Date Received 12/8/76 Apt. No. (S) _____ Application No. (W) 6330

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER PORTER (LAST) ROBBIE (FIRST) LEE (MIDDLE)

ADDRESS OF OWNER 1116 ROBINHOOD CIR ZIP 28212

PHONE NO. Home 536 0032 Office 374 2354

LOCATION OF PROPERTY LOT 38 SECTION 2 LAKE NORMAN
(STREET OR COUNTY ROAD)

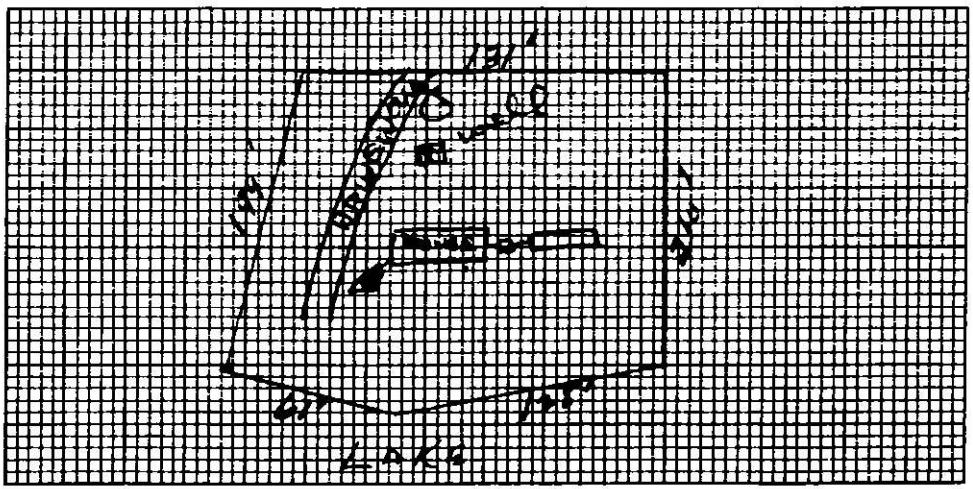
SUBDIVISION _____ LOT NO. 38 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN _____

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

_____ DATE OF APPLICATION

_____ OWNER

Application approved and permit hereby granted

Permit No: 6330

R. M. Reynolds ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

KIRBY

Date Received 5-18-23

APT No. 6320

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Porter (LAST) Robbie (FIRST) Lee (MIDDLE)

2) ADDRESS OF OWNER 23 Mereview Court ZIP 28210

3) PHONE NO. Home 525-6651 Office 374-2321

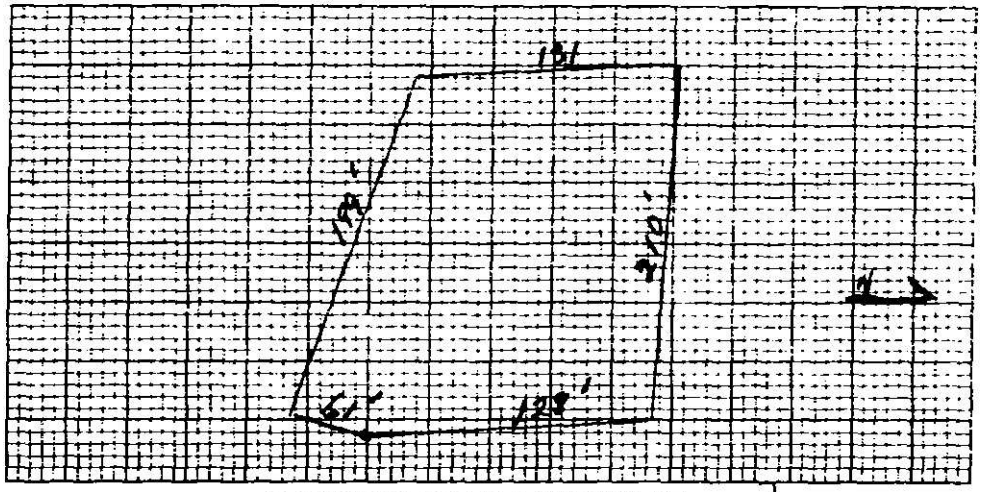
4) LOCATION OF PROPERTY Lot #38 - Section 2 (Duke Power), Lake Norman (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) 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.



7) ACCURATELY DIAGRAM & DIMENSION LOT

R L Porter

OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: October 14, 1974

TO: John R. Adkisson

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: Apt. 6320 (R. L. Porter)
Lot No. 38, Section No. 2, off Hilltop Drive
10-14-74

The building site consists of soils of the Cecil series. These soils have good drainage, good aeration and moderate permeability.

Based on this investigation, the site is recommended for approval for installation of a septic tank system. System design should be based on a 60 min./in. perc. rate.

WEL:dsb

Serial No. 4721

PTR No 6320

T C No 001-221-1U

Date Issued 10-15-74

Map Date 4-19-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

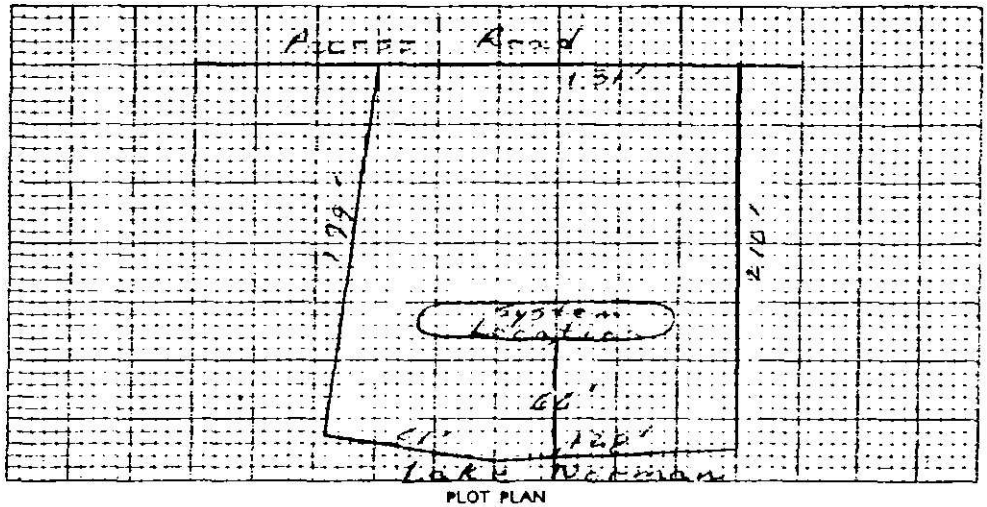
PERCOLATION TEST REPORT

NAME OF OWNER Porter (LAST) Robbie (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 1116 Robinhood Circle ZIP 28212

LOCATION OF PROPERTY Lot 38 - Section 2, Lake Norman (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 60*min/in The soil at 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 soil 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.

*Results determined by soil analysis.

W. Everette Rymer Jr. — Soil Scientist

John A. Atkinson — Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2-12-75

ICARIS Application No 6320

T C No. 001-221-10

Map Date 4-19-74

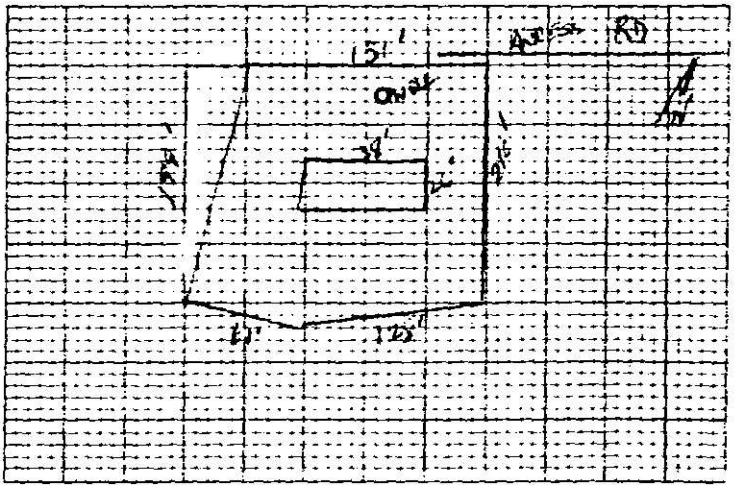
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ____

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 Porter (LAST) Robbie (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER 1116 Robin Hood Cir

15) PHONE NO. Home 536 6681 Office 374-2354

16) LOCATION OF SYSTEM Lot 38 Section 2 Lake Norman (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 SB 10-11-74 60

20) PTR NUMBER (See Instructions) 6320

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.

18 Feb 75
DATE OF APPLICATION

Robbie L Porter
OWNER

FORM NO E-4-4-1-2

HEALTH DEPARTMENT'S COPY

Date Issued Feb. 28, 1975

Serial No. 4703

IMPROVEMENTS PERMIT

LA No. 6320

T C No 001-221-1V

Map Date 4-19-74

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 Porter (LAST) Robbie (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 1116 Robinhood Drive ZIP

LOCATION OF LOT Lot 38, Section 2, Lake Norman (STREET OR COUNTY ROAD)

SUBDIVISION ~' LOT NO 38 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 60Min./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 6320. 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 on "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

John P. Gibson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

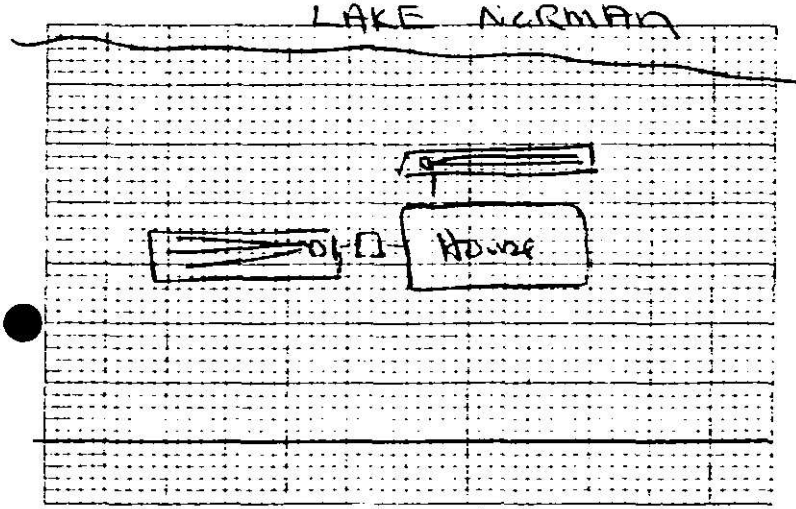
Date Issued 13 April 78 **Serial No. 1547** ICAR (S) Permit No 6320

T. C No

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 herein at the described location. This permit is granted based upon the information supplied in application 6320 dated 13 April 78 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 13 may 78, after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and or Nitrification Line)

Total Line Length 330' - 125

Number of Lines 4 - 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Porter, Robbie L.

LOCATION OF PROPERTY Cotton Patch Rd off Belle Isle Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments

Division or Section Head

Environmentalist J M Reynolds

* 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 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 14 April 78 Serial No. 1498

C of A Isl No. 6320

T C No CO1-2240

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Porter Robbins Lee
(LAST, FIRST, MIDDLE)

Location of Property Cotton Patch Lane off Belle Isle Dr.

Application Number 6320 Permit Number 6320

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 330' - 125' Number of Lines 4 - 2

Depth of Filter Material 34" Cover Depth 15"

Water Supply Source well Distance from Water Source 100 E

Excavation Inspected 14 April 78 (DATE) Tank Inspected 14 April 78 (DATE)

Nitrification Field Inspected 14 April 78 (DATE)

Washing Machine Line Inspected, If Applicable 14 April (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 Health Commission 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 properl, or relieve any person now or hereafter owning, controlling, or using such system from any liabilit, 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 M Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy