Date Received 5 29 74

APT No. 8042

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HELMS (LAST) WADE (FIRST) H. (MIDDLE)

2) ADDRESS OF OWNER 1304 Marlwood Circle, Charlotte, N.C. ZIP 28212

3) PHONE NO Home 537-3824 Office

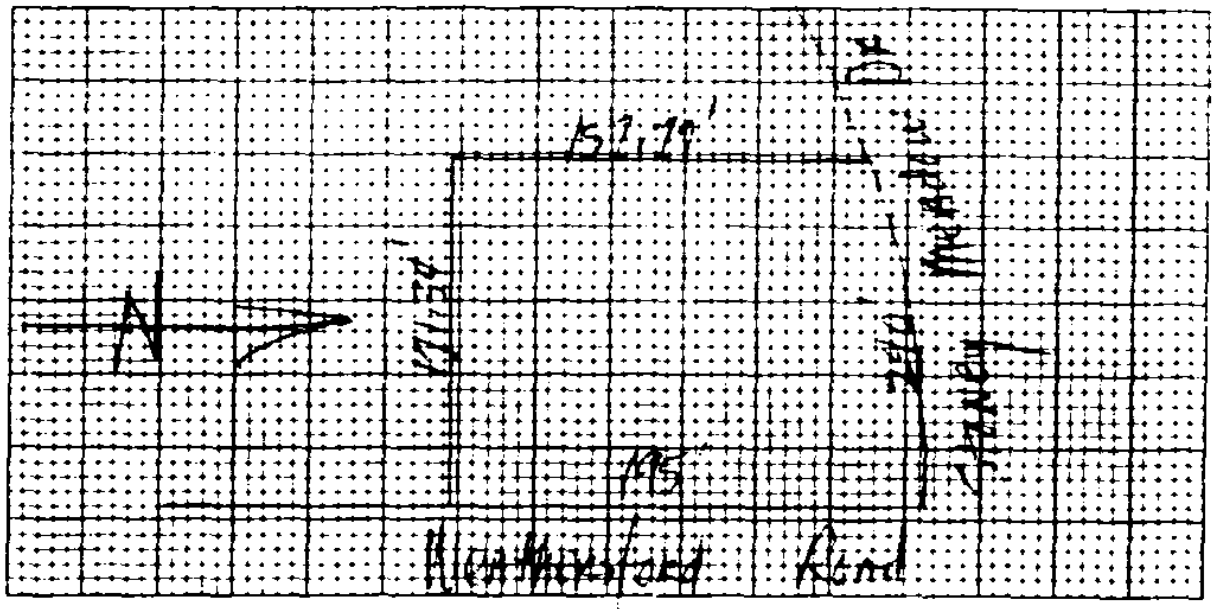
4) LOCATION OF PROPERTY South side, Lawyers Road, Mint Hill (STREET OR COUNTY ROAD)

5) SUBDIVISION SHELBURNE, Section II LOT NO 9 BLOCK NO E

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 3614 PAGE NO 987

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

Wade H. Helms

OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No [illegible]

PTR No 8042
P.O.
T C No 195-054-15

Date Issued [illegible]

Map Date 5-9-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

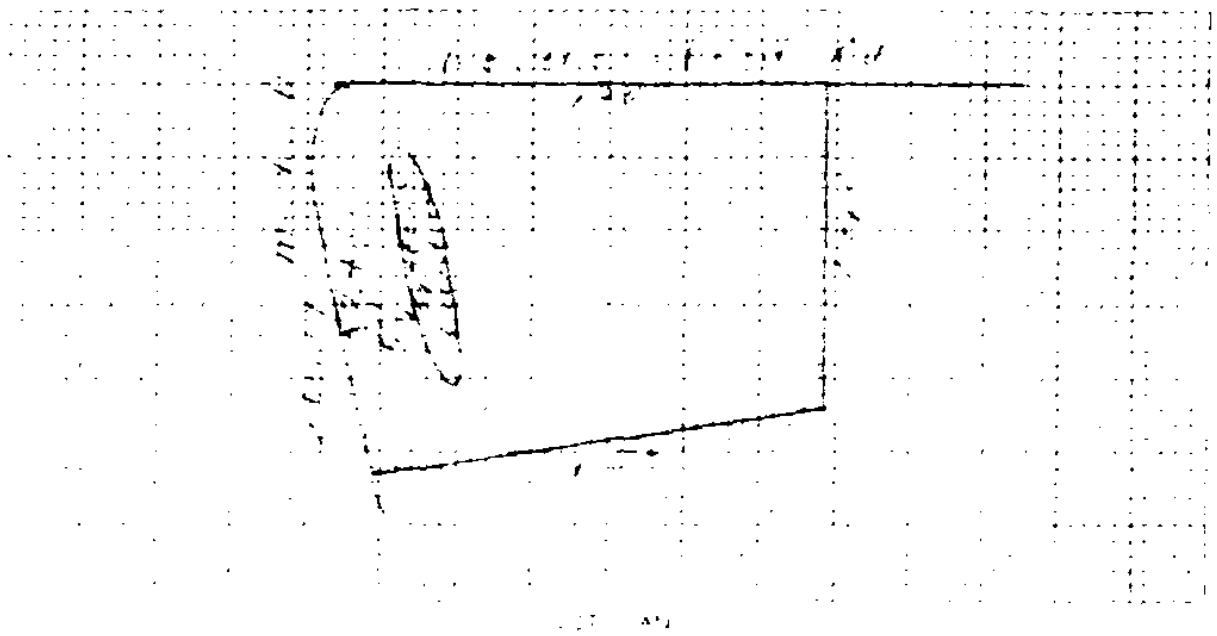
PERCOLATION TEST REPORT

NAME OF OWNER [illegible] Wade H.
LAST FIRST MIDDLE

ADDRESS OF OWNER [illegible] ZIP [illegible]

LOCATION OF PROPERTY [illegible]

SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO [illegible]



[illegible] the Mecklenburg [illegible] that portion of [illegible]

[illegible] approved for the installa[illegible] absorption effluent [illegible]

[illegible] Mecklenburg County Health [illegible] the Health De[illegible] building [illegible]

[illegible] [illegible] on the lot which [illegible] for the install[illegible]

[illegible] the rules and regulations [illegible] Health which were [illegible] the completion of the [illegible] regulations are changed such that the approval would not have been granted [illegible] new or revised rules and regulations been in effect on the issue date.

*Results determined by [illegible] analysis.

[illegible]
Soil Scientist

John R. Robinson
Director Environmental Health Division or
Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-29-74

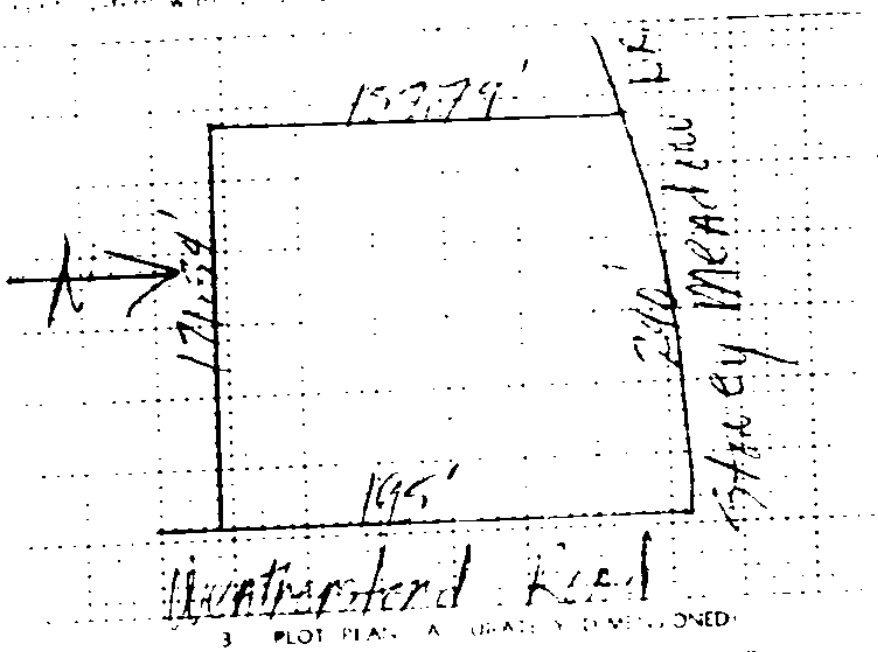
ICAR S Application No 8042

T C No

Map No

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



3 PLOT PLAN AS ABOVE DRAWN AND DIMENSIONED

NAME OF OWNER HELMS WADE H.

ADDRESS OF OWNER 1304 Marlwood Circle, Charlotte, N.C. 28212

PHONE NO Home 537-3824 Office ( )

LOCATION OF SYSTEM South side, Lawyers Road, Mint Hill

SUBDIVISION SHELBURNE, Section II Lot No 9 Block No B

Map Book No Page No

DEED REFERENCE - DEED BOOK 3614 AT PAGE 987

HAS A PERCOLATION TEST BEEN RUN YES ✓ NO DATE RUN

PIN NUMBER See Instruction

The undersigned hereby makes application for the permit applied for herein and agrees that if any of the above facts are not true this permit may be revoked.

Wade H Helms
OWNER

DATE OF APPLICATION

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received

ICAR (S) Application No

T C No

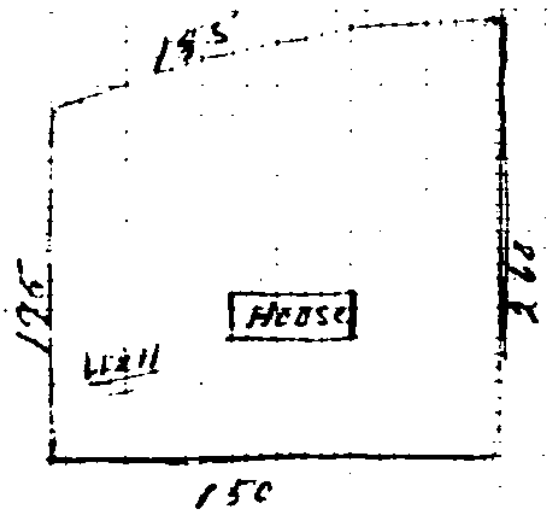
Map Date

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

This application is submitted in accordance with Article Seven applies to the Mecklenburg County Health Department for a permit to

Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



3

C
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X
O

3 PLOT PLAN ACCURATELY DIMENSIONED

14 NAME OF OWNER HEATH (LAST) WADE (FIRST) H (MIDDLE)

14 ADDRESS OF OWNER 1304 MARIWOOD CIRCLE CHAR

15 PHONE NO Home 537-3924 Office SAME

16 LOCATION OF SYSTEM 2529 HEATHERSFORD RD (STREET OR COUNTY ROAD)

17 SUBDIVISION SHERRONE Lot No 9 Block No E

Map Book No Page No

18 DEED REFERENCE DEED BOOK AT PAGE

19 HAS A PERCOLATION TEST BEEN RUN (YES) NO DATE RUN 1973

20 PTR NUMBER (See instruction)

The undersigned hereby acknowledges the foregoing information and that the information and plans submitted for herewith are true and shall be the effective basis of the above facts are not true

June 15 1976
DATE OF APPLICATION

Wade H Heath
OWNER

HEALTH DEPARTMENT'S COPY

Date Issued May 30, 1974

Serial No. 4126

IMPROVEMENTS PERMIT

LA No 8042
P.O.
T C N 195-094-15

Map Date 5-9-74

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 Helms (LAST) - Wade (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 1304 Marlwood Circle, Charlotte ZIP 28212

LOCATION OF LOT Weathersford Road (STREET OR COUNTY ROAD)

SUBDIVISION Shelburne, Section II LOT NO 9 BLOCK NO E

MAP BOOK NO PAGE NO

The lot specified herein is approved by the Mecklenburg County Health Department for the installation of a septic tank system with subsurface soil absorption as applied for and as staked on the ground. Soil test results were those of a test a percolation rate of 60 min/in on an inspection made on the said lot upon the information supplied in the "Application for an Installation Construction Alteration and or Repair Permit number 8042. 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 permits 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-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]2

ICAR(S) Permit No 8042

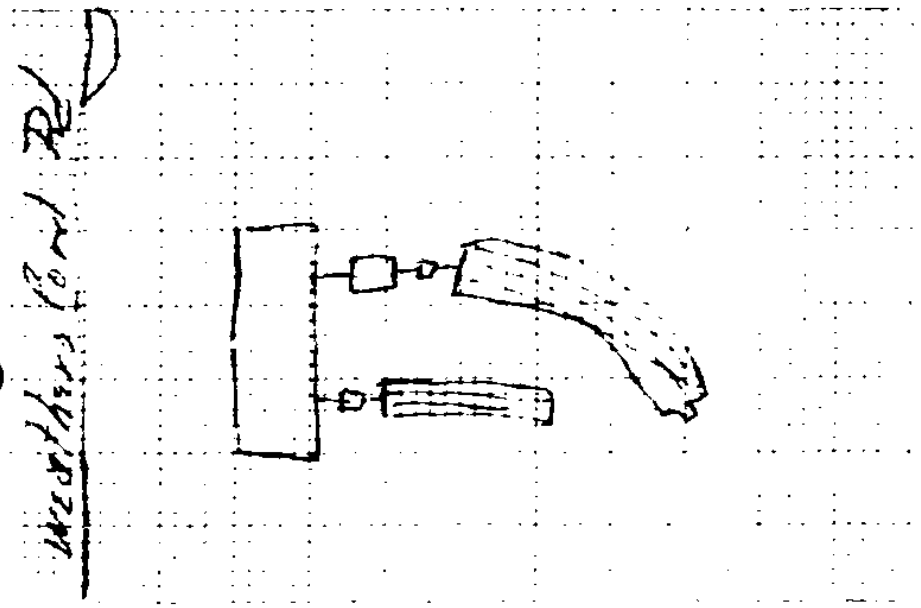
Date Issued 7-21-76

T C No 195-055-11

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 hereon at the described location. This permit is granted based upon the information supplied on application 8042 dated 7-14-76 and this permit shall become void and of no effect if the work authorized on the application is not commenced within 6 months or completed in 1 year before 6-21-76 after which date the permit shall be void and of no effect.



60
1500
Pvc - Cst
795 - 200
6 - 4
10
10
100

PLAN OF SYSTEM

PLANS PREPARED Ward Helms

LOCATION OF PROPERTY 2529 Weathersford Rd

This permit is issued pursuant to the Regulations of the Mecklenburg County Board of Health governing the disposal of sewage and industrial wastes. Any modification of the provisions of this permit must be approved in writing by the Department. A certificate of approval must be obtained from the Department of Environmental Health before the system can be covered or otherwise rendered unapproachable.

Comments 15' X 133' X 12"
Ladder 10' X 50' X 12"
House is a 4 bedroom ~~not~~ 3

Environmentalist

This permit authorizes the construction of the new system. It must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 7-27-76

Serial No. 0061

C of A (s) No 8042

T C No 195-055-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

John Richardson

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

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

Name of Owner Helms (LAST) Wade (FIRST) (MIDDLE)

Location of Property 2529 Weatherstford Rd

Application Number 8042 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Pre-Cast

Total Length of Drain Tile 295-200 Number of Lines 6 4

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance to Water Source 100'

Excavation Inspected _____ (DATE) Tank Inspected 7-27-76 (DATE)

Notification Field Inspected 7-27-76 (DATE)

Washing Machine Line Inspected If Applicable 7-27-76 (DATE)

This certifies that the Individual Septic Tank system with subsurface soil absorption of effluent discharge is installed as required and has been approved and tested for compliance with the requirements and regulations of the Mecklenburg County Health Department. This certificate is issued for the sole purpose of authorizing the use of the system. This Certificate of Approval does not guarantee that the system will operate satisfactorily or that it will not cause injury to person or property. The owner is responsible for operating the system in such a manner as not to cause the failure of the system or a health hazard. This Certificate of Approval is issued subject to the restrictions and limitations set forth above and those referred to in the application for this permit. This Certificate of Approval may be revoked or modified by the Health Department if it is determined that the application contains misrepresentations or false information or that the system does not function properly. Additional requirements may be made by the Health Department when it is necessary to protect the public health.

Comments Installed as permitted

Environmentalist

EHD-5-76

Environmental Health Department's Copy