Date Received 23 Oct 74

Application No. 7735

T. C. No. 023-042-23

Map Date ——

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Griffin (LAST) D. (FIRST) S (MIDDLE)

ADDRESS OF OWNER Rt 9 Box 157 ZIP 28208

PHONE NO. Home 3947656 Office _____

LOCATION OF PROPERTY 6514 Riverine Dr (STREET OR COUNTY ROAD)

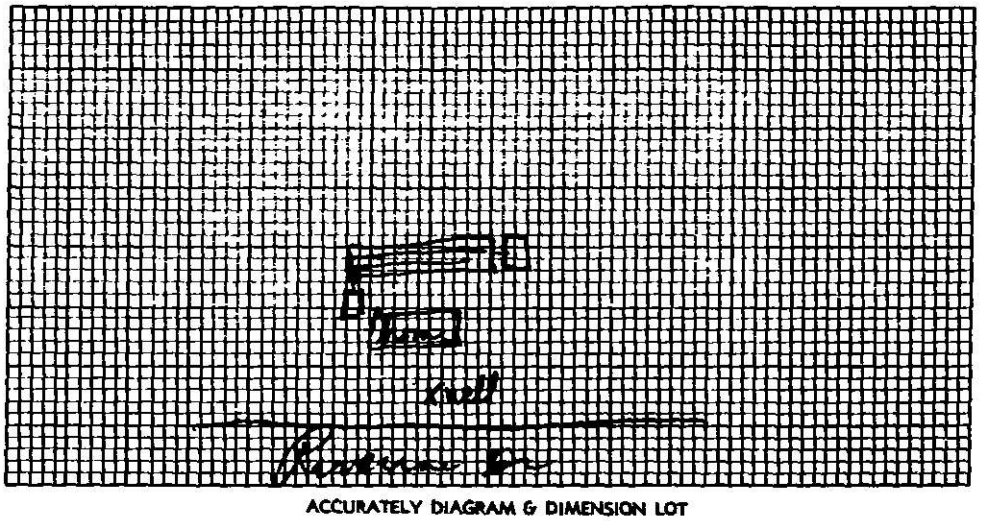
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Forest Mills Drilling 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

10/23/74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 7735

23 Oct 74
ENVIRONMENTALIST

FORM NO. E-69-0-1-72

HEALTH DEPARTMENT'S COPY

Date Received 11-1913 APT No. 7235

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Griffin (LAST) J. P. Jr. (FIRST) & Wife Louise (MIDDLE)

ADDRESS OF OWNER Route 9 Box 197, Charlotte, N. C. ZIP 28208

PHONE NO. Home 399 7667 Office 399 7667

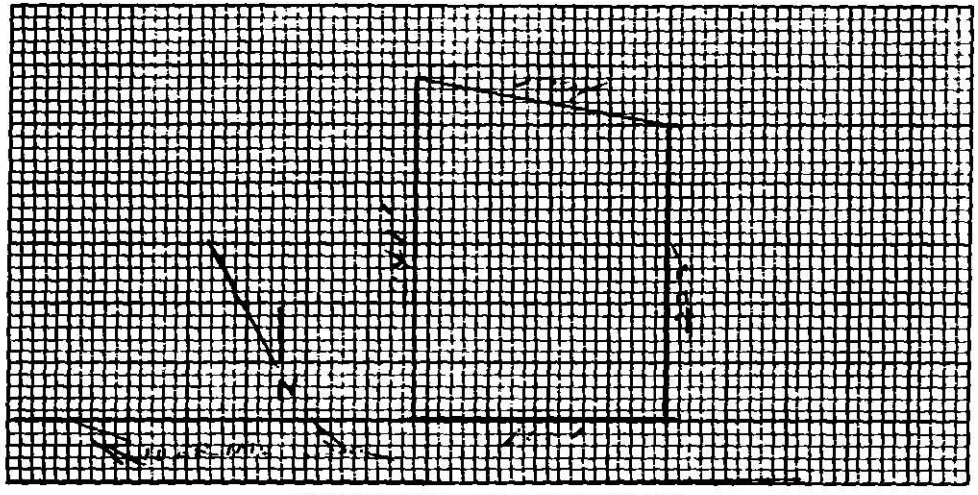
LOCATION OF PROPERTY Riverine Drive (Off Mt Holly Huntersville Rd) (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 5 BLOCK NO. B

MAP BOOK NO 10 PAGE NO. 109

DEED REFERENCE: DEED BOOK 2723 240 01 PAGE NO. _____

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.



ACCURATELY DIAGRAM & DIMENSION LOT

OWNER J. P. Griffin Jr.

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

HEALTH DEPARTMENT'S COPY

Serial No. 3842

PTR No. 7235

Date Issued November 23, 1973

T C. No. 023-082-23

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

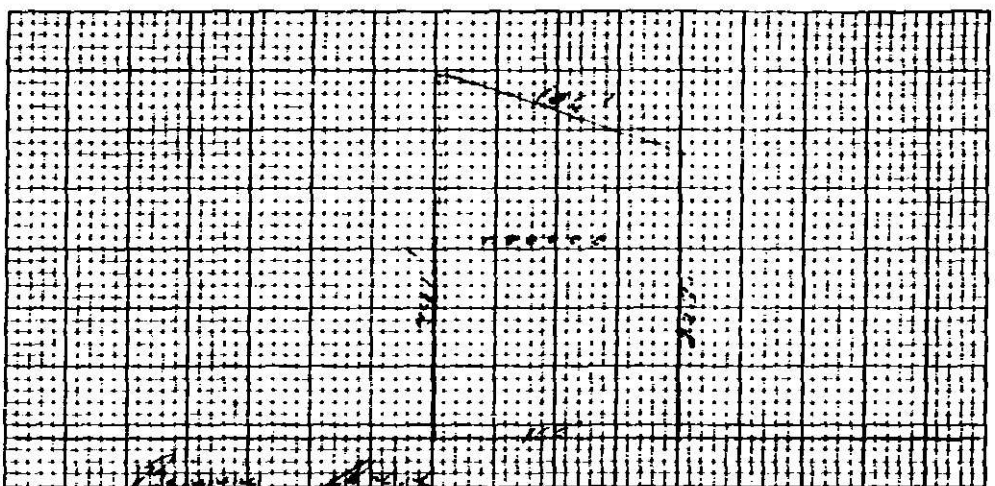
PERCOLATION TEST REPORT

NAME OF OWNER Griffin (LAST) J. (FIRST) P. (MIDDLE)

ADDRESS OF OWNER Route 9, Box 197 ZIP 28208

LOCATION OF PROPERTY Riverine Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 5 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 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 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.

W. A. Hasty

~~Director, Environmental Health Division, or Authorized Section Head~~

FORM NO. E-2-S-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-23-73

ICAR (S) Application No 7235

T C No 023-082-23

Map Date

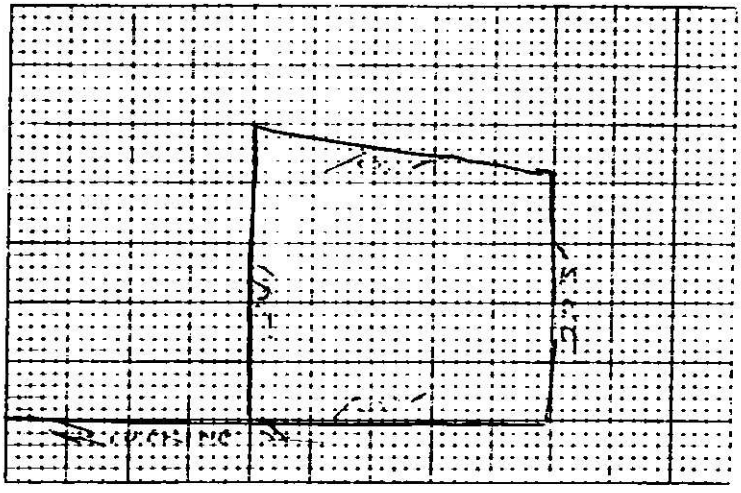
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 2

5) Business Use - Max No Employees ___

6) Washing Machine Yes X No

7) Garbage Disp[osal] Yes X No

8) Dishwasher Yes X No

9) Water Supply
- A) Individual [illegible] ✓
- 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 [illegible] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home 377-7661 Office 377-7661

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 5 Block No. 33

Map Book No. 16 Page No. 167

18) DEED REFERENCE — DEED BOOK 2[illegible] AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 11-23-73 350

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.

11/23/73
DATE OF APPLICATION

[illegible]
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

LA No. 7235

Serial No. 3644

Date Issued November 26, 1973

T. C. No. 023-082-23

IMPROVEMENTS PERMIT

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 Griffin (LAST) J. (FIRST) P. (MIDDLE)

ADDRESS OF OWNER Route 9, Box 197 ZIP 28208

LOCATION OF LOT Riverine Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 5 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 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* 7235. *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.

M. S. Busby
Environmentalist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 14 Oct 74 Serial No. 5867 ICAR(S) Permit No. 7235

T. C. No. 023-083-23

Map Date

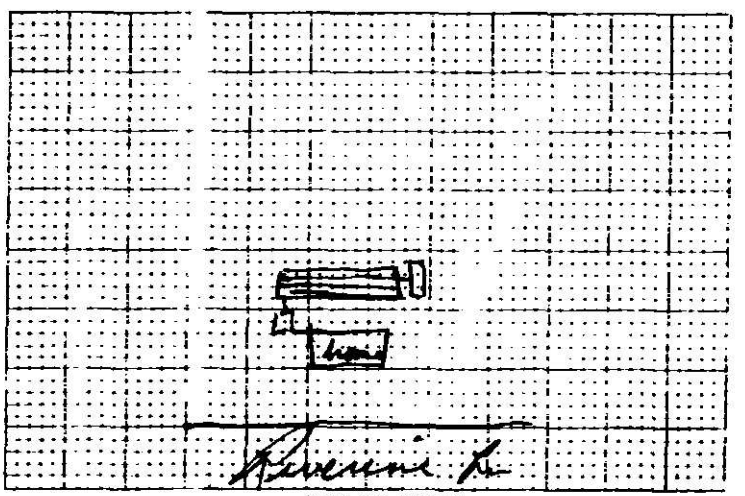
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 specified herein at the described location. This permit is granted based upon the information supplied in application 7235, dated 11-23-73 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 14 Nov 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1000 g

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 300'

Number of Lines 5 (12"x60'x2')

Distance from House 10'

Distance from Property Line 10'

Distance from Well

NAME OF OWNER Griffin, J P.

LOCATION OF PROPERTY 6514 Laurence Ln

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: Aereation pit 2½' x 7' x 4'd Stone

Brewer & Bryan

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-S-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 Oct 74 Serial No. 5397 C of A (s) No. 7235

T. C. No. 023-082-23

Map Date

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 Griffin, J. P. (LAST, FIRST, MIDDLE)

Location of Property 6514 Riverini Dr

Application Number 7235 Permit Number 7235

Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 300' Number of Lines 5 (1½' x 60' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 23 Oct 74 (DATE) Tank Inspected 23 Oct 74 (DATE)

Nitrification Field Inspected 23 Oct 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 ~~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: Aeration fit 2'x2'x7'x1'd Stone Bryman

Richard Chastain
Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY