Date Received 4.3.73

APT No. 5904

T C No. 031-152-11

Map Date 11 10 72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BENNETT (LAST) JAMES (FIRST) MARSHALL (MIDDLE)

2) ADDRESS OF OWNER Route 6 Box 737L CHARLOTTE ZIP 28208

3) PHONE NO. Home 3990559 Office 332-6104

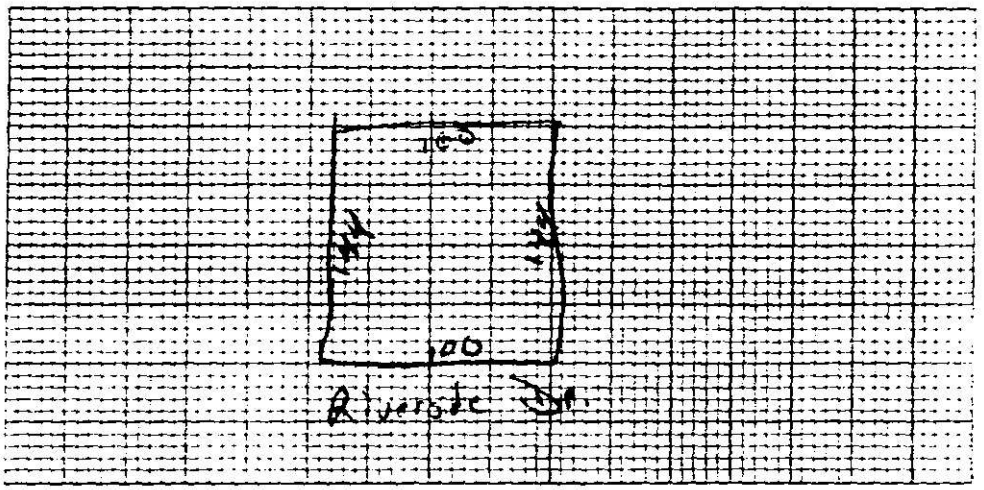
4) LOCATION OF PROPERTY 077, HARWOOD LANE, Riverside Dr. 1884 (STREET OR COUNTY ROAD)

5) SUBDIVISION RIVERSIDE DEVELO- LOT NO. 13-14 BLOCK NO. B

MAP BOOK NO 7 PAGE NO. 735

6) DEED REFERENCE DEED BOOK 3545 PAGE NO. 170

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

J A Bennett
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 7

PTR No. 5904

T C No. 031-152-11

Date Issued May 4, 1973

Map Date 11-10-72

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

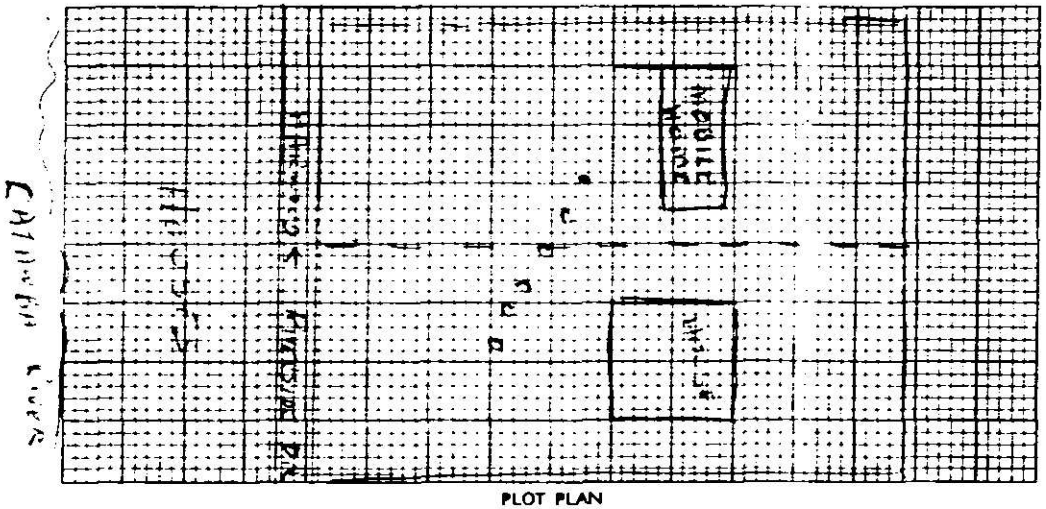
## PERCOLATION TEST REPORT

NAME OF OWNER Bennett (LAST) James (FIRST) Marshall (MIDDLE)

ADDRESS OF OWNER Route 6, Box 737-L ZIP

LOCATION OF PROPERTY Riverside Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 14 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 30 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.

