Date Received 5-14-71 APT No. 1957

T. C No 105-041-29

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER _____ ZIP _____

PHONE NO. Home _____ Office _____

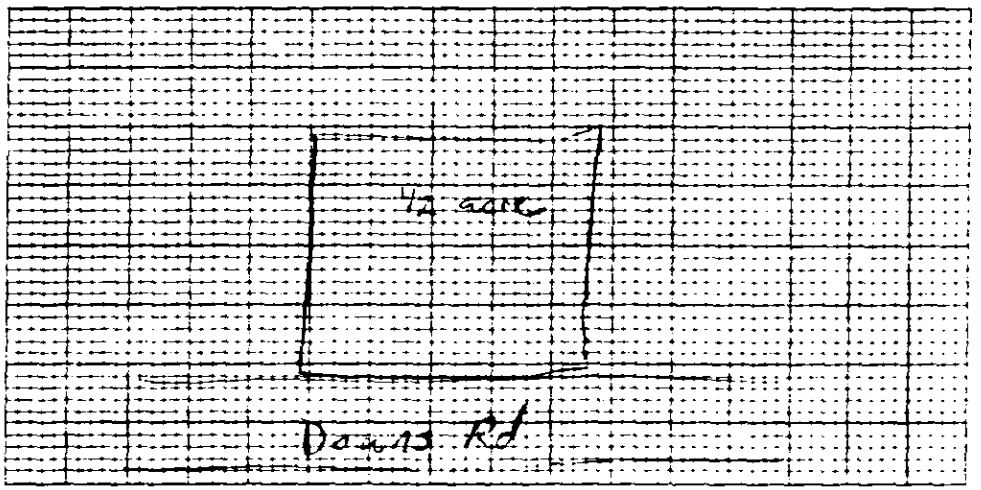
LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD) _____

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE. DEED BOOK 3280 PAGE NO. 254

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

Helen M Thrift

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 684 PTR No. 1757

Date Issued May 24, 1971 T C No 205-041-09

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

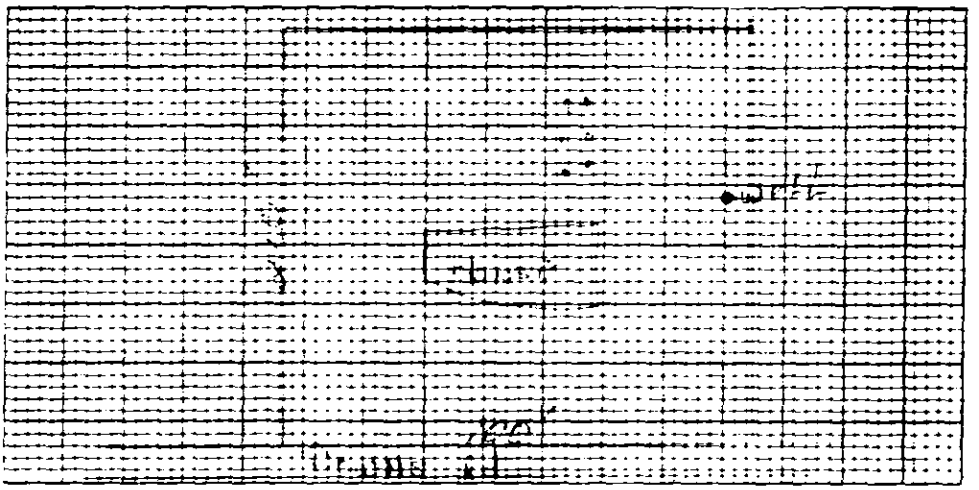
PERCOLATION TEST REPORT

NAME OF OWNER Threatt, Helen Mcafee
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Route 1, Box 258-A Pineville, N. C. ZIP 28134

LOCATION OF PROPERTY Doms Road
(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 plot.

The percolation rate determined by the test was 60min/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 is required for construction or repair of the specific system and must be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of building or 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 the issuance of the permit on the percolation rate data and on the size and type of building contemplated.
3. The subsurface soil absorption system is to be installed in the immediate area in which the percolation test was run.
4. The approval is valid for a period of two years from the date of issuance unless prior to that time the lot is changed by the addition of fill dirt or by the construction of buildings or additional buildings are placed upon the lot on which the percolation test was performed or the Health Department receives information that the lot was unsuitable for the installation of the system or that a change or repair of such a system is necessary.

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-2-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON

Date Received 7-14-71

ICAR(S) Application No. 1757

T. C. No.

Map Date

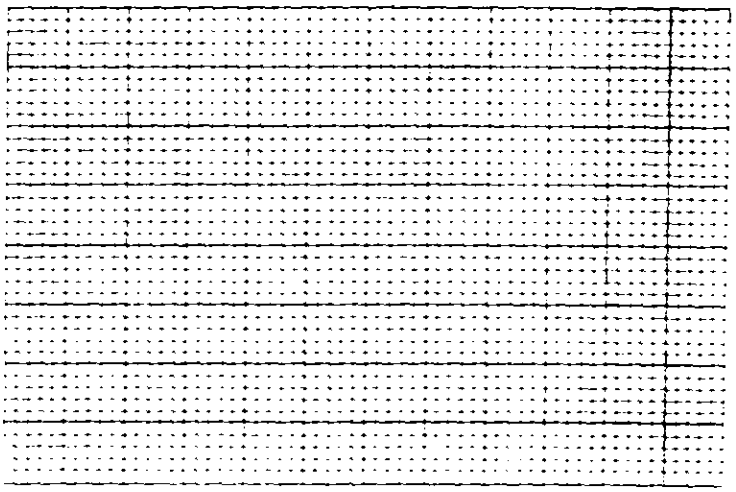
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 P-A Case No ___

12 V-A Case No ___

13 NAME OF OWNER Tuttle Nolen Mrs. E. C.
(LAST) (FIRST) (MIDDLE)

14 ADDRESS OF OWNER Rt. 6 Box 223-A Mint Hill, N.C.

15 PHONE NO. 537-2214 Office

16 LOCATION OF SYSTEM Sardis Rd.
(STREET OR NEAREST ROAD)

17 SUBDIVISION Lot No. Block No.

Map Book No. Page No.

Deed Book ___ at Page ___

18 HAS A PERCOLATION TEST BEEN RUN? YES ___ NO ___ DATE RUN ___

19 DATE PLANNED FOR INSTALLATION

The undersigned person herein 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

Mrs. E. C. Tuttle
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial N° 720

Date Issued May 24, 1971

LA No. 1757

T. C. No. 205-041-09

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 Threatt, (LAST) Helen (FIRST) Mcafee (MIDDLE)

ADDRESS OF OWNER Route 1, Box 258-A, Pineville, N. C. ZIP 28134

LOCATION OF LOT Downs Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 60min/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 1757. 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

OUT

FILE

Date Issued 6/12/79

Serial No 921

ICAR(S) Permit No. 1757

T C No. 205-ON-79

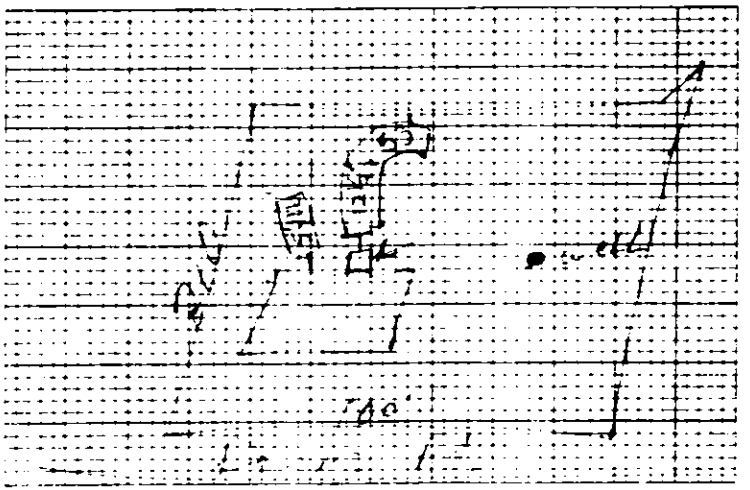
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 1757, dated 5/[illegible] 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 7-15-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40

Liquid Capacity of Tank 1250 gal

Tank Construction Precast

Absorption and/or Nitrification Lines

Total Line Lenght 540 ft

Number of Lines 2

Distance from House

Distance from Property Line 40

Distance from Well 50'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 unserviceable for inspection.

Comments: [illegible]

Signature of 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-S-7-11-70

HEALTH DEPARTMENT'S COPY

Serial Nº 828

Date Issued 6-25-71

C of A (s) No. 1757

T C. No. 205 041-01

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Thrift (LAST) Helen (FIRST) (MIDDLE)

Location of Property Downs Rd.

Application Number 1757 Permit Number 121

Inspection Data:

Liquid Capacity of Tank 1250 gal. Tank Material 1-Track

Total Length of Drain Tile 530 + 10 Number of Lines 5 + 2

Depth of Filter Material 52" - 4' Cover Depth

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 6-25-71 (DATE) Tank Inspected 6-25-71 (DATE)

Nitrification Field Inspected 6-25-71 (DATE)

Washing Machine Line Inspected, If Applicable 6-25-71 (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 1-1 Fill

Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY