Date Received 9-14-71 Bruce Kathys ph ⇒ APT No. 2395

off Rob...h 3 L or Left T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CATES (LAST) THOMAS (FIRST) S (MIDDLE)

2) ADDRESS OF OWNER 814 Berkeley Ave ZIP

3) PHONE NO. Home 372-6205 Office 372-3239

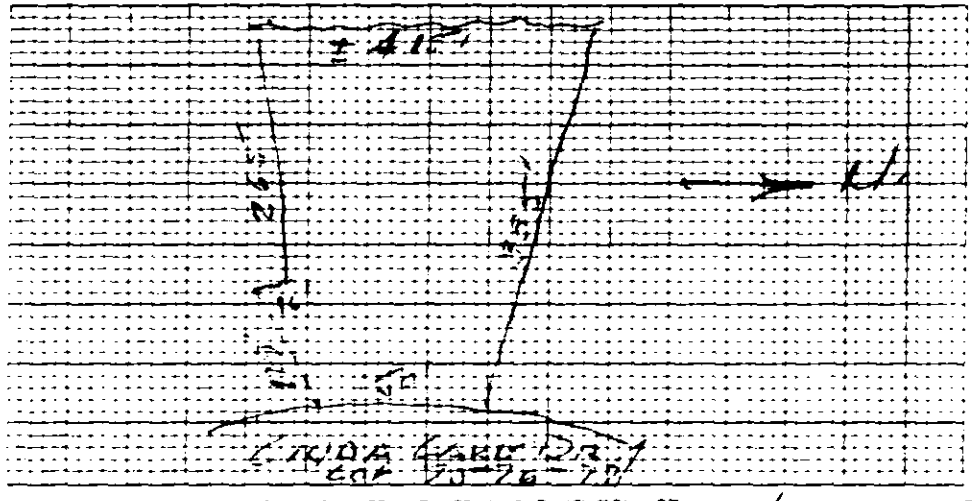
4) LOCATION OF PROPERTY Linda Lake Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Green Park LOT NO 75-76-77 BLOCK NO 1=

MAP BOOK NO 1 PAGE NO 36.5

6) DEED REFERENCE DEED BOOK 2929 PAGE NO 71

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

James A Cates
OWNER

FORM NO E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Date Received 9-13-73

RECEIVED
SEP 13 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 2395

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER MAYE (LAST) GENE (FIRST) H (MIDDLE)

2) ADDRESS OF OWNER 653 Delta Ct ZIP

3) PHONE NO Home 537-7549 Office 537-4532

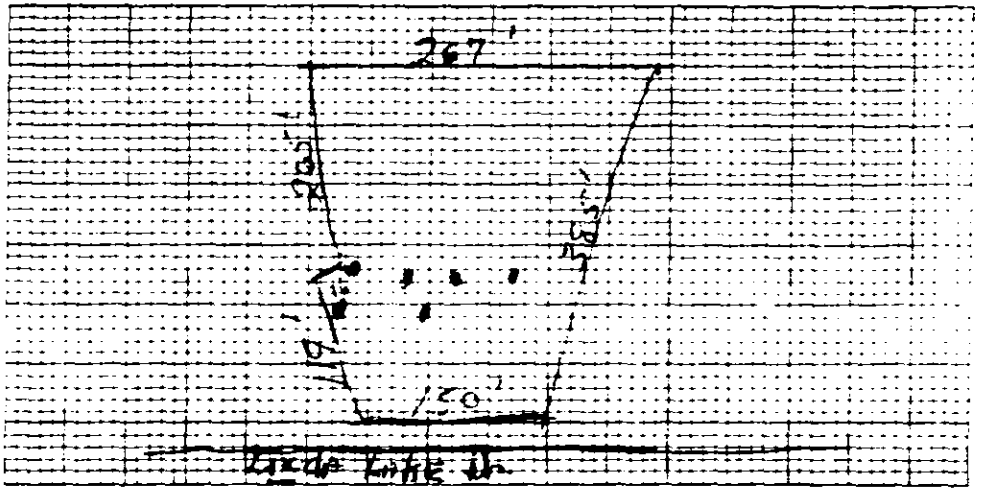
4) LOCATION OF PROPERTY Lyndhurst Lake Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Grove Park LOT NO 75-76-77 BLOCK NO F

MAP BOOK NO 7 PAGE NO 365

6) DEED REFERENCE DEED BOOK 2529 PAGE NO 74

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

Jane Maye
OWNER

FORM NO E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3595

PTR No. 2395

Date Issued September 14, 1973

T C No 107-222-37

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

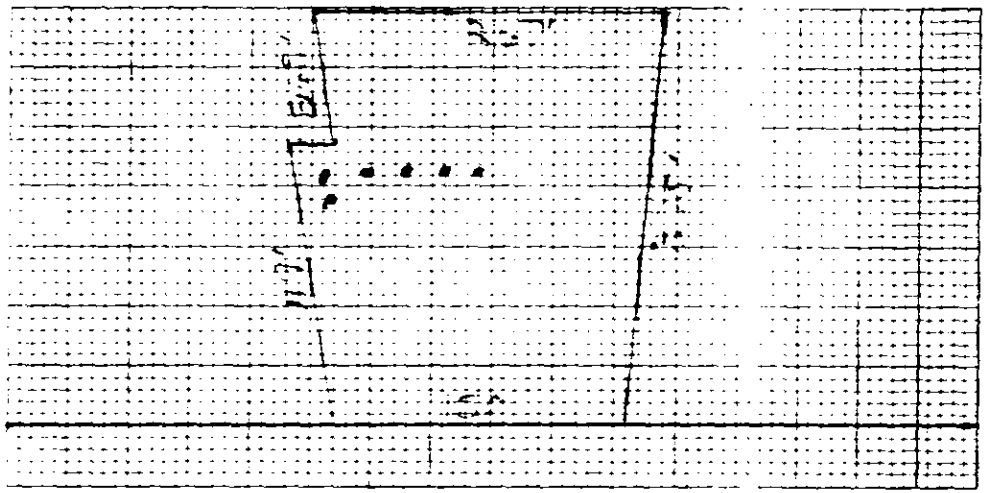
PERCOLATION TEST REPORT

NAME OF OWNER Maye (LAST) Gene (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 6532 Delta Road ZIP

LOCATION OF PROPERTY Linda Lake Drive (STREET OR COUNTY ROAD)

SUBDIVISION Grove Park LOT NO 75-76-77 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 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, an absorption effluent discharge subject to the following terms and conditions:

1. A permit to construct, alter or repair the specified system will be issued by the Mecklenburg County Health Department upon application by the owner or his agent after the site for the treatment system on the said lot has been approved.
2. This approval for septic tank wastewater treatment system will be valid for the use determined by the Health Department at the time it was issued and based on the percolation rate obtained at that time and the size and type of building constructed thereon.
3. The approval is valid only for the lot in the manner and at the location where the percolation test was run.
4. The approval is void if any grading, filling or construction which alters the natural drainage 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, use 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. Atkisson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4 1-71

HEALTH DEPARTMENT'S COPY

Date Received 8-17-13

ICAR (S) Application No. 2395

T. C. No. _____

Map Date _____

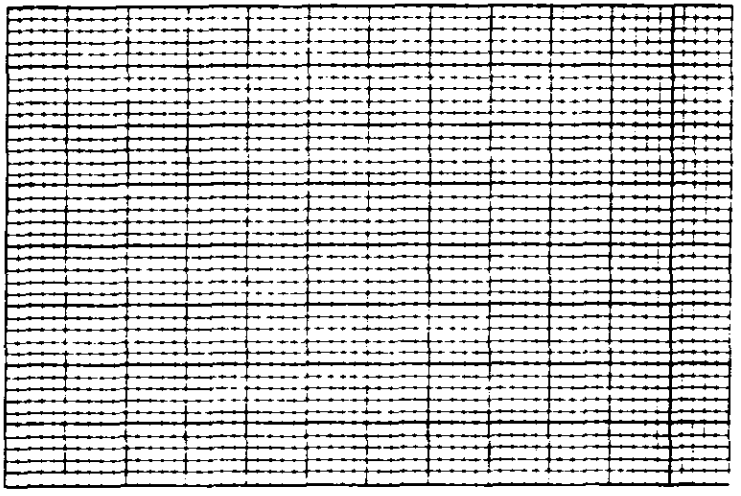
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) _k_ 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 k Yes ____ No

7) Garbage Disposal ____ Yes k No

8) Dishwasher ____ Yes k No

9) Water Supply:
A) Individual Well k
B) Governmental System ____
C) Community System:
1. Well source ____
2. Governmental source ____

10) Sewage System:
House located within 200 feet of public sewer ____ Yes k No
House located within 200 feet of community sewer ____ Yes k No

11) FHA Case No. ____

12) VA Case No ____

13) NAME OF OWNER Hyde (LAST) Carol (FIRST) ____ (MIDDLE)

14) ADDRESS OF OWNER 6330 Wilkinson Rd

15) PHONE NO Home 537-7340 Office 537-4330

16) LOCATION OF SYSTEM 6813 Lemon Lake Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Taylor Park Lot No 75 76 77 Block No F

Map Book No 7 Page No. 365

18) DEED REFERENCE — DEED BOOK 4869 AT PAGE 24

19) HAS A PERCOLATION TEST BEEN RUN? k YES ____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) 2395

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.

DATE OF APPLICATION _____

OWNER Carol Hyde

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

HEALTH DEPARTMENT'S COPY

Serial No. 3414

LA No. 2395

Date Issued September 14, 1973

T C. No. 107-272-37

Map Date 8-1-70

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 Maye (LAST) Gene (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 6530 Delta Road ZIP

LOCATION OF LOT Linda Lake Drive (STREET OR COUNTY ROAD)

SUBDIVISION Grove Park LOT NO 75-76-77 BLOCK NO F

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 2395. 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 which may have been issued to authorize construction on the said lot at any time it is determined that any information contained in the Application for Installation Construction Alteration and Repair Permit is not correct or untrue or that the septic tank system is not being installed constructed altered and or repaired in accordance with the 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 23 JAN 74

Serial No. 4818

ICAR(S) Permit No. 2395

T C. No.

Map Date

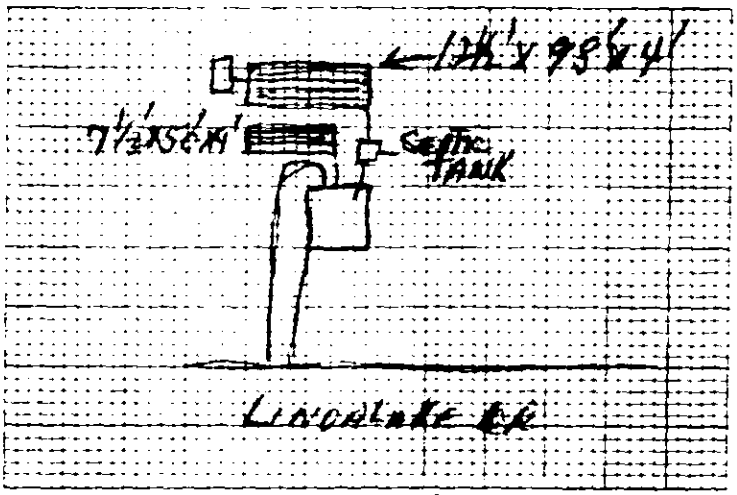
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 and the subsurface soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 2395 dated ✓, and this permit shall be void and of no effect if the information provided in the application is not true and correct as set forth. All work shall be completed on or before ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 46

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 490 & 150

Number of Lines 5 & 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER MAYE, GENE

LOCATION OF PROPERTY 6613 LINDALAKE Dr

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 Absorption trench instead of nitrogen field 3' x 1½'

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 5-4-1-72

HEALTH DEPARTMENT'S COPY

Serial 4380

C of A (s) No. 2395

Date Issued 23 Jan '74

T. C. No.

Map Date

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 MAYE (LAST) GENE (FIRST) (MIDDLE)

Location of Property 6813 LAKE DR

Application Number 2395 Permit Number 2395

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material FC

Total Length of Drain Tile 4 @ 150' Number of Lines 5 : 3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Well Distance from Water Source 100'+

Excavation Inspected 23 Jan 74 (DATE) Tank Inspected 23 JAN 74 (DATE)

Nitrification Field Inspected 23 Jan 74 (DATE)

Washing Machine Line Inspected, If Applicable 23 JAN 74 (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

Environmentalist G. M. Reynolds

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

HEALTH DEPARTMENT'S COPY