BL

Date Received 3-4-74

APT No 7564

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Wilhelm (LAST) Kermit (FIRST) Harrison (MIDDLE)

2) ADDRESS OF OWNER Rt. 2 - Box 74 - Huntersville, N.C. ZIP 28078

3) PHONE NO Home 875-2189 Office

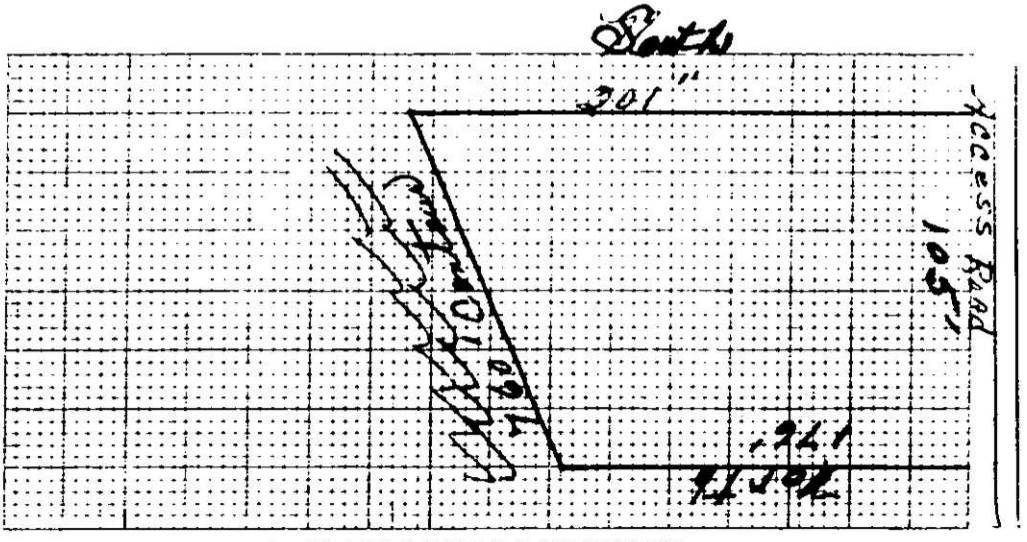
4) LOCATION OF PROPERTY OFF Sam Furr Rd. (STREET OR COUNTY ROAD) - Near end, through gate

5) SUBDIVISION _____ LOT NO 7201 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 2759 PAGE NO 457

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 Kermit H. Wilhelm

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4116

PTR No 7564

Date Issued March 12, 1974

T C No 001-036-06

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

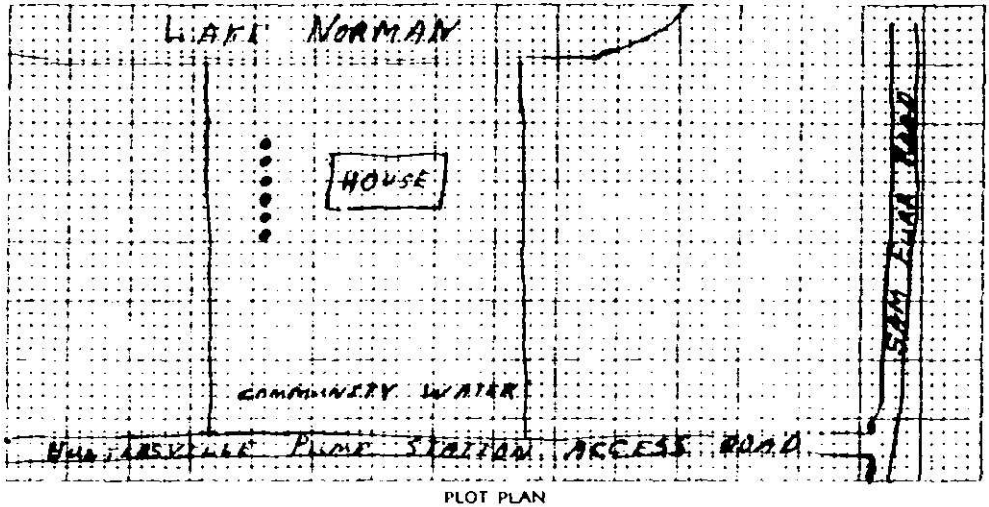
PERCOLATION TEST REPORT

NAME OF OWNER Wilhelm (LAST) Kermit (FIRST) Harrison (MIDDLE)

ADDRESS OF OWNER Route 2, Box 74, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Off Sam Furr 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 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 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.

Jerry P. Harrison

John P. Harrison

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3-6-74

SEE INSTRUCTIONS ON [illegible]

ICAR-S Application No 7564

T C No 001-036-06

Map Date 5 Sept 73

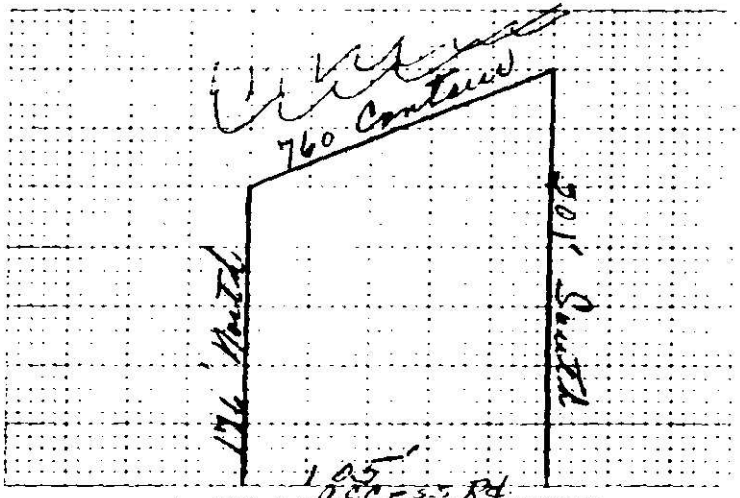
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described hereafter hereby applies to the Mecklenburg County Health Department for a permit to

[1] X Install, construct or install Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



[3] PLOT PLAN ACCURATELY DIMENSIONED

3

Yes ✓ No

[13] NAME OF OWNER Wilhelm (LAST) Kermit (FIRST) Harrison (MIDDLE)

[14] ADDRESS OF OWNER Route 2 - Box 74, Huntersville, N.C. 28078

[15] PHONE NO Home 875-2189 Office

[16] LOCATION OF SYSTEM Off Sam Furr Rd. (STREET OR COUNTY ROAD)

[17] SUBDIVISION Lot No 7201 Block No

Map Book No Page No

[18] DEED REFERENCE — DEED BOOK 2759 AT PAGE 457

[19] HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 3/6/74

[20] PTR NUMBER See Instructions

The undersigned 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

3/6/74
DATE OF APPLICATION

Kermit Wilhelm
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 12, 1974

Serial No. 3898

LA No 7564

T C No 001-036-06

IM PROVEMENTS 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 Wilhelm (LAST) Kermit (FIRST) Harrison (MIDDLE)

ADDRESS OF OWNER Route 2, Box 74, Huntersville, N.C. ZIP 28078

LOCATION OF LOT off Sam Furr 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 7564. 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

Jerry Bruton
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 13 May 74 Serial No. ICARUS Permit No 7564

T C No 001-036-06

Map Date 5 Sept 73

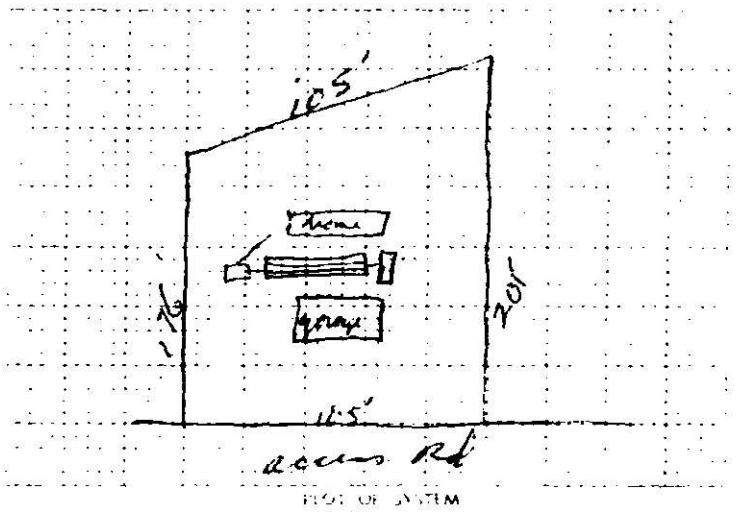
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 / Install or Construct, Alter or Repair the individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge system at the described location. This permit is granted based upon the information and plans submitted on application 7564 dated 3-6-74 and this permit shall be void and of no effect if the work is not started in the approved manner within 90 days. All work shall be completed prior to 13 June 74 after which date this permit shall be void and null.



FRONT OF SYSTEM

Number of Bedrooms 4 BR

Estimated Daily Flow 1500 gpd

Type of Water Supply PC

Absorption Area Required 600'

Type of Absorption Area ● 5(12½x60'x36")

Septic Tank Size

Distance from Well 10'

Distance from Property Lines 10'

Distance from Water Line City Hse

NAME OF OWNER Wolfolk, Kermit H.

LOCATION OF PROPERTY Norman Island

This permit is issued subject to 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 unapprovable or can be used.

Comments Recreation pit 24½' x 7' x 4'6" Stone

Date Approved Read

Environmentalist Richard Eastman

This permit is for the installation or construction of a new system only and is signed by the division or a Public Environmental Health Director in accordance with G.S. 130-166.24. The signature of the Environmentalist is valid only where an existing system is being altered or repaired.

E-5-9-1-72

Date Issued 16 May

Serial 4744

C of A (s) No. 7569

T C No 001-036-06

Map Date 05 Sept 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

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

dcr

Name of Owner Wilhelm, Kermit H (LAST, FIRST, MIDDLE)

Location of Property Norman Island

Application Number 7564 Permit Number 7564

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600' Number of Lines 5 (2½' x 60' x 36")

Depth of Filter Material 36" Cover Depth 15"

Water Supply Source City Distance from Water Source —

Excavation Inspected 16 May 74 (DATE) Tank Inspected 16 May 74 (DATE)

Nitrification Field Inspected 16 May 74 (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 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 2½' x 7' x 4' ej Stone

Richard Gaston

Environmentalist

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

HEALTH DEPARTMENT'S COPY