Date Received 2-26-73

APT No 5656

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Trayvick (LAST) Harold (FIRST) Bruce (MIDDLE)

2) ADDRESS OF OWNER Route 3 Mocksville ZIP 27028

3) PHONE NO Home 634-5256 Office 537-6476

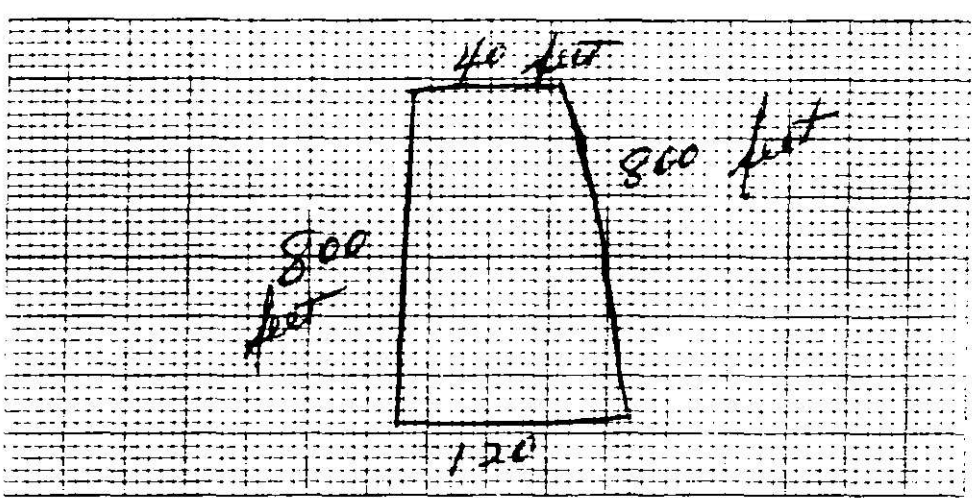
4) LOCATION OF PROPERTY Hwy 218 (STREET OR COUNTY ROAD) 1 2/10 Mile from Hwy 64

5) SUBDIVISION _____ LOT NO 23 BLOCK NO 41

MAP BOOK NO 197 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 here nabove 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

Harold Trayvick
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2132

PTR No. 5656

T C No. 197-041-23

Date Issued April 27, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

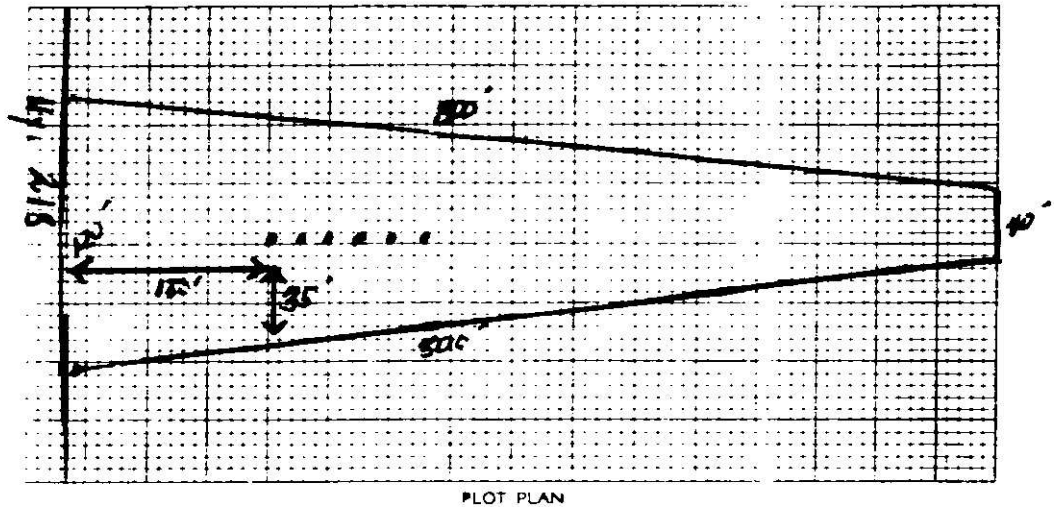
PERCOLATION TEST REPORT

NAME OF OWNER Traywick (LAST) Harold (FIRST) Bruce (MIDDLE)

ADDRESS OF OWNER Route 3, Marshville, N.C. ZIP _____

LOCATION OF PROPERTY Highway 218 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 23 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 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 septic 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 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. Knisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E 2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 2-26-92

ICAR(S) Application No. 5656

60

T C No 189-041-23

Map Date 2-4-93

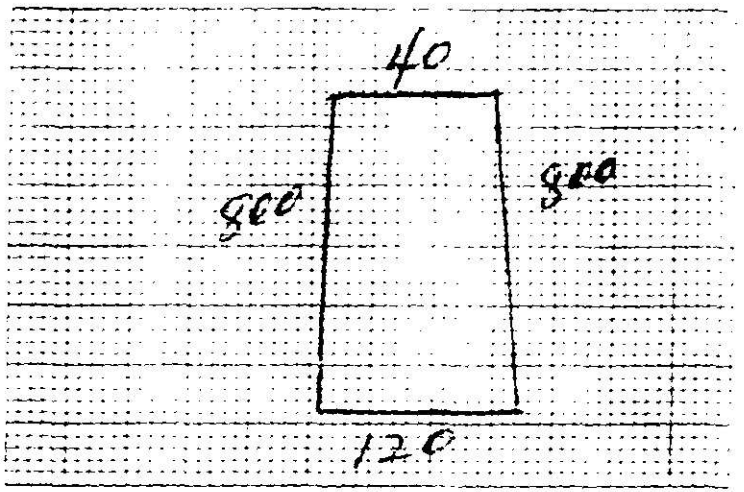
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

3

Public ___ Yes ___ No
Employee ___ Yes ___ No
Well ___ Yes ✓ No
Garbage Disposal ___ Yes ✓ No
Dishwasher ✓ Yes ___ No
Water Supply
A Individual Well ✓
B Government System ___
C Community System
Well Private ___
2 Government ___
Sewage System
House located within 200 feet of Public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
FHA Case No. ___
VA Case No. ___

13) NAME OF OWNER Traynick (LAST) Harold (FIRST) Lewis (MIDDLE)

14) ADDRESS OF OWNER 3 Marshville

15) PHONE NO. Home 624-5756 Office 532-6476

16) LOCATION OF SYSTEM Army 218 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 23 Block No. 41

Map Book No. 197 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.

DATE OF APPLICATION ___

Harold Traynick
OWNER

FORM NO. E 4-4

HEALTH DEPARTMENT'S COPY

Date Issued April 27, 1973

Serial No. 2816

LA No. 5656

T C No 197-041-23

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 Traywick (LAST) Harold (FIRST) Bruce (MIDDLE)

ADDRESS OF OWNER Route 3, Marshville, N.C. ZIP

LOCATION OF LOT Highway 218 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 23 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 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 5656. This approval is subject to the following terms and conditions

1. That the initial absorption 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

Thomas R. Ward
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 4026

Date Issued 7-17-73

ICAR (S) Permit No. 5856

T C. No. 107-041-23

Map Date 2-14-73

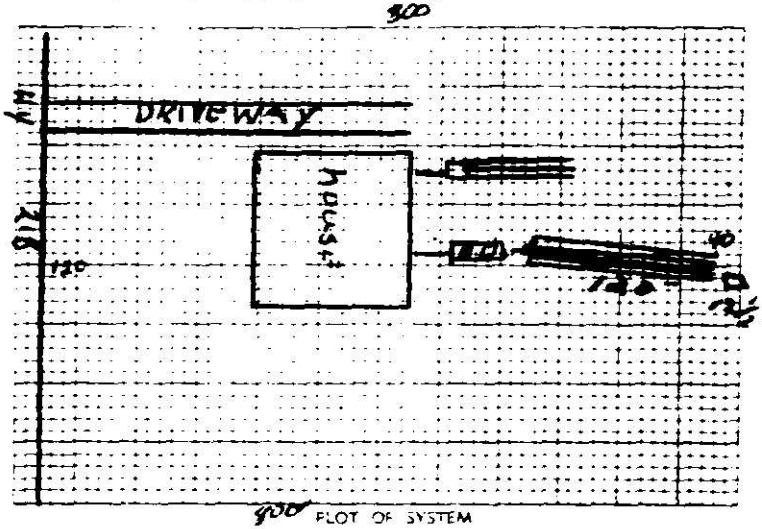
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5856, dated 2-26-73 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 8-16-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 4.6

Liquid Capacity of Tank ~~1000~~ 1500

Tank Construction pre cast con

Absorption and/or Nitrification Lines:

Total Line Lenght ~~300~~ 600

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 200'

NAME OF OWNER Harold Bruce Traywick

LOCATION OF PROPERTY Hy. 218

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: 12½ x 120 x 17" stone - aerator pipe and washer 7½ x 50 x 17" stone

James Stewart, Contractor

Division or Section Head

Thomas R. Wilds
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

Date Issued 7-18-73

Serial No. 3614

C of A (s) No 5656

T C. No. 197-041-2

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Traywick, Harwell Bruce
(LAST, FIRST, MIDDLE)

Location of Property Hwy 215

Application Number 5656 Permit Number 5656

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material conc.

Total Length of Drain Tile 600' Number of Lines 5

Depth of Filter Material 17" Cover Depth 40"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7-18-73 (DATE) Tank Inspected 7-18-73 (DATE)

Nitrification Field Inspected 7-18-73 (DATE)

Washing Machine Line Inspected, If Applicable 7-18-73 (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 600' + 150' washout installed by James Stewart

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY