Date Received 3-27-73

APT No. 5841

T. C. No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER RT 9 BOX 436-H Charlotte ZIP 28205

3) PHONE NO. Home 399-3568 Office _____

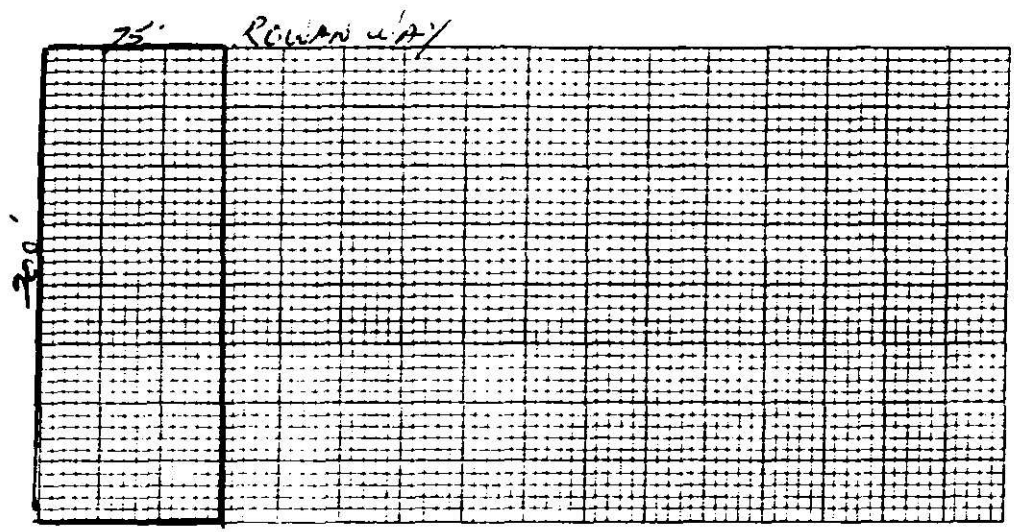
4) LOCATION OF PROPERTY 5718 Rowan Way (STREET OR COUNTY ROAD)

5) SUBDIVISION Westwood Hills LOT NO. 25 & 27 BLOCK NO. ?

MAP BOOK NO. 6 PAGE NO. 671

6) DEED REFERENCE DEED BOOK 3422 PAGE NO. 3

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. Griffin
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2790

PTR No. 5841

T. C. No. 059-145-10

Date Issued April 4, 1973

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

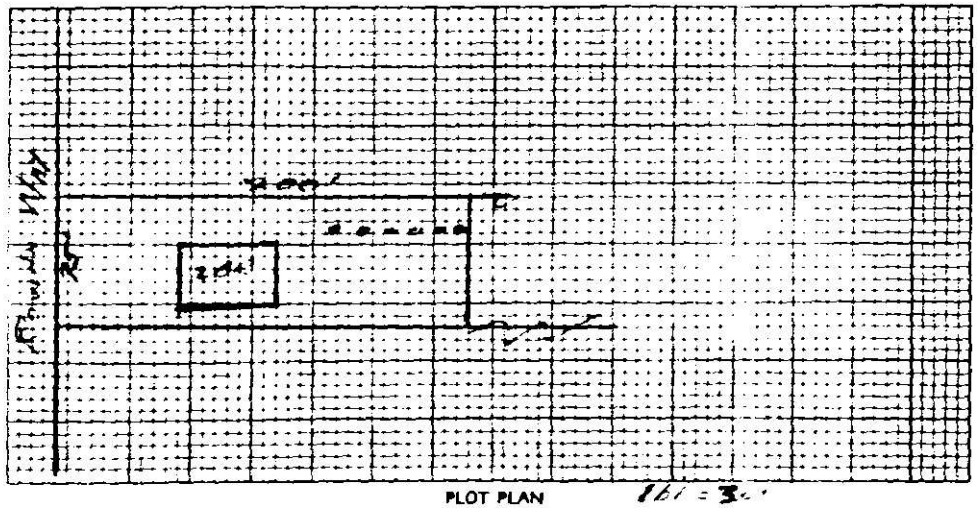
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER Route 9, Box 436-H ZIP

LOCATION OF PROPERTY Rowan Way (STREET OR COUNTY ROAD)

SUBDIVISION Westview Hills LOT NO 25-26-27 BLOCK NO



PLOT PLAN 1" = 30'

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 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 R. 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 3 27 73

ICAR(S) Application No 5841

T. C. No

Map Date

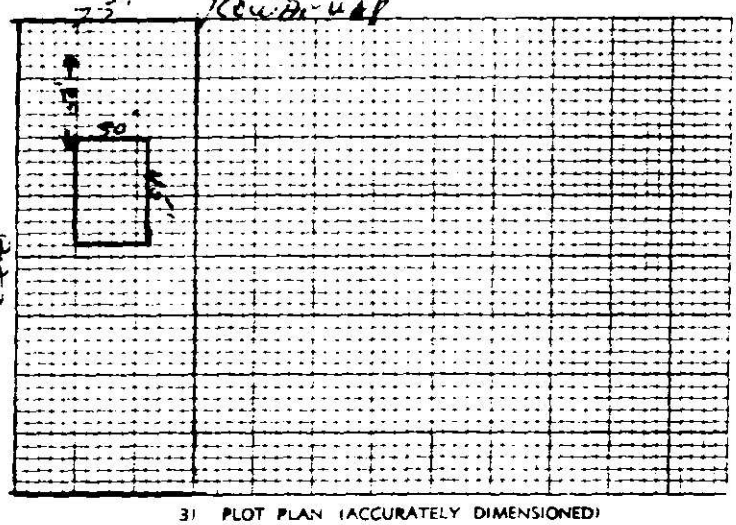
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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) Governmental System ✓
C) Community System
1 Well source ___
2 Governmental source City

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 GRIFFIN (LAST) CHARLES (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER Rt 9 Box 436 H

15) PHONE NO Home 399-3568 Office ___

16) LOCATION OF SYSTEM ROWAN WAY (STREET OR COUNTY ROAD)

17) SUBDIVISION WESTVIEW HILLS Lot No. 25-26-27 Block No. ___

Map Book No 6 Page No. 671

18) DEED REFERENCE — DEED BOOK 3422 AT PAGE 3

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.

3-27-73
DATE OF APPLICATION

Charles W Griffin
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued April 4, 1973

Serial No. 2704

LA No. 5841

T. C. No. 059-145-10

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

ADDRESS OF OWNER Route 9, Box 436-H ZIP _____

LOCATION OF LOT Rowan Way (STREET OR COUNTY ROAD)

SUBDIVISION Westview Hills LOT NO 25-26-27 BLOCK NO _____

MAP BOOK NO 6 PAGE NO 671

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 60 min/in 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 5841. 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 Atkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 4-4-73

Serial No. 3485

ICAR(S) Permit No. 5841

T C No. 059-145-10

Map Date 9-28-71

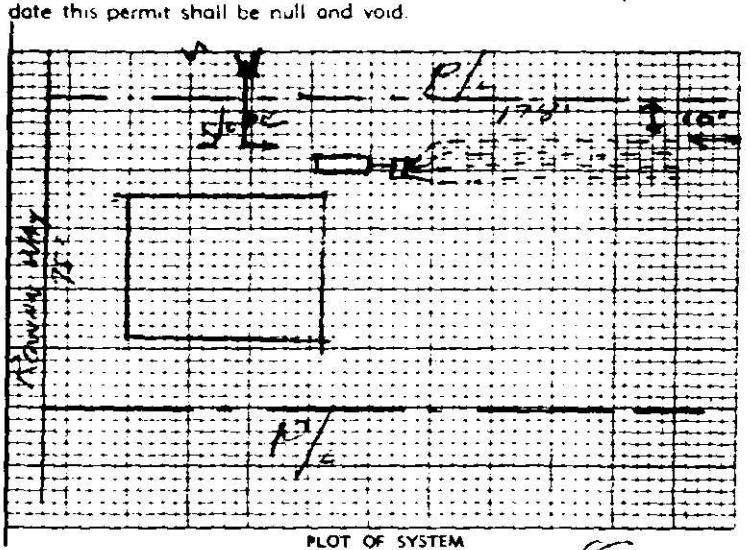
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5841 dated 3/27/73, 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 mpi

Liquid Capacity of Tank 1000 gal.

Tank Construction FC

Absorption and/or Nitrification Lines: ~~150~~ 300 sq ft

Total Line Lenght ~~300~~ 300 l.f.

Number of Lines 4 - 2nd 75'

Distance from House 6'-8"

Distance from Property Line 10' min.

Distance from Well City

NAME OF OWNER Charles L. Griffin

LOCATION OF PROPERTY 5715 Rowan Way

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: Note: Min amount of drain is 300 lin. ft.

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-4-1-71

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