Date Received 11-10 71

APT No. 2721

T. C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Stinson (LAST) John (FIRST) Douglas (MIDDLE)

2) ADDRESS OF OWNER Post office Box 317 Cornelius, N.C. ZIP 28031

3) PHONE NO. Home 892-8271 Office

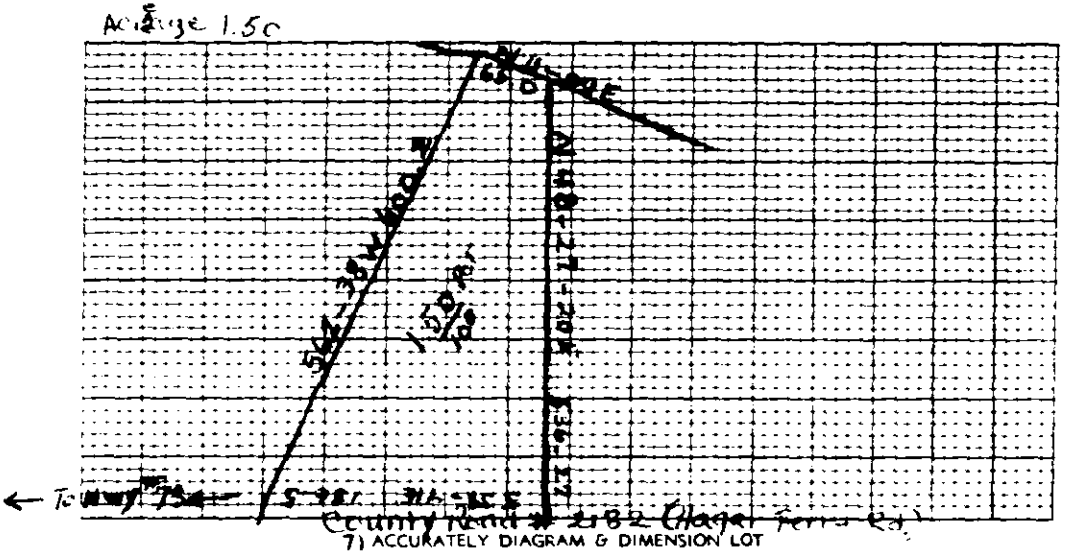
4) LOCATION OF PROPERTY Hagar Ferry Road County Road # 2182 (STREET OR COUNTY ROAD)

