Serial No. 3546

PTR No. 6924

Date Issued September 14, 1973

T C No 139-241-06

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

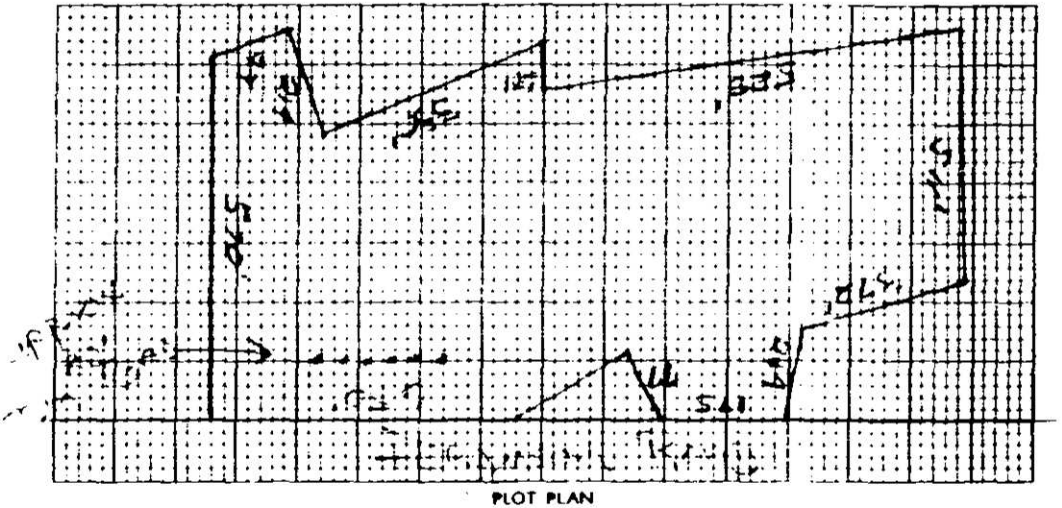
PERCOLATION TEST REPORT

NAME OF OWNER Hunter (LAST) Thomas (FIRST) (MIDDLE)

ADDRESS OF OWNER 5309 Cinderella Road ZIP 28213

LOCATION OF PROPERTY Ferguson 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 56 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 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.

John C. Atkisson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E 2-4 1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-29-73

ICAR(S) Application No 6924

T C No 139-241-06

Map Date 7-29-71

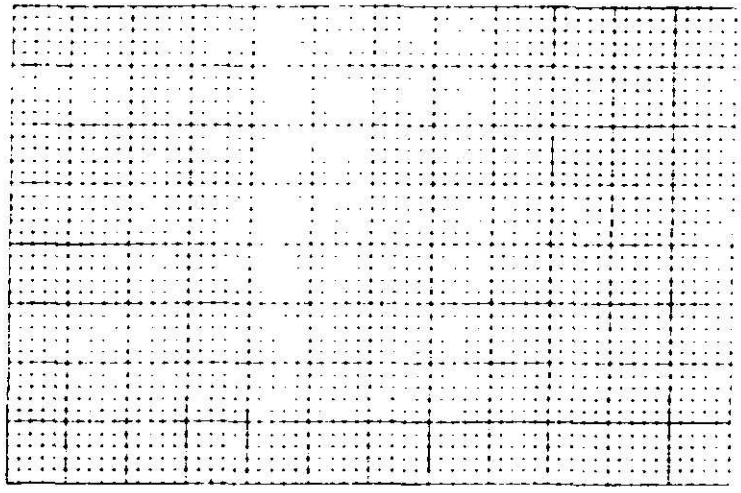
MECKLENBURG COUNTY HEALTH DEPARTMENT

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
✓ Individual Well
B. Government
C. Community
1. Well
2. Government
Sewage System
Municipal/Community (Available)
Is public sewer available?
Must connect (Available)
Community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER HUNTER THOMAS T GERALDINE F.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5309 CINDERELLA RD.

15) PHONE NO Home 596-3522 Office

16) LOCATION OF SYSTEM CLERR CREEK COMMUNITY FERGUSON RD. MINT HILL
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2781 AT PAGE 167

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.

DATE OF APPLICATION Aug. 29, 1973

OWNER Thomas & Geraldine Hunter

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3415

LA No. 6924

Date Issued September 14, 1973

T. C. No. 139-241-06

Map Date 9-29-71

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 Hunter (LAST) Thomas (FIRST) (MIDDLE)

ADDRESS OF OWNER 5309 Cinderella Road ZIP 28213

LOCATION OF LOT Ferguson 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 56 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 6924. 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

R. M Reynolds
Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 28 Sept 73 Serial No. 4437

ICAR(S) Permit No. 6412

T. C. No. 139-241-06

Map Date

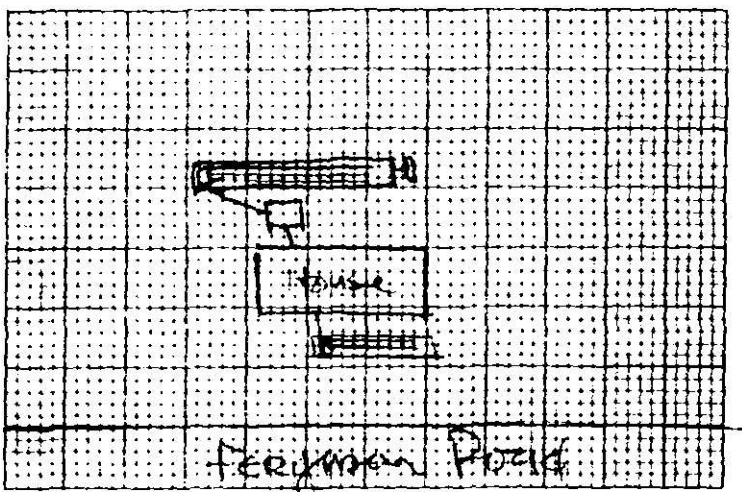
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 true or is erroneous. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 400' & 150'

Number of Lines (4) 10' X 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Hunter

LOCATION OF PROPERTY Ferguson Road

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: Warren Line 7½' X 50'

aeration pit 2½ X 7' X 4' stone

Division or Section Head

R. M. Reynolds
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

Serial 3830

C of A (s) No. 6924

T. C. No. 139-241-06

Map Date —

Date Issued 5 Oct 1973

John R Atkisson

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 Hunter, Tommy (LAST, FIRST, MIDDLE)

Location of Property Ferguson Road

Application Number 6924 Permit Number —

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PRE-CAST

Total Length of Drain Tile 400 l/ft Number of Lines 4 - (10'X100')

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected — DATE 5 Oct 1973 Tank Inspected 5 Oct 1973 DATE

Nitrification Field Inspected DATE 5 Oct 1973

Washing Machine Line Inspected, If Applicable — 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 wash line in bed 7½'X50'X17"

John R Atkisson

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY