Date Received 10/15/76 MECK COUNTY DEPARTMENT OF RE[illegible]

Application No. [illegible]

T. C. No. 27.68 cg

Map Date [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Houston (LAST) John (FIRST) O (MIDDLE)

ADDRESS OF OWNER 3900 Margaret Wallace Rd ZIP 28104

PHONE NO. Home 537-3039 Office 374-2705

LOCATION OF PROPERTY Brook Hollow Rd (STREET OR COUNTY ROAD)

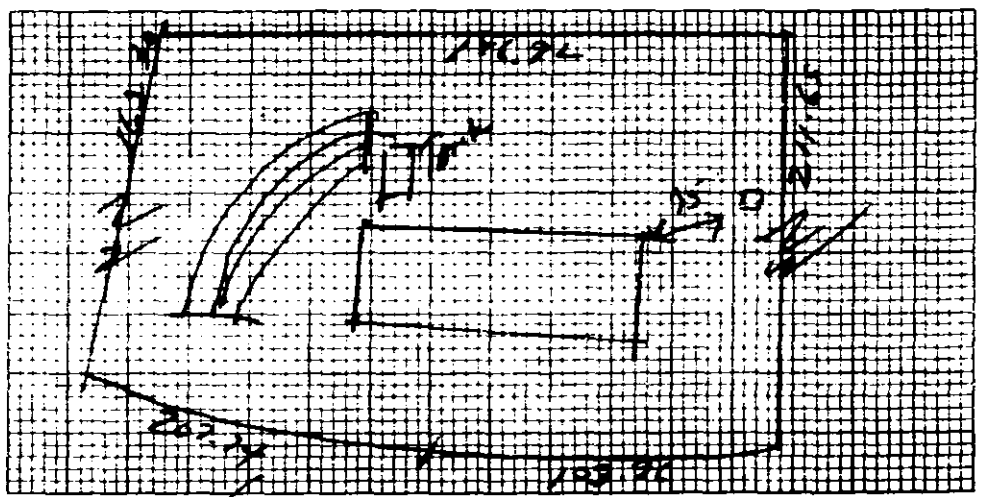
SUBDIVISION Providence Acres LOT NO. 2 BLOCK NO. B

MAP BOOK NO. 17 PAGE NO. 319

DEED REFERENCE: DEED BOOK 3703 PAGE NO. 309

WELL CONTRACTOR Mc Coll Bros Carolina Well LICENSE NO. 240

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of X individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

10/15/76
DATE OF APPLICATION

John O Houston
OWNER

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

2-16-77

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5355

PTR No. 9528

Date Issued June 5, 1975

T C No 227-188-04

Map Date 2-21-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

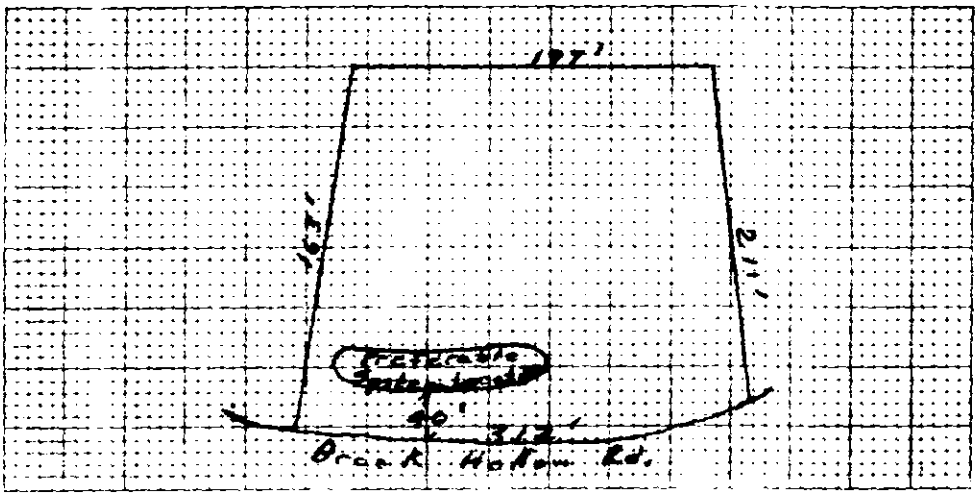
PERCOLATION TEST REPORT

NAME OF OWNER Horton (LAST) John (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 3900 Margaret Wallace Road, Chlot ZIP 28105

LOCATION OF PROPERTY Brook Hollow Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Acres LOT NO 2 BLOCK NO 4-B



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 at the site described above. The said test was conducted on that portion of the lot as indicated on above plat.

The percolation rate determined by the test was *60Min./In. The site 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 subject 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 void 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 wells) 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

M. Smith Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR (S) Application No. 9528

T. C. No. 227/080Y

Map Date _____

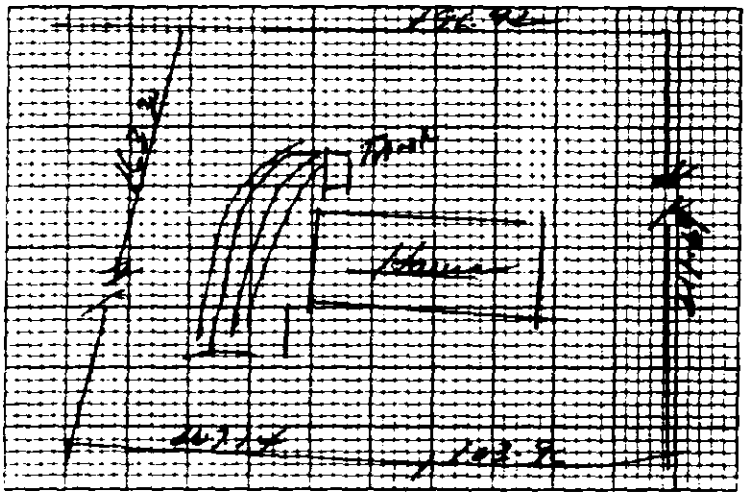
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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. NONE

12) VA Case No. NONE

13) NAME OF OWNER Hoover (LAST) John (FIRST) O. (MIDDLE)

14) ADDRESS OF OWNER 2900 Margaret Wallace Rd 28101

15) PHONE NO Home 537-5039 Office 374-2701

16) LOCATION OF SYSTEM Brook Hollow Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence Acres Lot No. 2 Block No. 4B

Map Book No 17 Page No. 319

18) DEED REFERENCE — DEED BOOK 3703 AT PAGE 3014

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6/5/76

20) PTR NUMBER (See Instructions) 9528

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.

10/15/76
DATE OF APPLICATION

John O Hoover
OWNER

FORM NO. E-4-7-1-78

HEALTH DEPARTMENT'S COPY

Date Issued 10/19/76

Serial No. 0242

IMPROVEMENTS PERMIT

LA No. 9528

229-1080-04

T C. No.

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Houston (LAST) John (FIRST) O. (MIDDLE)

ADDRESS OF OWNER 3900 Margaret Wallace Road, Charlotte ZIP 28105

LOCATION OF LOT Brook Hollow Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO. 2 BLOCK NO. 48

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 9528. 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 soil investigation 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

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 0689

Date Issued 4-25-77

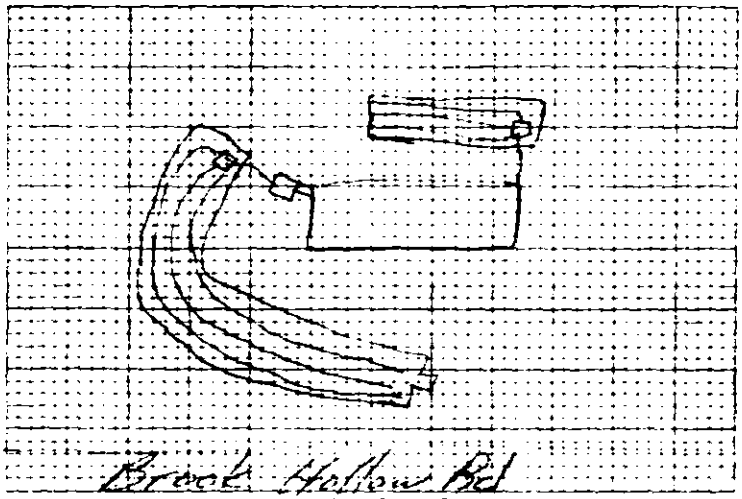
ICAR (S) Permit No. 9528

T C No. 227-104-04

Map Date

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 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 9528 dated 4-15-77 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 5-25-77 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and or Nitrification Lines

Total Line Length 600 - 150

Number of Lines 4 - 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER John C. Horton

LOCATION OF PROPERTY Brook Hollow Rd

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. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person** Comments ~~now or hereafter owning, controlling or using such system from any liability~~ **resulting from the failure of the system to operate properly.**

10' x 150' x 17"

25' x 50' x 17"

Division or Section Head

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 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

Serial No. 0647

C of A (s) No. 9528

Date Issued 4-26-77

T. C No. 227-108-04

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 Horton (LAST) John (FIRST) O (MIDDLE)

Location of Property Brook Hollow Rd

Application Number 9528 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 - 150' Number of Lines 4 - 3

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected — (DATE) Tank Inspected 4-26-77 (DATE)

Nitrification Field Inspected 4-26-77 (DATE)

Washing Machine Line Inspected, If Applicable 4-26-77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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

Environmentalist

EHD-5-76

Environmental Health Department's Copy