K

Date Received 6-19-73

APT No 6500

T.C No 001-293-04

Map Date 4-1973

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CRASMUN (LAST) ROBERT (FIRST) McHENRY (MIDDLE)

2) ADDRESS OF OWNER 2021 ENTRADA DR. ZIP

3) PHONE NO Home 542-[redacted] Office

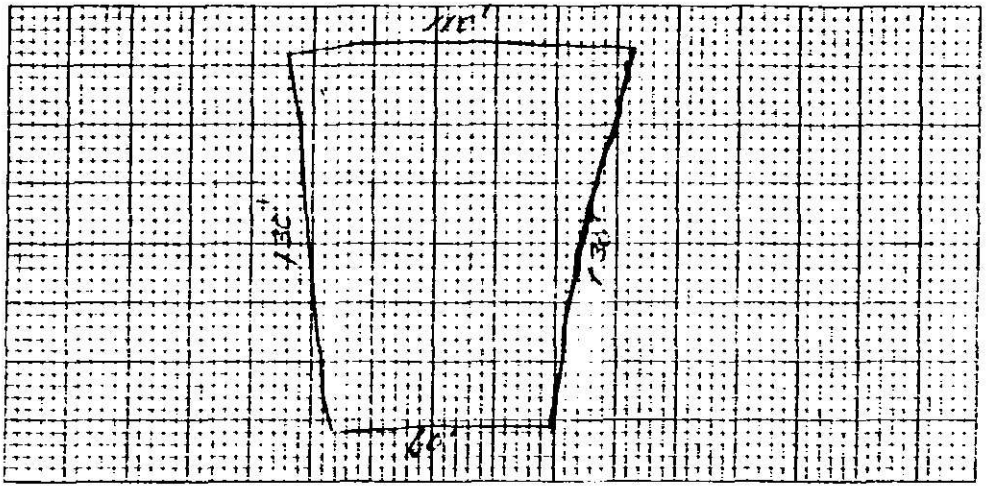
4) LOCATION OF PROPERTY ENTRADA DR (STREET OR COUNTY ROAD)

5) SUBDIVISION BAHIA BAY LOT NO 130 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

Robert M Crasmun
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

K

SEE INSTRUCTIONS ON BACK

Date Received 6-19-73

ICAR(S) Application No 6500

T C No 001-293-04

Map Date 4-27-73

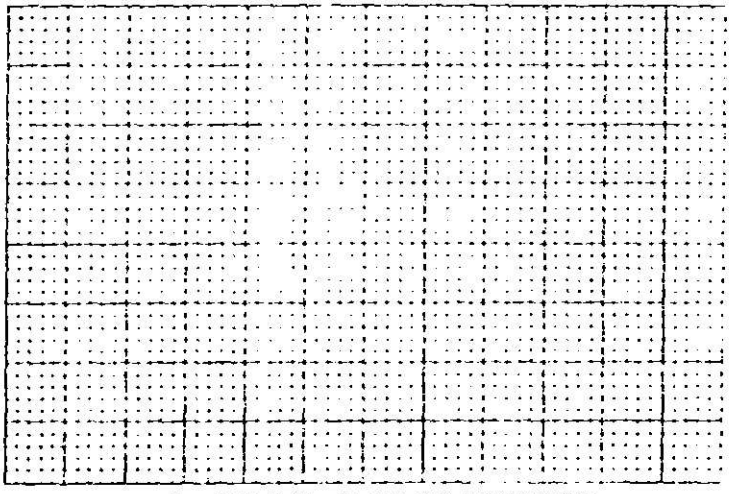
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ____
B) Government ____
C) Community ____
1 Well ____ Public Water
2 Government ____

10) Sewage System
House located ____ feet of public sewer ____ Yes ✓ No
House located ____ feet from community sewer ____ Yes ✓ No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER ~~Robert~~ C Redmon (LAST) Robert (FIRST) McHenry (MIDDLE)

14) ADDRESS OF OWNER 2131 Lenwood Dr.

15) PHONE NO Home 592-1660 Office ____

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

17) SUBDIVISION Idlewild Park Lot No 130 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.

6-19-73
DATE OF APPLICATION

Robert M Redmon
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 16, 1973 Serial No. 3525

LA No. 6500

T. C. No. 001-293-04

Map Date 9-3-70

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 Croasman (LAST) Robert (FIRST) McKinney (MIDDLE)

ADDRESS OF OWNER 21021 Entrada Drive ZIP

LOCATION OF LOT Entrada Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 130 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 * , 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 6500. 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.

* May add one room to present system.

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

6500

Serial No. 3297

ICAR(S) Permit No. ~~2477~~

Date Issued 25 Feb 73

T. C. No. 21-273-04

Map Date 1 Aug 72 C

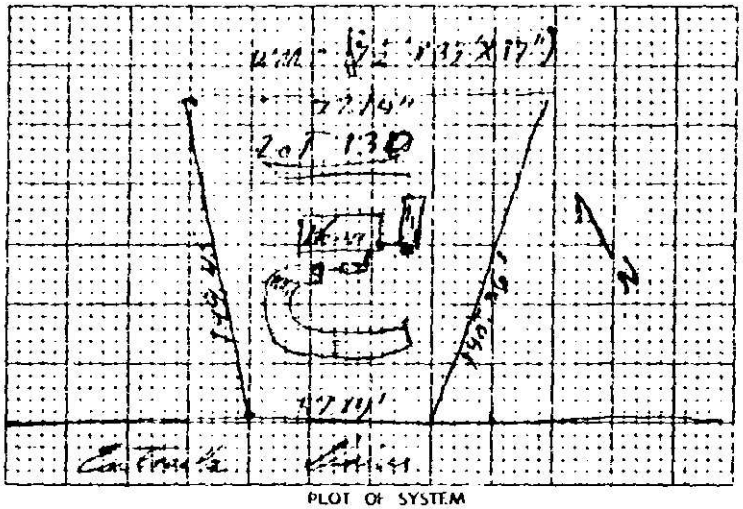
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 3297 6500 dated 17 Jan 73 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 25 Mar 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Length 3(22'X6'X17")

Number of Lines 3(22'X6'X17")

Distance from House 16'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER [illegible] Robert McKee

LOCATION OF PROPERTY Entrada Lane (Robin Hwy)

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 Owner will install septic

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. [illegible]

Serial No. 3115

C of A (s) No. 5957 6500

Date Issued 4 Apr 73

T C. No. 001-293.04

Map Date July 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Creasman, Talbot McKinney
(LAST, FIRST, MIDDLE)

Location of Property Catawba Shores (Lake Wylie)

Application Number 5957 6500 Permit Number 5957 6500

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300'+100'=400' Number of Lines 3 (12½ x 60 x 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source Community

Excavation Inspected 4 Apr 73 (DATE) Tank Inspected 4 Apr 73 (DATE)

Nitrification Field Inspected 4 Apr 73 (DATE)

Washing Machine Line Inspected, If Applicable 4 Apr 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 Owner installed system

M. S. Sisk
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPT. OWNER COPY