Date Received 2-12-74

MECK COUNTY HEALTH DEPT.
RECEIVED
-74

APT No 7477

T C No 001-291-12

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hake (LAST) Jennings (FIRST) Newton & wife Mary (MIDDLE)

2) ADDRESS OF OWNER Route 13, [illegible] 288 Charlotte, N. C. ZIP 28213

3) PHONE NO Home 596-9470 Office

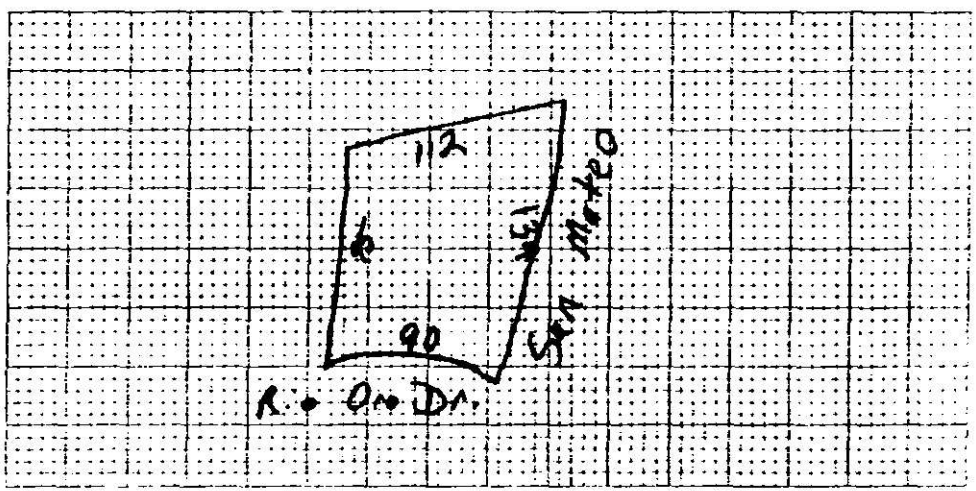
4) LOCATION OF PROPERTY Lot 53, Section 1 of Bahia Bay (STREET OR COUNTY ROAD) Rio Oro Dr.

5) SUBDIVISION Bahia Bay I LOT NO 53 BLOCK NO

MAP BOOK NO 3468 PAGE NO 363

6) DEED REFERENCE DEED BOOK 15 PAGE NO 165

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 [signature] Mary

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: March 5, 1974

TO: Mr. Jerry Burleson
Environmentalist

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #7477 (J. N. Hoke)
Lot No. 53, Rio Oro Drive
3-4-74

Soils were found to be of the Pacolet series. These soils have good drainage, good aeration and moderate permeability.

Based on this investigation, it is recommended that the lot be granted approval for installation of a septic tank. Design should be based on a 60 min./in. perc. rate.

WEL:jdg

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. 2-18-74
2. 2-28-74
3. _____

SDR No. 7477
T.C. No. 601-291-12
12-14-73

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

NAME OF OWNER Hoke, Jennings Newton

ADDRESS OF OWNER [illegible] ZIP 28213

LOCATION OF LOT Rio Oro Drive, Lot 53 of Bahia Bay I

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.	2-15-74	180 min/in
X	2.	2-27-74	180 min/in
____	3.	_____	_____ min/in

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

Jerry Bruton
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 4096

PTR No 7427

Date Issued March 5, 1974

T C No 001-291-12

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

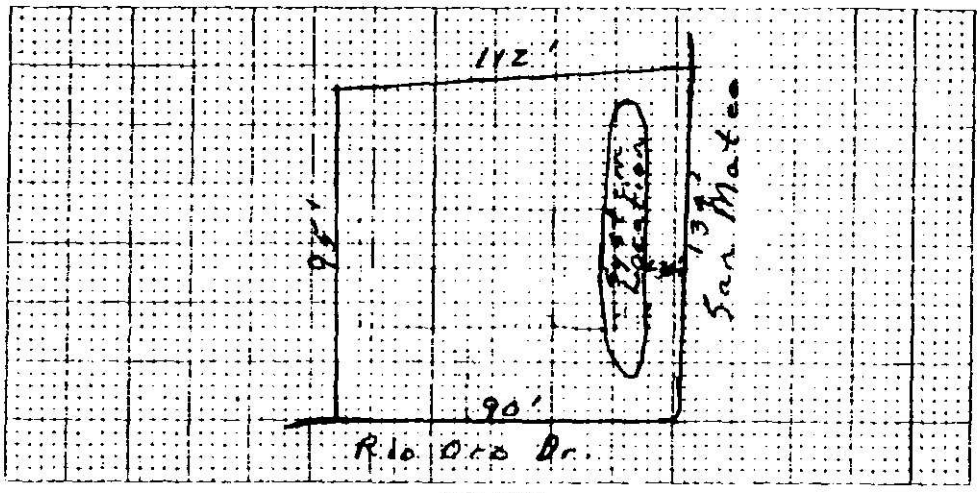
PERCOLATION TEST REPORT

NAME OF OWNER Hoke (LAST) Jennings (FIRST) Newton (MIDDLE)

