B

Date Received 5-29-73

APT No 6383

T C No 199-111-12

Map Date 3-15-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SHEPARD (LAST) B "ONLY" (FIRST) J "ONLY" (MIDDLE)

2) ADDRESS OF OWNER RT 2 PINE OAKS DR ZIP 28210

3) PHONE NO Home 525-2275 Office 525-2276

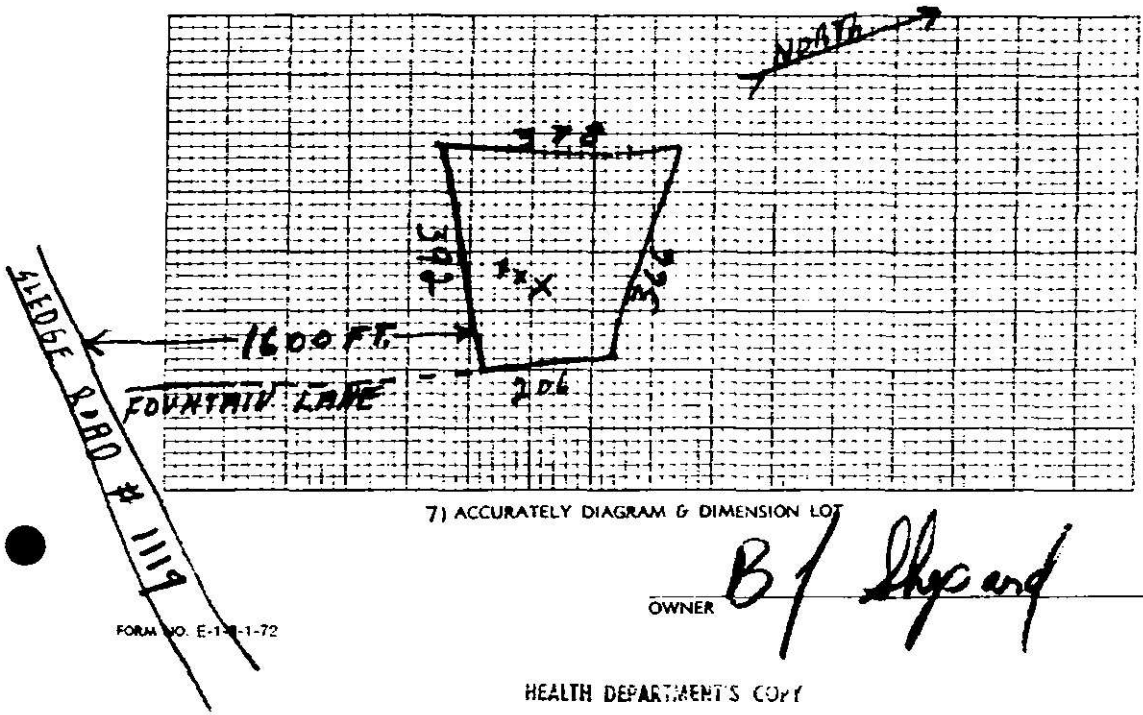
4) LOCATION OF PROPERTY LOT 12 FOUNTAIN LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 12 BLOCK NO. _____

MAP BOOK NO 199 PAGE NO. 11

6) DEED REFERENCE: DEED BOOK 3547 PAGE NO. 367

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

OWNER B J Shepard

FORM NO. E-1[illegible]-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]70

PTR No. 6383

Date Issued June 4, 1973

T C No 199-111-12

Map Date 3/15/71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

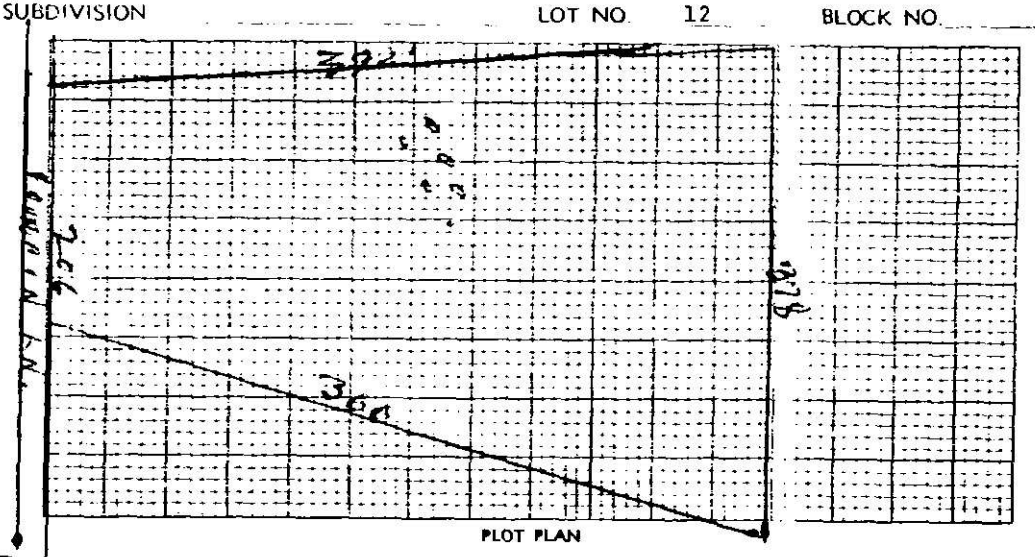
PERCOLATION TEST REPORT

NAME OF OWNER Shepard (LAST) B. (FIRST) J. (MIDDLE)

ADDRESS OF OWNER Route 2, Pine Oaks Dr. ZIP 28210

LOCATION OF PROPERTY Fountain Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 12 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 40 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.

[signature]

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

B

SEE INSTRUCTIONS ON BACK

Date Received 6-1-73

ICAR'S Application No 4383

T C No 199-111-12

Map Date 3-15-71

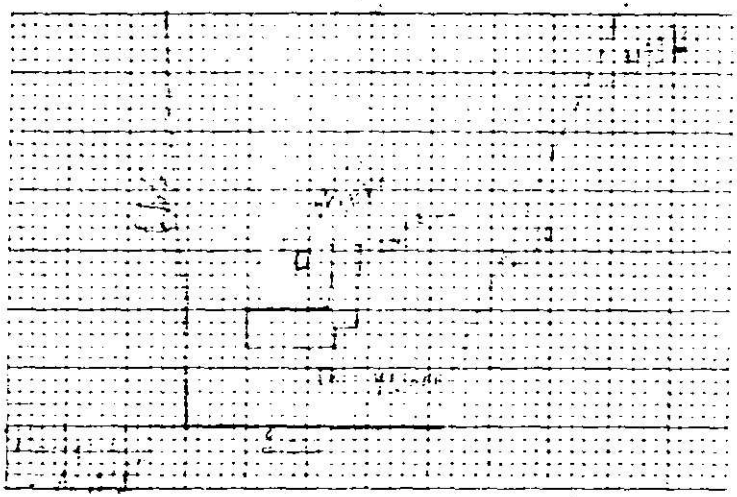
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

4 No. of Bedrooms 2

5 Business Use Yes 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 Owned
2 Governmental System

10 Sewage System
House Plumbed with Inside Toilet
Public sewer Yes No
House Plumbed with Inside Toilet
Community sewer Yes No

11 FHA Case No

12 VA Case No

13) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

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 hereon shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION _____ OWNER _____

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 4, 1973

Serial No. 2999

LA No. 6383

T. C. No 199-111-12

Map Date 3-15-71

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 Shepard (LAST) B. (FIRST) J. (MIDDLE)

ADDRESS OF OWNER Route 2, Pine Oaks Drive ZIP 28210

LOCATION OF LOT Fountain Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 12 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 40 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 _____. 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

L B Briggeman
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 10/14/74 Serial No. 0951 (CARIS) Permit No 6338-3

T C No, 8-111-13

Map Date 3/15/71

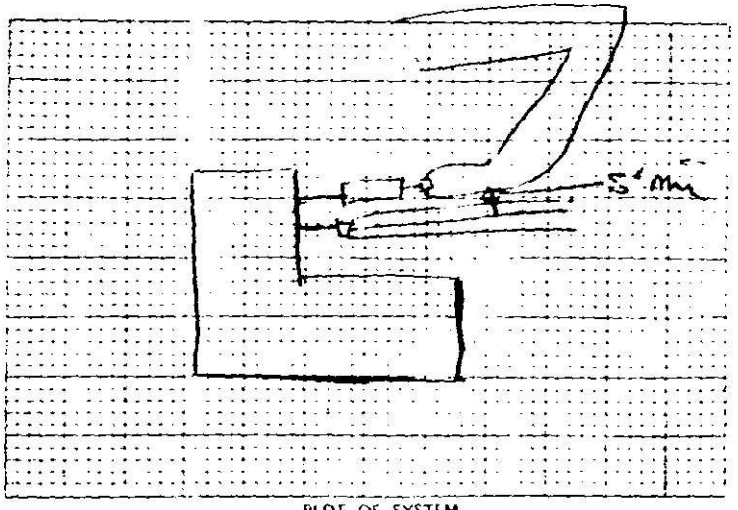
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 6333, dated 6/1/73 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 11/10/74, after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate 30 mpi

Liquid Capacity of Tank 1500 gal

Tank Construction SC

Absorption and/or Subsurface Lines

Total Line Length 4'50 ST w/ 1½ 150'

5F 5'(0.25) X 76' X 1.2"

Number of Lines W/M 3 / 25'50' ea

Distance from House 40'

Distance from Property Line 10' plus

Distance from Well 20'

NAME OF OWNER B. J. SHEPARD

LOCATION OF PROPERTY Fountain Ln (off Sledge 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 5' min distance between ST & water drains. Spare trees only when possible

TA/LPB

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 E-5-9-1-72

Serial No. 0452

C of A (s) No 6383

Date Issued 9-19-74

T C No 199-111-2

Map Date 3/13/74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Sinard B. J.
LAST FIRST MIDDLE

Location of Property Fountain Dr.

Application Number 6383 Permit Number 6383

Inspection Date:

Liquid Capacity of Tank 1500 gal. Tank Material PC

Total Length of Drain Tile 480 150 Number of Lines 5 3
ST WM

Depth of Filter Material 17" Cover Depth 20"-30"

Water Supply Source Individual Distance from Water Source 70+

Excavation Inspected 10/2/74 Tank Inspected 10/2/74
DATE DATE

Nitrification Field Inspected 10/22/74
DATE

Washing Machine Line Inspected, If Applicable 10/22/74
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, 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 _____

R. Cain

Environmentalist

FORM NO E-6-9-1-72

U.S. DEPARTMENT OF ...

Date Received 5-29-23

APT No 6382

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Reeder (LAST) Benjiman (FIRST) Homer (MIDDLE)

2) ADDRESS OF OWNER Rt 3 Huntersville N.C. ZIP 28078

3) PHONE NO. Home 875-6732 Office

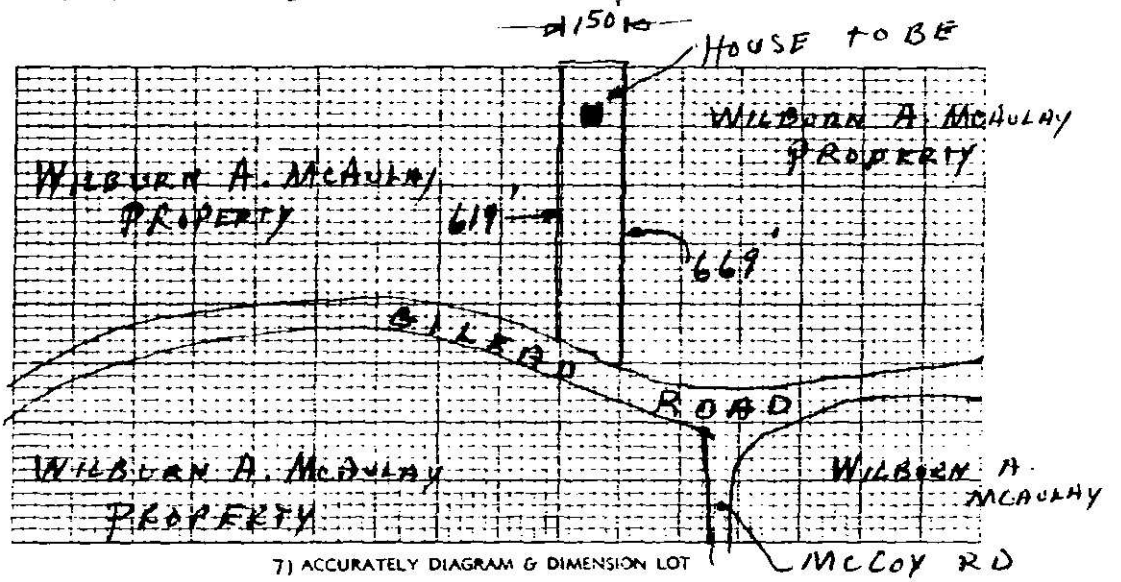
4) LOCATION OF PROPERTY ½ Mile West of US 21 on Gilead Rd. (#9400)
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

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

Benjiman Homer Reeder
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 6382
P.O.
T C No 017-152-04

Date Issued June 20, 1973

Map Date 5-11-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

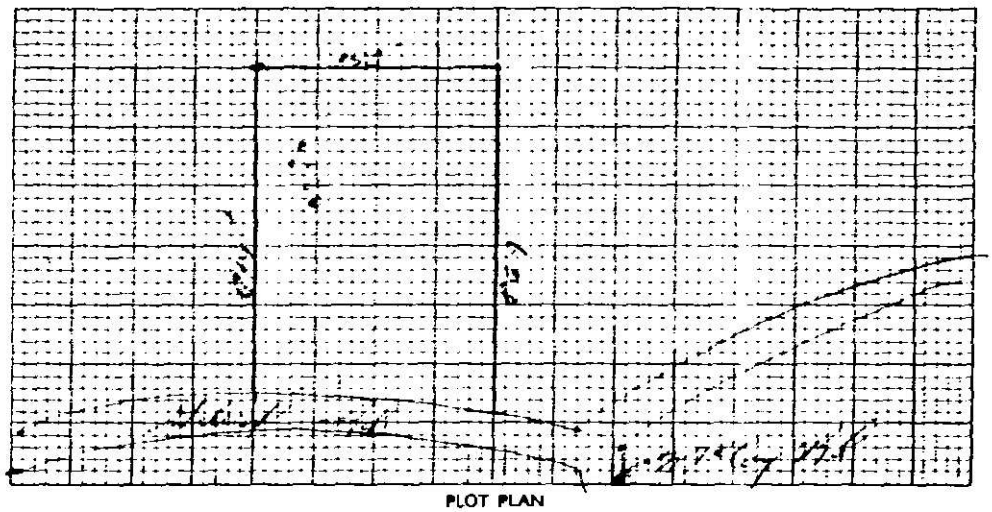
PERCOLATION TEST REPORT

NAME OF OWNER Reeder (LAST) Benjiman (FIRST) Homer (MIDDLE)

ADDRESS OF OWNER Route 3, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Gilead Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 45 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. Adams

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

T C No

Map Date

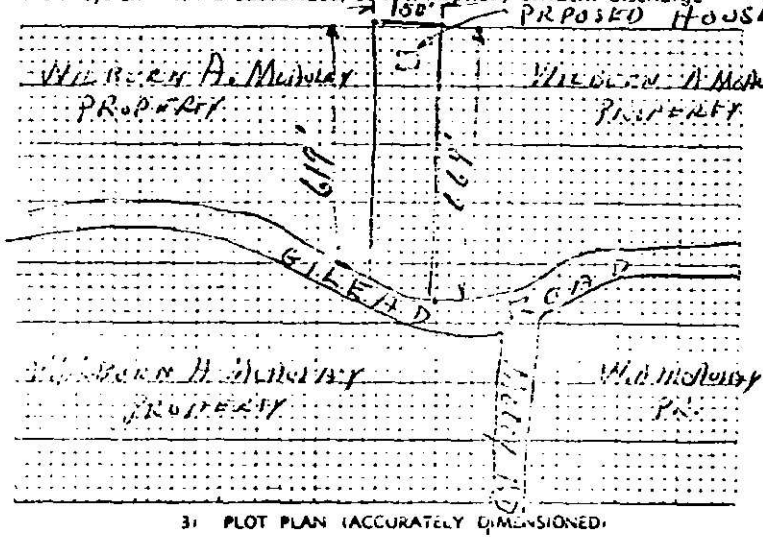
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 location within 200 feet of public sewer ___ Yes ✓ No
House location within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No
12) VA Case No

13) NAME OF OWNER BEEDER (LAST) BENJIMAN (FIRST) HOMER (MIDDLE)

14) ADDRESS OF OWNER Route 3 Huntersville N.C.

15) PHONE NO Home 875-6732 Office

16) LOCATION OF SYSTEM ½ mi. West of US 21 on Gilead Rd. (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.

5-24-73
DATE OF APPLICATION

Benjamin Homer Beeder
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY