Date Received 2-9-73

APT No. 5542

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CALDWELL (LAST) ELLEN (FIRST) MONTEZ (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Box 91 Davidson, NC ZIP 28036

3) PHONE NO. Home 892-1355 Office

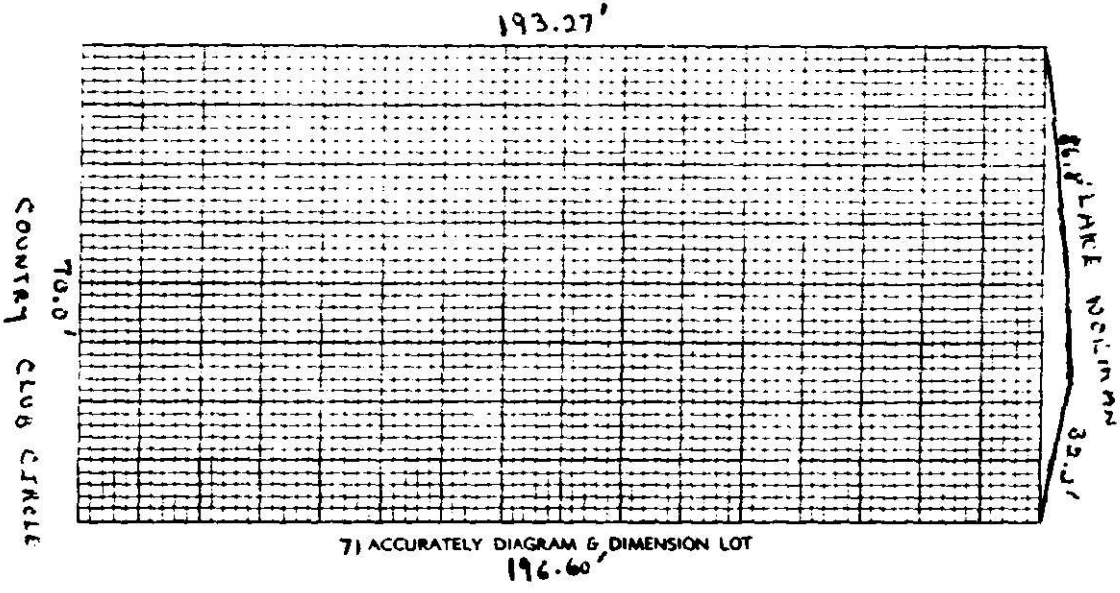
4) LOCATION OF PROPERTY Country Club Circle (STREET OR COUNTY ROAD), Davidson

5) SUBDIVISION Country Club Shores No 2 LOT NO. 25 BLOCK NO

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE DEED BOOK Plat Book 12 → 2781 PAGE NO 21 → 371

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

196.60'

X Montez Caldwell
OWNER

FORM NO. R-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 2640

PTR No. 5542

Date Issued February 16, 1973

T C No. 001-164-35

Map Date 3-24-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

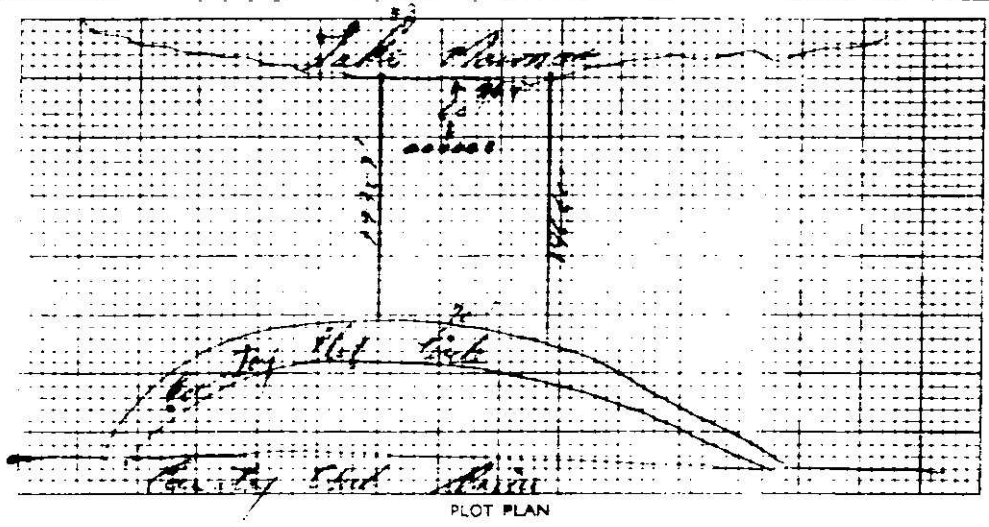
PERCOLATION TEST REPORT

NAME OF OWNER Caldwell (LAST) Ellen (FIRST) Montez (MIDDLE)

ADDRESS OF OWNER Route 1, Box 91, Davidson, N.C. ZIP 28036

LOCATION OF PROPERTY Country Club Circle (STREET OR COUNTY ROAD)

SUBDIVISION Country Club Shores LOT NO 25 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 41 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 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.