ADDRESS OF OWNER Route 13, Box 288 ZIP 28213

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

SUBDIVISION Bahia Bay I LOT NO 53 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 buildings on 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. Everette Lynn Jr. — Soil Scientist

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

FORM NO E-2-5-1-72

HEALTH DEPARTMENTS COPY

Date Received 3-27-74 RECEIVED ICARIS Application No 7477

T C No 001-241-12

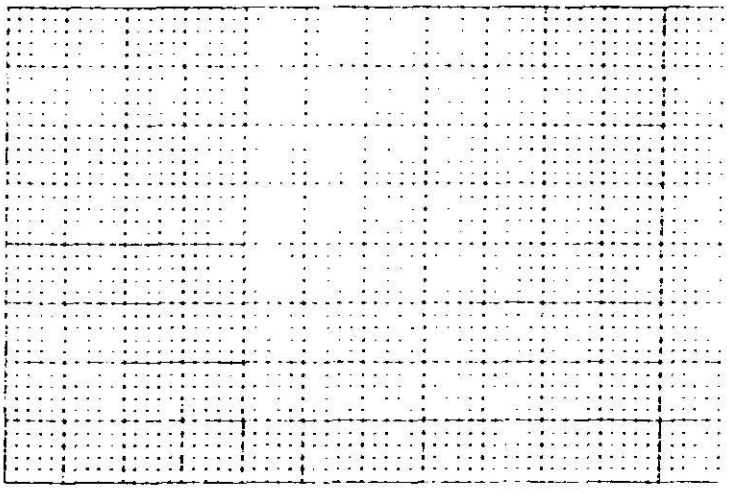
Map Date 12 14 73

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. Bdrms 3

5) Existing Use

6) Bldg. use

7) Water Meter No. Yes No

8) Sewer Tap Yes No

9) Driveway Yes No

10) Water supply

A. Public Water Co.

B. Community Well

C. Individual Well ✓

11) Septic System

A. Gravity Yes ✓ No

B. Pressure Yes No

C. Other (Explain) Yes ✓ No

12) FHA Case No.

13) VA Case No.

13) NAME OF OWNER Hoke (LAST) Jennings (FIRST) N. (MIDDLE)

14) ADDRESS OF OWNER Rt. 13, Box 288 28213

15) PHONE NO Home 596-9476 Office 596-4123

16) LOCATION OF SYSTEM Nic Cne Pk. Lot 53 (STREET OR COUNTY ROAD)

17) SUBDIVISION Dixiana Lot No 53 Block No 1

Map Book No 15 Page No. 165

18) DEED REFERENCE — DEED BOOK 3468 AT PAGE 363 5860

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 3-4-74

20) PTR NUMBER (See Instructions) 7477

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

3-25-74
DATE OF APPLICATION

Hoke N Jennings
OWNER

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 27, 1974

Serial No. 3944

LA No 7477

T C No 001-291-12

IMPROVEMENTS PERMIT

Map Date 12-14-73

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 Hoke (LAST) Jennings (FIRST) H. (MIDDLE)

ADDRESS OF OWNER Route 13, Box 288 ZIP 28213

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

SUBDIVISION Bahia Bay LOT NO 53 BLOCK NO 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 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 7477. 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, altered 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-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 25 Nov 75

ICAR(S) Application No. 7477

T C No. 001-241-12

Map Date 12-14-73

15 acre
600 ft
150 wash Dwd

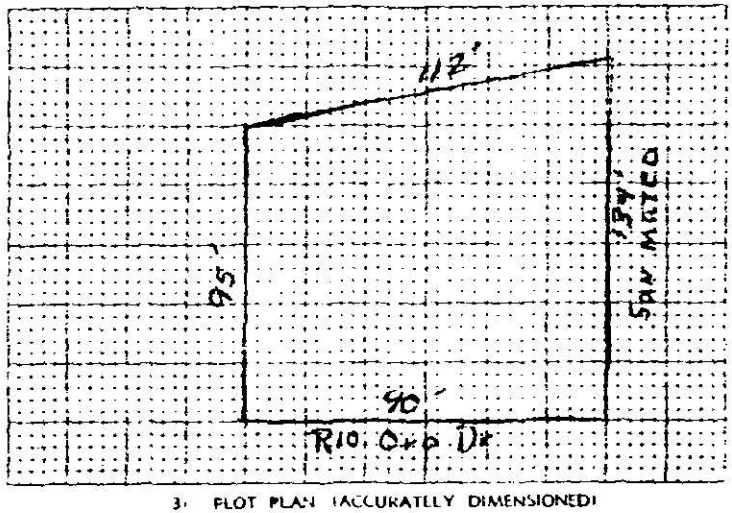
MECKLENBURG COUNTY HEALTH DEPARTMENT

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
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 Boyd, Jr (LAST) Roy (FIRST) Ingram (MIDDLE)

