Date Received 9-12-73

MECK COUNTY HEALTH DEPT.
RECEIVED
SEP 12 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 6978

T C No

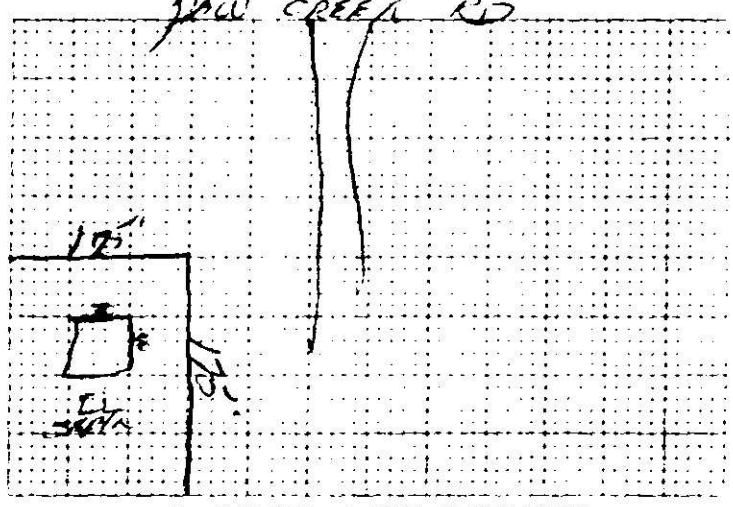
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of Bedrooms 2
5) Engineer (or Master Plumber) Employed
6) Water, Municipal ... Yes ... No
7) Garbage Disposal ... Yes ... No
8) Dishwasher ... Yes ... No
9) Water Softener ... Yes ✓ No
10) Swimming Pool ... Yes ... No
11) Footing Drains ... Yes ... No
12) Roof Drains ... Yes ... No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER GRIFFIN (LAST) JOHN (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER RT 9 BOX 210E CHARLOTTE NC.

15) PHONE NO Home 399 3948 Office

16) LOCATION OF SYSTEM 5623 PAW CREEK RD (STREET OR COUNTY ROAD) CHARLOTTE NC

17) SUBDIVISION Lot No Block No

Map Book No Page No

18) DEED REFERENCE -- DEED BOOK 2107 AT PAGE 119

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.

9/10/73
DATE OF APPLICATION

OWNER John L Griffin

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/13/73 **Serial No. 4334** ICAR(S) Permit No. 6978

T. C. No. _____

Map Date _____

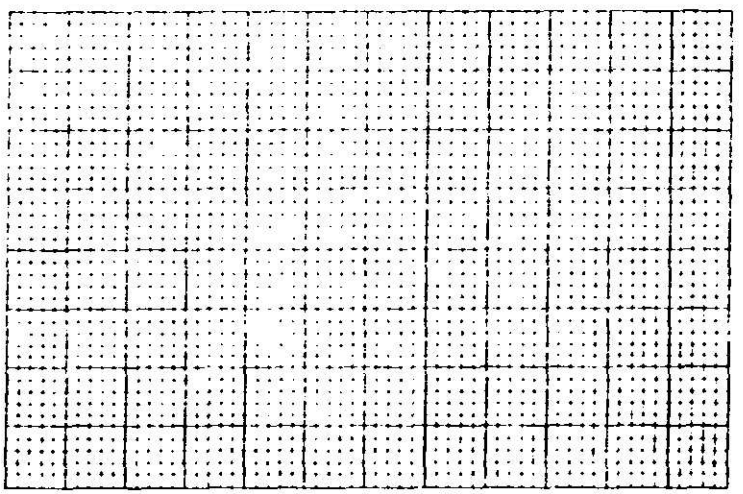
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ____ Install or Construct, X 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 6978, dated 9/12/73 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 10/1/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1 1

Tank Construction 1 1

Absorption and/or Nitrification Lines

Total Line Lenght 150

Number of Lines 3 (7½' X 50' X 17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER John L. GRIFFIN

LOCATION OF PROPERTY 5623 Paw Creek Rd.

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: _____

JA/EPB

Division 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 NO E 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9/15/73 Serial 3920 C of A (s) No. 6928

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 GRIFFIN (LAST) JOHN (FIRST) L. (MIDDLE)

Location of Property 5623 PAWCREEK RD.