John R Hobson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

R

SEE INSTRUCTIONS ON BACK

Date Received 4-5-73

ICAR(S) Application No 5542

T C No 001-164-35

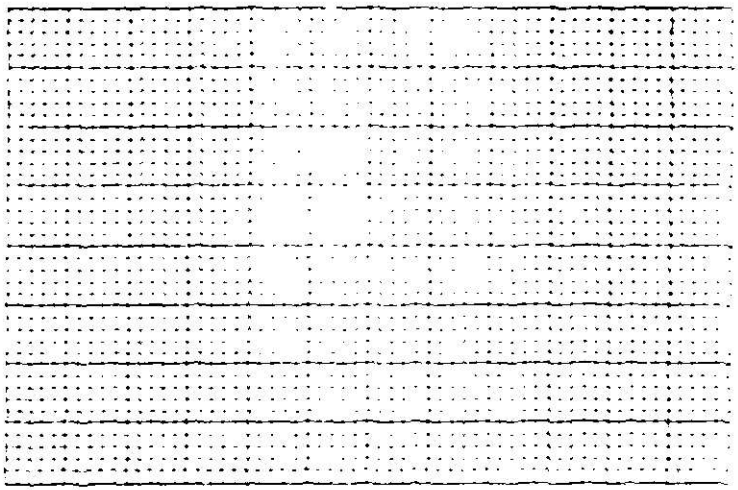
Map Date 3-24-72

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 No. of Employees

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Public Water Supply ✓
B) Community
C) Community
Well
D) Community
Other System

Yes No

Yes No

SWA Case No

SWA Code No

13) NAME OF OWNER Dutton (LAST) Thomas (FIRST) Click (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 68 Cornelius, NC. 28031

15) PHONE NO Home ____ Office 892-8046

16) LOCATION OF SYSTEM County Club Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION County Club Shores Lot No 25 Block No ____

Map Book No 12 Page No 21

18) DEED REFERENCE — DEED BOOK 2761 AT PAGE 371

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 2-16-73 PR341

20) PTR NUMBER (See Instructions) 5542

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.

April 5, 1973
DATE OF APPLICATION

Thomas C. Dutton
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 5, 1973

Serial No. 2706

LA No. 5542

T. C No 001-164-35

Map Date 3-24-72

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 Dutton (LAST) Thomas (FIRST) Click (MIDDLE)

ADDRESS OF OWNER P.O. Box 68, Cornelius, N.C. ZIP 28031

LOCATION OF LOT Country Club ~~Circle~~ Circle (STREET OR COUNTY ROAD)

SUBDIVISION Country Club Shores LOT NO 25 BLOCK NO

MAP BOOK NO 12 PAGE NO 21

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 41 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 5542. 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 misrepresentations 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. A. Bixby
Environmentalist

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

FORM NO E-3-4-71

HEALTH DEPARTMENT'S COPY

Date Issued 29 Mar 73

Serial No. 4696

ICAR(S) Permit No. 5542

T. C. No. 201-164-33

Map Date 24 Mar 72

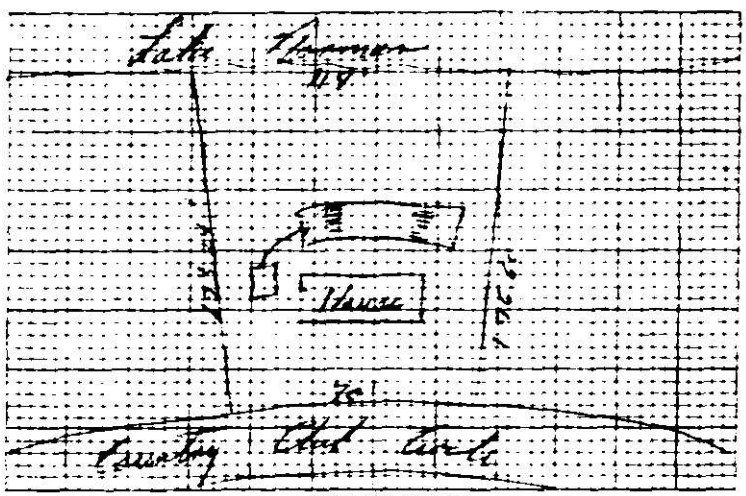
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5542 dated 29 Mar 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 29 Mar 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 4

Liquid Capacity of Tank 1000

Tank Construction FC

Absorption and/or Nitrification Lines:

Total Line Lenght 690 + [redacted]

Number of Lines 6 Lines x 55 x 3 C

Distance from House 16

Distance from Property Line 10

Distance from Well 100

NAME OF OWNER Sutton, Johnnie Clark

LOCATION OF PROPERTY Country Club Circle

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: Kyle (Cont.)

Division or Section Head

Environmentalist Wid Bixby

* 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

Serial 4278

C of A (s) No. 5542

Date Issued 4 Oct 77

T. C. No. 20-164-35

John R Adkisson

Map Date 24 Mar 77

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Walters, Thomas (LAST, FIRST) Ray (MIDDLE)

Location of Property Country Club Circle

Application Number 5542 Permit Number 2247

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material C

Total Length of Drain Tile 60' Number of Lines 2 @ 30' 1 @ 20'

Depth of Filter Material 30" Cover Depth 18-24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 4 Oct 77 (DATE) Tank Inspected 4 Oct 77 (DATE)

Nitrification Field Inspected 4 Oct 77 (DATE)

Washing Machine Line Inspected, If Applicable [illegible] (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: Well Type (Cont)

W. H. Bailey
Environmentalist

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

HEALTH DEPARTMENT'S COPY