Date Received 5-24-23

APT No 6366

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Smith + Stevens Inc
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 4935 Chaste Ave ZIP

3) PHONE NO. Home Office

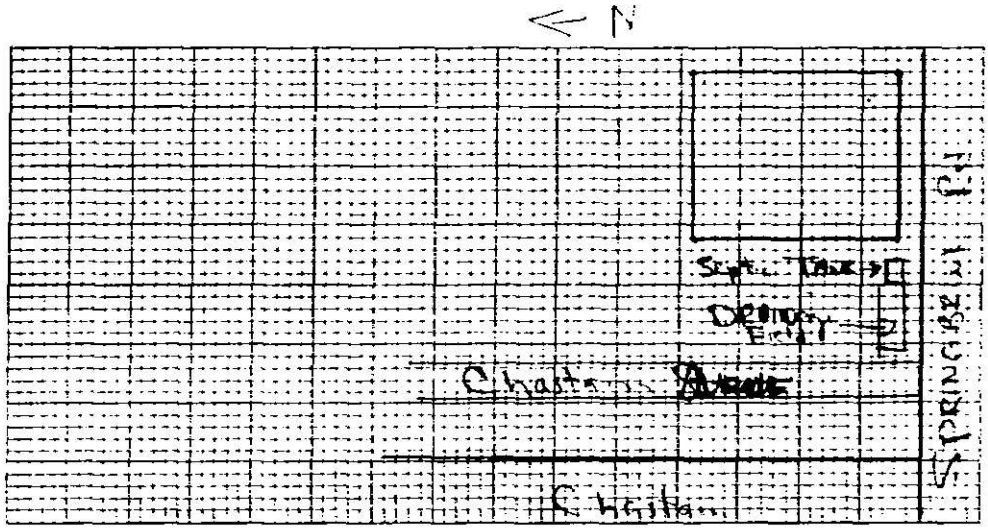
4) LOCATION OF PROPERTY Corner Spring St + Chaste
STREET OR COUNTY ROAD

5) SUBDIVISION MAPLEHURST LOT NO 11 BLOCK NO. 2
TRACT ONE PAGE 208

MAP BOOK NO 3 PAGE NO. TRACT TWO PAGE 49

6) DEED REFERENCE DEED BOOK 2585 TRACT ONE → 164 PAGE NO. 227

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

Donald E. Stevens
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENTS COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. July 18, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6366
T.C. No. _____

NAME OF OWNER Smith & Stevenson, Inc.

ADDRESS OF OWNER 4935 Chastain Avenue ZIP 28210

LOCATION OF LOT corner Springbrook & Chastain

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
Ax	1.	7-17-73	257 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) The soils are of the Mecklenburg series. These soils have plastic clay subsoils which contain some swelling clay minerals. As a result, the soils have inadequately slow permeability and percolation rate.

W. Forrest Hodgson Jr. 7/18/73
Soil Scientist Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 3[illegible]39

PTR No. 6366

Date Issued August 28, 1973

T C No 169-011-07

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

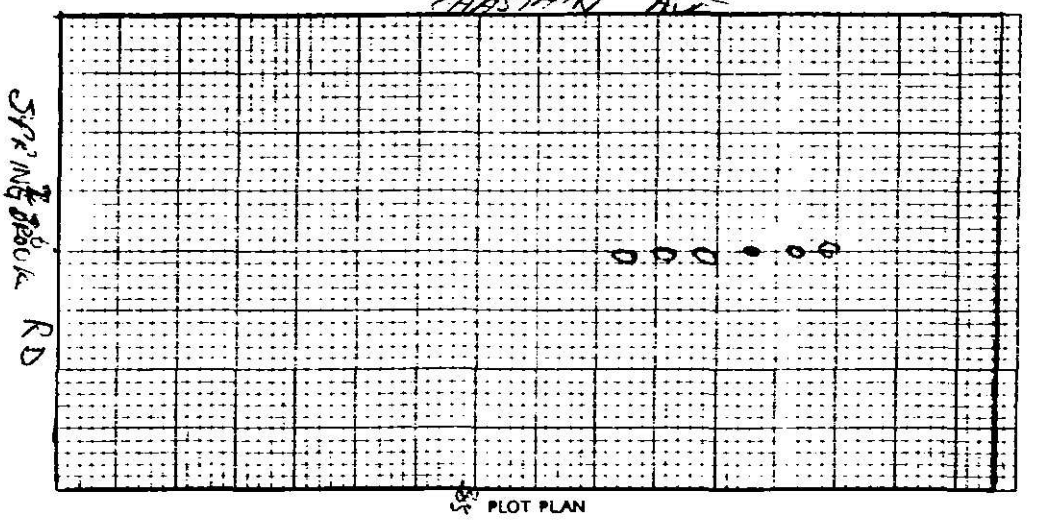
PERCOLATION TEST REPORT

NAME OF OWNER Smith & Stevenson, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 4935 Chastain Avenue ZIP _____

LOCATION OF PROPERTY corner Springbrook and Chastain (STREET OR COUNTY ROAD)

SUBDIVISION Maplehurst LOT NO 11 BLOCK NO 2



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 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 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.

T R Sugleman

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 5-24-73

ICAR'S Application No 4366

T C No

Map Date

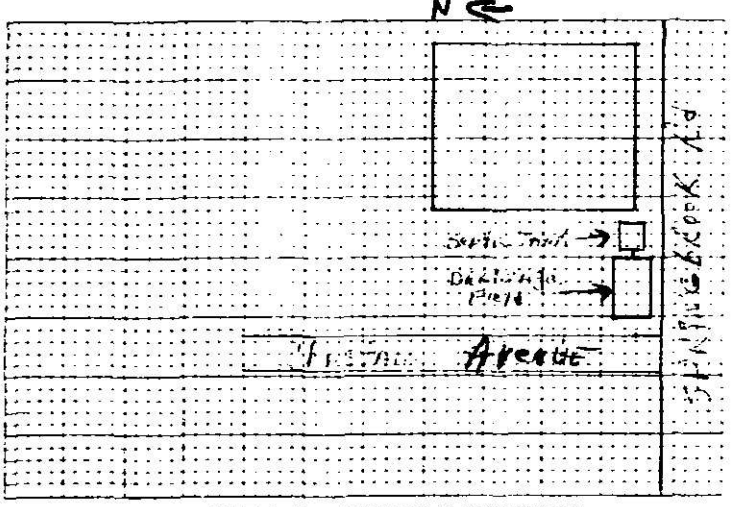
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No of Beds 3

5) Equivalent Mobile Home Employee. 5

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply City Water

A) Individual Well

B) Community System

C) Shared System

Well

Community

10) Swimming Pool Yes No

11) FHA Case No

12) VA Case No

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Smith & Stevens Inc
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 4935 Chastain Ave Charlotte

15) PHONE NO Home _____ Office 525-3381

16) LOCATION OF SYSTEM Corner Springbrook & Chastain
STREET OR COUNTY ROAD

17) SUBDIVISION Maplehurst Lot No 11 Block No 2

Map Book No 3 Page No. 49 TRACT TWO 208 TRACT ONE

18) DEED REFERENCE — DEED BOOK 2897 TRACT TWO 2885 TRACT ONE AT PAGE 223 164

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.

5-18-73
DATE OF APPLICATION

Merl E. Stevens
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3354

LA No. 6366

Date Issued August 28, 1973

T. C. No 109-011-07

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 Smith & Stevenson, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 4935 Chastain Avenue ZIP

LOCATION OF LOT corner Springbrook and Chastain
(STREET OR COUNTY ROAD)

SUBDIVISION Maplehurst LOT NO. 11 BLOCK NO. 2

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 6366. 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

L R Dickerson
Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 2/13/74

Serial No. 4782

ICAR(S) Permit No. 6366

T. C. No. _____

Map Date _____

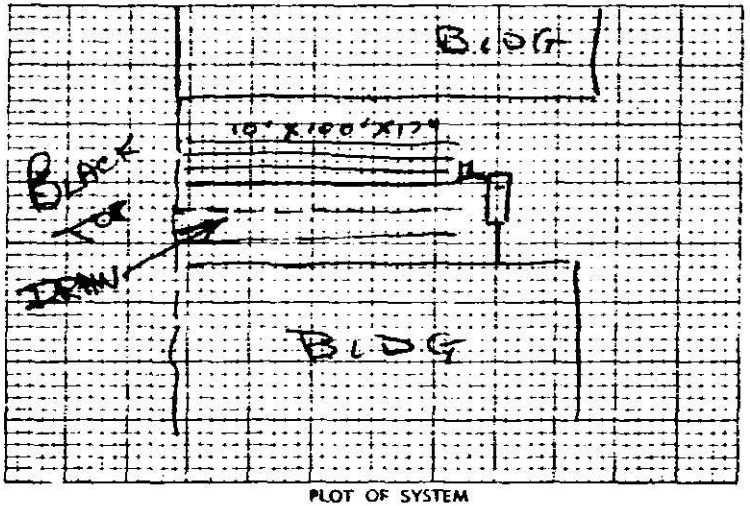
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6366, dated 5/24/73 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 3/15/74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 Soil Anal

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 400

Number of Lines 4 (10' X 100 X 17")

Distance from House 10'

Distance from Property Line 10' min

Distance from Well City

NAME OF OWNER SMITH & STEVENSON INC.

LOCATION OF PROPERTY SPRINGBROOK @ CHASTAIN

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: BLDG DRAINS ROUTED OFF DRAIN LINES -

Godwin

JA/PMB

Division or Section Head

PPBM Jamison

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

Serial 4467

C of A (s) No. 6366

Date Issued 2/28/74

T. C. No.

Map Date

John R Adkisson
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 SULLIVAN & STEVENSON (LAST / FIRST / MIDDLE)

Location of Property SPRINGBROOK & CHASTAIN

Application Number 6366 Permit Number 6366

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material PC

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 17" Cover Depth

Water Supply Source CITY Distance from Water Source -

Excavation Inspected 2/28/74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 2/28/74 (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 X 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: GUTTER DOWNSPOUTS & STORM SWITCH TO BE ROUTED OFF SYSTEM. BACKFILL W/ UNION CO. SAND MIXED

J. K. Ingram
Environmentalist

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

HEALTH DEPARTMENT'S COPY