Application Number 6928 Permit Number 6928

Inspection Data:

Liquid Capacity of Tank 1000 Gal. Tank Material CONC.

Total Length of Drain Tile 160 / 150 Number of Lines 3

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source IND WELL Distance from Water Source 50'

Excavation Inspected 9/15/73 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 9/18/73 (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 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: WASHERS SHOULD NOT BE USED ON SYSTEMS NOT APPROVED FOR SAME

Environmentalist

FORM NO E 6-4-1 71

HEALTH DEPARTMENT'S COPY

Date Received 4 Dec 1975 Apt. No. (S) _____ Application No. (W) 6979

T. C. No. 104-031-71

Map Date 6-17-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER FARMER (LAST) Robert (FIRST) CARROLL (MIDDLE)

ADDRESS OF OWNER 10125 Albemarle Rd ZIP 28212

PHONE NO. Home 545-5232 Office —

LOCATION OF PROPERTY IRWIN Rd (STREET OR COUNTY ROAD) Lot # 2

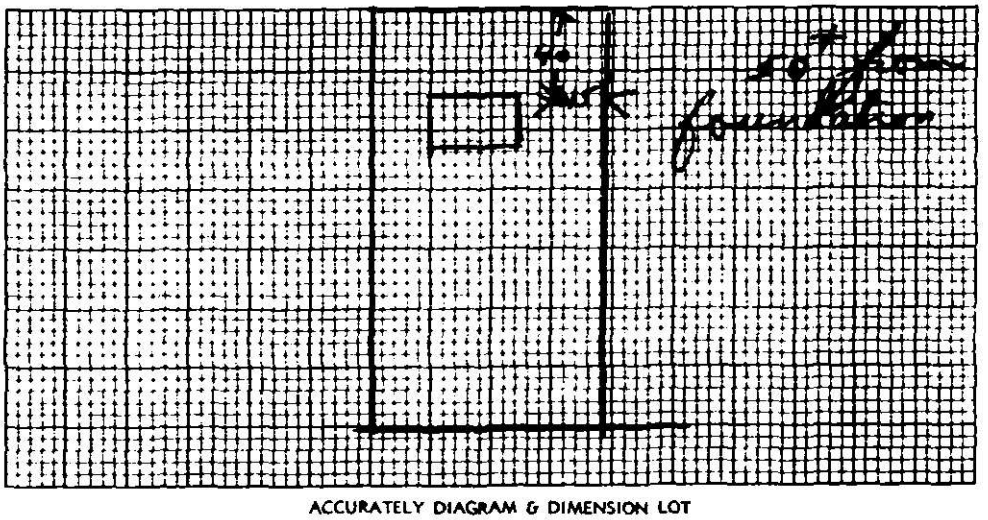
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

4 Dec 1975
DATE OF APPLICATION

Robert C. Farmer
OWNER

Application approved and permit hereby granted

Permit No: 6979

John R Atkinson
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

R

Date Received 9-12-73

Sandy knows where it is

MECK COUNTY HEALTH DEPT.
RECEIVED
SEP 12 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 6779

T C No 108-021-21

Map Date 9-1-70

results to
Billie Hartsell
Buddy Parker
Touchberry Realty
Eastway Dr.
535-3401
337

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hagood (LAST) Melvin (FIRST) D. (MIDDLE)

2) ADDRESS OF OWNER 34 Regina Dr. Marietta, Georgia ZIP 30062

3) PHONE NO Home Agent- 535-3401 Office Agent - 535-3401 (Touchberry)

