Date Received 2-22-76 Apt. No. (S) _____ Application No. (W) 5513

T. C. No. 222-043-16

Map Date 12-15-22

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Bubp (LAST), Robert (FIRST), R (MIDDLE)

ADDRESS OF OWNER 9607 Cove Dale Rd Matthews ZIP 28105

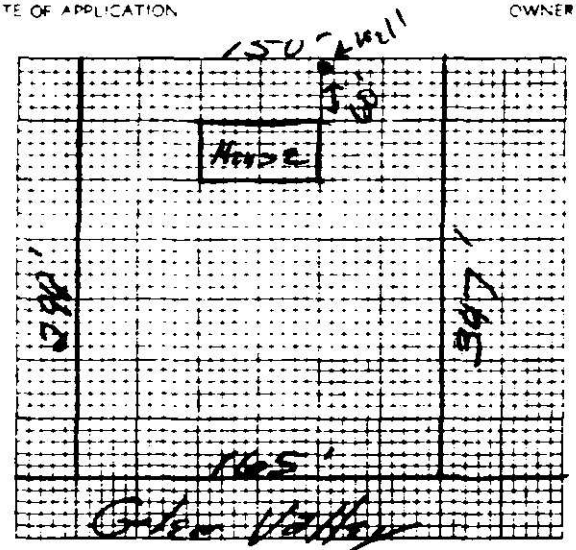
PHONE NO Home _____ Office _____

LOCATION OF PROPERTY 1209 Glen Valley Dr (STREET OR COUNTY ROAD)

WELL CONTRACTOR Carolina Well LICENSE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health 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

DATE OF APPLICATION _____ OWNER _____



Remarks 60' back from Corner of house

ACCURATELY DIAGRAM & DIMENSION LOT

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy

W

Date Received 2-5-73

APT No. 5513

T. C. No. ____

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER S & T Development Co
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 131 Providence Rd ZIP 28207

3) PHONE NO. Home ____ Office 3757731

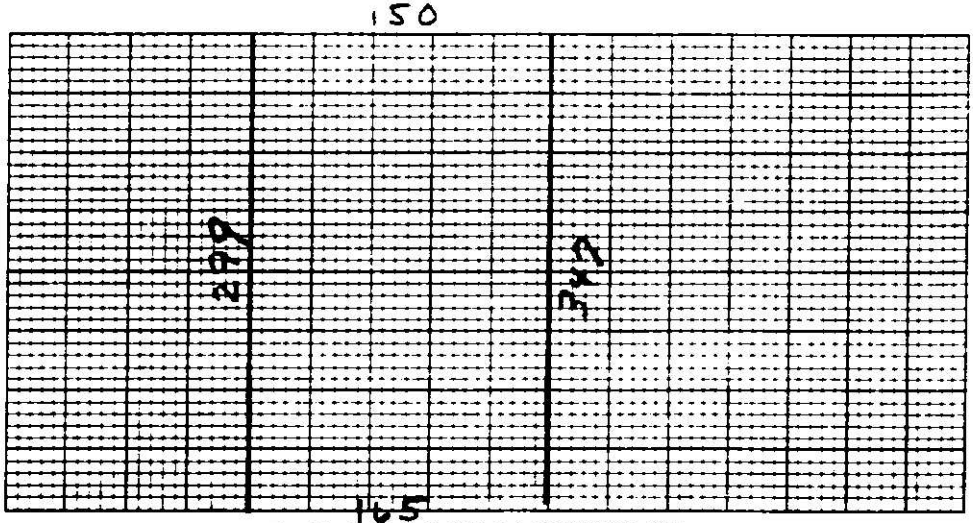
4) LOCATION OF PROPERTY 1209 Glen Valley Dr.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Reveroy Woods LOT NO 26 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

Glen Valley Dr.

W I Stevens
OWNER
V. Pres.

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5513

T C No 227-043-16

Date Issued May 9, 1973

Map Date 12-15-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

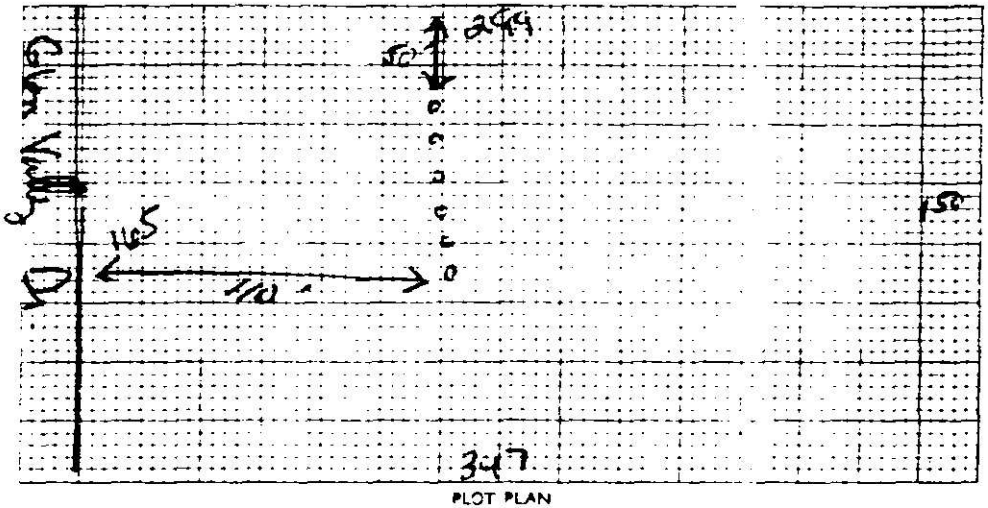
PERCOLATION TEST REPORT

NAME OF OWNER S & T Development Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP 28207

LOCATION OF PROPERTY 1239 Glen Valley Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Beverly Woods LOT NO 26 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 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 D. Atkinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE PAST ACTIONS (

Date Received [illegible] MECK. COUNTY DEPARTMENT OF

ICAR (S) Application No 5513

T C No 227-043-1

Map Date 12-15-72

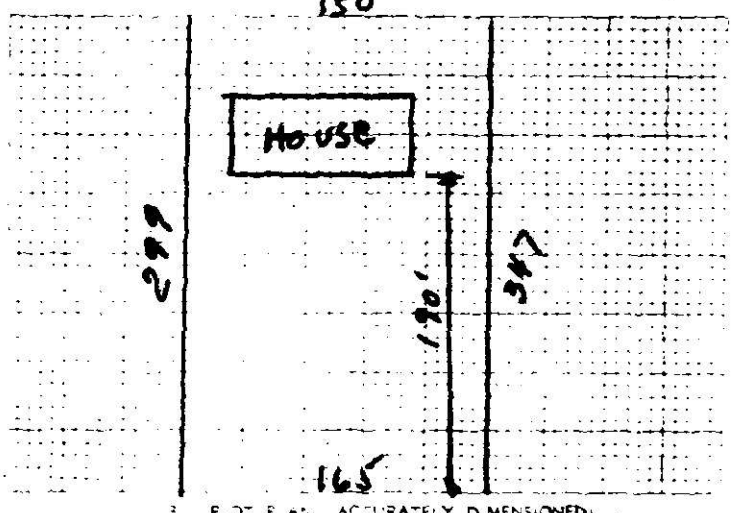
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

4 No of Bedrooms 4

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
Well Source ____
2 Government ____

10 Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 2[illegible] feet of community sewer ____ Yes ✓ No

11 FHA Case No ____

12 VA Case No ____

13) NAME OF OWNER Bubp (LAST) Robt. (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER 9607 COVE DALE RD, MATTHEWS

15) PHONE NO Home 8418343 Office 847 8011

16) LOCATION OF SYSTEM 1209 Glen Valley Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Reveroy Woods Lot No. 26 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 3-14-73

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.

3/13/76
DATE OF APPLICATION

Robert R. Bubp
OWNER

FORM NO E-4 [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 7/14/76

Serial No. 6076

IMPROVEMENTS PERMIT

LA No 5513

T. C. No 227-043-16

Map Date 12-15-72

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 Bubp, (LAST) Robert (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 9607 Cove Dale Road, Matthews, N. C. ZIP 28105

LOCATION OF LOT 1209 Glen Valley Drive (STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO 26 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 ____ ___ 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 5513. 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

Environmentalist

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 0129

ICAR(S) Permit No. 5513

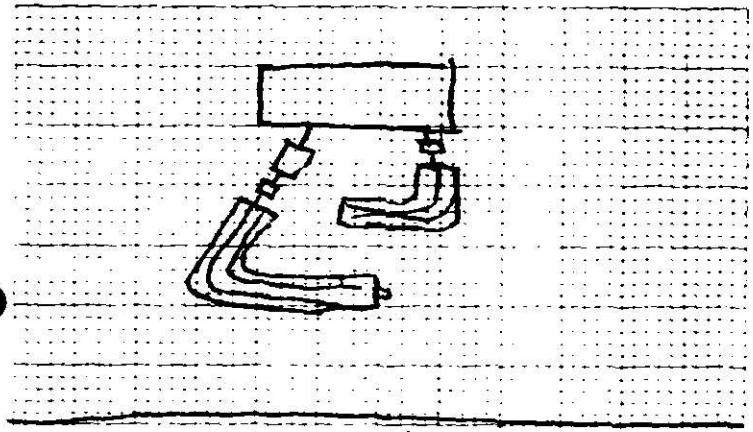
Date Issued 9-2-76

T C No. 227-043-16

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 5513, 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 10-2-76 after which date this permit shall be null and void.



Glen Valley

PLOT OF SYSTEM

Permitted Flow 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 295' - 200

Number of Lines 6 - 4

Distance from House 10

Distance from Property Line 10

Distance from Well 100'

NAME OF OWNER Robert Bapp

LOCATION OF PROPERTY 1209 Glen Valley Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments 15 X 133 X 12"

10' X 50' X 12"

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 section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 10-18-26

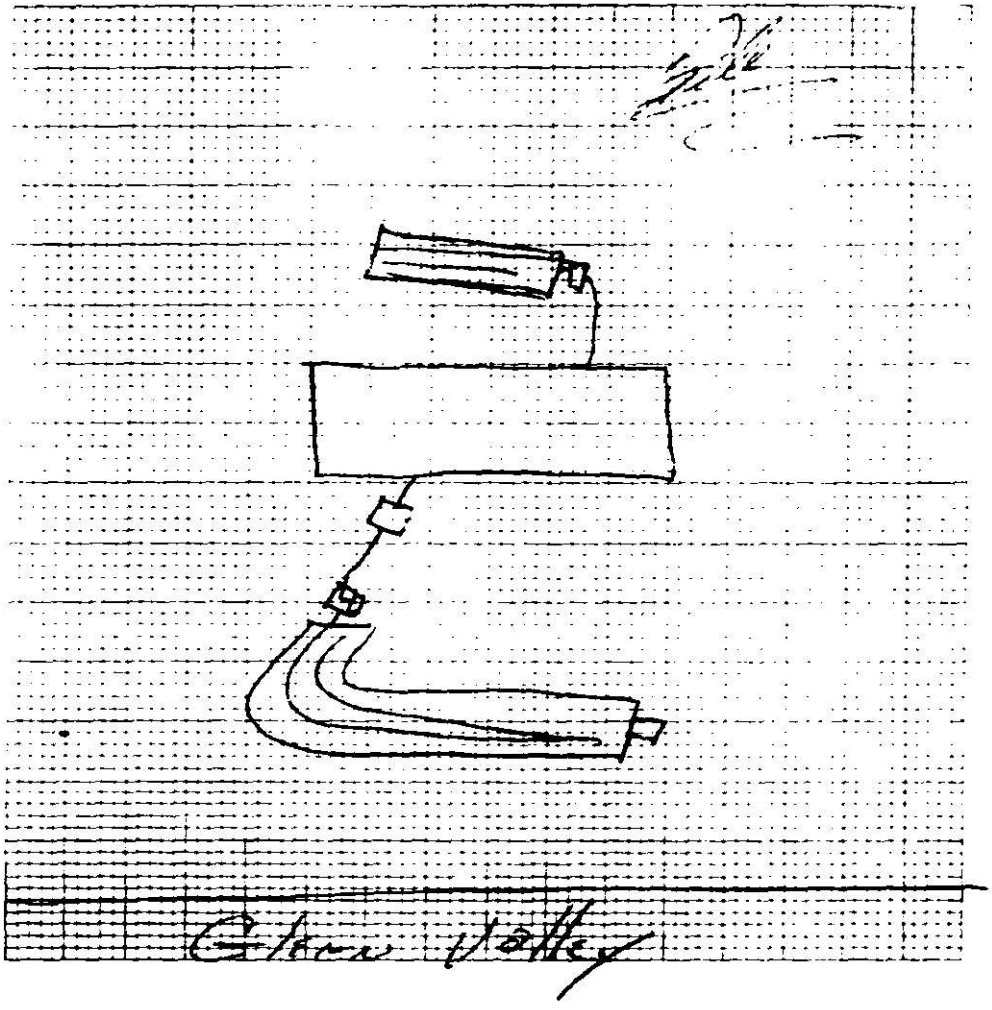
C of A (s) No. 5513

T C No 227-043-16

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Environmentalist

FORM NO E-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 0281

C of A (s) No. 5513

Date Issued 10-15-76

T C No. 27-043 K

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF CONSTRUCTION

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

Name of Owner Bubp (LAST), Robert (FIRST), ____ (MIDDLE)

Location of Property 1209 Glen Valley Dr.

Application Number 5513 Permit Number ____

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 175' 200' Number of Lines 6 - 4

Depth of Filter Material 12" Cover Depth 48"

Water Supply Source well Distance from Water Source 62'

Excavation Inspected ____ (DATE) Tank Inspected 10-14-76 (DATE)

Nitrification Field Inspected 10-14-76 (DATE)

Washing Machine Line Inspected, if Applicable 10-14-76 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~installed~~ constructed altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 Installed as permitted
washer line moved to back

Environmentalist

EHD-5-76

Environmental Health Department's Copy