Date Received 7-18-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 18 1973

APT No. 6680

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Smith (LAST) Nilda (FIRST) B (MIDDLE)

2) ADDRESS OF OWNER 3401 Denson Place ZIP 28215

3) PHONE NO Home 537-2404 Office 334-5314

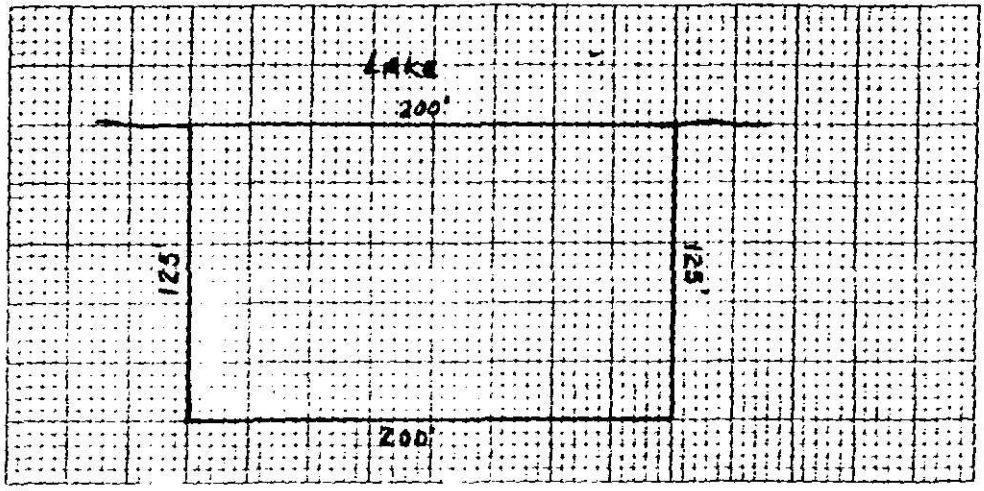
4) LOCATION OF PROPERTY Tuckaroga Trail 21913 (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 207 BLOCK NO 6

MAP BOOK NO [redacted] PAGE NO [redacted]

6) DEED REFERENCE DEED BOOK 3458 PAGE NO 411

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

Nilda B. Smith
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3438

PTR No. 6680
P.O.
T C No 001-281-01

Date Issued August 20, 1973

Map Date 3-24-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

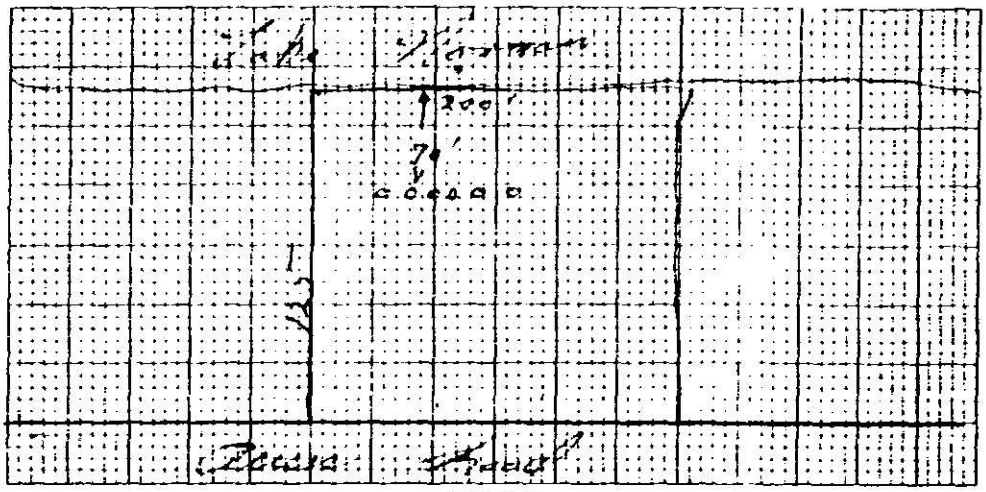
PERCOLATION TEST REPORT

NAME OF OWNER Smith (LAST) Hilda (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 3401 Denson Place ZIP 28215

LOCATION OF PROPERTY Tuskarora Trail (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 207 BLOCK NO Section 6



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 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 R. Robinson

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 7-19-73

ICARIS Application No 6680

T C No

Map Date

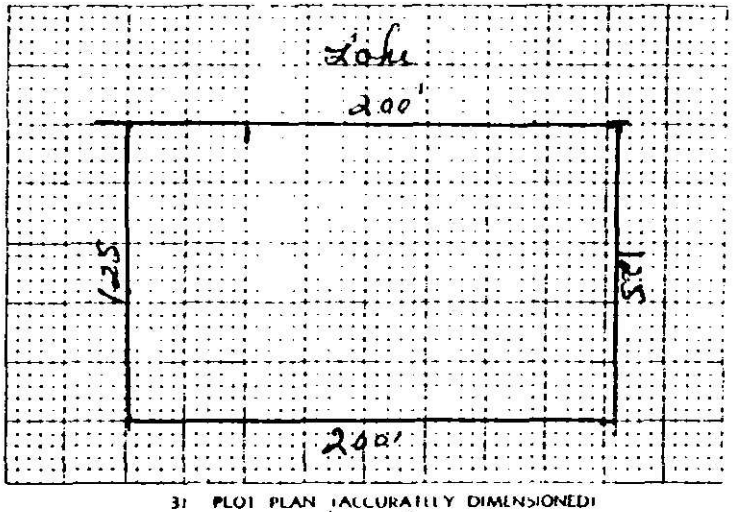
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 2

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) Government system
C) Community system
1 Well owner
2 Governmental agency

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 Smith (LAST) Hilda (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 3401 H Ferguson Place

15) PHONE NO Home 537-2404 Office 334-5314

16) LOCATION OF SYSTEM 2[redacted] Road (STREET OR COUNTY ROAD) Trail 2 Wabasso

17) SUBDIVISION _____ Lot No 207 Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3458 AT PAGE 411

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.

7-19-73
DATE OF APPLICATION

Hilda Smith
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3314

Date Issued August 20, 1973

LA No. 6680
P.O.
T. C. No. 001-281-01

Map Date 3-24-72

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 Smith (LAST) Hilda (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 3401 Denson Place ZIP 28215

LOCATION OF LOT Tuskarora Trail (STREET OR COUNTY ROAD)

SUBDIVISION Section 6 LOT NO 207 BLOCK NO. Section

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 6680. 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

M. W. Lisby
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5/28/22 Jewel

add 1500 gal washing machine & 1 shower

ICAR(S) Application No 6680

T C P No. 001-281-01

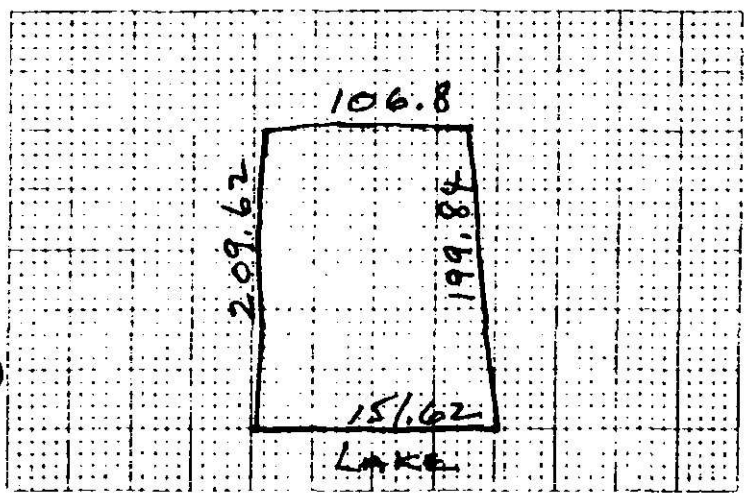
Map Date 3-24-22

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home Yes ___ No
Residence ✓ Yes ___ No

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 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 Sam McNinch, Inc.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 7914 Hampton Ave, Charlotte, NC

15) PHONE NO Home 332-1076 Office 663-5865

16) LOCATION OF SYSTEM Powell Road, Meck, Lake Norman
(STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 207 Block No. 6

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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 ___

OWNER Sam McNinch, Inc.
By: Sam McNinch

EHD-5-76

Environmental Health Department's Copy

Serial No. 0796

LA No. 6680

Date Issued May 23, 1977

T. C. No. P.O.001-281-01

Map Date 3-24-72

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Sam McNinch, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 2914 Hampton Ave., Charlotte, NC ZIP

LOCATION OF LOT Powell Road
STREET OR COUNTY ROAD

SUBDIVISION LOT NO. 207 BLOCK NO. 6

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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
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 soil investigation 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

G.M. Reynolds
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-74

Environmental Health Department's Copy

Date Issued 4-26-74

Serial No. 5135

ICAR(S) Permit No 6680

LOT No 001-281-01

Map Date 3-24-72

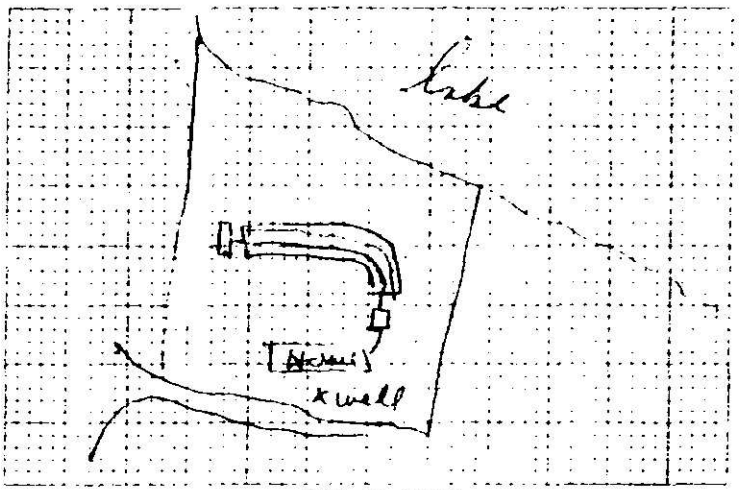
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, 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 6680, dated 5-20-73 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 26 May 74, after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 5 (12½ x 60 x 17")

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well

NAME OF OWNER Velda Smith

LOCATION OF PROPERTY Tuskarora 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 Aeration pit 8½' x 7' x 4½' Stone

Evan Contractors

Division or Section Head

Environmentalist Richard Gorsline

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.

EHD - E-6-9-1-72

Date Issued 1 May 74 Serial 4749

C of A (s) No. 6680

P.D.T.C No. 001-281-04

Map Date 3-24-72

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 Smith, Hilda
(LAST, FIRST, MIDDLE)

Location of Property Tuscaloosa Trail

Application Number 6680 Permit Number 6680

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 300' Number of Lines 5 (15½' x 60' x 12")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 65'

Excavation Inspected 1 May 74 (DATE) Tank Inspected 1 May 74 (DATE)

Nitrification Field Inspected 1 May 1 (DATE)

Washing Machine Line Inspected, If Applicable ____ (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 F.J. Erwin
Aeration pit 2½ x 7 x 4½ Stone.

Environmentalist

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

HEALTH DEPARTMENT'S COPY