5

Date Received 2-9-72

APT No. 3159

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CHRONIAK (LAST) CHARLES (FIRST) EDWARD (MIDDLE)

2) ADDRESS OF OWNER 6661 KNIGHTSWOOD DRIVE ZIP 28211

3) PHONE NO Home 366-6283 Office 372-2711

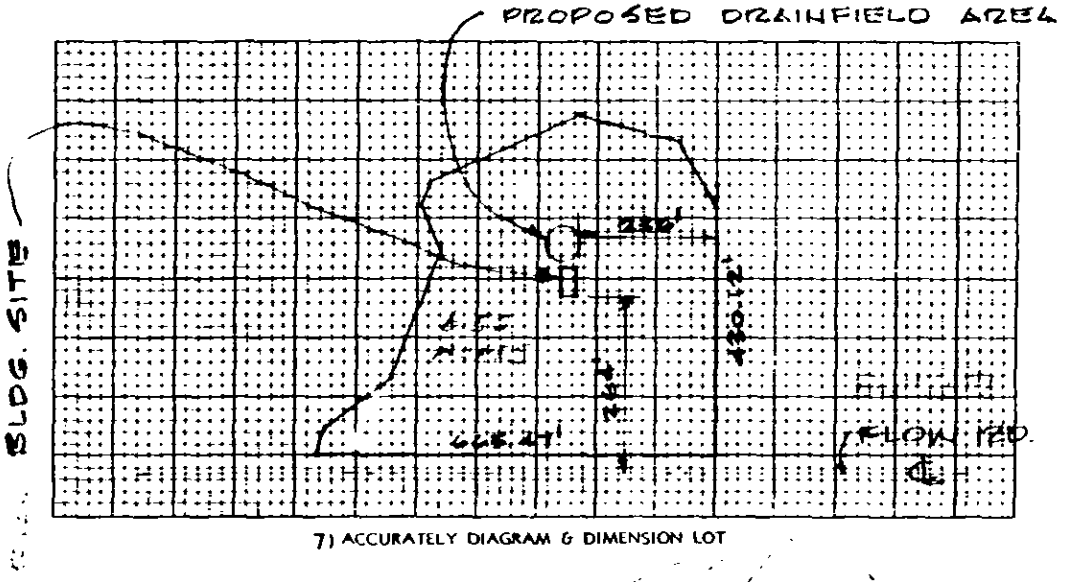
4) LOCATION OF PROPERTY SHARON RD. (STREET OR COUNTY ROAD)

5) SUBDIVISION NONE LOT NO NONE BLOCK NO NONE

MAP BOOK NO 2 PAGE NO. 2

6) DEED REFERENCE DEED BOOK 3308 PAGE NO 325

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

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 1789

PTR No. 3159

Date Issued February 10, 1972

T C No. 139-071-04

Map Date 9/1/70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

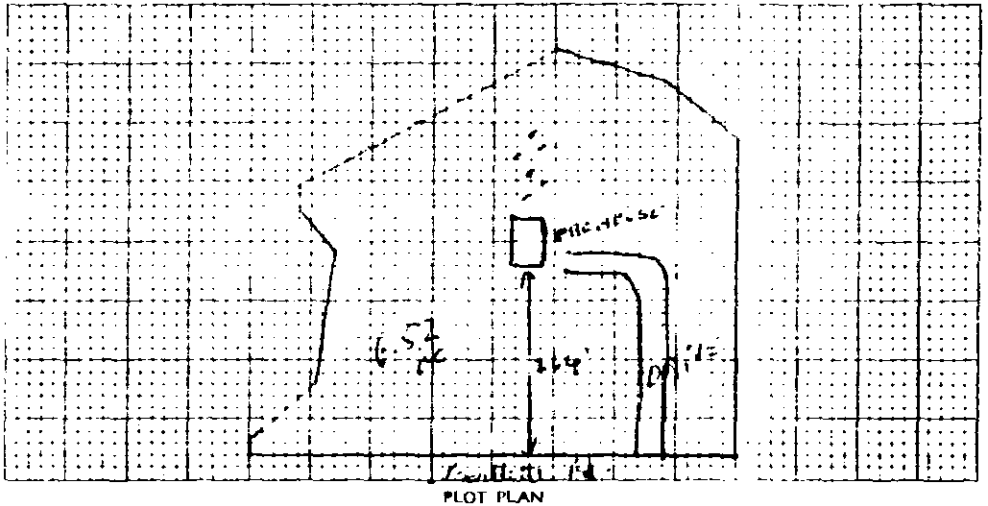
PERCOLATION TEST REPORT

NAME OF OWNER Chrosniak (LAST) Charles (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER 6601 Knightswood Drive ZIP 28211

