R

Date Received 6-27-73

APT No. 6541

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BAUGHN, John Clifton (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER _____ ZIP _____

3) PHONE NO Home 596-4630 Office _____

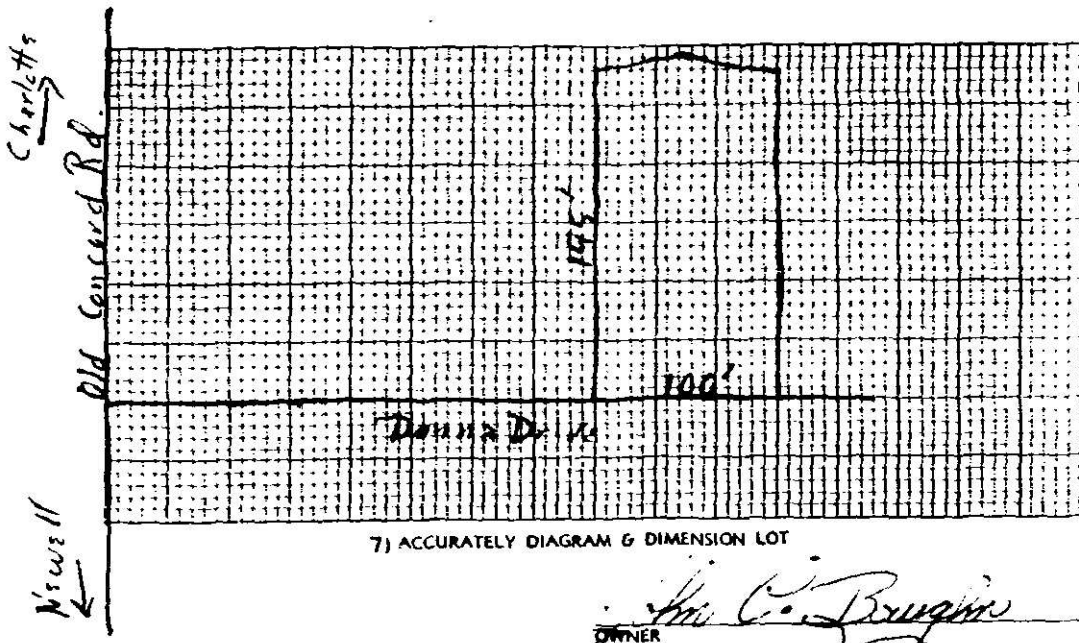
4) LOCATION OF PROPERTY Donna Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Meadowbrook Forest LOT NO. 41 BLOCK NO. _____

MAP BOOK NO 7 PAGE NO 397-399

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

Jno C. Baughn
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3281

PTR No. 6541

T. C No. 049-063-25

Date Issued July 5, 1973

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

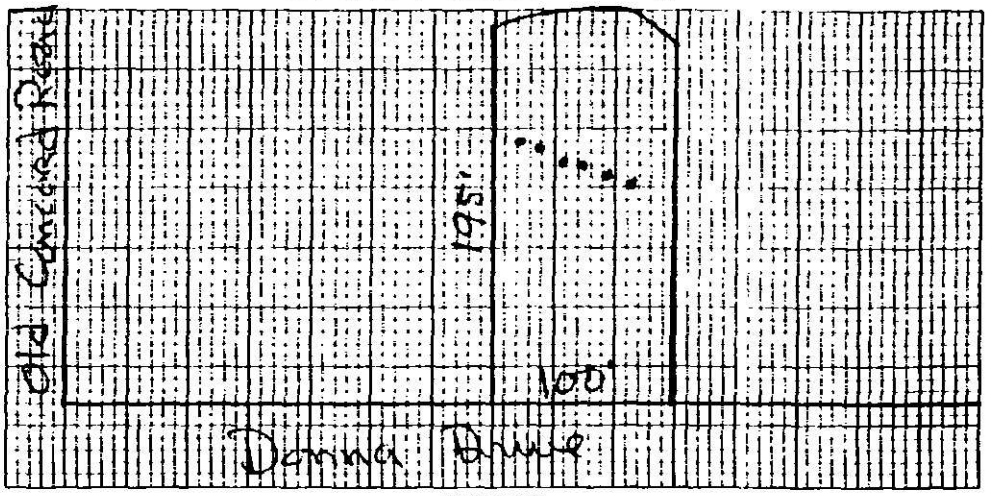
PERCOLATION TEST REPORT

NAME OF OWNER Baughn (LAST) John (FIRST) Clifton (MIDDLE)

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF PROPERTY Donna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Meadowbrook Forest LOT NO. 41 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 30 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.

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-27-73

ICAR(S) Application No 6541

T C No 099-063-25

Map Date 15 Sept 70

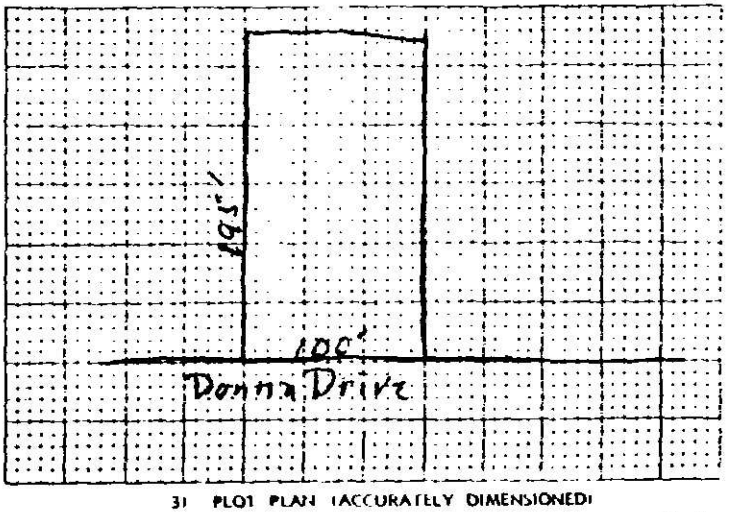
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Persons Use Max No Employed ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ____ Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Government (City, Town) ____
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 Baughn (LAST) John (FIRST) Clifton (MIDDLE)

14) ADDRESS OF OWNER ____

15) PHONE NO Home 596-4030 Office ____

16) LOCATION OF SYSTEM Donna Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Meadowbrook Forest Lot No 41 Block No ____

Map Book No 7 Page No. 392-399

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN 5 Jul 73 (30)

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.

6-27-73
DATE OF APPLICATION

John C. Baughn
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 5, 1973 **Serial No. 3131**

LA No. 6541

T. C. No. 049-063-25

Map Date 9-1-70

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 Baughn (LAST) John (FIRST) Clifton (MIDDLE)

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF LOT Donna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Meadowbrook Forest LOT NO 41 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 30 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 6541. 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 percolution 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

L. L. Hurst
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 16 Nov 73 **Serial No. 4661** ICAR(S) Permit No. 6541

T. C. No. 049-063-25

Map Date 1 Sept 70

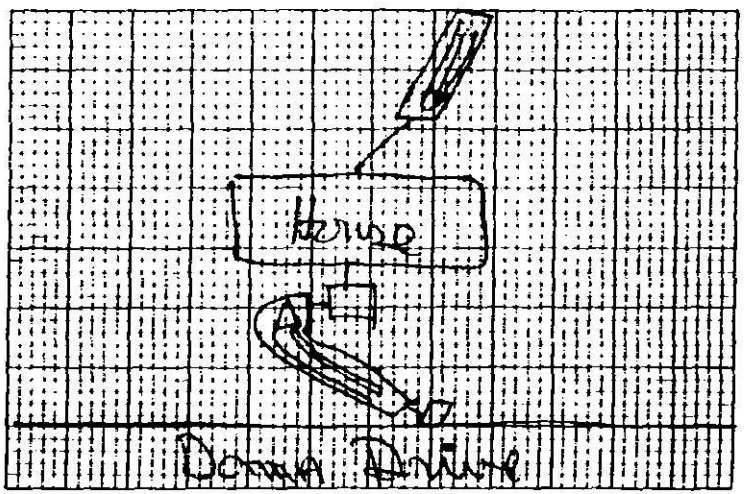
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6541, dated 6-27-73 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 16 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 300' & 150'

Number of Lines (4) 10'x75

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Baughn, John C.

LOCATION OF PROPERTY Donna Drive

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: 4 lines 7½'x50'

excavation pit 2½'x7'x4' stone

Division or Section Head

E. M. Reynolds
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 21Nov73 Serial 4237

C of A (s) No. 6541

T. C. No. 049-063-25

Map Date 1 Sept 70

John R Adkisson

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 Baugh (LAST) John C. (FIRST) (MIDDLE)

Location of Property Donna Drive

Application Number 6541 Permit Number 6541

Inspection Data:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 300' & 150' Number of Lines (4) 10'x75'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 21Nov73 (DATE) Tank Inspected 21Nov73 (DATE)

Nitrification Field Inspected 21Nov73 (DATE)

Washing Machine Line Inspected, If Applicable 21Nov73 (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 O.K.

R. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 1/19/77

Serial No. 0397

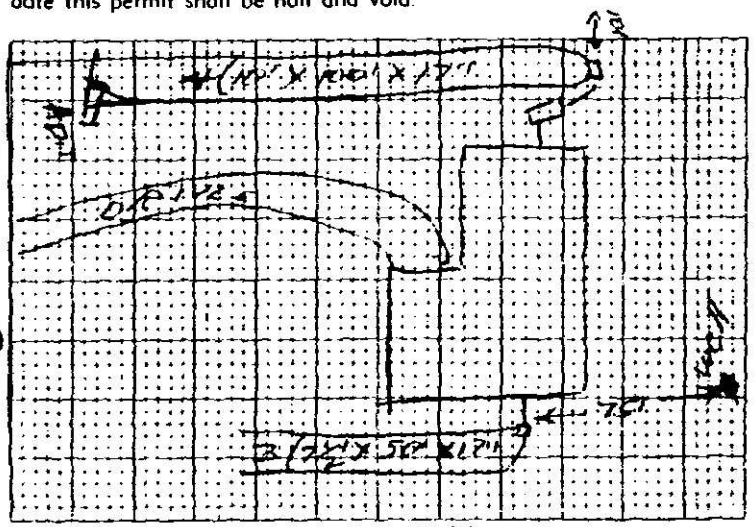
ICAR (S) Permit No. 6541

T. C No. 97-032-10

Map Date 7/12/25

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 6541, dated 2/18/76 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 2/25/22, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines ST

Total Line Length 400 (W M 150 3)

Number of Lines X 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'+

NAME OF OWNER J. L. SCRUGGS.

LOCATION OF PROPERTY LOT 4 & RANBURN RD.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments * OPTION: 5/12½' X 80' X 17")

DONOT BEGIN WORK BEFORE CALLING H.D. Bragg

Division or Section Head

L. R. Buchanan
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 6541

Date Issued 1/24/77 Serial No. 0403

T. C. No 197-032-0 10

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner SCRUGGS (LAST) J. (FIRST) L. (MIDDLE)

Location of Property LOT 48 RANBURN RD.

Application Number 6541 Permit Number 6541

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 400 150 Number of Lines 4 3

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source IND WELL Distance from Water Source 100'

Excavation Inspected 1/24/77 (DATE) Tank Inspected 1-24-77 (DATE)

Nitrification Field Inspected 1-24-77 (DATE)

Washing Machine Line Inspected, If Applicable 1-24-77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 SYSTEM NOT DESIGNED FOR DISHWASHER &/OR GARBAGE DISPOSALL

Bragg-Cont.

L. C. Bingham
Environmentalist

EHD-5-74

Environmental Health Department's Copy