D

Date Received 8-7-73

APT No. 6806

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Croft Sam Ashley
(LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER Rt 4, Box 476 ZIP 28208

3) PHONE NO Home 598-0265 Office 392-0668

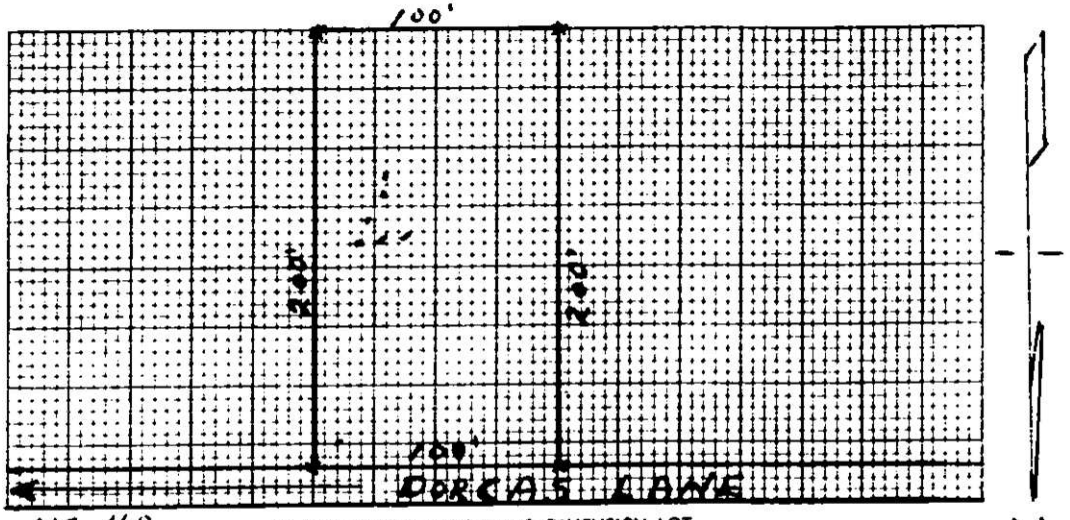
4) LOCATION OF PROPERTY Dorcas Lane off N.C. #160
(STREET OR COUNTY ROAD)

5) SUBDIVISION Croftdale LOT NO 2 BLOCK NO B

MAP BOOK NO 7 PAGE NO 759

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 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



NC 160
Approx 1/2 mi

7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER Sam A Croft

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: August 10, 1973

TO: Luther Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr. W. E. L.
Soil Scientist

SUBJECT: Dorcas Lane, Lot 2-B
APT #6806 (Croft)

8-8-73 Soil was found to be of the Cecil series. Abnormally high perc. rate probably results from the presence of a trace of swelling clay,minerals. Approval is recommended with design based on a 60 perc. rate.

Serial No. 3461

PTR No. 6806

T. C. No. 141-114-35

Date Issued August 10, 1973

Map Date 3/3/73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

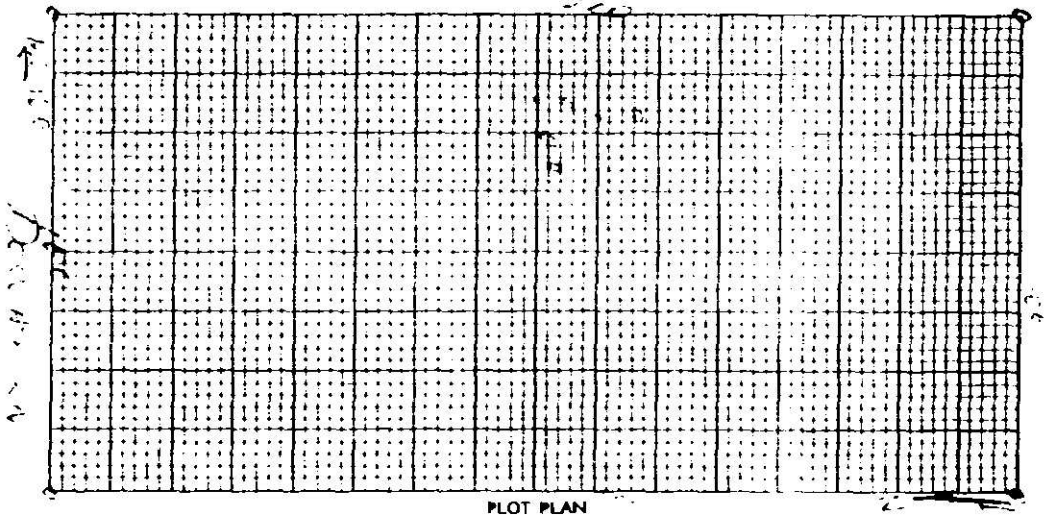
PERCOLATION TEST REPORT

NAME OF OWNER Croft (LAST) Sam (FIRST) Ashley (MIDDLE)

ADDRESS OF OWNER Route 4, Box 476 ZIP 28208

LOCATION OF PROPERTY Dorcas Lane (STREET OR COUNTY ROAD)

SUBDIVISION Croftdale LOT NO 2 BLOCK NO B



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.

* Results based on soil analysis.

W. Everette Lyons, Jr.
Soil Scientist

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 8-14-73

ICAR(S) Application No 6806

T C No 141-114-35

Map Date 3-3-73

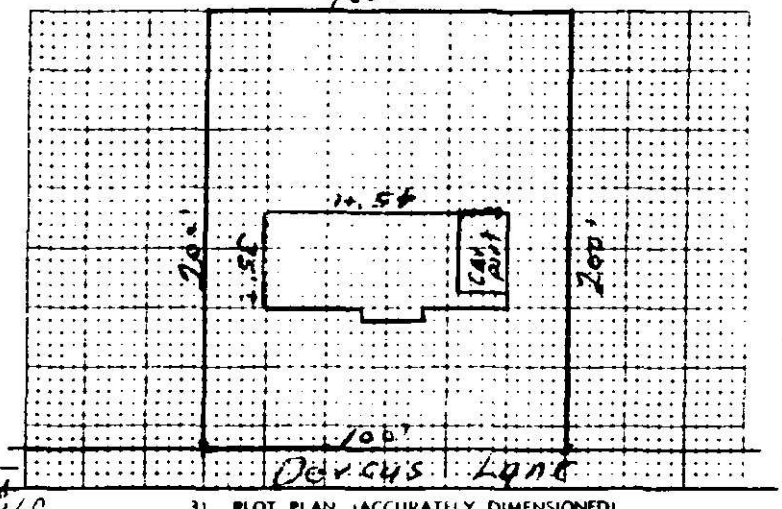
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 yes
B) Government
C) Community System
1 Well
2 Government

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

N.C. 160 Approx 1/2 mi

13) NAME OF OWNER Croft (LAST) Sam (FIRST) Ashley (MIDDLE)

14) ADDRESS OF OWNER Rt 4, Box 426 Charlotte, NC.

15) PHONE NO Home 588-0265 Office 372-0668

16) LOCATION OF SYSTEM Dorcas Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Croftdale Lot No 2 Block No Block B

Map Book No 75 Page No. 7

18) DEED REFERENCE -- DEED BOOK _____ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 8-7-73

20) PTR NUMBER (See Instructions) 6506

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

Aug 14, 1973
DATE OF APPLICATION

Sam A Croft
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 14, 1973

Serial No. 3279

LA No. 6806

T. C. No. 141-114-35

Map Date 3-3-73

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 Croft (LAST) Sam (FIRST) Ashley (MIDDLE)

ADDRESS OF OWNER ~~Rate~~ Route 4, Box 476 ZIP 28208

LOCATION OF LOT Dorcas Lane (STREET OR COUNTY ROAD)

SUBDIVISION Croftdale LOT NO 2 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 6806. 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

* Results based on soil analysis.

W. Everette Lyon, Jr. Soil Scientist

Environmentalist

John R. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 4/2/74

Serial No. 4716

ICAR(S) Permit No. 6806

T. C. No. _____

Map Date _____

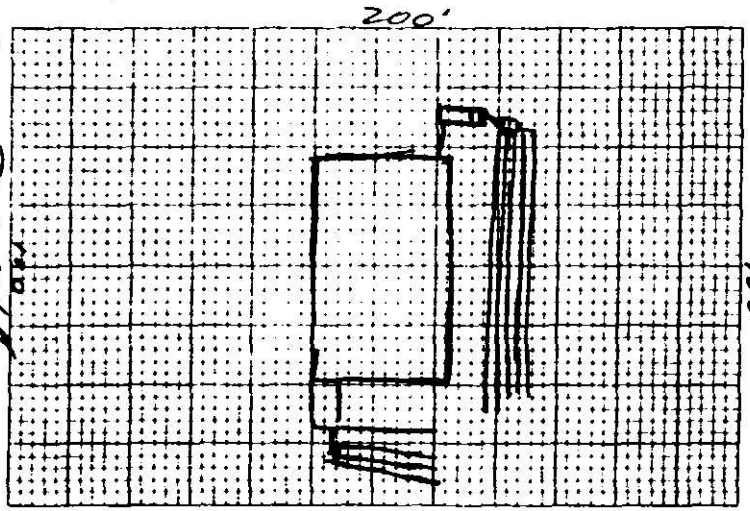
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 6806 dated 3/14/73 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 1-30-74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60*

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines: (WM 5' 600 sq ft 150' 5(12½'x30'x24") Total Line Lenght

Number of Lines 3(7½'x33'x24")

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 50'+

NAME OF OWNER SAM A CROFT

LOCATION OF PROPERTY Lot 2 B. B. Dorcas Ln.

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: *Soil Anal.

JA/EPB

Division or Section Head

B. Lee

L. P. Burgamy

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 S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4527

C of A (s) No. 6806

Date Issued 3/12/74

T. C. No. _____

CERTIFICATE OF COMPLETION

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CROFT (LAST) SAM (FIRST) H (MIDDLE)

Location of Property Lot 2 Pl 15 DOUGLAS LN.

Application Number 7[illegible] Permit Number 6806

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 ft. Number of Lines 5

Depth of Filter Material 24" Cover Depth 32"

Water Supply Source 2nd well Distance from Water Source 50'

Excavation Inspected 3/12/74 (DATE) Tank Inspected 3/12/74 (DATE)

Nitrification Field Inspected 3/12/74 (DATE)

Washing Machine Line Inspected, If Applicable 3/12/74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: _____

[illegible]

Environmentalist

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

HEALTH DEPARTMENT'S COPY