B

Date Received 4-13-73

APT No 6020

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Johnson (LAST) Robert (FIRST) Lynn (MIDDLE)

2) ADDRESS OF OWNER Route 6 Box 636 Charlotte, N C. ZIP 28208

3) PHONE NO. Home Office 392.8375

4) LOCATION OF PROPERTY Highway 27 - approx. 3 miles beyond Paw Creek (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. 10-17 BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 561 PAGE NO 246

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

Robert Lynn Johnson
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. 4-18-73
2. _____
3. _____

SDR No. 6020
T.C. No. 031-052-01

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Robert Lynn Johnson

ADDRESS OF OWNER Route 6, Box 636 ZIP 28208

LOCATION OF LOT Thrift Road

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.	4-17-73	200 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

_____

_____

_____

_____
Environmentalist

(Stencil No.)
MMD 398
8/70

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

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. 4-18-73
2. _____
3. _____

SDR No. 6020
T.C. No. 031-052-01

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INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

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_____

_____

_____

Environmentalist

(Stencil No.)
HHD 398
8/70

FORM HD.
R-19-8-14-70

B

SEE INSTRUCTIONS ON BACK

Date Received 4-20-73

(CARIS) Application No 6020

T C No

Map Date

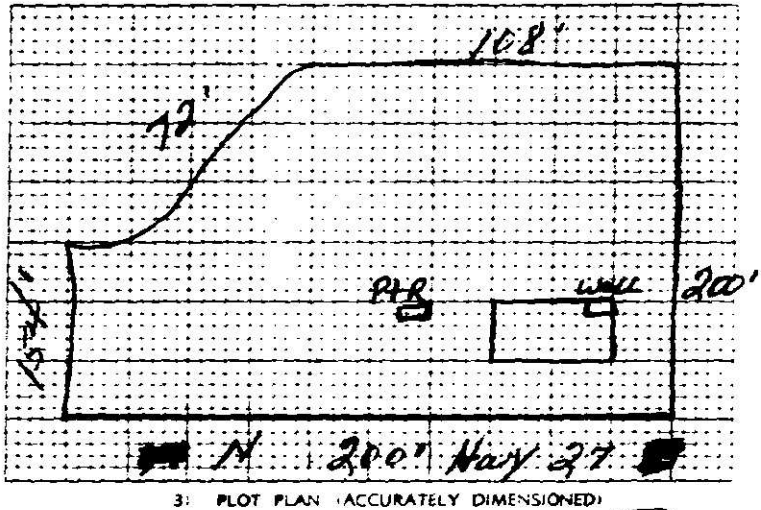
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Disp Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A (Individual) ✓
B Government ___
C Community ___
1 Well ___
2 Government ___

10) Sewage System
House located within 200' of public sewer Yes ___ No ✓
House located within 200' of community sewer Yes ___ No ✓

11) FHA Case No None

12) VA Case No None

13) NAME OF OWNER Johnson (LAST) Robert (FIRST) Lynn (MIDDLE)

14) ADDRESS OF OWNER Rt 6 - Box 636 - Charlotte, N.C.

15) PHONE NO Home None Office 392-8375

16) LOCATION OF SYSTEM Hwy 27 - Rt 6 - Box 636 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 561 AT PAGE 246

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-17-73

20) PTR NUMBER (See Instructions) 6020

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.

4-19-73
DATE OF APPLICATION

Robert Lynn Johnson
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/10/73 **Serial No.** 3645 ICAR(S) Permit No. 6020

T. C. No 031-052-01

Map Date 8/9/72

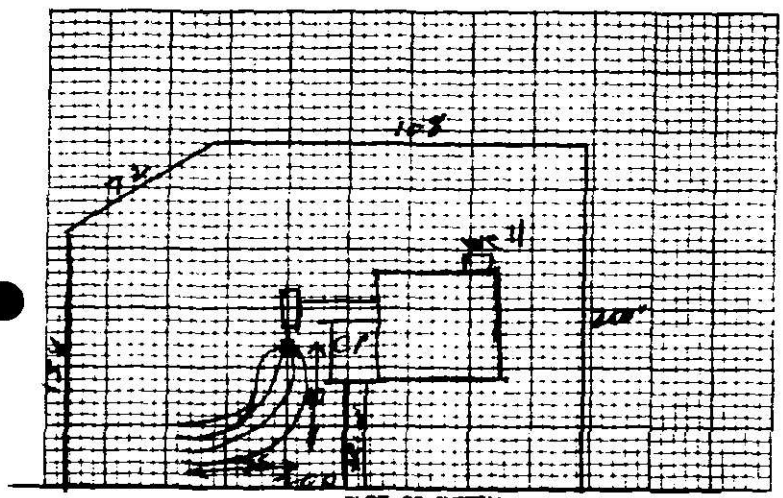
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6020, dated 4/22/73 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 11/4/16, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 300' (10'x75'x17")

Number of Lines 4

Distance from House 20'

Distance from Property Line 20'+

Distance from Well 60'

NAME OF OWNER Robt. Lynn Johnson

LOCATION OF PROPERTY Hwy 27

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: Letter -

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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5/17/73 **Serial No.** 3299 C of A (s) No. 6020

T. C. No. 031-052-01

Map Date 8/9/72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner JOHNSON (LAST) ROBERT (FIRST) LYNN (MIDDLE)

Location of Property HWY 27 (N SIDE) Box 636

Application Number 6020 Permit Number 6020

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 17" Cover Depth 12"

Water Supply Source 60' IND WELL Distance from Water Source 60'

Excavation Inspected 5/16/73 (DATE) Tank Inspected 5/16/73 (DATE)

Nitrification Field Inspected 5/16/73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: Lefler - TANK LID UNSATISFACTORY AT 1ST INSP.

L. P. Bridgeman

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY