Date Received 15 Oct 1973

MECK CO
RECEIVED
OCT 16 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 7131

P.I.C. No. 022-131-02

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

October 15-1973

1) NAME OF OWNER Douglas (LAST) Ben (FIRST) E. (MIDDLE)

2) ADDRESS OF OWNER 1123 Circlewood Drive ZIP 28211

3) PHONE NO. Home 366-4865 Office 333-5161

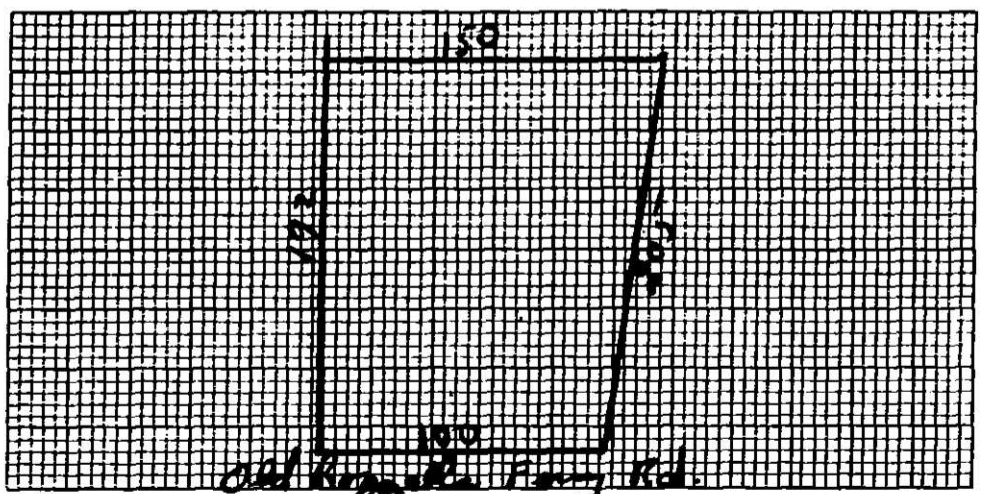
4) LOCATION OF PROPERTY Rozzells Ferry Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 2 BLOCK NO. 131

MAP BOOK NO. 23 PAGE NO. 13

6) DEED REFERENCE: DEED BOOK 2365 PAGE NO. 454

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

Ben E Douglas Jr
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 29 July 1977

ICAR(S) Application No. 7131

T C. No. 022-131-02

Map Date

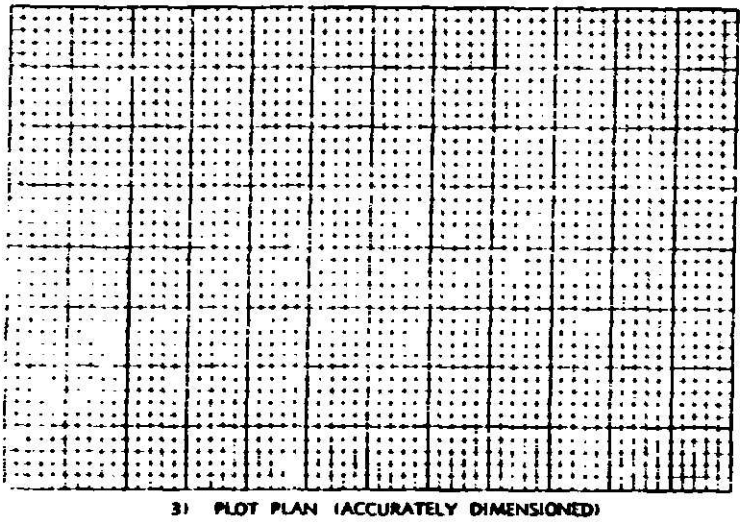
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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.

No unit 150



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ✓No
Residence ____Yes ✓No

4) No of Bedrooms ____
5) Business Use 1 Max No Employees 8
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 INGERFELT (LAST) DOYLE (FIRST) GENE (MIDDLE)

14) ADDRESS OF OWNER Rt# 14, Box 535, CHARLOTTE N.C.

15) PHONE NO. Home 827-8946 Office 392-7861

16) LOCATION OF SYSTEM Rt# 14 CHARLOTTE N.C. LAURAS RESTAURANT (STREET OR COUNTY ROAD)

17) SUBDIVISION VC 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 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.

29 July 1977
DATE OF APPLICATION

Gene M. Ingerfelt
OWNER

EHD-5-76

Environmental Health Department's Copy

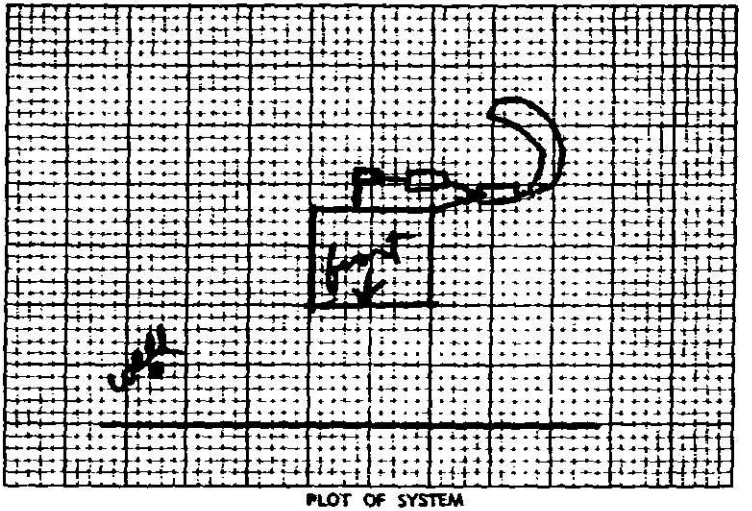
Date Issued 8 July 1977 Serial No.0937 ICAR (S) Permit No. 7131

T. C. No 023-131-02

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 7131, dated 30 June 77 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 19 Aug 77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ____

Liquid Capacity of Tank ____

Tank Construction ✓

Repair Absorption and/or Nitrification Lines:

Total Line Length ____

Number of Lines ____

Distance from House ____

Distance from Property Line ____

Distance from Well ____

NAME OF OWNER Lingerfelt, Doyle C.

LOCATION OF PROPERTY Hwy 16 Lawsonville Rd

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 gurantee that the system anticipated to be constructed will operate properly, or relieve any person ~~connected~~ hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

eliminate floor drains + cooling water to tank, and put into septic tank. Remove existing pipe from tank a minimum of ten feet and backfill replace existing pipe as shown

Division of Section Head

Environmentalist John M. Hickman

* 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-S-76

Environmental Health Department's Copy

Date Issued 26 July 1977 Serial No. 0827 C of A (s) No. 7131

T. C. No. 023-131-02

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 Lengefelt, Doyle G. (LAST, FIRST, MIDDLE)

Location of Property Hwy 16 Cowan's Ford

Application Number _____ Permit Number 7131

Repair
Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200 Number of Lines 4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7-25-77 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7-26-77 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: see attached plot plan for system installation

Environmentalist

EHD-5-76

Environmental Health Department's Copy

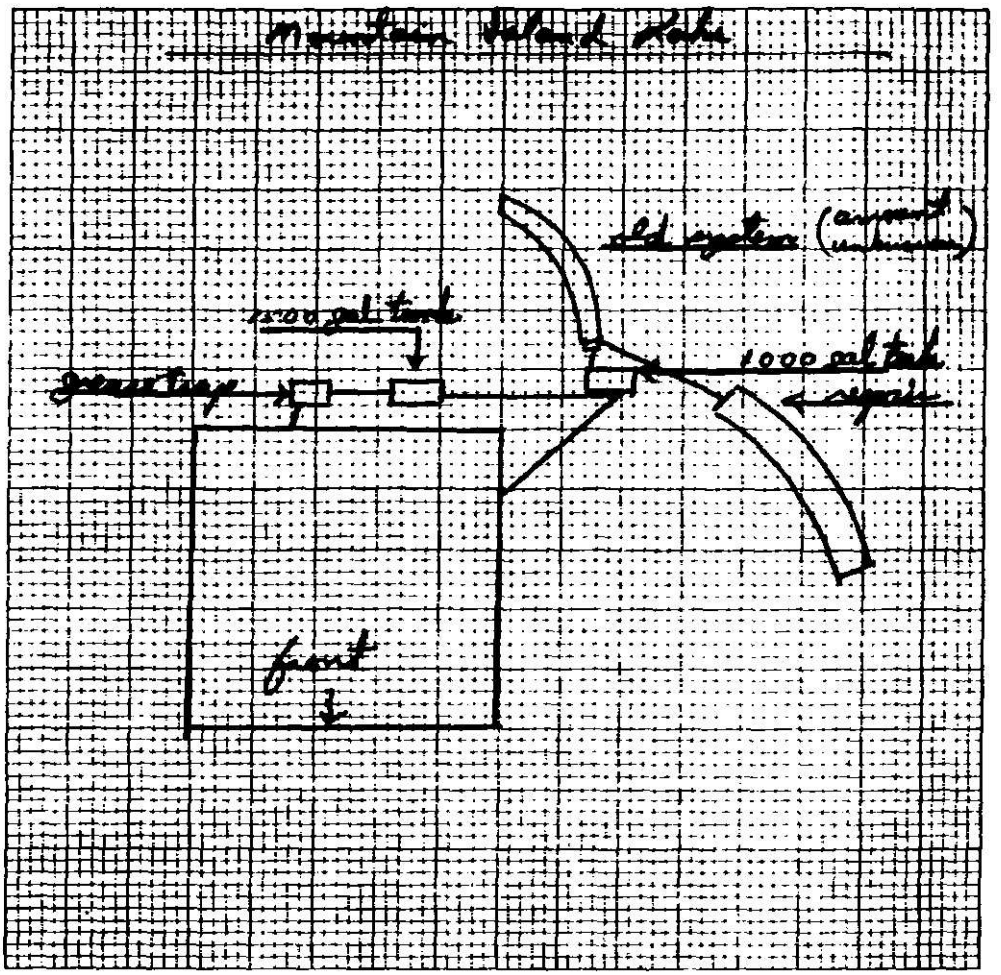
Date Issued 26 July 1977

C of A (s) No. 7131

T. C. No. 023-131-02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

John R. Harrison

Environmentalist

EHD-5-76

Environmental Health Department's Copy