Serial No. 3556

PTR No. 6932

Date Issued August 31, 1973

T C No. 217-131-03 V

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

NAME OF OWNER Small (LAST) Albert (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 1225 Burtonwood Circle ZIP

LOCATION OF PROPERTY off Red Fez Club Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



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 46 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 8-31-73 — See Instructions on BACK — Needs SDN 1/C Dept

ICAR (S) Application No 6932

T C No 217-131-03

Map Date

1000 gal
300 ft
FOR FARM ONLY

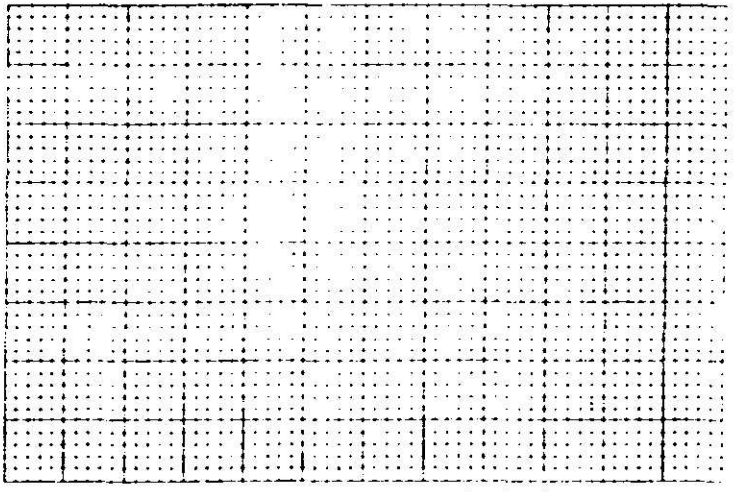
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Income Units Max No Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water supply

A) Individual Well X

B) Government ___

C) Community System

1) Well ___

2) Government ___

Water System

Name of Public Water System ___

a) public water ___ Yes X No

Name of Public Water System ___

community water ___ Yes X No

11) FHA Case No —

12) VA Case No

13) NAME OF OWNER SMALL (LAST) ALBERT (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 1225 BURTONWOOD DR.

15) PHONE NO Home 537-2029 Office Same

16) LOCATION OF SYSTEM OFF RED FEZ CLUB RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

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 8/30/73

OWNER Albert B. Small

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3367

LA No. 6932

Date Issued August 31, 1973

T. C. No. 217-131-03 V

Map Date

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 Small (LAST) Albert (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 1225 Burtonwood Circle ZIP

LOCATION OF LOT off Red Fez Club Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.

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 46 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 6932. 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. 5093 ICAR(S) Permit No. 625

Date Issued

T C No

Map Date

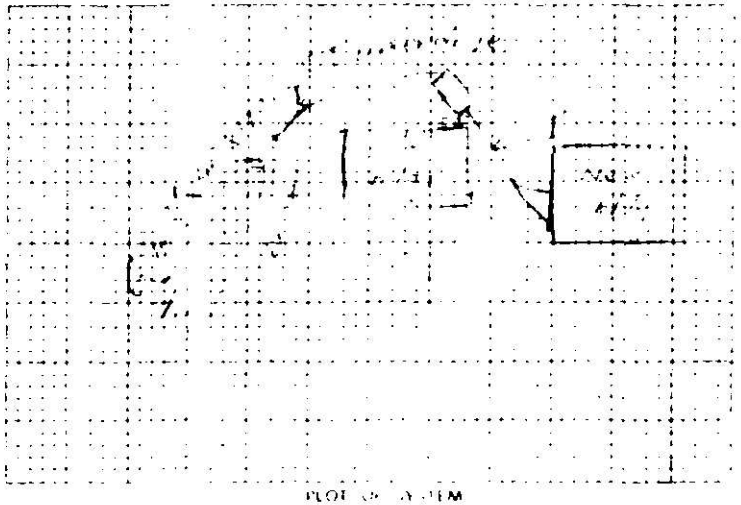
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to Install or Construct, Alter or Repair the individual septic tank waste water 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 dated and this permit shall be void and of no effect if the information provided in the application is in error or misrepresented. All work shall be completed on or before after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Length

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

This system must meet all 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

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 section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required when an existing system is being altered or repaired.

Form No. E-5-9-1-72

White - Applicant's Copy

Date Issued 5/[illegible]/74 **Serial 4808** C of A (s) No. 6932

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 Smith (LAST) Robert (FIRST) D (MIDDLE)

Location of Property [illegible] Dixie River Rd. Nr Dixie Rd

Application Number [illegible] Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank 1000 Gal Tank Material C

Total Length of Drain Tile 300 Number of Lines 6

Depth of Filter Material 1' Cover Depth 3' +

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected [illegible] (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected [illegible] (DATE)

Washing Machine Line Inspected, If Applicable — (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, X 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: Acc

[illegible]
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY