Date Received 11/23/76 Apt. No. (S) _____ Application No. (W) 6469

PLEASE RETURN COPY TO: CHARLIE HELMS BLDRS INC. 7917 ALBEMARLE RD. CHARLOTTE, NC 28212

T. C. No. 049-221-05

Map Date 2-23-72

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER SMITH (LAST) JAMES (FIRST) L. (MIDDLE)

ADDRESS OF OWNER _____ ZIP _____

PHONE NO. Home 554-6168 Office 523-3212

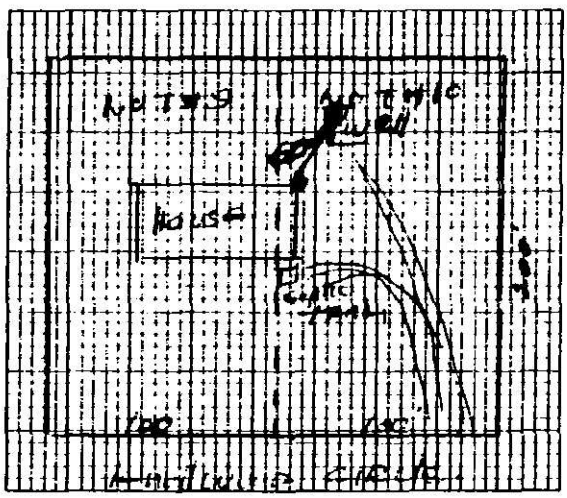
LOCATION OF PROPERTY Enallwood CIRCLE. (STREET OR COUNTY ROAD)

WELL CONTRACTOR CAROLINA WELL LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ___ individual, ___ semi public, or ___ public water supply.

DATE OF APPLICATION

James L. Smith
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks

MCK COUNTY DEPARTMENT OF RECEIVED NOV 22 1976 ENVIRONMENTAL HEALTH

Application approved and permit hereby granted

Permit No: 6469

ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy

Date Received 11 June 1973

APT No. 6469

T. C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER (LAST) WINNINGHAM (FIRST) JAMES (MIDDLE) L.

2) ADDRESS OF OWNER 6132 DONNA DRIVE ZIP 28213

3) PHONE NO Home 596 8266 Office _____

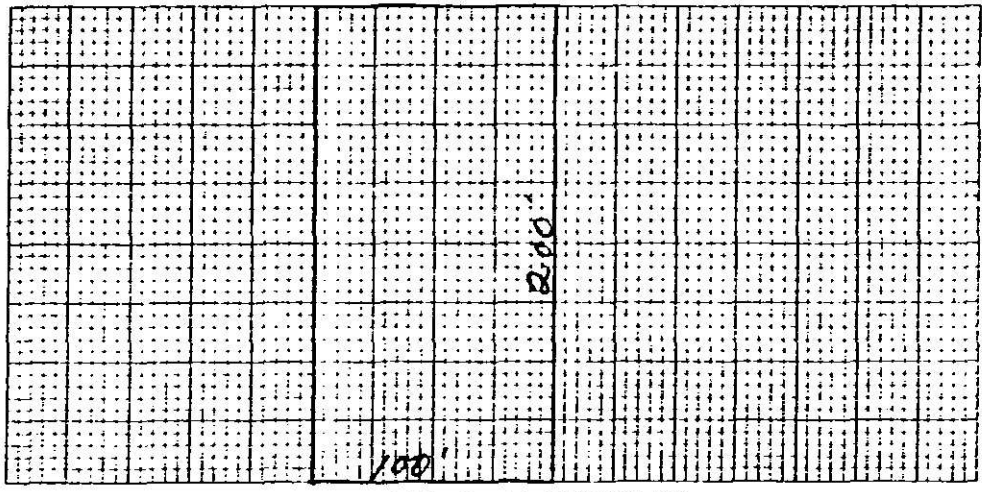
4) LOCATION OF PROPERTY KNOLLWOOD Circle. COURT WEST (STREET OR COUNTY ROAD)

5) SUBDIVISION KNOLLWOOD ACRES LOT NO 10 BLOCK NO. 3

MAP BOOK NO. 7 PAGE NO. 803

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 James L. Winningham

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3224

PTR No. 6469
P.O.
T. C No. 049-221-05
Map Date 2-23-73

Date Issued June 18, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

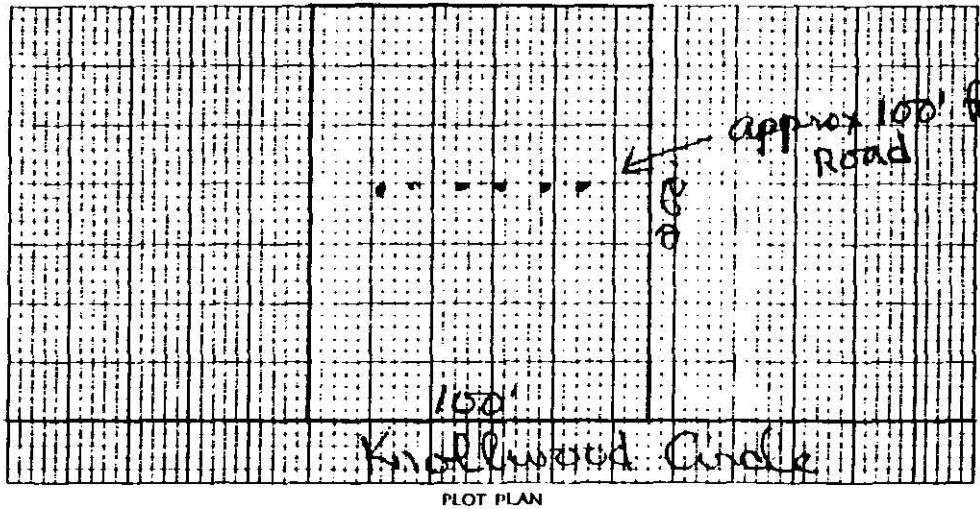
PERCOLATION TEST REPORT

NAME OF OWNER Winningham (LAST) James (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 6132 Donna Drive ZIP 28213

LOCATION OF PROPERTY XXXXXXXXXXXXXXXXXX Knollwood Circle
XXXXXXXXXXXXXXXXXX (STREET OR COUNTY ROAD)

SUBDIVISION Knollwood Acres LOT NO 10 BLOCK NO. 3



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 6453 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. Abisson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11/15/76

PLEASE NOTIFY CAROLYN HEATH IS LOCATED IN C. HARRIS ADDITION #2 - 7500 ARMOUR DR.

MECK COUNTY DEPARTMENT OF ICAR(S)

RECEIVED

NOV 15 1976

ENTR

Application No 6469

T C No 049-221-05

Map Date 2-23-73

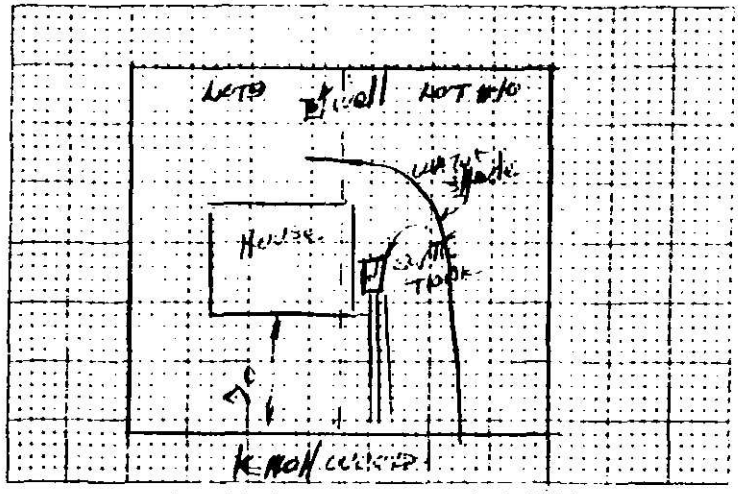
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of bedrooms 4

5) Business Use No of Employees 3

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well 405
B) Government System
C) Community System
1) Well Owned
2) Government

10) Sewage System
House (Building) No 2 Dist. of public sewer ✓ Yes No
House (Building) No 2 Dist. to community sewer Yes ✓ No

11) FHA Case No NO

12) VA Case No NO

13) NAME OF OWNER SMITH (LAST) JAMES. (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER

15) PHONE NO Home 554 0168 Office 5233212

16) LOCATION OF SYSTEM KNOLLWOOD CIRCLE. (STREET OR COUNTY ROAD)

17) SUBDIVISION KNOLLWOOD ACRES Lot No 9410 Block No 3

Map Book No 7 Page No. 803

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 6-14-73 953

20) PTR NUMBER (See Instructions) 6469

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 James R. Smith

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 11/17/76

Serial No. 0299

IMPROVEMENTS PERMIT

LA No. 6469

T. C. No. P.O. 049-221-05

Map Date 2-23-73

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Smith (LAST) James (FIRST) L. (MIDDLE)

ADDRESS OF OWNER %Charlie Helms Builders 7907 Albermarle Road (ZIP)

LOCATION OF LOT Knollwood Circle (STREET OR COUNTY ROAD)

SUBDIVISION Knollwood Acres LOT NO 9 & 10 BLOCK NO. 3

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 6469. 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 soil investigation 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

T. P. Ritzman
Environmentalist

John R Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

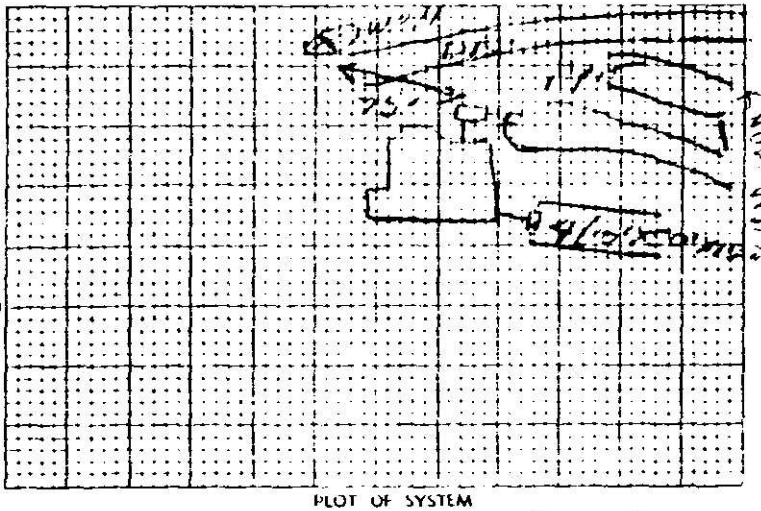
Date Issued 4/1/77 **Serial** No.0580 ICAR(S) Permit No. 6469

T. C. No. 144-221-05

Map Date 2-23-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 6469, dated 1/31/77 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 7/1/77, after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines — S. W.

Total Line Length 800 200

Number of Lines 6 4

Distance from House 10

Distance from Property Line 10

Distance from Well 75

NAME OF OWNER John L. Smith

LOCATION OF PROPERTY Pinewood Cir

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments Soil Test 6(15'x90'x 2')

Trench 4(15'x42'x17"

Well 4(15'x17" R Dix

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-74

Environmental Health Department's Copy

Date Issued 4-19-77

Serial No. 0612

C of A (s) No. 6469

T C. No. 049-221-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner SMITH (LAST) JAMES (FIRST) L. (MIDDLE)

Location of Property KNOLLWOOD CIR

Application Number [illegible] Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines 4+4 4

Depth of Filter Material [illegible] Cover Depth 18"

Water Supply Source IND WELL Distance from Water Source 75'

Excavation Inspected 4-19-77 (DATE) Tank Inspected 4-19-77 (DATE)

Nitrification Field Inspected 4-19-77 (DATE)

Washing Machine Line Inspected, If Applicable 4-19-77 (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 Health Commission 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 NOTE

L. R. Dickson

Environmentalist

EHD-5-76

Environmental Health Department's Copy

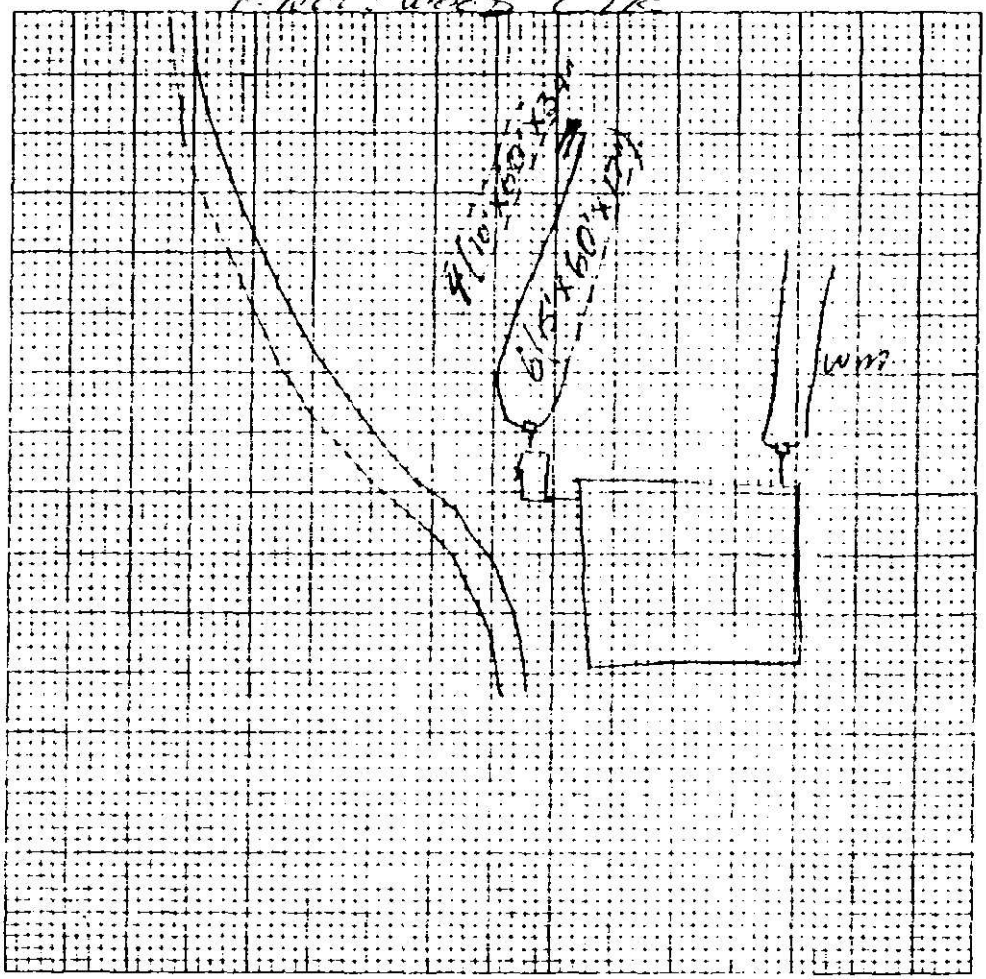
Date Issued 4-1977

C of A (s) No. 6469

T. C. No. 049-221-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Environmentalist

EHD-5-76

Environmental Health Department's Copy