Date Received 19 Mar 1973

APT No 5782

T C No 217-111-03 B

Map Date 2-14-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Bridges (LAST) James (FIRST) Corbett (MIDDLE)

2) ADDRESS OF OWNER 1901 E. Independence Blvd. ZIP 28205

3) PHONE NO Home 3756444 Office 3331851

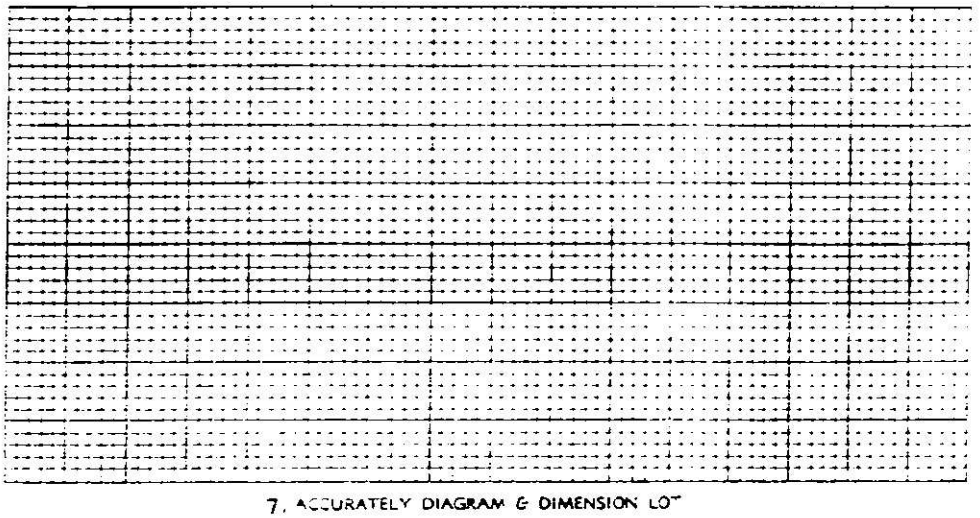
4) LOCATION OF PROPERTY off Youngblood Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 6 Comp. BOOK NO 43

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 here-above 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

OWNER - Crescent Land & Timber Corp.

James Corbett Bridges, Jr.

FORM NO E-1-8-1-72

HEALTH DEPARTMENTS COPY

Serial No. [illegible]49

PTR No. 5782

Date Issued March 28, 1973

T C No. 217-111-03 B

Map Date 2-14-73

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

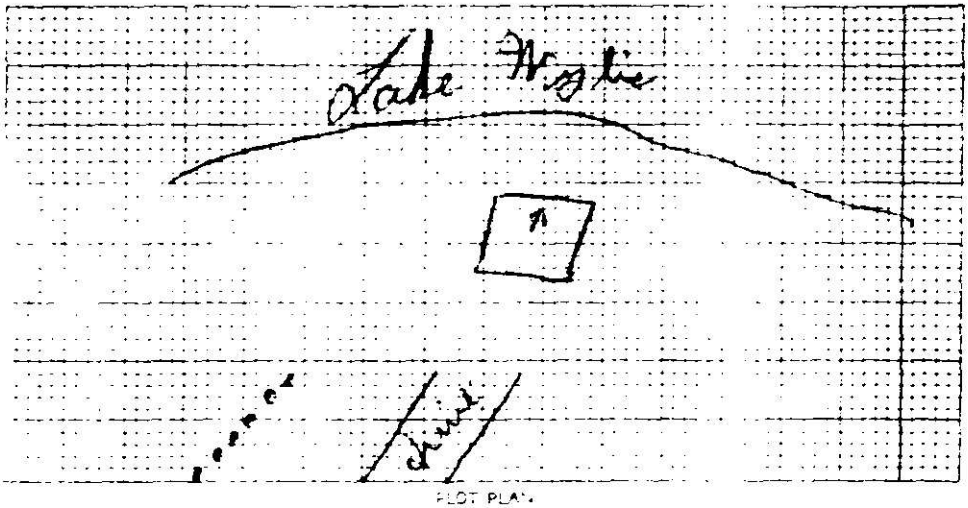
## PERCOLATION TEST REPORT

NAME OF OWNER Bridges (LAST) James (FIRST) Corbett (MIDDLE)

ADDRESS OF OWNER 1311 E. Independence Blvd. ZIP 28205

LOCATION OF PROPERTY off Youngblood Road (STREET OR COUNTY ROAD) Compartment #43

SUBDIVISION LOT NO 6 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 50 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. Hinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3-30-73

ICAR(S) Application No. 5782

T C. No. 217-111-03 B

Map Date 2-14 73

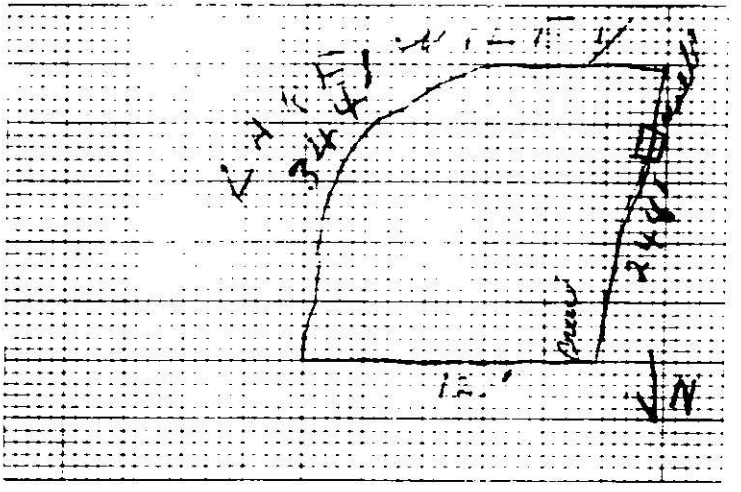
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 Cutrell James Forbett
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 721 E. Sugar Creek Pkwy

15) PHONE NO. Home 333-1457 Office 375-6444

16) LOCATION OF SYSTEM Sugar Haven Subdivision off Youngblood Rd.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Sugar Haven Lot No 6 Block No. ___

Map Book No ___ Page No ___ Deed Reference Book 3

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-22-73 FR 50

20) PTR NUMBER (See Instructions) 5782

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.

3-30-73
DATE OF APPLICATION

James F. Cutrell
OWNER

FORM NO. E-4-4-[illegible]

**HEALTH DEPARTMENT'S COPY**

Date Issued March 30, 1973 Serial No. 2686

LA No. 5782

T. C No. 217-111-03 B

Map Date 2-14-73

# 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 Bridges (LAST) James (FIRST) Corbett (MIDDLE)

ADDRESS OF OWNER 1901 E. Andependence Blvd. ZIP

LOCATION OF LOT off Youngblood Road (STREET OR COUNTY ROAD)

SUBDIVISION Lake Wylie LOT NO 6 BLOCK NO Compartment #43

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 50 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 5782. This approval is subject to the following terms and conditions

1. That the nutrification 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

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 13 April 1973

Serial No. 2133

ICAR(S) Permit No. [illegible]

T C No

Map Date

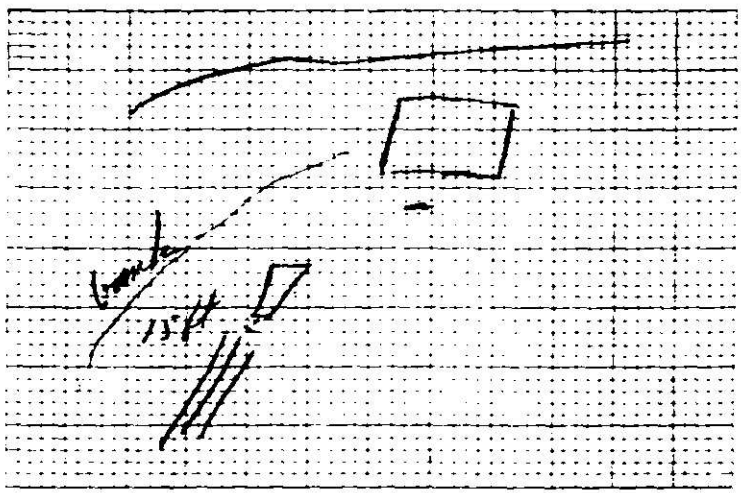
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 ___ dated ___ 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 1 May 1973 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 concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 200 l/ft

Number of Lines 4 (10 x 50)

Distance from House 30' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Bridges, James C.

LOCATION OF PROPERTY Lake Wylie Sec 43 Lot 6

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

Division or Section Head

John R Atkinson
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 (-73)

HEALTH DEPARTMENT'S COPY

Date Issued 4/17/73 Serial No. 3132

C of A (s) No. 782

T. C. No. 217111-03 B

Map Date 2-14-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner BRIDGES (LAST) JAMES (FIRST) C (MIDDLE)

Location of Property [illegible]

Application Number _____ Permit Number _____

**Inspection Date:**

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 200 Number of Lines 4

Depth of Filter Material 17" Cover Depth 3'

Water Supply Source ~~WELL~~ IND WELL Distance from Water Source 100'

Excavation Inspected 4/17/73 (DATE) Tank Inspected 4/17/73 (DATE)

Nitrification Field Inspected 4/17/73 (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 X 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 SYSTEM INSTALLED PRIOR TO ADDITION TO HOUSE (CLEAN)

Environmentalist

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

HEALTH DEPARTMENT'S COPY