Date Received 11-2-71

APT No. 2648

T. C No. ____

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER City of Charlotte (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 600 East Trade Street ZIP ____

3) PHONE NO Home ____ Office 3742234

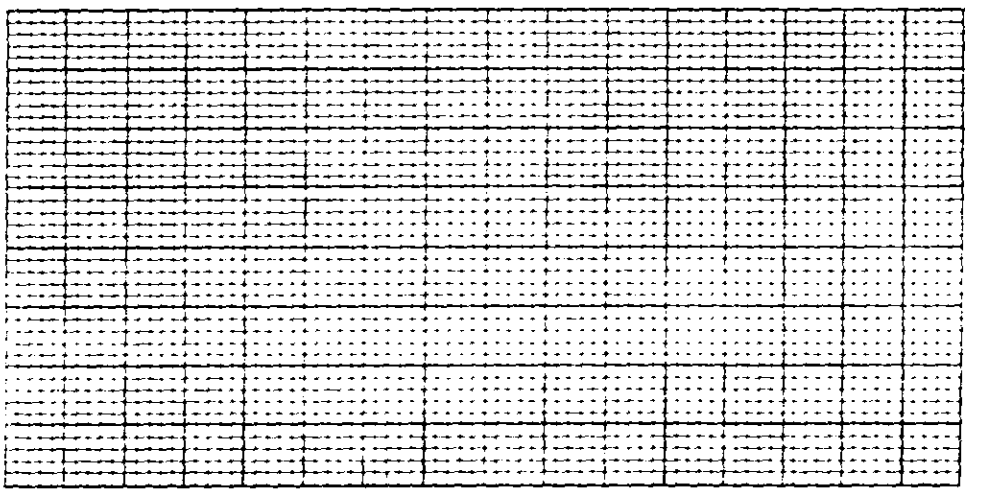
4) LOCATION OF PROPERTY 5600 York Road (STREET OR COUNTY ROAD)

5) SUBDIVISION ____ LOT NO ____ 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

City of Charlotte
by: C. Williamson
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Received 11-2-71

ICAR(S) Application No. 2648

T. C. No.

Map Date

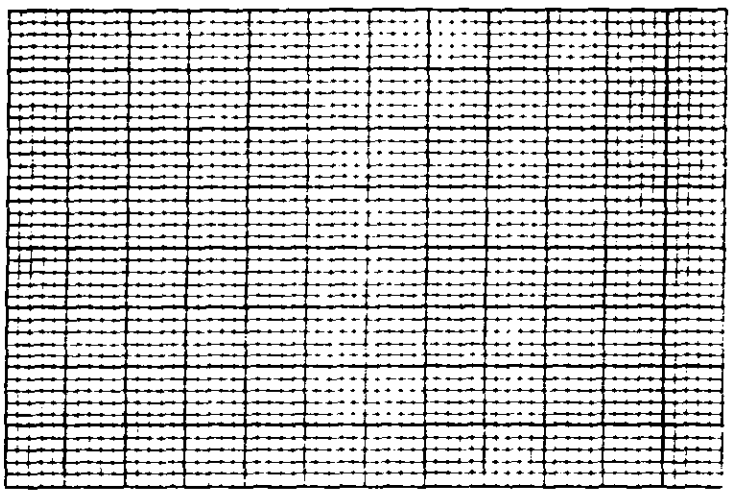
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) __X__ 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

5) Business Use — Max No Employees 6

6) Washing Machine ____ Yes X No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply:
   A) Individual Well
   B) Governmental System X
   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 City of Charlotte
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 600 East Trade Street

15) PHONE NO Home ____ Office 374-2234

16) LOCATION OF SYSTEM Sardis Road
(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.

11-2-71
DATE OF APPLICATION

City of Charlotte
H. C. Williamson
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 1600

ICAR(S) Permit No. 2648

Date Issued 1-23-21

T C No 143-231-01

Map Date 8-1-20

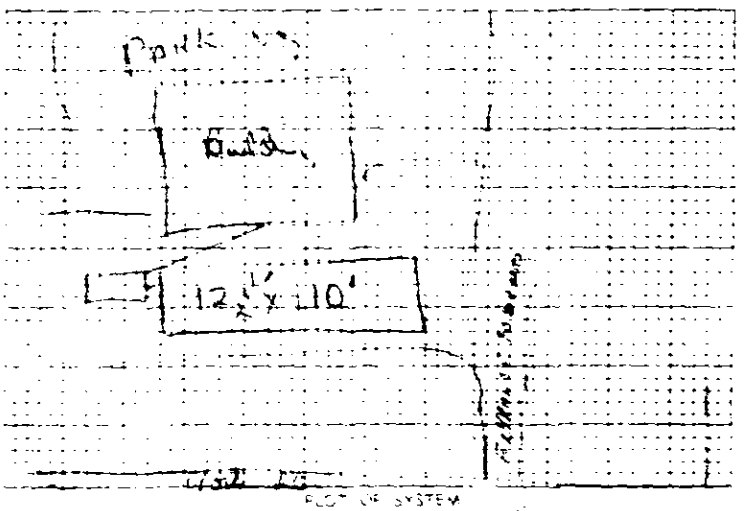
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is granted to ✓ Install or Construct __ Alter or Repair the individual septic tank waste-water treatment system with subsurface soil absorption effluent discharge as specified herein at the described property. This permit is granted based upon the information supplied in application 2648 dated 1-2-21. This permit shall be void and of no effect if the information provided in the application is found to be false. All work shall be completed on or before 12-30-21 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction Precast

Absorption and/or Nitrification Lines

Total Length 550'

Number of Lines 5 (2'3" x 110')

Distance from House 10'

Distance from Property Line N/A

Distance from Well N/A

Applicant Jeff Knuttle

Address 3660 Work Road

...ments as set forth in the Regulations of the Mecklenburg ... granting of this permit. A certificate of ap... otherwise rendered un...

...

Date ... Sanitarian

Environmentalist

...n issued 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. ES-...

HEALTH DEPARTMENT'S COPY

Serial No. 1407

C of A (s) No. 2648

Date Issued 12-16-71

T. C. No 145 231

Map Date 7-1-67

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) (FIRST) (MIDDLE)

Location of Property [illegible]

Application Number [illegible] Permit Number 1665

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material Concrete

Total Length of Drain Tile 350' Number of Lines 5

Depth of Filter Material 17' Cover Depth 2'

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 12-16-71 (DATE) Tank Inspected 12-16-71 (DATE)

Nitrification Field Inspected 12-16-71 (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(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 [illegible]

[signature] Environmentalist

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

HEALTH DEPARTMENT'S COPY