Date Received 2-19-73

APT No. 5578

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HANEY, DAVID WILSON and wife MARTHA S. HANEY
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 6708 Tuckaseegee Road, Charlotte, N.C. ZIP 28214

3) PHONE NO Home 3990369 Office

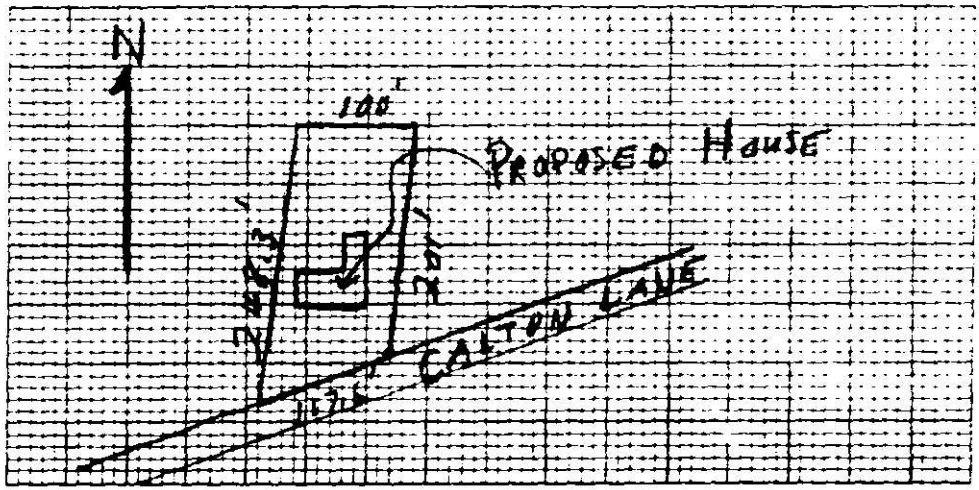
4) LOCATION OF PROPERTY CALTON LANE
(STREET OR COUNTY ROAD)

5) SUBDIVISION Moores Park #2 LOT NO. 9 BLOCK NO. -

MAP BOOK NO 7 PAGE NO 461

6) DEED REFERENCE DEED BOOK 2929 PAGE NO 598

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

X D Wilson Haney
OWNER
X Martha S. Haney

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3

PTR No. 5578

T C No 055-355-08

Map Date 9-22-71

Date Issued March 1, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

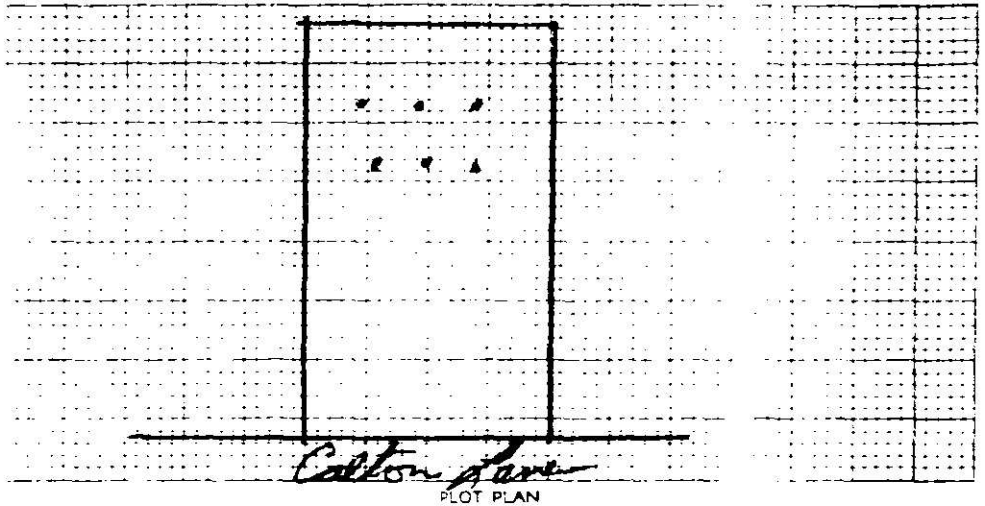
PERCOLATION TEST REPORT

NAME OF OWNER Haney (LAST) Davis (FIRST) Wilson (MIDDLE)

ADDRESS OF OWNER 6708 Tuckaseegee Road ZIP 28214

LOCATION OF PROPERTY Dalton Lane (STREET OR COUNTY ROAD)

SUBDIVISION Moores Park #2 LOT NO 9 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 52 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 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. Thiessen

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 4-2-73

ICAR (S) Application No. 5578

T C No. 055-355 08

Map Date 9 22 71

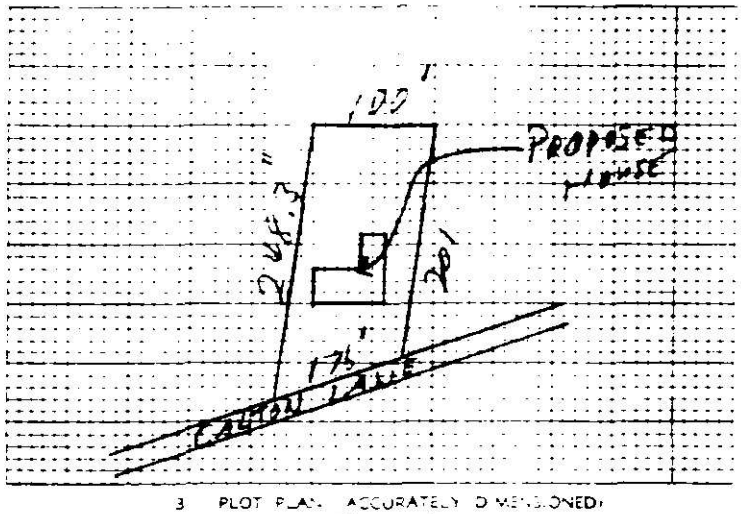
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or part 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 subsurface soil absorption effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

4 No. of Bedrooms 3

5 Building Permit No. ____
Employee ____

6 Water, Public ✓ Yes ____ No

7 Sewage, Public ____ Yes ✓ No

8 Disposer ✓ Yes ____ No

9 Water Supply
A Individual Well ____
B Governmental System ✓
C Community System ____
Well Source ____
D Governmental Source ____

Sewage System
House located within 200 feet of public sewer ____ Yes ____ No
House located within 200' from of community sewer ____ Yes ____ No

11 FHA Case No. ____

12 VA Case No. ____

13) NAME OF OWNER Brashers, Gary B. (LAST) and wife Teresa J. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 2731 Flintridge Dr., Charlotte, N.C. 28210

15) PHONE NO Home 536-8764 ____ Office 394-5161

16) LOCATION OF SYSTEM Calton Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Moores Park #2 Lot No 9 Block No. ____

Map Book No 7 Page No 461

18) DEED REFERENCE — DEED BOOK 2929 AT PAGE 598

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 2 28 73 52

20) PTR NUMBER (See Instructions) 5578

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 2, 1973
DATE OF APPLICATION

X Gary B. Brashers
OWNER

X Teresa J. Brashers

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

HEALTH DEPARTMENT'S COPY

Date Issued April 2, 1973

Serial No. 2689

LA No 5578

T C. No. 055-355-08

Map Date 9-22-71

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 Brashers (LAST) Gary (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 2731 Flintridge Drive ZIP

LOCATION OF LOT Calton Lane (STREET OR COUNTY ROAD)

SUBDIVISION Moores Park #2 LOT NO 9 BLOCK NO

MAP BOOK NO 7 PAGE NO 461

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 52 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 5578. 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 for 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

John R. Atkinson
Environmentalist

R. F. McMillan
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12-5-73

Serial No. 4498

ICAR(S) Permit No. 5578

T C No. _____

Map Date _____

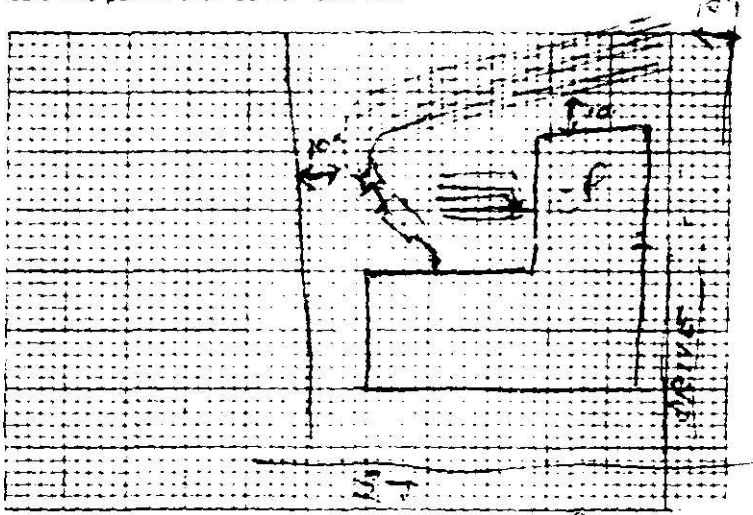
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 5578 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 52 mpi

Liquid Capacity of Tank 1500

Tank Construction CC

Absorption and/or Nitrification Lines

Total Line Length 570 ft

Number of Lines 3 @ 15' X 3' X 22" deep

Distance from House 10' min

Distance from Property Line 12' min

Distance from Well 100'

NAME OF OWNER MAC D. SPENCER

LOCATION OF PROPERTY SALTON LN. (INGLESIDE PK

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: WELL WITCH 5(12½' 15' X 3' deep)

JA/YKB

Division or Section Head

J R Bridgeman

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 4070

C of A (s) No. 5578

Date Issued 10/23/73

T C No ____

CERTIFICATE OF COMPLETION

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner FISHER (LAST) GARY (FIRST) E (MIDDLE)

Location of Property CHALICE LN C

Application Number 5578 Permit Number 5578

Inspection Data:

Liquid Capacity of Tank 1500 gals Tank Material PC

Total Length of Drain Tile 75' 150' Number of Lines 6 / 15'x75' x 2

Depth of Filter Material 12 34 Cover Depth 26"

Water Supply Source CITY Distance from Water Source 177

Excavation Inspected 10/23/73 (DATE) Tank Inspected 10/23/73 (DATE)

Nitrification Field Inspected 10/23/73 (DATE)

Washing Machine Line Inspected, If Applicable 10/23/73 (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. Trees nearest back door will need to be removed if washer drain ever needs repair.

Environmentalist

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

HEALTH DEPARTMENT'S COPY