Date Received 9-17-73

APT No. 6993

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Kuester (LAST) George (FIRST) Marriam (MIDDLE)

2) ADDRESS OF OWNER 52 Beacon Hill Lane Charlotte ZIP 28211

3) PHONE NO Home 364-4815 Office 366-5522

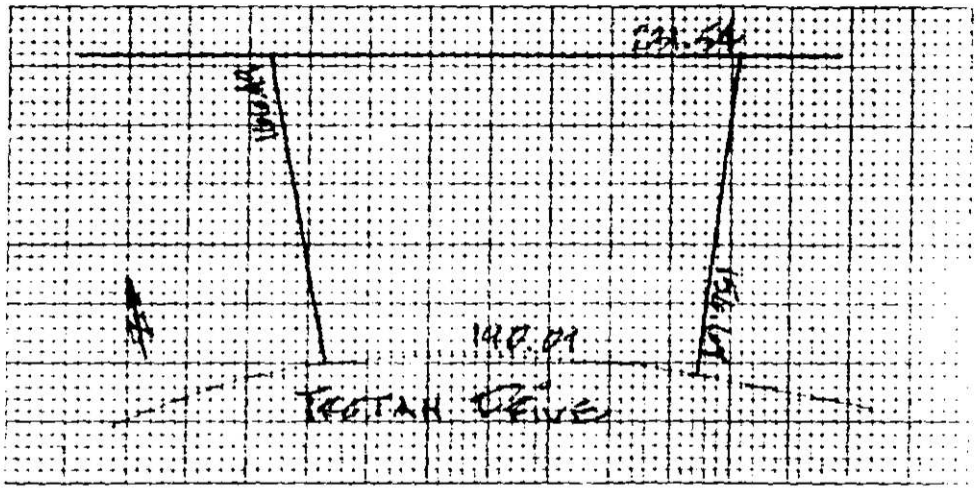
4) LOCATION OF PROPERTY Tartan Drive (STREET OR COUNTY ROAD) Lawyers Rd.

5) SUBDIVISION Olympic Woods LOT NO 19 BLOCK NO. None

MAP BOOK NO 15 PAGE NO 522

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

George M. Kuester
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. 9-21-73
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6993
T.C. No. _____

NAME OF OWNER Kuster, George Willian

ADDRESS OF OWNER 52 Beacon Hill Lane ZIP 28211

LOCATION OF LOT Trojan Drive, Lot 15

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
A X	1.	9-20-73	200+ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

_____
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: October 15, 1973

TO: Luther P. Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr. W.E.L.
Soil Scientist

SUBJECT: APT #6993 (G. W. Kuster)
Lot-15, Trojan Drive
Olympic Woods Subdivision
10-12-73

Soils were found to be of the Cecil series. These soils have good drainage, good aeration and moderate permeability.

It is recommended that the lot be granted approval for installation of a septic tank system with design based on a 60 min./in. perc. rate.

WEL:jdg

Serial No. 177

PTR No. 6993

T C No. 199-241-30

Date Issued October 15, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

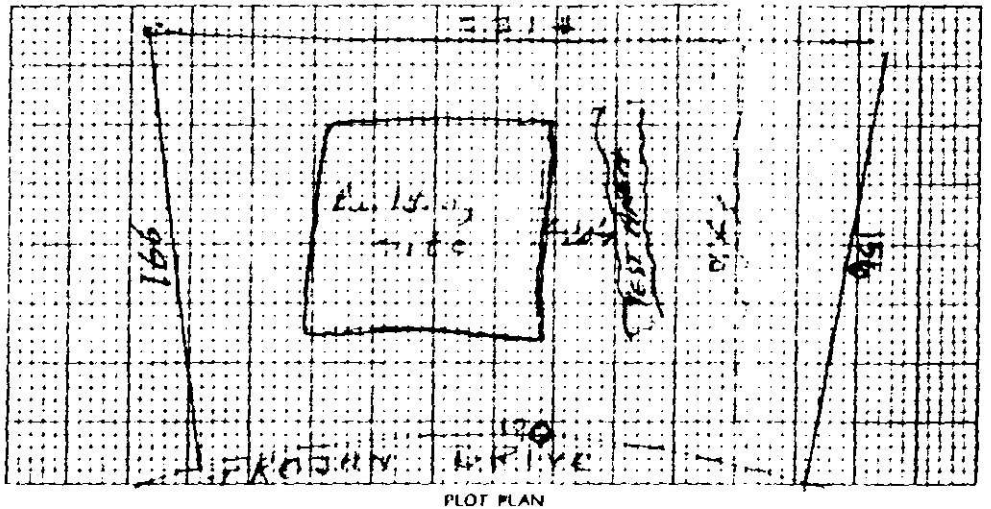
PERCOLATION TEST REPORT

NAME OF OWNER Kuster (LAST) George (FIRST) William (MIDDLE)

ADDRESS OF OWNER 52 Beacon Hill Lane ZIP _____

LOCATION OF PROPERTY Trojan Drive (STREET OR COUNTY ROAD)

SUBDIVISION Olympic Woods LOT NO 15 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 60 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 construction of building 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.

*Results determined by soil analysis.

Director, Environmental Health Division or Authorized Section Head

FORM NO 1 2 4 Everett Lyon Jr.
Soil Scientist

COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-17-73

ICAR (S) Application No 6993

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) Type of Water Supply: Well

5) Existing Sewage Disposal System(s) on Property: None

6) Water Lines (Public or Private) Affected or Crossed: Yes

7) Sewer Lines (Public or Private) Affected or Crossed: No

8) Driveway Permit Required: No

9) Any Encroachment: Yes

10) Is Property in Flood Hazard Area: No

11) Is Property in Watershed: No

12) Is Property in Subdivision: No

13) NAME OF OWNER KISTLER (LAST) GEORGE (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 52 Beaten Hollow Lane, Charlotte N C

15) PHONE NO Home 364-4515 Office 366-5522

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No 15 Block No

Map Book No [illegible] Page No [illegible]

18) DEED REFERENCE -- DEED BOOK ____ AT PAGE

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 statements 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 George W. Kistler

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

LA No. 6993

Serial No. 3516

Date Issued October 18, 1973

T C No. 199-241-30

IMPROVEMENTS PERMIT

Map Date 9-5-73

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 Kuster (LAST) George (FIRST) William (MIDDLE)

ADDRESS OF OWNER 52 Beacon Hill Lane ZIP 28211

LOCATION OF LOT Trojan Drive (STREET OR COUNTY ROAD)

SUBDIVISION Olympic Woods LOT NO 15 BLOCK NO

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 60 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 6993. 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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E 3 4-1-73

HEALTH DEPARTMENT'S COPY

Date Issued 6/21/74 Serial No. 5392 ICAR(S) Permit No. 6993

T C No

Map Date

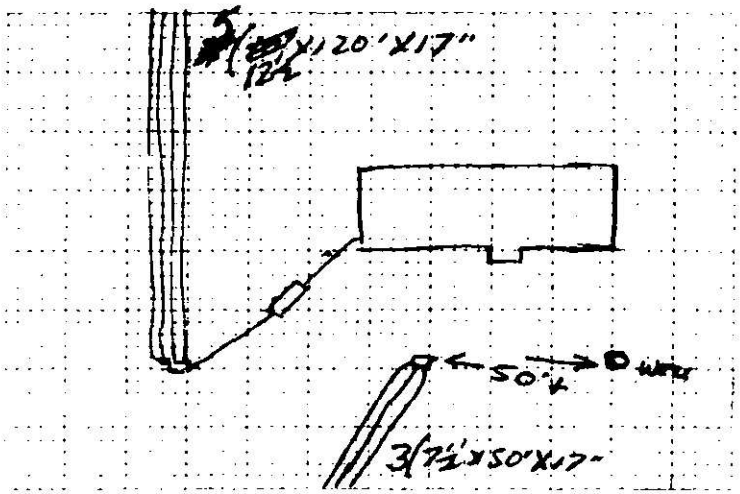
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct, ~~X~~ Alter or Repair the individual septic tank waste water treatment system with subsurface, soil absorption effluent discharge as specified herein at the described property. This permit is granted based upon the information supplied in application 6993 dated 9/17/73 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 7-10-74 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60 SB

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines ST WM

Total Line Length 600' 150'

Number of Lines 4 3

Distance from Water 10' min

Distance from Property Line 10' min

Distance from Well 50' +

NAME OF OWNER GEORGE KUSTER

LOCATION OF PROPERTY TROJAN DRIVE

This system is approved if 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 unusable or can be used

Comments:

JA/LPB

Supervisor or Head

L P Bridgeman

Environmentalist

This permit for installation or construction is not valid unless signed by the division or a representative from Environmental Health Division in order to be valid. One signature of the Environmentalist is where an existing system is being altered or repaired

E 5-9-1-72

Date Issued 6/25/74 Serial No. 4995 C of A (s) No. 6993

T C No

Map Date

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 KUSTER (LAST) GEORGE (FIRST) (MIDDLE)

Location of Property TROJAN DR.

Application Number 6993 Permit Number 6993

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material RC ST W M

Total Length of Drain Tile ST 600 W M 150 Number of Lines 5 3

Depth of Filter Material 17" Cover Depth 2' 1½'

Water Supply Source IND WELL Distance from Water Source 50'+

Excavation Inspected 6/25/74 (DATE) Tank Inspected 6/25/74 (DATE)

Nitrification Field Inspected 6/25/74 (DATE)

Washing Machine Line Inspected, If Applicable 6/25/74 (DATE)

The undersigned has inspected the individual Septic Tank System with subsurface, soil absorption effluent disposal as described above and it has been X installed or reconstructed, approved in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health governing such systems from the date of issuance of the permit. The issuance of this Certificate of Approval shall not be construed that the system will operate properly or relieve any person or persons using said 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 listed below under comments. This Certificate of Approval shall be 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 R. Cats

D M Blackman

Environmentalist

FORM NO E-6-9-1-72