Date Received 1-10-73

APT No 5423

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Layne (LAST) Harold (FIRST) Alexander, Jr. (MIDDLE)

2) ADDRESS OF OWNER 1945 34th Ave NE Hickory, NC ZIP 28601

3) PHONE NO Home 256-8241 Office 525-9443

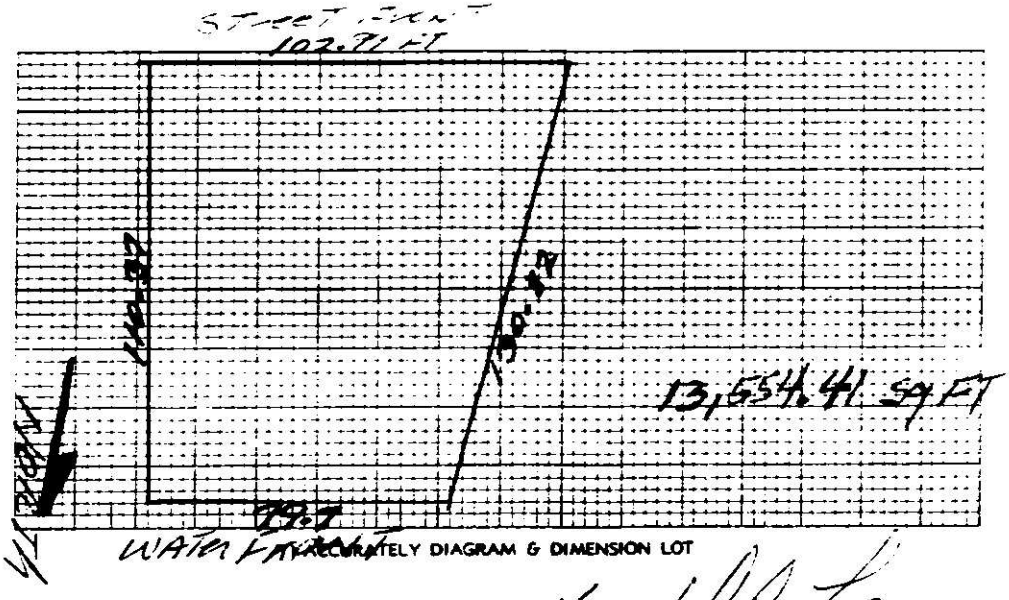
4) LOCATION OF PROPERTY 216 Dee Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Lyon Bay LOT NO 15 BLOCK NO

MAP BOOK NO 12 PAGE NO 523

6) DEED REFERENCE DEED BOOK 838 PAGE NO 467

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



I HAVE ACCURATELY DIAGRAM & DIMENSION LOT

Harold A. Layne
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5423

Date Issued January 30, 1973

T C No. 001-297-72

Map Date 12-18-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

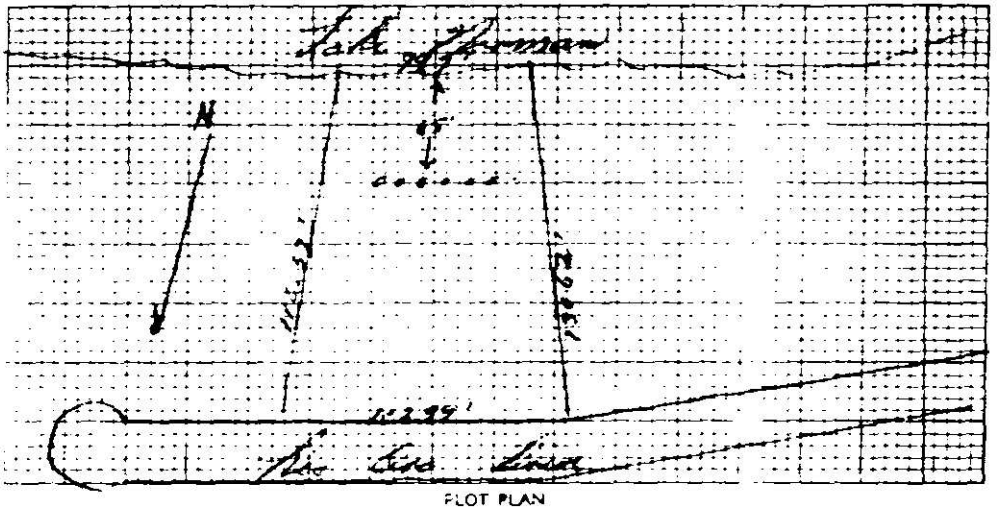
PERCOLATION TEST REPORT

NAME OF OWNER Layne (LAST) Harold (FIRST) Alexander, Jr. (MIDDLE)

ADDRESS OF OWNER 1945 29th St., N.E., Hickory, N.C. ZIP 28601

LOCATION OF PROPERTY [illegible] Dr. Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 15 BLOCK NO Section I



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 48 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.

John R. Adkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-5-73

ICAR(S) Application No. 5423

T. C. No. 001-297-72

Map Date 12-15-72

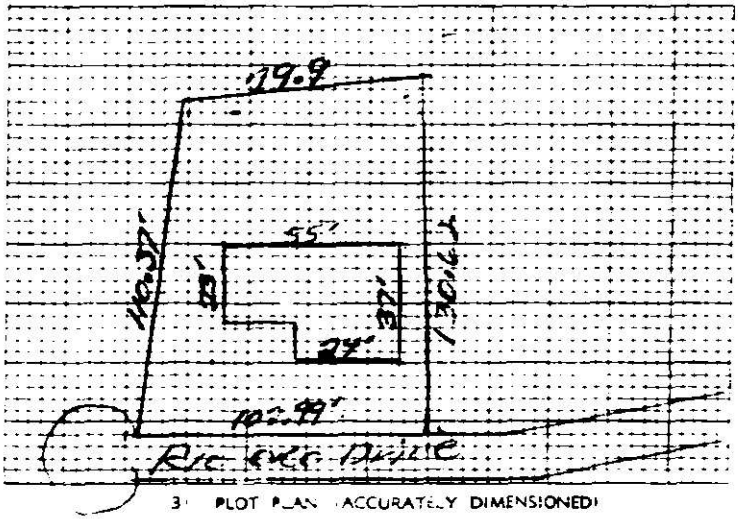
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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)

3
Public Water Main No.
Employees
4 Washing Machine ✓ Yes No
5 Garbage Disposal Yes ✓ No
6 Dishwasher ✓ Yes No
7 Water Supply
A Individual Well
B Governmental System
C Community System
Well Source ✓
2 Governmental Source
8 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 Layne (LAST) Harold (FIRST) Alexander (MIDDLE) Jr.

14) ADDRESS OF OWNER 1745 29th ST NE, Hickory, N.C. 28601

15) PHONE NO Home 256-3211 Office 525-7743

16) LOCATION OF SYSTEM River Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Dallas Bay Lot No. 15 Block No. Section I

Map Book No 12 Page No. 523

18) DEED REFERENCE — DEED BOOK 3355 AT PAGE 469

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1-30-73 & 7-18

20) PTR NUMBER (See Instructions) 5423

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

Harold Layne
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 2497

Date Issued February 6, 1973

LA No. 5423

T. C. No. 001-297-72

Map Date 12-15-72

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 Layne (LAST) Harold (FIRST) Alexander, Jr. (MIDDLE)

ADDRESS OF OWNER 1945 29th St. N.E., Hickory, N.C. ZIP 28601

LOCATION OF LOT Rio Oro Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 15 BLOCK NO. Section I

MAP BOOK NO. 12 PAGE NO 523

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 48 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 5423. 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

M L Bixby
Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 4201

Date Issued 17 Aug 77

ICAR (S) Permit No. 5423

T. C. No: 001-297-7a

Map Date 15 Aug 77

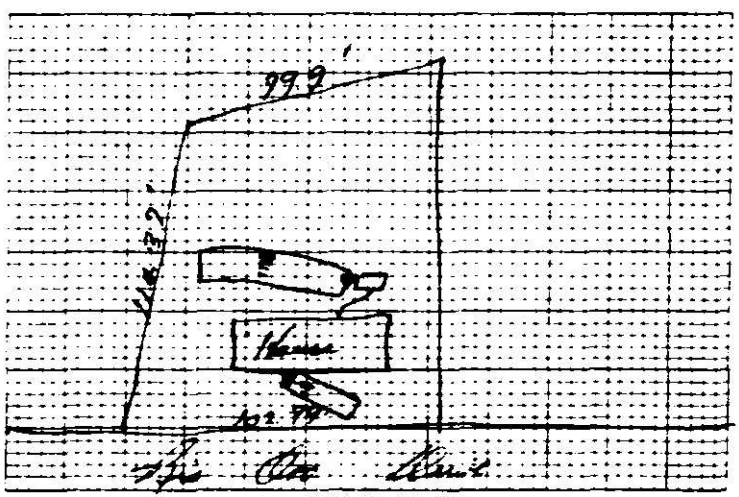
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 5423, dated 5 Aug 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 17 Aug 77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 48

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 555' + 150' W/M 3 (75' x 25' x 36")

Number of Lines 6 (6' x 47' x 36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well Community

NAME OF OWNER Logan, Ronald Alexander, Jr.

LOCATION OF PROPERTY The Old Line (Rahia)

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: S. J. Lewis (Contr.)

Division or Section Head

M. A. Curley
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.

FORM NO E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 3933

C of A (s) No. 5423

Date Issued 19 Sep 73

T. C. No. 001-297-72

Map Date 15 Nov 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Jasper (LAST) Harold (FIRST) A. (MIDDLE)

Location of Property [illegible] (Mint Hill Area)

Application Number 5423 Permit Number 5423

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC 3 (12 x 25' x 36")

Total Length of Drain Tile 555' + 150' Lin Number of Lines 6 (5 x 47' x 36")

Depth of Filter Material 36" + 36" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 18 Sep 73 (DATE) Tank Inspected 18 Sep 73 (DATE)

Nitrification Field Inspected 18 Sep 73 (DATE)

Washing Machine Line Inspected, If Applicable 19 Sep 73 (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: Erwin Const. Co. (Contr.)

Vit. Baffle wall was installed by contractor

M. B. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY