Date Received 8-30-74

Application No. 6972 Portion Of
T. C. No. 231-111-05
Map Date 9-1-70

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Snow (LAST) Peter (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 4126-L Providence Road ZIP _____

PHONE NO. Home 364-0590 Office 523-9403

LOCATION OF PROPERTY Tilley Morris Road (STREET OR COUNTY RAOD)

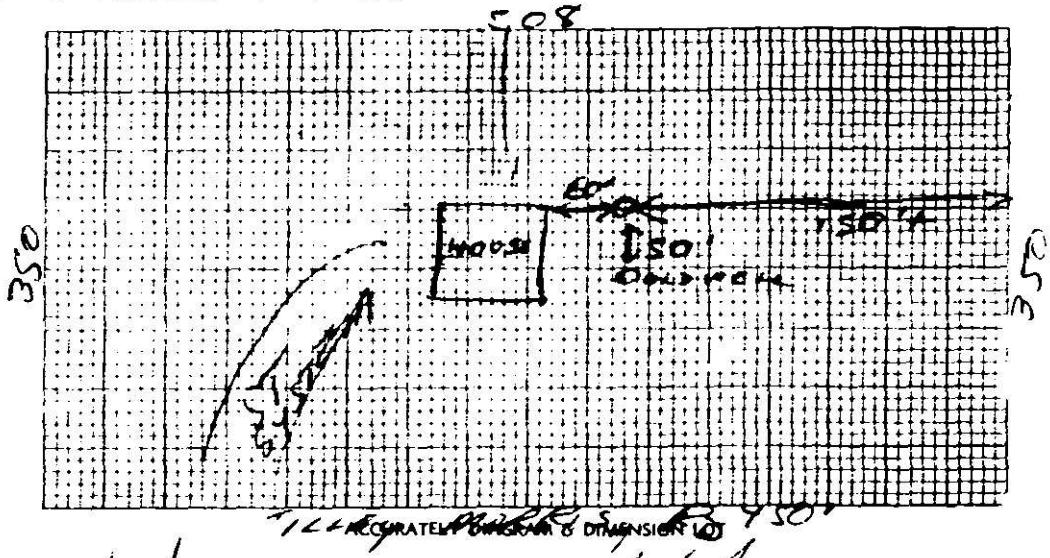
SUBDIVISION _____ LOT NO. 7 & 8 BLOCK NO. _____

MAP BOOK NO. 231 PAGE NO. 5

DEED REFERENCE: DEED BOOK _____ PAGE NO _____

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of X individual, _____ semi public, or _____ public water supply.




8/30/74
DATE OF APPLICATION

John D. Snow
OWNER

Application approved and permit hereby granted

Permit No: 6972

R P Dickerman
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 15 May 1975 Apt. No. (S) _____ Application No. (W) 6972

P.O. T. C. No. 231-111-05

Map Date 9-1-70

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Snow (LAST) Peter (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 4126 L Providence Rd. ZIP 28211

PHONE NO. Home 364-0590 Office 365-2411

LOCATION OF PROPERTY Tilley Morris Rd Mecklenburg Co. (STREET OR COUNTY ROAD)