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received ~~3-31-73~~ 4-3-73 SEE INSTRUCTIONS ON BACK

ICAR(S) Application No 5904

T. C No. 031-152-11

Map Date 11-10-72

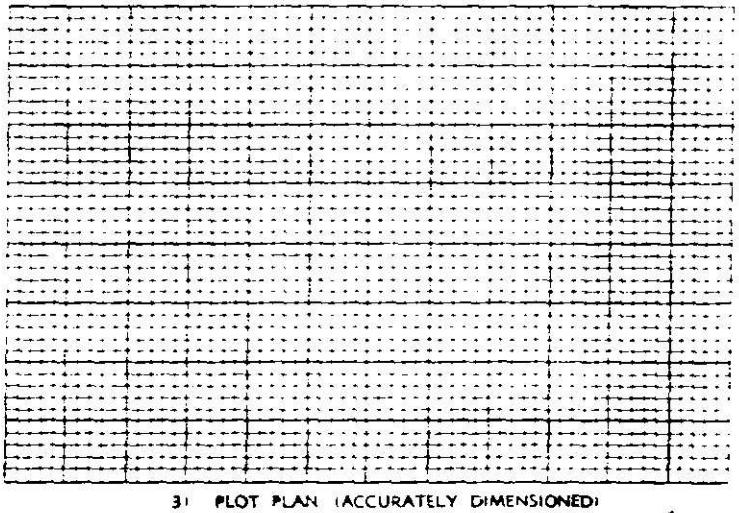
# MECKLENBURG COUNTY HEALTH DEPARTMENT

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

1) Yes 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 Lots: 2

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) Governmental System: NO
C) Community System:
1. Well source: NO
2. Governmental source: NO

10) 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. ___ NO

12) VA Case No. ___ NO

13) NAME OF OWNER BENNETT (LAST) JAMES (FIRST) MARSHALL (MIDDLE)

14) ADDRESS OF OWNER Route 6 Box 737A Charlotte, NC. 28208

15) PHONE NO. Home 399-0559 Office 332-6104

16) LOCATION OF SYSTEM Riverside Dr. 1884 (STREET OR COUNTY ROAD)

17) SUBDIVISION RIVERSIDE Drive Lot No. 13+14 Block No. B

Map Book No. 7 Page No. 735

18) DEED REFERENCE — DEED BOOK 3545 AT PAGE 170

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES NO 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.

4/2/73
DATE OF APPLICATION

J M Bennett
OWNER

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

**HEALTH DEPARTMENT'S COPY**

SEE INSTRUCTIONS ON BACK

Date Received 4-26-72

(CARES) Application No 5704

T C No 031-152 11

Map Date 11-10-72

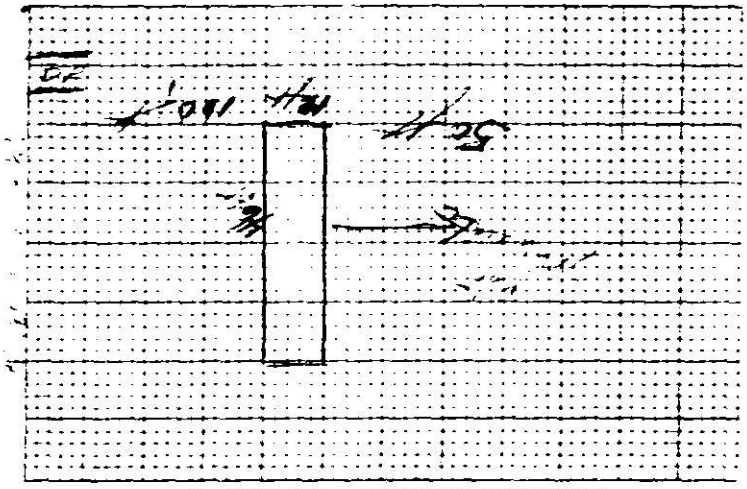
# MECKLENBURG COUNTY HEALTH DEPARTMENT

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

1) / Install or Construct 2) _ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4 No of Bedrooms 2

5 Business Use Yes No
Employees

6 Washing Machine Yes No

7 Garbage Disposal Yes X No

8 Dishwasher Yes X No

9 Water Supply
Municipal Yes X
Government
Community
Well
Spring

Sewage System
House connected to public sewer Yes X No
House connected to septic tank
Community sewer Yes No

11 FHA Case No

12 VA Case No

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER BENNETT (LAST) JAMES (FIRST) MARSHALL (MIDDLE)

14) ADDRESS OF OWNER Route 6 Box 737L, Charlotte, N.C. 28216

15) PHONE NO Home 394-0557 Office 332-6104

16) LOCATION OF SYSTEM 1834 (STREET OR COUNTY ROAD)

17) SUBDIVISION Riverdale Estates Lot No. 14 Block No 15

Map Book No 7 Page No. 735

18) DEED REFERENCE — DEED BOOK 3545 AT PAGE 170

19) HAS A PERCOLATION TEST BEEN RUN? Yes YES ____ NO DATE RUN April 26, 72

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.

4-26-72
DATE OF APPLICATION

Jon. Bennett
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 4, 1973

Serial No. 2879

LA No. 5904

T. C No. 031-152-11

Map Date 11-10-72

# 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 Bennett (LAST) James (FIRST) Marshall (MIDDLE)

ADDRESS OF OWNER Route 6, Box 737-L ZIP 28208

LOCATION OF LOT Riverside Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 14 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 30 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 5904. 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 9677 ICAR(S) Permit No 5904

Date Issued 5/14/73 T. C No 031-152-12

Map Date 4/27/73

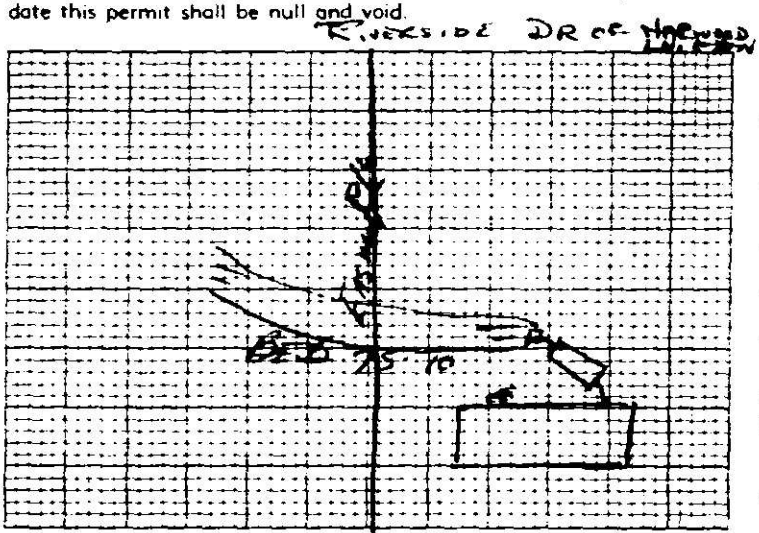
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 5904, dated _____ 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 5/20/73 after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 30 mpi

Liquid Capacity of Tank 1000 gal

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Lenght 300

Number of Lines * 4 (10' x 75')

Distance from House 20'

Distance from Property Line 10' see comment

Distance from Well 50'+

NAME OF OWNER JAMES M. BENET

LOCATION OF PROPERTY HARWOOD LN. EXTN. RIVERSIDE DR.

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: * If necessary 12½' x 60' R. Oakes - 5/20/73

RLM 5/20

Division or Section Head

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 5/18/73 **Serial No.** 3281 C of A (s) No. 5904

T. C. No. _____

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 BENNETT (LAST) JAMES (FIRST) M. (MIDDLE)

Location of Property HARWOOD LN. EXTN. RIVERSIDE DR.

Application Number 5904 Permit Number 5904

**Inspection Data:**

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300 Number of Lines 5 BED 12½ X 60'M+

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source IND WELL Distance from Water Source 50'+

Excavation Inspected 5/18/73 (DATE) Tank Inspected 5/18/73 (DATE)

Nitrification Field Inspected 5/18/73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: R. OAKES

L L Bridges
Environmentalist

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

HEALTH DEPARTMENT'S COPY