Date Received 3-7-74

APT No. 7584

T C No

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

2) ADDRESS OF OWNER 4931 Meadow Ln Matthews ZIP 28105

3) PHONE NO Home 847 5[illegible] Office 545 4913

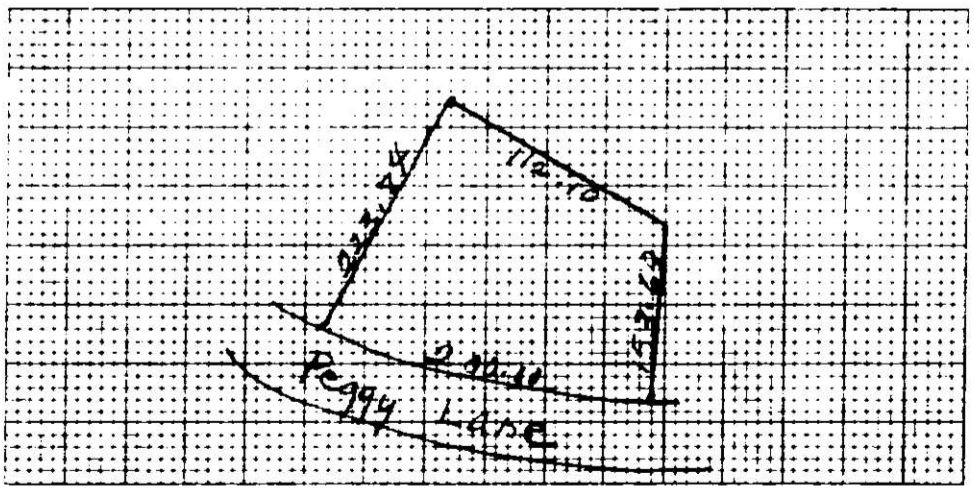
4) LOCATION OF PROPERTY 3900 Peggy Ln Matthews (STREET OR COUNTY ROAD)

5) SUBDIVISION Williams Property LOT NO 11 BLOCK NO A

MAP BOOK NO 17 PAGE NO 252

6) DEED REFERENCE DEED BOOK 3513 PAGE NO 526

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

W. P. Thomas
OWNER

FORM NO E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 4120

PTR No 7584
P.O.
T C No 195-041-22

Date Issued March 12, 1974

Map Date 12-14-73

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

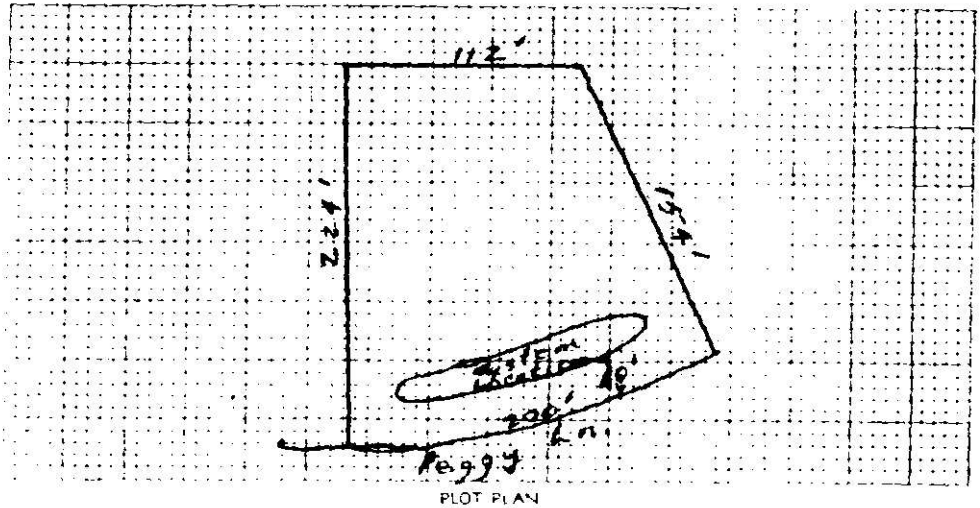
## PERCOLATION TEST REPORT

NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Lane, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY 3003 Peggy Lane (STREET OR COUNTY ROAD)

SUBDIVISION W. P. Thomas Property LOT NO 11 BLOCK NO A




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 1.0*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 construct a septic tank system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any building on the lot or the construction of the 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 issuance of the permit for the percolation rate obtained above and on the size and type of building constructed thereon.
3. This approval is applicable only to the area in the immediate area where the percolation test was run.
4. This approval is void unless the following are complied with including the following as well as performed on the lot which in the judgment of the Health Department renders the area where the percolation test was run unsuitable for the installation, construction, alteration 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.

*Results determined by soil analysis.

W. Granville Evans, Jr. — Soil Scientist

M. D. Busby — Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-51-72

HEALTH DEPARTMENT'S COPY

Date Received 3/21/75

ICAR (S) Application No. 7584

T C No. 195-141-22

Map Date 12-14-73

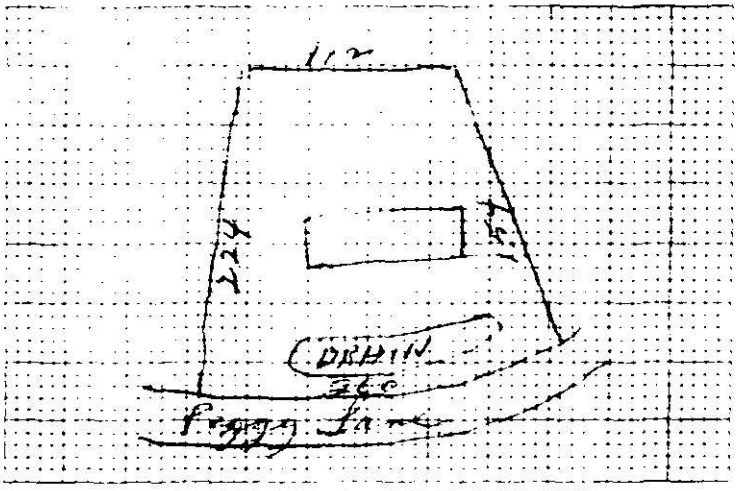
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 Number of Persons Max No

6 Water Softener 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 Location

2 Governmental Source

10 Sewage System

A Public Main Yes ✓ No

B Public Sewer within 200 feet of

Community Sewer Yes ✓ No

11 EHA Case No

12 VA Case No

13) NAME OF OWNER Dilworth (LAST) Lorraine (FIRST) S (MIDDLE)

14) ADDRESS OF OWNER [redacted] 3451 Shamrock Dr Charlotte

15) PHONE NO Home 568 1955 Office

16) LOCATION OF SYSTEM 3411 Foggy Ln. (Pleasant Knoll) Pineville, N.C. (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No 11 Block No. A

Map Book No 17 Page No 252

18) DEED REFERENCE -- DEED BOOK 3513 AT PAGE 526

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN March 12, 1974

20) PTR NUMBER (See Instruction) 7584

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.

March 21, 1975
DATE OF APPLICATION

Lorraine S Dilworth
OWNER

FORM NO. E 4 4 [illegible]

**HEALTH DEPARTMENT'S COPY**

Date Issued March 21, 1975 **Serial No. 4744**

IMPROVEMENTS PERMIT

LA No. _____

T C No 195-041-22

Map Date 12-14-73

# 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 Napier (LAST) Donnie (FIRST) S (MIDDLE)

ADDRESS OF OWNER 3431 Flaminco Drive, Charlotte ZIP

LOCATION OF LOT 3900 Peggy Lane, Matthews, N. C. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 11 BLOCK NO A

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 60Min./In. 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 7584 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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8 Aug 75 **Serial No.** ICARIS Permit No 2584

T C No [illegible]

Map Date [illegible]

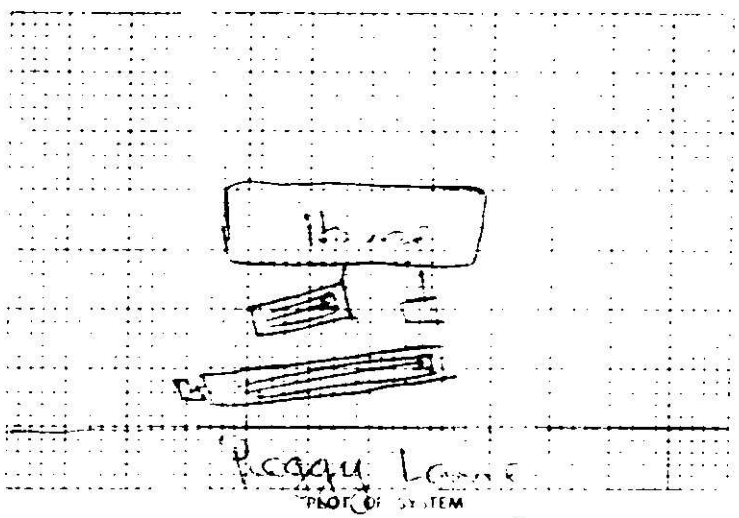
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 7584 dated 8 Aug 75 and this permit shall be void and of no effect if the information provided in the application is not correct as represented. All work shall be completed on or before 8 Sept 75 after which date this permit will be null and void.




PLOT OF SYSTEM

Property Line GC

Liquid Capacity of Tank 1500 Gal

Type of Construction Precast Concrete

Absorption Area [illegible]

Type [illegible] GCC & CC

Number of Bedrooms 3

Design Flow [illegible]

NAME OF OWNER Mapleton Lodge Co

LOCATION OF PROPERTY 3900 Peachy Lane

This 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 Use 1½ 1500 Gal

Division Director Health

Environmentalist [signature]

If this permit is for the installation or construction of a new system it must be signed by the division or a representative of 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

Serial No. [illegible]

C of A (s) No 7584

Date Issued [illegible]

T C No 95-04-22

Map Date [illegible]

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 [illegible] Donna S
LAST FIRST MIDDLE

Location of Property [illegible]

Application Number [illegible] Permit Number [illegible]

**Inspection Data:**

Liquid Capacity of Tank [illegible] gal Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected [illegible] DATE Tank Inspected [illegible] DATE

Nitrification Field Inspected [illegible] DATE

Washing Machine Line Inspected, If Applicable [illegible] DATE

This [illegible] the Individual Septic Tank System with subsurface soil absorption, of [illegible] and it has been ✓ installed [illegible] with the permit issued [illegible] the Mecklenburg County [illegible] the date of issuance of the permit. This Certificate of Approval [illegible] guarantee that the system will perform properly or relieve any person from [illegible] using such system from any liability arising from the failure of the [illegible] This Certificate of Approval is issued [illegible] restrictions and conditions [illegible] in addition to those listed below under Comments. This Certificate of Approval [illegible] 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 Construction put C.K.

[illegible]
Environmentalist

FORM NO E-6-9-1-72