K

Date Received 1-2-73

APT No 5403

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LAKESIDE ESTATES INC
~~SHAMROCK REALTY CO~~
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 4935 ALBEMARLE RD ZIP

3) PHONE NO Home 366-9612 Office 532-6231

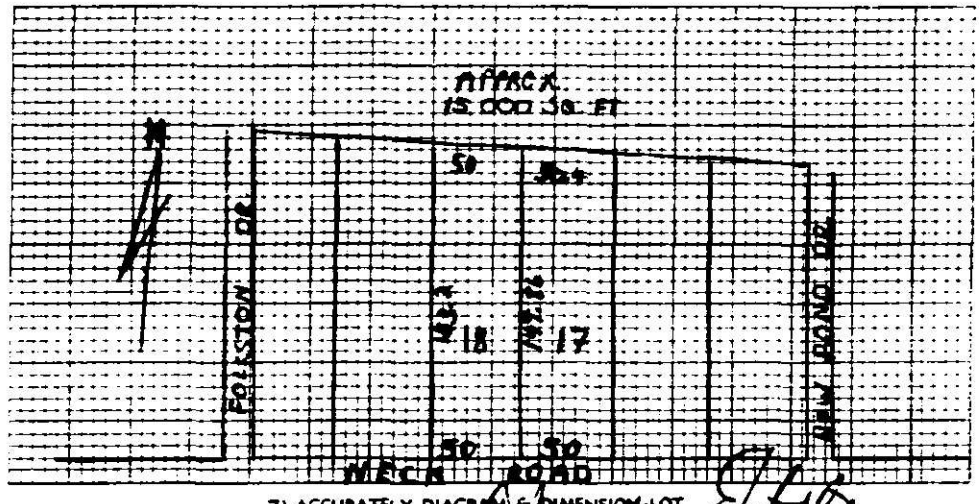
4) LOCATION OF PROPERTY NECK RD.
STREET OR COUNTY ROAD

5) SUBDIVISION BILTMORE PARK LOT NO 17 & 18 BLOCK NO. F

MAP BOOK NO 1 PAGE NO

6) DEED REFERENCE DEED BOOK 11 PAGE NO 283

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

Raphael Snyder
BY Isaac Mullen
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2588

PTR No. 5403
10
T C No. 013-014-11
Map Date 2-23-72

Date Issued January 26, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

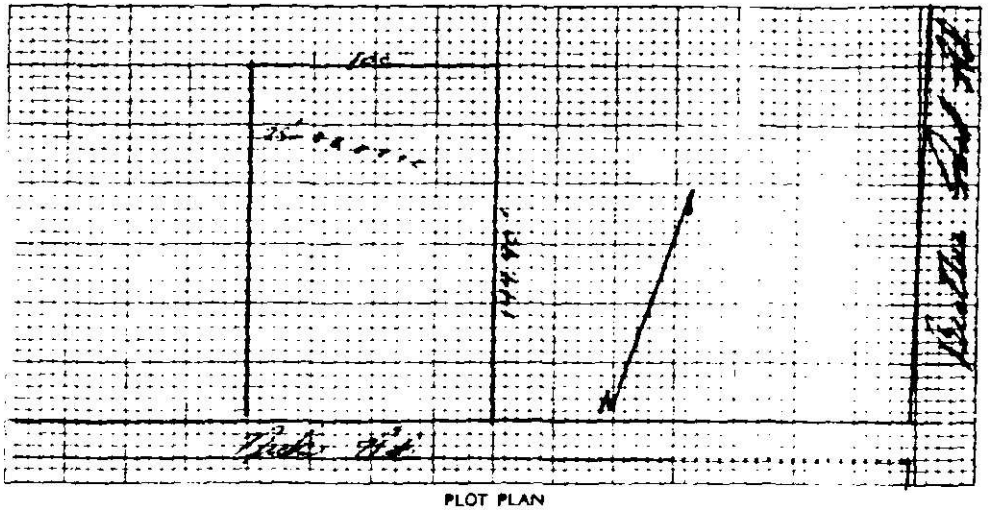
PERCOLATION TEST REPORT

NAME OF OWNER Lakeside Estates, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 4935 Albemarle Road ZIP

LOCATION OF PROPERTY Neck Road
(STREET OR COUNTY ROAD)

SUBDIVISION Biltmore Park LOT NO 17 & 18 BLOCK NO F



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 in that portion of the lot as indicated on above plot

The percolation rate determined by the test was 60 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.

E. L. McMillan

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 1-29-73

ICAR (S) Application No. 5403

T. C. No. 03-614-11

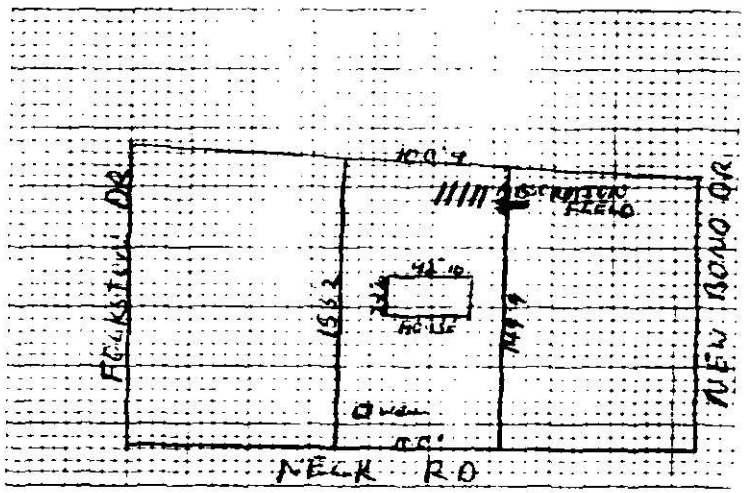
Map Date 2-23-72

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) 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 3
5) Business Use With No Employees
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X 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 LAKESIDE (LAST) ESTATES (FIRST) INC. (MIDDLE)

14) ADDRESS OF OWNER 1322 E MOREHEAD ST. CHARL

15) PHONE NO Home 366-5182 Office 372-9550

16) LOCATION OF SYSTEM NECK RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION BILTMORE PARK Lot No. 17 + 18 Block No. F

Map Book No. 1 Page No ~~283~~ 1

18) DEED REFERENCE — DEED BOOK 11 AT PAGE 283

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 1/25/73 PR>60

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.

1/26/73
DATE OF APPLICATION

Marshall A Kane
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2480

LA No 5403
10
T C No. 013-014-11

Date Issued January 29, 1973

Map Date 22 2-23-72

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 Lakeside Estates, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 1320 East Morehead Street ZIP

LOCATION OF LOT Neck Road
STREET OR COUNTY ROAD

SUBDIVISION Biltmore Park LOT NO. 17 & 18 BLOCK NO. F

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of one individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 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 5403. 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, altered, 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. Hinely
Environmentalist

John R. Hobson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 3506

Date Issued 12 Oct 73

ICAR(S) Permit No. 5403

T C No. 013-014-11

Map Date 23 Oct 73

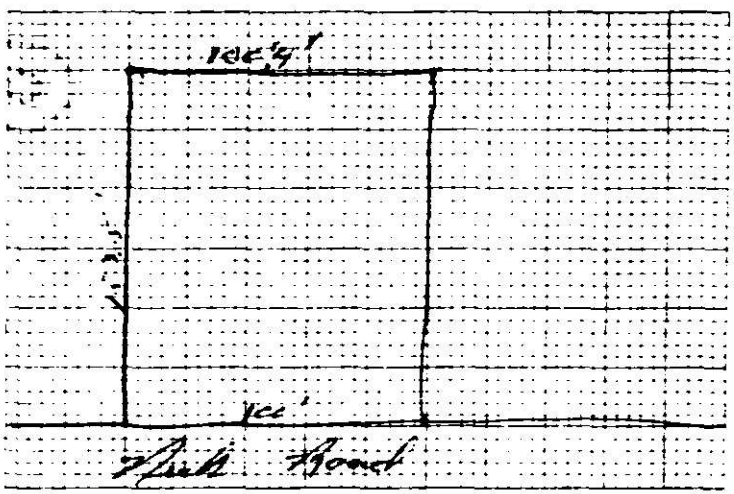
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 5403, dated 29 July 73 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 12 Oct 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 400'+100'=500'

Number of Lines 4 (10'x100'x12")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Lakeside Estates, Inc.

LOCATION OF PROPERTY Park Road

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 unaspectable or can be used

Comments Caution Morrison (Ex-C)

Division or Section Head

M. D. Bailey
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 NC E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 14 May 73

Serial No. 3313

C of A (s) No. 5403

T. C. No. 013-014-11

Map Date 23 Jan 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Lakeside Estates, Inc. (LAST, FIRST, MIDDLE)

Location of Property Rocky Rd. (Britthaven Park)

Application Number 5403 Permit Number 5403

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 400' + 100' (new) Number of Lines 4 (10' x 100' x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 75'

Excavation Inspected 11 May 73 (DATE) Tank Inspected 11 May 73 (DATE)

Nitrification Field Inspected 11 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 14 May 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: Claudia Morrison (Cont.)

M. L. Bishop
Environmentalist

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

HEALTH DEPARTMENT'S COPY