Date Received 11-1-71

APT No. 2641

T C No 217-091-07

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER CAPPS (LAST) SAMUEL (FIRST) R. (MIDDLE) SR. CHARLOTTE

ADDRESS OF OWNER 5122 VALLEY STREAM ROAD ZIP 28209

PHONE NO. Home 523-5767 Office 376-7503

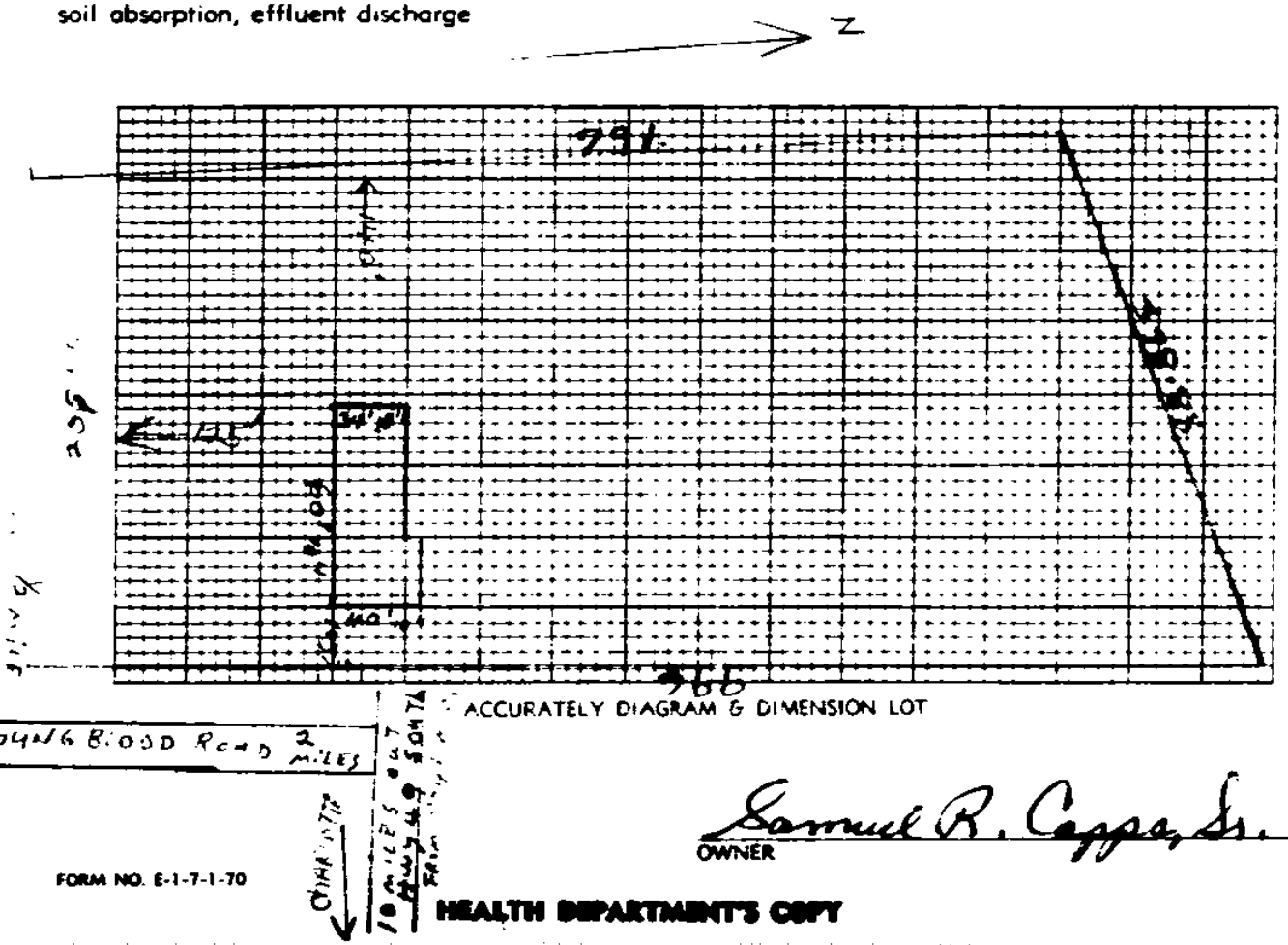
LOCATION OF PROPERTY ½ MILE DOWN CAPPS ROAD, RD NO. 1103, OFF YOUNGBLOOD ROAD OFF SOUTH HWY 49 10 MILES DOWN FROM CITY LIMITS (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

DEED REFERENCE DEED BOOK 3145 PAGE NO. 551

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



ACCURATELY DIAGRAM & DIMENSION LOT

Samuel R. Capps, Sr.
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 1129

PTR No. ______

Date Issued November 9, 1971

T C No. 217-091-07

Map Date 9/1/70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

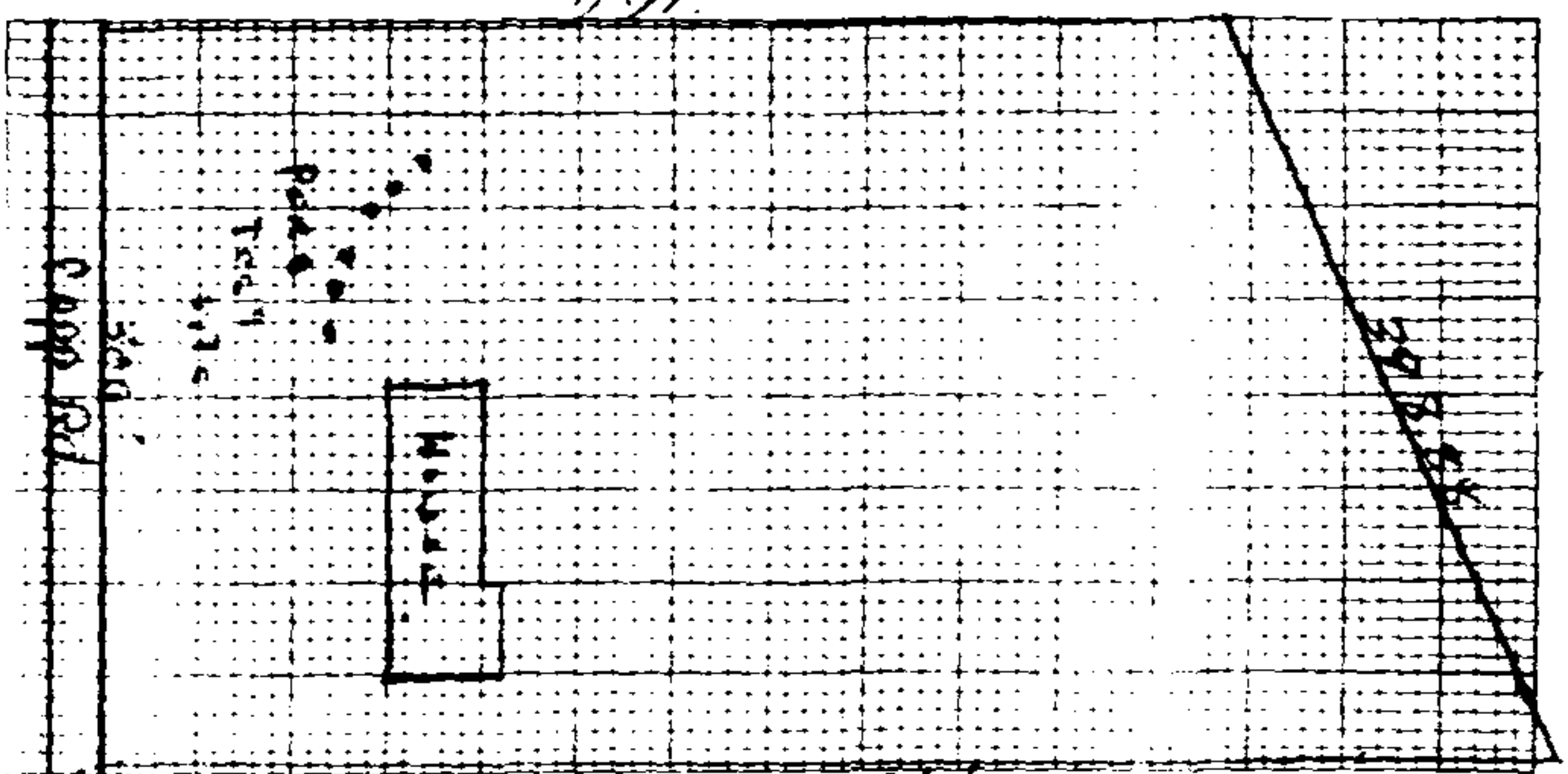
NAME OF OWNER Capps (LAST) Samuel (FIRST) R. Sr. (MIDDLE)

ADDRESS OF OWNER 5122 Valley Stream Road ZIP 28209

LOCATION OF PROPERTY Capps road or County Road #1103 (STREET OR COUNTY ROAD)

SUBDIVISION ______ LOT NO ______ BLOCK NO ______

221.



PLOT PLAN 766

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 30 min/in. The said lot ... 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 ... Mecklenburg County Health ... prior to the beginning of the construction of buildings or of the ... treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be ... determined by the Health Department ... installation based on the percolation rate obtained above ... and type of building constructed thereon.
3. ... only if the system is installed in the immediate area ... test was run.
4. ... performed on the lot which ... Health Department ... area where ... 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 Gibson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 11-10-71

ICAR(S) Application No. [illegible]

T. C. No. 217-091-0[illegible]

Map Date 9-1-70

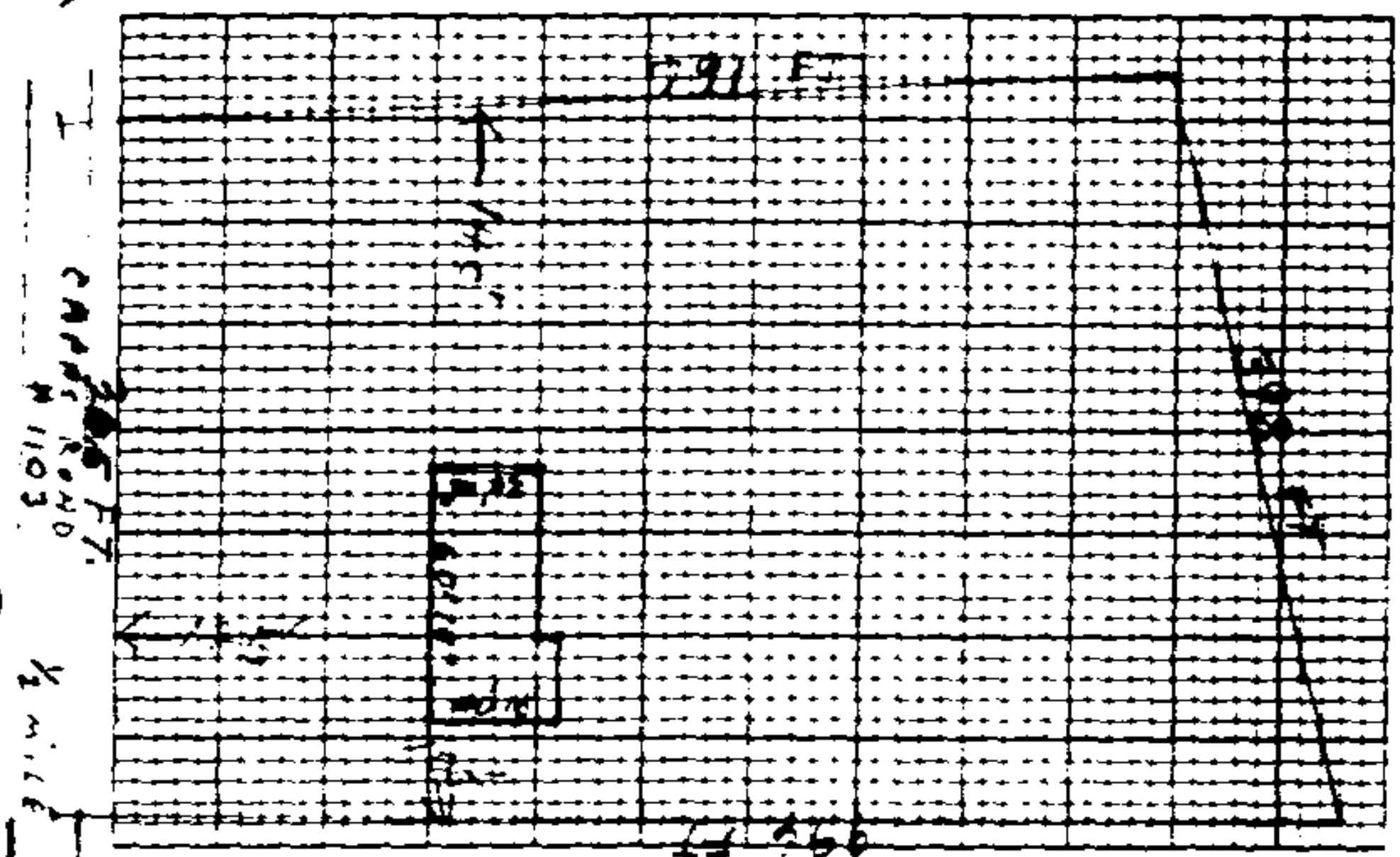
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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) 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 CAPPS (LAST) SAMUEL (FIRST) R. (MIDDLE) SR.

14) ADDRESS OF OWNER 5122 VALLEY STREAM Rd, CHARLOTTE NC 28209

15) PHONE NO Home 523-5767 Office 376-7503

16) LOCATION OF SYSTEM ½ mile down CAPPS ROAD, Rd NC 1103, OFF YOUNGBLOOD RD which is 10 miles South on NC 49 from city limits (STREET OR COUNTY ROAD)

17) SUBDIVISION ______ Lot No. ______ Block No ______

Map Book No ______ Page No ______

18) DEED REFERENCE — DEED BOOK ______ AT PAGE ______

19) HAS A PERCOLATION TEST BEEN RUN? ______ YES ______ NO DATE RUN ______

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.

Oct 21, 1971
DATE OF APPLICATION

Samuel R. Capps, Sr.
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 1154

LA No. 2641

Date Issued November 10, 1971

T. C. No 217-091-07

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 Capps (LAST) Samuel (FIRST) R. Sr. (MIDDLE)

ADDRESS OF OWNER 5122 Valley Stream Road ZIP _____

LOCATION OF LOT Capps Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 30 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 2641 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, altered and/or repaired and that the system be installed in accordance with same.

The sanitarian in charge of this lot and the building inspection department requested to revoke any building permit issued for any building that be constructed on this said lot if construction time is determined by the sanitarian that the Application for an Installation Construction Alteration and/or Repair Permit is not being complied with in 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

Sanitarian

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

out

Date Issued 17 May 1972 Serial No. 2276 ICAR (S) Permit No. 2641

T. C. No 217-091-07

Mail Date 9-1-20

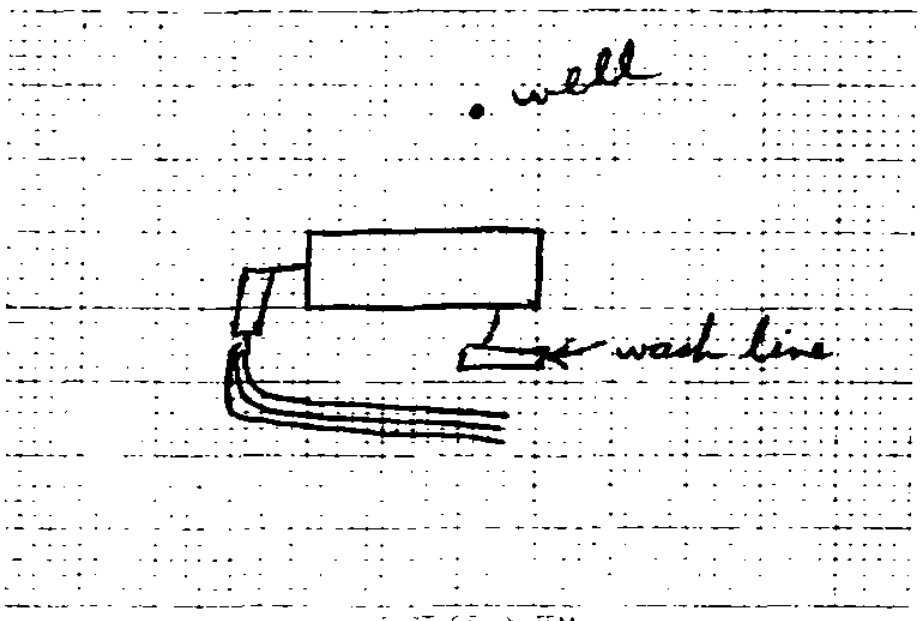
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted 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 #2641 dated ___ and this permit shall be void and of no effect if the information provided in the application is found to be incorrect. All work shall be completed on or before 17 May 1972, after which date this permit shall be void.



Proposed Size 30

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption Lines

Total Length 600 l/ft

Number of Lines 5 (12½ x 125)

Distance from Well 15'

Distance from Property Line 10' ±

Distance from Any Stream 75' ±

END OF SYSTEM

NAME OF OWNER Capps, Samuel R., Jr.

LOCATION OF PROPERTY Capps Road

This permit is issued subject to the requirements as set forth in the Regulations of the Mechlenburg [illegible] on the date of the granting [illegible] of the State of [illegible] that if the system can be constructed [illegible] secured un[illegible]

wash line to be seperate en a bed 7½' x 33' x 17"

R. McMillon Jr.

John R. Atkisson
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 (7-71)

HEALTH DEPARTMENT'S COPY

Date Issued 19 May 1972 **Serial No.** 1932 C of A (s) No. 4541

T C No. 217-091-07

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Capps, Samuel R. Jr. (LAST, FIRST, MIDDLE)

Location of Property Capps Road

Application Number 2641 Permit Number 2641

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pre cast concrete

Total Length of Drain Tile 600 l/ft Number of Lines 5 (12½ X 120)

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 19 May 1972 (DATE) Tank Inspected 19 May 1972 (DATE)

Nitrification Field Inspected 19 May 1972 (DATE)

Washing Machine Line Inspected If Applicable _____ (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 and in addition to those listed below under comments. This Certificate of Approval shall be invalidated if the information contained in the application is changed in any additions are made to the property which would increase the requirements for said system.

Comments wash line in separate bed 7½ X 33' X 12"

Environmentalist

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

HEALTH DEPARTMENT'S COPY