Date Received 12 Sept 72

APT No 6984

P.O

T. C No 029-272 C5

Map Date Sept 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Shaw, George & Cathy Douglas F.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER Rt 7 Box 663 Charlotte NC ZIP 28213

3) PHONE NO Home 875 1233 Office ——— ———

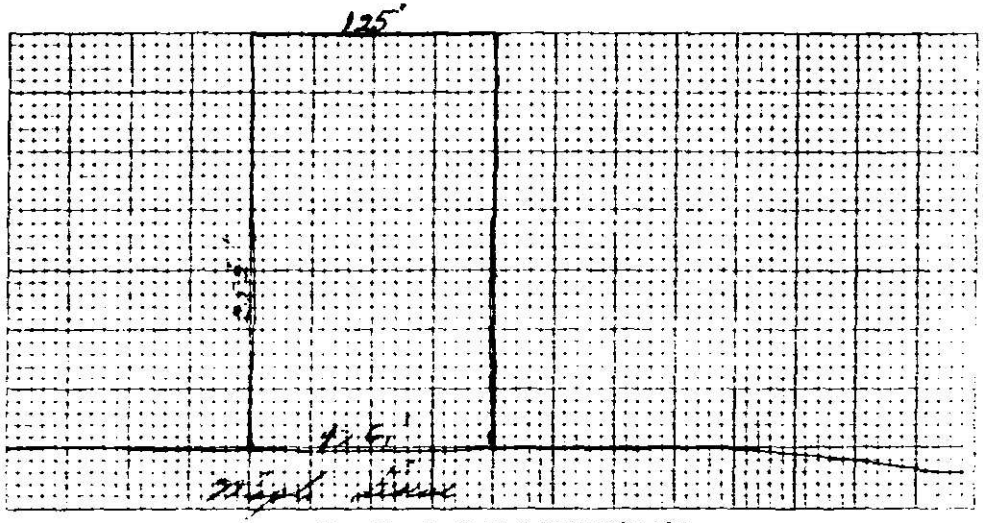
4) LOCATION OF PROPERTY Ridgewood Acres of Maple Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Ridgewood Acres LOT NO 17 BLOCK NO A

MAP BOOK NO 9 PAGE NO 93 + 95

6) DEED REFERENCE DEED BOOK 3614 0257 PAGE NO 3614 0255
3614 0256

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

George Douglas Shaw
OWNER
Cathy F. Shaw

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3660

PTR No. 6984
P.O.

Date Issued September 14, 1973

T C No 029-272-05

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

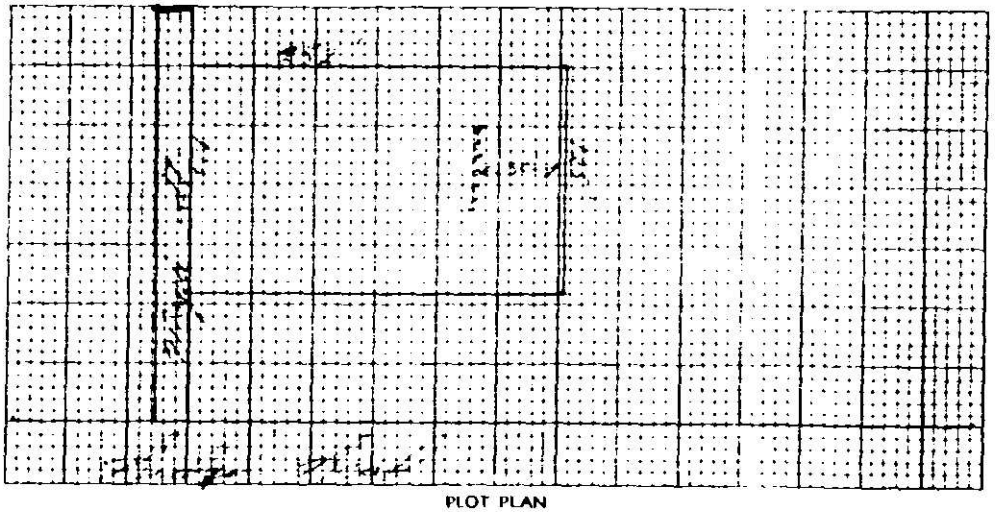
PERCOLATION TEST REPORT

NAME OF OWNER Shaw (LAST) George (FIRST) Douglas (MIDDLE)

ADDRESS OF OWNER Route 7, Box 663 ZIP

LOCATION OF PROPERTY Maple Drive (STREET OR COUNTY ROAD)

SUBDIVISION Ridgewood Acres LOT NO 17 BLOCK NO A



PLOT PLAN

This is to certify that a percolation test has been run and on 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 50 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.

John R. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E 2 4 1-71

HEALTH DEPARTMENT'S COPY

Date Received 9.14.73

MECK COUNTY HEALTH DEPT.
RECEIVED
SEP 14 1973

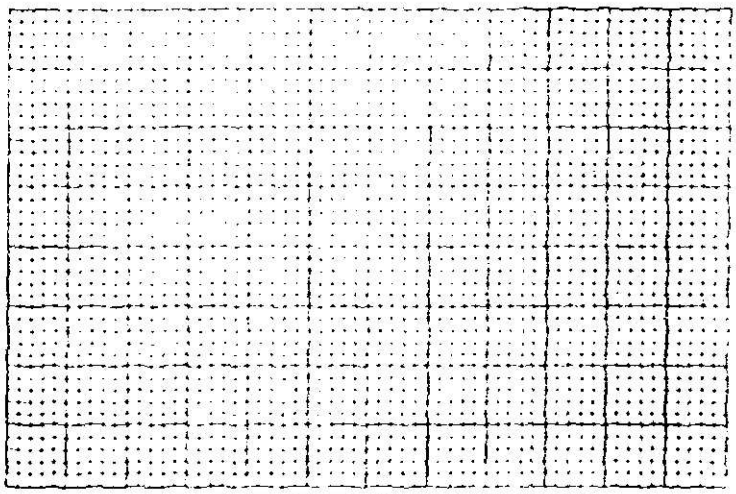
ICAR (S) Application No. 6984
T. C. No. 029-272-05
Map Date 1/70

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 ✓
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
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. ___
12) VA Case No. ___

13) NAME OF OWNER Shaw (LAST) George (FIRST) Douglas (MIDDLE)

14) ADDRESS OF OWNER Route 7, Box 663 Charlotte N.C. 28213

15) PHONE NO Home 875-4233 Office ___

16) LOCATION OF SYSTEM Ridge Road - Maple Drive (Ridgewood acres (STREET OR COUNTY ROAD)

17) SUBDIVISION Ridgewood Acres Lot No. 17 Block No. A

Map Book No. 9 Page No. 93-95

18) DEED REFERENCE -- DEED BOOK 3614 0255 AT PAGE 93-95

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ 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

DATE OF APPLICATION ___

OWNER Douglas George Shaw
Cathy F. Shaw

FORM NO. E 4-4

HEALTH DEPARTMENT'S COPY

Date Issued September 14, 1973

Serial No. 3431

LA No. 6984
P.O.
T C. No 029-272-05

Map Date 9-1-70

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 Shaw (LAST) George (FIRST) Douglas (MIDDLE)

ADDRESS OF OWNER Route 7, Box 663 ZIP 28213

LOCATION OF LOT Maple Drive (STREET OR COUNTY ROAD)

SUBDIVISION Ridgewood Acres LOT NO 17 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 50 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 # 6984. 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

M. H. Kirby
Environmentalist

John R. Adamson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 4/21/72

Serial No. 4459

ICAR(S) Permit No. 6984

P.C. T. C. No. 029-272-05

Map Date 1/4/26

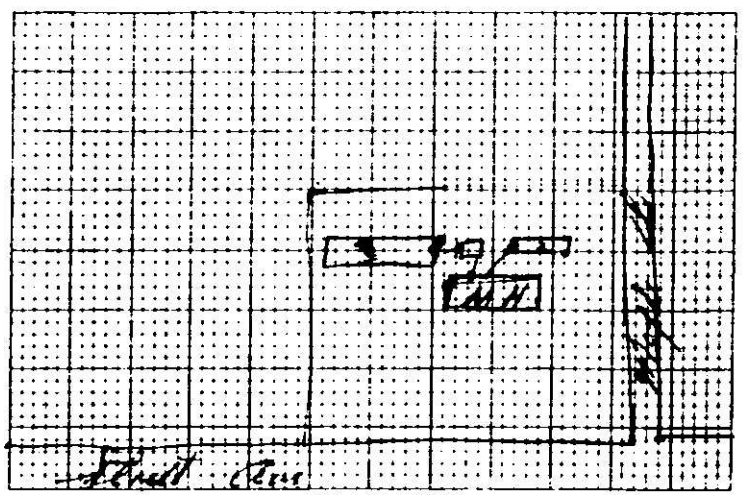
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 6984 dated 4/4/72 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 9/21/72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 32'+150'+4 @ 3' (4x50+3") = 382'

Number of Lines 6 @ 3' x 62 1/2"

Distance from House 15'

Distance from Property Line 25'

Distance from Well 100'

NAME OF OWNER Mary George Taylor

LOCATION OF PROPERTY S/S Beam Road (-Stuart Circle)

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: J. Stuart (site)

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 S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4092

C of A (s) No. 6984

Date Issued 19 Oct 73 John A Allison

P.C. T. C No. 039-272-05

Map Date Sept 72

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 Shuey (LAST) Shayne (FIRST) Douglas (MIDDLE)

Location of Property off Hedge Road (Stuart Cove)

Application Number 6984 Permit Number 6984

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 370' + 150' LM Number of Lines 3 (75' x 5' x 17") 6 (15' x 62' x 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 19 Oct 73 (DATE) Tank Inspected 19 Oct 73 (DATE)

Nitrification Field Inspected 19 Oct 73 (DATE)

Washing Machine Line Inspected, If Applicable 19 Oct 73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ 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 J. Stuart (Cole)

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY