Date Received 1 22 73

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APT No 5446

T C No 165-142-05

Map Date 9-24-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER GANT (LAST) Dewey (FIRST) William (MIDDLE)

2) ADDRESS OF OWNER 2301 Laura Lane ZIP 28212

3) PHONE NO Home 536-2951 Office 3341644

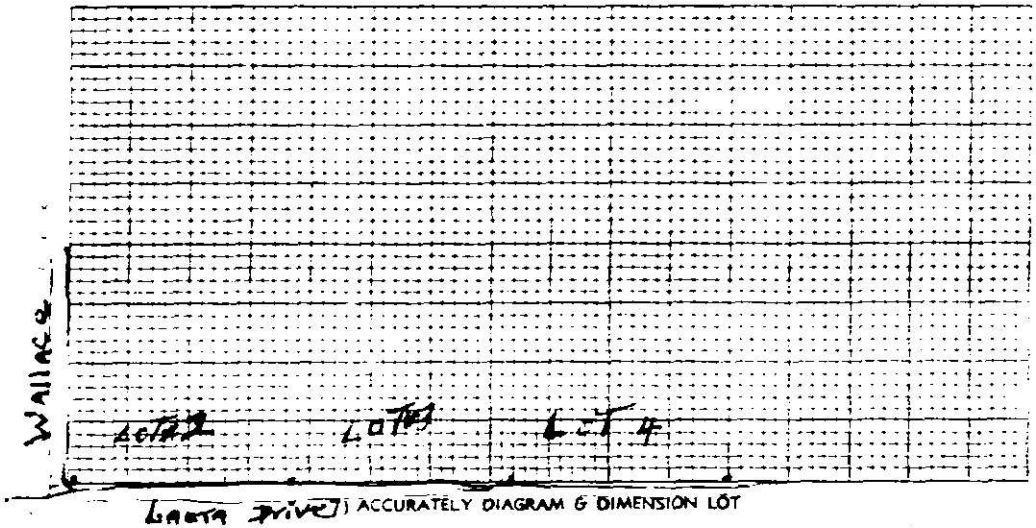
4) LOCATION OF PROPERTY Laura Drive (STREET OR COUNTY ROAD) County Rd

5) SUBDIVISION Laura Jordan Estate LOT NO 4 BLOCK NO B

MAP BOOK NO 7 PAGE NO 419

6) DEED REFERENCE DEED BOOK 0 PAGE NO 343

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



I ACCURATELY DIAGRAM & DIMENSION LOT

Dewey W Gant
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]6

PTR No. 5446

T C No. 165-142-05

Date Issued March 9, 1973

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

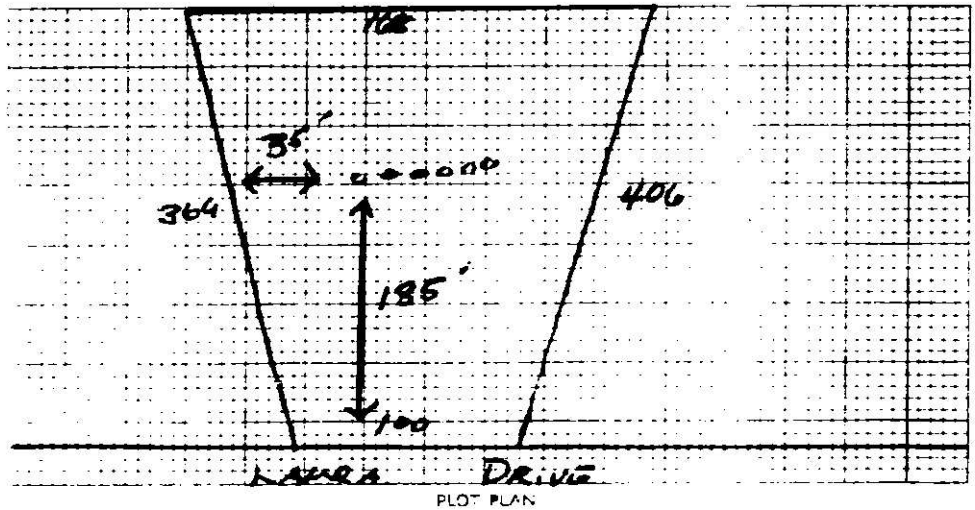
PERCOLATION TEST REPORT

NAME OF OWNER Gant (LAST) Dewey (FIRST) William (MIDDLE)

ADDRESS OF OWNER 2301 Laura Drive ZIP

LOCATION OF PROPERTY Laura Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 4 BLOCK NO B



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 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. Dickson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3-2-73

ICAR(S) Application No. 5446

T. C. No. 165-142-05

Map Date 9-29-71

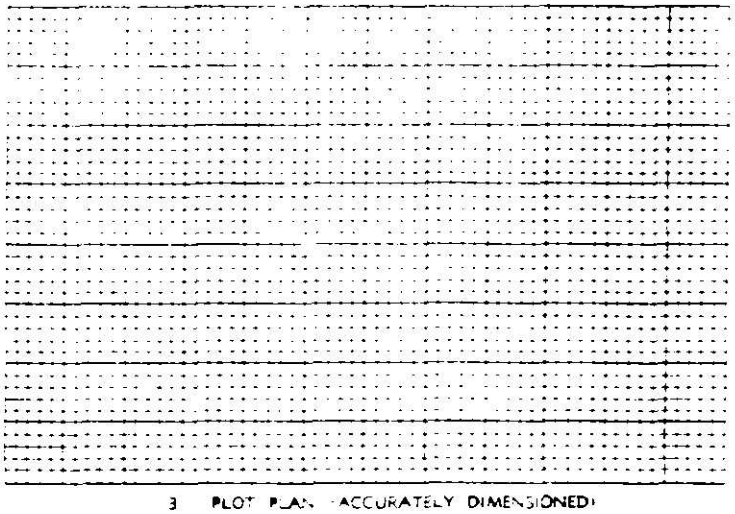
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

3 ___

Mink No ___

Emp ___

4 Washing Machine ✓ Yes ___ No

5 Garbage Disposal ✓ Yes ___ No

6 Dishwasher ✓ Yes ___ No

7 Water Supply

A Individual Well ✓ ___

B Governmental System ___

C Community System

1 Well source ___

2 Governmental source ___

8 Sewage System

Is there a public sewer located within 200 feet of property? ___ Yes ✓ No

Is there a community sewer located within 200 feet of property? ___ Yes ___ No

FHA Case No. ___

VA Case No. ___

13) NAME OF OWNER GANT (LAST) Dewey (FIRST) WILLIAM (MIDDLE)

14) ADDRESS OF OWNER 2301 LAURA Drive

15) PHONE NO Home 536-2951 Office 334-1644

16) LOCATION OF SYSTEM LAURA Drive (STREET OR COUNTY ROAD) County Rd.

17) SUBDIVISION Laura Woodlawn Estates Lot No. 4 Block No. 5

Map Book No 7 Page No. 417

18) DEED REFERENCE — DEED BOOK O AT PAGE 343

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 2-20-73

20) PTR NUMBER (See Instructions) 5446

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.

1-22-73
DATE OF APPLICATION

Dewey W Gant
OWNER

FORM NO E-4-4-1-2

HEALTH DEPARTMENT'S COPY

Date Issued March 9, 1973

Serial No. 2602

LA No. 5446

T C. No. 1650142-05

Map Date 9-29-71

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 Gant (LAST) Dewey (FIRST) William (MIDDLE)

ADDRESS OF OWNER 2301 Laura Drive ZIP

LOCATION OF LOT Laura Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 4 BLOCK NO B

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 revealed 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 5446. This approval is subject to the following terms and conditions

1. That the installation shall 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, altered 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"

Thomas R. Ward
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued Sept. 11, 1973 Serial No. 4347

ICAR(S) Permit No. 5446

T C No. 165-142-05

Map Date 9-29-71

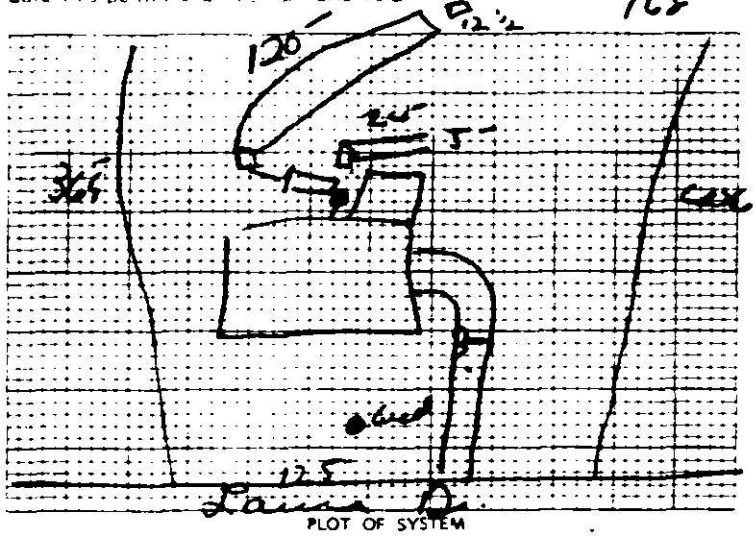
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby granted to ✓ Install or Construct ___ Alter or Repair the individual septic tank wastewater treatment and disposal system, subsurface, soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 5446 dated 3-2-73 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 10-11-73 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal.

Tank Construction pre cast Co.

Absorption and/or Nitrification Lines:

Total Line Lenght 600'

Number of Lines 5

Distance from House 15'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dewey William Gant

LOCATION OF PROPERTY Laura Dr.

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: 12½' X 120' X 17" stone - cement pipe at end

5' X 24' X 4' stone for Wash

J. C. Jones, Contractor

Thomas R. Ward

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 25 Oct 1973 Serial 4049

C of A (s) No. 5446

T C No. 165-142-05

Map Date 9-29-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Gant, Dewey Wm (LAST, FIRST) I (MIDDLE)

Location of Property Laura Drive

Application Number 5446 Permit Number 5446

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Concrete

Total Length of Drain Tile 600' Number of Lines 6

Depth of Filter Material _____ Cover Depth 24"

Water Supply Source well Distance from Water Source 100 ± off

Excavation Inspected ? (DATE) Tank Inspected 19 Oct 1973 (DATE)

Nitrification Field Inspected 24 Oct 1973 (DATE)

Washing Machine Line Inspected, If Applicable 24 Oct 1973 (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: wash line in bed 5' x 24' x 4' stone

John R Atkinson
Sanitarian

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

HEALTH DEPARTMENT'S COPY