Date Received 5/8/75 Apt. No. (S) _____ Application No. (W) 5847

T. C. No. 139-121-02

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Carriker (LAST) Joe (FIRST) W. (MIDDLE)

ADDRESS OF OWNER RT 1 Box 430 CITY ZIP 28212

PHONE NO. Home 545-5306 Office 545-4512

LOCATION OF PROPERTY LOT 13 McGinty Cir Rd (10,827)
STREET OR COUNTY ROAD

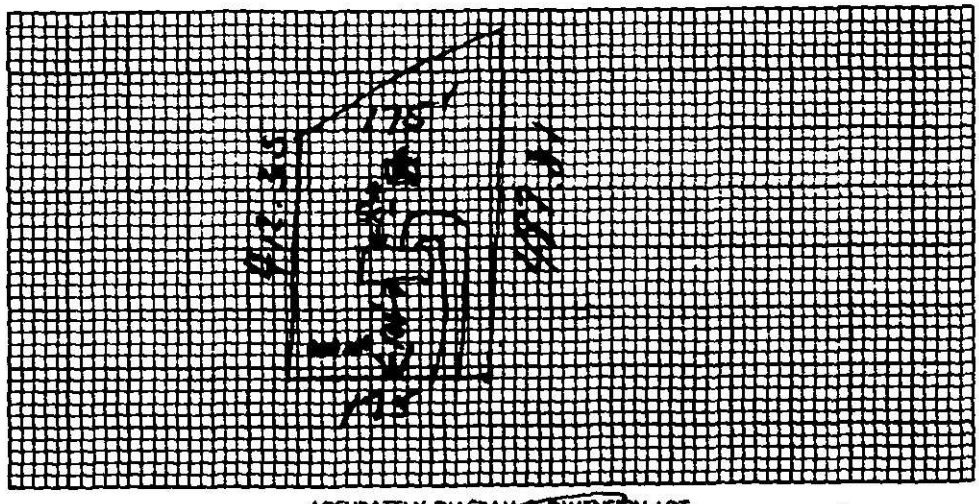
SUBDIVISION _____ LOT NO. 13 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN _____

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

_____ Joe W Carriker
DATE OF APPLICATION OWNER

Application approved and permit hereby granted

Permit No: 5847 Paul D Kelly
ENVIRONMENTALIST

FORM NO. E-20-5-1-73 HEALTH DEPARTMENT'S COPY

Date Received 3-27-73

APT No. 5847

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CARRIKER (LAST) Joel (FIRST) WILBURN (MIDDLE)

2) ADDRESS OF OWNER RT 16 Box 433 C CHARL (ZIP) 2821[illegible]

3) PHONE NO. Home 545-5304 Office 372-5555

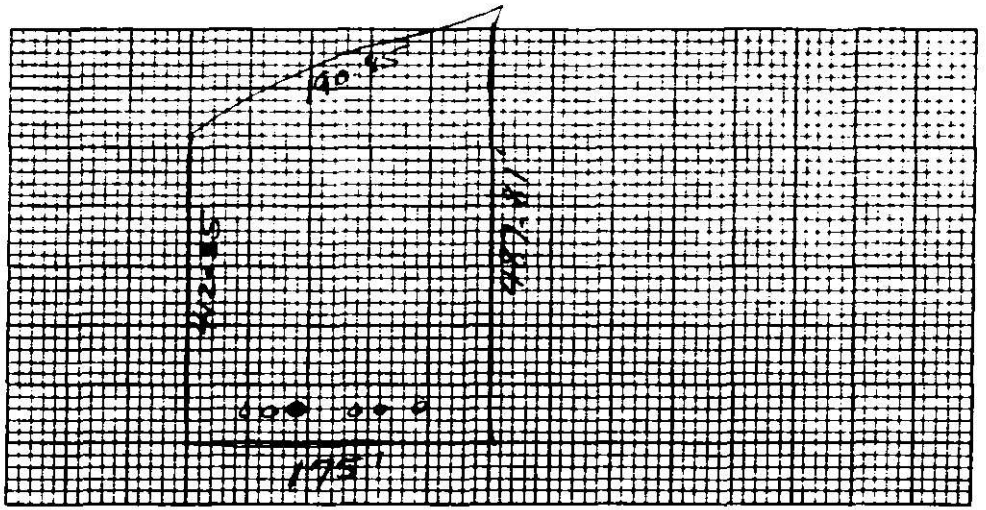
4) LOCATION OF PROPERTY ARLINGTON CH RD (STREET OR COUNTY ROAD)

5) SUBDIVISION OLD ROGERS HOUSE LOT NO. 13 BLOCK NO.

MAP BOOK NO. 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

OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 2764

PTR No. 5847
P.O.
T C No. 139-121-02
Map Date 2-14-73

Date Issued March 29, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

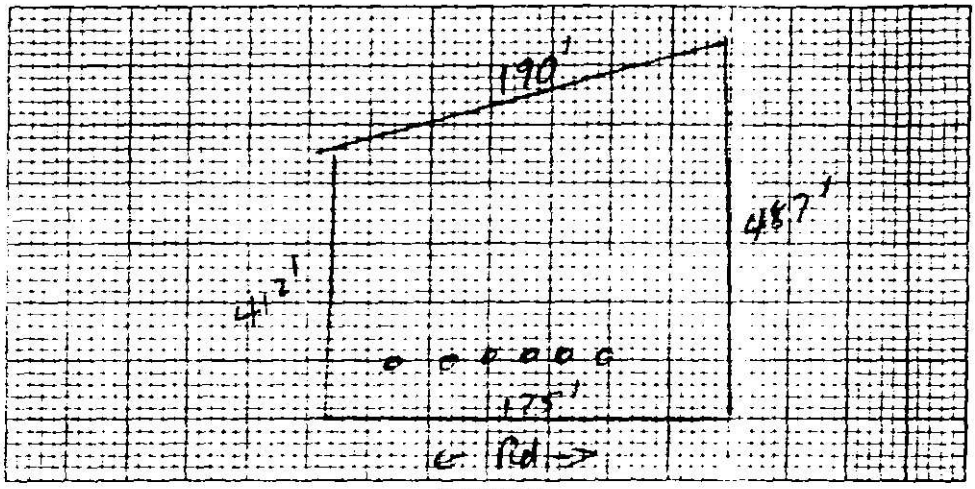
PERCOLATION TEST REPORT

NAME OF OWNER Carriker (LAST) Joel (FIRST) Wilburn (MIDDLE)

ADDRESS OF OWNER Route 1, Box 433-C ZIP 28212

LOCATION OF PROPERTY Arlington Church Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 13 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 48 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 R Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

R

SEE INSTRUCTIONS ON BACK

Date Received 4-19-73

ICAR(S) Application No. 5847

T. C. No. _____

Map Date _____

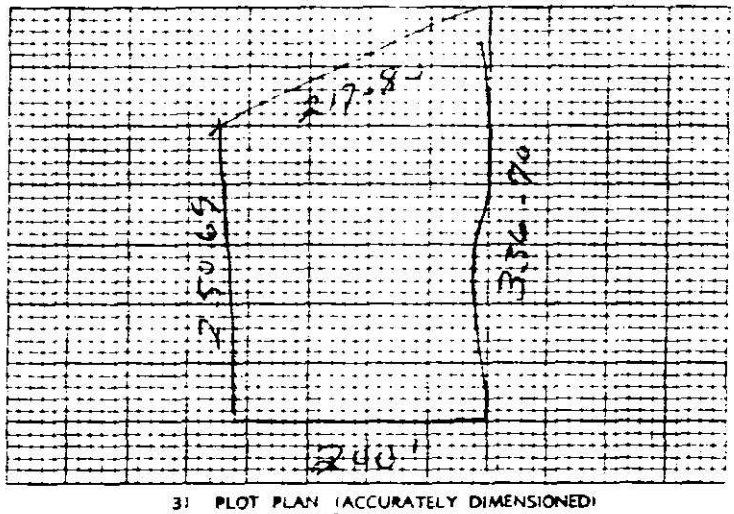
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

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

10) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Chrisman (LAST) Joel (FIRST) W. Burris (MIDDLE)

14) ADDRESS OF OWNER RT 1 Box 633 C

15) PHONE NO Home 545-5304 Office 372-3956

16) LOCATION OF SYSTEM Arrington Ch St (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 13 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST 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.

3-26-73
DATE OF APPLICATION

Joel W. Chrisman
OWNER

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

HEALTH DEPARTMENT'S COPY

5

Date Received 5/13/75

RECEIVED
MAY 13 1975
ENVIRONMENTAL HEALTH DIVISION

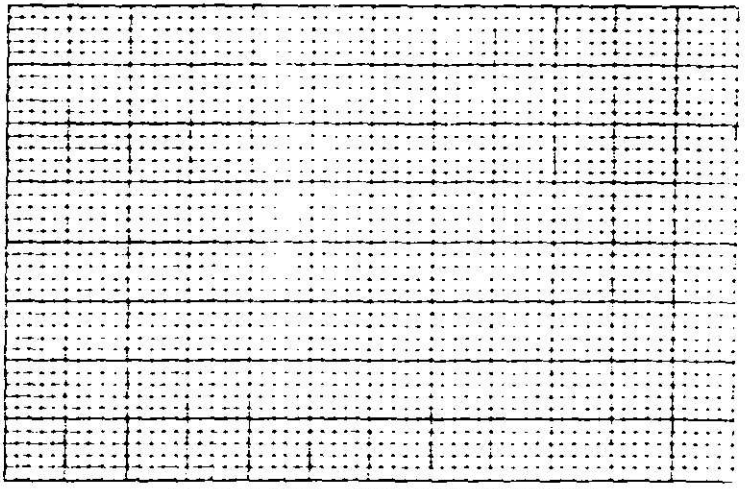
Application No 5847
T C No 139-121-02
Map Date 2 14 73

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

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

13) NAME OF OWNER CARRIKER (LAST) JOEL (FIRST) WILBURN (MIDDLE)

14) ADDRESS OF OWNER RT 1 BOX 433-C CHARLOTTE NC

15) PHONE NO. Home 545-5304 Office 545-4517

16) LOCATION OF SYSTEM 10,827 ARLINGTON CH RD (STREET OR COUNTY ROAD)

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

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 3 28 73 AM 48

20) PTR NUMBER (See Instructions) 5847

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.

5-10-75
DATE OF APPLICATION

OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 19, 1973 Serial No. 2764

LA No. 5847
P.O.
T C No. 139-121-02

Map Date 2-14-73

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 Carriker (LAST) Joel (FIRST) Wilburn (MIDDLE)

ADDRESS OF OWNER Route 1, Box 433-C ZIP _____

LOCATION OF LOT Arlington Church Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 13 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 48 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 5847. 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 June 4, 75 Serial No. 6459 ICAR(S) Permit No. 5847

POT C No 139-121-02

Map Date 2-14-73

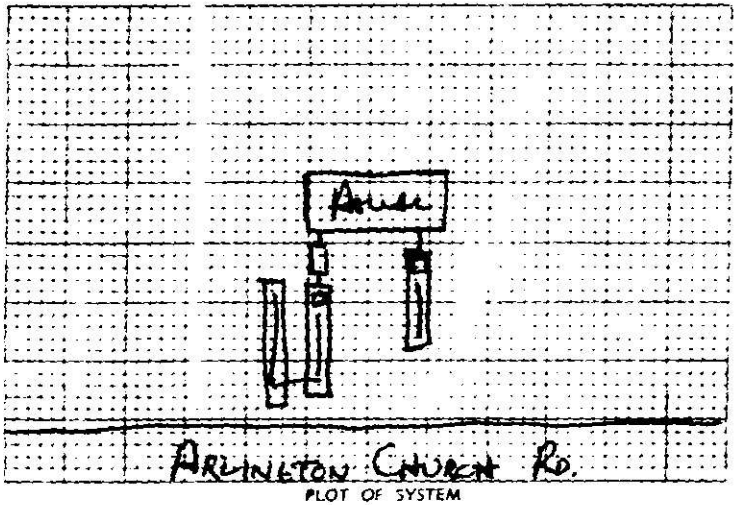
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5847 dated 5/13/75 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 July 4, 1975 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 48

Liquid Capacity of Tank 1500 GAL

Tank Construction PRECAST CONCRETE

Absorption and/or Nitrification Lines

Total Line Length 735', 150'

Number and Size 2 pcs 74'x12½', 12"

Distance from House 10'

Distance from Property Line 10'

Distance from Well 60'

NAME OF OWNER Joel Wilburn Carriker

LOCATION OF PROPERTY 10827 Arlington Church 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: WASHER LINE (50'x7½'x17')

WER. PIT (2½'x4'x7')

Division or Section Head

Environmentalist Paul A Kiefer

If this permit is for the installation or construction of a new system, it must be signed by the division or 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 E-5-9-1-72

DEPARTMENT'S COPY

Date Issued June 5 1975 Serial No. 5816 C of A (s) No. 5847

P T C No. 139-121-02

Map Date 2-14-73

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 CARRIKER (LAST) JOEL (FIRST) W (MIDDLE)

Location of Property 10827 ARLINGTON CHURCH RD

Application Number 5847 Permit Number 5847

Inspection Data:

Liquid Capacity of Tank 1500 GAL Tank Material PC

Total Length of Drain Tile 735', 150' Number of Lines 2 Beds 7' x 12½' x 17'

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source PRIVATE WELL Distance from Water Source 60'

Excavation Inspected — (DATE) Tank Inspected JUNE 5, 1975 (DATE)

Nitrification Field Inspected JUNE 5, 1975 (DATE)

Washing Machine Line Inspected, If Applicable JUNE 5, '75 (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: WASHER LINE (50' x 7½' x 1')

DEP. P.I. OK

Paul A Kuffa
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY