6313

Date Issued 6 Dec 1974

T C No 227-095-15

Map Date 10-9-74

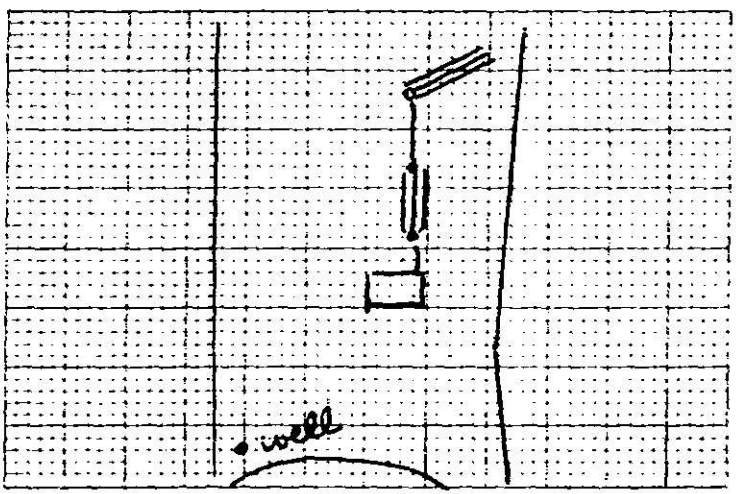
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6313, dated 11-15-74 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 1 Jan 75 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Lenght 700'

2 beds 15x54'

Number of Lines 6 15x34'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Williams, J. Ken

LOCATION OF PROPERTY 5016 Celest Court

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: installed prior to construction of residence due to physical limitations of lot

Division or Section Head

John R Atkinson
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.

REV. 1. E-5-9-1-72

...LTH DEPARTMENT'S COPY

Date Issued 6 Dec 1974 Serial No. 5554 C of A (s) No 6313

T C No 227-095-15

Map Date 10-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Williams (LAST) J. (FIRST) Ken (MIDDLE)

Location of Property 5016 Celest Court

Application Number 6313 Permit Number 6313

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material concrete

Total Length of Drain Tile 700' Number of Lines 6

Depth of Filter Material upper bed 17" lower bed 34"-17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 6 December 1974 (DATE) Tank Inspected 6 December 1974 (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 6 December 1974 (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: installed in two beds due to lot limitations. recommend removal of adjoining neighbors septic system from property in order to locate potential problems in future. (Over)

John R. Atkinson
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Not installed as originally discussed.
Poor workmanship but does meet minimum
requirements.