Date Received 9 25 73

APT No 1033

T C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER PENNINGER (LAST) MACK (FIRST) W. (MIDDLE)

2) ADDRESS OF OWNER 2339 Birchcrest Drive ZIP 28205

3) PHONE NO Home 537-9426 Office 374-2130 or 364-2668

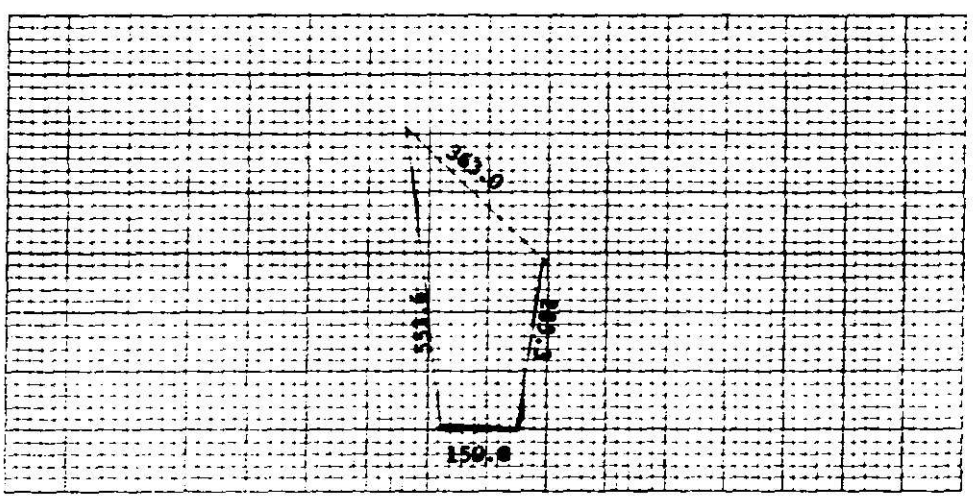
4) LOCATION OF PROPERTY MARLWOOD CIRCLE (STREET OR COUNTY ROAD)

5) SUBDIVISION MARLWOOD ACRES LOT NO 6 BLOCK NO. C

MAP BOOK NO XXXX 7 PAGE NO XXX 77

6) DEED REFERENCE DEED BOOK 3328 PAGE NO 232

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

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No 7033

Date Issued October 3, 1973

T C No. 109-261-08

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

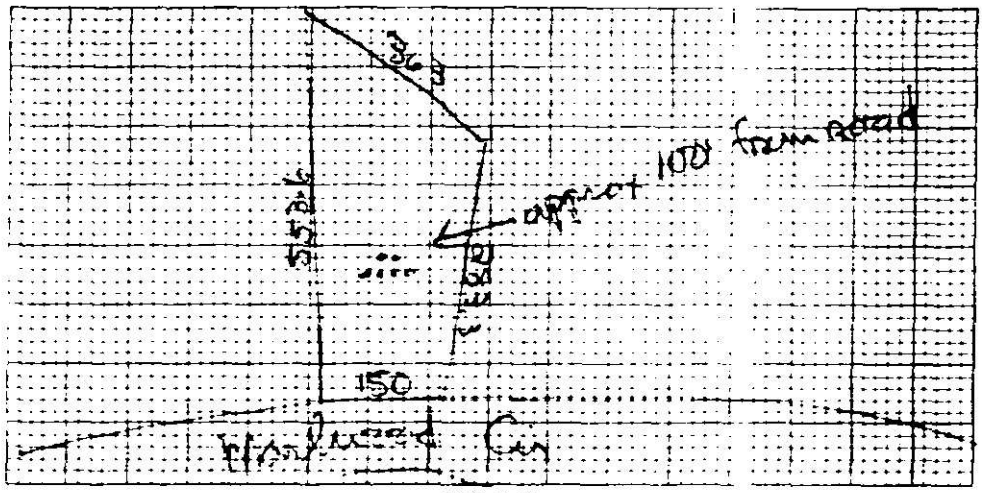
PERCOLATION TEST REPORT

NAME OF OWNER Penninger, (LAST) Mack (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 2339 Birchcrest Drive ZIP 28205

LOCATION OF PROPERTY Marlwood Circle (STREET OR COUNTY ROAD)

SUBDIVISION Marlwood Acres LOT NO 6 BLOCK NO C



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 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. Adkisson

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 9 25 73

ICAR(S) Application No 7133

T C No

Map Date

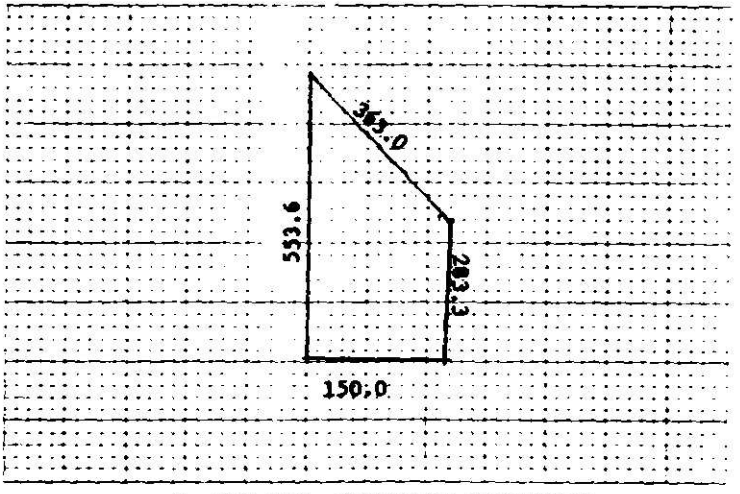
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4) No. of Bedrooms 3

5) Business Use Max No Employees ___ Yes ___ No

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
Well ___
Governmental System ___

Separate System
Well Serving More Than One Home ___ No
Home Within 100 Feet ___ Yes ___ No
Community Sewer ___ Yes ___ No

11) FHA Case No ___ ___

12) VA Case No ___ ___

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER PENNINGER (LAST) MACK (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 2339 Birchcrest Drive

15) PHONE NO Home 537-9426 Office 374-2130 or 364-2668

16) LOCATION OF SYSTEM MARLWOOD CIRCLE (STREET OR COUNTY ROAD)

17) SUBDIVISION MARLWOOD ACRES Lot No 6 Block No C

Map Book No 7 Page No. 77

18) DEED REFERENCE — DEED BOOK 3328 AT PAGE 232

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.

DATE OF APPLICATION 9/25/73 ___ ___

OWNER [signature]

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 3, 1973

Serial No. 3479

IMPROVEMENTS PERMIT

LA No. 7033

T. C No. 109-261-08

Map Date 9-1-70

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 Penninger (LAST) Mack (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 2339 Birchcrest Drive ZIP 28205

LOCATION OF LOT Marlwood Circle (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 7033. 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

A. M. Reynolds
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 16th 74 Serial No. [illegible] ICAR(S) Permit No 7033

T C No

Map Date

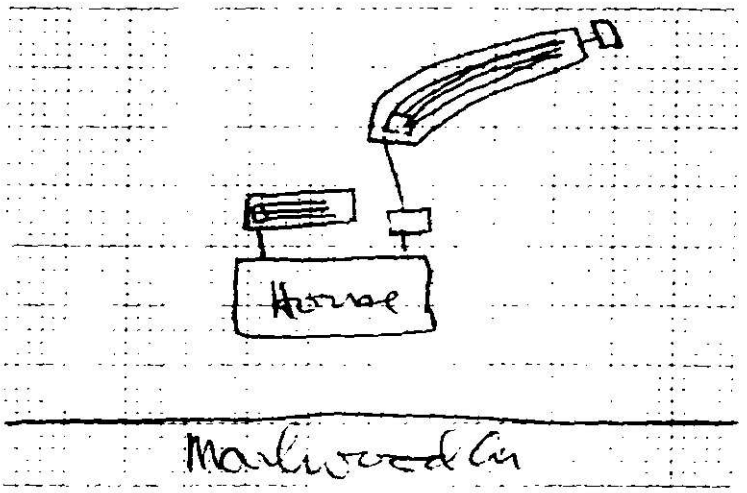
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted ✓ to Construct Alter or Repair the individual septic tank waste water treatment [illegible] soil absorption effluent discharge [illegible] Permit at the described location. This permit is issued upon the information supplied in Application 7033 dated 9-25-73 and is valid and has effect if the [illegible] set forth in the application [illegible]. All work shall be completed on or before 7033 after which date this permit [illegible]



Marlwood Cir

PLOT PLAN

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption Field Construction

Total Line Length 600' & 450'

Number of Lines 6 @ 12½' x 120'

Distance from Lines 10'

Distance from Property 10

Distance from Well 100'

NAME OF OWNER Penninger, Mack W.

LOCATION OF PROPERTY 1652 Marlwood Cir

The [illegible] requirements as set forth in the Regulations of the Mecklenburg County Board of Health [illegible] 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 water line 7½' x 50'
aeration pit 2'6" x 7' x 4' stone

R. M. Reynolds
Environmentalist

Division of Sanitation Head

If this permit [illegible] installation or construction of a new system it must be signed by the division or a [illegible] Environmental Health Director in order to be valid. Only the signature of the Environmental [illegible] Where an existing system is being altered or repaired

Form E-5-9-1-72

Serial 4697

C of A (s) No. 7033

Date Issued 23 Apr 74

T C. No. ____

CERTIFICATE OF COMPLETION

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Ferrazza, Mark J.
LAST FIRST MIDDLE

Location of Property 1652 Norwood

Application Number 7033

Permit Number 1723

Inspection Data:

Liquid Capacity of Tank 1500 gal

Tank Material Reinforced Concrete

Total Length of Drain Tile 600' & 150'

Number of Lines (5) 12½' x 100' (120)

Depth of Filter Material 17"

Cover Depth 5'

Water Supply Source Well

Distance from Water Source 100'

Excavation Inspected 23 Apr 74
DATE

Tank Inspected 23 Apr 74
DATE

Nitrification Field Inspected 23 Apr 74
DATE

Washing Machine Line Inspected, If Applicable 23 Apr 74
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: aeration pit C.K.

G. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY