Date Received 11-9-10 APT No. 590

T. C. No. 001-052-22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Ellington (LAST) Leland (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER 652 Mannasse Rd. Charlotte ZIP 28209

PHONE NO. Home 525-4011 Office 375-4249

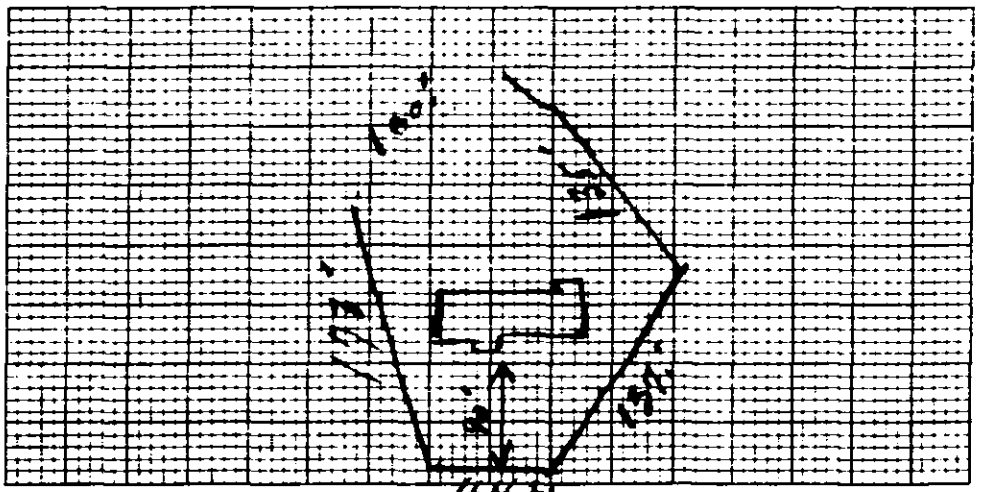
LOCATION OF PROPERTY Lot #23 - Arbor Place (STREET OR COUNTY ROAD)

SUBDIVISION Point Large LOT NO. 23 BLOCK NO.

MAP BOOK NO. 10 PAGE NO. 171

DEED REFERENCE: DEED BOOK 3181 PAGE NO. 269

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



ACCURATELY DIAGRAM & DIMENSION LOT

ARBOR PL.

OWNER E E Ellington

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5 4 71

ICAR (S) Application No. 597

T. C No.

Map Date

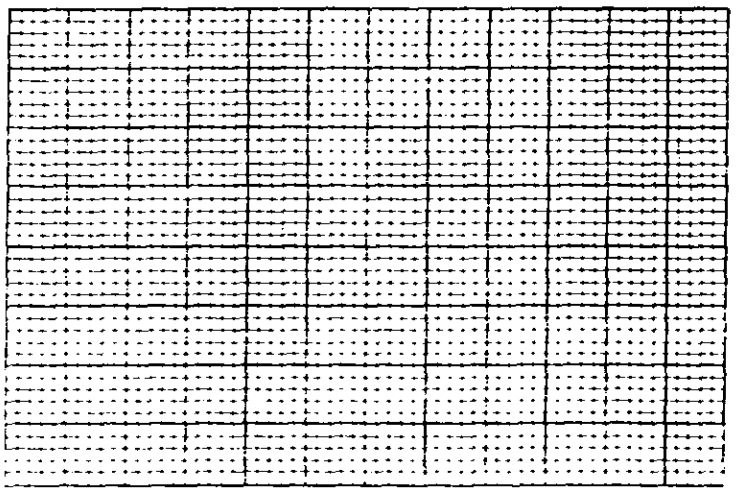
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 ✓ 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 Ellington (LAST) Leland (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER 6652 Manassas Rd. Charlotte NC

15) PHONE NO Home 525-4611 Office 375-4249

16) LOCATION OF SYSTEM Lot #23 - Above (STREET OR COUNTY ROAD) Place

17) SUBDIVISION Point Lacko Lot No 23 Block No. ____

Map Book No 10 Page No. 121

18) DEED REFERENCE — DEED BOOK 3181 AT PAGE 269

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 12-9-70

20) PTR NUMBER (See Instructions) 292

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.

4-30-71
DATE OF APPLICATION

L. E. Ellington
OWNER

FORM NO E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 292

Date Issued 12-9-70

LA No. 590

T C. No. 001-052-22

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 ELLINGTON (LAST) Leland (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER 652 Manhassett Rd., Charlotte, N.C. ZIP 28209

LOCATION OF LOT Lot #23 Arbor Place (STREET OR COUNTY ROAD)

SUBDIVISION Point Largo LOT NO. 23 BLOCK NO.

MAP BOOK NO 10 PAGE NO 171

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 60, 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 590. 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

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 5-2-72

Serial No. 750

ICAR(S) Permit No. 590

T. C No. 001-052-22

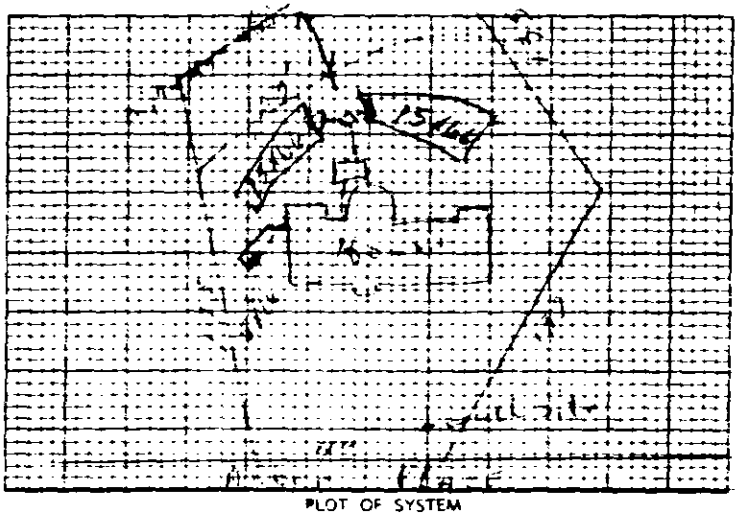
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 590, dated 4-7-72 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 6-2-72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate UC

Liquid Capacity of Tank 1500 gal

Tank Construction Precast

Absorption and/or Nitrification Lines.

Total Line Lenght 300' + 100'

Number of Lines X and Connect.

Distance from House 6'

Distance from Property Line ___'

Distance from Well 75'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible] #23

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 [illegible] (1 Stone only)

#Stone

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-5-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 5/30/77 **Serial Nº 970** C of A (s) No. 590

T. C. No. 001-052-22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner ~~Lee~~ Ellington, Leland (LAST, FIRST, MIDDLE)

Location of Property Arbor Place Lot 23

Application Number 590 Permit Number 730

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material P.C.

Total Length of Drain Tile 500'-100' Number of Lines see comments

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Well Distance from Water Source 150

Excavation Inspected 5/30/77 (DATE) Tank Inspected 5/30/77 (DATE)

Nitrification Field Inspected 5/30/77 (DATE)

Washing Machine Line Inspected, If Applicable 5/30/77 (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: 2 of 2 (15'x66'x17") + 5x16 on wash.ln

Charles H. Wilson
Environmentalist

FORM NO. E-6-7-1-78

HEALTH DEPARTMENT'S COPY