Date Received 11/2/95 Apt. No. (S) _____ Application No. (W) 6669

T. C. No. 019-17108

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Martin (LAST) Paul (FIRST) Matthew (MIDDLE)

ADDRESS OF OWNER 1925 Arnold Drive, Charlotte, North Carolina ZIP 28205

PHONE NO. Home 537-7495 Office 377-3116

LOCATION OF PROPERTY State Road # 2445, Isom Pruett Road (STREET OR COUNTY RAOD)

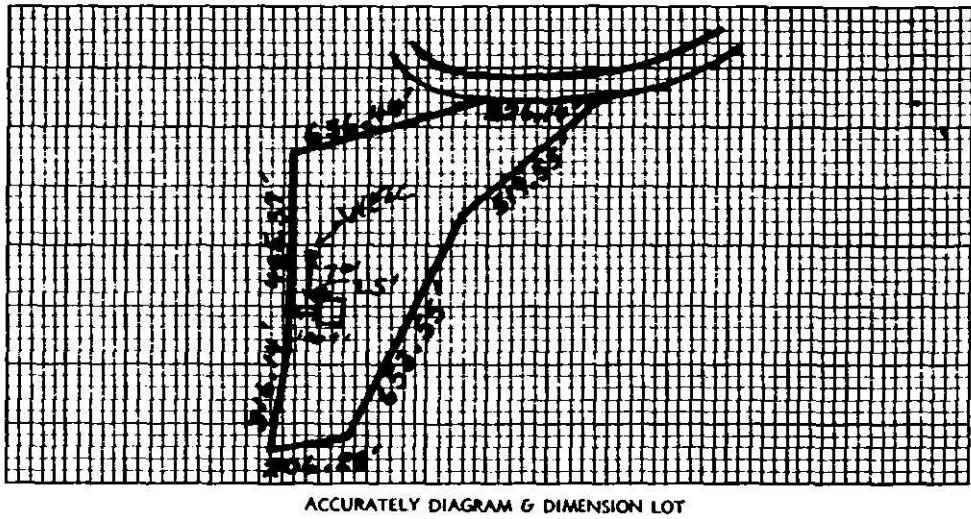
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. 19 PAGE NO. 17 FHA LOAN

DEED REFERENCE: DEED BOOK 3607 PAGE NO. 0424 VA LOAN

WELL CONTRACTOR COTTON BAKER SVC. LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of X individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

April 1 1995
DATE OF APPLICATION

Paul M Martin
OWNER

Application approved and permit hereby granted

Permit No: 6669

L B Bridgeman
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

Date Received 7-16 23

Skip curve key/straight conduit OK

APT No 6669

T. C No

Map Date

SEND RESULTS TO LINDA MARTIN 1925 ARNOLD DR 28205

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Robinson (LAST) Jess (FIRST) M. (MIDDLE)

2) ADDRESS OF OWNER P. O. Box 17577, Charlotte, N. C. ZIP 28211

3) PHONE NO Home 821-7441 Office

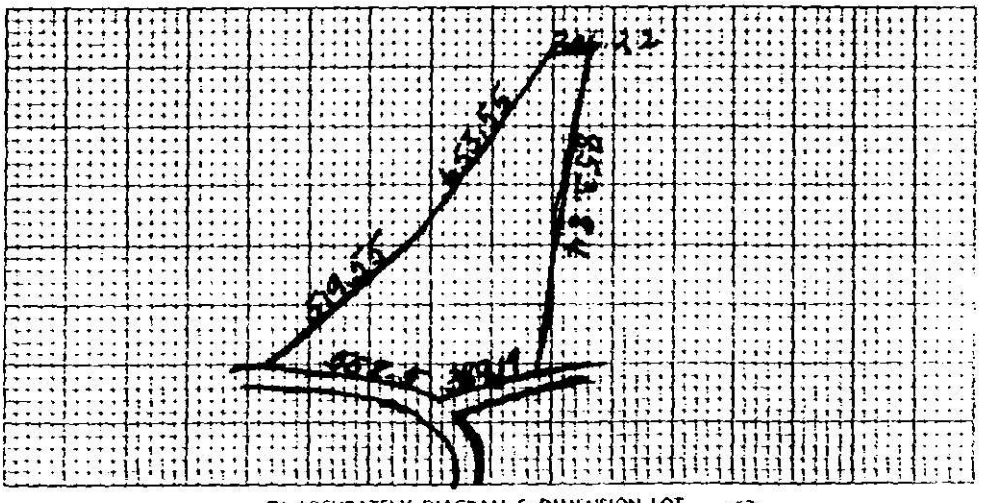
4) LOCATION OF PROPERTY State Road # 2445, Trails Inn Road (END) (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO 3145 PAGE NO 257

6) DEED REFERENCE DEED BOOK 3235 PAGE NO 298

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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

Jessie M Robinson
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6/26/12

APT No. 16169

T. C No. 619-17-62

Map Date ——

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Martin (LAST) Paul (FIRST) Matthew (MIDDLE)

2) ADDRESS OF OWNER 1925 Arnold Drive, Charlotte, North Carolina ZIP 28205

3) PHONE NO. Home 537-7495 Office 377-6693 or 377-3116

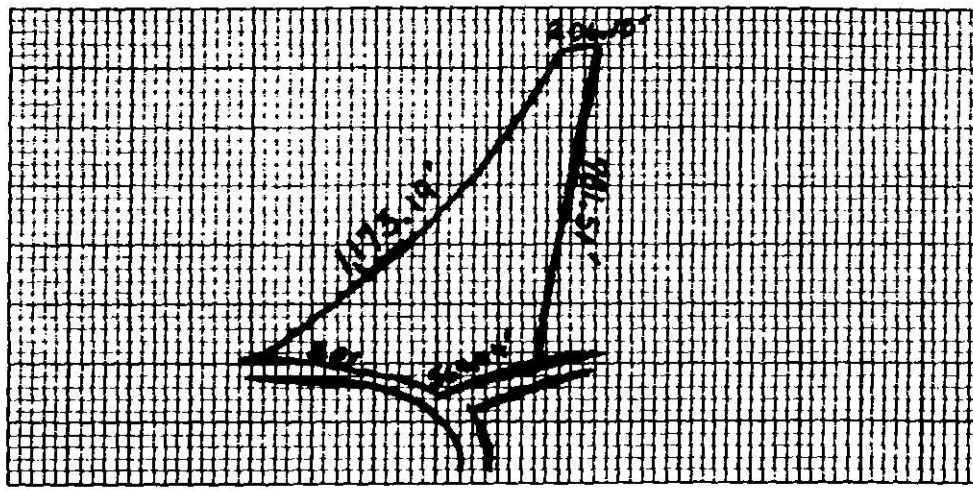
4) LOCATION OF PROPERTY State Road # 2445, Isom Pruett Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. ~~3145~~ 19 PAGE NO. ~~257~~ 11

6) DEED REFERENCE: DEED BOOK 3607 [redacted] PAGE NO. [redacted] 0424

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

Paul W. Martin + Linda S. Martin
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: March 6, 1975

TO: John R. Adkisson

FROM: W. Everette Lynn, Jr.
Soil Scientist

SUBJECT: APT 6669 (P. M. Martin)
County Road, No. 2445
Date: 3/4/75

The lot consists of soils of the Pacolet and Wilkes series. Topography is restrictive over a large protion of the lot.

The Wilkes soils have plastic and sticky clay subsoils which contain expanding clay minerals. They are also extremely shallow to weathered rock material. These soil characteristics result in inadequately slow permeability and percolation rate (mean perc. rate in excess of 120 min./in.). Potential also exists for contamination of the water table.

The Pacolet soils have adequate drainage and aeration, These soils are relatively shallow to weathered rock material which results in restrictive permeability (mean perc. rate of 90 min./in.).

Extensive areas of these soils occur on slopes in excess of 20 percent. These steep slopes impose extreme physical limitations on the installation of septic tank systems and result in the potential for lateral seepage of effluent downslope and eventually to the soil surface.

Based on this investigation, the lot is recommended for conditional approval for installation of a septic tank system. System location is highly critical. System design should be based on a perc. rate of 90 min./in.

WEL:jjk

Serial No. 5017

PTR No 6669

T C No 019-171-08

Date Issued March 6, 1975

Map Date -

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

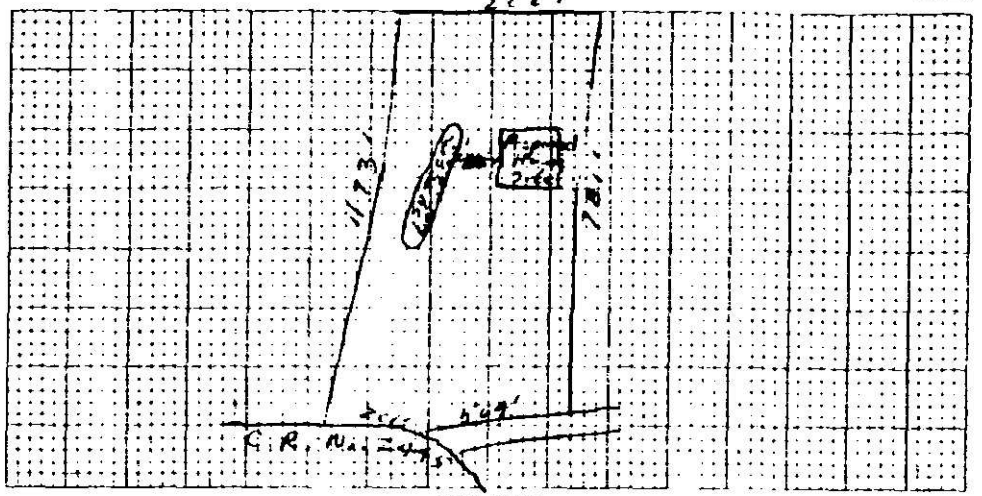
PERCOLATION TEST REPORT

NAME OF OWNER Martin (LAST) Paul (FIRST) Matthews (MIDDLE)

ADDRESS OF OWNER 1925 Arnold Drive, Charlotte, N. C. ZIP 28205

LOCATION OF PROPERTY County Road No. 2445 (STREET OR COUNTY ROAD)

SUBDIVISION - LOT NO - 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 plat.

The percolation rate determined by the test was *90Min./In. The site 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 subject 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.

*Results determined by soil analysis

R. Earth Lyon Jr.
Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 4/1/75

RECEIVED
APR 3 1975

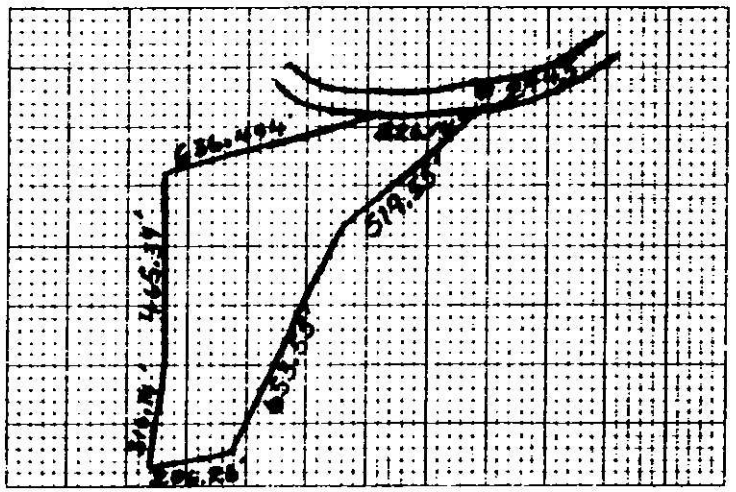
ICAR (S) Application No 6669
T. C No 019-171-08
Map Date

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 2
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 MARTIN (LAST) PAUL (FIRST) MATTHEW (MIDDLE)
14) ADDRESS OF OWNER 1925 ARNOLD DRIVE, CHARLOTTE, N.C. 28205
15) PHONE NO Home 537-7495 Office 377-3116
16) LOCATION OF SYSTEM STATE ROAD # 2445 Isom Pruett Rd. (STREET OR COUNTY ROAD)
17) SUBDIVISION ___ Lot No ___ Block No. ___
Map Book No 019 Page No. 171-08
18) DEED REFERENCE — DEED BOOK [redacted] 3607 AT PAGE [redacted] 0424
19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3/5/75
20) PTR NUMBER (See Instructions) 6669

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

APRIL 1, 1975
DATE OF APPLICATION

Paul M. Martin
OWNER

FORM NO. E 4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8-13-75

Serial No. 5207

LA No 6669

T C No 019-171-08

Map Date -

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 Martin (LAST) Paul (FIRST) Matthew (MIDDLE)

ADDRESS OF OWNER 1925 Arnold Drive Charlotte NC ZIP 28205

LOCATION OF LOT State Road # 2445, Isom Pruett Rd. (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO 19 PAGE NO 0424

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 8 90 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 6669. 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

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10/2/75

Serial No. 6898

ICAR(S) Permit No. 6667

T C No 019-171-08

Map Date

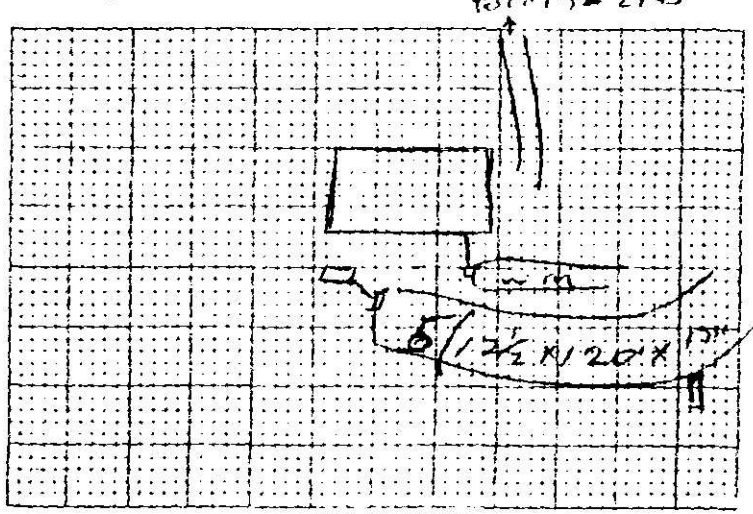
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6667, dated 9/6/75 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 10/30/75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate SB 90

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600 WM 200

Number of Lines 5 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 112'

NAME OF OWNER Paul M. Marlin

LOCATION OF PROPERTY Isom Pruitt Rd.

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 WM 10' X 50' X 17"

C. Morrison

Division or Section Head

L. P. Bridgeman

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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 6375

C of A (s) No 6669

Date Issued 10/21/75

T C No 019-171-08

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 MARTIN (LAST) PAUL (FIRST) M (MIDDLE)

Location of Property Isom Pruett Rd

Application Number 6669 Permit Number 6669

Inspection Date:

Liquid Capacity of Tank 1500 gal ST / WM Tank Material PC ST WM

Total Length of Drain Tile 600 200 Number of Lines 5 4

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source 2ND WELL Distance from Water Source 112'

Excavation Inspected 10/21/75 (DATE) Tank Inspected 10/21/75 (DATE)

Nitrification Field Inspected 10/21/75 (DATE)

Washing Machine Line Inspected, If Applicable (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 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 said property 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 which are in the permit and 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 IN BACK FILLING EXCESS OF SOIL SHOULD BE USED OVER LAST 20-30 OF ST DRAIN LINE

L P Bridges

Environmentalist

FORM NO E-6-9-1-72