Date Received 4/28/10 Apt. No. (S) _____ Application No. (W) 7068

T. C. No. 05-166-29

Map Date 4-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Hamilton(Sr.) Billy Kerr
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Rt 11 Box 133 E ZIP 28216

PHONE NO. Home 3941097 Office 3998285

LOCATION OF PROPERTY Middle Stream Rd
(STREET OR COUNTY ROAD)

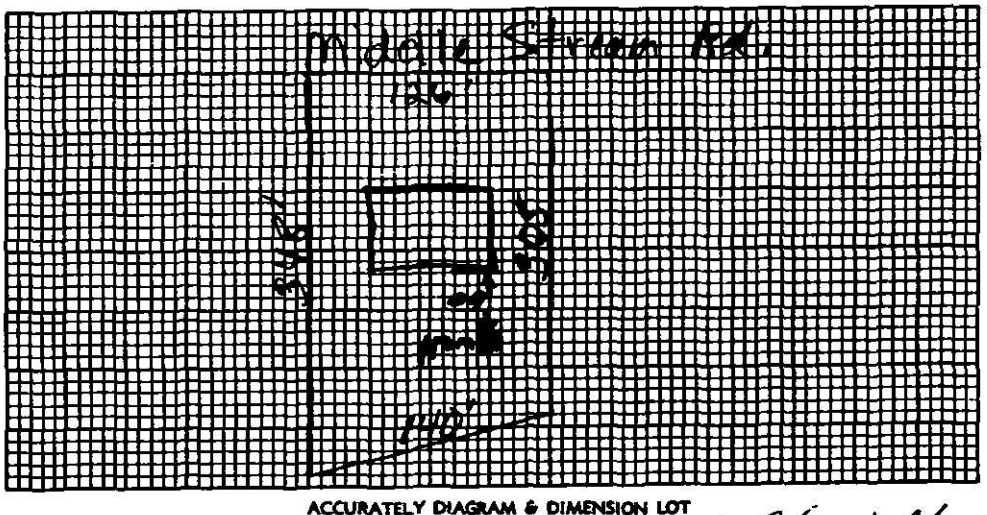
SUBDIVISION Rolling Acres LOT NO. 11 BLOCK NO. C

MAP BOOK NO. 15 PAGE NO. 239 FHA LOAN ____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN ____

WELL CONTRACTOR Charles Stephens LICENSE NO. 204

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

_____ Billy K Hamilton Jr.
DATE OF APPLICATION OWNER

Application approved and permit hereby granted

Permit No: 7068

L R Bridgeman 6/15/10
ENVIRONMENTALIST

FORM NO. E-20-5-1-73 HEALTH DEPARTMENT'S COPY

Date Received 10-3-73

APT No. 7068

T. C. No. 105 166 29

Map Date 4-27-73

MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 11 1973
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hodges (LAST) James (FIRST) Franklin (MIDDLE)

2) ADDRESS OF OWNER Rt. 8 Box 95 Charlotte N.C. ZIP 28212

3) PHONE NO. Home 596-0772 Office

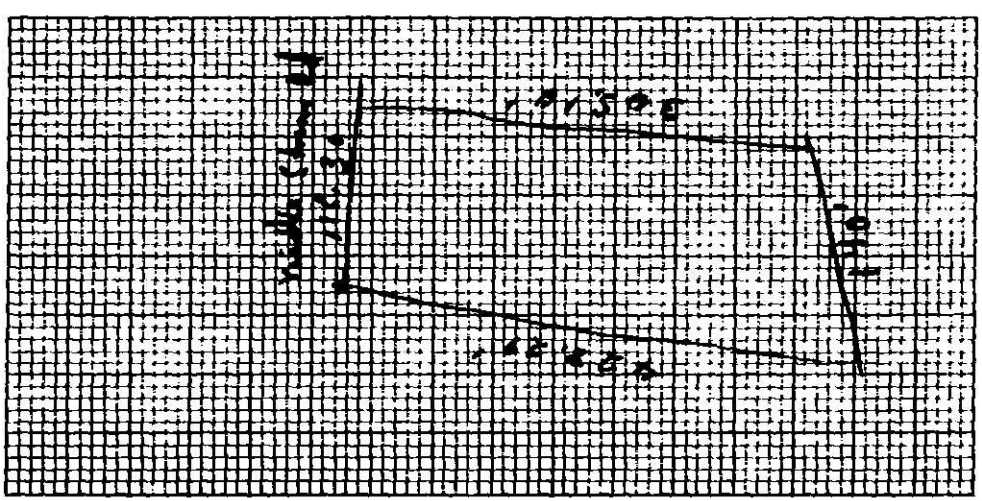
4) LOCATION OF PROPERTY Back Creek Church Road (STREET OR COUNTY ROAD) Middle Stream RD

5) SUBDIVISION Rolling Acres LOT NO. 11 BLOCK NO. C

MAP BOOK NO. 15 PAGE NO. 239

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

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

James Franklin Hodges
OWNER

FORM NO. E-1-11-1-73

HEALTH DEPARTMENT'S COPY

Date Received 10-9-73

APT No. 7068

T. C. No. 105-166-29

Map Date 4-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hodges (LAST) James (FIRST) Franklin (MIDDLE)

2) ADDRESS OF OWNER Rt 8 Box 95 Charlotte ZIP

3) PHONE NO. Home 596-0772 Office

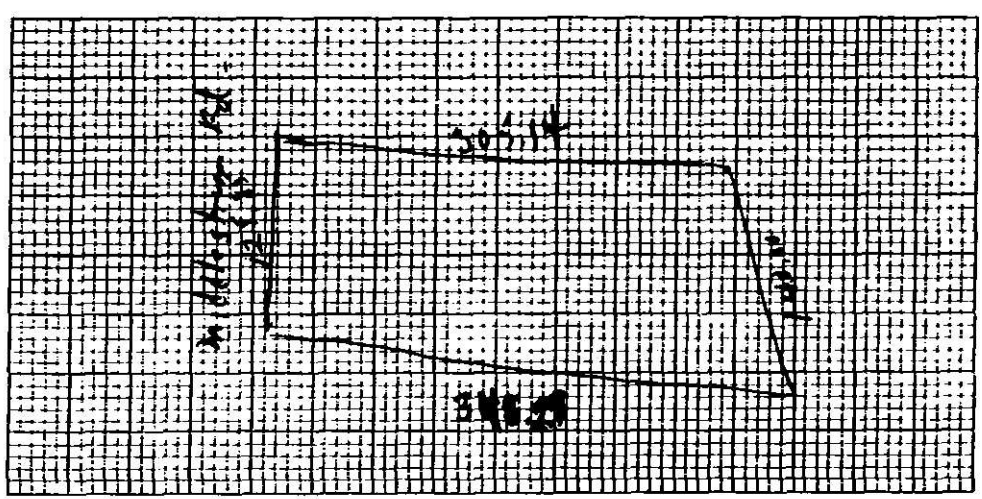
4) LOCATION OF PROPERTY Middlestream Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Rolling Acres LOT NO. 11 BLOCK NO. C

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

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

Olivia Hodges
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. October 10, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 7068
T.C. No. 105-166829
4-27-73

NAME OF OWNER Hodges, James Franklin

ADDRESS OF OWNER Route 8, Box 95 ZIP _____

LOCATION OF LOT Middlestream Road, lot 11-C'

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	10-10-73	350+ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

John R. Atkinson
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: October 22, 1973

TO: John Adkisson
Environmentalist

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #7068 (J. F. Hodges)
Lot No. 11-C, Middle Stream Road
Rolling Acres Subdivision
10-18-73

Soils were found to be of the Appling series. These soils have good drainage, good aeration and moderate permeability.

It is recommended that the lot be granted approval for installation of a septic tank system. Design should be based on a 60 min./in. perc. rate.

WEL:jdg

Serial No. 3701

PTR No. 7068

Date Issued October 23, 1973

T. C. No. 105-166-29

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

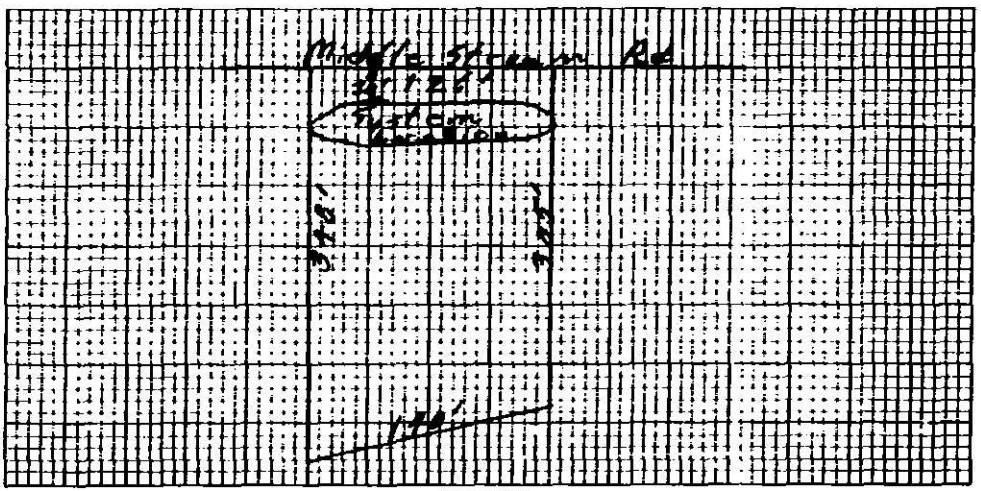
PERCOLATION TEST REPORT

NAME OF OWNER Hodges (LAST) James (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER Route 8, Box 95 ZIP

LOCATION OF PROPERTY Middlestream Road (STREET OR COUNTY ROAD)

SUBDIVISION Rolling Acres LOT NO. 11 BLOCK NO. C



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 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.

*Results determined by soil analysis.

W. Leslie Lynn, Jr. Soil Scientist

FORM NO. E-2-4-1-71

Director, Environmental Health Division or Authorized Section Head

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4/28/76

ICAR (S) Application No 7068

T. C No 105-166-24

Map Date 4-27-73

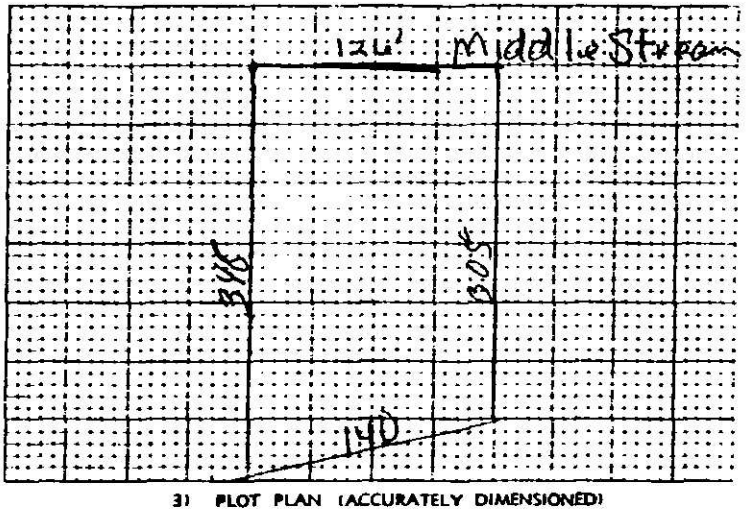
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

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 Drilled
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 Hamilton Sr. (LAST) Billy (FIRST) Kerr (MIDDLE)

14) ADDRESS OF OWNER /

15) PHONE NO. Home 3941097 Office 3998285

16) LOCATION OF SYSTEM Lot #1 Middle Stream Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Rolling Acres Lot No. 11 Block No. C

Map Book No. 15 Page No. 239

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10 18 73 PR 760

20) PTR NUMBER (See Instructions) 7068

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 Billy K Hamilton Jr

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4/28/76

Serial No. 5872

IMPROVEMENTS PERMIT

LA No. 7068

T. C. No. 105-166-29

Map Date 4-27-73

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 Hamilton (LAST) Jr. Billy (FIRST) Kerr (MIDDLE)

ADDRESS OF OWNER Rt. 11, Box 133 E, Charlotte, N. C. ZIP 28216

LOCATION OF LOT Middlestream Road (STREET OR COUNTY ROAD)

SUBDIVISION Rolling Acres LOT NO 11 BLOCK NO. C

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 _____, 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 7068. 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 Divisen or Authorized Section Head

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY

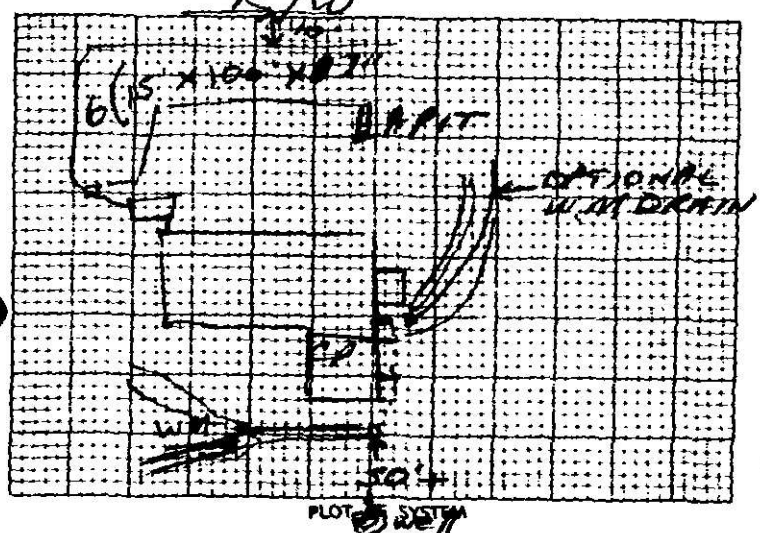
Date Issued 8/11/76 Serial No. 0029 ICAR(S) Permit No. 2068

T. C. No. 105-166-29

Map Date 4-22-23

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 2068, dated 4/29/76 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 9/1/76, after which date this permit shall be null and void.



Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines WM 5' 150 *

Total Line Length 600

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' MIN

NAME OF OWNER B.K. HAMILTON

LOCATION OF PROPERTY MIDDLESTREAM Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: * WASHER DRAIN MAY BE LOCATED BETWEEN HOUSE AND DR. 3(7½ X 50' X 17") OR BEHIND HOUSE (10' FROM FOUNDATION) 2(5' x 75' X 17"

Division or Section Head

Environmentalist L P Bingham

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Date Issued 8-18-76 Serial No. 0124 C of A (s) No. 7068

T. C. No. 105-166-29

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

John R Atkisson

CERTIFICATE OF COMPLETION CERTIFICATE OF APPROVAL

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

Name of Owner HAMILTON (LAST) B. (FIRST) K. (MIDDLE)

Location of Property MIDDLESTREAM RD

Application Number 7068 Permit Number 7068

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 3T 600 4,M 150 Number of Lines 3T 5

Depth of Filter Material 17" Cover Depth 3' +

Water Supply Source IND WELL Distance from Water Source 50' +

Excavation Inspected 8-18-76 (DATE) Tank Inspected 8-18-76 (DATE)

Nitrification Field Inspected 8-18-76 (DATE)

Washing Machine Line Inspected, If Applicable 8-18-76 (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 Health Commission 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 R. Drewer

ST. 17½' x 120' x 17"

L P Brie James
Environmentalist

SCR
WL

EHD-5-76

Environmental Health Department's Copy