Date Received 10-22-73

APT No. 7159
PO
T. C. No. 139112-02

Map Date 9 5 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Investment Land Sales, Inc.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 1740 E. Independence Blvd. ZIP 28205

3) PHONE NO. Home _____ Office 333-5492

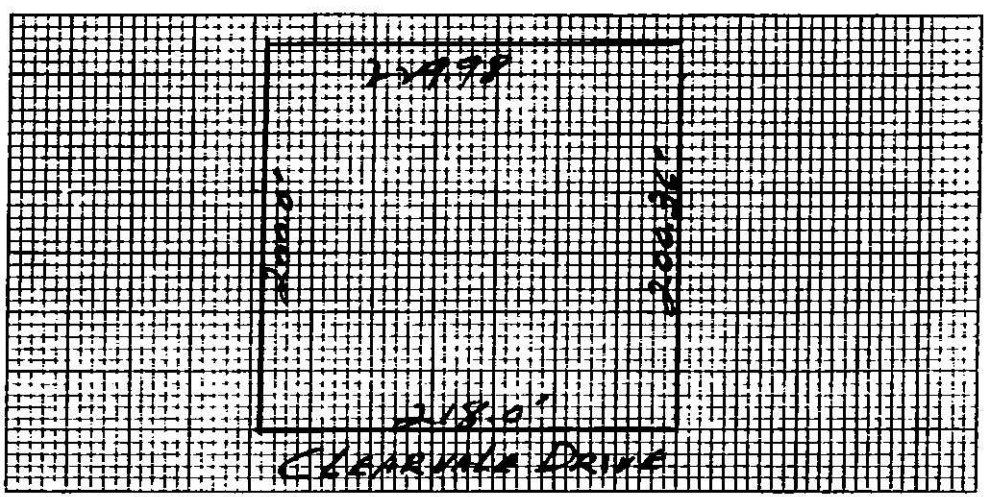
4) LOCATION OF PROPERTY Lot 77 - Clearvale Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Eastside Estates LOT NO. 77 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

10-19-73

Investment Land Sales, Inc.

OWNER Vice President

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3725

PTR No. 7159
P.O.
T. C. No. 139-112-02
Map Date 9-5-73

Date Issued October 24, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

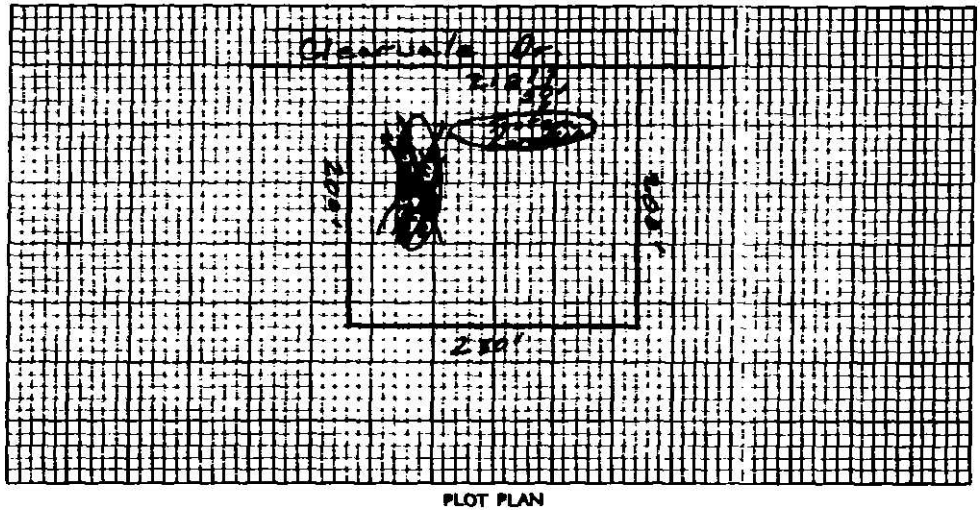
PERCOLATION TEST REPORT

NAME OF OWNER Investment Land Sales, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1740 East Independence Blvd. ZIP 28205

LOCATION OF PROPERTY Clearvale Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Eastside Estates LOT NO. 77 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 45 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.

*Results determined by soil analysis.

W. Beattie Lyons, Jr. — Soil Scientist

John A. Atkinson — Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 3/5/74

Serial 4522

C of A (s) No. 7159

T. C. No.

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 PETTUS (LAST) JAMES (FIRST) (MIDDLE)

Location of Property 1017 BELMORROW DR

Application Number 7159 Permit Number 7159

Inspection Date:

Liquid Capacity of Tank REPAIR Tank Material —

Total Length of Drain Tile ~~eq~~ 174'± Number of Lines 2

Depth of Filter Material 8' Cover Depth 24 - 28"

Water Supply Source CITY Distance from Water Source —

Excavation Inspected 3/5/74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3/5/74 (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, X 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: Low END OF REPAIR CONNECTS TO WM DRAIN

Bed 5' x 16' x 8 stone depth

L P Bridgeman

Sanitarian

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

HEALTH DEPARTMENT'S COPY