Date Received 3/1/76

APT No. 10686

T. C. No. 031-212-1.13

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mobley (LAST) James (FIRST) Lewis (MIDDLE)

2) ADDRESS OF OWNER Rt 14 Box 603A ZIP 28208

3) PHONE NO Home 394-3244 Office 374-2234

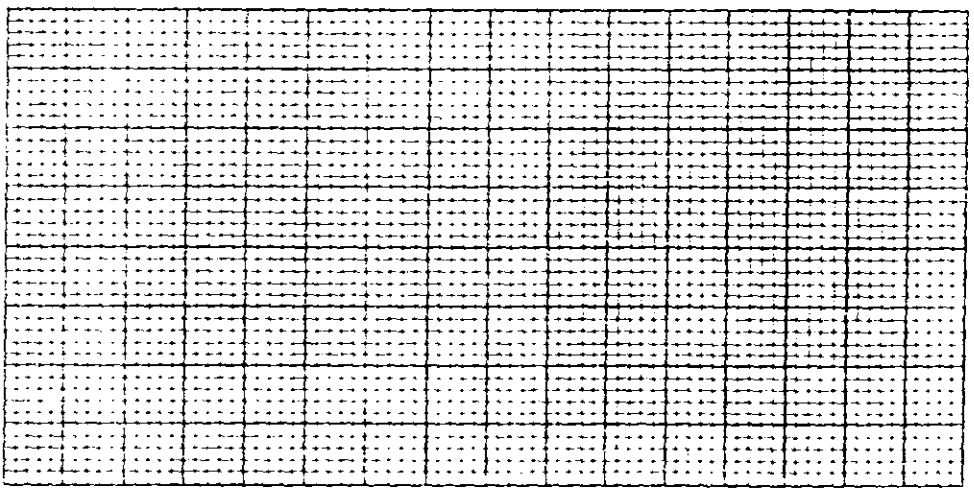
4) LOCATION OF PROPERTY Tamara Dr (STREET OR COUNTY ROAD)

5) SUBDIVISION River Haven LOT NO. 9 & 10 BLOCK NO. L

MAP BOOK NO [redacted]8 PAGE NO. 165

6) DEED REFERENCE DEED BOOK 2012 PAGE NO. 165

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

James Lewis Mobley
OWNER

FORM NO E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation March 2, 1976 APT NO. 10686

Owner J. L. Mobley

Location of Property Susanna Dr. lot No. 9 & 10 Block L Tax Lot No. 031-212-10 11

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	acceptable 2-8%			
3. Soil Depth	acceptable >48"			
4. Soil Texture	acceptable clay			
5. Soil Structure	acceptable subangular		blocky	
6. Restrictive Horizons	—			
7. Soil Drainage	acceptable water table >60"			
8. Soil Permeability (Percolation Rate)	acceptable 60 min./in.			
9. Other	—			
10. Overall Rating	acceptable			

Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

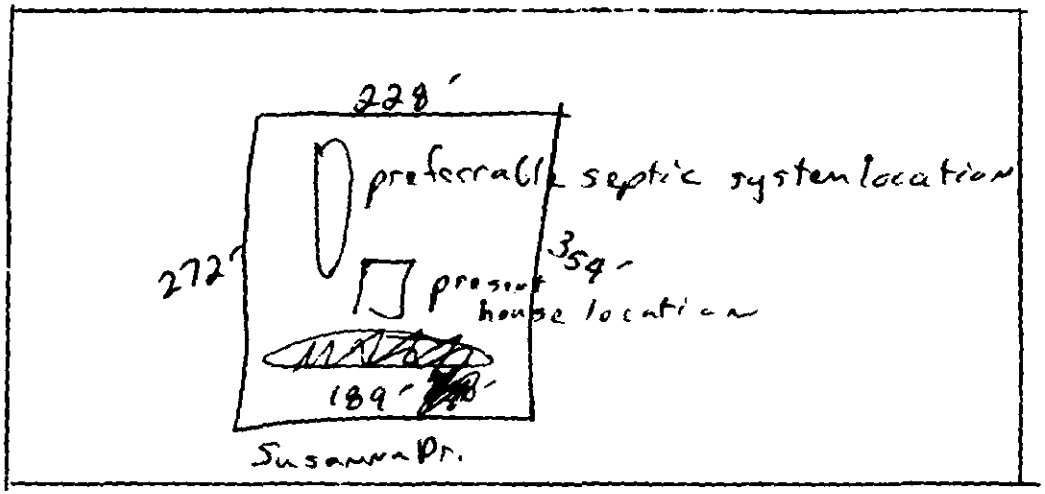
See diagram on back

W. Edward Crawford
Soil Scientist

WEC

3/18/75
HD 539

DIAGRAM OF PROPERTY



3/18/75

EHD 539

Serial No. 6131

PTR No. 10686

Date Issued 3/3/76

T. C. No. 031-212-10 & 11

Map Date -

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

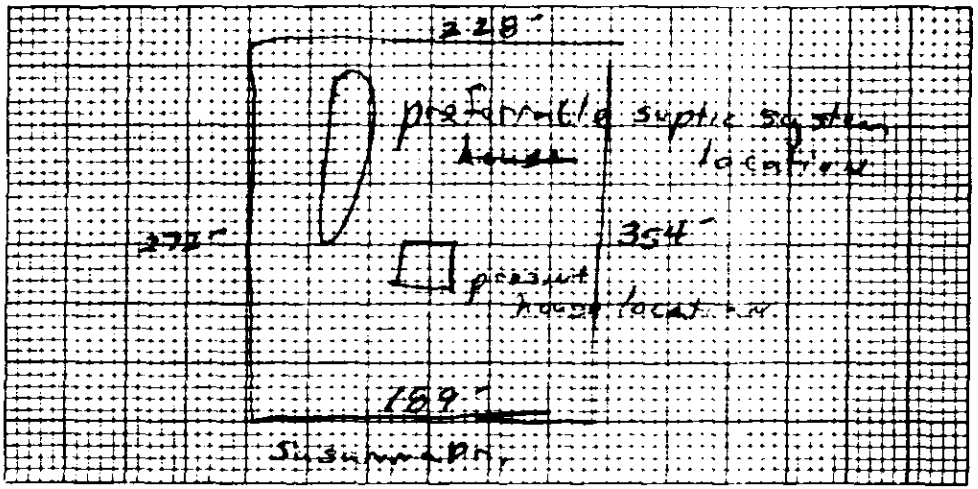
PERCOLATION TEST REPORT

NAME OF OWNER Mobley (LAST) James (FIRST) Lewis (MIDDLE)

ADDRESS OF OWNER Route 14, Box 603A, Charlotte, N. C. ZIP 28208

LOCATION OF PROPERTY Susanna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Riverhaven LOT NO 7 & 10 BLOCK NO. L



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 *60Min./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.

*Results determined by soil analysis.

W. Edward Casavant
Soil Scientist

John M. Rhyne
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3/1/76

ICAR (S) Application No. 10600

T. C. No. 07H215-11

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 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 We ✓

B Governmental System _____

C Community System

1 We 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 FmHA Case No _____

12 VA Case No _____

13) NAME OF OWNER Mobley (LAST) James (FIRST) Lewis (MIDDLE)

14) ADDRESS OF OWNER Rt 14 Box 603A

15) PHONE NO. Home 3943244 Office 3742234

16) LOCATION OF SYSTEM Susanna Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION Riverhaven Lot No. 9+10 Block No. L

Map Book No. 8 Page No. 165

18) DEED REFERENCE — DEED BOOK 2012 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 March 1976
DATE OF APPLICATION

James Lewis Mobley
OWNER

FORM NO. E-4-4-2M-6-785

HEALTH DEPARTMENT'S COPY

Date Issued 3/3/76

Serial No. 5694
IMPROVEMENTS PERMIT

LA No 10686
T C No 031-215-10 &11
Map Date ~

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 Mobley (LAST) James (FIRST) Lewis (MIDDLE)

ADDRESS OF OWNER Route 14, Box 603 A ZIP

LOCATION OF LOT Susanna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Riverhaven LOT NO 9 & 10 BLOCK NO L

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 60Min./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 10686. 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. L. Kirby
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 7275

ICAR(S) Permit No. 10686

Date Issued 10 March 76

T C No 031-215-11

Map Date

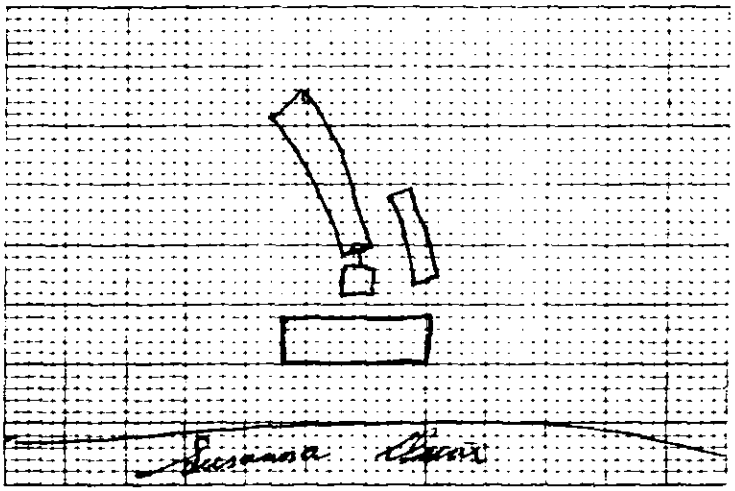
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 10686, dated 1 March 76 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 Apr 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 400' + 150' WM
4 (10' X 75' X 17")

Number of Lines 2 (16' X 62' X 12")

Distance from House 15'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Molly, Jason Twiss

LOCATION OF PROPERTY Suwanee Chase (Lot 9 & 10) L.

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: Robert Hill (Contr.)

Division or Section Head

M. A. Kirby
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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No.

C of A (s) No 10686

Date Issued 22 Mar 76

T C No 031-215-11

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 Wesley, James Lewis
(LAST, FIRST, MIDDLE)

Location of Property Susanna Drive

Application Number 10686 Permit Number 10686

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC (4'(6'x3'x1'1"), 2(5'x6'x1'1"))

Total Length of Drain Tile 400' + 150' WM Number of Lines 6

Depth of Filter Material 11" Cover Depth 18-24"

Water Supply Source Dug Well Distance from Water Source 100'

Excavation Inspected 22 Mar 76 (DATE) Tank Inspected 22 Mar 76 (DATE)

Nitrification Field Inspected 22 Mar 76 (DATE)

Washing Machine Line Inspected, If Applicable 22 Mar 76 (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 Robert Well (Contr)

M. K. Kenley
Environmentalist

FORM NO E-6-9-1-72