Date Received 6-1972

APT No 830

T C No.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 4461 Nielson Ln. Matthews, N.C ZIP 28105

PHONE NO. Home 545-4993 Office

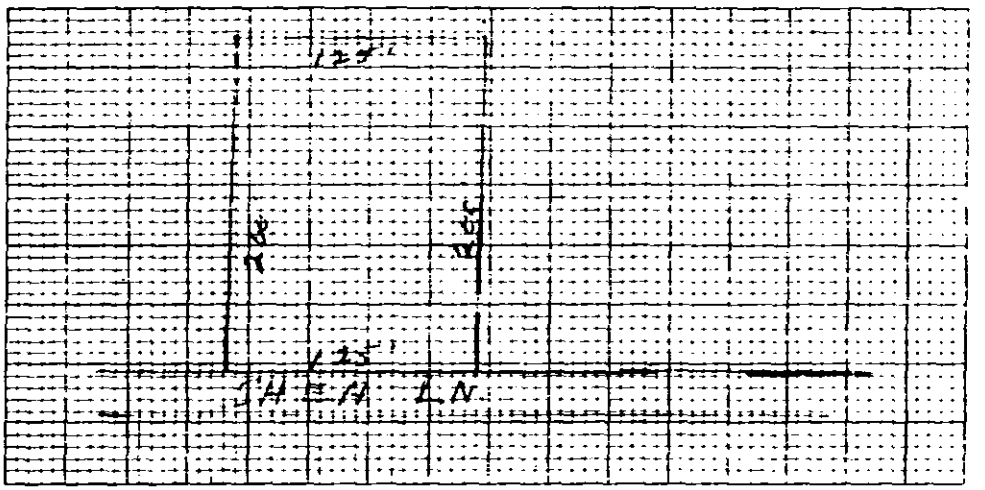
LOCATION OF PROPERTY 4516 Shue Ln. (STREET OR COUNTY ROAD) Matthews, N.C

SUBDIVISION LOT NO. #6 BLOCK NO. A

MAP BOOK NO 14 PAGE NO. 48

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



ACCURATELY DIAGRAM & DIMENSION LOT

June 15, 1972 W. P. Thomas
OWNER

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]75

PTR No. 830

Date Issued August 16, 1972

T C No 135-281-21

Map Date 8/9/72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

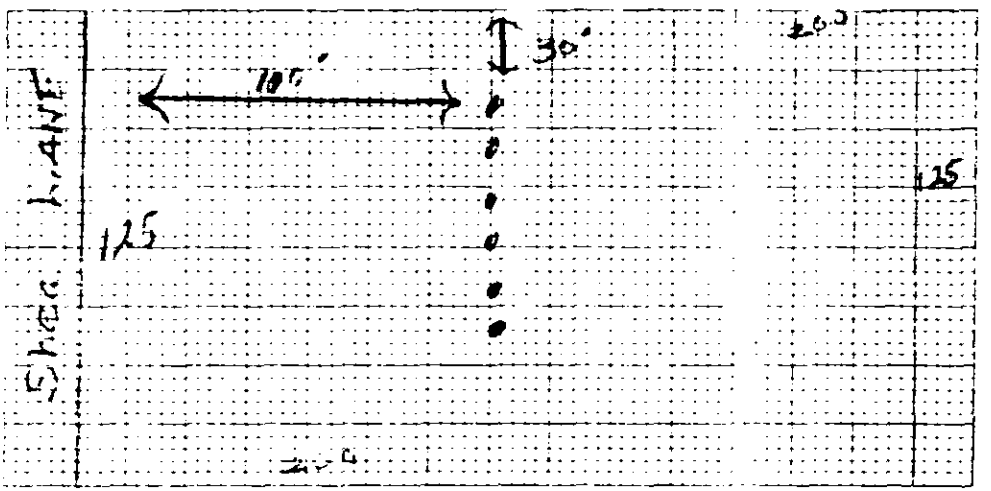
PERCOLATION TEST REPORT

NAME OF OWNER Thomas (LAST) William (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Lane, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY 4510 Shea Lane, Matthews, N.C. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 6 BLOCK NO A



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 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 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.

[signature]

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 8-3-72

830

ICAR(S) Application No. [redacted]

I C No. 135-281-21

Map Date 8-9-72

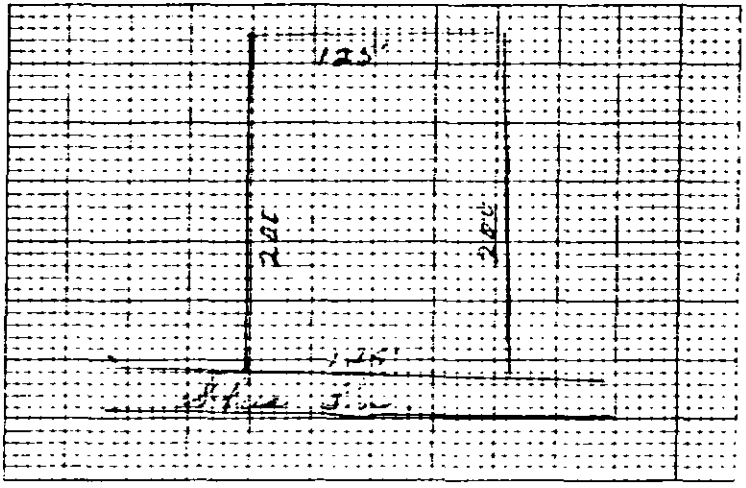
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use — Max No Employees 0

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 [redacted]
  - 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 Morrison (LAST) William (FIRST) F. (MIDDLE)

14) ADDRESS OF OWNER 9111 Nixon Ln, Matthews, N C

15) PHONE NO Home 366-4598 Office ____

16) LOCATION OF SYSTEM 9111 Nixon Ln (STREET OR COUNTY ROAD) Matthews, N C

17) SUBDIVISION ____ Lot No 6 Block No. A

Map Book No 14 Page No. 483

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN July 1972

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.

July 31, 1972
DATE OF APPLICATION

W. F. Morrison
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued August 16, 1972 Serial No. 2014

LA No. 830

T C. No. 135-281-21

Map Date 8/9/72

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 Thomas (LAST) William (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Lane, Matthews, N.C. ZIP 28105

LOCATION OF LOT 4510 Shea Lane, Matthews, N.C. (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 6 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 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 830. 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 which have been issued to authorize construction on the said lot if at any time it is determined that any information submitted in the "Application for 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

Thomas R. Ward
Environmentalist

C. F. Williams
Director Environmental Health Division or Authorized Section Head

FORM NO E 3-4-1-71

[illegible] COPY

Date Issued 11-3-72 Serial No. 3074 ICAR(S) Permit No 830

T C No

Map Date

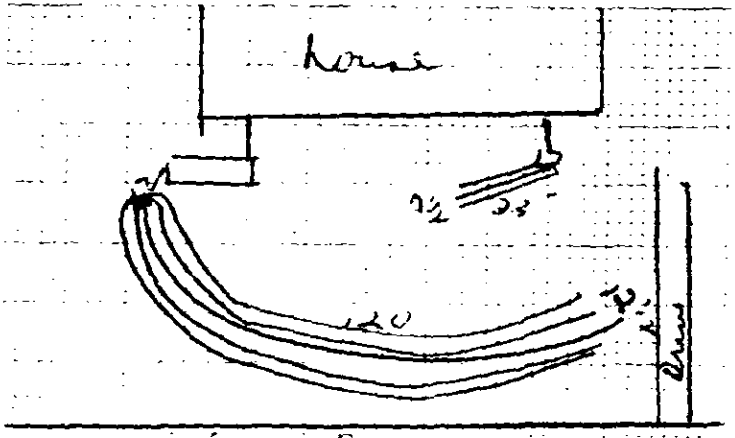
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is granted ✓ to 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 830 dated 8-3-72 and is void and of no effect if the work is not started as provided in the application for this permit. All work must be completed on or before 12-3-72 after which date this permit is void.



Permeability Rate 6.0

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast concrete

Absorption Trench or Absorption Lines

Total Line Length 600'

No. Lines 5

Distance between Lines 10'

Length of Lines 120'

Distance from Creek 100'

Shenandoah

NAME OF OWNER William P Thomas

LOCATION OF PROPERTY 4510 Shenandoah (C-A)

This permit is issued subject to the requirements as set forth in the Regulations of the Mecklenburg County Board of Health and is valid for a period of one year from the date of the granting of this permit. A certificate of approval must be issued before any system can be covered up or otherwise rendered inaccessible for inspection.

Comments: 12½ x 120' / trench 7½ x 33 x 17" / Creek fill 7½ x 14' thick

Sanitarian Section

Environmentalist Thomas R. Ward

This permit must be signed by the Sanitarian for 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. 1 (Rev.)

NOV 13 1972

Serial No. 2828

C of A (s) No. 830

Date Issued 11-3-12

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 Thomas, William ? (LAST, FIRST, MIDDLE)

Location of Property 4510 Shea Lane

Application Number 830 Permit Number 830

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material Precast Conc.

Total Length of Drain Tile 600' Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 11-8-12 (DATE) Tank Inspected 11-3-12 (DATE)

Nitrification Field Inspected 11-3-12 (DATE)

Washing Machine Line Inspected, If Applicable 11-3-12 (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 as 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: Installed by Sheet Comb. Co.

Environmentalist

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