W

Date Received 5-10-73

APT No. 6217

T. C. No. 97-033-26

Map Date 4-17-77

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER McKay, Henrietta McGhirter
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER Rt #1, Box 545 Charlotte NC ZIP 28212

3) PHONE NO. Home 545-4742 Office Mr. Murray - 333-2211 Ext. 23
Mrs. Murray - 377-2377

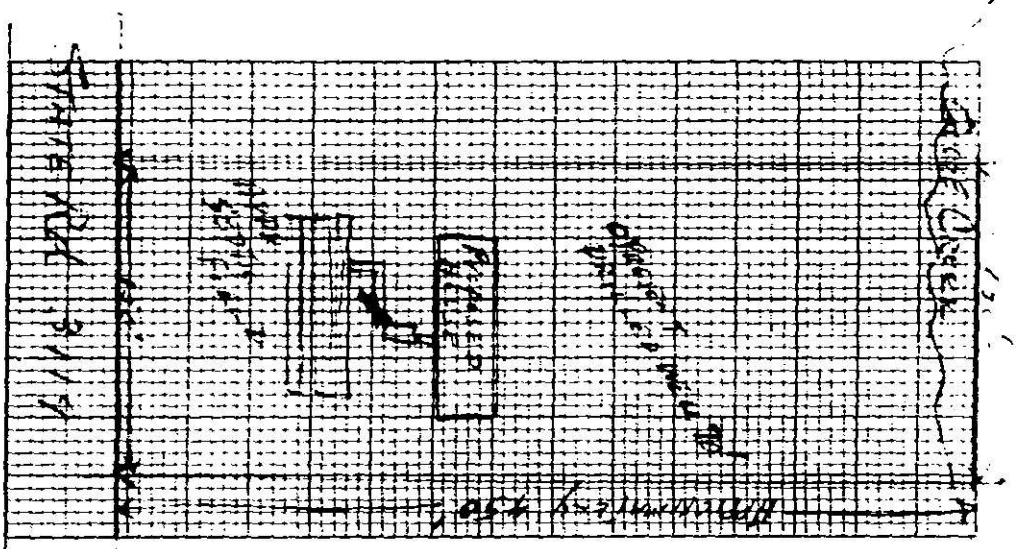
4) LOCATION OF PROPERTY Traveling on State Rd #3119 (Mallard Creek Rd)
(STREET OR COUNTY ROAD)

5) SUBDIVISION None LOT NO. — BLOCK NO. —

MAP BOOK NO. — PAGE NO. —

6) DEED REFERENCE DEED BOOK 2615 PAGE NO. 179

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

approx. area 1½ acres

Henrietta McKay
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3113

PTR No. 6217
P.O.
T C. No 197-033-04

Date Issued May 22, 1973

Map Date 10-16-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

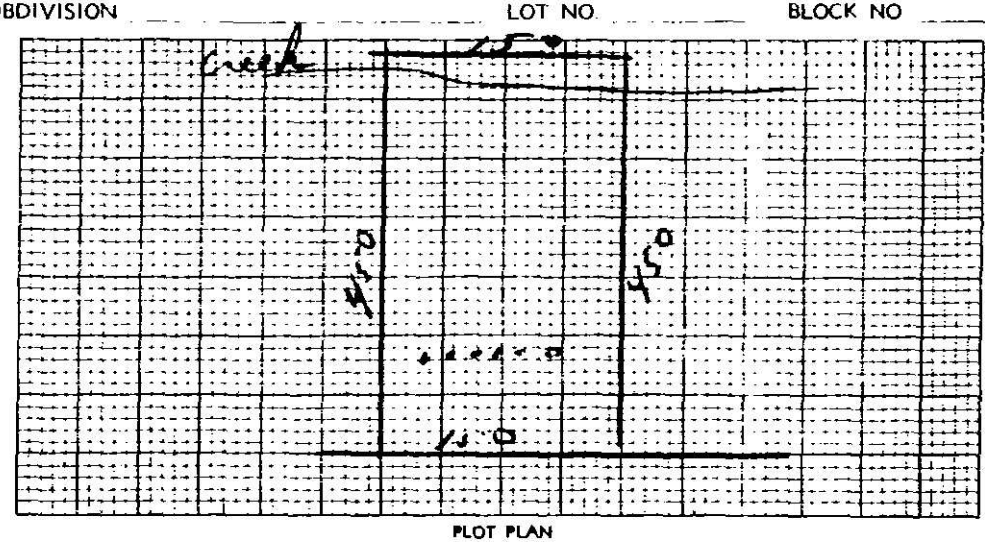
PERCOLATION TEST REPORT

NAME OF OWNER McKay (LAST) Henrietta (FIRST) McWhirter (MIDDLE)

ADDRESS OF OWNER Route 1, Box 545 ZIP

LOCATION OF PROPERTY McWhirter 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 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 teratment 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. Robinson

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 7-26-73

ICAR (S) Application No 6217

T C No 195-033-04

Map Date 10-16 72

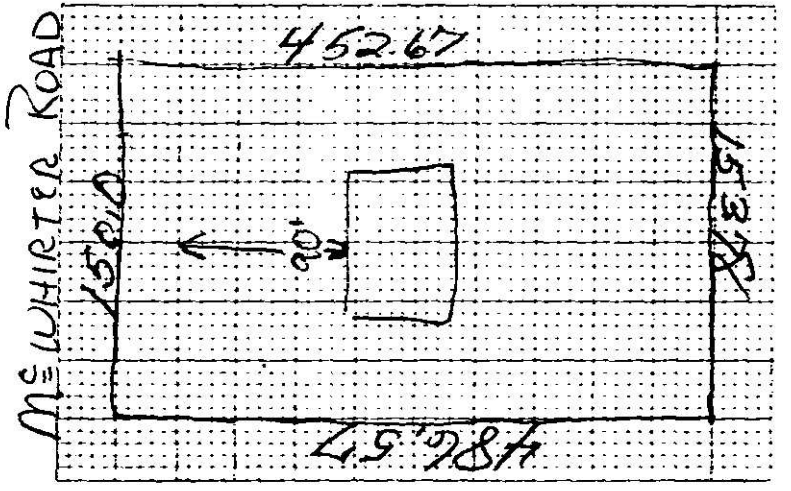
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

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 System X
B) Government System ___
C) Community System ___
1) Well Source ___
2) Government 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 Edwards (LAST) Walter (FIRST) Clerod (MIDDLE)

14) ADDRESS OF OWNER 300 Peggy Lane Mathews, N.C.

15) PHONE NO Home 545-6108 Office 333-9033

16) LOCATION OF SYSTEM 3701 McWhirter Rd (STREET OR COUNTY ROAD) Mint Hill, NC.

17) SUBDIVISION ___ Lot No. ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2618 AT PAGE 179

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-18-73 & 7-60

20) PTR NUMBER (See Instructions) 6217

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 ___

W. Clerod Edwards
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 27, 1973

Serial No. 3234

LA No. 6217 P.O.

T C. No 197-033-04

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 Edwards (LAST) Walter (FIRST) Clerod (MIDDLE)

ADDRESS OF OWNER 300 Peggy Lane, Matthews, N.C. ZIP 28105

LOCATION OF LOT 3701 McWhirter Road, Mint Hill, N.C. (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 6217. 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.

Thomas R. Ward
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5850

Date Issued 23 Oct 74

ICARIS Permit No. 6217

POT C No. 197-033-04

Map Date 10-16-72

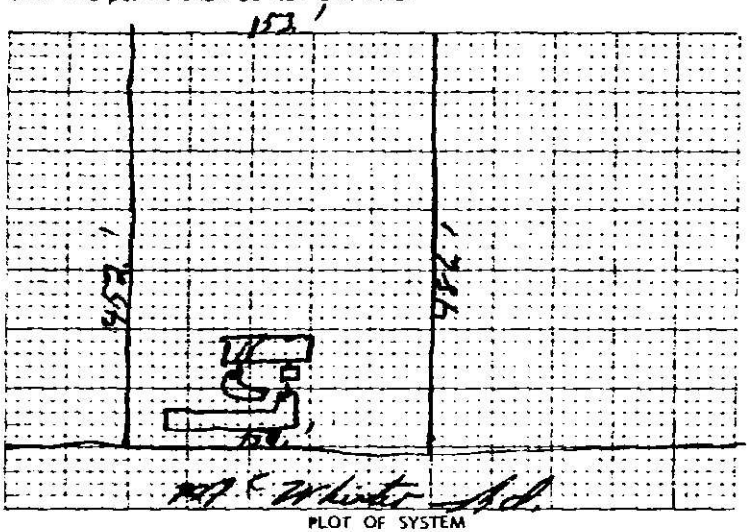
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ~~e~~ 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 6217, dated 26 Jul 73 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 23 Oct 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction CC

Absorption and/or Nitrification Lines

Total Line Lenght 600' + 150' 4WAY
3 CP & T 150'X17"

Number of Lines 6(5'X100'X17")

Distance from House 10'

Distance from Property Line 20'

Distance from Well ____

NAME OF OWNER Edwards, Walter Chad

LOCATION OF PROPERTY 3201 McAlister Road

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: County septic (Conte)

Division or Section Head ____

Environmentalist M. L. Hinkley

* 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.

Rev. 5 E-5-9-1-72

Serial No. 5438

C of A (s) No. 6217

Date Issued 30 Oct 74

P.C.T.C No 197-033-04

Map Date 16 Oct 74

John M. Robinson
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 Edwards, Walter Cloud
(LAST, FIRST, MIDDLE)

Location of Property 3701 McAlister Road

Application Number 6217 Permit Number 6217

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600'+150'WM Number of Lines 6 (3@75'x50'x17") (3@75'x100'x17")

Depth of Filter Material 17" Cover Depth 18-24"

Water Supply Source Drilled Well Distance from Water Source 100'

Excavation Inspected 30 Oct 74 (DATE) Tank Inspected 30 Oct 74 (DATE)

Nitrification Field Inspected 30 Oct 74 (DATE)

Washing Machine Line Inspected, If Applicable 30 Oct 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: County Septic (Curtis)

M. L. Kirby
Environmentalist

FORM NO E 6-8-1-72

HEALTH DEPARTMENT, S. C.

SEE INSTRUCTIONS ON BACK

Date Received 4/7/78

ICAR (S) Application No. 6017

T. C No. 197-033-28

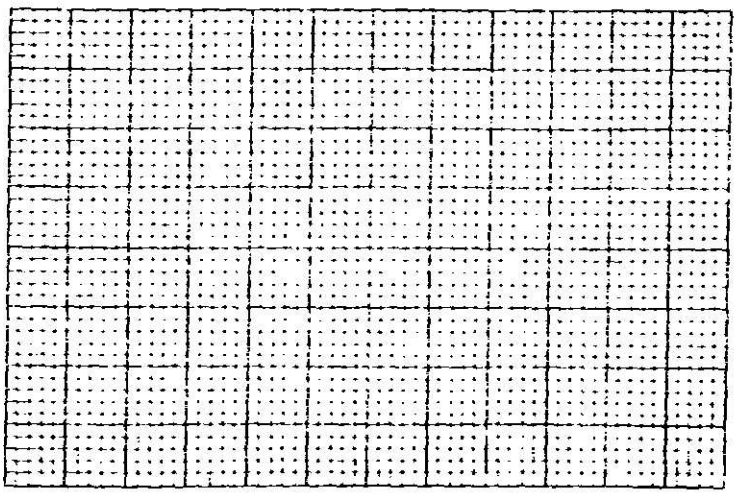
Map Date 4-1977

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well Yes
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 Edwards (LAST) Walter (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER 4121 Peggy Ln. Charlotte, N.C.

15) PHONE NO. Home 545-6108 Office 333-7033

16) LOCATION OF SYSTEM 7135 McAlister Rd Charlotte (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 SOIL INVESTIGATION 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 some 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.

4-6-78
DATE OF APPLICATION

Walter C. Edwards
OWNER by Ronald Edwards

EHD-S-76

Environmental Health Department's Copy

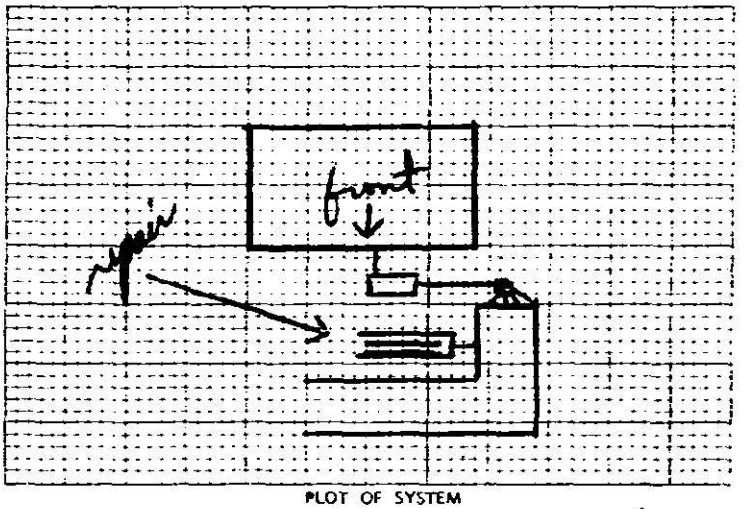
Date Issued 2 May 1978 **Serial No. 1491** ICAR(S) Permit No. 6217

T C No 197-033-43

Map Date —

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 ___ 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 6217, dated 7 May 1978 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 2 June 1978 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines.

Total Line Length 100 ± ft

Number of Lines 2

Distance from House 25 ±

Distance from Property Line 10'

Distance from Well 50' +

NAME OF OWNER Edwards, Walter C.

LOCATION OF PROPERTY 7035 McWhirter Road

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. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments: in bed 6'X16'X48" stone

Division or Section Head

John R Atkinson
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-5-76

Environmental Health Department's Copy

Date Issued 3 May 1978 Serial No. 1461 C of A (s) No. 6217

T C No 197-033-43

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Edwards, Walter C. (LAST, FIRST, MIDDLE)

Location of Property 7035 McWhirter Rd

Application Number _____ Permit Number 6217

Repair
Inspection Data:

Liquid Capacity of Tank ✓ Tank Material ✓

Total Length of Drain Tile 100' equiv Number of Lines 2

Depth of Filter Material 48" Cover Depth _____

Water Supply Source well Distance from Water Source 50'+

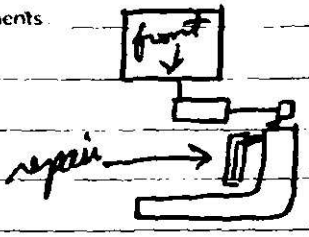
Excavation Inspected ✓ (DATE) Tank Inspected ✓ (DATE)

Nitrification Field Inspected 4-3-78 (DATE)

Washing Machine Line Inspected, If Applicable ✓ (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



installed as indicated at left

Environmental Specialist

END-5-76

Environmental Health Department's Copy