3

Date Received 5·3·73

APT No 6138

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Smith (LAST) Charles (FIRST) Franklin (MIDDLE)

2) ADDRESS OF OWNER 2115 Weyland Ave. Charlotte ZIP 28208

3) PHONE NO. Home 392-1531 Office 392-7345

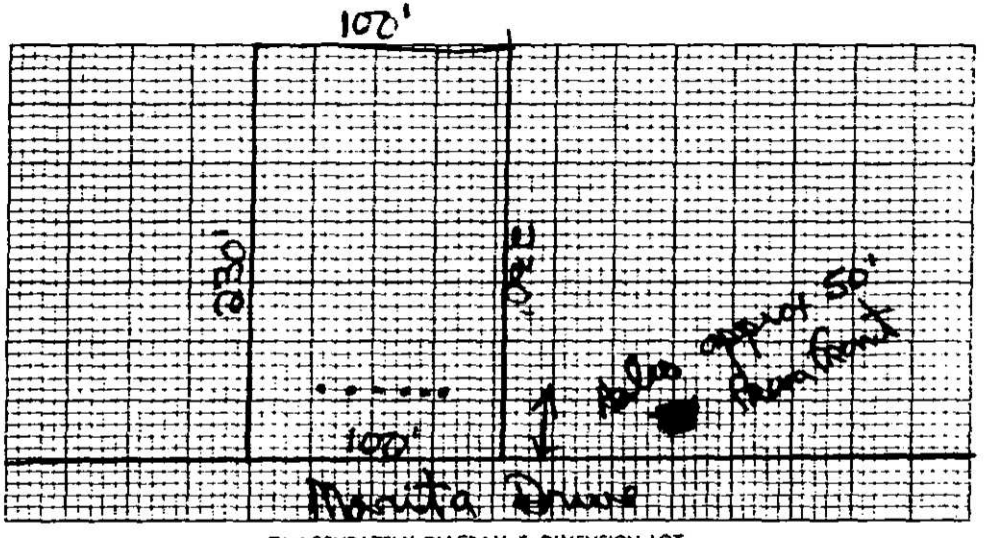
4) LOCATION OF PROPERTY Marita Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Woodlea Subdivision LOT NO. 13 BLOCK NO. B

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 12 PAGE NO. 281

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

Mrs Charles F. Smith
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3039

PTR No. 6138

Date Issued May 7, 1973

T C No. 031-054-19

Map Date 8-9-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

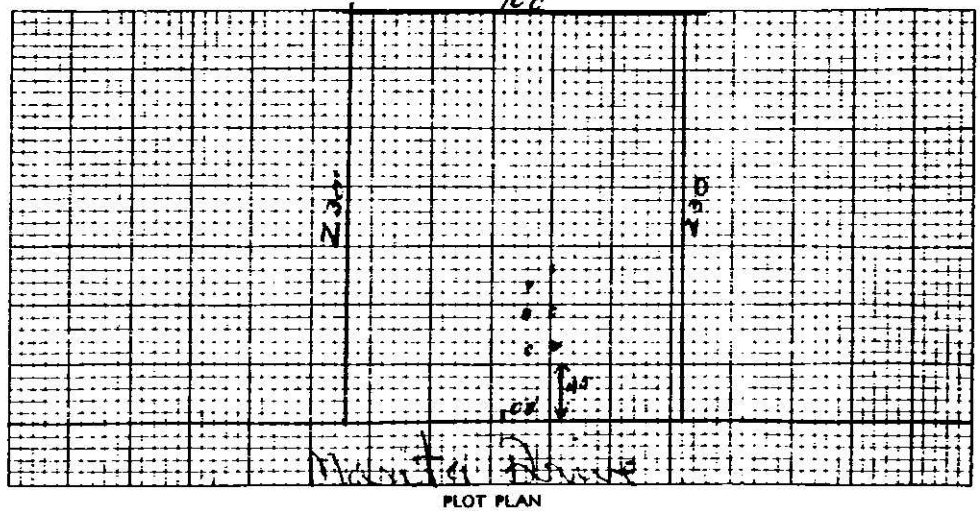
PERCOLATION TEST REPORT

NAME OF OWNER Smith (LAST) Charles (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 2115 Weyland Avenue ZIP 28208

LOCATION OF PROPERTY Marita Drive (STREET OR COUNTY ROAD)

SUBDIVISION Woodlea Subdivision LOT NO 13 BLOCK NO. 8



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 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.

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 11-15-73

RECEIVED NOV 15 1973 MECK. CO. SAN. INSPECTION DEPT.

ICAR(S) Application No 6138

T C No 031-054-19

Map Date 8-9-72

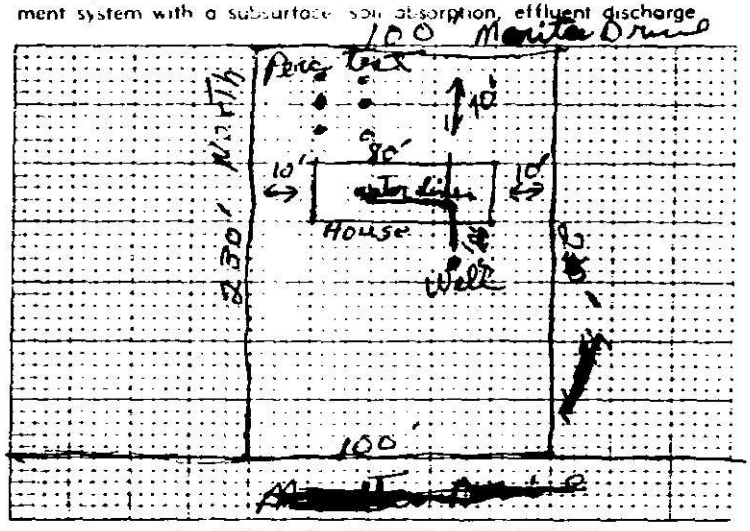
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

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 Smith (LAST) Charles (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER 2115 Weyland Ave 28208

15) PHONE NO Home 392-1531 Office 392-7345

16) LOCATION OF SYSTEM Marita Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Woodlea Subdivision Lot No. 13 Block No. B

Map Book No. [redacted]12 Page No. [redacted]281

18) DEED REFERENCE — DEED BOOK 3[redacted]2 AT PAGE [redacted]125

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-4-73 PR 60

20) PTR NUMBER (See Instructions) 6138

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.

