Date Received 2-20-74

MECK COUNTY HEALTH DEPT.
RECEIVED
1974

APT No 7507

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Charlotte Development Co (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 6725 Old Providence Rd Charlotte ZIP 28211

3) PHONE NO Home _____ Office 366-2283

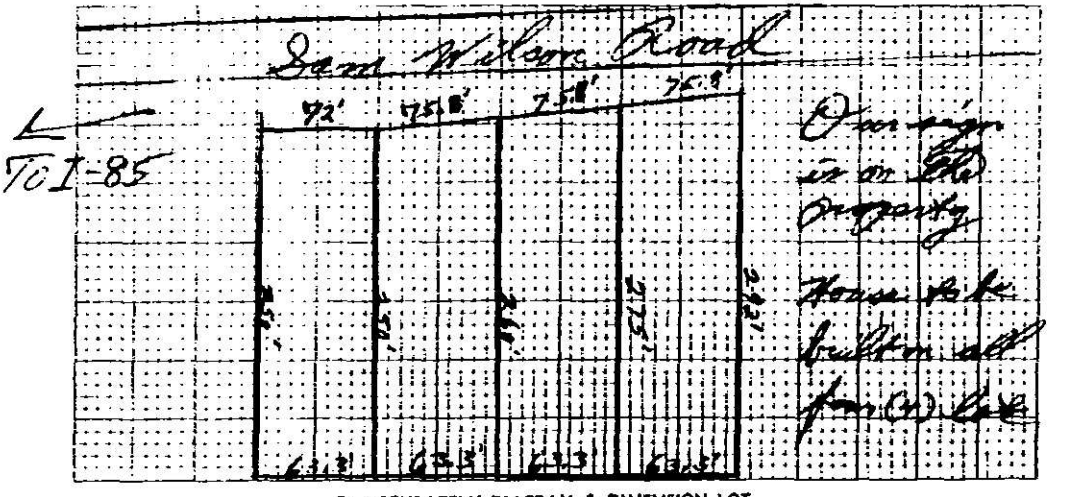
4) LOCATION OF PROPERTY Sam Wilson Road (STREET OR COUNTY ROAD)

5) SUBDIVISION None LOT NO _____ BLOCK NO. _____

MAP BOOK NO See Attached 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-1-8-1-72

2-18-74

HEALTH DEPARTMENT'S COPY

Serial No. 4065

PTR No 7507 22

T C No 055-211-21 23

Date Issued February 28, 1974

Map Date 9-5-73 24

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

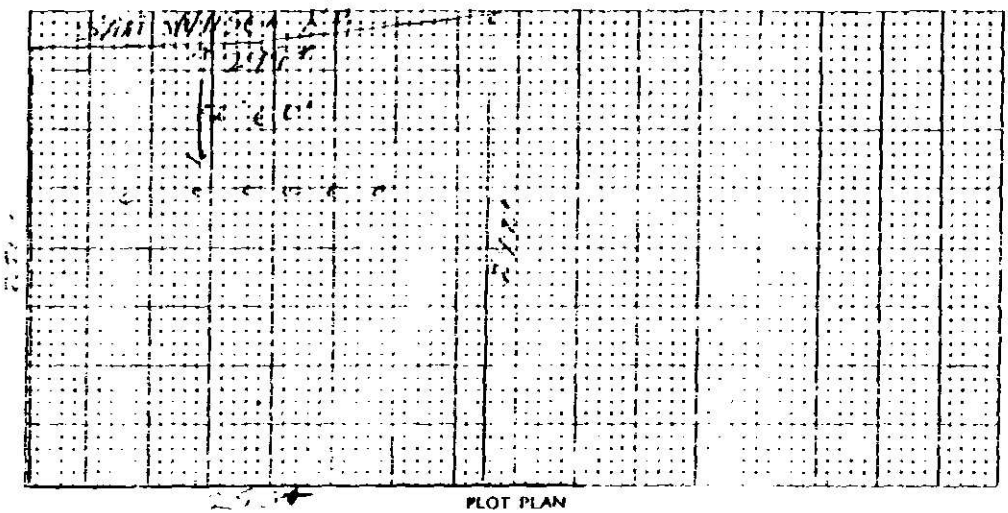
PERCOLATION TEST REPORT

NAME OF OWNER Charlotte Development Company (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6725 Old Providence Road ZIP 28211

LOCATION OF PROPERTY Sam Wilson 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 was, the test was 38 min/in. The site 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 site, lot.
2. The size of the septic tank wastewater treatment system which must be installed is 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 wells) 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.

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3-21-74

SEE INSTRUCTIONS ON BACK

MECK COUNTY HEALTH DEPT. RECEIVED MAR 21 1974 ENVIRONMENTAL HEALTH DIVISION

(Staff) Application No 7507

T C No 055-211 21

Map Date 9-5-73 22 23 24

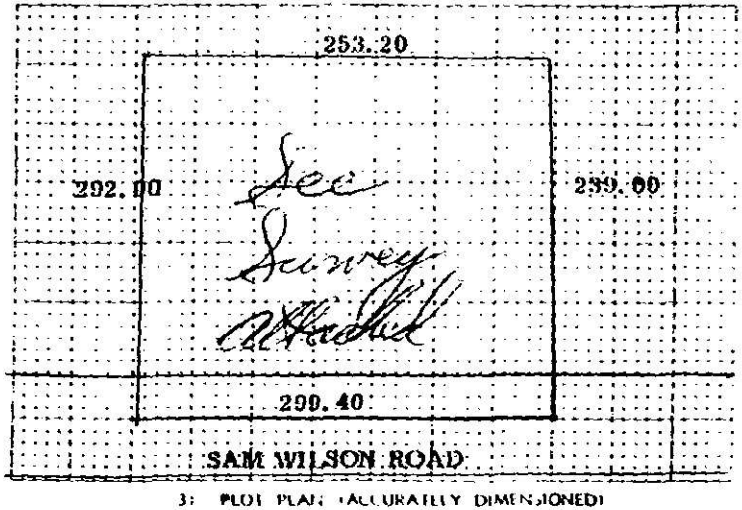
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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) Number of Bedrooms Three

5) Type of Water Supply N/A

6) Water Supply Available Yes

7) Connected to Public Water No

8) Public Sewer Available No

9) Approved Septic Tank Available Yes

10) Governmental Agency

11) Water Course

12) Any Encroachments No

13) Any Easements Required No

14) Any Other Permits Required N/A

15) Any Other Comments N/A

13) NAME OF OWNER Duke A. Jones, Jr. (Charlotte Development Company, Bldr.)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6725 Old Providence Road, Charlotte, N. C. 28211

15) PHONE NO Home - Office 366-2283

16) LOCATION OF SYSTEM Sam Wilson Road (See Attached Registered Survey)
STREET OR COUNTY ROAD

17) SUBDIVISION N/A Lot No N/A Block No N/A

Map Book No Page No

18) DEED REFERENCE — DEED BOOK 3168 AT PAGE 586

19) HAS A PERCOLATION TEST BEEN RUN? Yes YES NO DATE RUN PR 38 2-28-74

20) PTR NUMBER (See Instructions) 7507

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 hereon shall be void and of no effect if any of the above facts are not true.

March 15, 1974
DATE OF APPLICATION

Duke A. Jones Jr.
OWNER

REV. 5-1-72 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 22, 1974

Serial No. 3929

LA No 7507 21
T C No 055-211-22 23
Map Date 9-5-73 24

IMPROVEMENTS PERMIT

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 Duke (LAST) A. (FIRST) Jones, J.P (MIDDLE)

ADDRESS OF OWNER 6725 Old Providence Road ZIP 28211

LOCATION OF LOT Sam Wilson 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 38 min/in 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 7507 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

L B Braithwaite
Environmentalist

John R Akerson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7/3/24

Serial No. [illegible]

ICAR (S) Permit No 2507

T C No

Map Date

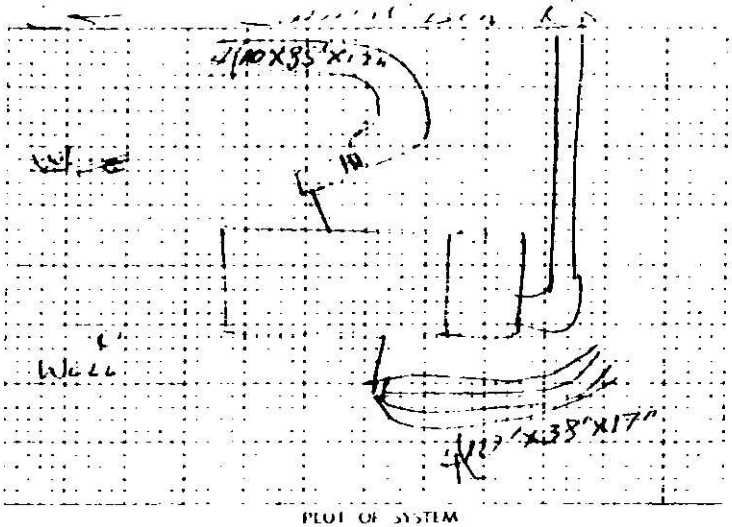
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct, Alter or Repair the individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied on application 2507, dated 5/21/24 and this permit shall be void and of no effect if the system is not as proposed in the application. All inspections required. All work shall be completed on or before 7/20/24 after which date this permit shall be null and void.



PLOT OF SYSTEM

Excavation Rate 3 5'

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Distribution Lines 57 34' [illegible]

Trench Dimensions 36" 5'

Number of Lines 4 4

Distance from Well 10'

Distance from Property Line 10' [illegible]

Distance from Water 50'+

NAME OF OWNER DUELL JONES JR. (CHAR DEV CO.

LOCATION OF PROPERTY 7401 WILKINSON RD.

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 4 Cats

5/21/24

Date

Sanitarian

If this permit is for the installation or construction of a new system, it must be signed by the division or a representative of the Environmental Health Director in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Form E-5-9-1-72

Date Issued 7-12-74 Serial No. C of A (s) No 7507

T C No 055-211-22

Map Date

CERTIFICATE OF CORRECTION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner JONES (LAST) DUKE (FIRST) A (MIDDLE)

Location of Property SAM WILSON RD -

Application Number 7507 Permit Number 7507

Inspection Date:

Liquid Capacity of Tank 1000 gal (ST / WM) Tank Material PC

Total Length of Drain Tile 340 (ST) 150 (WM) Number of Lines 4 (ST) 4 (WM)

Depth of Filter Material 17" Cover Depth 18" (ST) 14" (WM)

Water Supply Source IND WELL Distance from Water Source 75' E

Excavation Inspected 7-12-74 (DATE) Tank Inspected 7-12-74 (DATE)

Nitrification Field Inspected 7-12-74 (DATE)

Washing Machine Line Inspected, If Applicable 7-12-74 (DATE)

The undersigned has granted the owner Septic Tank System with subsurface, soil absorption, effluent discharge as described above and has been ✓ installed / constructed, all 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 guarantee that the system will operate properly or relieve any person now or hereafter owning or utilizing the system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to these restrictions and conditions shown on the permit and 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 GOOD SOIL

ADDING 20' TO WASHER

L P Dillaman

Environmentalist

FORM NO E-6-9-1-72

YELLOW - DEPARTMENT COPY