B

Date Received 4 9 13

APT No 5948

T C No

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Pinkerton (LAST) Russell (FIRST) Lee (MIDDLE)

2) ADDRESS OF OWNER Rt 6, Box 799-G ZIP 28208

3) PHONE NO. Home 394-2536 Office (~~299-2221~~) 392-2827 (wife)

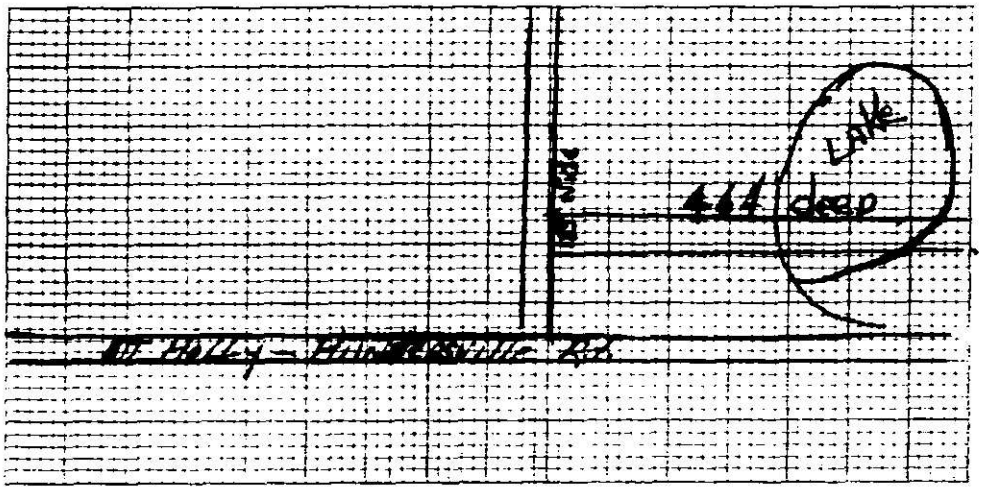
4) LOCATION OF PROPERTY ~~Old~~ Mt. Holly-Huntersville Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION KIRKLAND ~~Estates~~ LOT NO BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 3530 PAGE NO 45

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

Russell L. Pinkerton
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2846

PTR No 5948

Date Issued April 10, 1973

T. C. No 031-183-03

Map Date 11-10-72

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

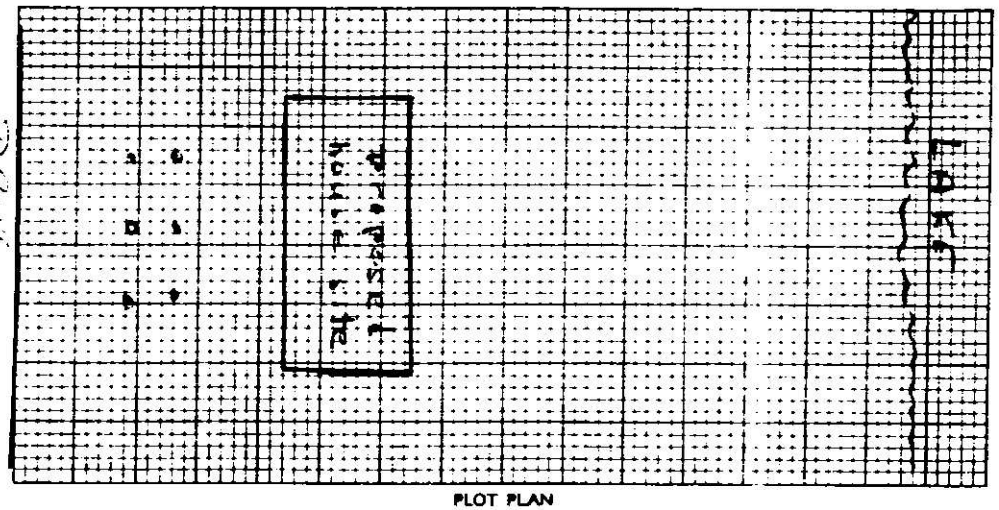
## PERCOLATION TEST REPORT

NAME OF OWNER Pinkelton (LAST) Russell (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER Route 6, Box 799-B G ZIP 28208

LOCATION OF PROPERTY Mt. Holly-Huntersville 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 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.

John R. Johnson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

P

SEE INSTRUCTIONS ON BACK

Date Received 4-12-73

ICAR (S) Application No 5948

T C No 031-183-02

Map Date 11-10-72

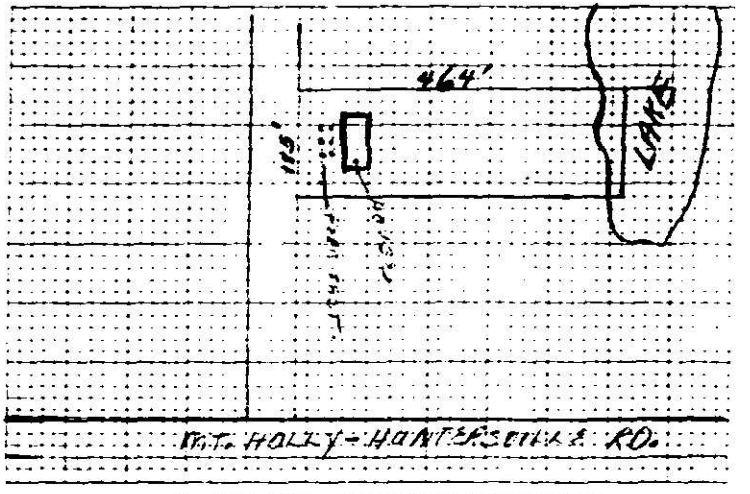
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 3

5 Business Use - Max No Employees ___

6 Washing Machine ✓ Yes ___ No

7 Garbage Disp. ___ Yes ✓ No

8 Dishwasher ✓ Yes ___ No

9 Water Supply
A ... ✓
B Government ___
C Community ___
Well ___
D Government ___
Spring Drain ___
Public water ___ Yes ✓ No
Private water ___ Yes ✓ No
Common to each ___ Yes ✓ No

11 FHA Case No N/A

12 VA Case No N/A

13) NAME OF OWNER PINKELTON (LAST) RUSSELL (FIRST) LEE (MIDDLE)

14) ADDRESS OF OWNER ROUTE 6, BOX 799-G, CHARLOTTE 28208

15) PHONE NO Home 394-2536 Office 392-2327 (WIFE)

16) LOCATION OF SYSTEM MT. HOLLY-HUNTERSVILLE ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION PART OF C. W. KIRKLAND ESTATE Lot No N/A Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3530 AT PAGE 45

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-9-73 PR760

20) PTR NUMBER (See Instructions) 5948

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.

APRIL 11, 1973
DATE OF APPLICATION

Russell L Pinkelton
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 12, 1973 **Serial No. 2730**

LA No. 5948

T C. No. 031-183-03

Map Date 11-10-72

# 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 Pinkelton (LAST) Russell (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER Route 6, Box 799-G ZIP 28208

LOCATION OF LOT Mt. Holly-Huntersville 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 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 5948. 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 R. Robinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 9/6/73

**Serial No. 4267**

ICAR(S) Permit No. 5948

T. C. No. _____

Map Date _____

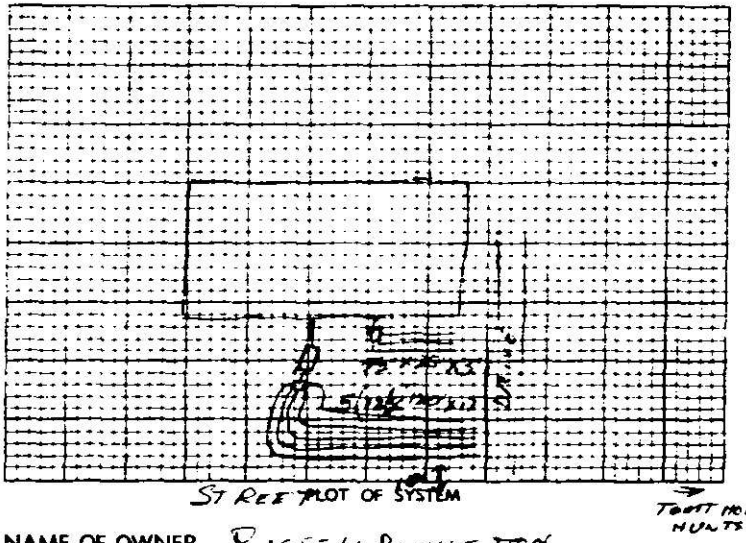
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 5948 dated 4-12-73 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 10/1/73 after which date this permit shall be null and void.




Percolation Rate 6X

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght ST 600 WM ISC

Number of Lines ST 5 (12½' X 120' X 17") WM 3 (7½' X 25' X 3')

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 10'

NAME OF OWNER Russell Pinkleton

LOCATION OF PROPERTY Country Estates - Mt Holly Huntsville 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: Hanger

J H Ellis
Division or Section Head

J. P. Bridgeman
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**

Serial 3999

C of A (s) No. [illegible]

Date Issued 10/5/73

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 [illegible] (LAST) [illegible] (FIRST) (MIDDLE)

Location of Property [illegible]

Application Number 5145 Permit Number 5145

**Inspection Date:**

Liquid Capacity of Tank 1500 gal. Tank Material PVC

Total Length of Drain Tile 150 Number of Lines 5

Depth of Filter Material 12" Cover Depth 18"+

Water Supply Source Public Well Distance from Water Source 15'+

Excavation Inspected 10/5/73 (DATE) Tank Inspected 10/5/73 (DATE)

Nitrification Field Inspected 10/5/73 (DATE)

Washing Machine Line Inspected, If Applicable 10/5/73 (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 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: 5" Rock if needed between [illegible] 5 ft.

[illegible]

Environmentalist

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

HEALTH DEPARTMENT'S COPY