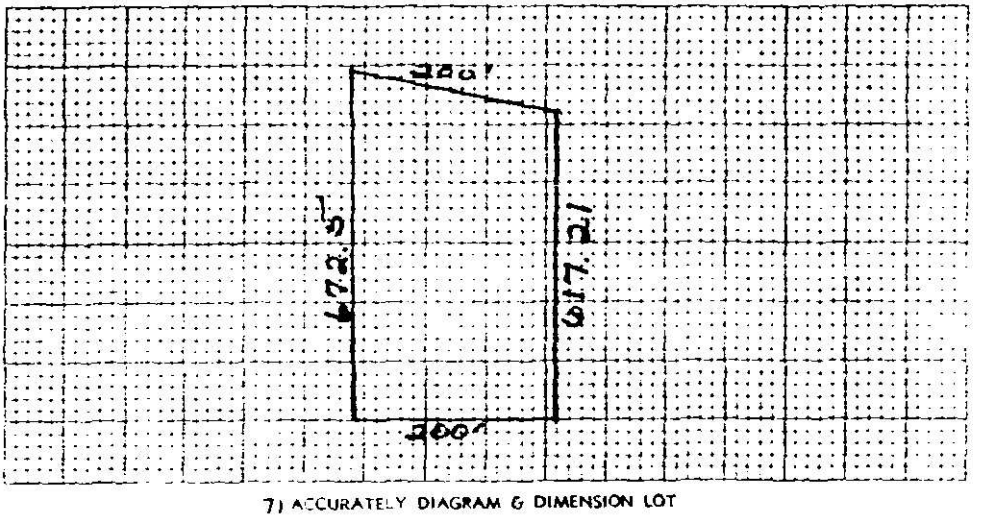
4) LOCATION OF PROPERTY Lot # 2, Irwin Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO [redacted] BLOCK NO [redacted]

MAP BOOK NO 108 PAGE NO 02

6) DEED REFERENCE DEED BOOK 2804 PAGE NO 182

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

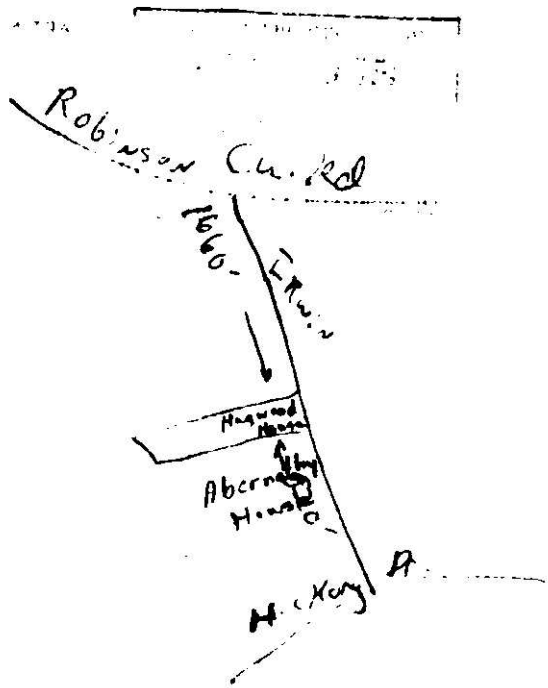


7) ACCURATELY DIAGRAM & DIMENSION LOT

Melvin D. Hagood
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY


Robinson C.W. Rd
660
Irwin
Hayward House
Abernethy House
H. Hong
A

SOIL INVESTIGATION REPORT

Date of Investigation 10/7/75 APT NO. 6979

Owner R. C. Farmer

Location of Property Irwin Rd, Lot #2 TCM: 108-021-21

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil	Pacolet		
2. Soil Slope	Suitable 2-10%	Unsuitable 30+%		
3. Soil Depth	Suitable >48"	Suitable >48"		
4. Soil Texture	Marginal clay	Marginal clay		
5. Soil Structure	Marginal blocky	Marginal blocky		
6. Restrictive Horizons	—	—		
7. Soil Drainage	Suitable w.t. >48"	Suitable w.t. >48"		
8. Soil Permeability (Percolation Rate)	Marginal 60 min/in	Marginal 60 min/in		
9. Other	—	—		
10. Overall Rating	Marginal	Unsuitable		

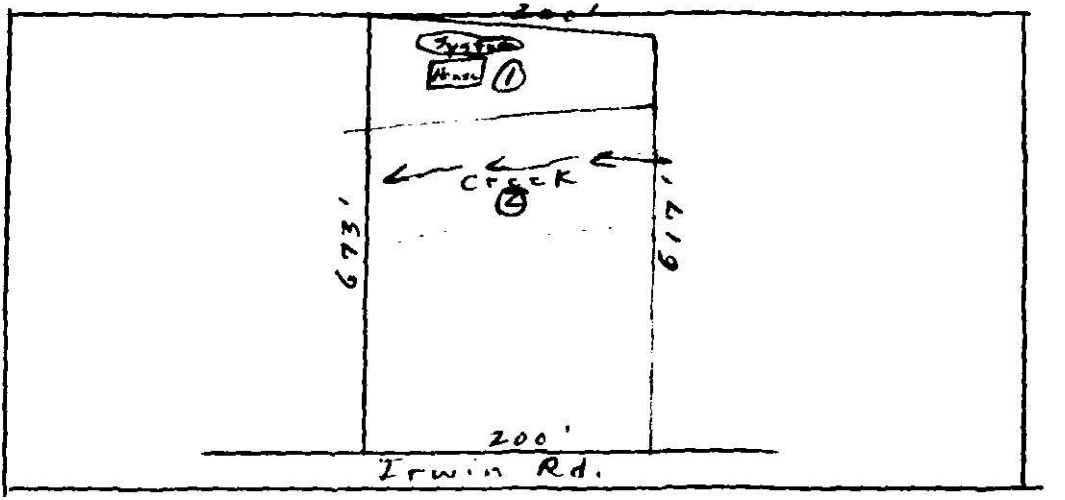
Recommendations Conditional Approval - System installed in area of Cecil soils; system design based on a 60 min/in. perc. rate. Note: Building site only investigated.

See diagram on back

W. Everette Lyon, Jr.
Soil Scientist

3/18/75
EMD 539

DIAGRAM OF PROPERTY



3/18/75

END 539

Serial No. 5700

PTR No 6979

T C No 108-021-21

Date Issued October 9, 1975

Map Date 6-17-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

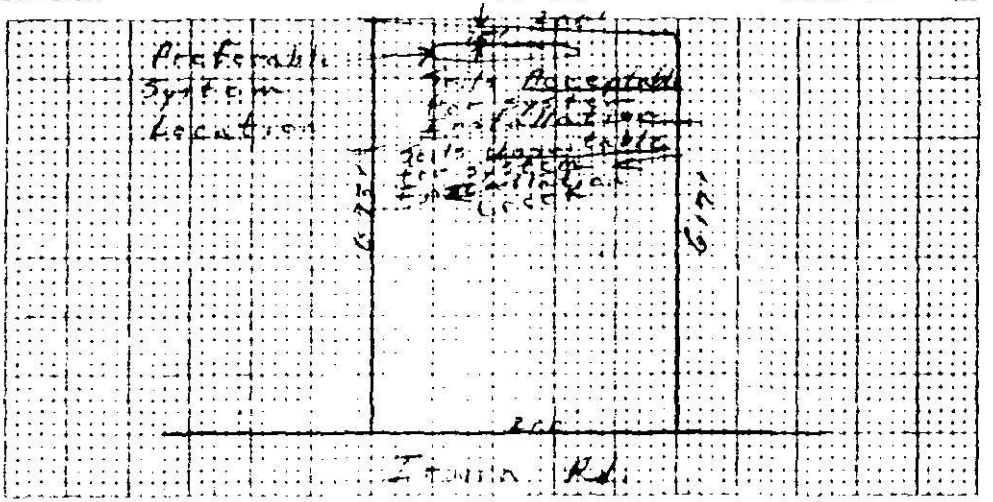
PERCOLATION TEST REPORT

NAME OF OWNER Farmer (LAST) Robert (FIRST) Carroll (MIDDLE)

ADDRESS OF OWNER 10125 Albermarle Road, Charlotte, N. C. ZIP 28212

LOCATION OF PROPERTY Irwin Road, (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 2 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been conducted on 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 with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit for the construction of the septic tank system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of the wastewater treatment system on the said lot.
2. The size of the septic tank system for the dwelling 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 for the system located in the immediate area where the percolation test was run.
4. This approval is void if any activity, including the 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 operation 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. Everette Rymer, Jr. Soil Scientist

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

FORM NO E-2-9-1-72

APPLICANTS COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-16-75

ICAR (S) Application No. 6979

T C. No. 198-021 21

Map Date 6-17-75

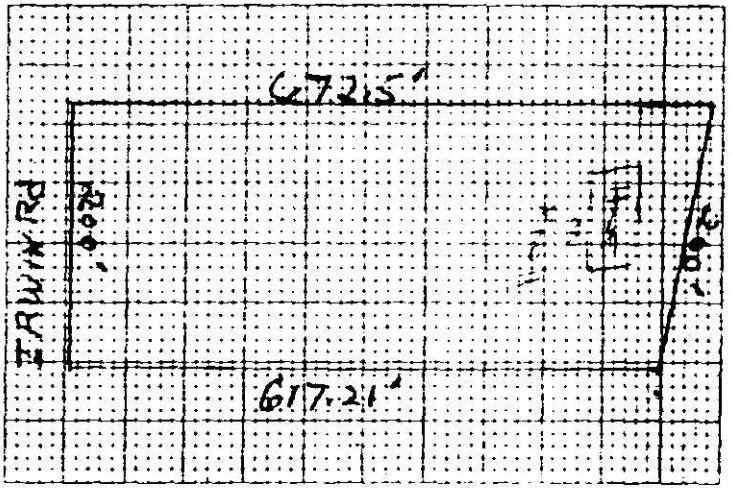
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 DIMINSIONED)

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 Farmer (LAST) Robert (FIRST) Carroll (MIDDLE)

14) ADDRESS OF OWNER 10125 Albemarle Rd. Char. N.C. 28212

15) PHONE NO Home 545-5237 Office Same

16) LOCATION OF SYSTEM Irwin Rd bet #2 (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) 61

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.

10/14/75
DATE OF APPLICATION

Robert C. Farmer, Jr.
OWNER

FORM NO. E 4 (12)

HEALTH DEPARTMENT'S COPY

Date Issued October 9, 1975 Serial No. 5355

LA No 6979

T C No 108-021-21

IMPROVEMENTS PERMIT

Map Date 6-17-75

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 Farmer (LAST) Robert (FIRST) Carroll (MIDDLE)

ADDRESS OF OWNER 10125 Albermarle Road, Charlotte, N C. 28212 (ZIP)

LOCATION OF LOT Irwin Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 2 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 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 6979 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

G. M. Reynolds
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4 Dec 1975

Serial No. 7060

ICAR(S) Permit No. 6979

T C No 108-021-21

Map Date 6-12-75

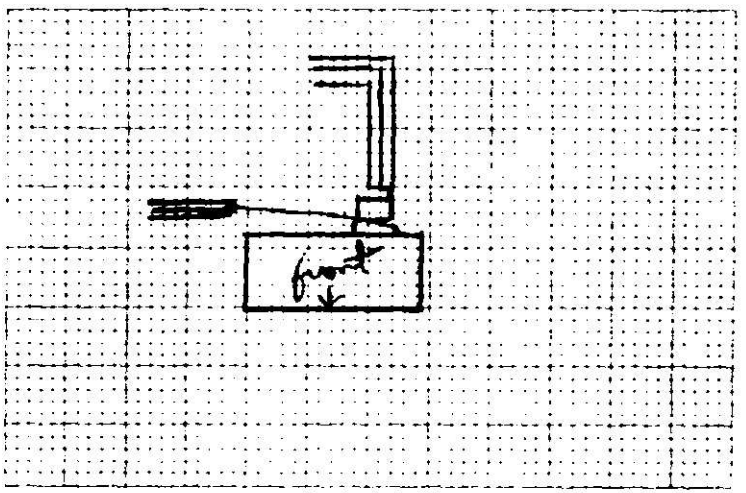
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6979 dated 10-16 75 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 12-31-75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Lenght 400 ; 150

Number of Lines 5 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' +

NAME OF OWNER Farmer, Robert Cavell

LOCATION OF PROPERTY Swan Rd Lot #2

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 1 sr bed 12½ x 80 x 12" plus aeration jct 2½ x 2 x 4' wash line 1 sr bed 10 x 38 x 12" - recommend installation of 1500 gal tank

Division or Section Head

John R Atkinson
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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 S H (Rev. 7)

HEALTH DEPARTMENT COPY

Date Issued 12 Dec 1975 Serial No. 6116 C of A (s) No. 6979

T C No 108-021-21

Map Date 6-12-75

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 Farmer, Robert C.
LAST FIRST MIDDLE

Location of Property Irwin Rd #2

Application Number 6979 Permit Number 6979

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material pre cast

Total Length of Drain Tile 400, 150 Number of Lines 5, 4

Depth of Filter Material 12" Cover Depth 15" - 36"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 12/12/75 DATE Tank Inspected — DATE

Nitrification Field Inspected 12/12/75 DATE

Washing Machine Line Inspected, If Applicable 12/12/75 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 / constructed, altered 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 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 in addition to those listed below under comment. This Certificate of Approval shall be void and of no effect 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 as permitted

J R Atkinson
Environmentalist

FORM NO E-6-9-1-72