Serial No. 3604

PTR No. 6995

Date Issued 9-19-73

T C No. 019-252-05

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

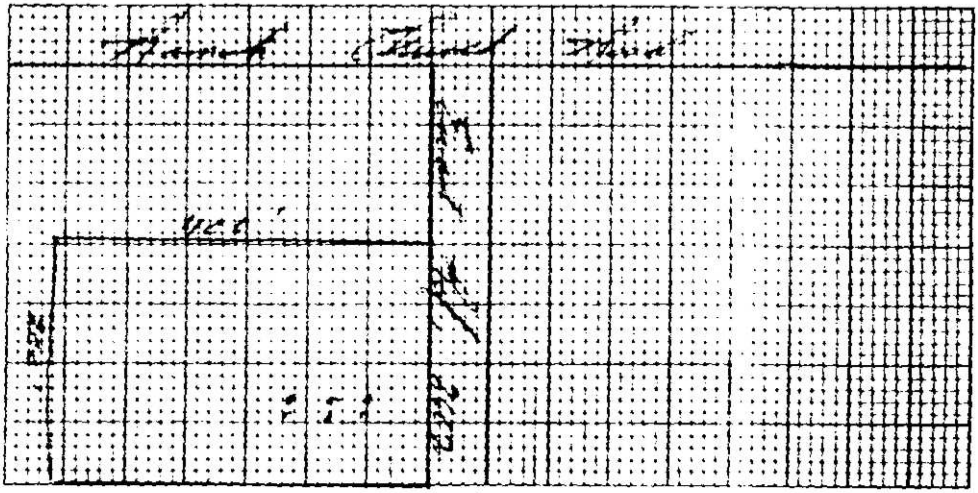
PERCOLATION TEST REPORT

NAME OF OWNER Sloop (LAST) Herbert (FIRST) T. (MIDDLE)

ADDRESS OF OWNER Route 2, Box 36, Huntersville ZIP _____

LOCATION OF PROPERTY County Road #2602(or Ewart Road) = _____
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 40 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 waste water 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 issuedate.

John D. Adkinson

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 9-17-73

ICAR(S) Application No 6995

T C No

Map Date

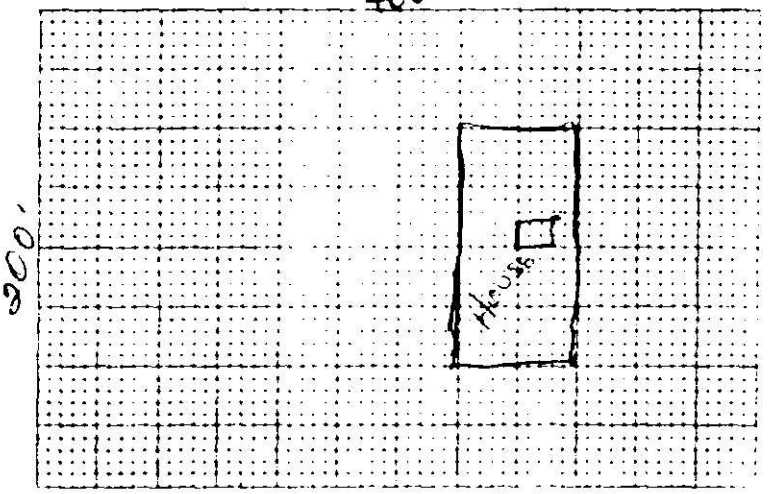
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2

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 ___
C. Community ___
1. Well ___
2. Government ___

Sewage System
Home is not within ___ feet of public sewer Yes No
Home is within ___ feet of public sewer
Community sewer Yes No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Sloop (LAST) Herbert (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 36 Huntersville NC

15) PHONE NO Home 875-6652 Office ___

16) LOCATION OF SYSTEM County Rd 2602 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK 3617 AT PAGE 0543

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 statement 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

9-17-73
DATE OF APPLICATION

Herbert T Sloop Jr
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-19-73

Serial No. 3442

LA No. 6995

T. C. No. 019-252-05

Map Date 9-5-73

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 Sloop (LAST) Herbert (FIRST) T. (MIDDLE)

ADDRESS OF OWNER Route 2, Box 36, Huntersville ZIP

LOCATION OF LOT County Road #2602 (or Ewart 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 40 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 6995. 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

W. L. Darby
Environmentalist

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

FORM NO E-3-4-1 71

HEALTH DEPARTMENT'S COPY

Date Issued 16 Oct 73

Serial No. 4462

ICAR(S) Permit No. 6995

T. C. No. 019-252-05

Map Date 5-Apr 73

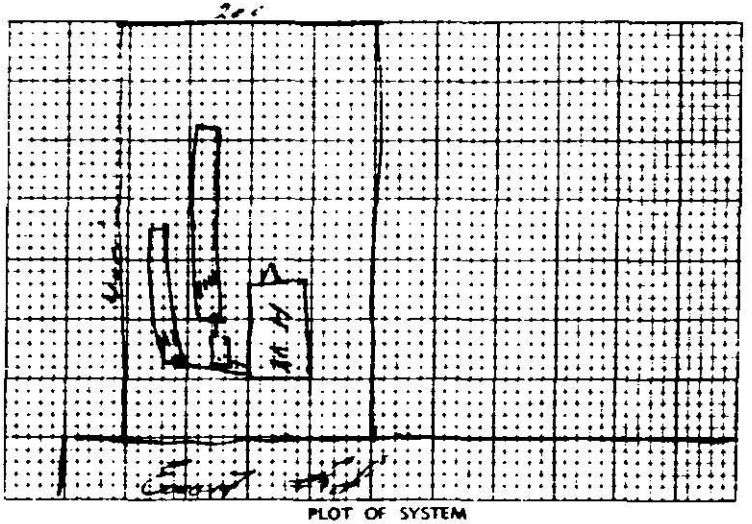
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6995 dated 12 Apr 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 Nov 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1000

Tank Construction AC

Absorption and/or Nitrification Lines:

Total Line Length 300' + 150' w/m 3 (75' x 50' x 12")

Number of Lines 4 (4 x 75' x 12")

Distance from House 40'

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Hoop, Robert E.

LOCATION OF PROPERTY East side

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: Lot 5 Briarlace (Center)

Division or Section Head _____

Environmentalist M. L. Kirby

* 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 4125

C of A (s) No. 6995

Date Issued 26 Oct 73

T. C. No. 01-253-00

Map Date 5-4-73

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 Sharp, Hubert (LAST, FIRST) L. (MIDDLE)

Location of Property Elliott Road

Application Number 6995 Permit Number 6995

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC (5 @ 2'6" x 17')

Total Length of Drain Tile 300' + 150' Lat Number of Lines 4 (@ 75' x 17')

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Individual Distance from Water Source 100'

Excavation Inspected 26 Oct 73 (DATE) Tank Inspected 26 Oct 73 (DATE)

Nitrification Field Inspected 26 Oct 73 (DATE)

Washing Machine Line Inspected, If Applicable 26 Oct 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: Bill Bradford (Contr.)

W. H. Bailey
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 3/23/77

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 6995

T. C. 019-252.05

Map Date 6-4-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to:

1) ___ Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption effluent discharge

3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ___No
Residence X Yes ___No
4) No. of Bedrooms 4
5) Business Use Max No Employees ___
6) Washing Machine X Yes ___No
7) Garbage Disposal ___Yes X No
8) Dishwasher ___Yes X No
9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___Yes X No
House located within 200 feet of community sewer ___Yes X No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER [illegible] (LAST) Hubert (FIRST) T (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office ___

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3171 AT PAGE 084

19) HAS A SOIL INVESTIGATION 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.

3-23-77
DATE OF APPLICATION

Hubert T. King
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 3/29/77

Serial No. 0630

LA No. 6995

T. C. No. 019-252-05

Map Date 6-4-76

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 Sloop (LAST) Herbert T. (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 2, Box 37, Huntersville, N. C. ZIP

LOCATION OF LOT Ewart Road (Road #2602) (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.

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 6995 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

A M Reynolds
Environmentalist

John R Atkinson
Environmental Health Director, or Authorized Section Head

EHD 5-74

Environmental Health Department's Copy