Date Received 1-23-73

APT No. 5458

T. C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Thomas (LAST) Ernest (FIRST) Eugene (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 266, Pineville, N.C. ZIP 28134

3) PHONE NO. Home 889-7348 Office 889-1348

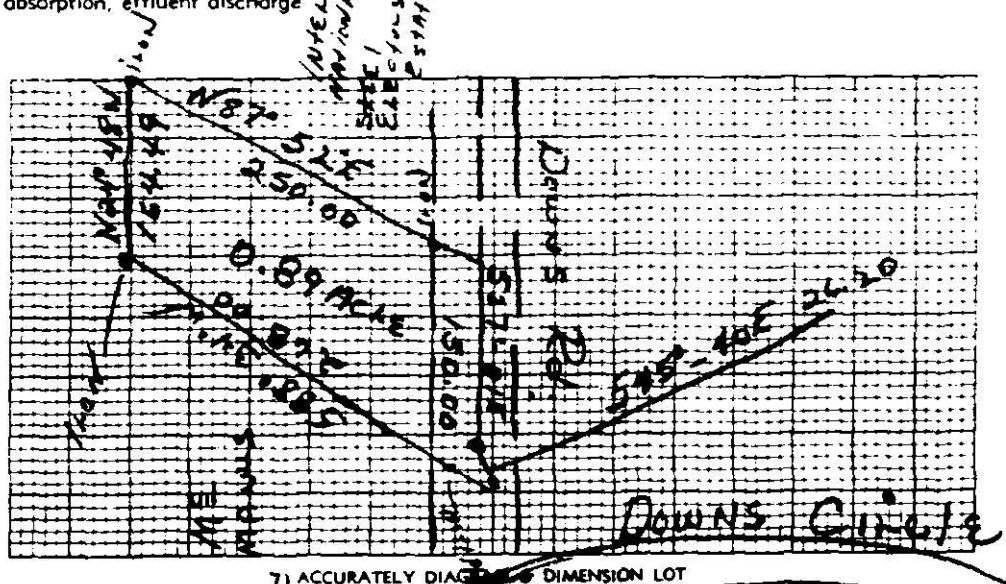
4) LOCATION OF PROPERTY Downs Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ 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 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

Ernest E. Thomas
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 2596

PTR No. 5458

Date Issued January 29, 1973

T C No 205-041-07

Map Date 10-20-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

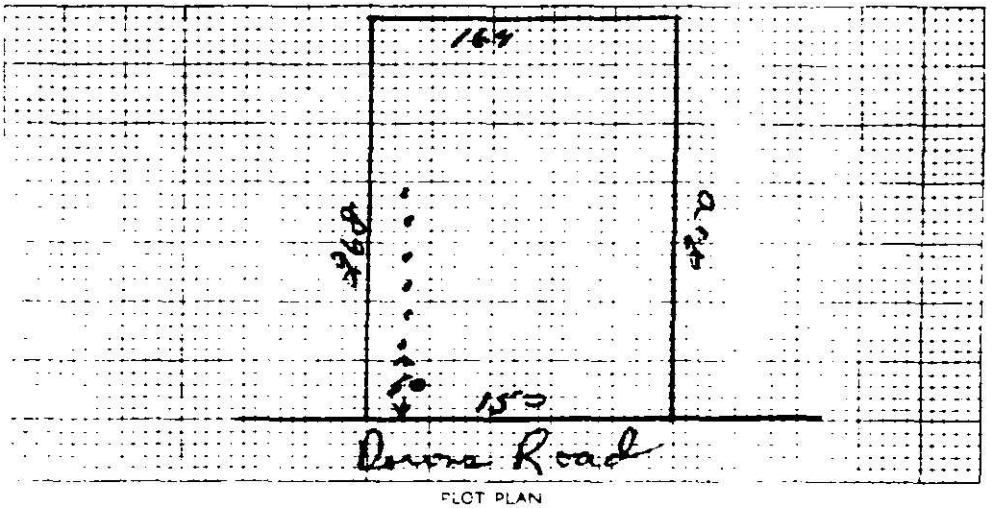
PERCOLATION TEST REPORT

NAME OF OWNER Thomas (LAST) Ernest (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER Route 1, Box 262, Pineville, N.C. ZIP 28134

LOCATION OF PROPERTY Downs Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and 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 wells) 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 K. Hutchison

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 1-23-73

ICAR (S) Application No 5458

T C No.

Map Date

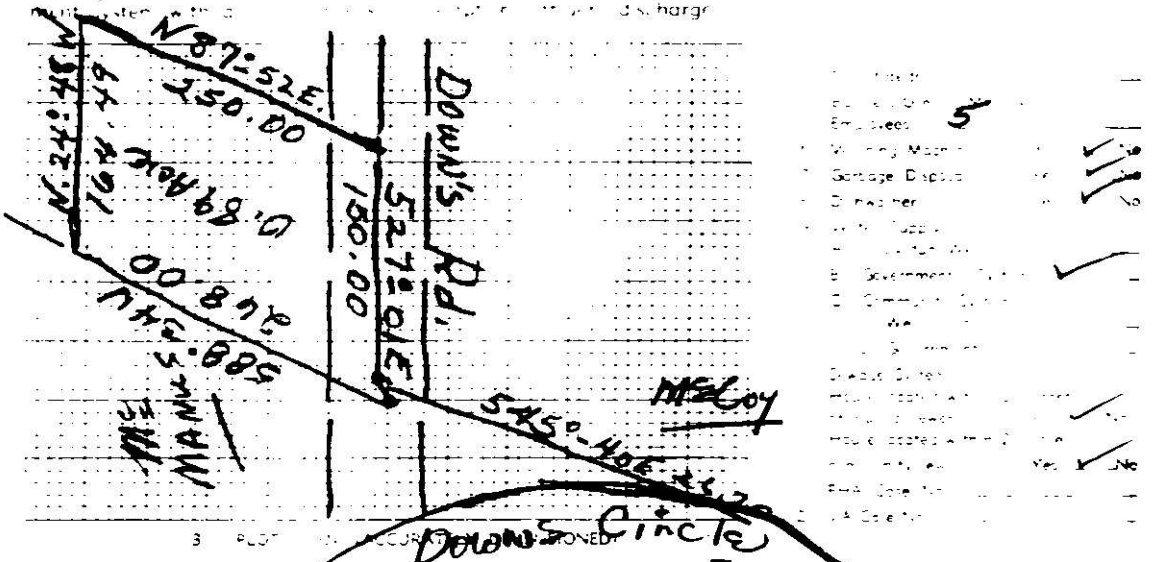
MECKLENBURG COUNTY HEALTH DEPARTMENT

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:

[ ] Install [ ] Repair an individual [ ] septic tank wastewater treatment system [ ] discharge



3 PLOT [illegible] ACCURATELY DRAWN AND DIMENSIONED

13 NAME OF OWNER Thomas (LAST) Ernest (FIRST) Eugene (MIDDLE)

14 ADDRESS OF OWNER Rt. 1 Box 262 Pineville, N.C.

15 PHONE NO Home 889-7348 Office 889-7348

16 LOCATION OF SYSTEM Down's Rd. (STREET OR COUNTY ROAD)

17 SUBDIVISION _____ Lot No. _____ 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.

1-22-73
DATE OF APPLICATION

Ernest E. Thomas
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued January 29, 1973 Serial No. 0481

LA No. 5458

T C No 205-041-07

Map Date 10-20-71

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 Thomas (LAST) Ernest (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER Route 1, Box 262, Pineville, N.C. ZIP 28134

LOCATION OF LOT Downs 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 or 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 5458. 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

John R Atkisson
Environmentalist

E F McMillan
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8/9/23

Serial No. 4280

ICAR(S) Permit No. 5458

T. C No. ____

Map Date ____

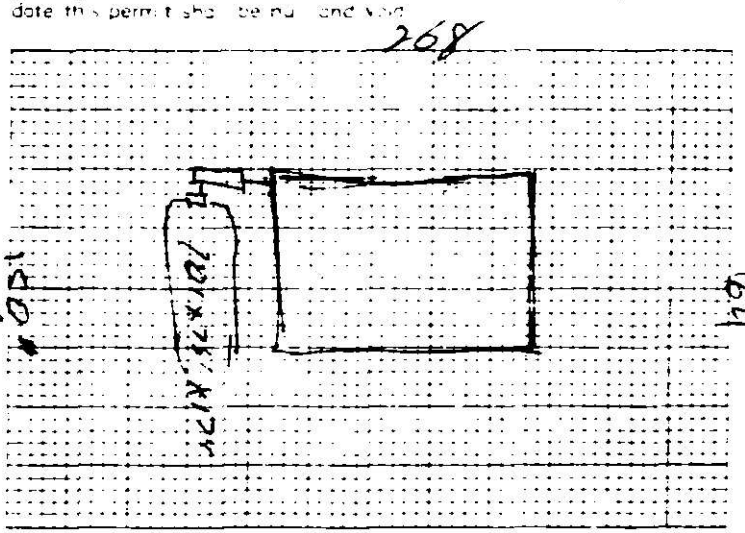
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5458 dated 8/2/23 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before ____ after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 MPI

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 300

Number of Lines 4 (10 x 75 x 17½)

Distance from House 10'

Distance from Property Line 10'+

Distance from Well CITY

NAME OF OWNER E. E. THOMAS

LOCATION OF PROPERTY DOWNS 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: Slagle Winchester

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 8/22/23 Serial 3777 C of A (s) No. 5458

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner THOMAS (LAST) ERNEST (FIRST) E (MIDDLE)

Location of Property Downs Rd Pineville, N.C.

Application Number 548 Permit Number 5458

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 17 Cover Depth 18"

Water Supply Source 8/22/23 Distance from Water Source —

Excavation Inspected 8/22/23 (DATE) Tank Inspected 8/22/23 (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 8 (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: _____

L P Bridgeman

(Environmental Health Specialist)

FORM NB. E-6-4-1-71

HEALTH DEPARTMENT'S COPY