W

Date Received 9-10-73

APT No. 6966

T. C No.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

MECK. COUNTY HEALTH DEPT.
RECEIVED
SEP 10 1973
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Simpson (LAST) Frank (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 5635 N. Tryon St. ZIP

PHONE NO. Home 597-7926 Office 332-5151

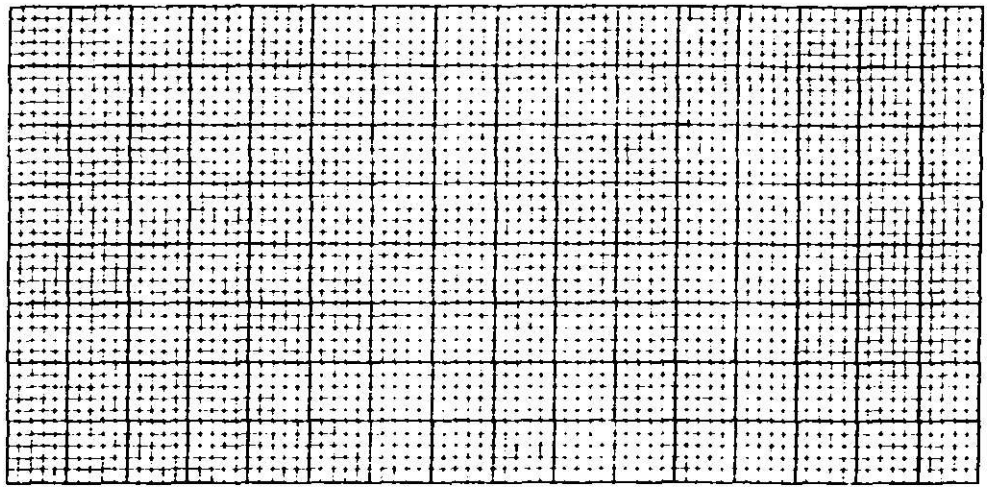
LOCATION OF PROPERTY Crestkill Drive (STREET OR COUNTY ROAD)

SUBDIVISION Crestkill LOT NO 3 BLOCK NO. A

MAP BOOK NO 9 PAGE NO 33

DEED REFERENCE DEED BOOK 3172 PAGE NO. 154

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.



ACCURATELY DIAGRAM & DIMENSION LOT

Frank D Simpson
OWNER

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3699

PTR No. 6966

Date Issued October 17, 1973

T C No. 197-613-11

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

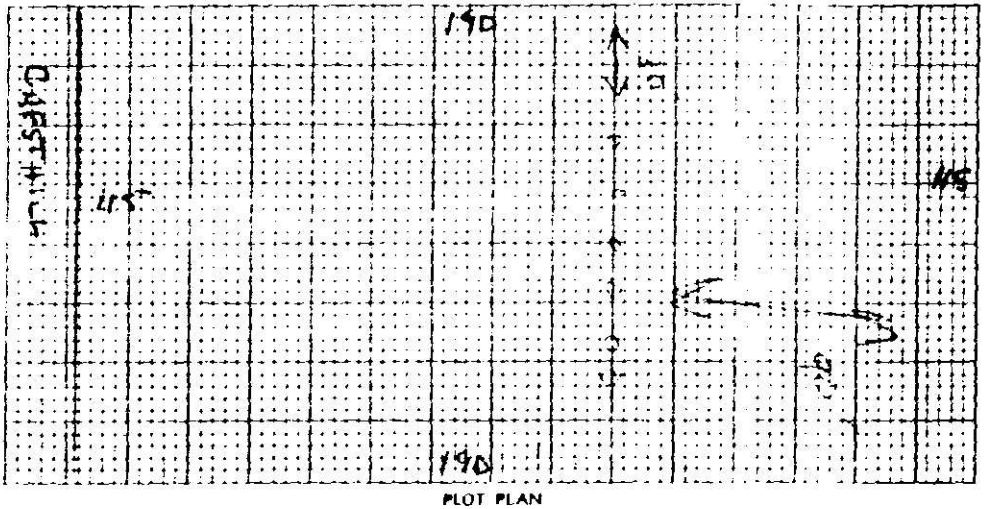
PERCOLATION TEST REPORT

NAME OF OWNER Simpson (LAST) Frank (FIRST) G. (MIDDLE)

ADDRESS OF OWNER 5635 North Tryon Street ZIP

LOCATION OF PROPERTY Cresthill Drive (STREET OR COUNTY ROAD)

SUBDIVISION Cresthill LOT NO 3 BLOCK NO A



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 septic 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 R Johnson

Director, Environmental Health Division or Authorized Section Head

FORM NO E 2 4 1 71

PLANTS DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-28-73

ICAR (S) Application No 6966

T C No

Map Date

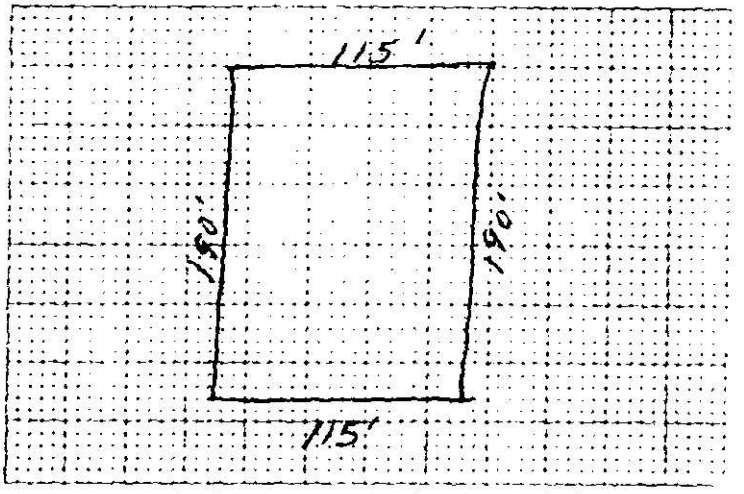
MECK COUNTY HEALTH DEPT.
RECEIVED
SEP 28 1973
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
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) Governmental System

C) Community System

1) Well

2) Surface

Large System

Name of Supplier

D) Public Water Yes X No

Name of Supplier

E) Community Sewer Yes X No

F) FHA Case No

G) VA Case No

10) NAME OF OWNER Simpson (Last) Frank (First) B (Middle)

11) ADDRESS OF OWNER 5635 Nipton St

12) PHONE NO Home 597-7926 Office 332-5151

13) LOCATION OF SYSTEM Cresthill Drive (Street or County Road)

14) SUBDIVISION Cresthill Lot No 3 Block No A

Map Book No 9 Page No 335

15) DEED REFERENCE — DEED BOOK 3172 AT PAGE 154

16) HAS A PERCOLATION TEST BEEN RUN? YES X NO DATE RUN

17) 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

DATE OF APPLICATION 9/26/73

OWNER Frank B Simpson

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

LA No. 6966

Serial No. 3532

Date Issued October 17, 1973

T C No. 87-013-11

IMPROVEMENTS PERMIT

Map Date 6-5-74

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 Simpson (LAST) Frank (FIRST) G. (MIDDLE)

ADDRESS OF OWNER 5635 North Tryon Street ZIP

LOCATION OF LOT Cresthill Drive (STREET OR COUNTY ROAD)

SUBDIVISION Cresthill LOT NO 3 BLOCK NO A

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 6966. 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

Thomas R. Ward
Environmentalist

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

FORM NO E-3-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8 Mar 74 Serial No. 4947 ICAR(S) Permit No 6966
T C No 197-213-11
Map Date 14 Dec 73

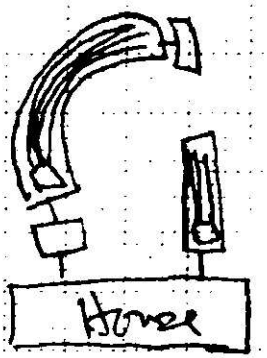
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is given to ✓ Install or Construct, Alter or Repair the individual septic tank sewage water treatment system with subsurface soil absorption effluent discharge as specified herein at the premises described below. This permit is granted based upon the information supplied in application dated . This permit shall be void and of no effect if the work is not started by this date. All work shall be completed on or before 8 April 74 after which date this permit is null and void.



Creathill Dr.

Percolation Rate 60

Liquid Capacity of Tank 1000gal

Tank Construction Precast Concrete

Absorption Field Description and Size

Total Line Length 400' & 150'

Number of Lines

Distance from Structure 10'

Distance from Property Line 10'

Distance from Water Supply 100'

NAME OF OWNER Barbee, R.B.

LOCATION OF PROPERTY 11306 Creathill Dr.

This permit is issued subject to the requirements as set forth in Regulations of the Mecklenburg County Board of Health and to the date of the granting of this permit. A certificate of approval will be issued by the Director before any system can be covered up or otherwise rendered inspectable upon completion.

Comments aeration pit 2½ x 7' x 4' stone

Q.M. Reynolds
Environmentalist

If the proposed installation or construction is not completed within six months of the above date, the division of Environmental Health Director reserves the right to void this permit. Also the signature of the Environmentalist is not required if an existing system is being altered or repaired.

E-5-9-1-72

Serial 4509

C of A (s) No. 6966

Date Issued 8 Mar 74

T C No. 197-013-11

Map Date 14 Dec 73

John A Adkisson

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 Barbee, R. B. (LAST, FIRST, MIDDLE)

Location of Property 11306 Cresthill Drive

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines (4) 10' X 100'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 8 Mar 74 (DATE) Tank Inspected 8 Mar 74 (DATE)

Nitrification Field Inspected 8 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 8 Mar 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 aeration pit O.K.

R. M. Reynolds

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY