SEE INSTRUCTIONS ON BACK

Date Received 1-8-71

ICAR (S) Application No. 1001

T. C. No

Map Date

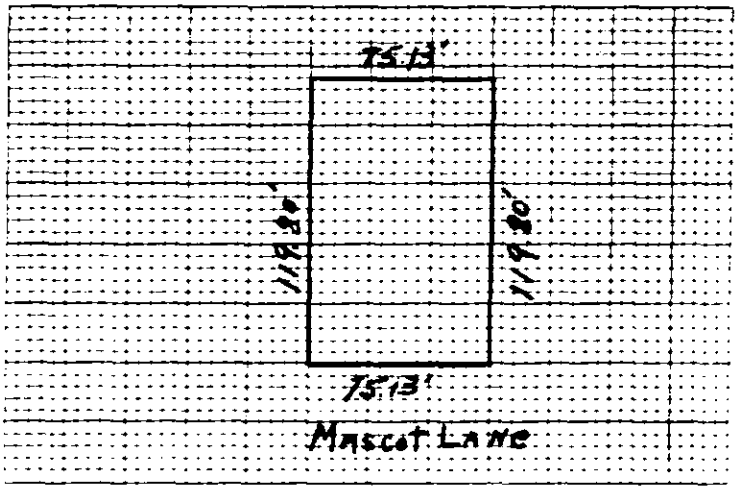
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 HA Case No ___

12 HA Case No ___

13 NAME OF OWNER [redacted] LAST FIRST MIDDLE

14 ADDRESS OF OWNER [redacted]

15 PHONE NO Home [redacted] Office [redacted]

16 LOCATION OF SYSTEM [redacted] Lot STREET OR COUNTY ROAD

17 SUBDIVISION [redacted] Lot No [redacted] Block No [redacted]

Map Book No [redacted] Page No [redacted]

18 DEED REFERENCE — DEED BOOK [redacted] AT PAGE [redacted]

19 HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN [redacted]

20 PTR NUMBER See Instructions [redacted]

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.

January 8, 19 71
DATE OF APPLICATION

Hambright & Co., Inc. [signature]
OWNER Ass't. Secretary

FORM NO E-4-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-8-71

ICAR(S) Application No. 1001

T. C. No.

Map Date

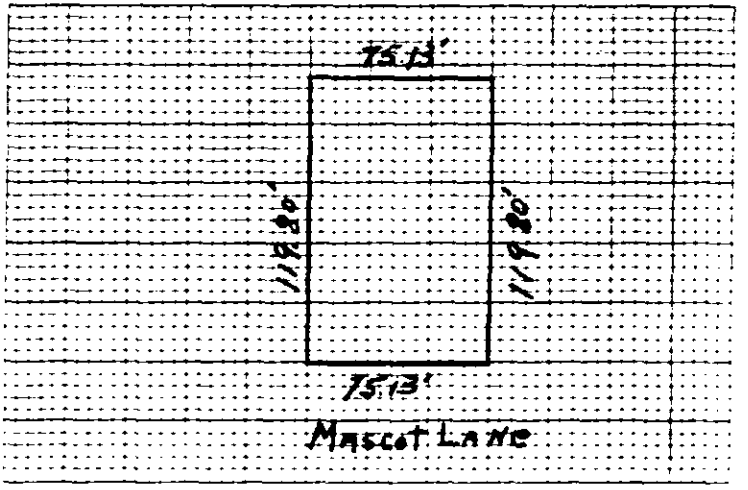
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 ___

Sewage System
a) Is lot located within 200 feet of public sewer ___ Yes ✓ No
b) Is lot located within 200 feet of community sewer ___ Yes ✓ No

FHA Case No ___

VA Case No ___

13 NAME OF OWNER ___ LAST ___ FIRST ___ MIDDLE

14 ADDRESS OF OWNER ___ STREET ___ CITY ___ STATE ___ ZIP

15 PHONE NO Home ___ Office ___

16 LOCATION OF SYSTEM ___ STREET OR COUNTY ROAD

17 SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No ___

18 DEED REFERENCE — DEED BOOK ___ 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.

January 6, 19 71
DATE OF APPLICATION

Hambright & Company, Inc.
OWNER

Julian Snyder
Ass't. Secretary

FORM NO E-4-7-1-70

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

71

SEPTIC TANK AGREEMENT

Date December 2, 1970

Hambright-McCoy, Inc. hereby acknowledges that it is the owner of that property described below and that it has been informed by the Mecklenburg County Health Department that a percolation rate of 84 minutes per inch was obtained on the said property and that, according to current information and standards, this indicates that the soil conditions on the property are detrimental to the normal operation of a septic tank and nitrification field wastewater and/or liquid waste treatment system. A percolation rate of 60 minutes per inch or less is recommended but a percolation rate of between 60 minutes per inch and 120 minutes per inch is allowable for lots within subdivisions approved by the Mecklenburg County Health Department prior to May 18, 1970, on the basis of a percolation rate of up to 120 minutes per inch.

The Corporation agrees to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as it is the owner of the said property. It also agrees to inform any person, firm, or corporation buying or accepting transfer of this property from it of this agreement.

Legal Description of Property: Lot 146, Wildwood Green subdivision

1970 Dec 7 AM 10 35
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

Hambright-McCoy, Inc.

By _____ Vice President

Attested _____ Secretary

Seal

State of North Carolina
County of Mecklenburg

I, _____ a notary public of Mecklenburg County, North Carolina, certify that Marjorie H. Plyler personally came before me this day and acknowledged that ~~xhex~~ she is the Secretary of Hambright-McCoy, Inc. a corporation; and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its Vice President, sealed with its corporate seal, and attested by ~~xhexself~~ herself as its Secretary.

Witness my hand and official seal, this the 2nd day of December, 1974.

_____

My commission expires Oct 14 1974

Drawn By: Donne R. Dekle, Attorney
Environmental Health Division
Mecklenburg County Health Department

EHD 407
9/70

101

Return to:
Mecklenburg County Health Department
Environmental Health Division
1200 Blythe Boulevard
Charlotte, North Carolina 28203

102

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

The foregoing certificate(s)

of Mae Beluch,

XXX

7th December 70

Recorded in Book 3250 Page 101

By Marjorie King Deputy

Serial Nº 334

Date Issued 1-11-71

LA No. 1001

T. C. No. 017-296-06

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 Bumbright-McCoy, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 1740 E. Independence Blvd. ZIP 28205

LOCATION OF LOT Biscot Lane
STREET OR COUNTY ROAD

SUBDIVISION Wildwood Green LOT NO 166 BLOCK NO.

MAP BOOK NO 15 PAGE NO 166

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 84 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 1001. 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

*Agreement Card signed and recorded December 7, 1970, in Book 3250 at Page 101.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 3-21-72 Serial No. 1989 ICAR(S) Permit No. 1001

T. C. No 017-254-06

Map, Date _____

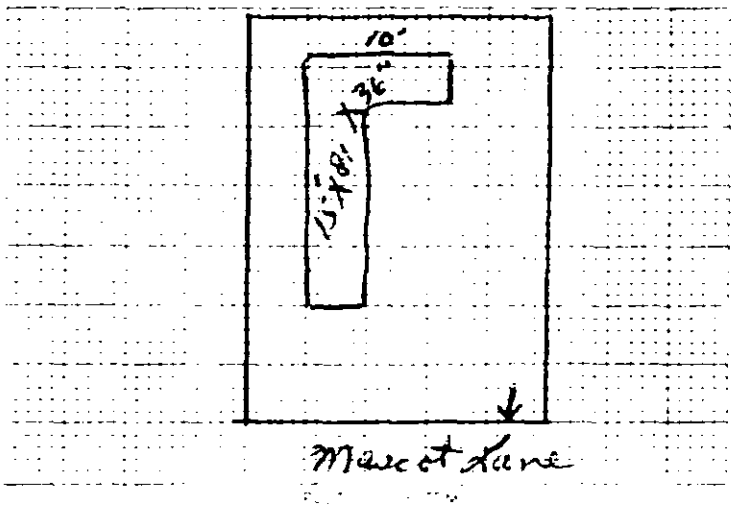
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 described herein at the described location. This permit is granted based upon the information supplied in application No. 1001, dated 1-11-71 and this permit shall be void and of no effect if the information provided in the application is not found to be correct. All work shall be completed on or before 4-21-72, after which date this permit shall be null and void.



Permeameter Rate 84

Liquid Capacity of Tank 1500 gal.

Type of Tank precast

Absorption Area in Square Feet or Lineal Feet of Lines

Total Length 975

Number 6 (15'x81'x36")

Distance from Tank

Distance between Lines 10'

Distance to Water Supply Community well

NAME OF OWNER Hamburgh-McCoy, Inc.

LOCATION OF PROPERTY Lot 196 Mascot Lane

This system is approved subject to the following requirements as set forth in the Regulations of the Mecklenburg County Board of Health in effect on the date of the granting of this permit. A certificate of approval for this system will be issued only when the system can be covered and otherwise rendered unobjectionable except for final grading.

Comments

R McMillon/jra
Director or Section Head

John R Adkison
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 [illegible]

[illegible] COPY

Date Issued 4-6-72

Serial No. 1768

C of A (s) No. 1001

T. C. No. 017-294-06

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 Hambright-McCoy Inc (LAST / FIRST / MIDDLE)

Location of Property Lot 146 Mount Zion Lane

Application Number 1001 Permit Number —

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 975 Number of Lines 6

Depth of Filter Material 36" Cover Depth 24"

Water Supply Source comm well Distance from Water Source —

Excavation Inspected — (DATE) Tank Inspected 4-6-72 (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected If Applicable 4-6-72 (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, maintaining 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 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 —

Environmentalist

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

HEALTH DEPARTMENT'S COPY