14) ADDRESS OF OWNER 4736 Shamrock Road, Charlotte, NC 28210

15) PHONE NO Home 365-1837 Office ___

16) LOCATION OF SYSTEM E.O. Rio Dr (STREET OR COUNTY ROAD) Lot 53

17) SUBDIVISION Oak. A Bay Lot No. 53 Block No. 1

Map Book No. 15 Page No. 165

18) DEED REFERENCE — DEED BOOK 3405 AT PAGE 363 56→60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-4-74

20) PTR NUMBER (See Instructions) 7417

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.

25 Nov 75
DATE OF APPLICATION

Roy A Boyd Jr
OWNER

FORM NO E-4 4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 11/25/75

Serial No. 5465

IMPROVEMENTS PERMIT

LA No 7477

T C No 001-291-12

Map Date 12-14-73

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 Boyd, Jr. (LAST) Roy (FIRST) Ingram (MIDDLE)

ADDRESS OF OWNER 4738 Sharon Road, Charlotte, N. C. ZIP 28210

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

SUBDIVISION Bahia Bay LOT NO 53 BLOCK NO 1

MAP BOOK NO 15 PAGE NO 165

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 60Min./Inon 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 7477. 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

L. P. Bridgeman
Environmentalist

John R Adamson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT S COPY

Date Issued 22 April 76

Serial No. 7298

ICAR (S) Permit No 7477

T C No 001-291-12

Map Date 12-14-73

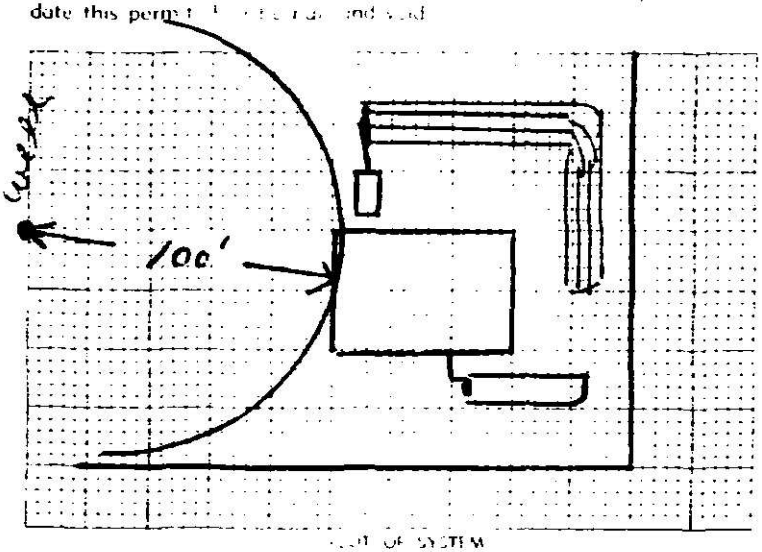
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct Alter or Repair the individual septic tank waste water 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 7477 dated 11-25-75 and this permit shall be void and of no effect if the information provided in the application is not true and correct in all respects. All work shall be completed on or before June 1976 after which date this permit is revoked and void.



Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Length 600 - 1500

Number of Lines 6-4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Boyd, Jr., Roy L.

LOCATION OF PROPERTY Rio Dee Drive Lot 53

The system shall meet all State 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 of Septic Tank

John R. Henderson
Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or 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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 16 July 76 **Serial No.** 0043 C of A (s) No 7477

T C No 001-291-12

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

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

Name of Owner Boyd Jr., Roy (LAST, FIRST, MIDDLE)

Location of Property Rio Oso Drive Lot #53

Application Number 7477 Permit Number 7477

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600 - 150' Number of Lines 6 - 4

Depth of Filter Material 17" Cover Depth 36" - 24"

Water Supply Source Community Distance from Water Source 100'

Excavation Inspected 16 July 76 (DATE) Tank Inspected 16 July 76 (DATE)

Nitrification Field Inspected 16 July 76 (DATE)

Washing Machine Line Inspected, If Applicable 16 July 76 (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 installed as permitted

G. M. Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy