Date Received 2-13 74

APT No 7480
P.O
T.C No 141-112-08

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO. Home [illegible] Office

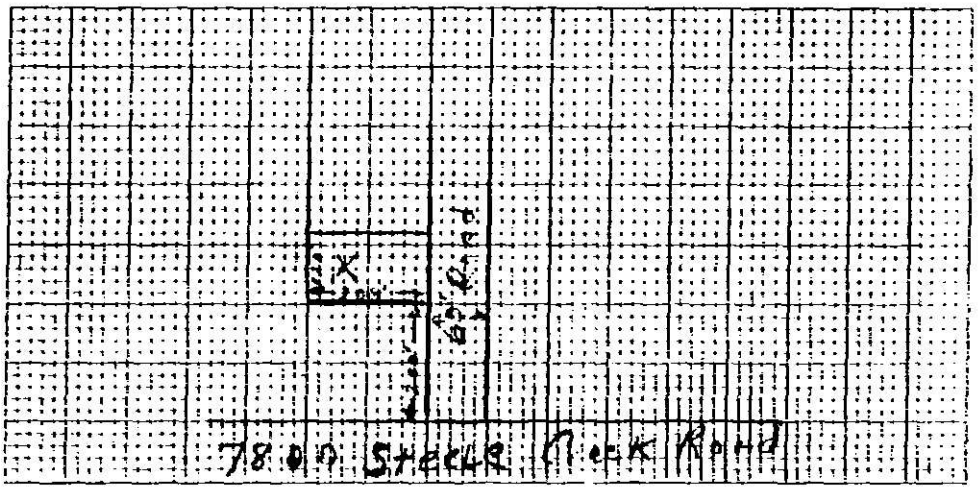
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO

MAP BOOK NO [illegible] PAGE NO.

6) DEED REFERENCE DEED BOOK 3495 PAGE NO. 287

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 [illegible]

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. 2-15-74
2. _____
3. _____

SDR No. 7480
T.C. No. P.O. 141-112-08

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

NAME OF OWNER Shipes, John Allen

ADDRESS OF OWNER 3912 Plainview Road ZIP 28208

LOCATION OF LOT 7800 Steele Creek 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.	2-14-74	150 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

_____

_____

_____

_____
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 4138

PTR No 7480
P.O.
T C No 141-112-08
Map Date

Date Issued March 8, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

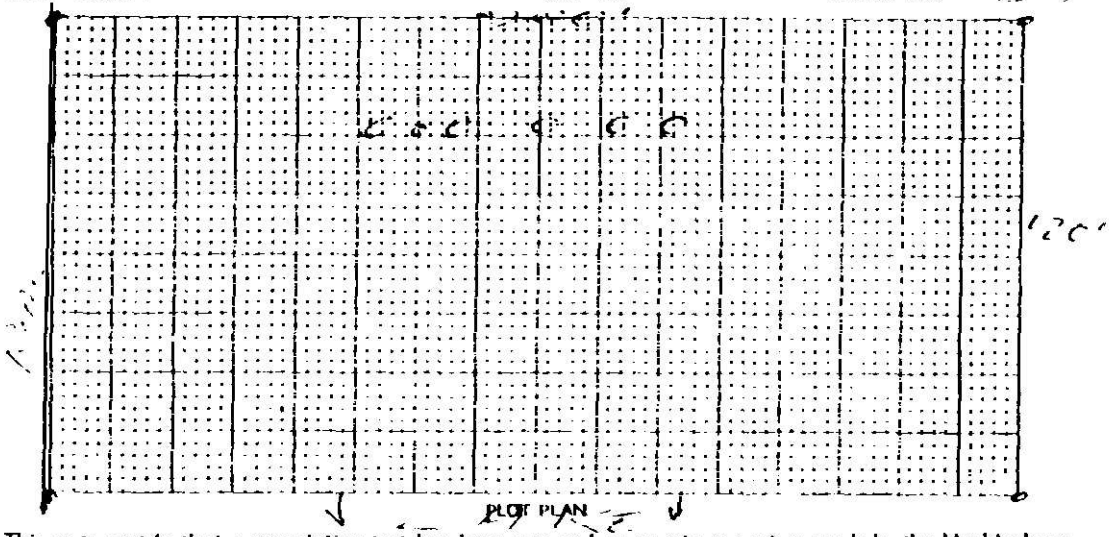
PERCOLATION TEST REPORT

NAME OF OWNER Shipes (LAST) John (FIRST) Allen (MIDDLE)

ADDRESS OF OWNER 3912 Plainview Road ZIP 28208

LOCATION OF PROPERTY Steele Creek 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 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 building, 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.

W. Gretta Lyons Jr. Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-3-1-72

HEALTH DEPARTMENT'S COPY

6

SEE INSTRUCTIONS ON BACK

Date Received 2-13-74

ICAR Sr Application No 7480

T C No

Map Date

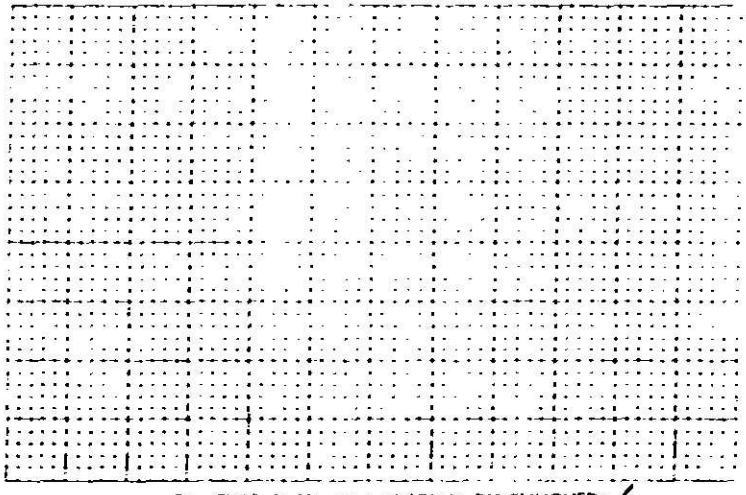
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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) Estimated Water Use

6) Employees

7) Water Meter ____ Yes ✓ No

8) Garbage Disp. ____ Yes ✓ No

9) Duplex ____ Yes ✓ No

10) Water Supply

A. Community Sys

B. Connection ✓

C. Community Sys

D. Well

E. Spring

F. Cistern

G. Other (Explain)

H. Swimming Pool ____ Yes ✓ No

I. Other Structures (List)

J. Community Water ____ Yes ✓ No

11) EHA Code No

12) SA Code No

13) NAME OF OWNER John Allen Shipes (LAST Shipes FIRST John MIDDLE Allen)

14) ADDRESS OF OWNER 3912 Plainview Rd

15) PHONE NO Home 399-3427 Office

16) LOCATION OF SYSTEM 7800 Steele Creek Road. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No ____

Map Book No 3495 Page No. 287

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 revoked and of no effect if any of the above facts are not true.

2/13/74
DATE OF APPLICATION

John A. Shipes
OWNER

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 7, 1974

Serial No. 3883

IMPROVEMENTS PERMIT

LA No 7480
P.O.
T C No 141-112-08

Map Date

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 Shipes (LAST) John (FIRST) Allen (MIDDLE)

ADDRESS OF OWNER 3912 Plainview Road ZIP 28208

LOCATION OF LOT Steele Creek Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 60 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 7480. 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-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5157 ICAR(S) Permit No 7480

Date Issued

T C No

Map Date

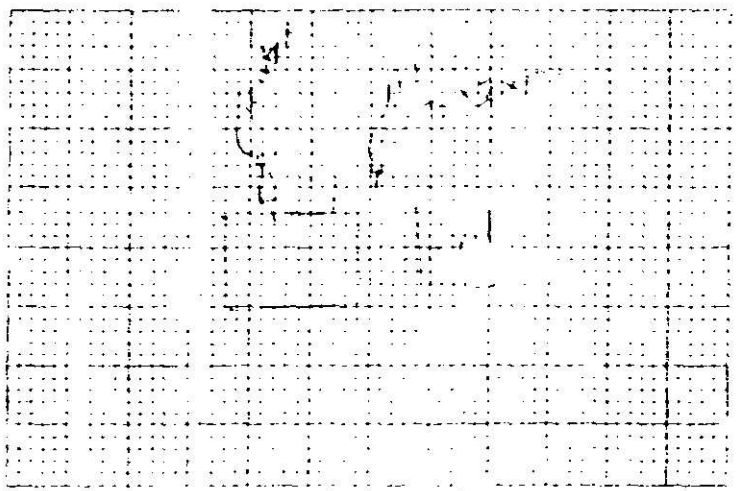
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ☒ 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 dated and this permit shall be void and of no effect if the information provided in the application is not correct or is erroneous. All work shall be completed on or before after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate 60 SA

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Length

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

This 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

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.

REV. E-5-9-1-72

Date Issued 5/7/74 Serial 4675

C of A (s) No. 7480

T C. No.

Map Date

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner SHIPES (LAST) JOHN A (FIRST) (FOR SALE) (MIDDLE)

Location of Property ~~7800 Blk~~ 7120 STEELE CR. RD

Application Number 7480 Permit Number 7480

Inspection Data:

Liquid Capacity of Tank 1000 gal ST / WM

Tank Material RC ST / WM

Total Length of Drain Tile 400 / 150

Number of Lines 4 / 3

Depth of Filter Material 17"

Cover Depth 30"

Water Supply Source CITY

Distance from Water Source —

Excavation Inspected 5/7/74 (DATE)

Tank Inspected 5/7/74 (DATE)

Nitrification Field Inspected 5/7/74 (DATE)

Washing Machine Line Inspected, If Applicable 5/7/74 (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 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: Steele

Environmentalist

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

HEALTH DEPARTMENT'S COPY