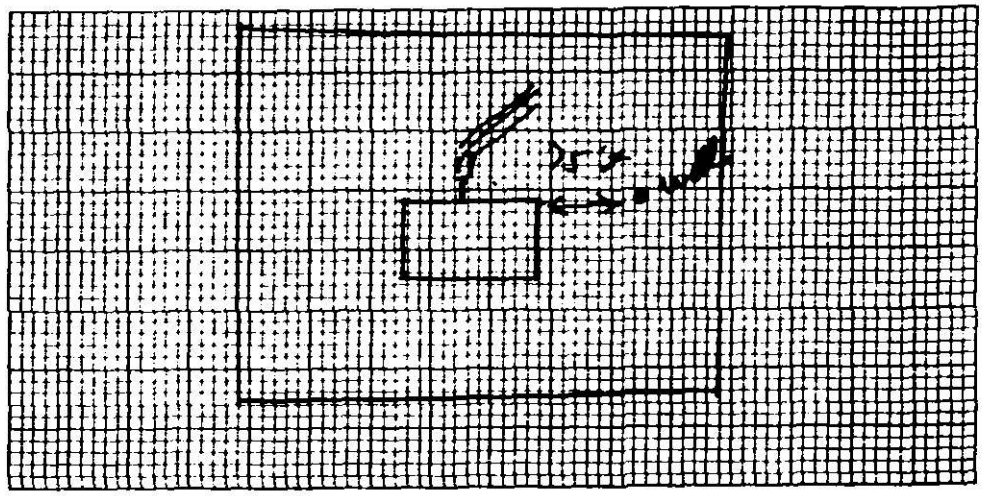
SUBDIVISION — LOT NO. 7 & 8 BLOCK NO. —

MAP BOOK NO. 231 PAGE NO. 5 FHA LOAN —

DEED REFERENCE DEED BOOK _____ PAGE NO. _____ VA LOAN —

WELL CONTRACTOR Stewart Pumpwell LICENSE NO. 70

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply.




ACCURATELY DIAGRAM & DIMENSION LOT

DATE OF APPLICATION _____ OWNER Snow

Application approved and permit hereby granted

Permit No: 6972

R M Reynolds
ENVIRONMENTALIST

FORM NO. E-20-5-1-73 HEALTH DEPARTMENT'S COPY

J

Date Received 9-11-73

APT No 6972

T C No

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Snow (LAST) Peter (FIRST) D. (MIDDLE)

2) ADDRESS OF OWNER 4126 -L Providence Rd. ZIP 28211

3) PHONE NO Home 364-0590 Office

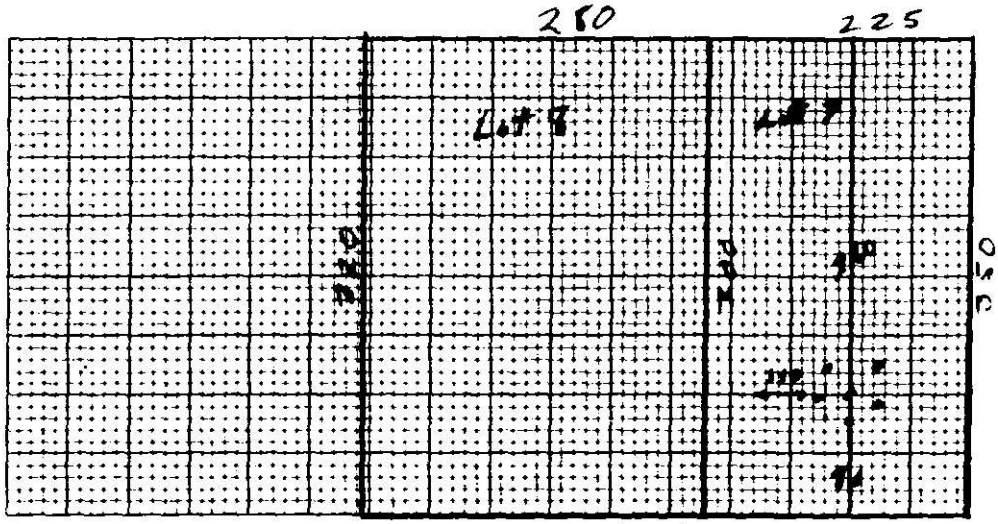
4) LOCATION OF PROPERTY Tilley Morris (STREET OR COUNTY ROAD) Rd. Meck. Co.

5) SUBDIVISION LOT NO 7-8 BLOCK NO.

MAP BOOK NO 231 PAGE NO 5

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

Peter D Snow
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3528

PTR No. 6972
P.O.
T C No. 231-111-05

Date Issued September 11, 1973

Map Date 9-1-70

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

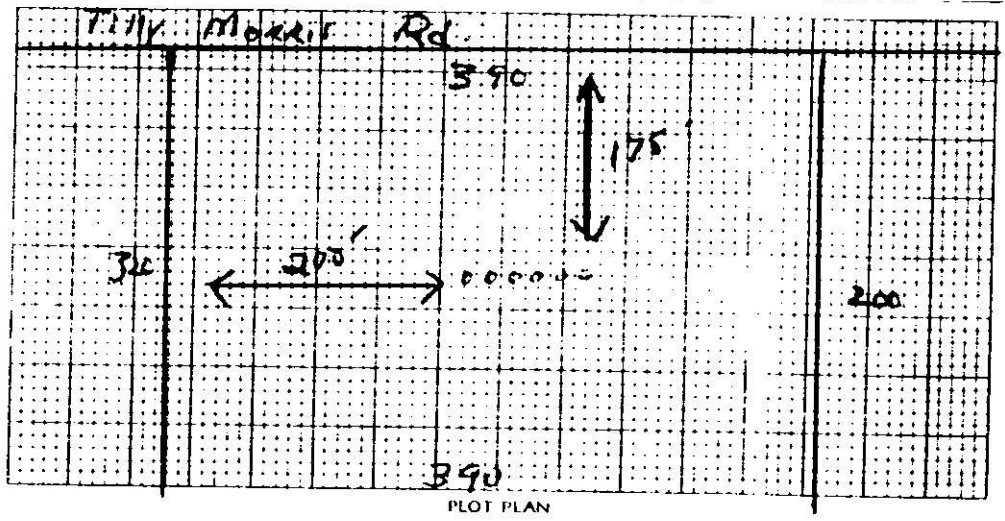
## PERCOLATION TEST REPORT

NAME OF OWNER Snow (LAST) Peter (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 4126-L Providence Road ZIP 28211

LOCATION OF PROPERTY Tilley Morris Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 7 & 8 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 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 building, 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 wells) 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 Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2 4 1-71

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received ___

ICAR'S Application No 6972

T C No 231.111.C5

Map Date 9/70

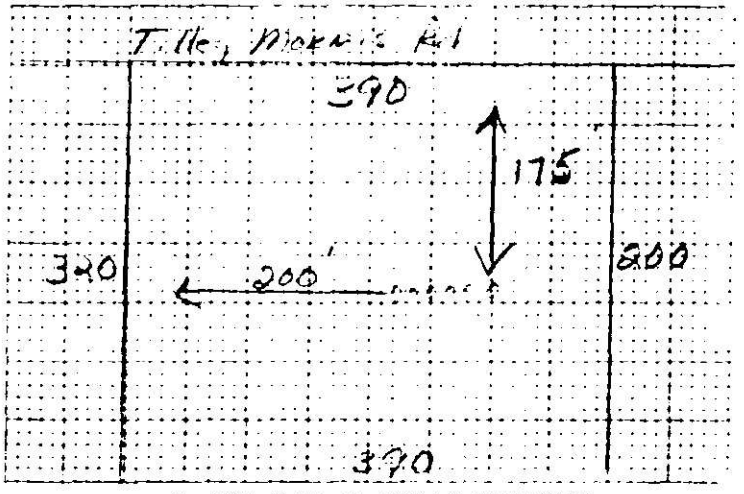
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 ✓ Yes ___ No

7. Garbage Disposal ___ Yes ✓ No

8. Dishwasher ✓ Yes ___ No

9. Water Supply
   A. Individual Well X
   B. Community System ___

10. Pool ___ Yes X No

11. Flood Plain ___

12. Creek ___

13. NAME OF OWNER SNOW (LAST) PETER (FIRST) D. (MIDDLE)

14. ADDRESS OF OWNER [illegible]

15. PHONE NO Home 364 [illegible] Office 523-[illegible]

16. LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17. SUBDIVISION ___ Lot No 7 & 8 Block No ___

Map Book No [illegible] Page No 5

18. DEED REFERENCE — DEED BOOK ___ AT PAGE

19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 9/23-[illegible]

20. PTR NUMBER (See Instructions) [illegible]

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 hereon shall be void and of no effect if any of the above facts are not true

DATE OF APPLICATION 9/23/70

OWNER Peter D Snow

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-17-73

Serial No. 3437

LA No. 6972
P.O.
T. C. No. 231-111-05

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 Snow (LAST) Peter (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 41262 Providence Road ZIP

LOCATION OF LOT Tilley Morris Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 7 & 8 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 45 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 6972. 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. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E 3 4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 19 May 75

Serial No. 6402

ICAR(S) Permit No. 6972

T C No 231-111-05

Map Date

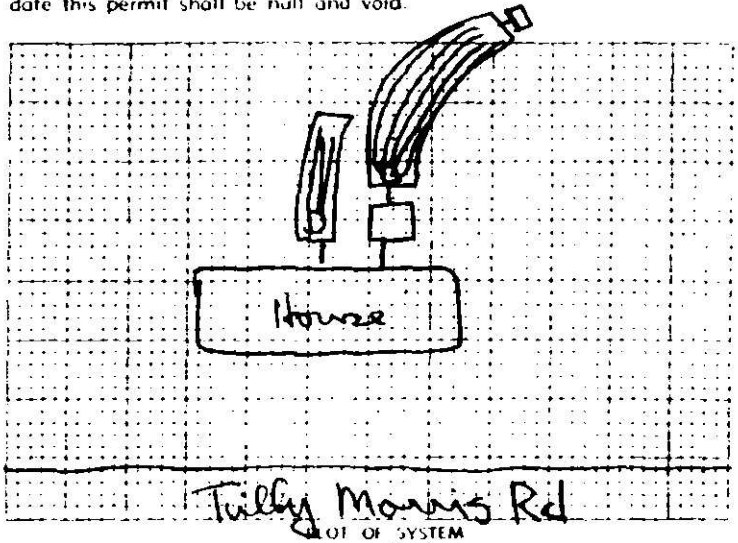
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby 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 6972, dated 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 June 75, after which date this permit shall be null and void.




LOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600' & 150'

Number of Lines @ 12½' x 120'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Snow, Pete

LOCATION OF PROPERTY Tilly Morris Rd

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 washer line 7½' x 50'
aeration pit 2½' x 7' x 4' stone

Division or Section Head

G. M. Reynolds
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 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.

E-5-9-1-72

Date Issued 10 Feb 76 **Serial No. 7213** ICAR(S) Permit No. 6978

T C No. 231-111-05

Map Date

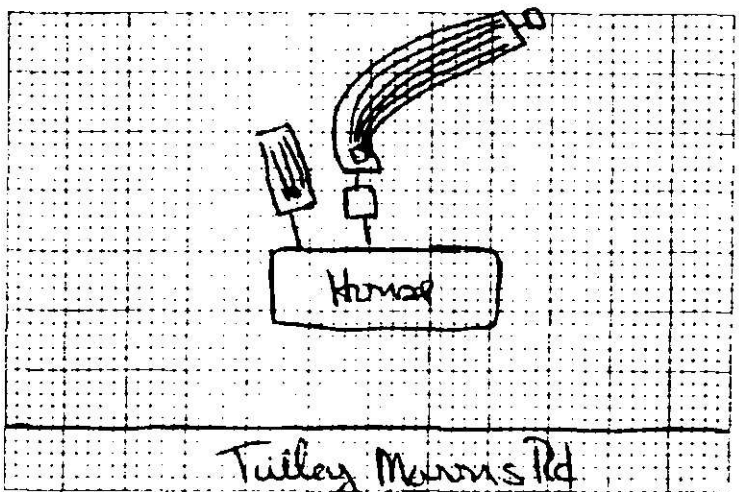
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby 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 6978, dated , and the permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 10 Mar 76, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600' & 150'

Number of Lines 6 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Snow, Pete

LOCATION OF PROPERTY Tulley Morris Rd

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 Trench 10' X 38 aeration pit

G. M. Reynolds
Environmentalist

Division or Section Head

If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

FORM NO. E 5-4 2M 6-75

**HEALTH DEPARTMENT COPY**

Date Issued 10 Feb 76 Serial No. 6641 C of A (s) No 6972

CERTIFICATE OF COMPLETION T C No 231-111-05

Map Date 9-1-70

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Snow, Pete (LAST, FIRST, MIDDLE)

Location of Property Tilley Morris Rd

Application Number 6972 Permit Number 6972

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (6) 15'x100'

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10 Feb-76 (DATE) Tank Inspected 10 Feb-76 (DATE)

Nitrification Field Inspected 10 Feb-76 (DATE)

Washing Machine Line Inspected, If Applicable 10 Feb-76 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption of effluent discharge as described above and it has been ✓ installed or constructed, approved 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 guarantee that the system will operate properly or relieve any person from or hold harmless any person 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 such other requirements in addition to those listed below under comments. This Certificate of Approval shall be invalid 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 O.K.

G.M. Reynolds
Environmentalist

FORM NO E-6-9-1-72