Date Received 2/24/75 APT No. 8947

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Providence Acres, Inc

2) ADDRESS OF OWNER (LAST) Henry G. Newsom (FIRST) P.O. Box 3451 Charlotte (MIDDLE) ZIP 28203

3) PHONE NO. Home 332 6454 Office 334 9765

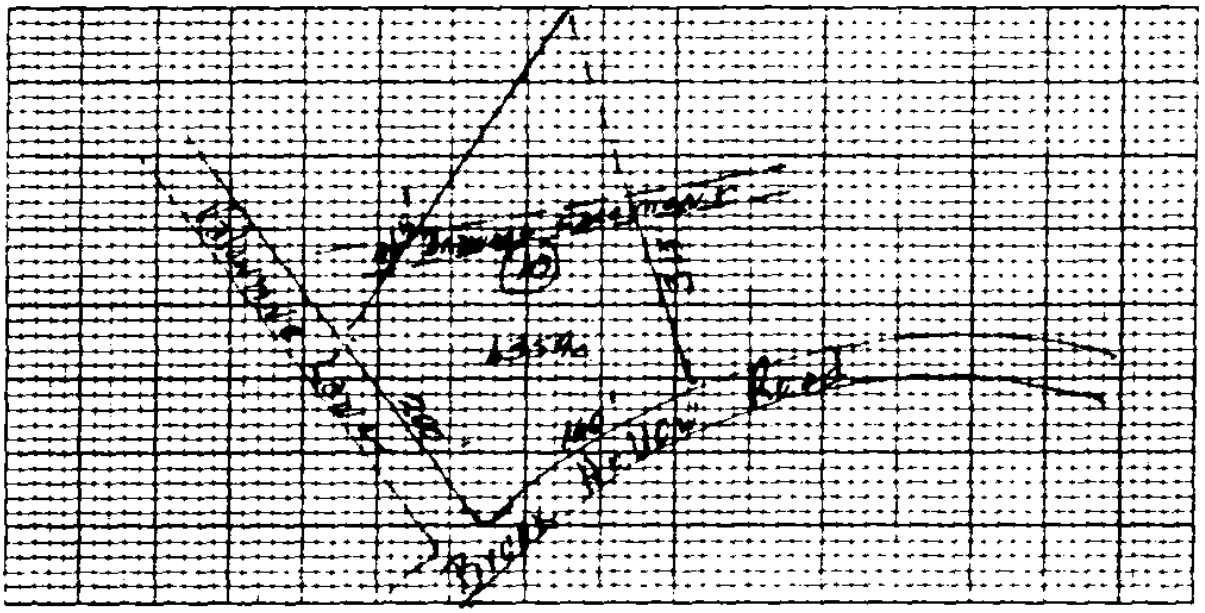
4) LOCATION OF PROPERTY Delcrest Lane & Brook Hollow Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Plantation LOT NO 10 BLOCK NO 4 E

MAP BOOK NO 17 PAGE NO 319

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

Providence Acres Inc

By Henry G Newsom Agt

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 4974

PTR No. 8947

Date Issued Feb. 26, 1975

T C No 227-105-10

Map Date 2-21-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

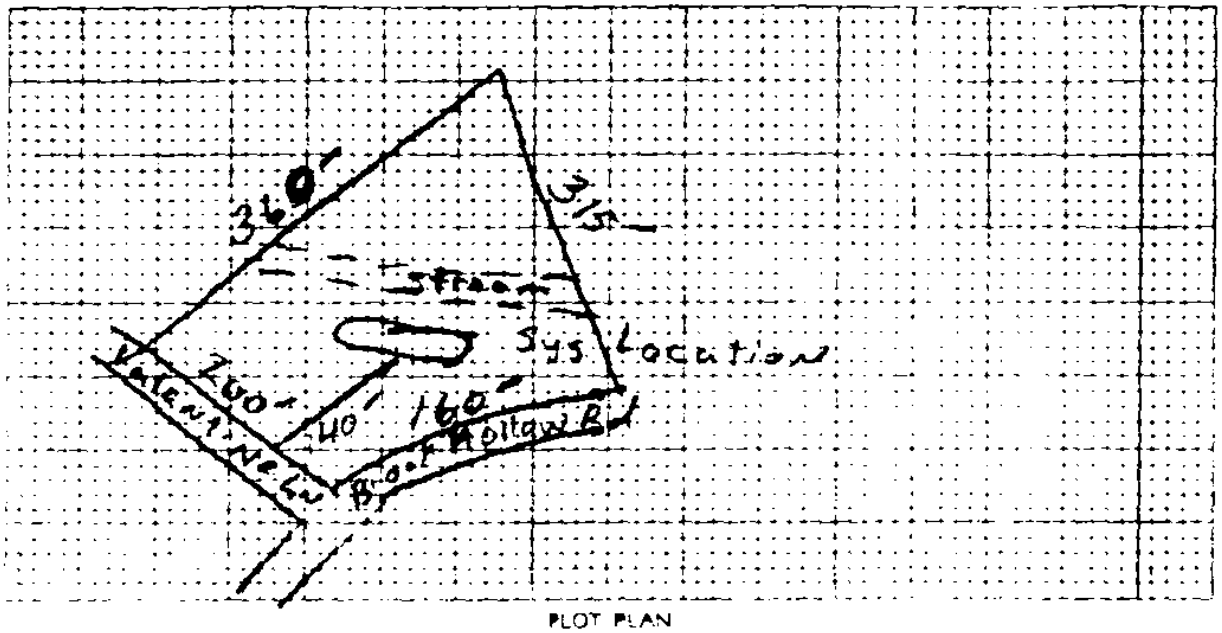
PERCOLATION TEST REPORT

NAME OF OWNER Providence Acres, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER % Henry G. Newson, P. O. Box 3154 ZIP 28203

LOCATION OF PROPERTY Valentine Lane & Brook Hollow Road
(STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 10 BLOCK NO 4A



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 *60Min./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, maintenance, 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

[signature] Soil Scientist

[signature] Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 30 Jun 76 **Serial No. 7660** ICAR'S Permit No. 8947

T C No 227-10510

Map Date 2-21-75

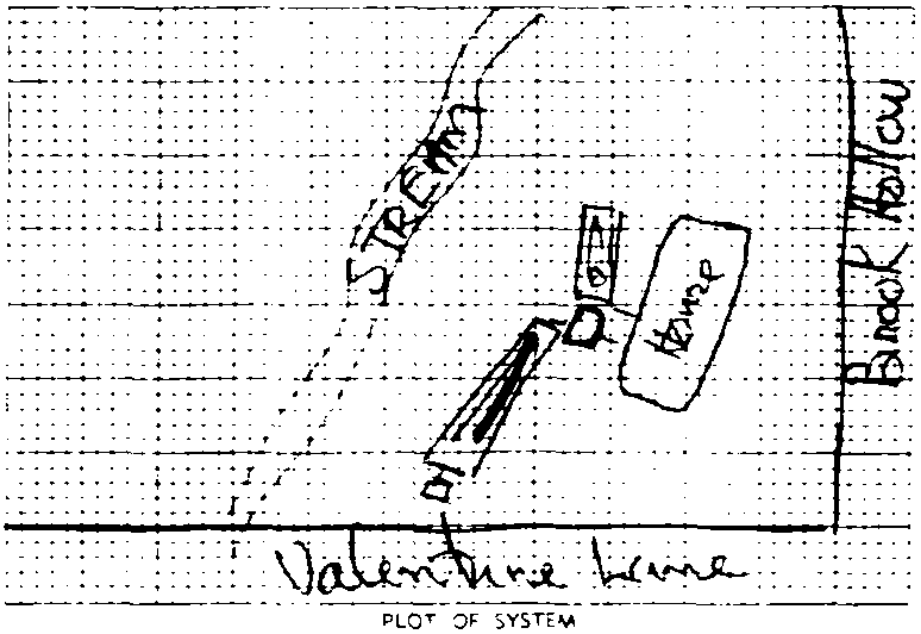
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereon at the described location. This permit is granted based upon the information supplied in application 8947, dated 3-4-76 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 30 July 76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption or Irrigation Lines

Total Line Length 795'-200'

Number of Lines 6-4

Distance from Lines 10'

Distance from Property Lines 10'

Distance from Well 100'

NAME OF OWNER Lingle, Thomas H.

LOCATION OF PROPERTY Brook Hollow & Valentine Lane

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 aeration pit

R. M. Reynolds
Environmentalist

Division or Section Head

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 where an existing system is being altered or repaired.

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Received 3/5/76

ICAR (S) Application No. 6241

T. C. No. 227-165-A

Map Date 2-21-75

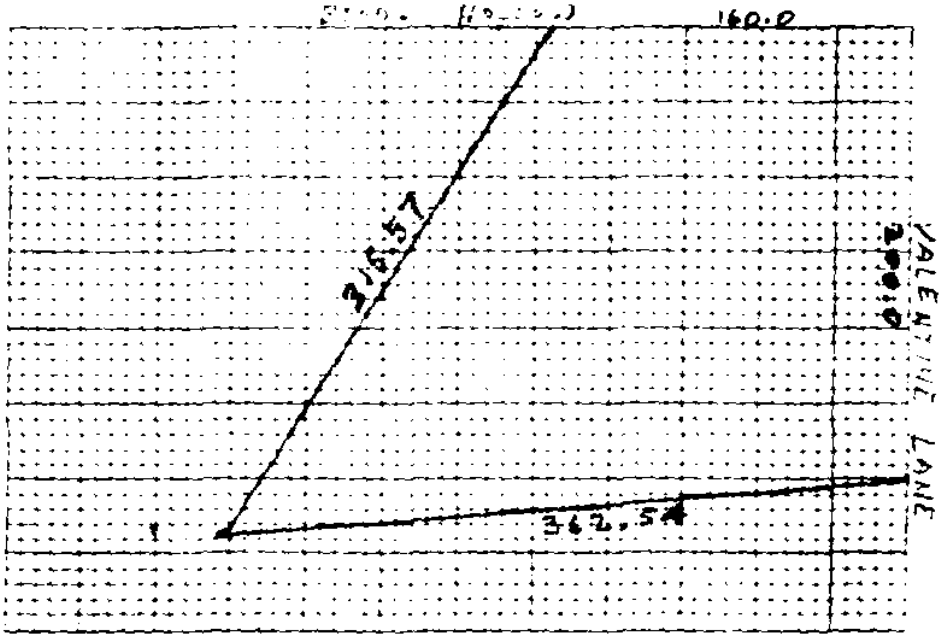
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

5) Business Use Max No Employees

6) Washing Machine X Yes No

7) Garbage Disposal Yes No

8) Dishwasher X Yes No

9) Water Supply
A) Individual Well X
B) Governmental System
C) Community System
1) Well source
2) Governmental source

10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No

11) FHA Case No. NONE

12) VA Case No. NONE

13) NAME OF OWNER LINGLE (LAST) THOMAS (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER 1409 EAST BLVD, CHARLOTTE, N.C 28203

15) PHONE NO Home ___ Office 334-4373

16) LOCATION OF SYSTEM BROOK HOLLOW SUB DIVISION - PROVIDENCE PLANTATION (STREET OR COUNTY ROAD)

17) SUBDIVISION PROVIDENCE PLANTATION Lot No. 10 Block No. 4-A

Map Book No 17 Page No. 319

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.

3-4-76
DATE OF APPLICATION

Thomas H. Lingle
OWNER

FORM NO. E 3 4 ...

HEALTH DEPARTMENT'S COPY

Date Issued 3/6/76

Serial No. 5708

IMPROVEMENTS PERMIT

LA No. 8947

T C No. 227-105-10

Map Date 2-21075

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 Lingle (LAST) Thomas (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 1409 East Blvd, Charlotte, N. C. ZIP 28203

LOCATION OF LOT Brook Hollow Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 10 BLOCK NO 4 A

MAP BOOK NO 17 PAGE NO 319

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./Inch 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 8947. 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

A. M. Gaynor
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY