Date Received 4-19-73 68 APT No 6071

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Scruggs (LAST) Ed (FIRST) Wright (MIDDLE)

2) ADDRESS OF OWNER 4615-E Coronado Dr Charlotte ZIP 28213

3) PHONE NO. Home 536-3724 Office 377-4947 Ext. Trasp

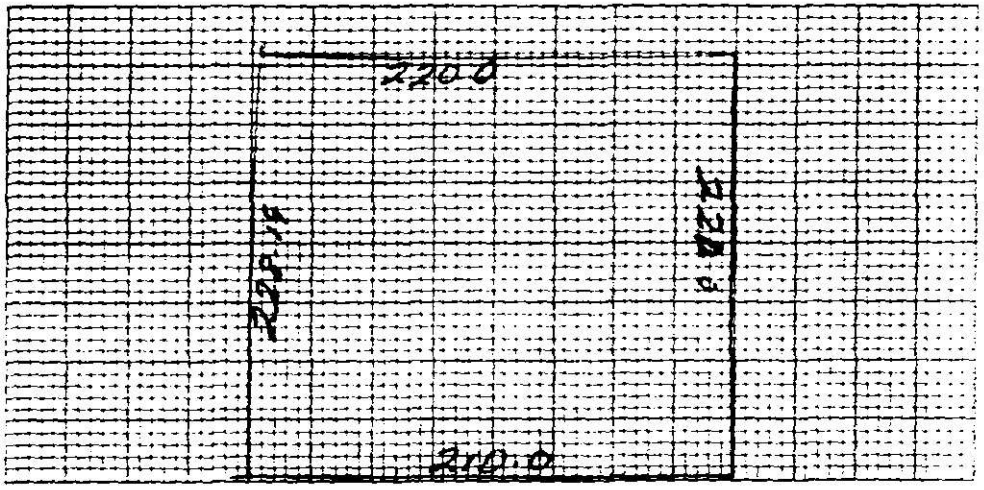
4) LOCATION OF PROPERTY Chestnut Hills Dr. off Tilley Morris Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 1 BLOCK NO 1

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3547 PAGE NO 347

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

E. W. Scruggs
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 6071
P.O.

Date Issued July 20, 1973

T C No 239-121-02

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

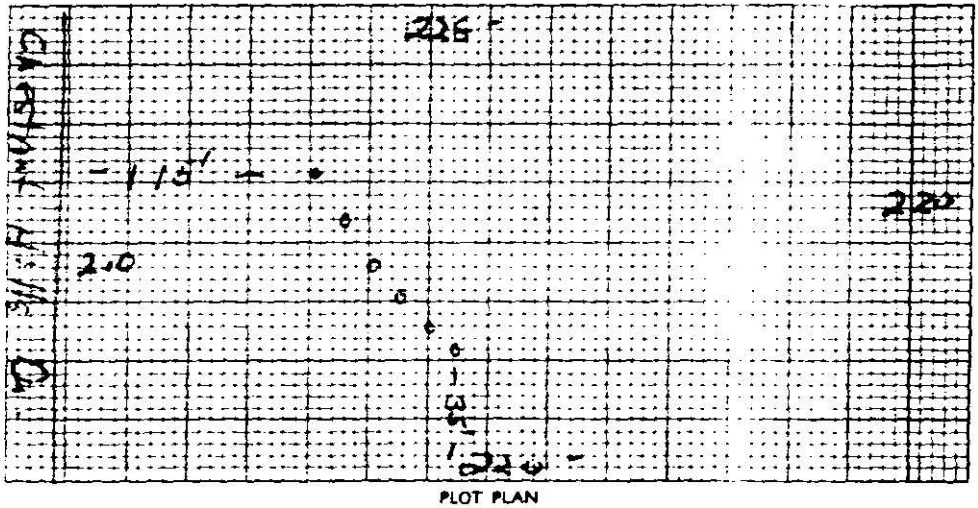
PERCOLATION TEST REPORT

NAME OF OWNER Scruggs (LAST) Ed (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 4615 Coronado Drive ZIP _____

LOCATION OF PROPERTY Chestnut Hills Drive (STREET OR COUNTY ROAD)

SUBDIVISION Chestnut Hills LOT NO 1 BLOCK NO 1



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 60 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 Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 7-20-73

ICARIS Application No 6071

T C No

Map Date

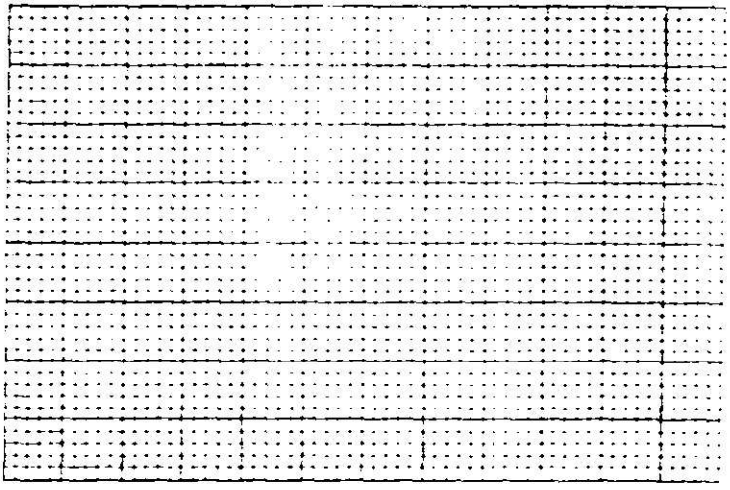
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

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

Sewage System
Have Septic Tank Permit
Public Sewer ___ Yes ✓ No
Have Septic Tank Permit
Connect to Sewer ___ Yes ✓ No

11) EHA Case No

12) SA Case No

13) NAME OF OWNER Scruggs (LAST) Ed (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 4615 Coronado Drive Char. NC.

15) PHONE NO Home 536-3724 Office 377-4947

16) LOCATION OF SYSTEM Chestnut Hills Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Chestnut Hills Lot No 1 Block No 1

Map Book No 3547 Page No. 347

18) DEED REFERENCE — DEED BOOK 3547 AT PAGE 347

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.

7-20-73
DATE OF APPLICATION

OWNER J. L. Scruggs for Ed. W. Scruggs

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 20, 1973

Serial No. 3204

LA No. 6071
P.O.
T. C. No. 231-121-02

Map Date 9-1-70

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 Scruggs (LAST) Ed (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 4615 Coronado Drive ZIP

LOCATION OF LOT Chestnut Hills Drive (STREET OR COUNTY ROAD)

SUBDIVISION Chestnut Hills LOT NO 1 BLOCK NO. 1

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 60 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 6071. 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4587

Date Issued 10-30-72

ICAR (S) Permit No. 6071

T C. No.

Map Date

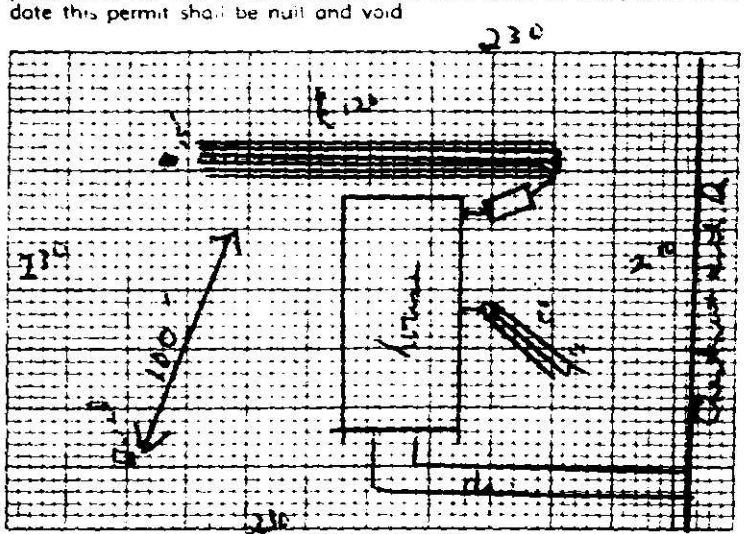
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6071 dated 7-20-72 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 11-30-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 Gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 600'

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ed W. Scruggs

LOCATION OF PROPERTY 11222 Chestnut Hill Ct

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: 12½' x 20' — aerator pit
washer 7½' x 50'
Hazard Allen, Contractor

Division or Section Head

Environmentalist Thomas R. Ward

* 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 4143

C of A (s) No. 6071

Date Issued 23 Nov 1973

P. D. T. C No. 231-121-02

Map Date 9-1-70

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 Scruggs (LAST) Ed (FIRST) W (MIDDLE)

Location of Property 11222 Chestnut Hills Drive

Application Number 6071 Permit Number 6071

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material concrete

Total Length of Drain Tile 600' Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 23 Nov 1973 (DATE) Tank Inspected 23 Nov 1973 (DATE)

Nitrification Field Inspected 23 Nov 1973 (DATE)

Washing Machine Line Inspected, If Applicable 23 Nov 1973 (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: 12½ x 120 – aeration pit

WASH line in bed 7½ x 50' x 17"

John R Atkisson

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 9Mar76 Serial No. 6757 C of A (s) No 6071

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Bell, T. (LAST, FIRST, MIDDLE)

Location of Property Chestnut Hill Rd

Application Number 6071 Permit Number 6071

Inspection Data:

Liquid Capacity of Tank 1500gal tank Tank Material Precast Concrete

Total Length of Drain Tile Number of Lines

Depth of Filter Material Cover Depth

Water Supply Source Distance from Water Source

Excavation Inspected (DATE) Tank Inspected 9Mar76 (DATE)

Nitrification Field Inspected (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 as well as 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 installed new tank - old one too low.

R. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY