Date Received 4-1-71

APT No. 14 11 B.O.

T. C. No. 213-033-27

Map Date 9/70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Smith (LAST) Oscar (FIRST) (mn) (MIDDLE)

2) ADDRESS OF OWNER 433 Highland Forest Matthews NC ZIP 28105

3) PHONE NO Home 847-7878 Office 536-1275

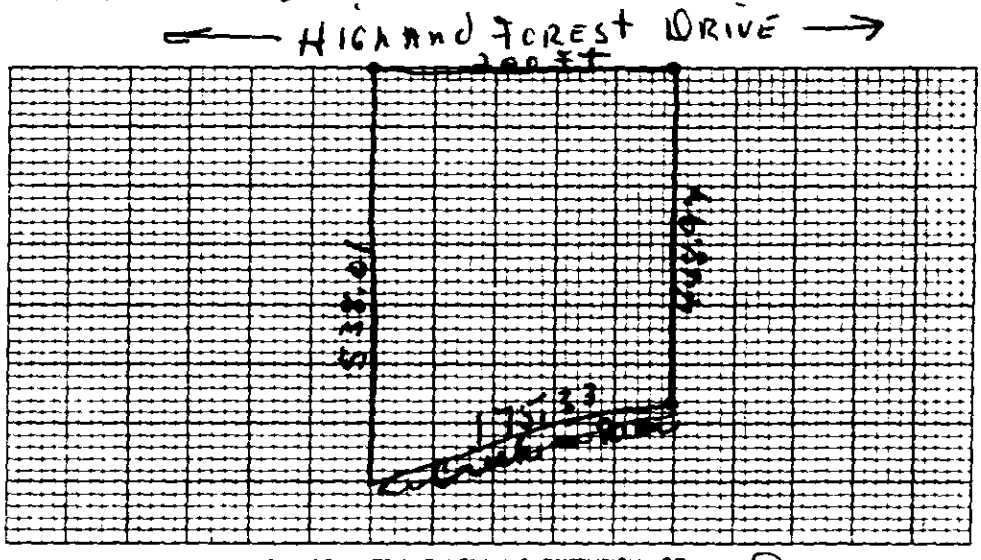
4) LOCATION OF PROPERTY Highland Forest Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Highland Forest LOT NO 9 BLOCK NO. 2

MAP BOOK NO 8 PAGE NO. 129-131

6) DEED REFERENCE: DEED BOOK 1935 PAGE NO 137

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

Oscar Smith
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No 571 PTR No. 1471

P.O.

Date Issued 4/16/71 T C No. 213-033-27

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

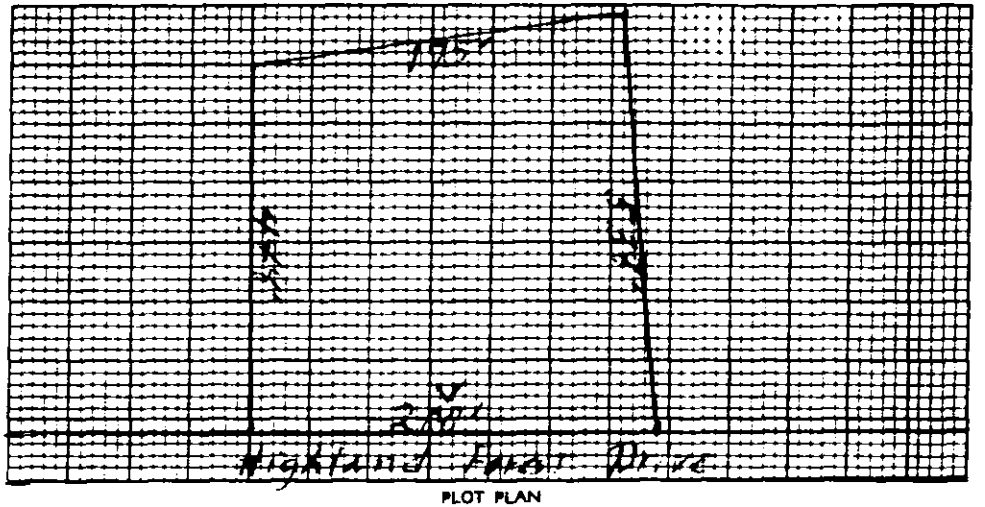
PERCOLATION TEST REPORT

NAME OF OWNER Smith (LAST) Oscar (FIRST) (MIDDLE)

ADDRESS OF OWNER 433 Highland Forest Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY Highland Forest Drive (STREET OR COUNTY ROAD)

SUBDIVISION Highland Forest LOT NO. 9 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 50 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 Gibson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS

Date Received 4/7/71

ICAR(S) Application No. 1471

T C. No. 213 03377

Map Date 9/70

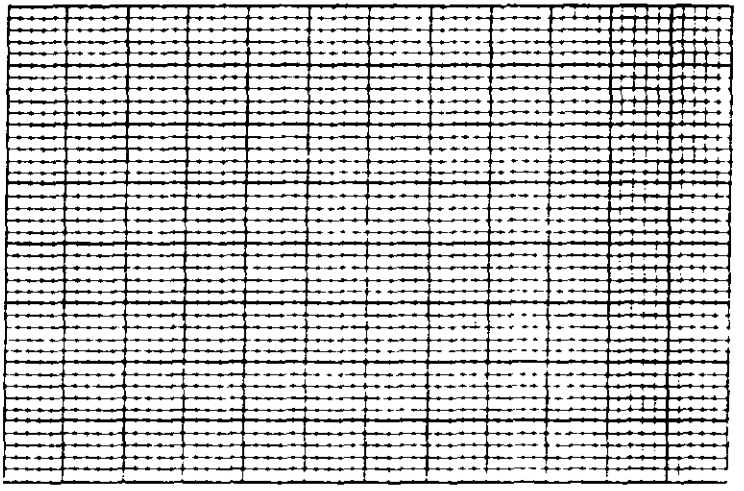
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Smith (LAST) OSCAR (FIRST) (nmn) (MIDDLE)

14) ADDRESS OF OWNER 433 Highland Forest Matthews, NC

15) PHONE NO Home 847-7878 Office 536-1275

16) LOCATION OF SYSTEM Highland Forest Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Highland Forest Lot No. 9 Block No. _____

Map Book No 8 Page No. 129-131

18) DEED REFERENCE — DEED BOOK 1935 AT PAGE 137

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.

3/30/71
DATE OF APPLICATION

Oscar Smith
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 4/16/71

Serial Nº 599

LA No. 1471

P.O.
T. C. No. 213-033-27

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) Oscar (FIRST) (MIDDLE)

ADDRESS OF OWNER 433 Highland Forest Matthews, N. C. ZIP 28105

LOCATION OF LOT Highland Forest Drive (STREET OR COUNTY ROAD)

SUBDIVISION Highland Forest LOT NO 9 BLOCK NO. 2

MAP BOOK NO. 8 PAGE NO. 129-131

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 50 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 1471. 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.

Charles H. Williams
Environmentalist

John Rubin
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

17

Serial No. 1457

Date Issued Oct. 14, 1971

ICAR(S) Permit No. 1471

T C No 213-077-27

Map Date 9-1-70

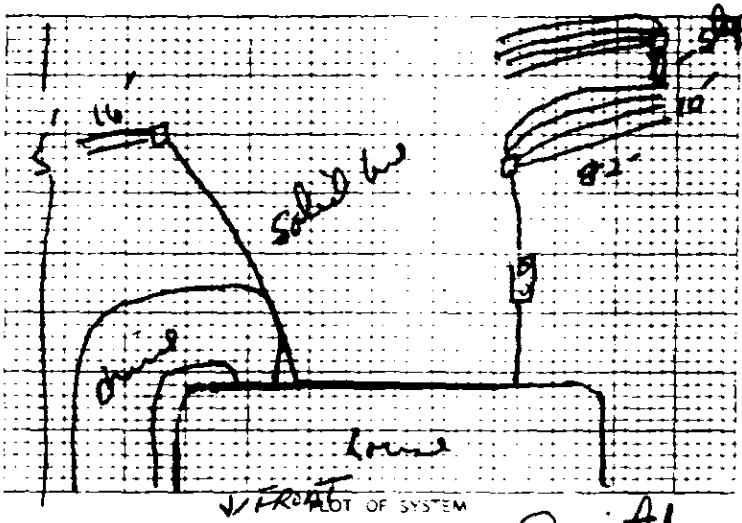
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 147, dated 4/1/71 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 11/14/71 after which date this permit shall be null and void.



Percolation Rate 50

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast con-

Absorption and/or Nitrification Lines

Total Line Length 655

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Oscar Smith

LOCATION OF PROPERTY 5817 Highland Forest Drive

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 Department before any system can be covered up or otherwise rendered unInspectable or can be used.

Comments 2 beds 10'X52' - Washer in 5'x16'x4' stone

R. L. McMillan Jr.
Division or Section Head

Thomas R. Wade
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 (7-71)

APPLICANT'S COPY

Serial No. 1170

C of A (s) No. 1471

Date Issued Oct. 15, 1971

T. C. No. 213-093-27

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Smith (LAST), Oscar (FIRST) ____ (MIDDLE)

Location of Property 5917 Highland Forest Dr

Application Number 1471 Permit Number 1471

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Concrete

Total Length of Drain Tile 455 Number of Lines 5

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 10/15/71 (DATE) Tank Inspected 10/15/71 (DATE)

Nitrification Field Inspected 10/15/71 (DATE)

Washing Machine Line Inspected, If Applicable 10/15/71 (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: Installed by Locust Const. Co.

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY