Date Received 11-12-75

MECK COUNTY HEALTH DEPT.
RECEIVED
NOV 13 1975

Application No. 6878
T. C. No. 215-15164
Map Date 6.10.74

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER MORNINGSTAR (LAST) REALTY, INC. (FIRST) (MIDDLE)

ADDRESS OF OWNER 19000 SPRINGWATER DR. ZIP 28105

PHONE NO. Home —— Office 847-6121

LOCATION OF PROPERTY 19056 HORSEBACK CIRCLE (STREET OR COUNTY ROAD)

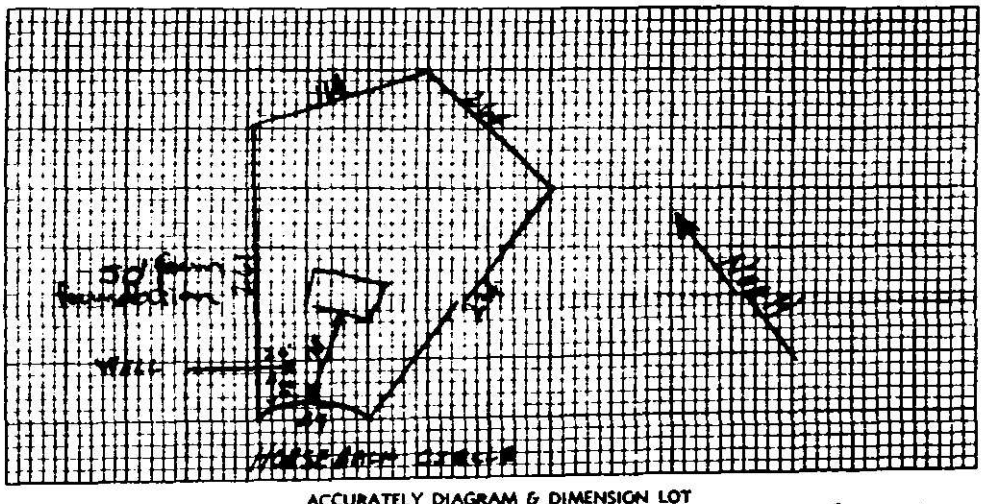
SUBDIVISION SPRINGWATER LOT NO. 32 BLOCK NO. B

MAP BOOK NO. 17 PAGE NO. 207

DEED REFERENCE: DEED BOOK 3326 PAGE NO. 459

WELL CONTRACTOR CAROLINA WELL (EXPERT) 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

11/14/75
DATE OF APPLICATION

MORNINGSTAR REALTY, INC.
By: Jack A. Morgan
OWNER

Application approved and permit hereby granted

Permit No: _____

R. M. Reynolds
ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 8-20-73

APT No. 6878

T. C. No. 215-151-64

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Morningstar Realty, Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 14400 Springwater Drive, Matthews NC ZIP 28105

3) PHONE NO Home _____ Office 847-6127

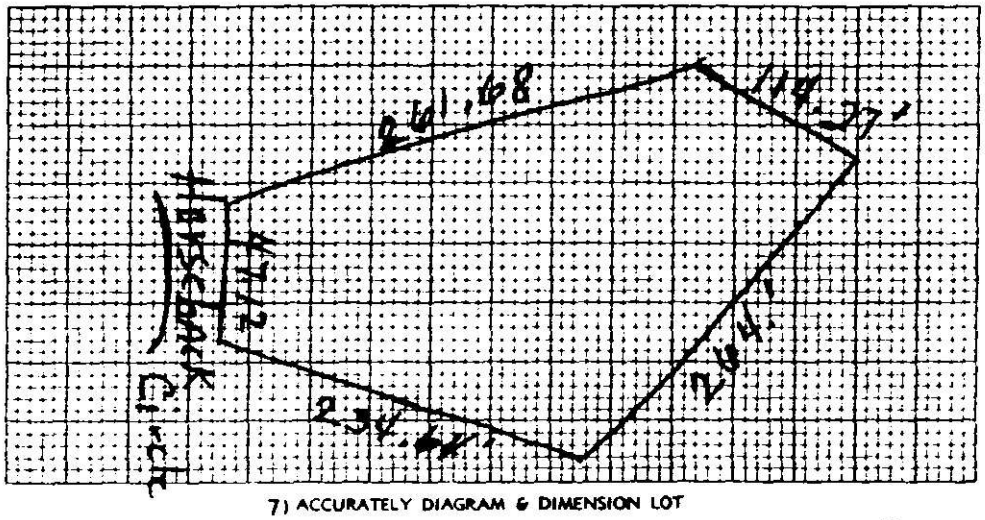
4) LOCATION OF PROPERTY Horseback Circle
(STREET OR COUNTY ROAD)

5) SUBDIVISION Springwater LOT NO 32 BLOCK NO B

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3326 PAGE NO 459

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

Morningstar Realty, Inc.
By: Hoyt R. Bergman
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. August 22, 1973 SITE DISAPPROVAL REPORT SDR No. 4838
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. [illegible]
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Mecklenburg Realty, Inc.

ADDRESS OF OWNER 14400 Mecklenburg Drive, Matthews ZIP 28105

LOCATION OF LOT Hanchook Circle, Lot 32-B

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	8-22-73	120 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

Thomas R. Ward
Environmentalist

(Stencil No.)
MMD 394
8/70

FORM NO.
E-19-8-14-70

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: December 3, 1973

TO: Tom Ward
Environmentalist

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #6878 (Morningstar Realty)
Lot No. 32-B Horseback Circle
11-30-73

Soils were found to be of the Cecil series. These soils have good drainage, good aeration and moderate permeability.

Based on this investigation, it is recommended that the lot be approved for installation of a septic tank system with design based on a 60 min./in. perc. rate.

WEL:jdg

Serial No. 3855

PTR No. 6878
T C No. 215-151-64
Map Date 6.10.74

Date Issued December 4, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

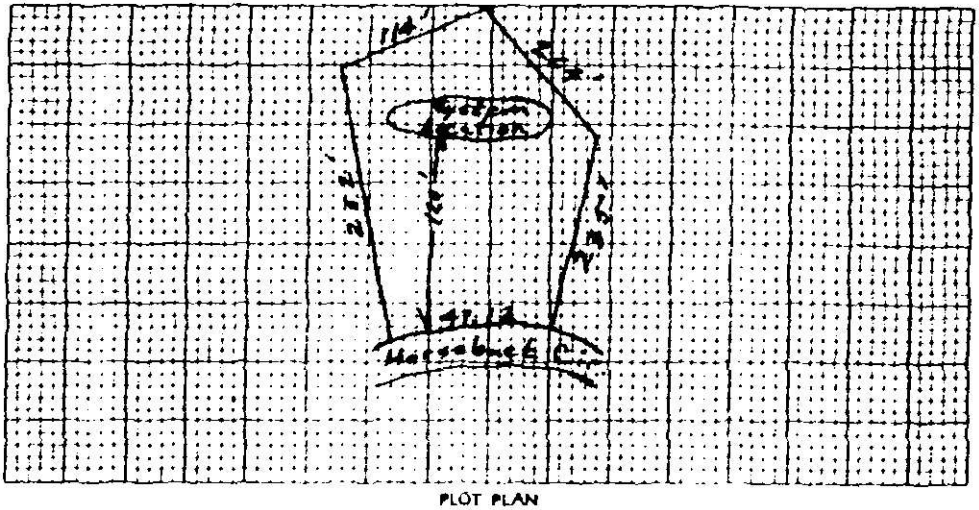
PERCOLATION TEST REPORT

NAME OF OWNER Morningstar Realty, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 14400 Springwater Dr., Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Horseback Circle (STREET OR COUNTY ROAD)

SUBDIVISION Springwater LOT NO 32 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 60 min/in.* The said lot is approved for the installation of an individual septic tank wastewater treatment system with sub-surface, 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.

*Results determined by soil analysis.

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

W. Scuttle Lyssa, Jr.
Soil Scientist

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 4/7/75 | RECEIVED 1975 | ICAR (S) Application No 6878

