Date Received 11 26 73

APT No. 7266

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Stalling (LAST) George (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 208 Sylvan Drive ZIP 28211

3) PHONE NO. Home 5960227 Office 3341316

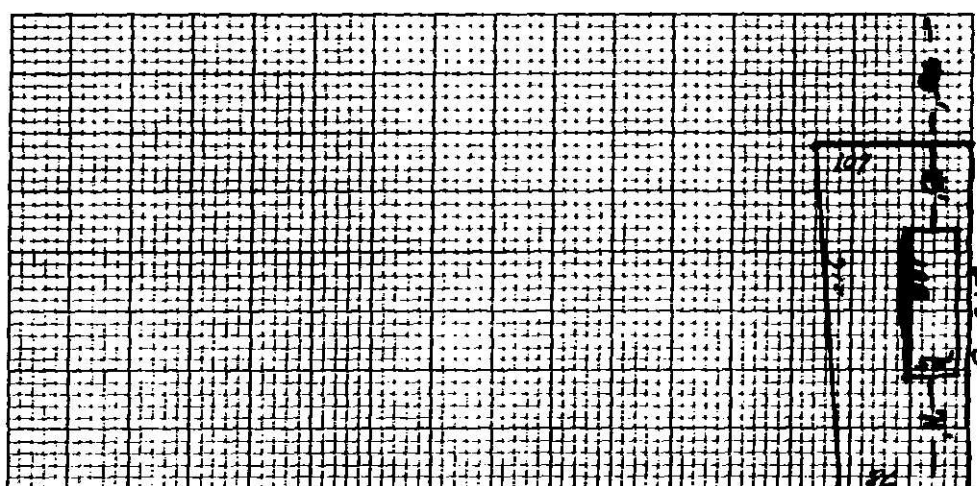
4) LOCATION OF PROPERTY Hunter Avenue (STREET OR COUNTY ROAD)

5) SUBDIVISION Mona LOT NO. BLOCK NO.

MAP BOOK NO. ~~3 66~~ PAGE NO. 733

6) DEED REFERENCE: DEED BOOK 3606 PAGE NO. 733

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

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3848

PTR No. 7266

T. C. No. 047-042-03

Date Issued November 29, 1973

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

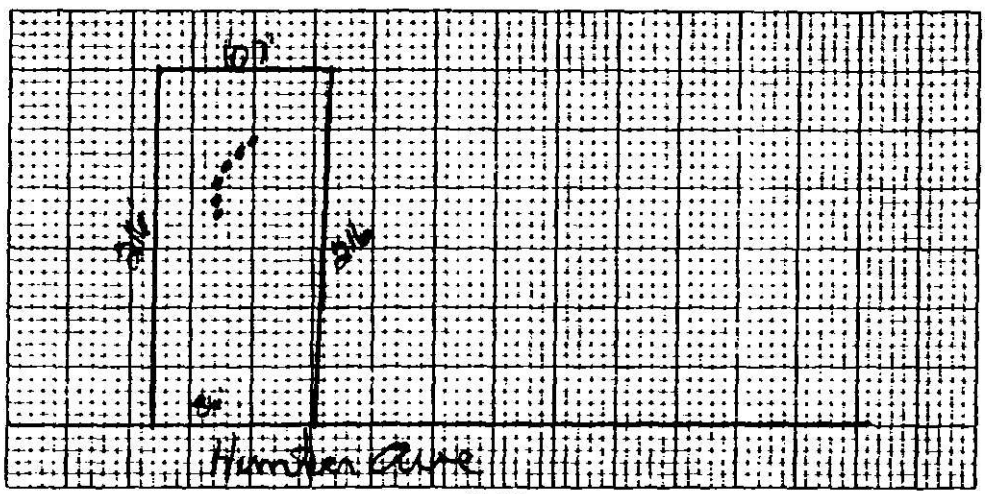
PERCOLATION TEST REPORT

NAME OF OWNER Stalling (LAST) George (FIRST) (MIDDLE)

ADDRESS OF OWNER 208 Sylvan Drive ZIP 28211

LOCATION OF PROPERTY Hunter Avenue (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 50 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.

G. M. Reynolds

John P. Hobson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-26-73

ICAR(S) Application No 7266

T C No

Map Date

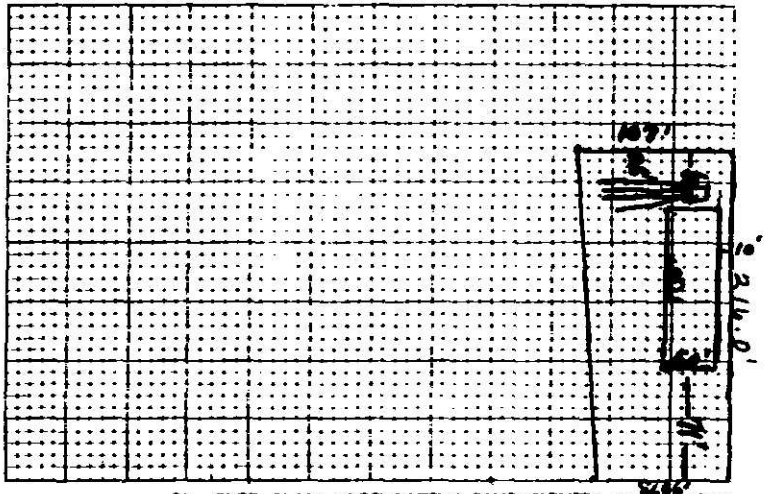
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 0

5) Business Use - Max No Employees 8

6) Washing Machine - Yes 0 No

7) Garbage Disposal - Yes 0 No

8) Dishwasher - Yes 0 No

9) Water Supply
A) Individual Well ✓
B) Government 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 Stallings (LAST) George (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 208 Sylvan Drive, Charlotte, NC.

15) PHONE NO. Home 596 0227 Office 334 1316

16) LOCATION OF SYSTEM Hunter Avenue, Charlotte, NC. (STREET OR COUNTY ROAD)

17) SUBDIVISION None Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3616 AT PAGE 733.

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.

DATE OF APPLICATION ___

OWNER Gary Stallings

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3658

LA No. 7266

Date Issued November 29, 1973

T. C. No. 047-042-03

IMPROVEMENTS PERMIT

Map Date 9-29-71

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 Stalling (LAST) George (FIRST) (MIDDLE)

ADDRESS OF OWNER 208 Sylvan Drive ZIP 28211

LOCATION OF LOT Hunter Avenue (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 50 min/1in 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 7266. 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.

G.M. Reynolds
Environmentalist

John R. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 13Feb74 Serial No. 4832 ICAR (S) Permit No. 7266

T C No. _____

Map Date _____

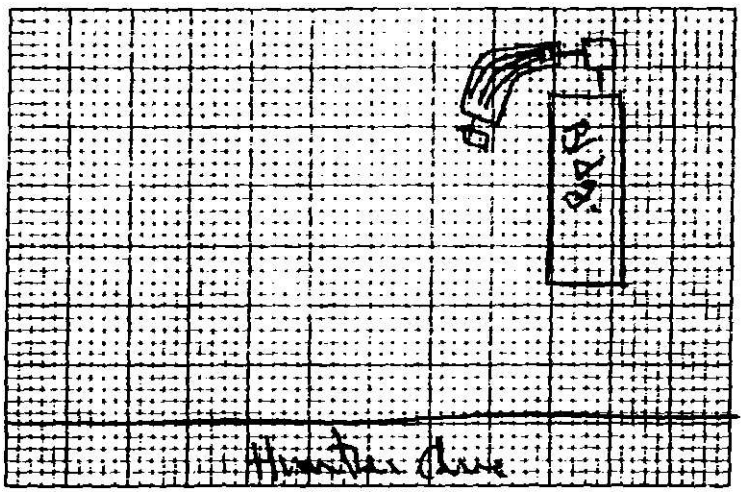
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7266, dated 11-26-73 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 12Mar74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 5C

Liquid Capacity of Tank 1000gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 300 Ft

Number of Lines (4) 10'X75'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Stallings, George

LOCATION OF PROPERTY Hunters Ave

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: aeration unit 2½'X7'X4' Stone

_____ R.M. Reynolds

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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 13 Feb 74 Serial 4443

C of A (s) No. 7266

T. C. No. _____

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 Stallings, George (LAST, FIRST, MIDDLE)

Location of Property Hunter Ave

Application Number 7266 Permit Number 7266

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material Precast Concrete

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

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 13 Feb 74 (DATE) Tank Inspected 13 Feb 74 (DATE)

Nitrification Field Inspected 13 Feb 74 (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 _____ 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 2½'x7'x4' steve

G. W. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY