5

Date Received 2-20-73

APT No 5605

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Domer Corp Ink (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 429 South Tryon St. ZIP

3) PHONE NO Home Office

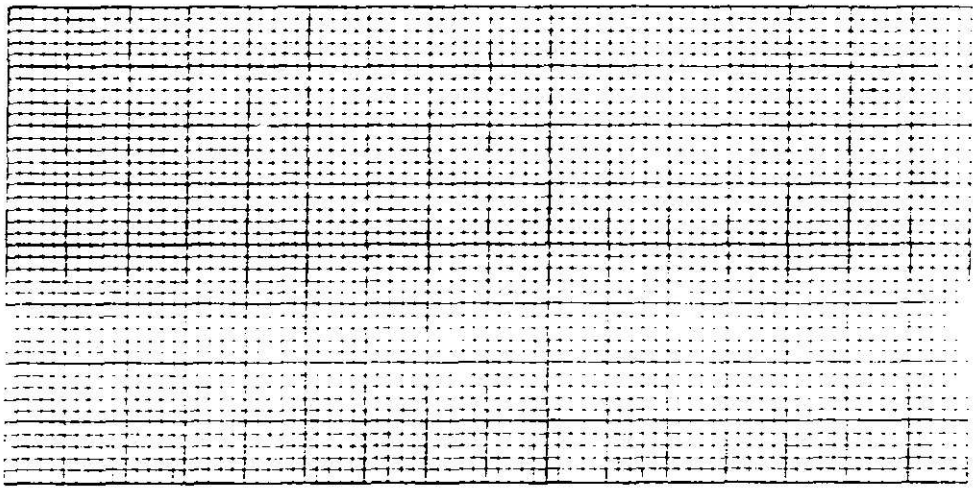
4) LOCATION OF PROPERTY Milton Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

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

Thomas A. Bonigen Jr.
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. March 1, 1973 SITE DISAPPROVAL REPORT SDR No. 5605
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. _____
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Domer Corp., Ink.

ADDRESS OF OWNER 429 South Tryon Street ZIP _____

LOCATION OF LOT Milton Road

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
X	1.	_____	_____ min/in
_____	2.	_____	_____ min/in
_____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 3-1-73 No water was left on the lot to complete the percolation test.

Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 3

PTR No. 5605

P.O.

T C No. 107-031-06

Date Issued March 29, 1973

Map Date 10-16-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

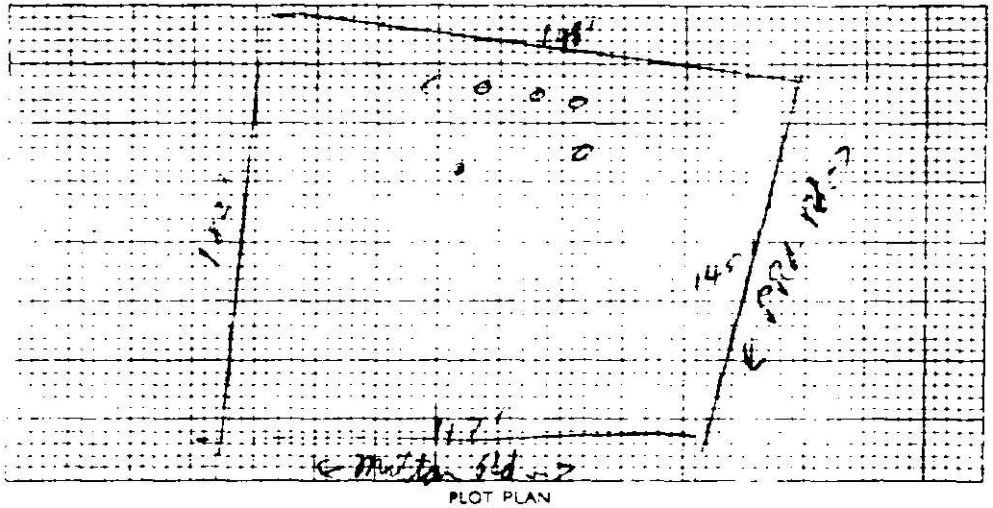
PERCOLATION TEST REPORT

NAME OF OWNER Lomer Corp., Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1-29 South Tryon Street ZIP

LOCATION OF PROPERTY Milton Road (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 80 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 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 A. Dickson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-20-73

ICAR(S) Application No. 5605

T C No

Map Date

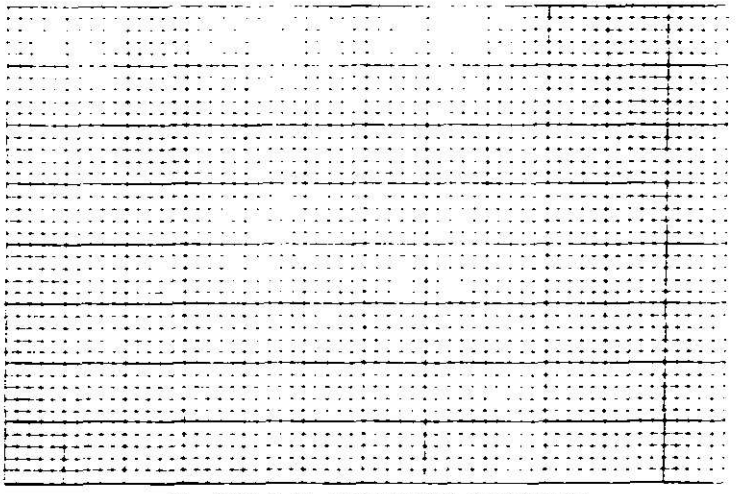
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

( ) Install or Construct ( ) 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 beds

5) Business Use Mark No.
Employees 3

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

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

10) Sewage System
House located within ~~200~~ feet of public sewer Yes ✓ No
House located within 200 feet of community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Lamar Corp Inc. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 422 South St.

15) PHONE NO Home Office 3330294

16) LOCATION OF SYSTEM Milton Rd — 300 ft From Newell-Hickory Grove Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No.

Map Book No Page No.

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 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.

Feb. 20, 1973
DATE OF APPLICATION

Thomas A. Bannister Jr.
OWNER

FORM NO E-4-4-1-(2)

HEALTH DEPARTMENT'S COPY

Date Issued March 29, 1973 **Serial No.** 2676

LA No. 5605
P.O.
T C No. 107-031-06

Map Date 10-16-72

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 Domer Corp., Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 429 South Tryon Street ZIP _____

LOCATION OF LOT Milton Road (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 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 5605. 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"

Donald Stamper
Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY