R

Date Received 1-15-74

APT No 7421

T C No 105-22-04

Map Date 4/27/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION ~~SANITATION~~

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] William
LAST FIRST MIDDLE

2) ADDRESS OF OWNER [illegible], ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

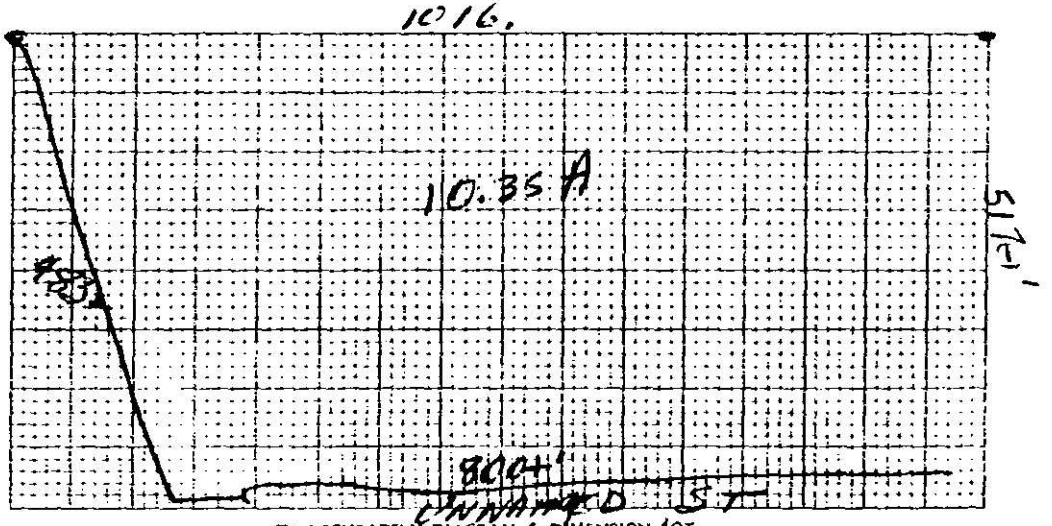
4) LOCATION OF PROPERTY [illegible]
STREET OR COUNTY ROAD

5) SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO [illegible]

MAP BOOK NO 105 PAGE NO [illegible] Tract #4

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO. [illegible]

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

W C & Hamilton
OWNER

Lillian T. Hamilton

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 1-16-74

MECK COUNTY HEALTH DEPT.

APT No 742 ~~743~~

T C No. 105-[illegible]-17

Map Date 2/21/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Watson (LAST) Charles (FIRST) Howard (MIDDLE)

2) ADDRESS OF OWNER 6730 Elm Forest Dr. Charlotte ZIP 28212

3) PHONE NO Home 537-3692 Office 364-3101

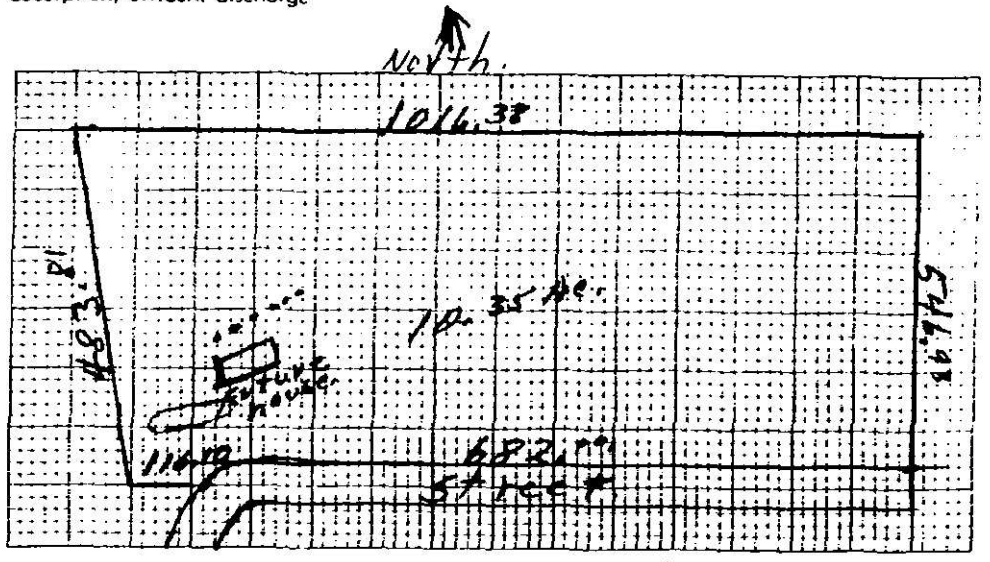
4) LOCATION OF PROPERTY Faires Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION [redacted] LOT NO 4 BLOCK NO 222

MAP BOOK NO 105 PAGE NO 21

6) DEED REFERENCE DEED BOOK 2374 PAGE NO 517

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 l-t is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Charles H. Watson
OWNER

Note: Please Refer to Mr. Max Hamilton's Application.

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: March 6, 1975

TO: John R. Adkisson

FROM: W. Everette Lynn, Jr.
Soil Scientist

SUBJECT: APT. 7421 (C. H. Watson)
Faires Road
Date: 3/5/75

The building site consists of soils of the Cecil series. These soils have adequate drainage and aeration and moderate permeability.

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

WEL:jjk

Serial No. 5013

PTR No 7421

Date Issued March 6, 1975

T C No 105-222-04 -17

Map Date 2-21-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

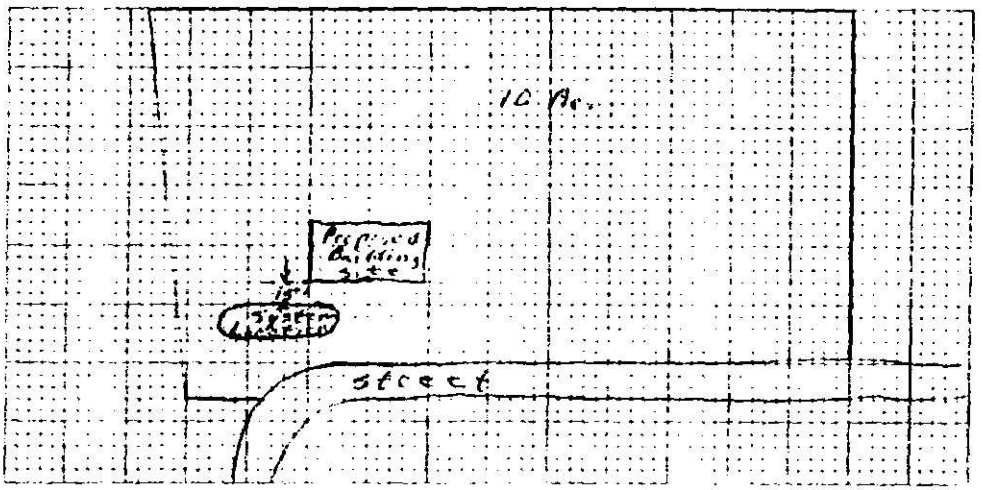
PERCOLATION TEST REPORT

NAME OF OWNER Watson (LAST) Charles (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER 6730 Elm Forest Drive, Charlotte, N. C (ZIP) 28212

LOCATION OF PROPERTY Faires Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 4 BLOCK NO 222



PLOT PLAN

This is to certify that a percolation test has been run and/or 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 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 on the lot the wastewater treatment system on the lot 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.
2. The size of the septic tank wastewater treatment system which must be installed
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 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 at the issue date.

*Results determined by soil analysis

W. Scott Cyrus, Jr. Soil Scientist

John R. Hobbisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received ____ SEE INSTRUCTIONS ON BACK

(CARIS) Application No. 7421

T. C. No. 155-222-17

Map Date 3-21-75

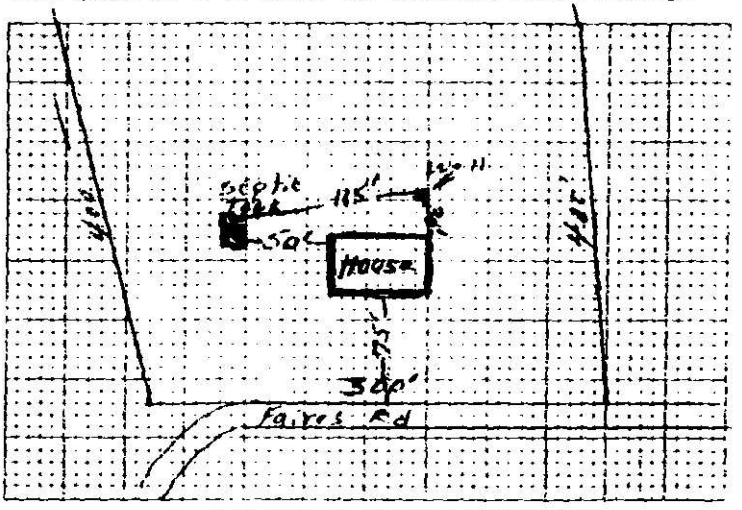
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 1" = 100'

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 Watson (LAST) Charles (FIRST) Howard (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 25167 Charlotte, N.C. 28212

15) PHONE NO. Home 537-3697 Office 364-7195

16) LOCATION OF SYSTEM Fairies Rd (STREET OR COUNTY ROAD) 11519

17) SUBDIVISION ____ Lot No. 4 Block No. 222

Map Book No. 115 Page No. 21

18) DEED REFERENCE — DEED BOOK 2374 AT PAGE 517

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 3-11-75

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

March 17, 1975
DATE OF APPLICATION

Charles H. Watson
OWNER

FORM NO. E 4 4...

HEALTH DEPARTMENT'S COPY

Date Issued 11/20/75

Serial No. 5441

IMPROVEMENTS PERMIT

LA No 7421

T C No 105-222-04 &17

Map Date 2-21-75

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 Watson (LAST) Charles (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER P. O. Box 25607, Charlotte, N. C. ZIP 28212

LOCATION OF LOT Faires Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 4 BLOCK NO 222

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 60Min./Inch 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 7421. 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

John R. Atkisson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4/20/16

Serial No. 7065

ICAR-SI Permit No. 7421

T C No 105-222-04 & 17

Map Date

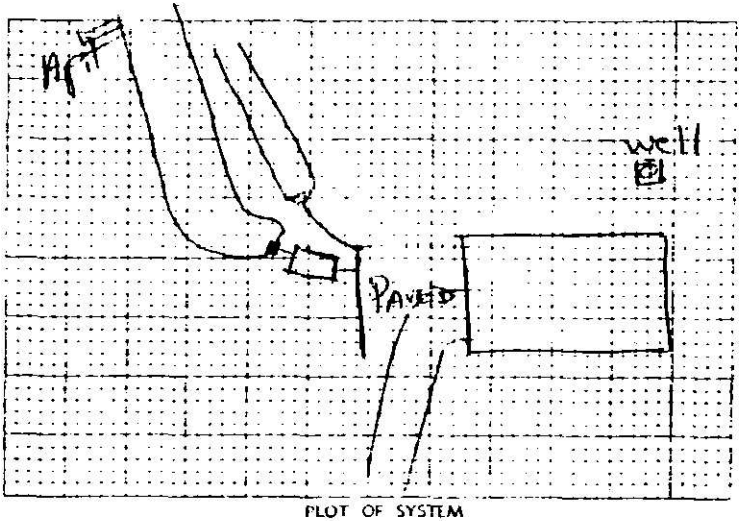
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct After 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 7421, dated 11-5-15 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 2/25/16, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 400 150

Number of Lines 4(10'x15'x17") 2(5'x75'x17")

Distance from House 27'

Distance from Property Line 20'+

Distance from Well 100'+

NAME OF OWNER CHARLES H. WATSON

LOCATION OF PROPERTY FAIRES RD

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: PLUMBING SHOULD BE HELD NEAR GROUND SURFACE

Division or Section Head

Environmentalist J P Burgess

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. ES-4 (M-6-75)

HEALTH DEPARTMENT COPY

Date Issued 27 Feb 76 Serial No. 6[illegible] C of A (s) No 7421

T C No 105-222-04 #17

Map Date

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 Watson, Charles H.
(LAST, FIRST, MIDDLE)

Location of Property Faires Rd.

Application Number 7421 Permit Number 7421

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (4) - (2)

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 27 Feb 76 (DATE) Tank Inspected 27 Feb 76 (DATE)

Nitrification Field Inspected 27 Feb 76 (DATE)

Washing Machine Line Inspected If Applicable 27 Feb 76 (DATE)

The undersigned has approved the Individual Septic Tank System with subsurface soil absorption effluent disposal as described on the application and it has been ✓ installed / constructed in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health governing such systems as of the date of issuance of the permit. The issuance of this Certificate of Approval does not constitute a guarantee that the system will operate properly or relieve any person now or hereafter owning, using or operating 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 in the permit 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 ~~use~~ aeration pit O.K.

E. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72