Date Received 3-23-73

60

APT No. 5823 13

T. C No. 227-042-08

Map Date 4-5-72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**APPLICATION FOR PERCOLATION TEST**

**PLEASE RETURN TO:**
**STARNES & CRAIG CONSTR. CO.**
**131 Providence Road**

1) NAME OF OWNER S & T DEVELOPMENT COMPANY
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 131 Providence Road ZIP 28207

3) PHONE NO. Home _____ Office 375 7731

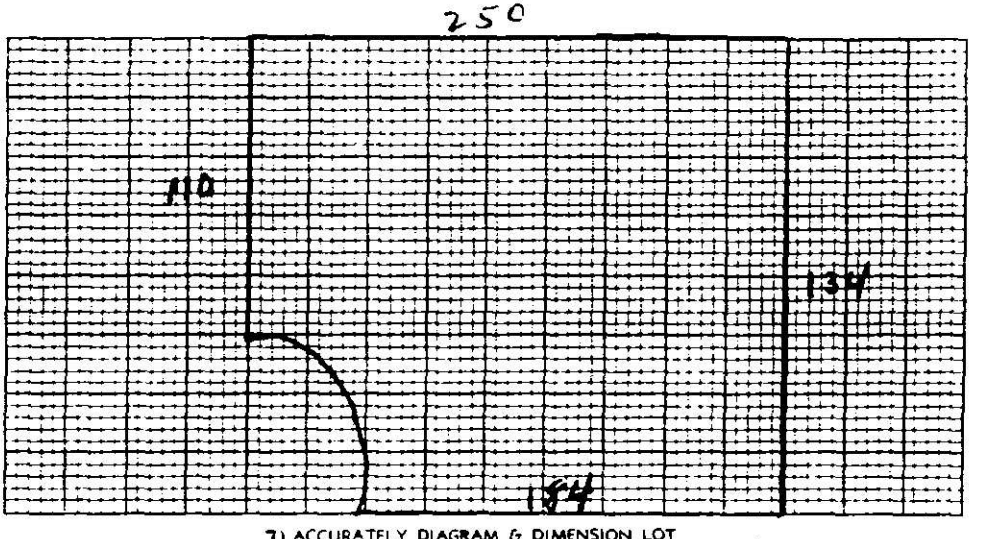
4) LOCATION OF PROPERTY 1301 Northfield Court
(STREET OR COUNTY ROAD)

5) SUBDIVISION BEVERLY WOODS LOT NO. 5 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE. DEED BOOK _____ PAGE NO. _____

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

T W Starnes
OWNER

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

**HEALTH DEPARTMENT'S COPY**

# MECKLENBURG COUNTY
## Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. March 29, 1973
2. _____
3. _____

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

SDR No. 5823
T.C. No. _____

NAME OF OWNER S & T Development Company

ADDRESS OF OWNER 131 Providence Road ZIP _____

LOCATION OF LOT 1301 Northfield Court, Lot 5

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. | 3-29-73 | 250 min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) Also, percolation test holes were located where house will be built.

Thomas R. Ward
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 3792

PTR No 5823

T C No 227-042-13

Map Date 12-15-72

Date Issued November 5, 1973

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

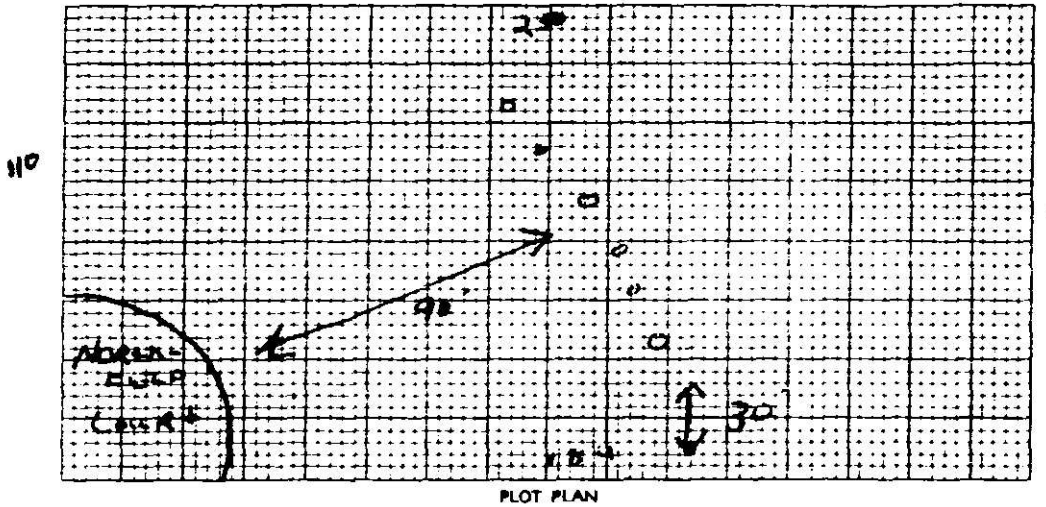
## PERCOLATION TEST REPORT

NAME OF OWNER S & T Development Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP

LOCATION OF PROPERTY 1301 Northfield Court
(STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO 5 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, 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. Adamson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-13 73

ICAR (S) Application No 5823

T C No 227-042-13

Map Date 12-15 72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

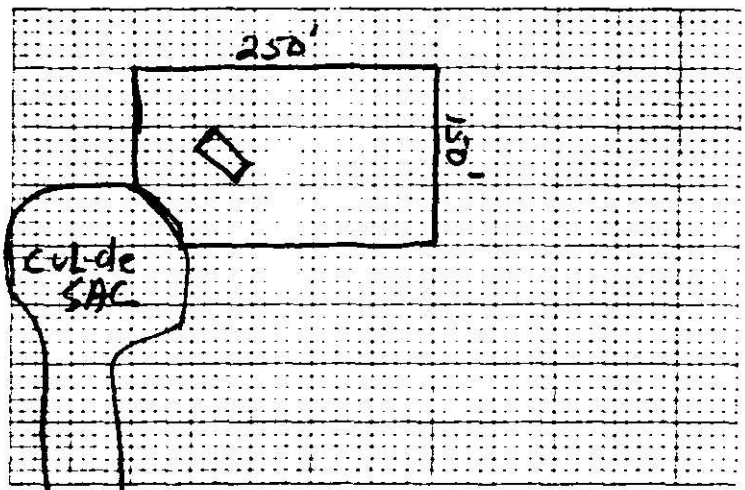
## ENVIRONMENTAL HEALTH DIVISION

1973

**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 4

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) Government System ___
C) Community System
1) Well ___
2) Government ___

10) Sewage System
House within 200 feet of Public Sewer ___ Yes ✓ No
House within 200 feet of Community Sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Flynnco, Inc. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 1420 E 7th St.

15) PHONE NO Home 364-7431 Office 376-7465

16) LOCATION OF SYSTEM North Field Ct. (1301) (STREET OR COUNTY ROAD)

17) SUBDIVISION Beverly Woods Lot No 5 Block No —

Map Book No 15 Page No 565, 567

18) DEED REFERENCE — DEED BOOK 15 AT PAGE 567

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN PR>60

20) PTR NUMBER (See Instructions) 5823

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.

11-9-73
DATE OF APPLICATION

Warren E. Flynn
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3609

LA No. 5823

Date Issued November 13, 1973

T C No 227-042-13

Map Date 12-15-72

# 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 Flynnco, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1420 East 7th Street ZIP

LOCATION OF LOT Northfield Court
(STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO. 5 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 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 5823. 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.

Thomas R. Ward
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5[illegible]6 ICAR(S) Permit No 5523

Date Issued 16 Apr 74

T C No 227-C42-13

Map Date 15 Dec 72

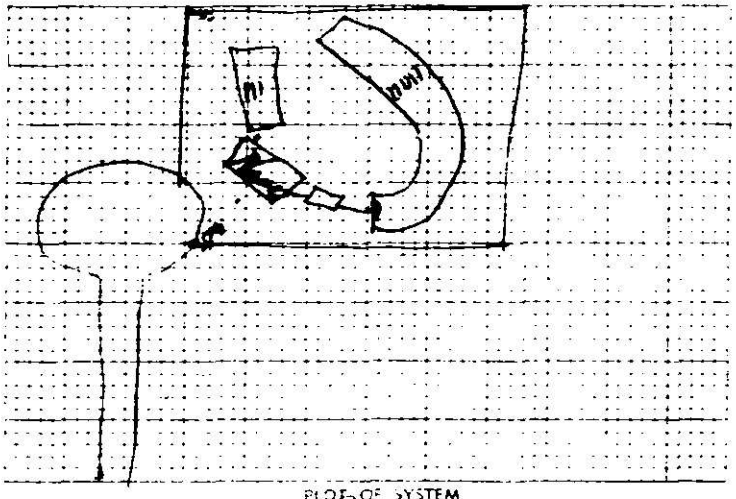
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 5523, dated 13 Mar 73 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 16 May 74 after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 66

Liquid Capacity of Tank 1500

Tank Construction MC

Absorption and/or Nitrification Lines

Total Line Length 795' + 120' (in 3 (24'x5'x17"))

Number of Lines 6 (6 x 133' x 17")

Distance from House 15'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Ellyanee, Inc.

LOCATION OF PROPERTY Lot 1 North Guild Court (C.H. 3435)

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 Slight (Cont.)

Division of Sanitation Head

Environmentalist M. D. Kirby

If this permit is for the installation or construction of a new system, it must be signed by the division or a chief sanitarian 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 E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial 4704

C of A (s) No. 5823

Date Issued 22 Jan 74

T C No. 227-042-17

Map Date 15 Dec 72

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 Plyamo, Inc.
LAST FIRST MIDDLE

Location of Property North Field Court (E. Mt. 3438)

Application Number 5823 Permit Number 5823

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PE

Total Length of Drain Tile 795'+150'WM Number of Lines 6(75'x132'x18") 3(72'x50'x17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Ind. Well Distance from Water Source 100'

Excavation Inspected 18 Jan 74 DATE Tank Inspected 18 Jan 74 DATE

Nitrification Field Inspected 18 Jan 74 DATE

Washing Machine Line Inspected, If Applicable 18 Jan 74 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: Single Family

M. L. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY