Date Received 4-17-73 APT No. 6030

T. C No.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER LAWING (LAST) Kenneth T. & wife, Dorothy M. Lawing and Robert T. & wife, Annette C. Lawing (FIRST / MIDDLE)

ADDRESS OF OWNER Route # 1, Stanley, N. C. ZIP 28164

PHONE NO. Home 827-6384 Office

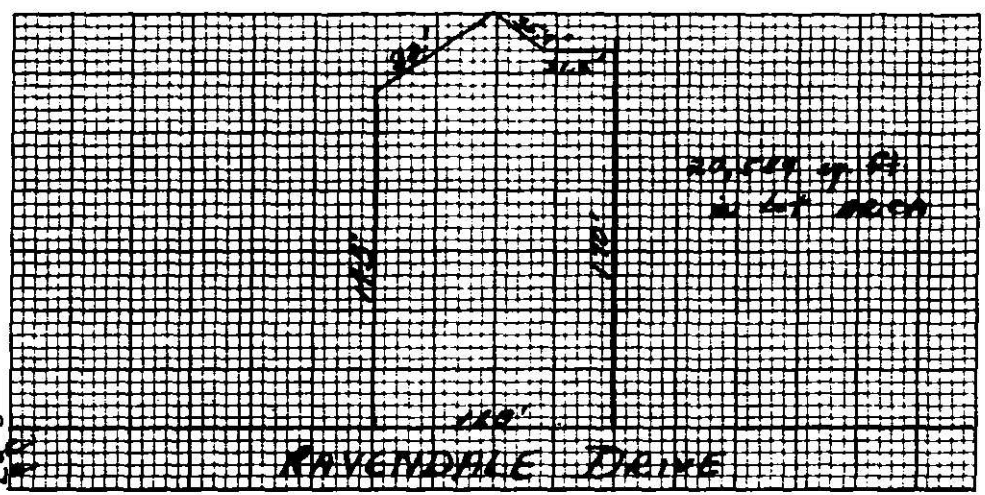
LOCATION OF PROPERTY Ravendale Drive, State Road # 2224 (STREET OR COUNTY ROAD)

SUBDIVISION Oakdale III LOT NO. All lot 2 & pt. Lot 3 BLOCK NO. 4

MAP BOOK NO 9 PAGE NO 349

DEED REFERENCE: DEED BOOK 3559 PAGE NO 326

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.



West 125' to Shalimar Drive

ACCURATELY DIAGRAM & DIMENSION LOT

Contact: GRIFFIN M. SWERRILL @ 399-5110 for scheduling and conducting test.

Kenneth T. Lawing
OWNER

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3168

PTR No. 6030

Date Issued May 11, 1973

T. C. No. 037-024-09 10

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

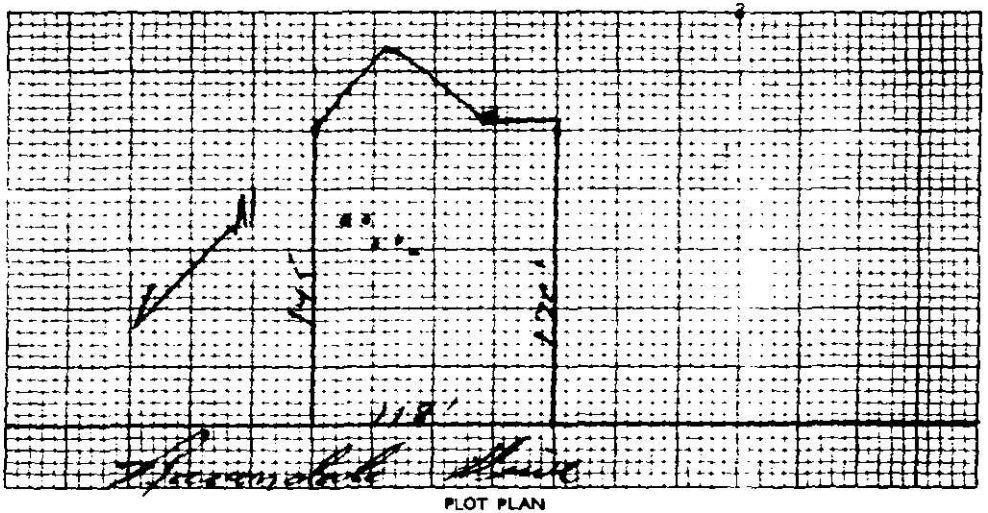
PERCOLATION TEST REPORT

NAME OF OWNER Lawing (LAST) Kenneth (FIRST) T. (MIDDLE)

ADDRESS OF OWNER Route 1, Stanley, N.C. ZIP 28164

LOCATION OF PROPERTY Ravendale Drive (STREET OR COUNTY ROAD)

SUBDIVISION Oakdale III LOT NO 2 & part of BLOCK NO. 4



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 teratment 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. Atkinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-17-73

ICAR (S) Application No 6030

T C No 057-04-09

Map Date 10

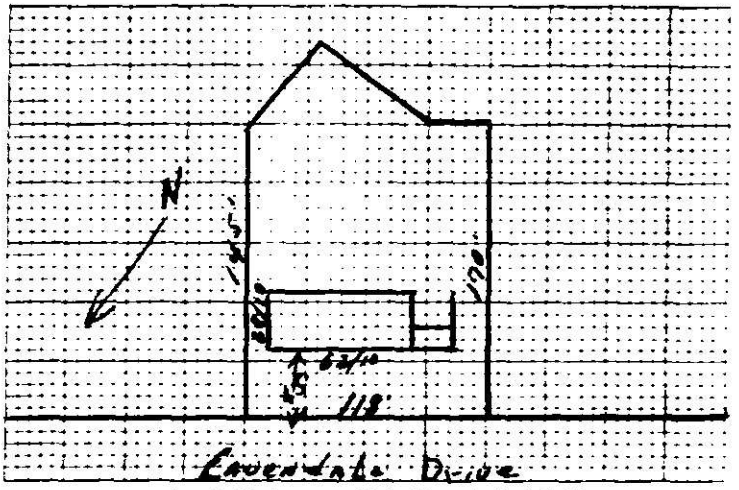
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓
B Government ___
C Community ___
We ___
2 Government ___

1 Sewage System
House connected to public sewer Yes ✓ No ___
House not connected to public sewer ___
Community sewer Yes ___ No ✓

11 FHA Case No ___

12 VA Case No ___

13) NAME OF OWNER Lawing (LAST) Kenneth (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER Route #One Stanley, N.C. 28164

15) PHONE NO Home 827-6384 Office ___

16) LOCATION OF SYSTEM Ravendale Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Oakdale III Lot No. 24 par To 43 Block No 4

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 9 AT PAGE 349

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-11-73

20) PTR NUMBER (See Instructions) 6030

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.

5/16/73
DATE OF APPLICATION

Kenneth T. Lawing
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 17, 1973

Serial No. 2951

LA No. 6030 09

T. C. No 037-024-10

Map Date _____

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 Lawing (LAST) Kenneth (FIRST) T. (MIDDLE)

ADDRESS OF OWNER Route 1, Stanley, N.C. ZIP 28164

LOCATION OF LOT Ravendale Drive (STREET OR COUNTY ROAD)

SUBDIVISION Oakdale III LOT NO 2 & part of 3 BLOCK NO. 4

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 6030. 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.

M. L. Kirby
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 5 Sep 73

Serial No. 4291

ICAR (S) Permit No. 6030 09/10

T. C. No. 037-024-

Map Date

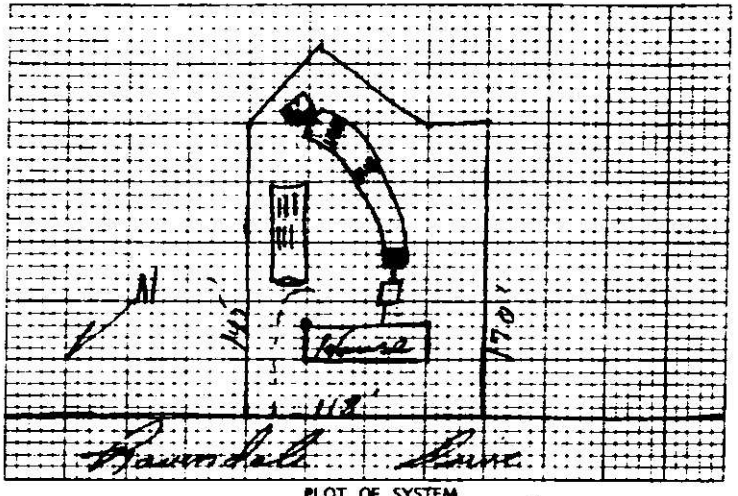
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 6030 dated 17 May 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 5 Oct 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction RC

Absorption and/or Nitrification Lines:

Total Line Lenght 400'+150' WM 3 (75'+50'+75')

Number of Lines 6(15'x2'x12")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 60'+

NAME OF OWNER Laing, Kenneth D.

LOCATION OF PROPERTY Laurendale Drive (Oakdale)

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: S.W. Sewell (Cont.)

Pat: Lines will extend to end of Bd

Location pit will be installed

Division or Section Head

M.L. Bixby
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 3960

C of A (s) No. 6630

Date Issued 21 Sept 73

T C No. 637-624-07/16

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 Lawing (LAST) Kenneth (FIRST) J (MIDDLE)

Location of Property Brandale Drive (Oakdale)

Application Number 6630 Permit Number 6630

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 400'+150' Main Number of Lines 3 (7½'x50'x12") 6 (5'x46'x12")

Depth of Filter Material 17" Cover Depth 18-24"

Water Supply Source Individual Well Distance from Water Source 60'+

Excavation Inspected 21 Sept 73 (DATE) Tank Inspected 21 Sept 73 (DATE)

Nitrification Field Inspected 21 Sept 73 (DATE)

Washing Machine Line Inspected, If Applicable 21 Sept 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: _____

M. A. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY