5

Date Received 10-23-70

APT No. 505

T. C. No. 109-231

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Pritchard Realty Corp. (LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 7904 Albemarle Rd ZIP 28212

PHONE NO. Home _____ Office 537-9854

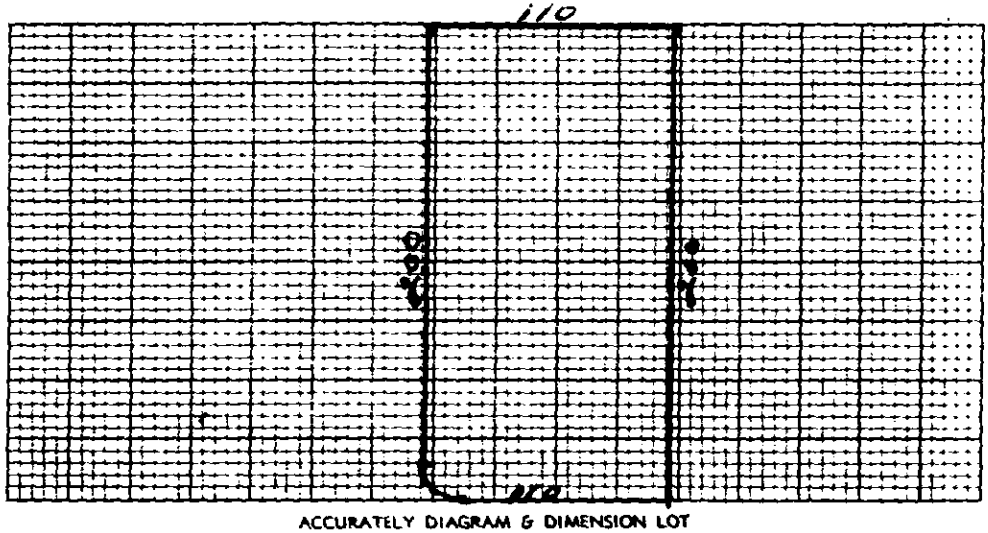
LOCATION OF PROPERTY Mallard Dr. South (STREET OR COUNTY ROAD)

SUBDIVISION Pritchard Farms LOT NO 38 BLOCK NO. 6

MAP BOOK NO _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK 959 PAGE NO. 239

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



ACCURATELY DIAGRAM & DIMENSION LOT

Mack Pritchard Jr
OWNER

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial Nº 216

PTR No. 505 Residential

Date Issued 10-23-70

T. C. No. 109-231-0114

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

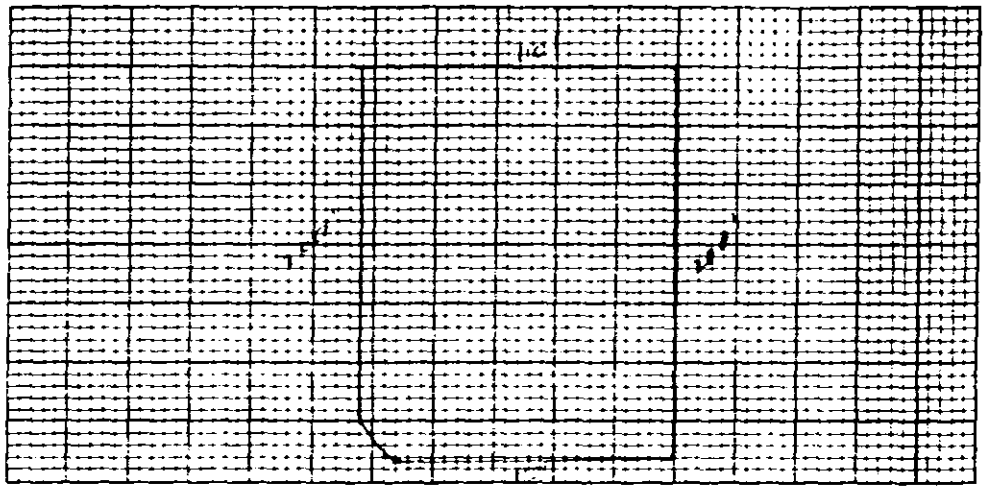
PERCOLATION TEST REPORT

NAME OF OWNER Pritchard Realty Corporation
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 7904 Albemarle Rd. ZIP 28212

LOCATION OF PROPERTY Mallard Dr., South
(STREET OR COUNTY ROAD)

SUBDIVISION Pritchard Farms LOT NO 38 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 31 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.

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 12-30-70

ICAR(S) Application No. 505 14

T. C No 109-231-04

Map Date 1-28-74

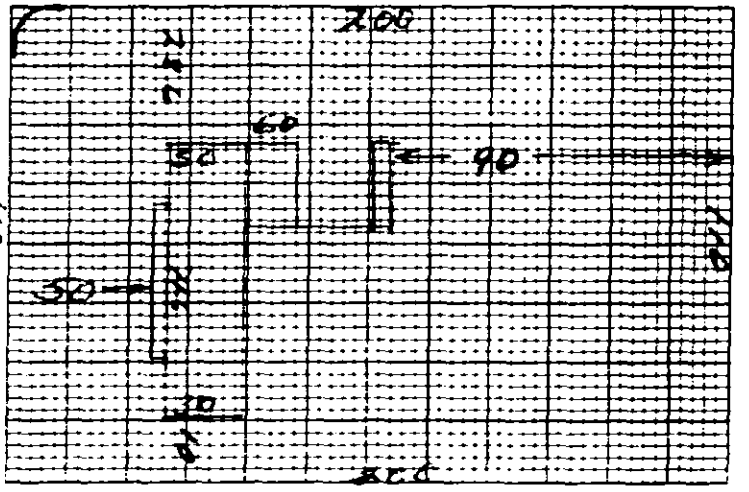
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X 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. _____

12) VA Case No. _____

13) NAME OF OWNER VAUGHN (LAST) EARL (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 7706 ALISE MARIE RD.

15) PHONE NO. Home 537-5575 Office _____

16) LOCATION OF SYSTEM WILLARD DR (STREET OR COUNTY ROAD)

17) SUBDIVISION RICHLAND PARK Lot No. 38 Block No. B

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 5226 AT PAGE 60

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN OCT 15/70

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.

Dec 29/70
DATE OF APPLICATION

Earl B. Vaughn
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial Nº 324

Date Issued 12-30-70

LA No 505

T C No 109-231-14

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 Vaughn (LAST) Earl (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 7706 Albemarle Road ZIP

LOCATION OF LOT Mallard Drive (STREET OR COUNTY ROAD)

SUBDIVISION Pritchard Farms LOT NO 38 BLOCK NO. 1

MAP BOOK NO. PAGE NO

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 31 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 505. 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.

Russell Stepp
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

19

Date Issued 4/14/

Serial No 653

ICAR (S) Permit No. 505 14

T. C. No. 109-231-[illegible]

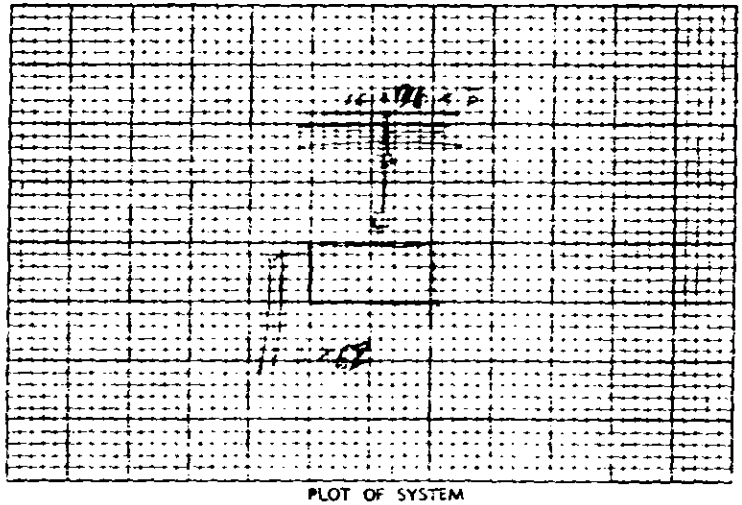
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 herein at the described location. This permit is granted based upon the information supplied in application 505, dated 3-24-71, 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 5-15-71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 500

Tank Construction Pc

Absorption and/or Nitrification Lines.

Total Line Lenght 600-725

Number of Lines 4+2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

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 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-5-7-1-70

HEALTH DEPARTMENT'S COPY

Serial Nº 554

Date Issued 4-16-71

C of A (s) No. 505 74

T. C. No 109-231-00

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Vaughn (LAST) Earl (FIRST) B. (MIDDLE)

Location of Property Mallard Dr. Lot 35 Bl. B

Application Number 505 Permit Number 613

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material STC.

Total Length of Drain Tile 600+125 Number of Lines 4+2

Depth of Filter Material 4' + 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 4-16-71 (DATE) Tank Inspected 4-16-71 (DATE)

Nitrification Field Inspected 4-16-71 (DATE)

Washing Machine Line Inspected, If Applicable 4-16-71 (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: _____

Russell Stagg Jr.
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY