Date Received 2-26-73

APT No 5649

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER _____ ZIP _____

3) PHONE NO Home _____ Office _____

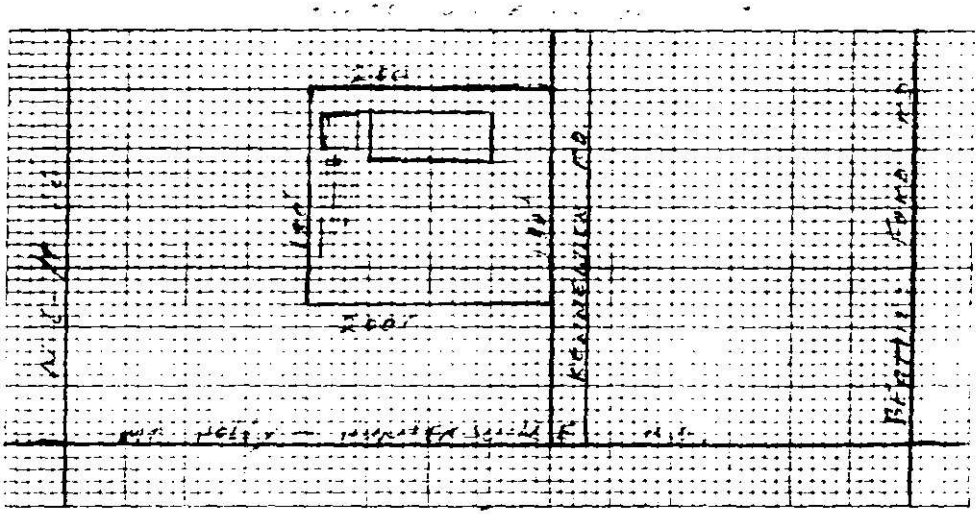
4) LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

5) SUBDIVISION Commerce Park LOT NO _____ BLOCK NO. H

MAP BOOK NO 15 PAGE NO 351

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

OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2190

PTR No. 5649

T C No 023-092-16

Date Issued March 1, 1973

Map Date 1-22-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

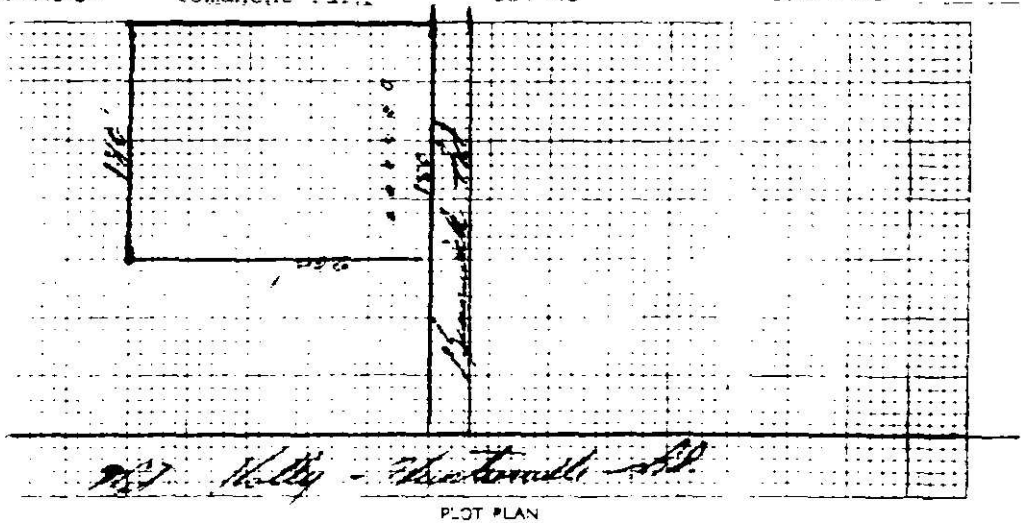
PERCOLATION TEST REPORT

NAME OF OWNER Wilson (LAST) Kenneth (FIRST) Michael (MIDDLE)

ADDRESS OF OWNER P.O. Box 488, Cornelius, N.C. ZIP 28031

LOCATION OF PROPERTY Kennewick Road (STREET OR COUNTY ROAD)

SUBDIVISION Comanche Park 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 property 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 51 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 wells) 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, operation, 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. Robinson

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 3-30-73

ICARIS Application No [redacted]

T C No 023092-16

Map Date 1-12-73

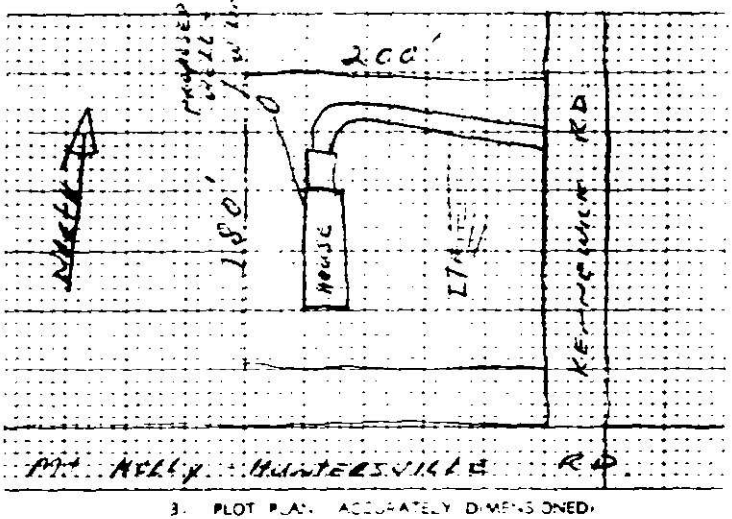
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4. No of bedrooms 3
5. Number of Water Closets
Employees
6. Washing Machine ✓
7. Garbage Disposal
8. Dishwasher
9. Water Supply
A. Individual Well ✓
B. Community
C. Connected to
Well
D. Community
Private Lake
Yes ✓ No
Public Water Supply
LA Code No.

3. PLOT PLAN ACCURATELY DIMENSIONED

13. NAME OF OWNER WILSON (LAST) KENNETH (FIRST) MICHAEL (MIDDLE)

14. ADDRESS OF OWNER P.O. BOX 498, CORNELIUS, N.C.

15. PHONE NO Home 892-6741 Office 394-3301 (WIFE)

16. LOCATION OF SYSTEM KENNEWICK RD. (STREET OR COUNTY ROAD) OF Mt Holly-Huntersville RD.

17. SUBDIVISION Comanche Park Lot No ___ Block No PART OF A.

Map Book No 15 Page No. 289

18. DEED REFERENCE — DEED BOOK ___ AT PAGE 2604 - 269

19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-1-73 & 3-23

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

3-30-73
DATE OF APPLICATION

Kenneth M. Wilson
OWNER

REV NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2387

LA No. 5649

Date Issued March 30, 1973

T C No 023-092-16

Map Date 1-22-73

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 Wilson (LAST) Kenneth (FIRST) Michael (MIDDLE)

ADDRESS OF OWNER Post Office Box 488, Cornelius, N.C ZIP

LOCATION OF LOT Kennewick Road (STREET OR COUNTY ROAD)

SUBDIVISION Comanche Park 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 50 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 5649. 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, altered 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.

M. A. Eddy
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 21-Sep 73

Serial No. 4380

ICAR (S) Permit No. 5649

T. C. No. 023-092-16

Map Date 22 Jan 72

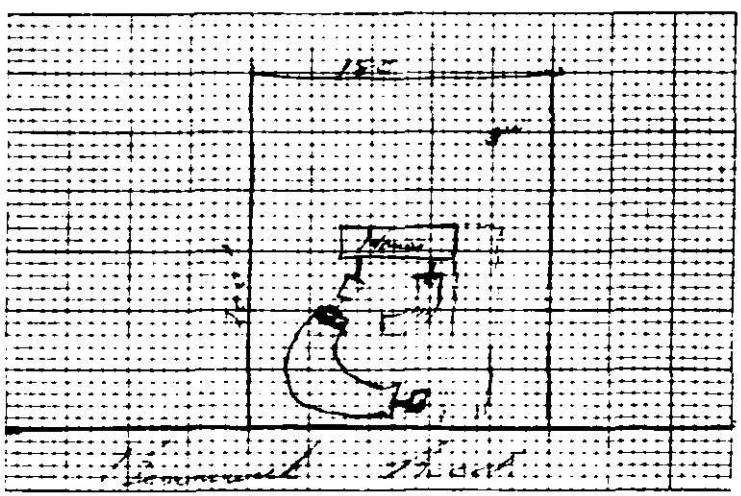
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5649, dated 21 Sep 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 21 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1000

Tank Construction 1 C

Absorption and/or Nitrification Lines:

Total Line Lenght 3 @ 150' & 1 @ 35' (3 @ 150' x 17")

Number of Lines 2 @ 15' x 2' x 1'

Distance from House 15'

Distance from Property Line 15'

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 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

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 4113

C of A (s) No. 5649

Date Issued 23 Oct 73

T C No. C23-092-16

John R Adkisson

Map Date 3 3 Jan 23

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 Wilson, Frank Rockwell
LAST FIRST MIDDLE

Location of Property Hammock Road

Application Number 5649 Permit Number 5649

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material P.C. (30'½" x 5'0" x 15"?)

Total Length of Drain Tile 320'+156' Number of Lines 6 (15'+6'+6'?)

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Drilled Distance from Water Source 100'

Excavation Inspected 19 Oct 73 Tank Inspected 19 Oct 73
DATE DATE

Nitrification Field Inspected 19 Oct 73
DATE

Washing Machine Line Inspected, If Applicable 19 Oct 73
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: Owner did the work

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY