Date Received 12.11.70 APT No. 842

T. C. No.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER LeCroy (LAST) George (FIRST) Ernest (MIDDLE)

ADDRESS OF OWNER Route 1, Colony Rd., Davidson, N.C. ZIP 28036

PHONE NO Home 892-1095 Office 374-3638

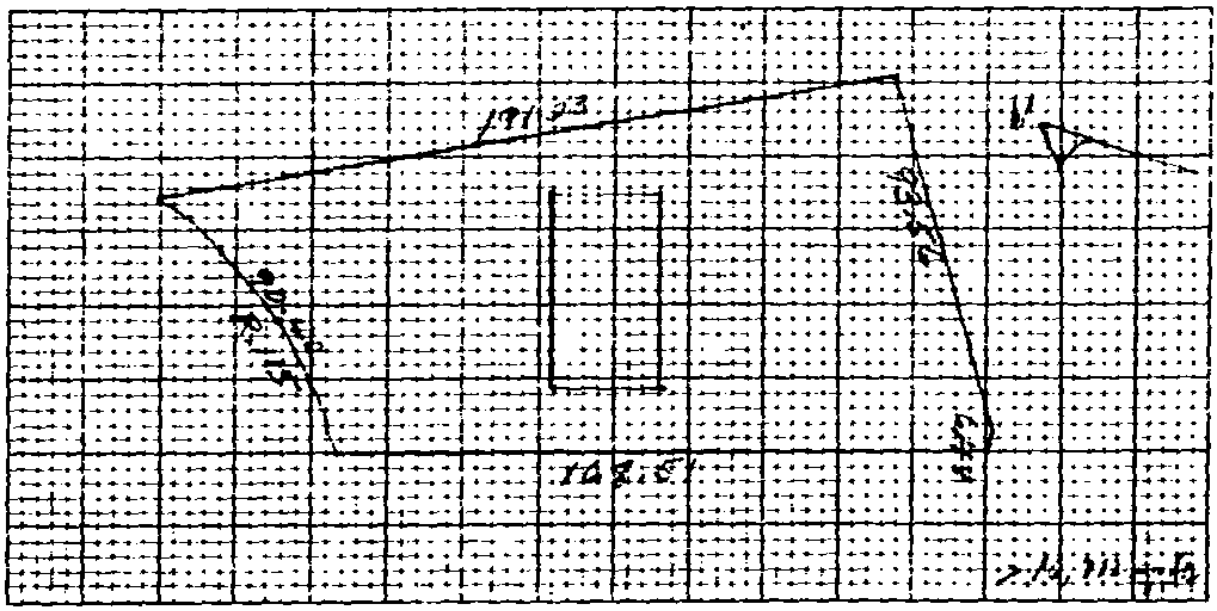
LOCATION OF PROPERTY Colony Road (STREET OR COUNTY ROAD)

SUBDIVISION Norman Colony LOT NO. 3 BLOCK NO.

MAP BOOK NO. [illegible] PAGE NO.

DEED REFERENCE DEED BOOK 2394 PAGE NO. 553

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

George E. LeCroy

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial N°. 489 PTR No. 842

Date Issued 3/24/71 T. C No. 001-134-04

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

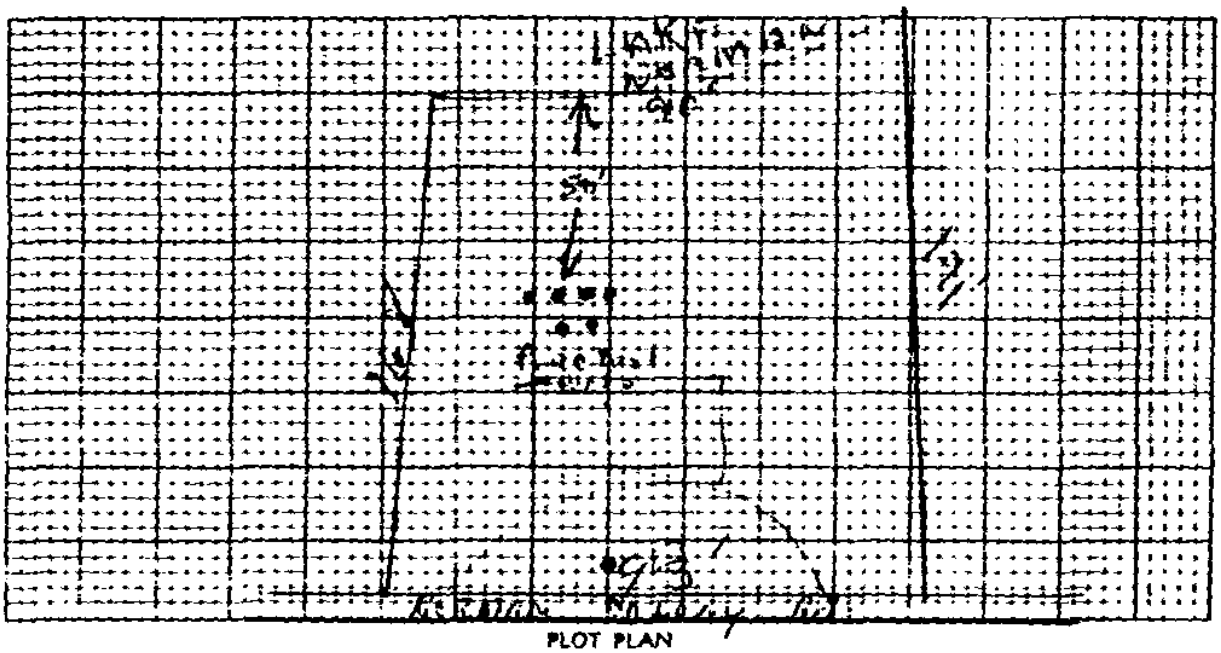
PERCOLATION TEST REPORT

NAME OF OWNER LeCroy, George Ernest
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Route 1, Colony Road, Davidson, N. C. ZIP 28036

LOCATION OF PROPERTY / c. Colony Road
(STREET OR COUNTY ROAD)

SUBDIVISION Norman Colony LOT NO 3 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 60 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.

John Dixon

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-7-1-70

HEALTH DEPARTMENT'S COPY

15

SEE INSTRUCTIONS ON BACK

Date Received 12 14 70

ICAR(S) Application No. 342

T C No

Map Date

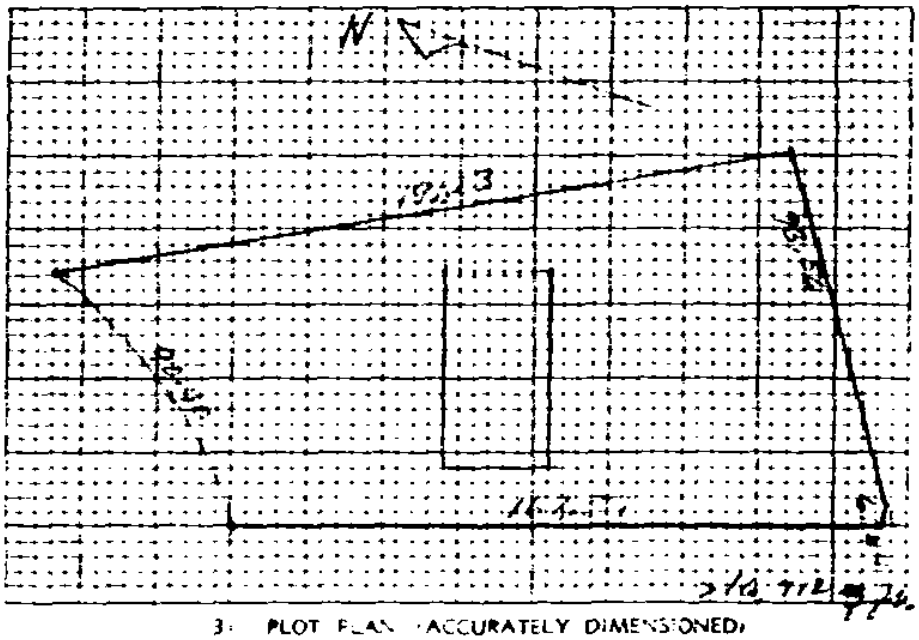
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 ___

5) Business Use — Max No Employees ___

6) Washing Machine X 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 ___ (LAST) ___ (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER ___

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM ___ (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 3 Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN ___

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.

12/14/70
DATE OF APPLICATION

George H. LeCroy
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial N° 523

Date Issued 3/24/71

LA No. 842

T. C. No. 001-134-04

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 LeCroy (LAST) George (FIRST) Ernest (MIDDLE)

ADDRESS OF OWNER Route 1, Colony Road, Davidson, N. C. ZIP 28036

LOCATION OF LOT [illegible] Colony Road (STREET OR COUNTY ROAD)

SUBDIVISION Norman Colony LOT NO 3 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 60 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 842. 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 Dixon

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-7-1-70

HEALTH DEPARTMENT'S COPY

out

Serial No. 1816

ICAR(S) Permit No. 842

T C No 021-134-04

Map Date 1-20-76

Date Issued 1-31-76

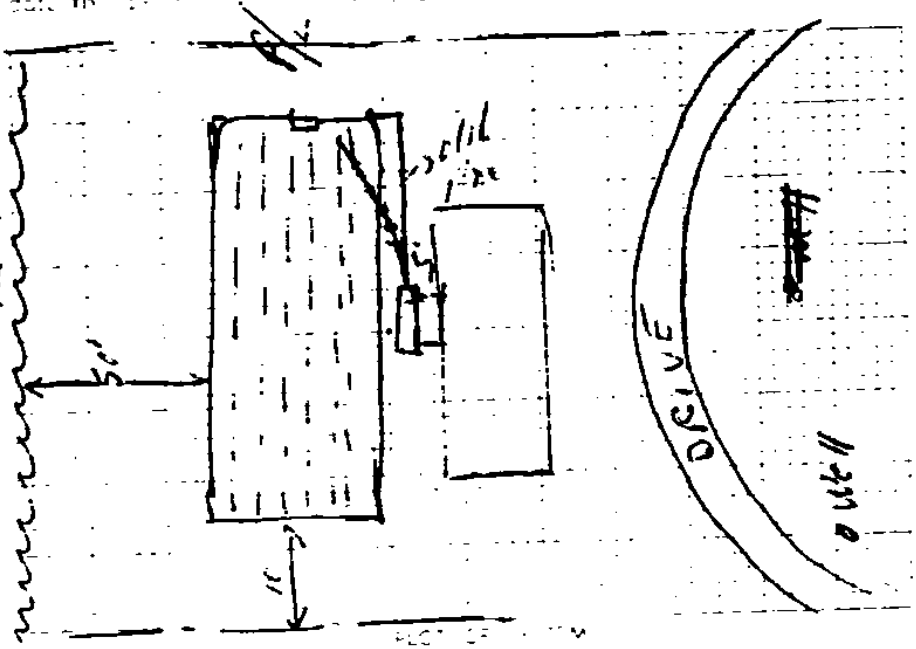
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is granted to ~~Construct~~ ✱ Alter / Repair the individual septic tank waste-water disposal system with effluent discharge as specified herein at the described property based upon the information supplied in application No. 842, dated 12/14/75. This permit is void and of no effect if the information supplied in the application is incorrect. All work shall be completed on or before 2/15/76 after which date this permit is void.



Permeability Rate 60 min/in

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Irrigation Lines

Total Length 420 - 24" deep

Number 7 trenches

Distance between lines 6 ft c/c

Distance from Tank 10' min

Distance from Well 100'

NAME OF OWNER George McCray

LOCATION OF PROPERTY Mecklenburg County - Rec'd

This permit is issued subject to the requirements as set forth in the Regulations of the Mecklenburg County Board of Health and is valid for one year from the date of the granting of this permit. A certificate of approval for the sewage disposal system can be covered only after a satisfactory inspection has been rendered under the provisions of this permit.

REMARKS C. Absorption Bed @ 7 lines 18'X66'X24" aggregate all complete soil between drain lines & lake shore

Public Health Nurse / REHS

Environmentalist

* Signature of Sanitarian is required on all construction of a new system. It must be signed by the division or a Registered Environmental Health Specialist in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired

FORM NO. EH-1

Date Issued 2-16-72

Serial No. 1468

C of A (s) No. 842

T. C. No. 001-134-04

Map Date 1-20-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner LaCroy, George (LAST, FIRST, MIDDLE)

Location of Property Norman Colony Rd

Application Number 842 Permit Number 842

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material pre cast concrete

Total Length of Drain Tile 420 Number of Lines 7

Depth of Filter Material 36" Cover Depth 24"

Water Supply Source well Distance from Water Source

Excavation Inspected DATE Tank Inspected DATE

Nitrification Field Inspected DATE

Washing Machine Line Inspected, If Applicable DATE 2-15-72

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been V 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 issued 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 installed in accordance with the permit dtd 1-31-72 signed by A. Bridgeman

John R. Atkisson

Environmentalist

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