Date Received 8-27-73

APT No. 6903 P.O.

T. C. No. 205-121-11

Map Date 3-21-72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Knox (LAST) Michael (FIRST) Preston (MIDDLE)

2) ADDRESS OF OWNER RT II Huntersville NC. ZIP 28078

3) PHONE NO. Home 892-0250 Office _____

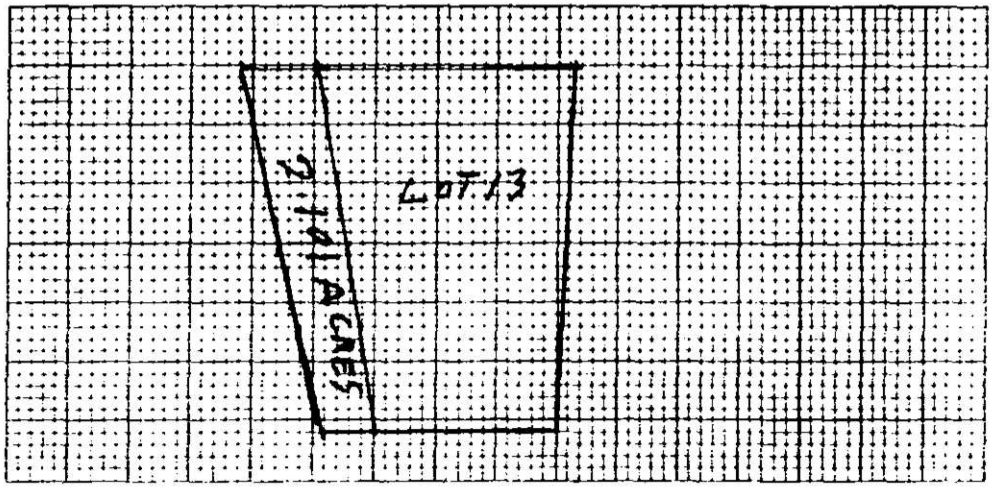
4) LOCATION OF PROPERTY Hwy 73 West (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 13 BLOCK NO. _____

MAP BOOK NO 11-165 PAGE NO. _____

6) DEED REFERENCE DEED BOOK 2529-409 PAGE NO. 409

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

Michael Preston Knox
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3971

PTR No. 6903

P.O.

T C No R 005-121-11

Date Issued September 6, 1973

Map Date 3-24-72

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

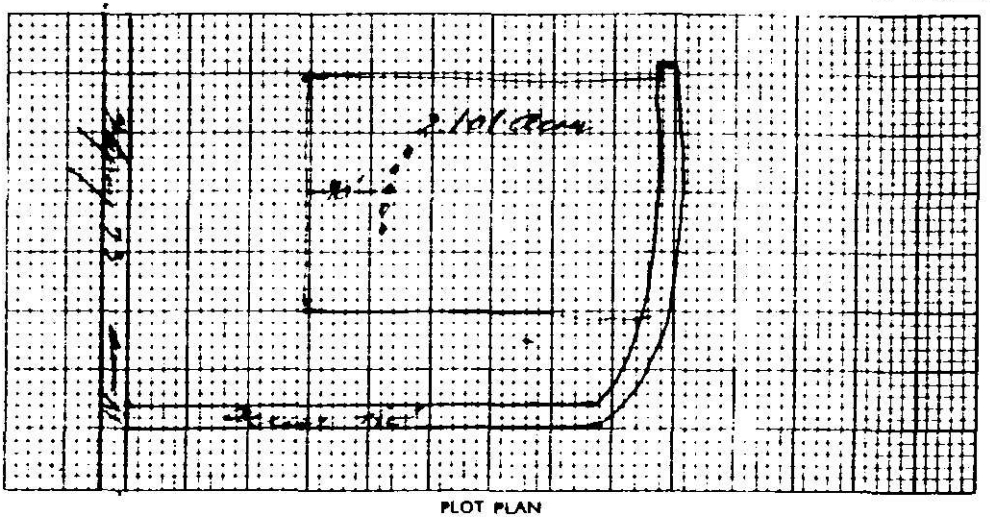
## PERCOLATION TEST REPORT

NAME OF OWNER Knox (LAST) Michael (FIRST) Preston (MIDDLE)

ADDRESS OF OWNER Route 2, Box 513, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Highway 73 West (STREET OR COUNTY ROAD)

SUBDIVISION 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 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 35 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. Adkisson

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 8-22-73

ICAR(S) Application No 6903

T C No 005-121-11

Map Date 3 2472

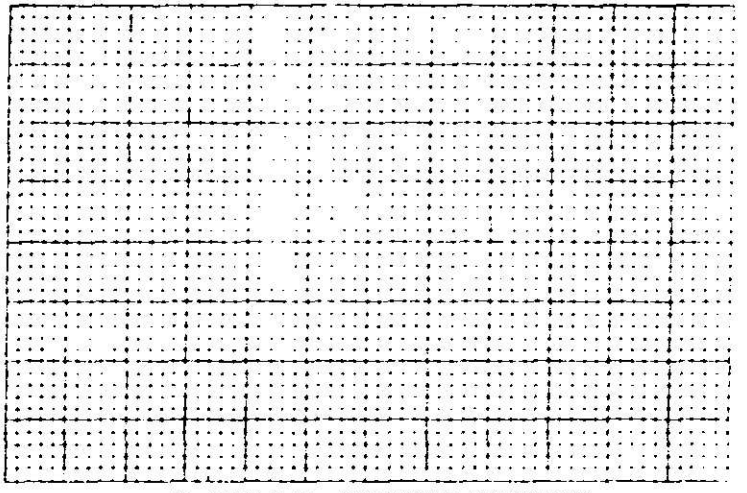
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 2

5) Business Use Max No Employees NO

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
(A) Individual Well
B) Government
C) Community
1 Well
2 Government

Sewage System
House located [illegible] feet of public sewer Yes ✓ No
House located [illegible] feet from community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER KNOX (LAST) MICHAEL (FIRST) PRESTON (MIDDLE)

14) ADDRESS OF OWNER RT II Box 513 X HUNTERSVILLE NC

15) PHONE NO Home 892-0256 Office

16) LOCATION OF SYSTEM HWY 73 WEST (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 13 Block No _____

Map Book No 11-165 Page No. _____

18) DEED REFERENCE — DEED BOOK 2529 AT PAGE 409

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.

DATE OF APPLICATION _____

Michael Preston Knox
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued September 6, 1973 Serial No. 3383

LA No. 6903
P.O.
T. C. No. 005-121-11

Map Date 3-24-72

# 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 Knox (LAST) Michael (FIRST) Preston (MIDDLE)

ADDRESS OF OWNER Route 2, Box 513, Huntersville, N.C ZIP 28078

LOCATION OF LOT Highway 73 West (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 35 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 6903. 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

W. L. Kirby
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 20 Sept 73

Serial No. 4379

ICAR (S) Permit No. 6903

P.O T. C. No. 103-121-11

Map Date 24 Mar 72

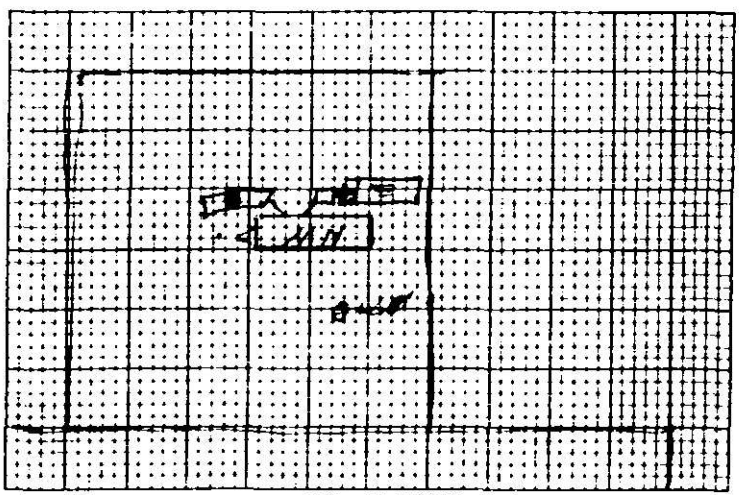
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 6903, dated 27 Aug 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 26 Oct 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 75

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 360' (156' 4 W 3 (72' x 25' x 36")

Number of Lines 4 (10' x 25' 2 W")

Distance from House 20'

Distance from Property Line 100'

Distance from Well 75'

NAME OF OWNER Tracy Winkler Houston

LOCATION OF PROPERTY off Tyvola Rd West

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: 12" Line Fall (Cont.)

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 3942

C of A (s) No. 6903

Date Issued 21 Sept 73

P.C. T. C. No. 005-121-11

Map Date 24 Mar 72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Knox, Michael Linton
(LAST, FIRST, MIDDLE)

Location of Property off Hwy 73 West

Application Number 6903 Permit Number 6903

**Inspection Data:**

Liquid Capacity of Tank 1000 Tank Material AC 3(75'x25'x3')

Total Length of Drain Tile 300'+150'GAL Number of Lines 4(10'x25'x17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Ind Well Distance from Water Source 25'

Excavation Inspected 21 Sept 73 (DATE) Tank Inspected 20 Sept 73 (DATE)

Nitrification Field Inspected 21 Sept 73 (DATE)

Washing Machine Line Inspected, If Applicable 21 Sept 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: Well Installed (Cont.)

M. A. Bailey
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**