Date Received 8-13-23

APT No. 6834

T. C No. 049-051-08

Map Date 42723

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Wilson (LAST) Charles (FIRST) W (MIDDLE)

2) ADDRESS OF OWNER Pt. #11 Box 626-M ZIP 28213

3) PHONE NO Home 392 8422 Office 525 2236

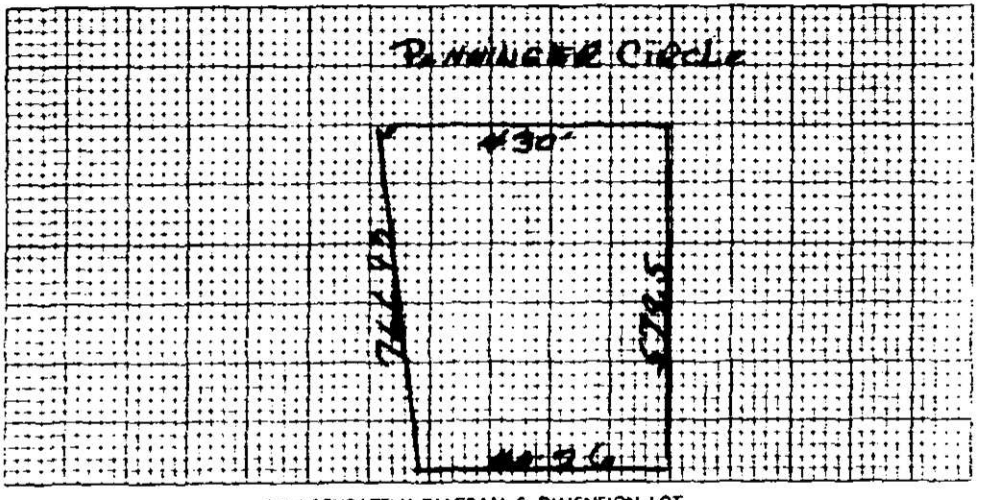
4) LOCATION OF PROPERTY Pennington Circle (STREET OR COUNTY ROAD) # 2650

5) SUBDIVISION _____ LOT NO 7 BLOCK NO _____

MAP BOOK NO #7 9 PAGE NO 437

6) DEED REFERENCE DEED BOOK _____ 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



7) ACCURATELY DIAGRAM & DIMENSION LOT

Charles W. Wilson
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3501

PTR No. 5834

Date Issued August 21, 1973

T.C No 047-051-08

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

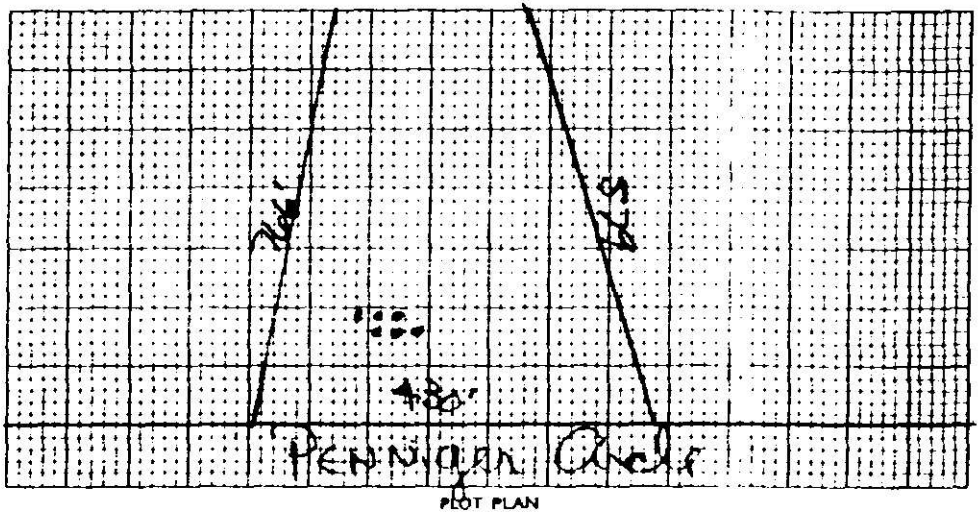
PERCOLATION TEST REPORT

NAME OF OWNER Wilson (LAST) Charles (FIRST) W. (MIDDLE)

ADDRESS OF OWNER Route 11, Box 626-M ZIP 28213

LOCATION OF PROPERTY Penninger Circle (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 7 BLOCK NO.



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.

John D. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2 4 1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-14-73

(CAR (S) Application No 6834

T C No 049-051-08

Map Date 9-27-73

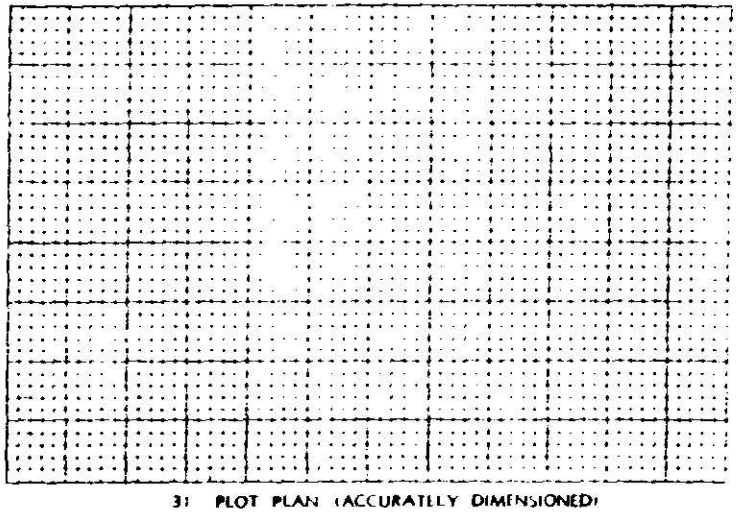
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 2

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) Government (City) System ___

C) Community System ___

1. Well Source ___

2. Government (City) System ___

Sewage System

A) Public Sewer ___ Yes ✓ No

B) Individual Septic Tank ___ Yes ___ No

C) Community Sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER WILSON (LAST) CHARLES (FIRST) W (MIDDLE)

14) ADDRESS OF OWNER RT #11 Box # 626-M

15) PHONE NO Home 392 8422 Office 525 2236

16) LOCATION OF SYSTEM PENNINGER CIRCLE (STREET OR COUNTY ROAD) # 2650

17) SUBDIVISION ___ Lot No 7 Block No ___

Map Book No 47 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

DATE OF APPLICATION ___

Charles W. Wilson
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS

Date Received 13 Nov 78

ICAR(S) Application No. 6834

T. C. No. 047-051-08

Map Date 4-7-78

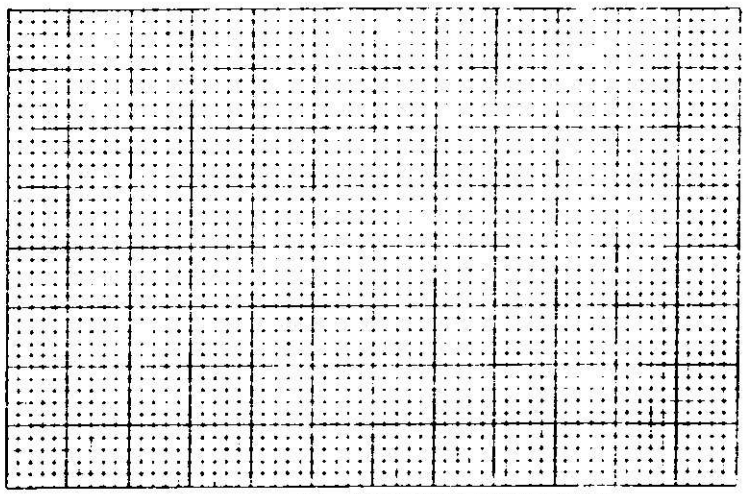
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2

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 Jez
- 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 ~~Wilson~~ Wilson CHARLES W
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2627 ~~Pennington~~ Penninger Circle

15) PHONE NO. Home 537-[illegible] Office 525-7236

16) LOCATION OF SYSTEM 2627 ~~Pennington~~ Penninger Circle
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No 7 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.

11-15-78
DATE OF APPLICATION

Charles W. Wilson
OWNER

FORM NO. E-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued August 21, 1973 **Serial No. 3324**

LA No. 6834

T. C. No. 047-051-08

Map Date 4-27-73

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 Wilson (LAST) Charles (FIRST) W. (MIDDLE)

ADDRESS OF OWNER Route 11, Box 626-M ZIP 28213

LOCATION OF LOT Penninger Circle (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 7 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 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 6834. 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.

A. M. Reynolds
Environmentalist

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

FORM NO. E-3 4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 6 Nov 73 Serial No. 4644 ICAR(S) Permit No. 6834

T C. No. 047-051-08

Map Date 4-27-73

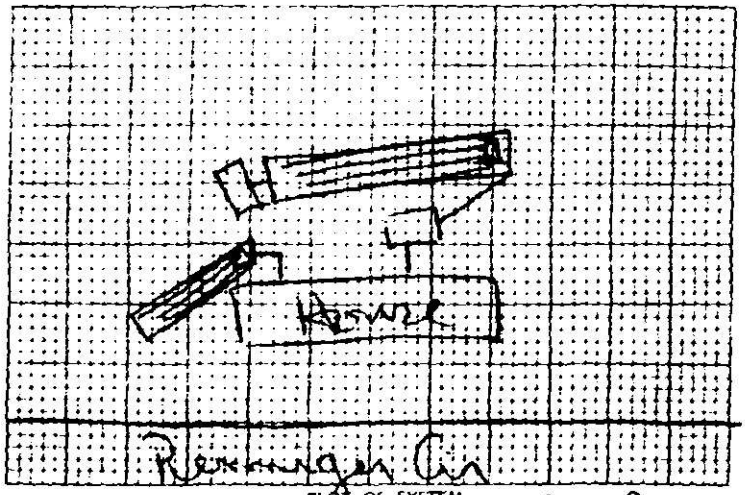
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ___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 6834 dated ✓ 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 6 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50 / 1000 RMR

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Length RMR 300 450' & 150'

Number of Lines 4 10' & 117' & 75' RMR

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Wilson, Charles W.

LOCATION OF PROPERTY Pennington Circle #2650

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: Wastelin 12½' x 7' x 4' stone
aeration pit → 7½' x 50'

Division or Section Head

J. M. Reynolds
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 14Nov73 Serial 4212

C of A (s) No. 6834

T. C. No. 047-051-08

Map Date 4-27-73

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 Wilson, (LAST) Charles (FIRST) W. (MIDDLE)

Location of Property Pinnacle Cir #2650 (PENNINGER)

Application Number 6834 Permit Number 6834

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 300' & 150' Number of Lines (4) 10' x 75'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 14Nov73 (DATE) Tank Inspected 14 Nov 73 (DATE)

Nitrification Field Inspected 14Nov73 (DATE)

Washing Machine Line Inspected, If Applicable 14 Nov 73 (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: washer 75' x 50' aeration pit O.K

R. M. Reynolds

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Inside

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Benbow Lane
Subdivision Coulwood 13
Lot No. & Block No. 7 H
FHA Case No. _____

Owner Mc Clure Land Co.
Builder _____
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate 33 Min./In. Date 9-27-38
2nd. Perc. Rate _____ Min./In. Date _____
3rd. Perc. Rate _____ Min./In. Date _____
4th. Perc. Rate _____ Min./In. Date _____

Lowest Rate Above = Average Perc. Rate 33

No. Bedrooms _____ Baths _____
Washing Machine _____ (Yes / No) Disposal _____ (Yes / No)

Separate _____ (Yes / No) Separate _____ (Yes / No)

Tank Capacity _____ Gallons
Nitrification Line _____ Lin. Ft. _____ Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. _____ Urinals _____ Lavoratories _____
Showers _____ Sinks _____ Other _____

Check:
Approved *
Disapproved _____
Conditional _____ Agreement Card Signed _____

_____ D. L. Lacy
Sanitarian - Engineer

EH: 685
9/1968



320
160
480
96