K

Date Received 6-19-73

APT No 6505

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Winecoff (LAST) Henry (FIRST) Daniel Jr. (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Box 1670 Davidson N.C. ZIP 28036

3) PHONE NO. Home 892-8708 Office 372-2774

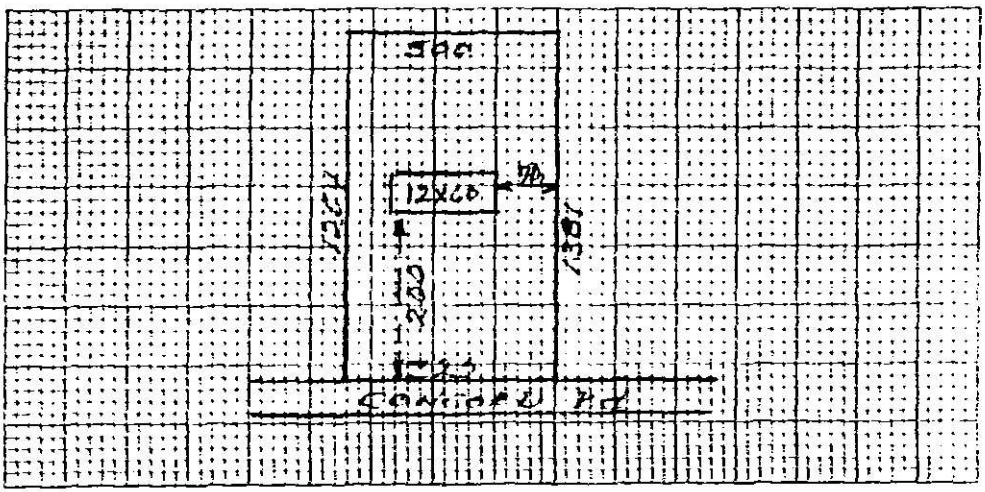
4) LOCATION OF PROPERTY Concord Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 3592 PAGE NO. 201

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

Mrs Henry D. Winecoff
OWNER

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

HEALTH [illegible]T'S COPY

Serial No. 3274

PTR No. 6506
P.O.
T. C No 007-261-05
Map Date 9-1-70

Date Issued July 5, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

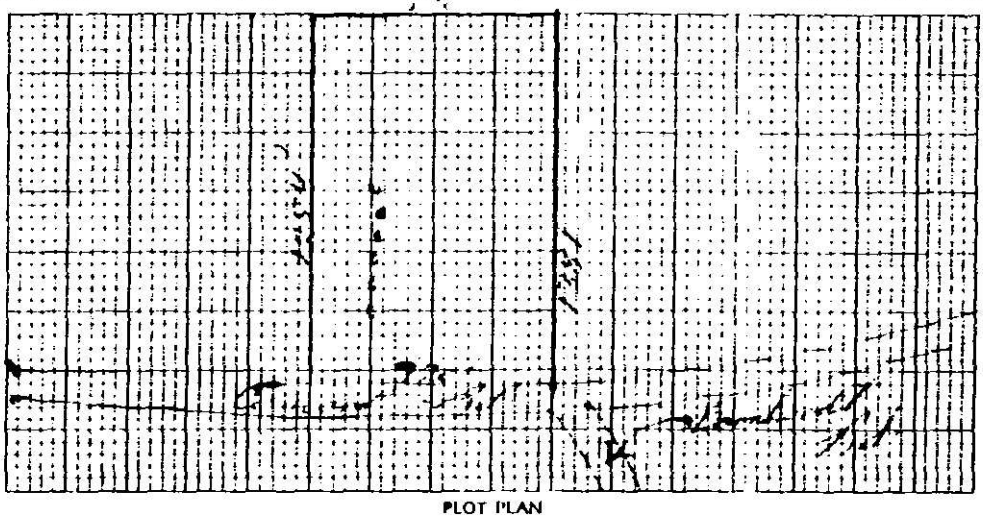
PERCOLATION TEST REPORT

NAME OF OWNER Winecoff (LAST) Henry (FIRST) Daniel, Jr. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 1670, Davidson ZIP 28036

LOCATION OF PROPERTY Concord 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 50 min/in The said lot 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 teratment 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.

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E 2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 6-25-73

RECEIVED
JUN 25 1973
ENVIRONMENTAL HEALTH DIVISION

SEE INSTRUCTIONS ON BACK

(CARES) Application No 6505

T C No

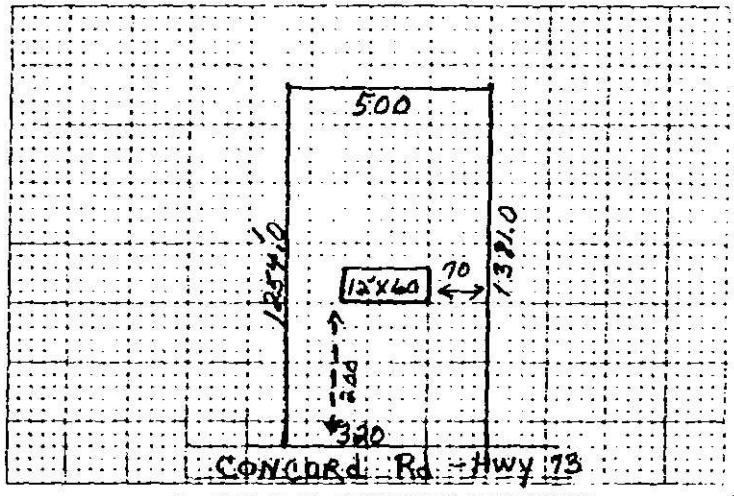
Map Date

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 the 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 2

(5) Business Use Max No Employees

(6) Washing Machine ✓ Yes No

(7) Garbage Disp Yes ✓ No

(8) Dishwasher Yes ✓ No

(9) Water Supply
A. Individual Well
B. Governmental System
C. Community System
1. Well ✓*
2. Governmental System
Sewage System
House Sewer Laid to Public Sewer None
House located within 200 feet of public sewer Yes No
Community sewer Yes ✓ No

(11) FHA Case No

(12) VA Case No

* This Mobile Home water supply will be from well serving the home of the owner of property

(13) NAME OF OWNER Wescott (LAST) Henry (FIRST) D. (MIDDLE) + wife

(14) ADDRESS OF OWNER RT. 1 Box 1670 Davidson N.C. 28036

(15) PHONE NO Home 892-8703 Office 372-2774

(16) LOCATION OF SYSTEM Concord Rd. (STREET OR COUNTY ROAD)

(17) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No. _____

(18) DEED REFERENCE — DEED BOOK 3542 AT PAGE 201

(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 statements 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.

6-23-73
DATE OF APPLICATION

Mrs. Henry D. Wescott Jr
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 5, 1973 **Serial No. 3128**

LA No. 6505
P.O.
T. C. No. 007-261-05

Map Date 9-1-70

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 Winecoff, (LAST) Henry (FIRST) Daniel, Jr. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 1670, Davidson ZIP 28036

LOCATION OF LOT Concord 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 50 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 6505. 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-3-4-1-71

HEALTH DEPARTMENTS COPY

Date Issued 20 July 73

Serial No. 4020

ICAR (S) Permit No. 6505

P.O T. C. No. 002-261-05

Map Date 1 July 70

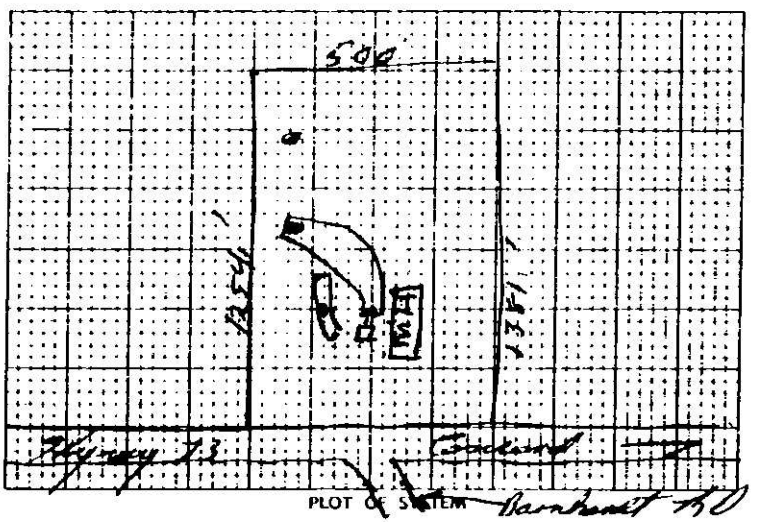
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6505, dated 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 20 Aug 73, after which date this permit shall be null and void.



Percolation Rate 50

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300' + 150' (4" PVC) 3 (75' x 50' x 17")

Number of Lines 3 (75' x 100' x 17")

Distance from House

Distance from Property Line

Distance from Well 100'

NAME OF OWNER Wm. Jeff, Henry D.

LOCATION OF PROPERTY Intersection Hwy 73 & Barnhardt 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: Will Sanford (Contr.)

Division or Section Head

Environmentalist W. A. Kirby

* 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 20 July 73 **Serial No.** 3647 C of A (s) No. 6505

T. C. No. 007264-01

Map Date July 20

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Kimrell (LAST) Henry (FIRST) D. (MIDDLE)

Location of Property Intersection Hwy 73 - Bowdoin Rd

Application Number 6505 Permit Number 6505

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' + 150' WM Number of Lines 3 (7½ x 50' x 17") 3 (7½ x 100' x 17")

Depth of Filter Material 17" Cover Depth 18"-24"

Water Supply Source Drilled Well Distance from Water Source 100'

Excavation Inspected 20 July 73 (DATE) Tank Inspected 20 July 73 (DATE)

Nitrification Field Inspected 20 July 73 (DATE)

Washing Machine Line Inspected, If Applicable 20 July 73 (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: Bill Hood Sand (Cont.)

M. C. Lindsey
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENTS COPY