LOCATION OF PROPERTY Bartlett Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 58 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. Allison

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 3/1/72

ICAR(S) Application No. 3157

T C No

Map Date

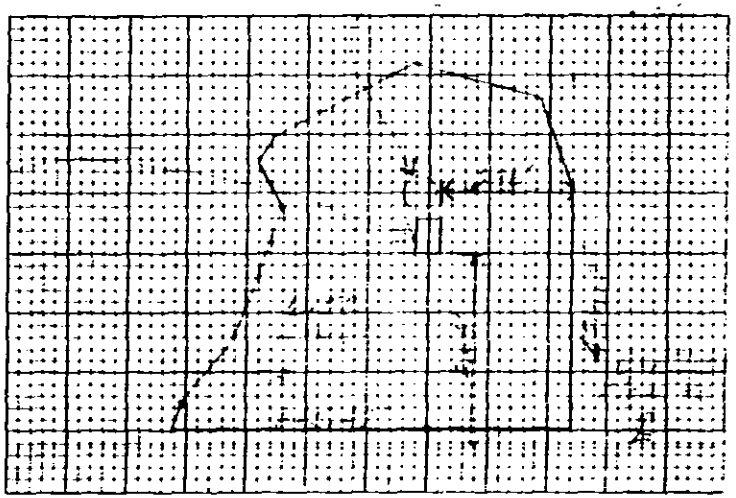
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ 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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. [illegible] Block No. [illegible]

Map Book No ___ Page No. 0

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

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.

[illegible]
DATE OF APPLICATION

[illegible]
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued February 10, 1972 **Serial No. 1323**

LA No 3159

T C No 139-071-04

Map Date 9/1/70

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 Chrosniak (LAST) Charles (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER 6601 Knightswood Drive ZIP 28211

LOCATION OF LOT Bartlett 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 58 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 3159. 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

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 6/13/72

Serial No. 2414

ICAR(S) Permit No 3159

T C No

Map Date

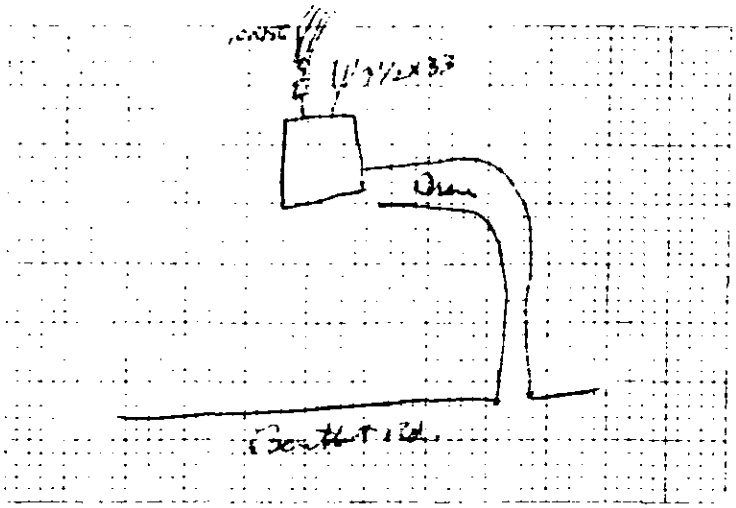
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ~~Install or Construct~~ Alter or Repair the individual septic tank waste water treatment and soil absorption effluent discharge as specified herein, at the dwelling located below upon the information supplied on application 3159 dated 6-9-72 and this permit shall be void and of no effect if the work is not completed as provided in the application. All work shall be completed on or before 6-25-72 after which date this permit is void.



PLOT OF SYSTEM

Percolation Rate 6C

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Distribution Lines

Total Line Length 600+100

Number of Lines 4+3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Chesnutt, Charles Edward

LOCATION OF PROPERTY Bartlett Rd.

This system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which is in full effect on the date of the granting of this permit. A certificate of approval must be received by the Health Director before any system can be covered up or otherwise rendered unobservable or can be used.

Comments 1 EXIST S.T. 2½x33 W-L -

Director 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 HD E-5d-7

Date Issued 6/14/72

Serial No. 2102

C of A (s) No. 3159

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 Chizmek, Chas Edward
LAST FIRST MIDDLE

Location of Property Bartlett Rd.

Application Number 3159 Permit Number 2414

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material Conc.

Total Length of Drain Tile 600+600 Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 6/14/72 DATE Tank Inspected 6/14/72 DATE

Nitrification Field Inspected 6/14/72 DATE

Washing Machine Line Inspected, If Applicable 6/14/72 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

Donald Stroupe
Environmentalist

FORM NO E 6-4-1 71

HEALTH DEPARTMENT'S COPY