Date Received 26 Feb 1923

APT No 5653

T. C No 043-038-01

Map Date 11-19-32

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Harris (LAST) Russell (FIRST) Lee (MIDDLE)

2) ADDRESS OF OWNER 612 Franklin Ave ZIP 28206

3) PHONE NO Home 376 3294 Office

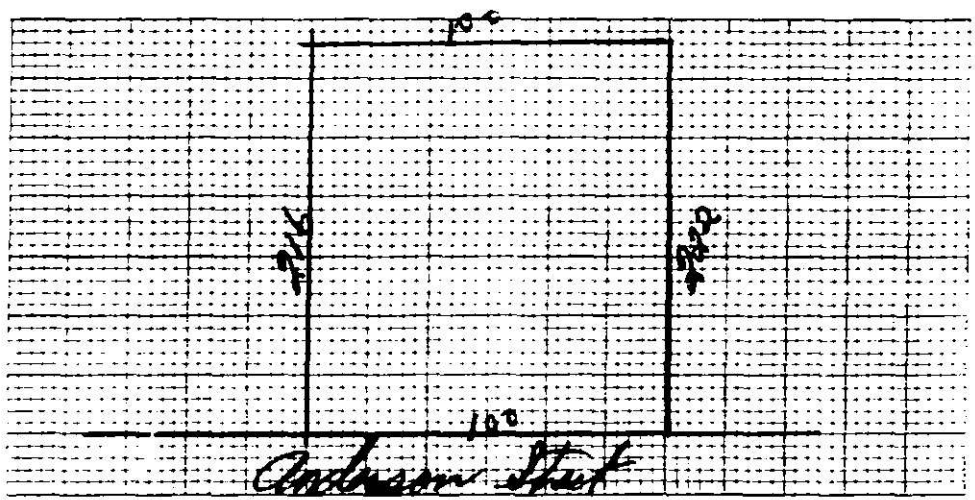
4) LOCATION OF PROPERTY Anderson St (STREET OR COUNTY ROAD)

5) SUBDIVISION Derita LOT NO 28129 BLOCK NO B

MAP BOOK NO 2315 PAGE NO 455

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

Russell Harris
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]3

PTR No 5653

T C No 043-038-07

Date Issued April 6, 1973

Map Date 11-10-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

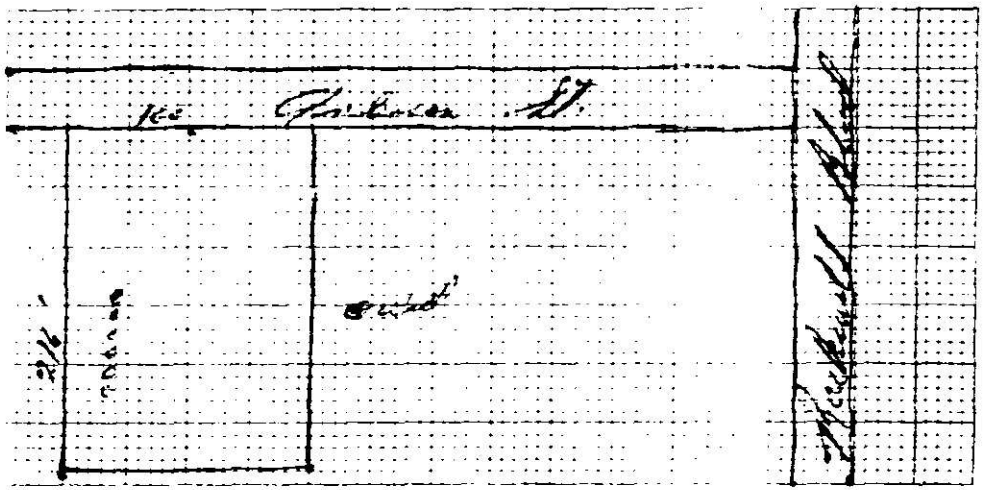
PERCOLATION TEST REPORT

NAME OF OWNER Harris (LAST) Russell (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 612 Franklin Avenue ZIP 28206

LOCATION OF PROPERTY Anderson Street (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 28 & 29 BLOCK NO B



PLOT PLAN

This is to certify that a percolation test has been run and an 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 46 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 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. Hickerson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 26 Feb 1972

