Date Received 5-15-73

APT No 6298

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Mail
Route 1, Box 46
Huntersville, NC
28078

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Carter (LAST) Herbert (FIRST) (MIDDLE)

2) ADDRESS OF OWNER Charlotte ZIP

3) PHONE NO. Home Office

4) LOCATION OF PROPERTY East point Circle (STREET OR COUNTY ROAD)

5) SUBDIVISION Island Forest LOT NO. 70 BLOCK NO.

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 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

Herbert Carter
OWNER By J S Todd contractor

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]8

PTR No 6298

T C No 001-111-30

Date Issued May 17, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

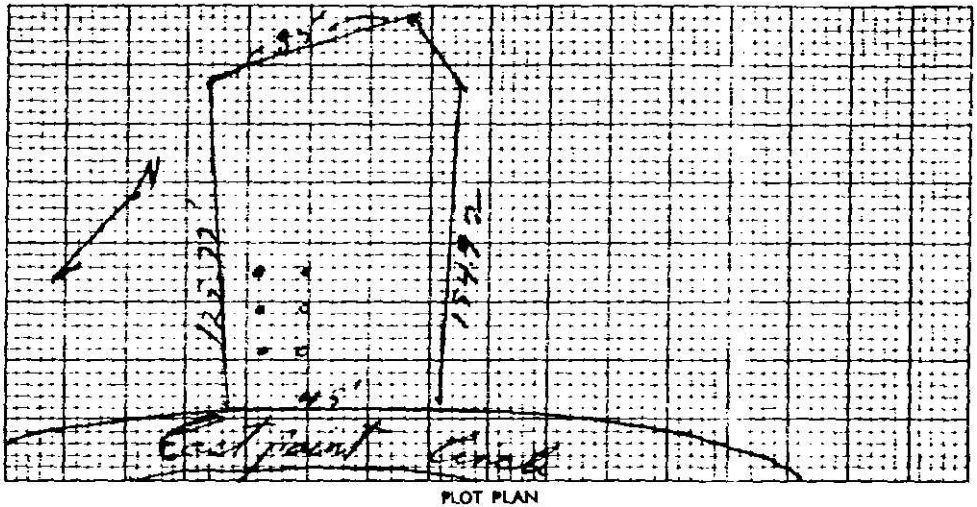
PERCOLATION TEST REPORT

NAME OF OWNER Carter (LAST) Herbert (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 1, Box 46, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Eastpoint Circle (STREET OR COUNTY ROAD)

SUBDIVISION Island Forest LOT NO. 70 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 45 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 D. Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 30 July 73

ICAR(S) Application No 6298

T C No 001-111-30

Map Date 14 Aug 73

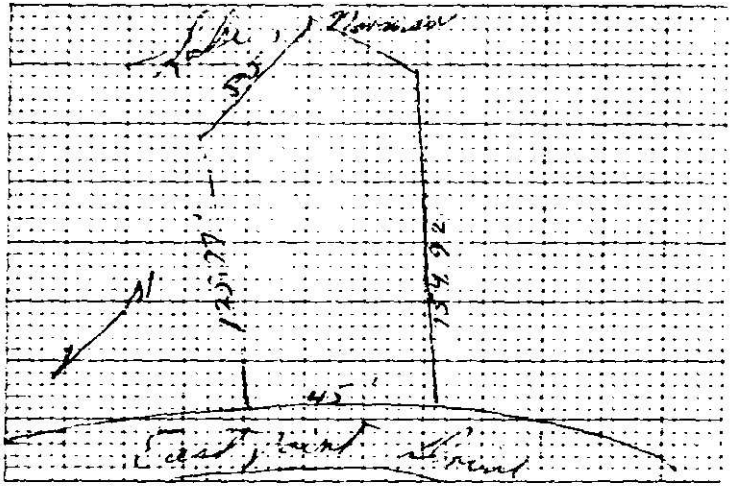
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 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 ✓
2) Governmental System

10) Sewage System
Home located within 200' of public sewer Yes ✓ No
Home located within 200' of community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Carter (LAST) Herbert (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Route 1, Box 46, Charlotte NC

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM East Point Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION Island Point Lot No. 70 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.

DATE OF APPLICATION ___

Herbert Carter
OWNER
by J. L. Todd Contractor

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 31, 1973

Serial No. 2993

LA No. 6298

T C. No. 001-111-30

Map Date 2-14-73

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 Carter (LAST) Herbert (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 1, Box 46 ZIP

LOCATION OF LOT East Point Circle (STREET OR COUNTY ROAD)

SUBDIVISION Island Forest LOT NO 70 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 45 min/in 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 6298. 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 cpproval 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.

W. M. Kirby
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 5/16/73

Serial No. 4577

ICAR(S) Permit No. 6295

T. C No. 071-11-36

Map Date 4-2nd-73

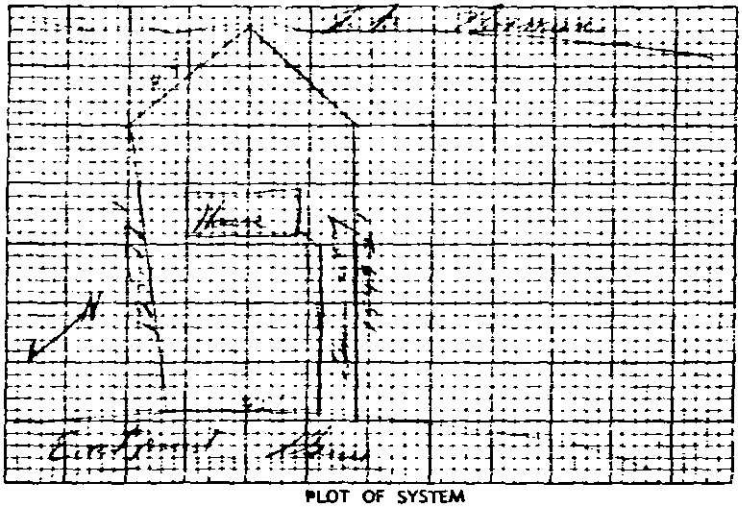
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6295 dated 3 May 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 8 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 360'+120 alt.

Number of Lines ___

Distance from House 15'

Distance from Property Line 10'

Distance from Well Community

NAME OF OWNER Carter Hulet

LOCATION OF PROPERTY Eastpoint Manor (Mark Trail)

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: Shallow Water (Carter)

Division or Section Head ___

Environmentalist W. D. 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

Serial 4189

C of A (s) No. C298

Date Issued 14 Jan 73

T. C. No. CC1-111.3C

Map Date 14 Feb 73

John R Robinson

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 Carter (LAST), Mitchell (FIRST), ____ (MIDDLE)

Location of Property Eastpoint Acres (Eastland Mini Farms)

Application Number 6298 Permit Number C298

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PE 3 (7½ x 25' x 30")

Total Length of Drain Tile 300 + 150 LM Number of Lines 6 (5 - 16C' x 17") 1 - 16C' x 17")

Depth of Filter Material 11" & 36" Cover Depth 15"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 14 Jan 73 (DATE) Tank Inspected 13 Feb 73 (DATE)

Nitrification Field Inspected 14 Jan 73 (DATE)

Washing Machine Line Inspected, If Applicable 14 Jan 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: Charles Morrison (Contr.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY