X

Date Received 2-2-23

APT No. 5538

T C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LAKEY (LAST) DOYLE (FIRST) GENE (MIDDLE)

2) ADDRESS OF OWNER 198 Coulwood Drive, Charlotte, N.C. ZIP 28208

3) PHONE NO. Home 399-9469 Office 392-3107

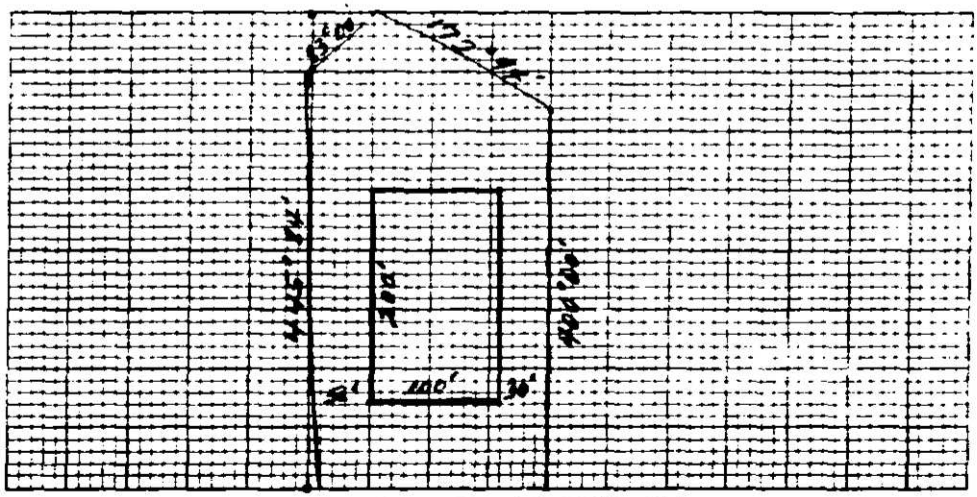
4) LOCATION OF PROPERTY 6234 Belhaven Blvd (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO 35 PAGE NO 6

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

OWNER Gene Lakey

FORM NO. E-1-11-1-78

HEALTH DEPARTMENT'S COPY

Serial No. 2546

PTR No. 5538
P.O.
T C No. 035-061-03
Map Date 8-9-72

Date Issued February 21, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

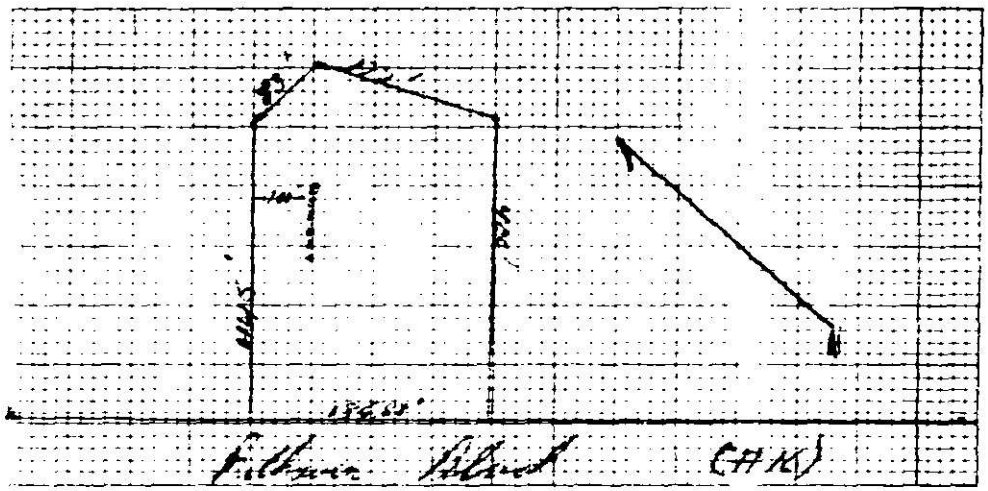
PERCOLATION TEST REPORT

NAME OF OWNER Lakey (LAST) Doyle (FIRST) Gene (MIDDLE)

ADDRESS OF OWNER 198 Coulwood Drive ZIP 28208

LOCATION OF PROPERTY 6234 Belhaven Blvd. (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 56 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 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 wells) 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.

John R Johnson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-7-73

ICAR (S) Application No. 5538

T C. No. _____

Map Date _____

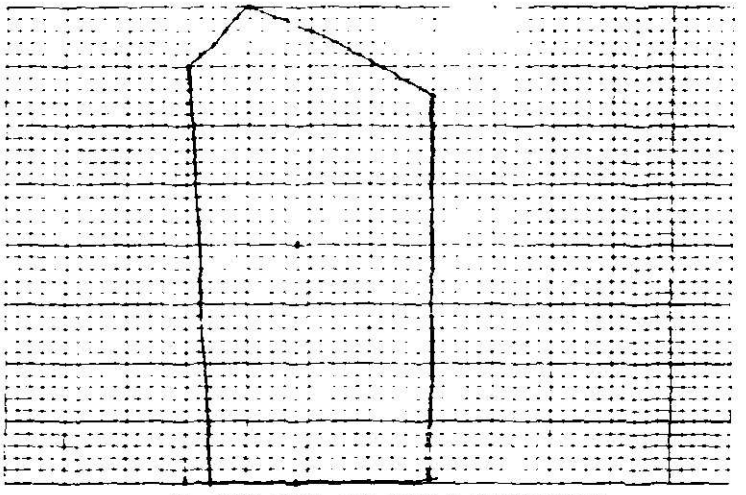
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ___

5) Business Use X Yes No
Employees 6

6) Washing Machine ___ Yes ___ No

7) Garbage Disposal ___ Yes ___ No

8) Dishwasher ___ Yes ___ No

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

10) Sewage System
House located within 200' of public sewer ___ Yes ___ No
House located within 200' of community sewer ___ Yes ___ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Dayle Gene Doyle (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 1-B Coulwood Drive, Charlotte, N.C. 28214

15) PHONE NO Home 399-9166 Office 392-3107

16) LOCATION OF SYSTEM 5234 Belhaven Blvd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. 35 Page No. 6

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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.

_____ Dayle Gene Doyle
DATE OF APPLICATION OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued February 21, 1973 Serial No. 2554

LA No. 5538
P.O.
T C No. 035-061-03
Map Date 8-9-72

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 Lakey (LAST) Doyle (FIRST) Gene (MIDDLE)

ADDRESS OF OWNER 198 Coulwood Drive ZIP 28208

LOCATION OF LOT 6234 Belhaven Blvd. (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 a single dwelling 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 onsite inspection of the said lot and upon the information supplied in the "Application for an Installation Construction, Alteration, and/or Repair Permit" number 5538. 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

M. D. Lakey
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 2 July 73

Serial No. 3929

ICAR(S) Permit No. 5538

P.C. T C No. 035-961-03

Map Date 9 Aug 72

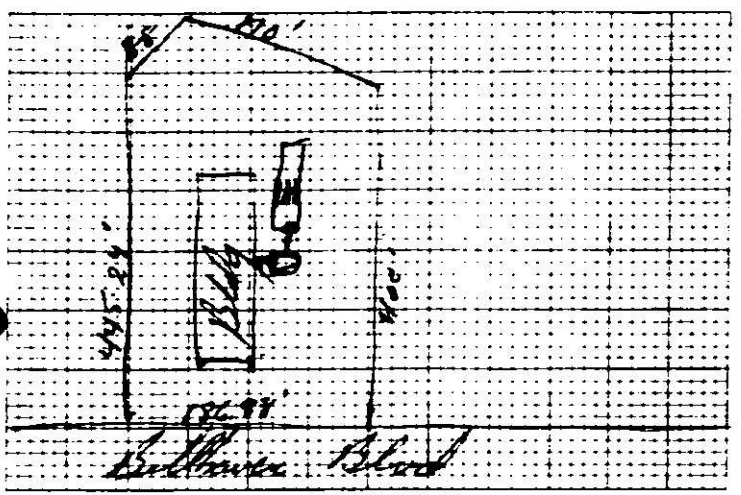
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 5538, dated 7 July 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 2 Aug 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1000

Tank Construction AC

Absorption and/or Nitrification Lines

Total Line Length 450'

Number of Lines 4(10'x112'x17")

Distance from House 10

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Lahey, Lloyd Gene

LOCATION OF PROPERTY 6234 Wilkinson Blvd

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: D R Mayberry (Contr)

Division or Section Head

M D Bixby
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. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3 July 73 **Serial No.** 3530

C of A (s) No. 5538

T C. No. C35-661-3

Map Date 9-6-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Tate, Hugh C. (LAST, FIRST, MIDDLE)

Location of Property 9434 Pellmore Trail

Application Number 5538 Permit Number 5538

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material CC

Total Length of Drain Tile 450' Number of Lines 4 (10' x 12" x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Public Distance from Water Source 100'

Excavation Inspected 3 July 73 (DATE) Tank Inspected 2 July 73 (DATE)

Nitrification Field Inspected 3 July 73 (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 X 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: 4" PVC Missing (Cleaned)

M. A. Riley
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

LOCATION (St., Rd., Hwy.) Belgrave
SUBDIVISION Caldwell
LOT & BLOCK NO. [illegible]
FHA CASE NO. _____

OWNER McClure Land
BUILDER _____
NO. PERC. HOLES 10

6 HOLE AVERAGE

1ST. PERC. RATE 54 MIN./IN. DATE 11-17-65
2ND. PERC. RATE _____ MIN./IN. DATE _____
3RD. PERC. RATE _____ MIN./IN. DATE _____
4TH. PERC. RATE _____ MIN./IN. DATE _____

LOWEST RATE ABOVE = AVERAGE PERC. RATE 54

NO. BEDROOMS _____ BATHS _____
WASHING MACHINE _____ DISPOSAL _____
YES NO YES NO
SEPARATE _____ SEPARATE _____
YES NO YES NO

TANK CAPACITY _____ GALLONS
NITRIFICATION LINE _____ LIN. FT. _____ SQ. FT.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. _____ URINALS _____ LAVATORIES _____
SHOWERS _____ SINKS _____ OTHER _____
NO. OF EMPLOYEES _____

CHECK:
APPROVED _____
DISAPPROVED _____
CONDITIONAL _____ AGREEMENT CARD SIGNED _____

[signature]
SANITARIAN - ENGINEER