K

Date Received 1-25-73

APT No. 5468

fc T C No 29-211-23

Map Date 27 Apr 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

five GC
1 May 73

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Roberts (LAST) Harold (FIRST) Owens (MIDDLE)

2) ADDRESS OF OWNER 1715 Lisbon Lane Charlotte ZIP 28213

3) PHONE NO Home 596-4182 Office 373-2321

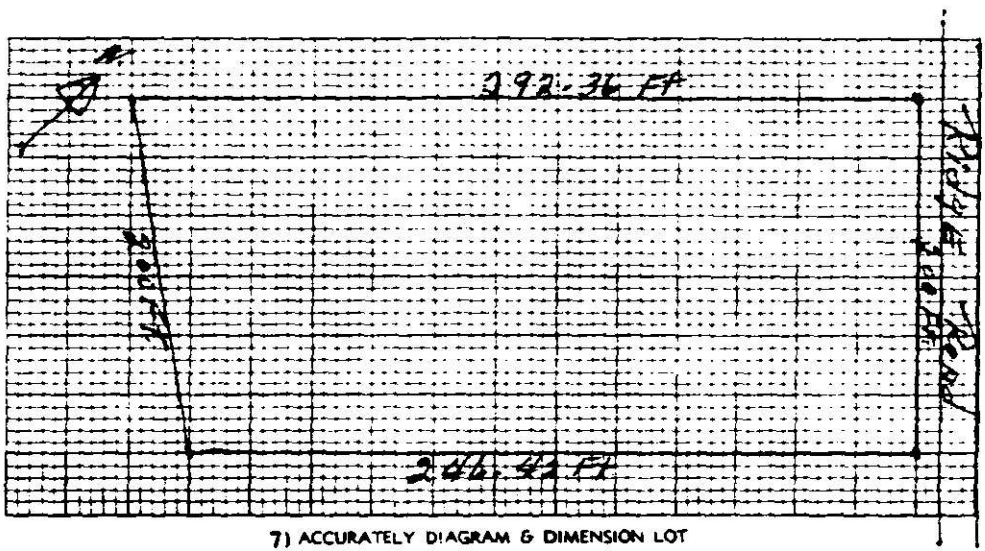
4) LOCATION OF PROPERTY Rt # 7 Ridge Rd. Mint Hill Twp. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO 3334 PAGE NO 218

6) DEED REFERENCE DEED BOOK 3256 PAGE NO 515

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

Harold Owens Roberts
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. S

PTR No. 5468
P.O.
T C No 029-211-23

Date Issued May 2, 1973

Map Date 8-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

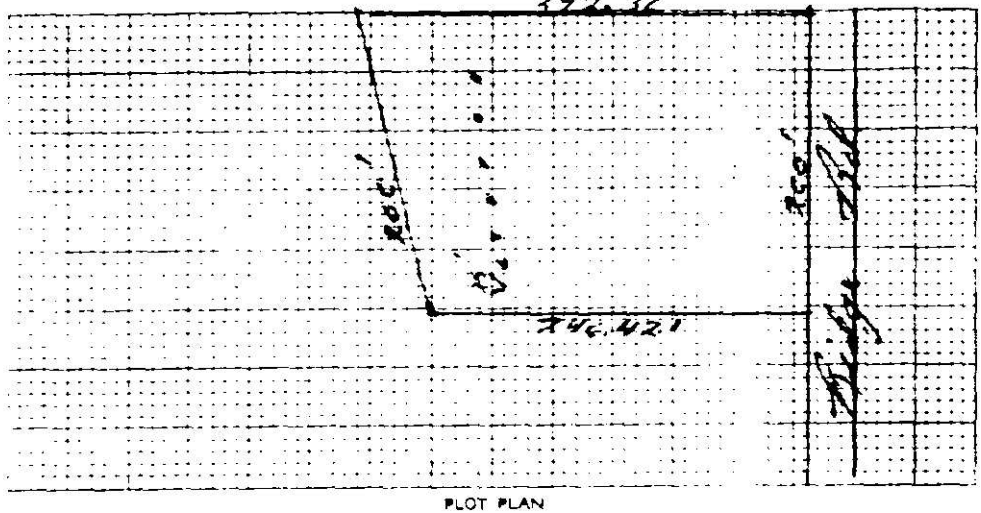
PERCOLATION TEST REPORT

NAME OF OWNER Roberts (LAST) Harold (FIRST) Owens (MIDDLE)

ADDRESS OF OWNER 1715 Lisbon Lane ZIP 28213

LOCATION OF PROPERTY Ridge Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and 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 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 wells 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, operation 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. Gibson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 5 1 73

ICAR(S) Application No 5468

T C No 99-211-25

Map Date 7-[illegible]-72

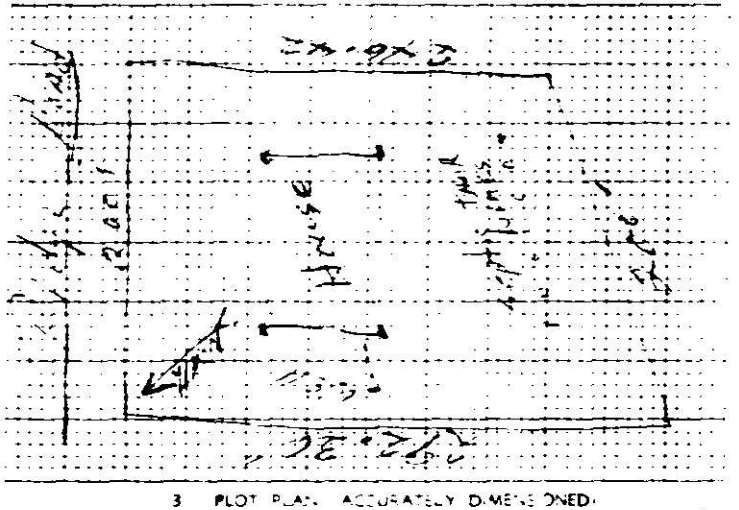
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereinafter described hereby applies to the Mecklenburg County Health Department for a permit to:

✓ Install or Construct ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

13 NAME OF OWNER Roberts (LAST) Harold (FIRST) C. (MIDDLE)

14 ADDRESS OF OWNER 1115 Linden Lane, Apt. 17

15 PHONE NO Home 536-4152 Office 373-2321

16 LOCATION OF SYSTEM Ridge Road (STREET OR COUNTY ROAD)

17 SUBDIVISION _____ Lot No ___ Block No ___

Map Book No 5[illegible] Page No. 4[illegible]

18 DEED REFERENCE — DEED BOOK 3[illegible] AT PAGE 2[illegible]

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1[illegible]

20 PTR NUMBER See Instructions 5468

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.

5-4-73
DATE OF APPLICATION

Harold C. Roberts
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 7, 1973

Serial No. 2888

LA No. 5468
P.O.
T C. No. 029-211-23

Map Date 4-23-73

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 Roberts (LAST) Harold (FIRST) Owens (MIDDLE)

ADDRESS OF OWNER 1415 Lisbon Lane ZIP

LOCATION OF LOT Ridge Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

The above described 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 5468. 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, altered 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 issued 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 Authenzed Section Head

FORM NO. EHS-4(b)-71

HEALTH DEPARTMENT'S COPY