5) SUBDIVISION Lemley Township LOT NO. — BLOCK NO. —

MAP BOOK NO 4 PAGE NO. 93

6) DEED REFERENCE DEED BOOK 3170 PAGE NO. 93

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

OWNER John D Stinson

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

HEALTH DEPARTMENT'S COPY

Serial No. 1149

PTR No. 2721

T C No. 201-011-09

Date Issued November 15, 1971

Map Date 9-20 71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

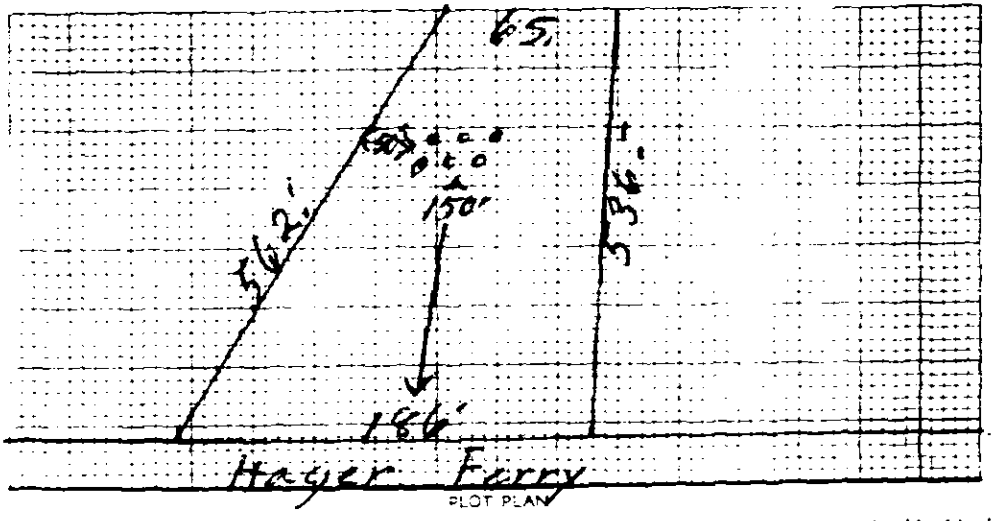
PERCOLATION TEST REPORT

NAME OF OWNER Stinson (LAST) John (FIRST) Douglas (MIDDLE)

ADDRESS OF OWNER P. O. Box 317, Cornelius, N. C. ZIP 28031

LOCATION OF PROPERTY Hagar Ferry Road - County Road #2182 (STREET OR COUNTY ROAD)

SUBDIVISION Lemley Township 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 performed on that portion of the lot as indicated on above plat.

The percolation rate determined by the test was 55 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface absorption effluent discharge subject to the following terms and conditions:

1. A permit must be obtained from the Mecklenburg County Health Department for the septic tank system on the said lot.
2. This approval applies only to the system for which the application was submitted by the Health Department and the type of building contemplated thereon.
3. The septic tank and absorption area must be located in the general area where the test was run.
4. The absorption area must be covered with adequate cover material and must be confirmed on the lot which is suitable for the installation, construction, operation and repair of such a system.

This approval is granted only insofar as the laws of the State of North Carolina, 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.

J. H. Krumm

Director, Environmental Health Division or Authorized Section Head

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

WHITE COPY

Date Received 11 10 71

ICAR(S) Application No. 2721

T C No.

Map Date

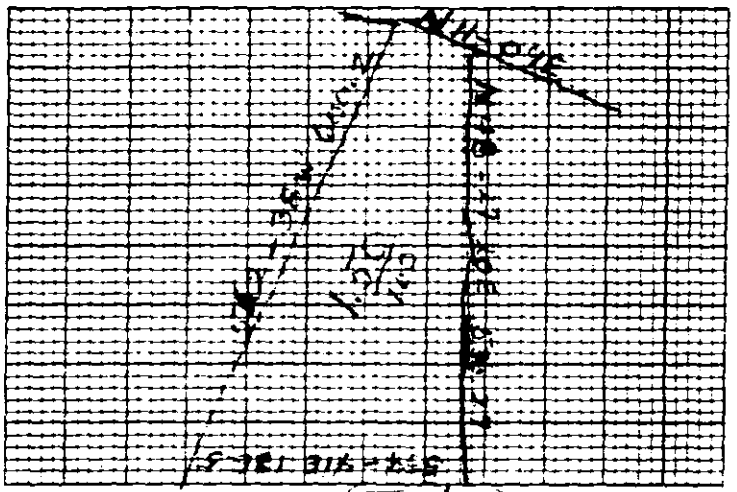
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Stinson (LAST) John (FIRST) Douglas (MIDDLE)

14) ADDRESS OF OWNER Post Office Box 317 Cornelius, N.C. 28031

15) PHONE NO Home [illegible] Office

16) LOCATION OF SYSTEM 4111 Jetton Road County Road # 2182 (STREET OR COUNTY ROAD)

17 SUBDIVISION [illegible] Lot No. — Block No. —

Map Book No. [illegible] Page No. 13

18) DEED REFERENCE — DEED BOOK 517 AT PAGE 13

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

OWNER John D. Stinson

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued November 15, 1971 Serial No. 1162

LA No. 2721

T. C No. 001-011-09

Map Date 4/28/71

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 Stinson (LAST) John (FIRST) Douglas (MIDDLE)

ADDRESS OF OWNER P. O. Box 317, Cornelius, N. C. ZIP 28031

LOCATION OF LOT Hager Perry Road - County Road #2182 (STREET OR COUNTY ROAD)

SUBDIVISION Lemley Township LOT NO _____ BLOCK NO _____

MAP BOOK NO 4 PAGE NO 93

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 58 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 2721. This approval is subject to the following terms and conditions:

1. That the septic tank system 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 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 must be received by the building inspection department before any permit will be issued. Any changes in the lot as approved by the Health Department must be approved by the Health Department before any Installation Construction Alteration and or Repair Permit will be issued. This approval of a system does not guarantee that a constructed or altered system will be approved for use when the Installation Construction Alteration and or Repair Permit

Charles H. Williams
Environmentalist

R. M. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3 4-71

HEALTH DEPARTMENT'S COPY

out

Serial No. 1939

Date Issued 2 Mar 72

ICAR (S) Permit No. [illegible]

PC. T C No 001-911-07

Map Date 23 Feb 72

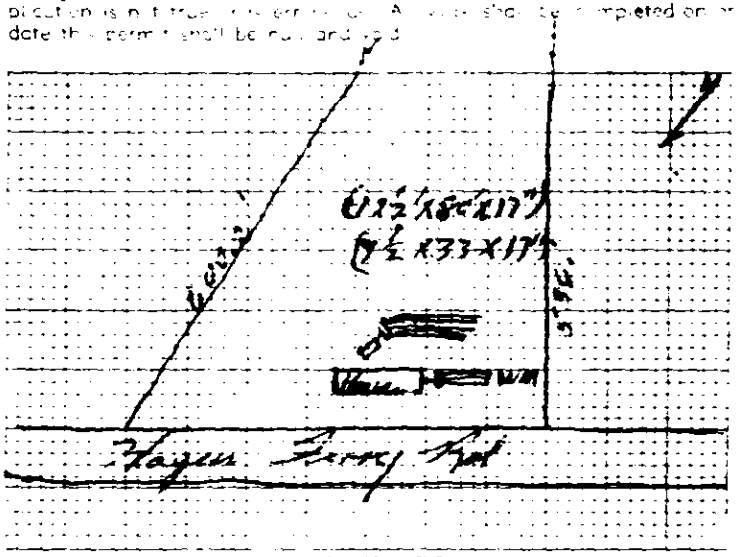
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 granted herein at the described location. This permit is granted based upon the information supplied in application [illegible] dated 11-16-71 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 1 Apr 72 after which date this permit shall be null and void.



PLAT OF SYSTEM

Persons to be served 5B

Liquid Capacity of Tank 1000 G

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 400'+100'WM

Number of Lines (12½x80x17')

Distance from House 20'

Distance from Property Lines

Distance from Well 60

NAME OF OWNER Mason, John Douglas

LOCATION OF PROPERTY Hagen Ferry Rd

This permit is issued subject to the requirements as set forth in the Regulations of the Mecklenburg [illegible] on the date of the granting of this permit. A certificate of approval for the system can be issued only after there be rendered an [illegible]

Comments: Clarkson Thompson (Contractor)

Division of Sanitation

W. T. M. Kirby
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 where an existing system is being altered or repaired.

FORM NO. S 5x4 1-67

[illegible] DEPARTMENT'S COPY

Date Issued 15 Mar 72

Serial No. 1708

C of A (s) No. 2721

P.O T C. No 001-011-07

Map Date 23 Feb 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Stinson (LAST) / John (FIRST) D. (MIDDLE)

Location of Property Niagara Glory Rd.

Application Number 2721 Permit Number 2721

Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 400' + 100' Number of Lines 5+2 (12½' x 80' x 17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Ind Well Distance from Water Source 60'

Excavation Inspected 14 Mar 72 (DATE) Tank Inspected 14 Mar 72 (DATE)

Nitrification Field Inspected 14 Mar 72 (DATE)

Washing Machine Line Inspected If Applicable 14 Mar 72 (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 the restrictions and conditions shown on the permit and in addition to those listed below under comments. This Certificate of Approval is based upon the information contained in the application and upon the plot plan and should any additions are made to the system which would increase the requirements for said system.

Comments Claudine Morrison (Cont)

M. A. Kelly
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY