Inside

6599

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Mallard Dr South
Subdivision Richard Evans
Lot No. & Block No. 5-A
FHA Case No.

Owner
Builder Earl Vaughn
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate 54 Min./In. Date 6/30/70
2nd. Perc. Rate Min./In. Date
3rd. Perc. Rate Min./In. Date
4th. Perc. Rate Min./In. Date

Lowest Rate Above = Average Perc. Rate

No. Bedrooms Baths
Washing Machine Yes No Disposal Yes No

Separate Yes No Separate Yes No

Tank Capacity Gallons
Nitrification Line Lin. Ft. Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Lavoratories
Showers Sinks Other

Check:
Approved ✓
Disapproved
Conditional Agreement Card Signed

Sanitarian - Engineer

EH: #85
9/1968

SEE INSTRUCTIONS ON BACK

Date Received 7-5-73

ICAR (S) Application No 6599

T C No 109-252-07

Map Date ~~1-28-74~~ 1-28-74

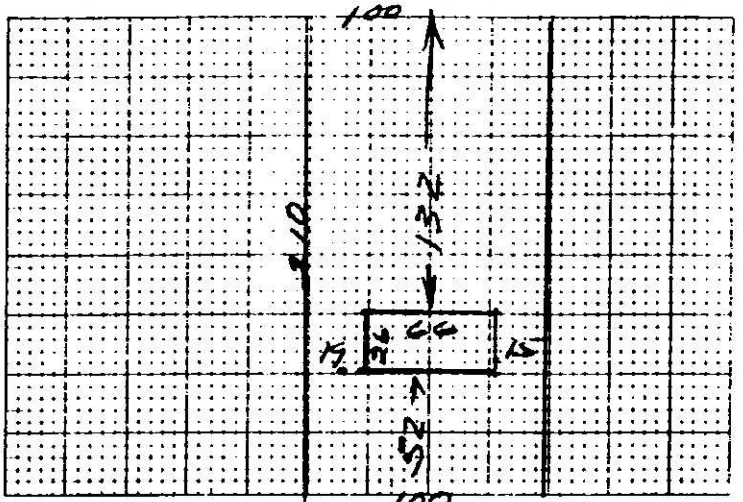
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 4

5) Business Use Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply
- A) Individual Well X
- B) Governmental System ___
- C) Community System
  - 1 Well source ___
  - 2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER EARL (LAST) B. (FIRST) VAUGHN (MIDDLE)

14) ADDRESS OF OWNER RT. 1 STANFIELD

15) PHONE NO Home ___ Office 537-5573

16) LOCATION OF SYSTEM 5625 MALLARD DR. (STREET OR COUNTY ROAD) SOUTH

17) SUBDIVISION PRITCHARD PL. Lot No 5 Block No A

Map Book No. 13 Page No. 171 & 172

18) DEED REFERENCE — DEED BOOK 2927 AT PAGE 464

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 10/23/70 (54)

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.

July 5/73
DATE OF APPLICATION

Earl B. Vaughn
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3141

LA No. 6599

Date Issued July 6, 1973

T. C. No. 109-232-07

Map Date [redacted]
1-28-74

# 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 Vaughn (LAST) Earl (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 1, Stanfield ZIP _____

LOCATION OF LOT 5625 Mallard Drive South, Lot 5-A (STREET OR COUNTY ROAD)

SUBDIVISION Pritchard Place LOT NO. 5 BLOCK NO. A

MAP BOOK NO. 13 PAGE NO. 171 & 172

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 54 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 6599. 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.

R. M. Reynolds
Environmentalist

W. L. Garrett
Director, Environmental Health Divisen or Autherized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 25 Sept 73 Serial No. 4407

ICAR (S) Permit No. 6599

T. C. No. 109-23[illegible]07

Map Date [illegible] 1-28-74

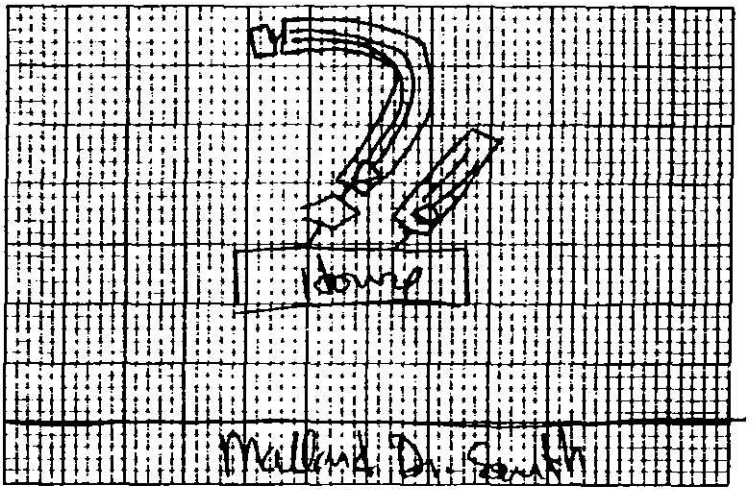
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 _____, 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 25 Oct 73, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 54

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 765' & 150'

Number of Lines (5) 12½' x 153'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Vaughn, Earl B.

LOCATION OF PROPERTY 5625 Mallard Drive South

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 7½' x 50'

aeration pit 2½' x 7' x 4' stone

_____ R. M. Reynolds

Division or Section Head — 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

Date Issued 25 Sept 23 Serial 3974

C of A (s) No. 6599

T. C. No. 109-22-07

Map Date 15 Dec 73 1-28-74

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Vaughn, Earl B. (LAST, FIRST, MIDDLE)

Location of Property 5625 Mallard Drive South

Application Number 6599 Permit Number 6599

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 765' & 150' Number of Lines 12½' x 153'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 25 Sept 73 (DATE) Tank Inspected 25 Sept 23 (DATE)

Nitrification Field Inspected 25 Sept 73 (DATE)

Washing Machine Line Inspected, If Applicable 25 Sept 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: aeration pit 24'x7'x4' s tone

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY