Date Received 3-27-73

APT No. 5863

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HELMS (LAST) JAMES (FIRST) ARTHUR (MIDDLE)

2) ADDRESS OF OWNER 642 EDGEGREEN DR ZIP _____

3) PHONE NO. Home 527-0286 Office 394-4161

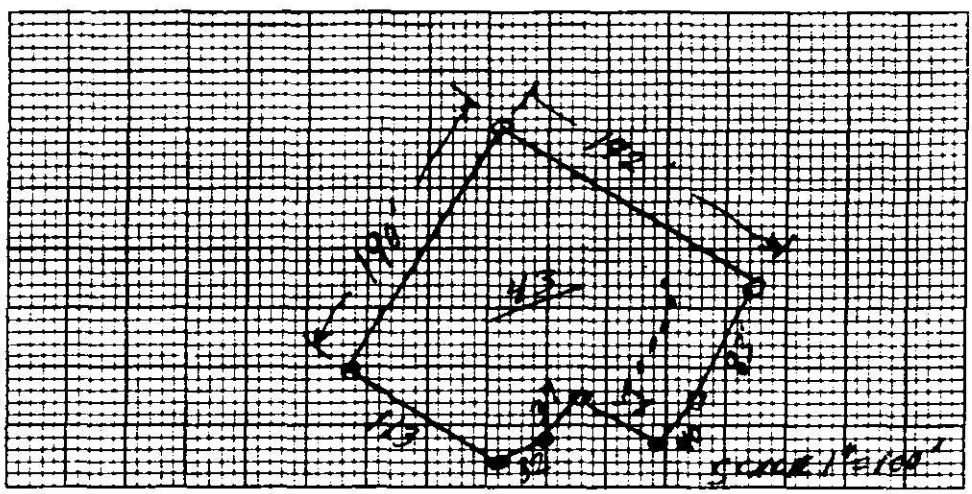
4) LOCATION OF PROPERTY RED FOX RD MECK. COUNTY
CRESCENT LAND & TIMBER (STREET OR COUNTY ROAD)

5) SUBDIVISION LAKE WYLIE LOT NO. SECTION 42 BLOCK NO. LOT 43

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

OWNER James a Helms

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

HEALTH DEPARTMENT'S COPY

Serial No. 2185

PTR No. 5863

P.O.T.C No. 217-131-03 E

Date Issued April 3, 1973

Map Date 8-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

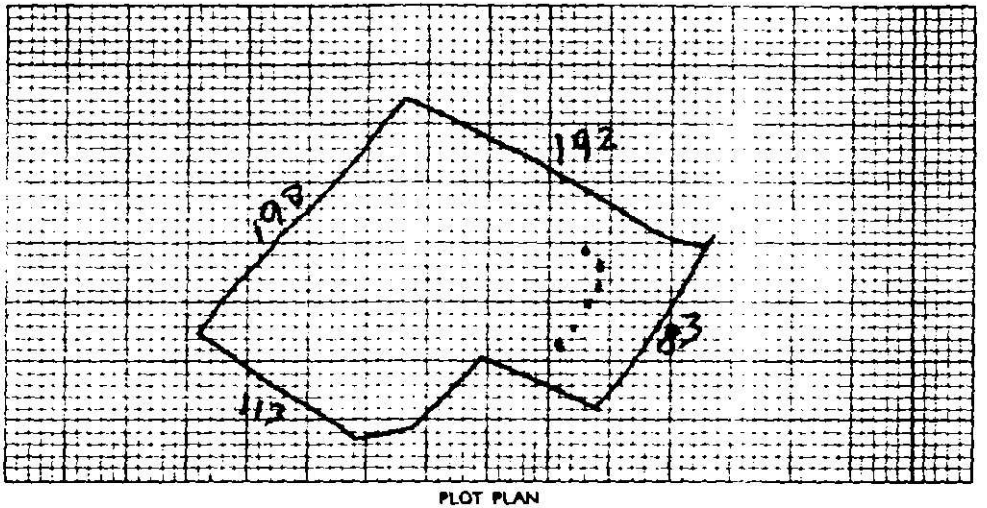
PERCOLATION TEST REPORT

NAME OF OWNER Helms (LAST) James (FIRST) Arthur (MIDDLE)

ADDRESS OF OWNER 642 Edgegreen Drive ZIP

LOCATION OF PROPERTY Red Fez Road (STREET OR COUNTY ROAD)

SUBDIVISION Lake Wylie LOT NO 43 BLOCK NO. Section 42



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 58 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 teratment 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 Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-4-73

ICAR(S) Application No 5863

T C. No. 217-131-03 E

Map Date 2-14-73

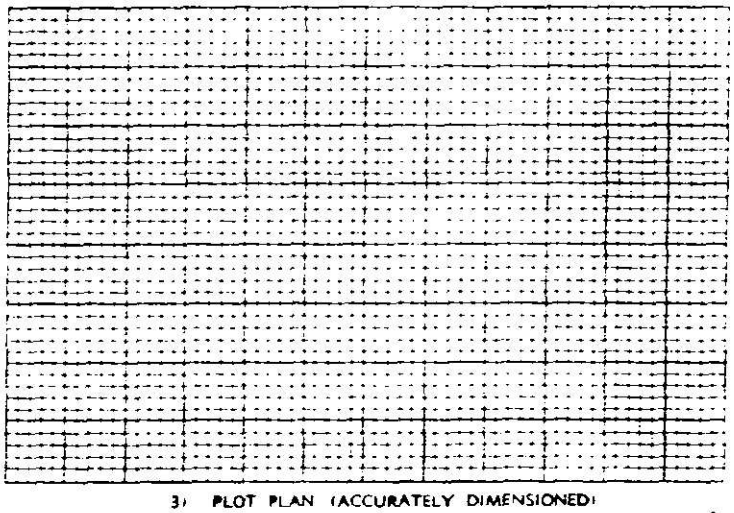
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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)

4) No. of Bedrooms 2

5) Business Use — Max No Employees HOME

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 NO

12) VA Case No NO

13) NAME OF OWNER HELMS (LAST) JAMES (FIRST) ARTHUR (MIDDLE)

14) ADDRESS OF OWNER ~~RED FEZ RD, MECK. COUNTY~~ 642 EDGEGREEN DRIVE

15) PHONE NO Home 527-0286 Office 394-4161

16) LOCATION OF SYSTEM RED FEZ RD (STREET OR COUNTY ROAD)

17) SUBDIVISION CRESCENT LAND Lot No SECTION 42 Block No LOT 43

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____ IR 58

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-27-73

20) PTR NUMBER (See Instructions) 5-863

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.

4-4-73
DATE OF APPLICATION

James Arthur Helms
OWNER

FORM NO. E-4-4-...-71

HEALTH DEPARTMENT'S COPY

Serial No. 2708

LA No. 5863
P.O.
T. C No. 217-131-03 E

Date Issued April 6, 1973

Map Date 2-14-73

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 Helms (LAST) James (FIRST) Arthur (MIDDLE)

ADDRESS OF OWNER 642 Edgegreen Drive ZIP

LOCATION OF LOT Red Fez Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 43 BLOCK NO. Section 42

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 58 min/inon 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 5863. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 5/30/74 Serial No. [illegible] ICAR(S) Permit No 5863

T C No

Map Date

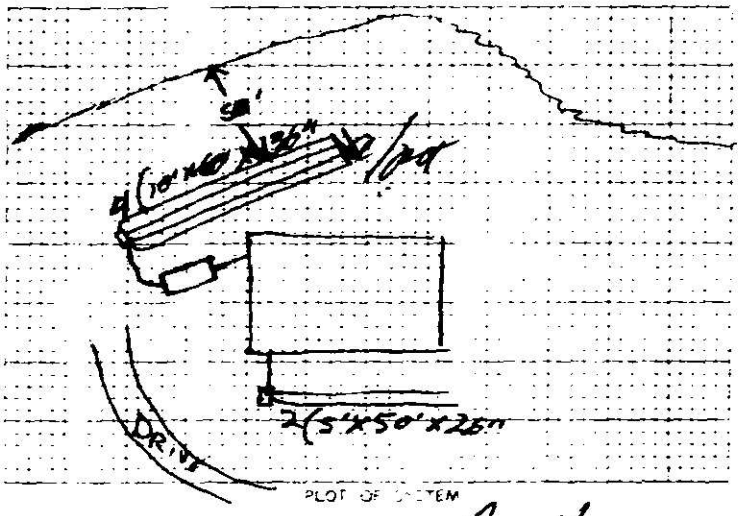
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct, Alter or Repair the individual septic tank waste water 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 5863, dated 4/4/73 and this 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 6/15/74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1500 gal PC

Tank Construction

Absorption and/or Nitrification Lines 5T WM

Total Line Length 480' - 150' - 5T 4 (10'x60'x3') Number of Lines WM 2 (5'x50'x26")

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 50' +

" " LAKE 50' +

NAME OF OWNER JAMES A. HELMS

LOCATION OF PROPERTY RED FOX 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 Booker T. Alexander

Division of Sanitation JA/LRB

Environmentalist L R Brigman

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 Environmental Specialist is required where an existing system is being altered or repaired.

Rev. E-5-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/14/74 Serial No. 4913 C of A (s) No 5863

John H Robinson T C No

CERTIFICATE OF COMPLETION 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 HELMS (LAST) JAMES (FIRST) T (MIDDLE)

Location of Property RED FOX CLUB S. 1

Application Number 5863 Permit Number 5836

Inspection Date: /

Liquid Capacity of Tank 1500 gal. (ST) WM

Tank Material PC (ST) WM

Total Length of Drain Tile 480 (ST) 150 (WM)

Number of Lines 4 (ST) 2 (WM)

Depth of Filter Material 3' (ST) 26" (WM)

Cover Depth 15"-18"

Water Supply Source IND WELL

Distance from Water Source 50'+

Excavation Inspected 6/14/74 (DATE)

Tank Inspected 6-14-74 (DATE)

Nitrification Field Inspected (DATE)

Washing Machine Line Inspected If Applicable (DATE)

The undersigned has inspected the individual Septic Tank System with subsurface, soil absorption, effluent disposal as described above and it has been X 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 or controlling 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 and 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 S.T. deep

L R Bridgeman

Environmentalist

FORM NO E-6-8-1-72

HEALTH DEPARTMENT'S COPY