ICAR (S) Application No. 3653

T C No 043-03F-07

Map Date 11-10-72

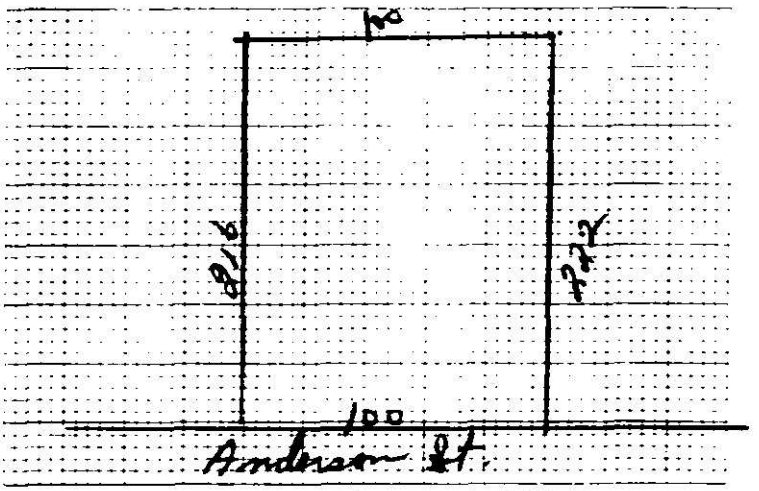
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of Bedrooms 3
5) Max. No. Occupants ___
6) Basement ___
7) Any Well Within 100 Feet ___ Yes ___ No
8) Garbage Disposal ___ Yes ✓ No
9) Dishwasher ___ Yes ✓ No
10) Water Supply
A Individual Well ✓
B Governmental System ___
C Community System
Well Source ___
Governmental Source ___
11) Sewage System
Must be located a min 200 feet
Public Sewer ___ Yes ___ No
Must be located a min 200 feet
12) Public Sewer ___ Yes ___ No
EHA Case No ___
LHA Case No ___

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER HARRIS (LAST) Russell (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER 612 Franklin Ave

15) PHONE NO Home 376 3294 Office ___

16) LOCATION OF SYSTEM Anderson St (STREET OR COUNTY ROAD)

17) SUBDIVISION Derita Lot No. 3 Block No. 2

Map Book No 8 Page No. 53

18) DEED REFERENCE — DEED BOOK 2315 AT PAGE 455

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

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.

2-26-72
DATE OF APPLICATION

Russell Harris
OWNER

FORM NO. E-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued April 6, 1973

Serial No. 2709

LA No 5653

T C. No. 043-038-07

Map Date 11-10-72

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 Harris (LAST) Russell (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 612 Franklin Avenue ZIP 28206

LOCATION OF LOT Anderson Street (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 28 & 29 BLOCK NO B

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 46 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 5653. 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 17 Nov 72

Serial No. 4630

ICAR (S) Permit No. 5653

T. C No. 043-038-02

Map Date 16 Nov 72

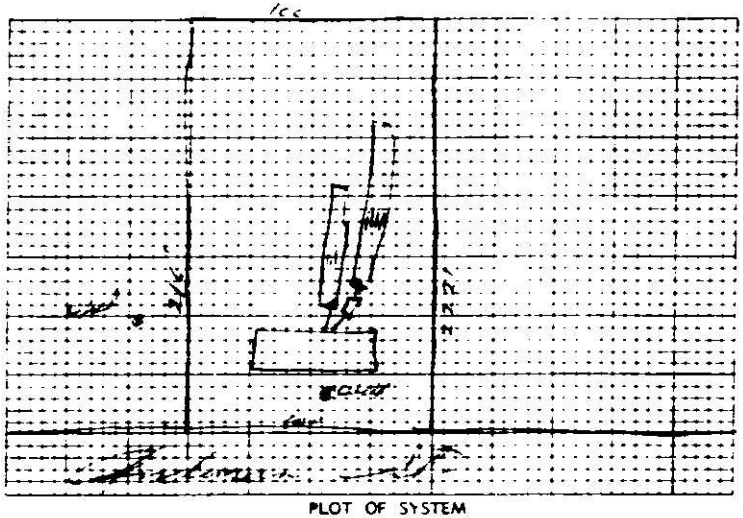
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5653, dated 24 Nov 72, 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 1 March 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 46

Liquid Capacity of Tank 1,000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300 + 150 = 450 (3 (75' x 50 x 17'))

Number of Lines 4 (4 x 73' x 17')

Distance from House 16'

Distance from Property Line 15'

Distance from Well 25'

NAME OF OWNER Forney Transit Inc

LOCATION OF PROPERTY Indian Trail

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: 2 Toilet (Tents)

Division or Section Head

Environmentalist Nick Bailey

* 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 4245

C of A (s) No. 5653

Date Issued 23 Nov 73

T C No. 74-038-07

John R. Atkisson

Map Date 10 Nov 72

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Harris, Spratt L.
LAST FIRST MIDDLE

Location of Property Gardner Street

Application Number 5653 Permit Number 5653

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material C (3'-4" x 5'-2" x 7'-7")

Total Length of Drain Tile 320' + 158' Conn. Number of Lines 4 (3 x 93' + 1 x 112')

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 95'

Excavation Inspected 23 Nov 73 DATE Tank Inspected 23 Nov 73 DATE

Nitrification Field Inspected 23 Nov 73 DATE

Washing Machine Line Inspected, If Applicable 23 Nov 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: 11" Taller (Cast)

W. L. Ivey
Environmentalist

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

HEALTH DEPARTMENT'S COPY