T C No

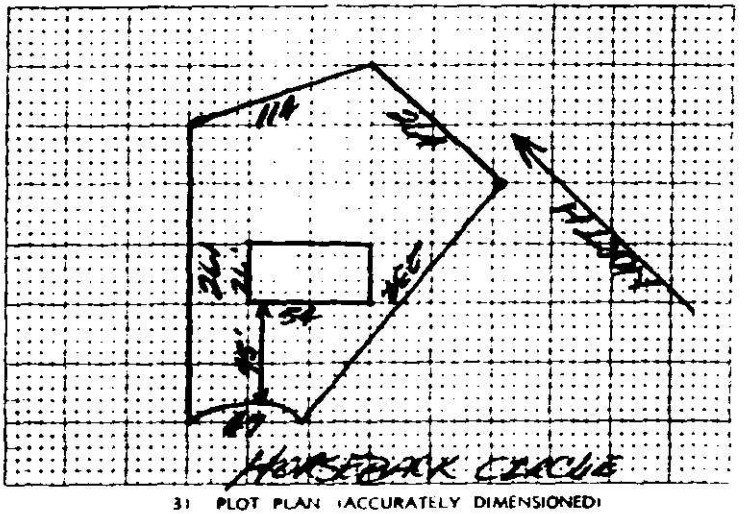
Map Date

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) Government System ___
C) Community System ___
1) Well Curbe ___
2) Government ___

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 MORNINGSTAR REALTY, INC (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 14400 SPRINGWATER DR MATTHEWS, NC

15) PHONE NO Home ___ Office 847-6127

16) LOCATION OF SYSTEM 14058 HORSEBACK CIRCLE (STREET OR COUNTY ROAD)

17) SUBDIVISION SPRINGWATER Lot No 32 Block No B

Map Book No 17 Page No 207

18) DEED REFERENCE — DEED BOOK 3326 AT PAGE 459

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 8-22-73

20) PTR NUMBER (See Instructions) 6878

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

4-4-75
DATE OF APPLICATION

MORNINGSTAR REALTY, INC.
By: Ted A. Simpson V.P.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 7, 1975

Serial No. 4780

IMPROVEMENTS PERMIT

LA No. 6878

T C. No 215-151-64

Map Date 6-10-74

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 Morningstar Realty, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 14400 Springwater Drive, Matthews, N. C. ZIP 28105

LOCATION OF LOT 14058 Horseback Circle
(STREET OR COUNTY ROAD)

SUBDIVISION Springwater LOT NO 32 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 60Min./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 6878. 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

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8 Nov 75 Serial No. 6982 ICAR (S) Permit No. 6858

T. C. No. 215-151-64

Map Date 6-10-75

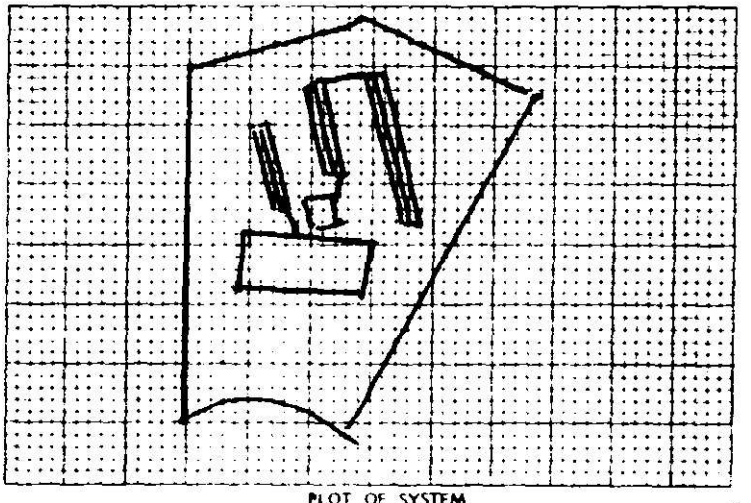
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6858, dated 4-4-75 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 Dec 75, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Length 600 ; 150

Number of Lines 5 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' +

NAME OF OWNER Mountain Realty Inc

LOCATION OF PROPERTY 14058 Horseback Circle

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 in bed 12½ X 40' X 17" + 12½ X 60' X 17"
wash line in bed 10 X 30' X 17"

John A Johnson
Environmentalist

Division or Section Head

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 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 2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 10 Nov 1975 Serial No. 6480

C of A (s) No. 6A)d

T. C. No. 215-151-64

Map Date 6-10-24

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Morningstar Realty, Inc. (LAST FIRST MIDDLE)

Location of Property 1405 Horseback Circle

Application Number 6A)d Permit Number 6A)d

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material precast

Total Length of Drain Tile 600; 150 Number of Lines 5; 4

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well proposed Distance from Water Source —

Excavation Inspected 11-12-75 (DATE) Tank Inspected 11-12-75 (DATE)

Nitrification Field Inspected 11-12-75 (DATE)

Washing Machine Line Inspected, If Applicable 11-12-75 (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 in no way guarantee that the system will operate properly or relieve any person now or hereafter owning or 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

John R. Atkinson

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY