Date Received 4/30/76

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 30 1976

APT No. 10906

T. C. No. 001297-75

Map Date 3-9-76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER _____ Charlotte, N. C. ZIP _____

3) PHONE NO. Home _____ Office _____

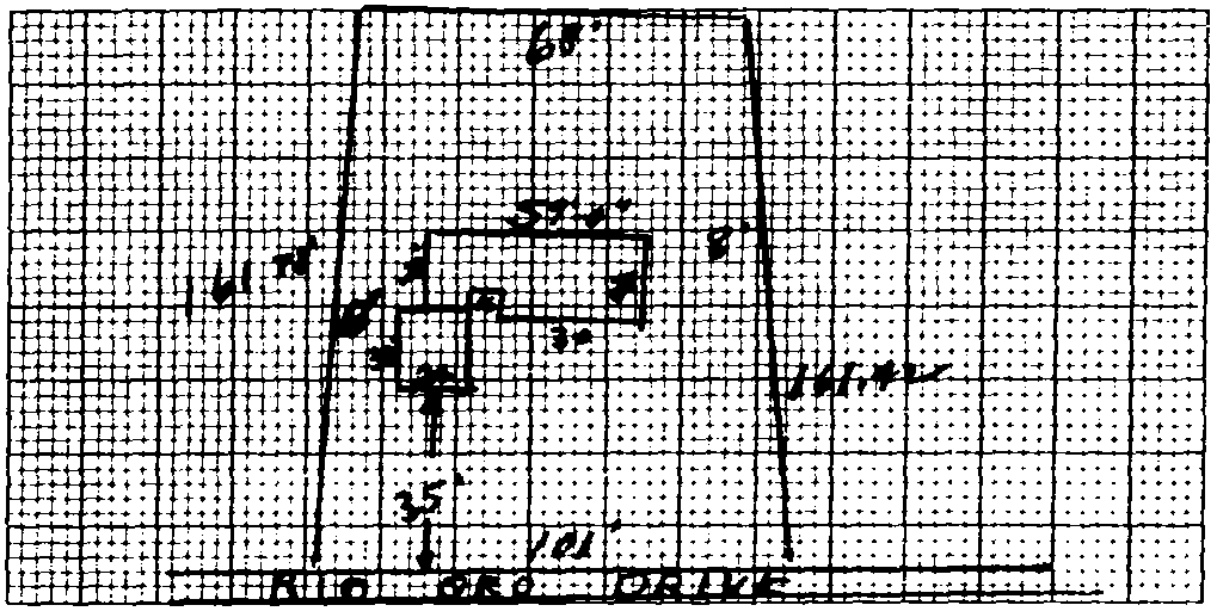
4) LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO 14 PAGE NO. 395

6) DEED REFERENCE DEED BOOK 3545 / 3811 PAGE NO 257 / 0594

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

J. E. Gallagher
OWNER

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation Apr. 14, 1976 APT NO. 10906

Owner F. E. Gulledge

Location of Property Rio Oro Drive lot No. 12 Sec. 1

Tax Code No. 001-297-75

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	acceptable 2-6%			
3. Soil Depth	acceptable 72"+			
4. Soil Texture	acceptable clay			
5. Soil Structure	acceptable subangular blocky			
6. Restrictive Horizons	—			
7. Soil Drainage	acceptable water table 76"-			
8. Soil Permeability (Percolation Rate)	acceptable 60 min. /in.			
9. Other	—			
10. Overall Rating	acceptable			

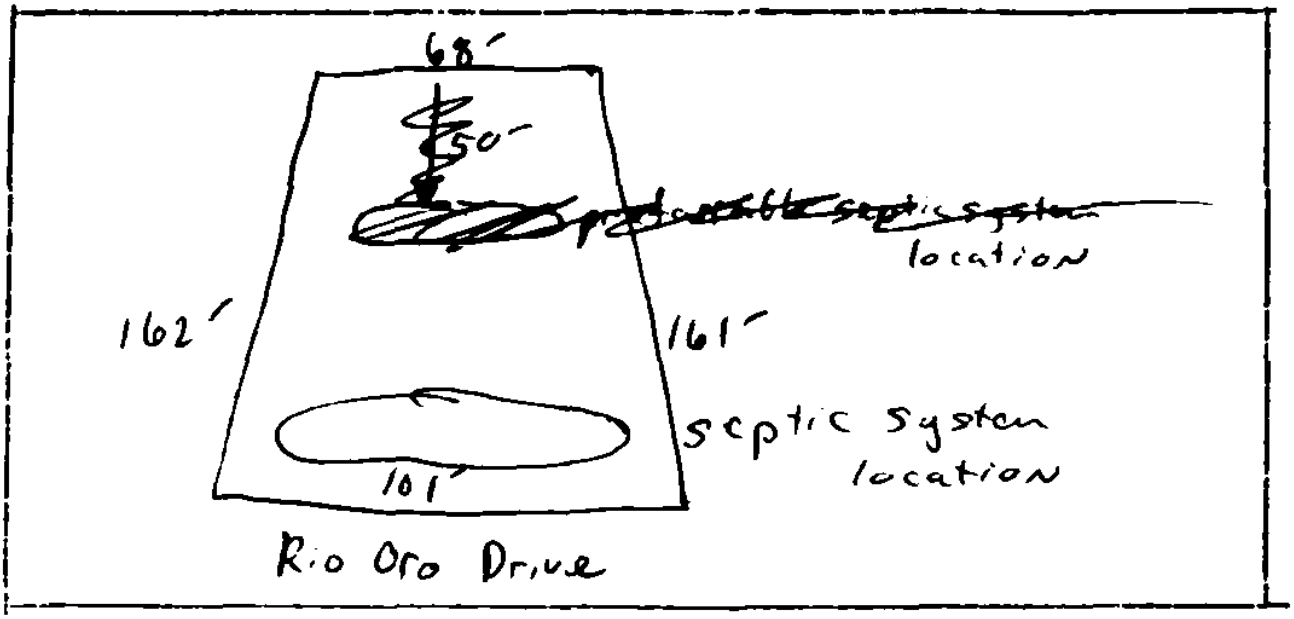
Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in

See diagram on back

W. Edward Cogswell
Soil Scientist

3/18/75
EHD 539

DIAGRAM OF PROPERTY



3/18/75

339

Serial No. 6277

PTR No. 10906

Date Issued 5/5/76

T C No 001-297-75

Map Date 3-9-76

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

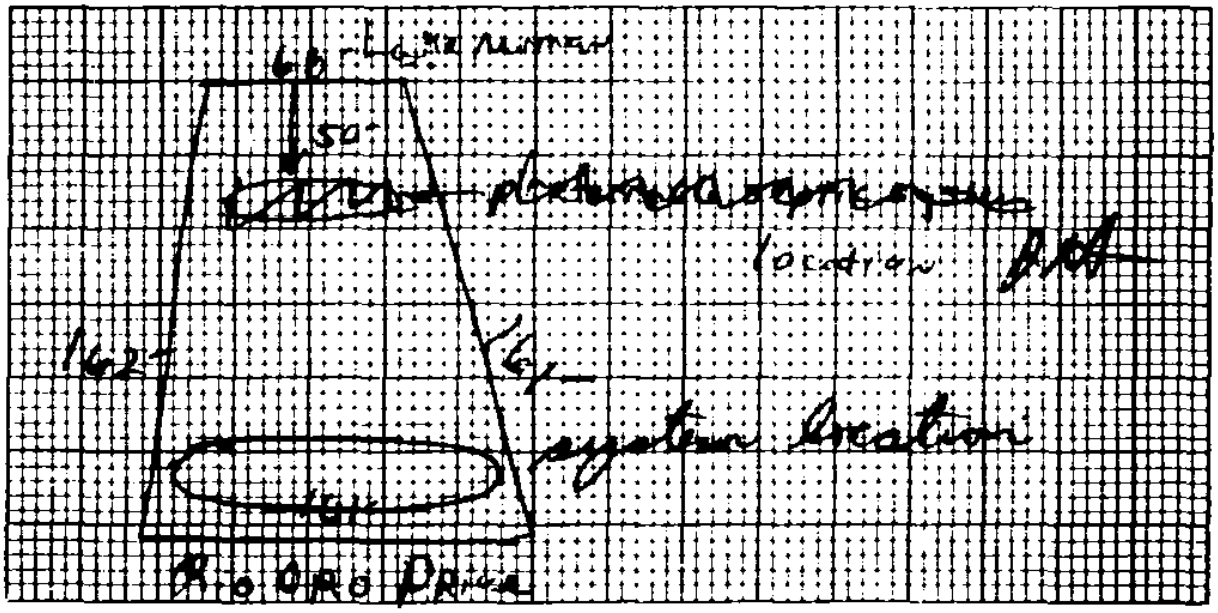
PERCOLATION TEST REPORT

NAME OF OWNER Gulledge (LAST) Francis (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER 6201 Tuckaseegee Road, Charlotte, N. C. ZIP 28208

LOCATION OF PROPERTY Rio Oro Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bania Bay LOT NO 13 BLOCK NO Sect. 1



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 *60Min./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.

*Results determined by soil analysis

W. Edward Cavanaugh
Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5/5/76

Serial No. 5891

LA No. 10906

T. C. No. 001-297-75

IMPROVEMENTS PERMIT

Map Date 3-9-76

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 Gulledge (LAST) Francis (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER 6201 Tuckaseegee Road, Charlotte, N. C ZIP 28208

LOCATION OF LOT Rio Oro Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 12 BLOCK NO Sect. 1

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 _____, 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 10906. 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 Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-2M-6-75

HEALTH DEPARTMENT COPY

Date Received 4/30/76 RECEIVED APR 30 1976 ENVIRONMENTAL HEALTH

ICAR(S) Application No. 4906

T. C. No. 001297.75

Map Date 3-9-76

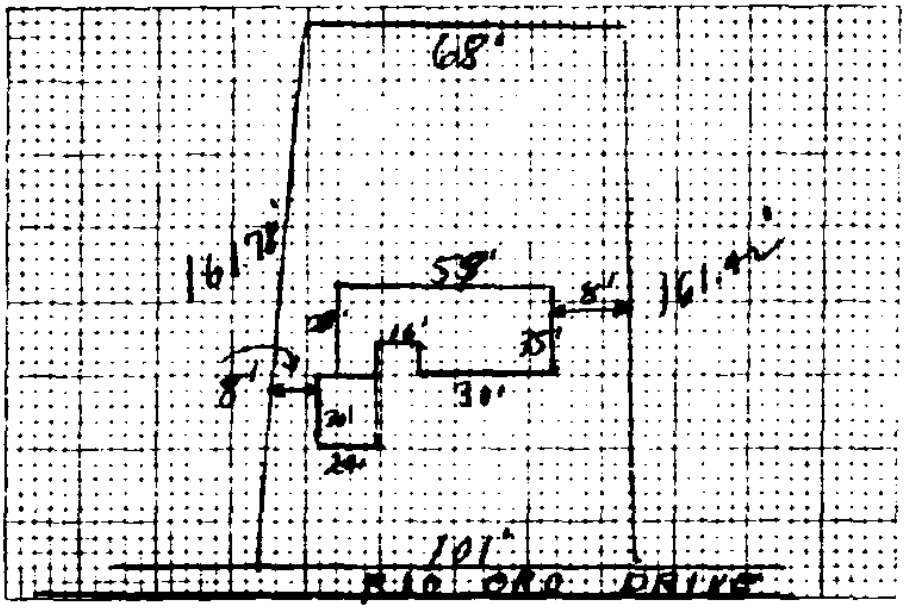
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____

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 _____

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 _____ LAST _____ FIRST _____ MIDDLE

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ STREET OR COUNTY ROAD

17) SUBDIVISION _____ (If Applicable) Lot No. 12 Block No. Section 1

Map Book No 14 Page No. 395

18) DEED REFERENCE — DEED BOOK 3545 3811 AT PAGE 257 0594

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.

April 29, 1976
DATE OF APPLICATION

J. E. Gillespie
OWNER

FORM NO. E-4-4-2M-6-765

HEALTH DEPARTMENT'S COPY

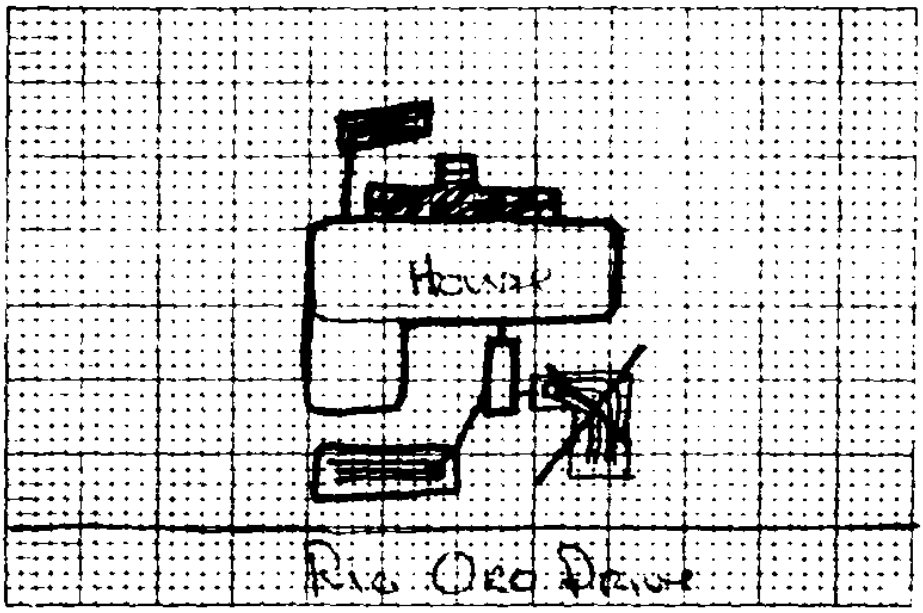
Date Issued 6 Oct 76 **Serial No. 0251** ICAR(S) Permit No. 10906

T C No CC1-FF75

Map Date 3-9-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 10906, dated 9 Mar 76 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 6 Nov 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1000 Gals

Tank Construction Precast Concrete

Absorption and or Nitrification Lines

Total Line Length 60' 150'

Number of Lines 6-3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Gulledge, Francis E.

LOCATION OF PROPERTY Rio Oso Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments:

R. M. Reynolds
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 a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 22Oct76 **Serial No.** 0271 C of A (s) No. 10906

T C No 001-227-75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

John R Atkinson

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

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

Name of Owner Gulledge, F. E.
LAST FIRST MIDDLE

Location of Property Rio Oso Dr

Application Number 10906 Permit Number 10906

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600'-150' Number of Lines 6-3

Depth of Filter Material 34" Cover Depth 24"

Water Supply Source Community Distance from Water Source 100'+

Excavation Inspected 22Oct76 DATE Tank Inspected 22Oct76 DATE

Nitrification Field Inspected 22Oct76 DATE

Washing Machine Line Inspected, If Applicable 22Oct76 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 Health Commission 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 O.K.

R. M. Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy

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