Serial No. 2271

PTR No. 4952 [illegible]

T C No. 195-[illegible]

Map Date [illegible]

Date Issued September 21, 1972

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

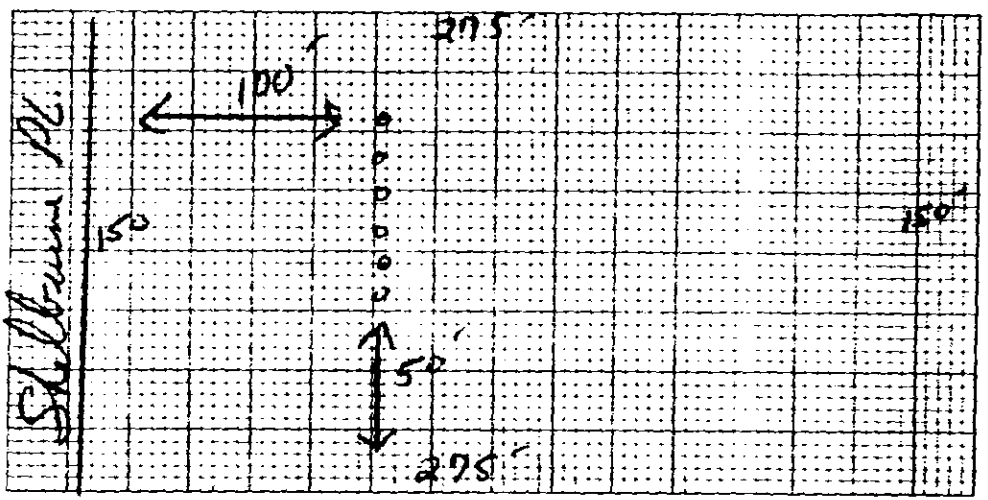
## PERCOLATION TEST REPORT

NAME OF OWNER Helms (LAST) Wade (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 1304 Marlwood Circle ZIP 28212

LOCATION OF PROPERTY Shelburne Place (STREET OR COUNTY ROAD)

SUBDIVISION Shelburne LOT NO 11 BLOCK NO B




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 57 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 Gibson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 1 26 73

ICAR(S) Application No. 4952

T. C. No. 195-

Map Date

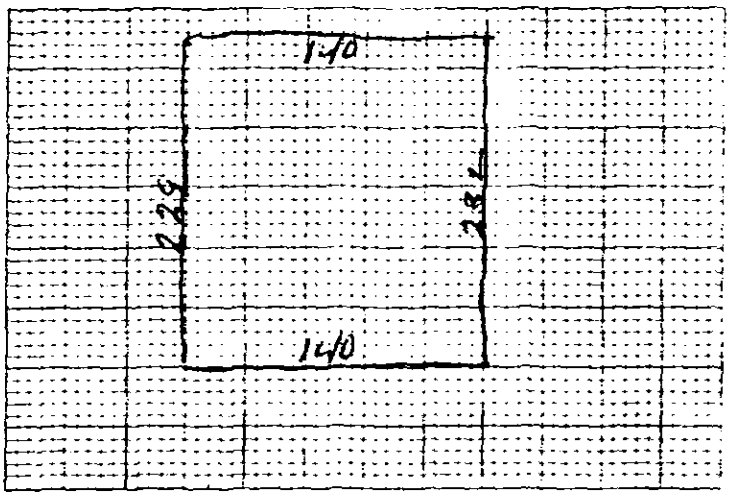
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 4

5) Business Use Max. No. Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply
- A) Individual Well X
- B) Governmental System ___
- C) Community System:
  - 1 Well source ___
  - 2 Governmental source ___

10) Sewage System:
house located within 200 feet of public sewer ___ Yes X No
house located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Helms (LAST) Wade (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 1304 Marlwood Circle Charlotte

15) PHONE NO Home 537-3824 Office Same

16) LOCATION OF SYSTEM 2503 Shelburne Place (STREET OR COUNTY ROAD)

17) SUBDIVISION Shelburne Lot No. 11 Block No. B

Map Book No. 15 Page No. 1509

18) DEED REFERENCE — DEED BOOK 3405 AT PAGE 75

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 9 20 72 PR→ 57

20) PTR NUMBER (See Instructions) 4952

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.

Jan 23 73
DATE OF APPLICATION

Wade H Helms
OWNER

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

**HEALTH DEPARTMENT'S COPY**

Serial No. 2473

Date Issued January 29, 1973

LA No. 4952
~~E-0.054-01~~
T. C. No. 195-~~071-02~~
5-9-74
Map Date 9-~~29-71~~

# 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 Helms (LAST) Wade (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 1304 Marlwood Circle ZIP

LOCATION OF LOT 2503 Shelburne Place (STREET OR COUNTY ROAD)

SUBDIVISION Shelburne LOT NO 11 BLOCK NO. B

MAP BOOK NO. 15 PAGE NO 1509

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 57 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 4952. 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.

Thomas R. Ward
Environmentelist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5214 ICARIS Permit No 4952

Date Issued 8 May 74 T C No 195-054-01

Map Date 5-9-74

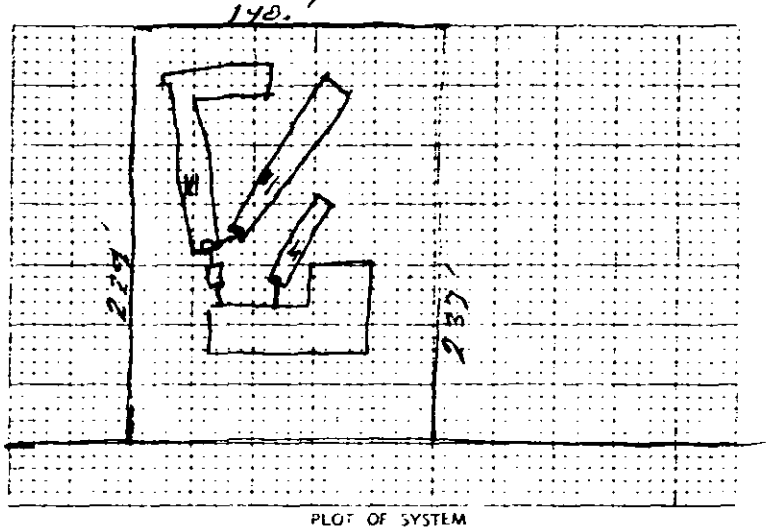
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 4952, dated 23 Jan 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 June 74, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 57

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 795 + 180' new
3(74'x56'x17")
Number of Lines 2(75'x133'x17")

Distance from House 12'

Distance from Property Line 20'

Distance from Well 106'

NAME OF OWNER Mabry, Mack H.

LOCATION OF PROPERTY 2303 Melbourne Place

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 Floyd Kaupelt (Contr)

Division of Section Head

M. D. Linsky
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.

Serial 4777

C of A (s) No. 4952 054-01

Date Issued 8 May 74

T. C. No. 195 5-9-74

Map Date 25-4-27

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 Yelton, Wade N.
LAST FIRST MIDDLE

Location of Property 3503 Williams Place

Application Number 4952 Permit Number 4952

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 295' + 150' with Number of Lines 3(7½' X 50' X 17") 3(7½' X 133' X 17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 8 May 74 DATE Tank Inspected 8 May 74 DATE

Nitrification Field Inspected 8 May 74 DATE

Washing Machine Line Inspected, If Applicable 8 May 74 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: Floyd Honeycutt (Contr.)

M. D. Lisby
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**