5-10-73
DATE OF APPLICATION

Charles Franklin Smith
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Kuiry

Date Received 4/17/75

SEE INSTRUCTIONS ON BACK
MECK COUNTY HEALTH DEPT.
RECEIVED
APR 17 1975

CAR (S) Application No. 6138

T. C. No. 03 054-19

Map Date 8-972

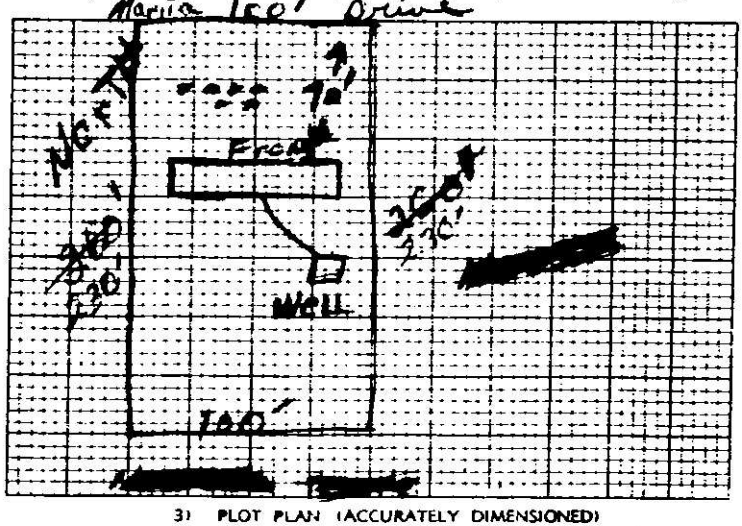
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ___ No
House located within 200 feet of community sewer ___ Yes 1 No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Smith (LAST) Charles (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible] ave.

15) PHONE NO. Home [illegible] Office 377-7164 (Wife)

16) LOCATION OF SYSTEM 1 Marita Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 13 Block No. E

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE 251

19) HAS A PERCOLATION TEST BEEN RUN? Y YES ___ NO DATE RUN [illegible]

20) PTR NUMBER (See Instructions) [illegible]

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.

4-17-75
DATE OF APPLICATION

Charles F. Smith
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3620

LA No. 6138

Date Issued November 15, 1973

IMPROVEMENTS PERMIT

T. C. No. 031-054-19

Map Date 8-9-72

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 Smith (LAST) Charles (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 2115 Wayland Ave. ZIP 28208

LOCATION OF LOT Marita Drive (STREET OR COUNTY ROAD)

SUBDIVISION Hoodlee LOT NO 13 BLOCK NO. B

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 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 6138. 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.

L. R. Brideman
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 3 July 72

Serial No. 6556

ICAR(S) Permit No C135

T C No C-31-C-54-14

Map Date 2 Aug 72

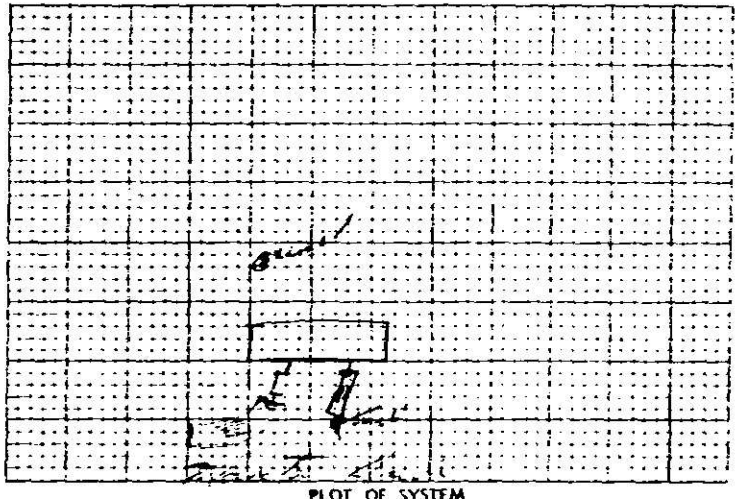
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 C135, dated 1 July 72 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 3 July 72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 60' 150' 60' 105' 120' 90'

Number of Lines 4 6 12 3 2

Distance from House 10

Distance from Property Line 20

Distance from Well 100'

NAME OF OWNER Smith, Charles Franklin

LOCATION OF PROPERTY 1529 White Store

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: Lot Size (Corr)

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.

Rev. 5 E-5-9-1-72

(OVER FOR CERTIFICATE COPY)

Serial No. 6027

C of A (s) No. 6135

Date Issued 16 July 73

T C No. 31-C54-19

Map Date [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

Location of Property 5250 [illegible] Street

Application Number 6135 Permit Number 6135

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material [illegible]

Total Length of Drain Tile 600' + 150' + 60' Number of Lines 4 (10' + 75' + 75')

Depth of Filter Material 36" + 45" Cover Depth 15-20

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 16 July 73 (DATE) Tank Inspected 16 July 73 (DATE)

Nitrification Field Inspected 16 July 73 (DATE)

Washing Machine Line Inspected, If Applicable 16 July 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: Used for Cont.

[illegible]
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY