Date Received 11-8-13

APT No. 7210

T. C. No. 101-371-06

Map Date 3/6/..

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WELLS (LAST) HORACE (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 615 E. 15TH. ST. CHARLOTTE, N.C. ZIP 28205

3) PHONE NO. Home 334-3142 Office 376-6483

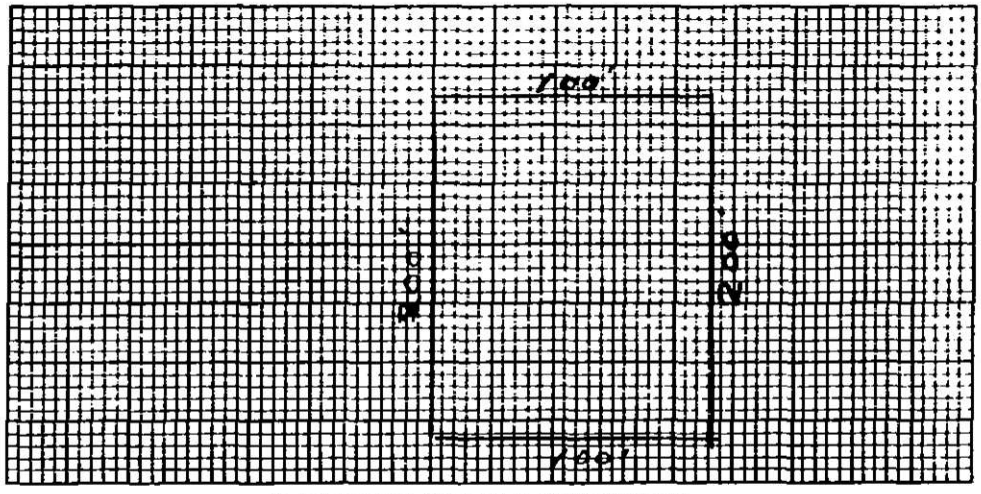
4) LOCATION OF PROPERTY KARENSTONE DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 65 BLOCK NO. C 71

MAP BOOK NO. 107 PAGE NO. _____

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

Horace Wells
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. November 21, 1973
2. _____
3. _____

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

SDR No. 7210
T.C. No. 107-071-05
3/6/72

NAME OF OWNER Wells, Horace

ADDRESS OF OWNER 615 East 15th Street ZIP 28205

LOCATION OF LOT Karenstone Drive, Lt. 5

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.	11/13/73	90 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

1 X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 11/15/73 - Soils were found to be of the Iredell series and soils shallow to saprolite. The Iredell soils have very plastic and sticky clay subsoils which contain swelling clay minerals. They may also have a perched high water table during periods of high rainfall. These factors result in inadequately slow percolation rate and permeability.

The soils which are shallow to saprolite (high weathered rock material) occur on the front portion of the lot (adjacent to Karenstone Drive). These soils have marginal permeability.

W. Everette Lyons Jr. Soil Scientist
R. M. Reynolds Environmentalist

(Stencil No.)
MHD 398
8/70

FORM NO.
H-19-8-14-70

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: November 20, 1973

TO: Randy Reynolds
Environmentalist

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #7210 (Horace Wells)
Lot No. 5, Karenstone Drive
11/15/73

Soils were found to be of the Iredell series and soils shallow to saprolite. The Iredell soils have very plastic and sticky clay subsoils which contain swelling clay minerals. They may also have a perched high water table during periods of high rainfall. These factors result in inadequately slow percolation rate and permeability.

The soils which are shallow to saprolite (highly weathered rock material) occur on the front portion of the lot (adjacent to Karenstone Drive). These soils have marginal permeability.

Based on this investigation, it is recommended that the lot be disapproved for installation of a conventional septic tank system.

WEL:jdg

ACT 7210

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

SEPTIC TANK AGREEMENT

Date 1-21-75

I acknowledge that I have been informed by the Mecklenburg County Health Department that the property described as

Lot #5, Block 071, of Kenilworth Dr Subdivision, as recorded in Map Book 2125, Page 213, of the Mecklenburg County Registry (tax code Number _____)

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

COPY

Unsuitable soil - percolation rate 90 min./in.

1974 JAN 21 PM 4 09
REGISTER OF DEEDS
MECKLENBURG CO. N.C.
PRESENTED FOR REGISTRATION

Owner _____

Attested _____

State of North Carolina
County of Mecklenburg

I, _____ a notary public in and for the said County and State, do hereby certify that Lewis Don Clowney, Jr. personally appeared before me this day and being duly sworn ~~certified that in his presence~~ _____ signed the foregoing instrument.

_____ _____
Notary Public

My commission expires 6-11-75

EHD 506
11/16/73

SEE INSTRUCTIONS ON BACK

Date Received 24 January 1974

ICAR(S) Application No 7210

T C No 101-071-05

Map Date 3-6-72

1000 gal
400 ft
100 ft
wash line

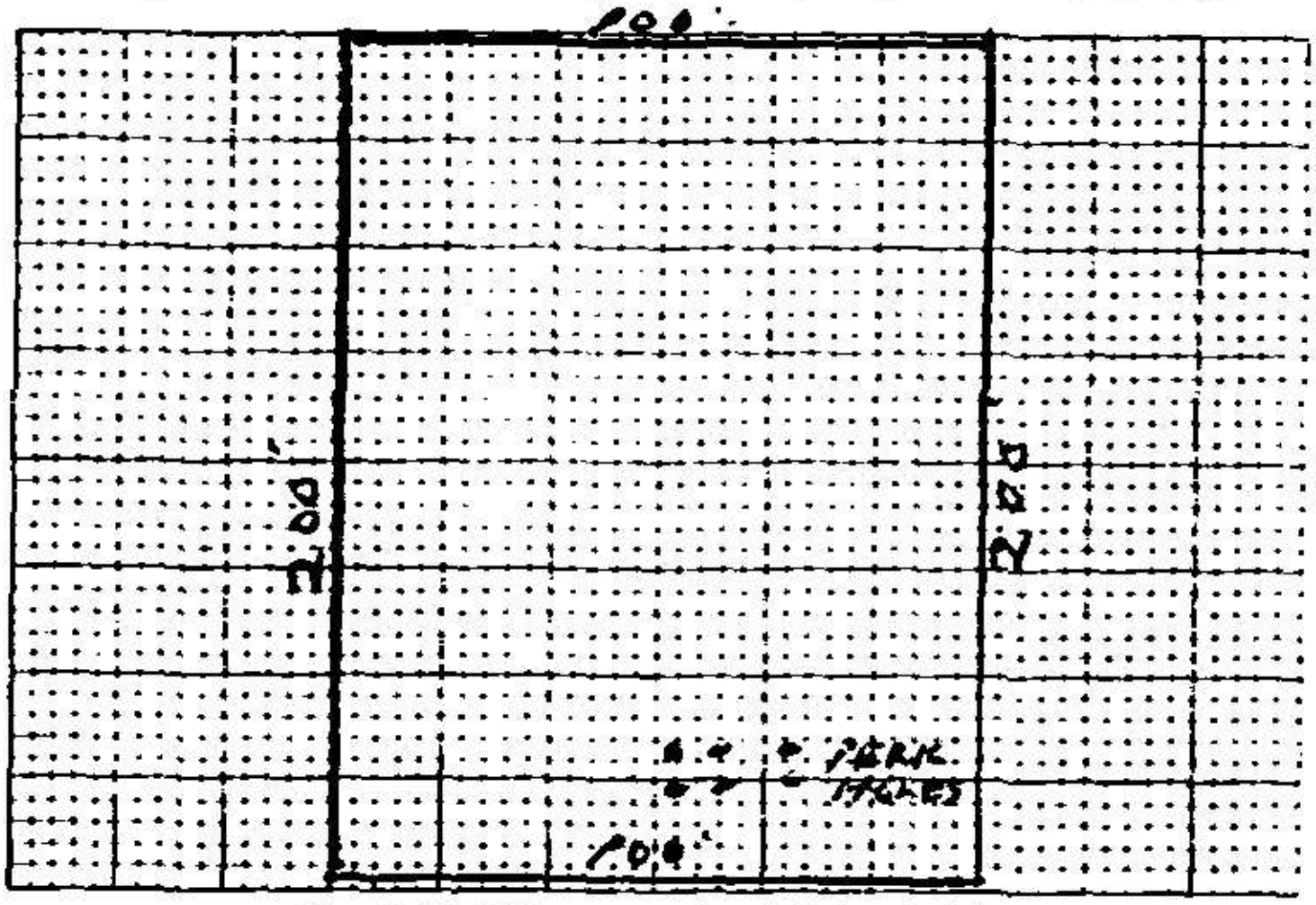
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Business Use — Max No Employees ____
6) Washing Machine X Yes __ No
7) Garbage Disposal __ Yes X No
8) Dishwasher __ Yes X No
9) Water Supply
A) Individual Well ____
B) Government System City
C) Community System
1) Well source ____
2) Government 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 Cloninger (LAST) Lewis (FIRST) Dan, Jr. (MIDDLE)

14) ADDRESS OF OWNER 1713-H Eastcrest Dr. Charlotte, N. C.

15) PHONE NO. Home 537-~~2000~~ 2681 Office 332-8521

16) LOCATION OF SYSTEM Karenstone Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 5 Block No. 071

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 2628 AT PAGE 213

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES __ NO DATE RUN 1970 Nov 23

20) PTR NUMBER (See Instructions) 7210

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.

1-26-74
DATE OF APPLICATION

Lewis Dan Cloninger Jr.
OWNER

FORM NO E-4-0-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3803

LA No. 7210

Date Issued January 25, 1974

T. C. No. 107-071-05

IMPROVEMENTS PERMIT

Map Date 3-6-72

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 Cloninger (LAST) Lewis (FIRST) Dan, Jr. (MIDDLE)

ADDRESS OF OWNER 1713-H Eastcrest Drive ZIP

LOCATION OF LOT Karenstone Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 5 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 * 90 min/in 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 7210. 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.

*Agreement Card signed and recorded January 21, 1974 in book 3648 at page 0930.

R. M. Reynolds
Environmentalist

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

FORM NO. E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 22Mar74 Serial No. 5016 ICAR(S) Permit No 7210
T C No 07-071-05
Map Date 3-6-72

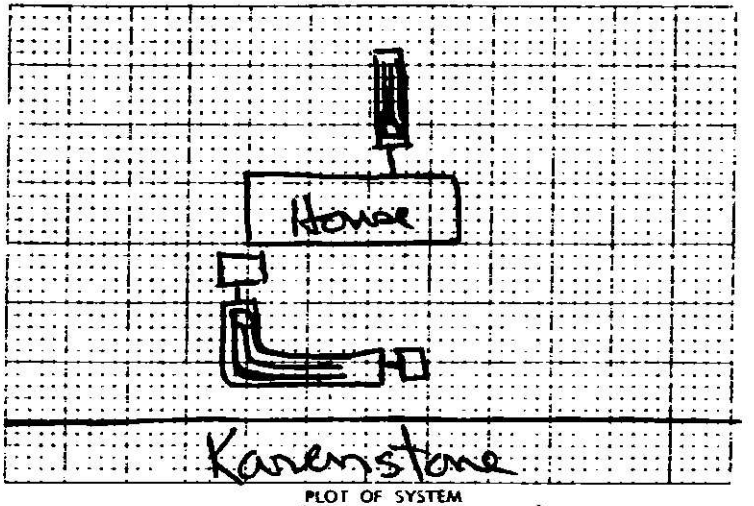
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7210, dated 1-26-74 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 22Apr74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 90

Liquid Capacity of Tank 1000gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600' & 150'

Number of Lines ④ 10'x75'x36" stone

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Cloninger, Lewis

LOCATION OF PROPERTY Karenstone Dr.

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: aeration pit 2½'x7'x4'stone

Division or Section Head

R. 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. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 29 Mar 74 Serial 4597

C of A (s) No. 7210

T. C. No. 167-071-05

Map Date 3-6-72

John R Adkisson

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 Clininger, Lewis (LAST, FIRST, MIDDLE)

Location of Property Kaerenstone Dr

Application Number 7210 Permit Number 7210

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines (4) (5) 12½' x 3'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source city water Distance from Water Source 100'+

Excavation Inspected 29 Mar 74 (DATE) Tank Inspected 29 Mar 74 (DATE)

Nitrification Field Inspected 29 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 29 Mar 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: excavation pit o.k.

G. M Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY