R

Date Received 2-20-74

APT No 9506

T P&G No 105-221-05

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER _____ ZIP _____

3) PHONE NO Home _____ Office _____

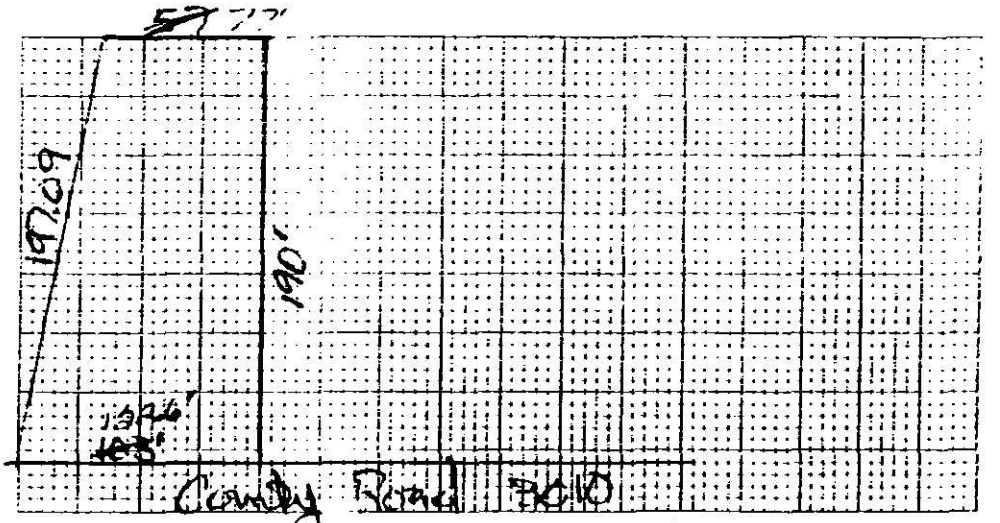
4) LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD) County Rd 3210

5) SUBDIVISION Access from NORTH EAST MOBILE HOMES _____ LOT NO 1 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

OWNER _____

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4042

PTR No 7506
P.O.
T C No 105-221-05

Date Issued February 26, 1974

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

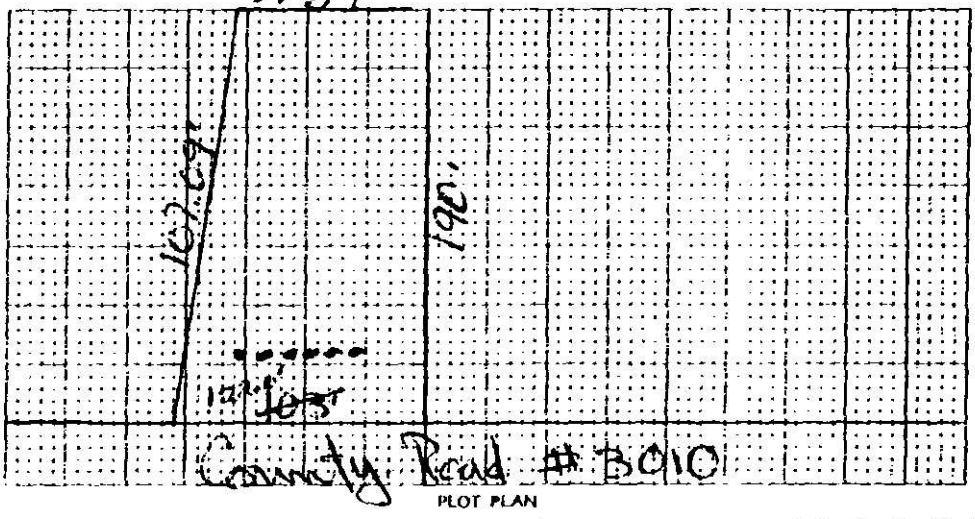
PERCOLATION TEST REPORT

NAME OF OWNER Keen (LAST) Joseph (FIRST) Donald (MIDDLE)

ADDRESS OF OWNER 221 Hillside Avenue ZIP

LOCATION OF PROPERTY County Road 3010 (STREET OR COUNTY ROAD)

SUBDIVISION 7757 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 53 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.

G. W. Reynolds

John A. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

R

SEE INSTRUCTIONS ON BACK

Date Received 20 Feb 74

ICAR(S) Application No 7506

PE No 105-221-25

Map Date

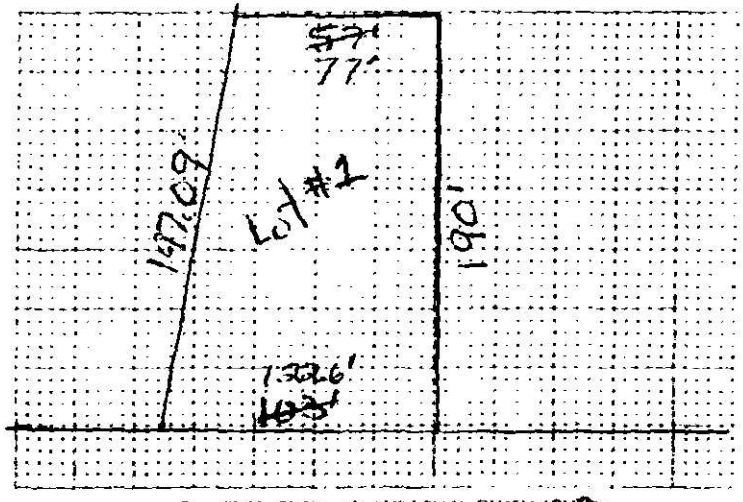
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 land or parts 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



4. No. of Bedrooms 3
5. Estimated Water Usage Employees ____
6. Washing Machine Yes ✓ No ____
7. Garbage Disposal Yes ____ No ✓
8. Dishwasher Yes ____ No ✓
9. Water Supply
   A. Community Water System
   B. Community
   C. Individual
      1. Well ✓
      2. Spring
   D. Other
10. Swimming Pool Yes ____ No ✓
11. Community Sewer Yes ____ No ✓
12. FHA Case No. ____
13. VA Case No. ____

3. PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Keen, Joseph Donald (LAST, MIDDLE)

14) ADDRESS OF OWNER 221 Hillside Ave

15) PHONE NO. Home 372-9292 Office 377-7411

16) LOCATION OF SYSTEM County 3010 (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.

20 Feb 74
DATE OF APPLICATION

OWNER E Keen

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3857

LA No 7506
P.O.
T C No 105-221-05

Date Issued February 26, 1974

IMPROVEMENTS PERMIT

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 Keen (LAST) Joseph (FIRST) Donald (MIDDLE)

ADDRESS OF OWNER 221 Hillside Avenue ZIP 28209

LOCATION OF LOT County Road 3010 (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 53 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 7506. 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

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 22 May 74 Serial No. [illegible] ICAR(S) Permit No 7506

T C No 105-321-05

Map Date

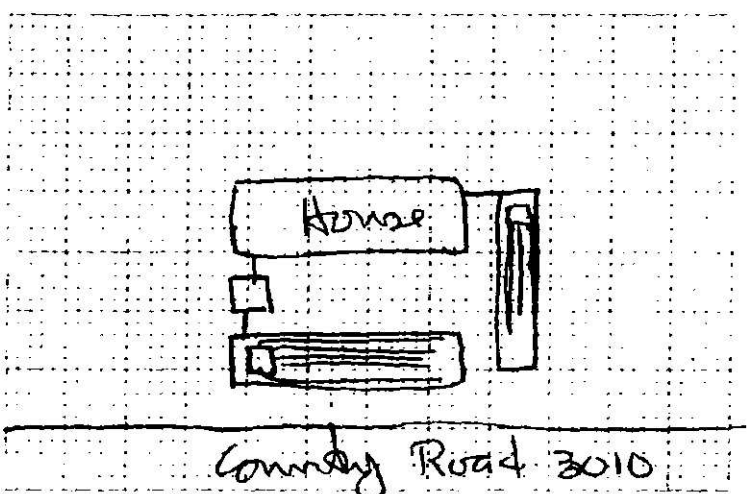
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 following septic tank wastewater treatment system with subsurface, soil absorption effluent discharge to be located on the described property. This permit is granted based upon the information supplied on application 7506 dated 20 Feb 74 and this permit shall be void and of no effect if there is any variation in the application from the true conditions or errors or omissions. All work shall be completed on or before 22 June 74 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ____

Liquid Capacity of Tank 1000 gal

Tank Material Precast Concrete

Absorption Lines

Total Length 380' & 150'

Number (6) 15' x 63'

Distance from Well 10'

Distance from Property Line 10'

Distance from Water 100'

NAME OF OWNER Keen, Joseph Donald

LOCATION OF PROPERTY County Road 3010

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 washer ~~15' x 60'~~ 10' x 38'

G. M. Reynolds
Environmentalist

Division / Section Head

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 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

E-5-9-1-72

Date Issued 22 May 74 Serial 4839

C of A (s) No. 8004750

T C No 105-221-05

Map Date

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 Keen, Joseph Donald (LAST, FIRST, MIDDLE)

Location of Property County Road 3010

Application Number 7506 Permit Number 7506

Inspection Data:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 380' & 150' Number of Lines (6) 15' X 63'

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source well 100' Distance from Water Source 100'

Excavation Inspected 22 May 74 (DATE) Tank Inspected 22 May 74 (DATE)

Nitrification Field Inspected 22 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 22 May 74 (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: aeration pit O.K.

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY