Date Received 6-11-71

APT No. 1933

T. C. No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Stinson (LAST), Elmore (FIRST), T. (MIDDLE)

2) ADDRESS OF OWNER Route 2, Box 65, Huntersville, N. C. ZIP 2807

3) PHONE NO. Home 875-6578 Office

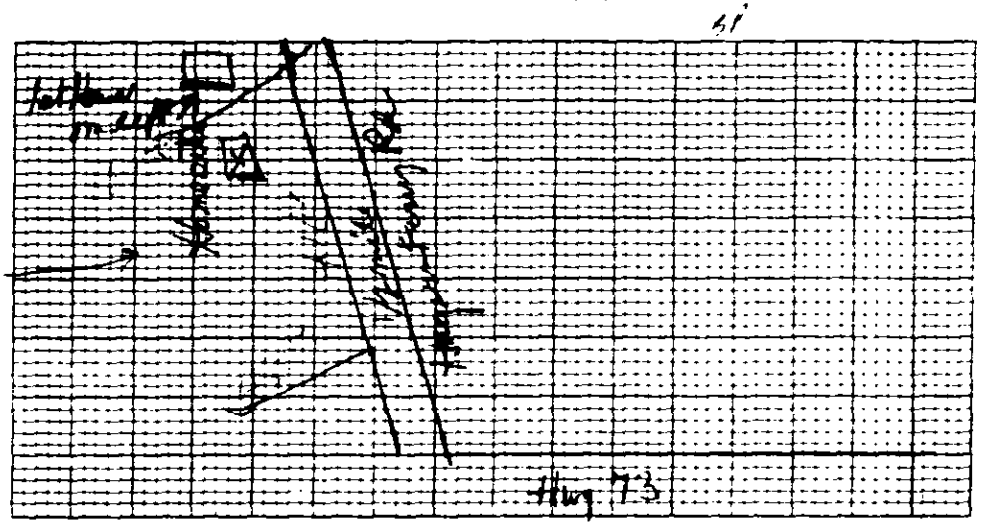
4) LOCATION OF PROPERTY River Ferry Road 13900 (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. ~~8666~~ 223 PAGE NO. 189

6) DEED REFERENCE: DEED BOOK 2003 PAGE NO 195

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

Elmer Stinson
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 810 PTR No. 1933

Date Issued June 30, 1971 T. C No. 001-011-08&06

Do Not Issue A Building Permit Based On This Form 2/25/71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

NAME OF OWNER Stinson (LAST) Elmore (FIRST) T. (MIDDLE)

ADDRESS OF OWNER Route 3, Box 85, Huntersville, N. C. ZIP 28078

LOCATION OF PROPERTY Hager Ferry Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 47 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 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 determined above and on the size and type of building constructed thereon.
3. This approval is only for the system as installed in the immediate area where the percolation test was run.
4. This approval will be void if any grading, filling or construction, including the grading of lots, 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.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-7-1-70

HEALTH DEPARTMENT'S COPY

Date Received 6-11-71

ICAR(S) Application No. 1933

T. C. No. 001-[illegible]-38

Map Date [illegible]

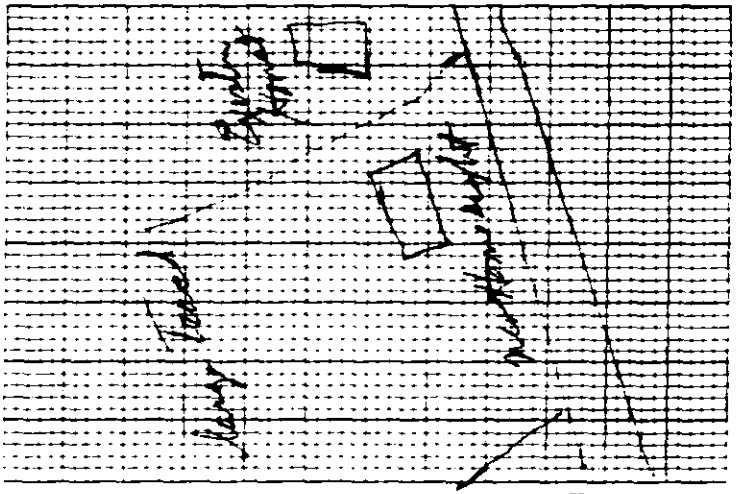
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ✓
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. ____

12) VA Case No ____

13) NAME OF OWNER [illegible] Elmore [illegible] (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER [illegible] 2[illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] 136W (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No ____

Map Book No [illegible] Page No. 195

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 195

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.

E Elmore [illegible]

DATE OF APPLICATION — OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial Nº 830

Date Issued June 30, 1971

LA No. 1933

T. C. No 001-011-08&06
2/25/71

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 Stinson (LAST) Elmore (FIRST) T. (MIDDLE)

ADDRESS OF OWNER Route 3, Box 85, Huntersville, N. C. ZIP _____

LOCATION OF LOT Hager Ferry Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 47 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 1933. 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

A. F. McMillan
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 9/10/[illegible]

Serial No. 1289

ICAR (S) Permit No. 1933

T C No

Mail Date

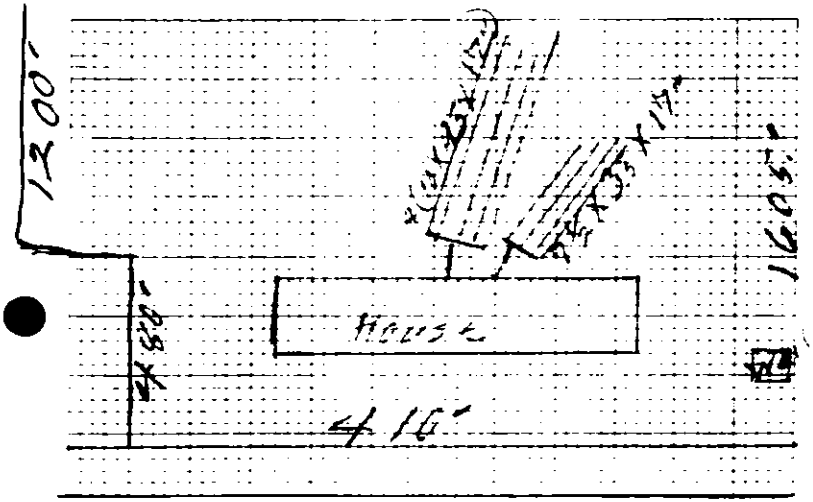
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given [ ] 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 1953, dated 6/[illegible]/77 and this permit is void and of no effect if the information provided in the application is not true or is otherwise. All work must be completed on or before 9/SEP[illegible], after which date this permit shall be null and void.



Percolation Rate 47

Liquid Capacity of Tank 1000

Tank Construction F.C.

Absorption System Lines

Total 371-100'

Number 4(10'x 25'x 17")

Distance from Tank 10'

Distance from Property Lines 50'+

Distance from Water Supply 50'+

NAME OF OWNER [illegible], Elmer T.

LOCATION OF PROPERTY [illegible] Rd.

This [illegible] must [illegible] requirements as set forth [illegible] Mecklenburg [illegible] the granting of [illegible] A soil log [illegible] system can be [illegible] rendered in [illegible]

2 [illegible] step lowers may be necessary.

[signature]
Sanitarian

[signature]
Environmentalist

This permit [illegible] new system it must be signed by the division or a [illegible] of the Environmental Health Section in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

[illegible] COPY

Date Issued 9/29/71 **Serial No.** 1181 C of A (s) No. 1933

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 Stinson (LAST) Elmore (FIRST) T. (MIDDLE)

Location of Property Hager Ferry Rd.

Application Number 1933 Permit Number 1259

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material P.C.

Total Length of Drain Tile 370'-100' Number of Lines 4 (10 x 93 x 12")

Depth of Filter Material 17" Cover Depth 2½'

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 9/29/71 (DATE) Tank Inspected 9/29/71 (DATE)

Nitrification Field Inspected 9/29/71 (DATE)

Washing Machine Line Inspected, If Applicable 9/29/71 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed / 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 or perform 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 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

Charles H. Wilkins
Environmentalist

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

HEALTH DEPARTMENT'S COPY