Date Received 9-6-73

APT No. 6951

T. C. No. 201-297-68 69

Map Date 9-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hagen (LAST) B. (FIRST) F. (MIDDLE)

2) ADDRESS OF OWNER 328 Scofield Rd. ZIP 28209

3) PHONE NO Home 525-1907 Office 525-1907

4) LOCATION OF PROPERTY Rio Oro Drive (STREET OR COUNTY ROAD)

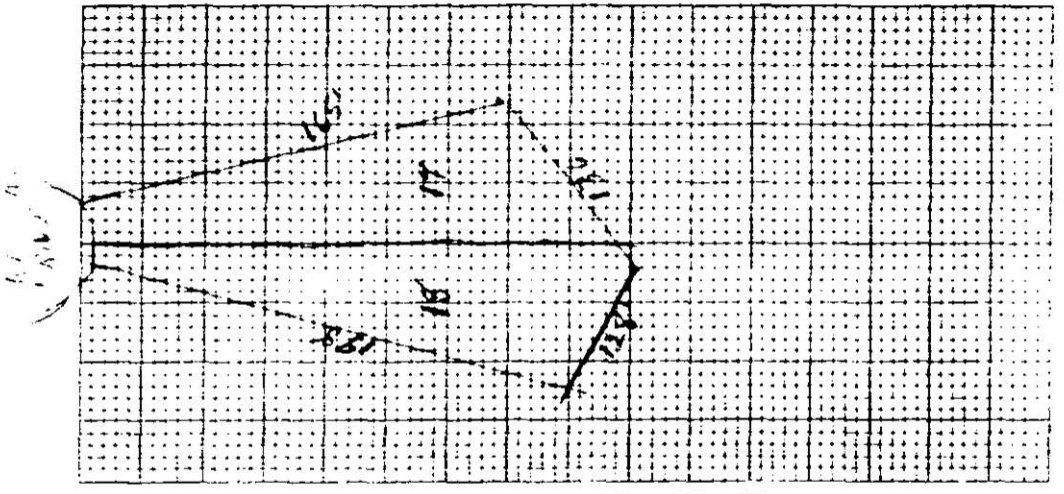
5) SUBDIVISION Bahia Bay II LOT NO 18 & 19 BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE DEED BOOK PAGE NO.

Bought from Mr. William C. Bibb

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 B F Hagen

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 6951

Date Issued September 17, 1973

T C No 001-297-68/69

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

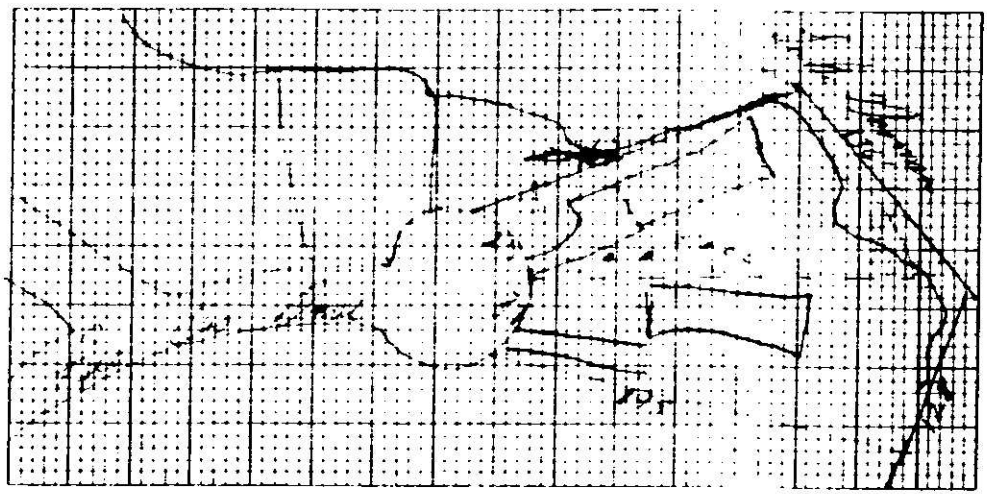
PERCOLATION TEST REPORT

NAME OF OWNER Hager (LAST) B. (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 328 Scofield Road ZIP _____

LOCATION OF PROPERTY Rio Oro Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay II LOT NO 18 & ~~19~~ 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 45 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 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.

John R. Robinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E 2 4 1-71

ALL DEPARTMENTS COPY

Date Received 6-4-74

APT No. 6951

T. C. No. 001-297-69

Map Date 4-22-23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HAGER (LAST) B. (FIRST) F. (MIDDLE)

2) ADDRESS OF OWNER 328 Scotfield Road ZIP 28209

3) PHONE NO Home 525-1907 Office SAME

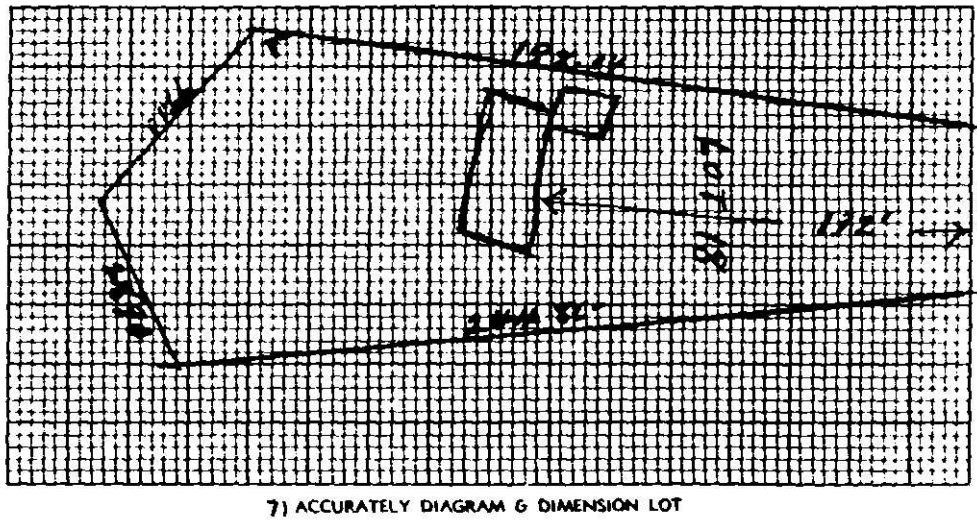
4) LOCATION OF PROPERTY Rio Crc Drive (STREET OR COUNTY ROAD) Bahia Bay II

5) SUBDIVISION Rio Crc Drive (Bahia Bay II) LOT NO. 18 BLOCK NO.

MAP BOOK NO 12 PAGE NO. 523

6) DEED REFERENCE DEED BOOK 2519 PAGE NO. 485

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

B. F. Hager
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-4-74

ICAR(S) Application No 6951

T C No 001-297-69

Map Date 4-27-73

1500
500

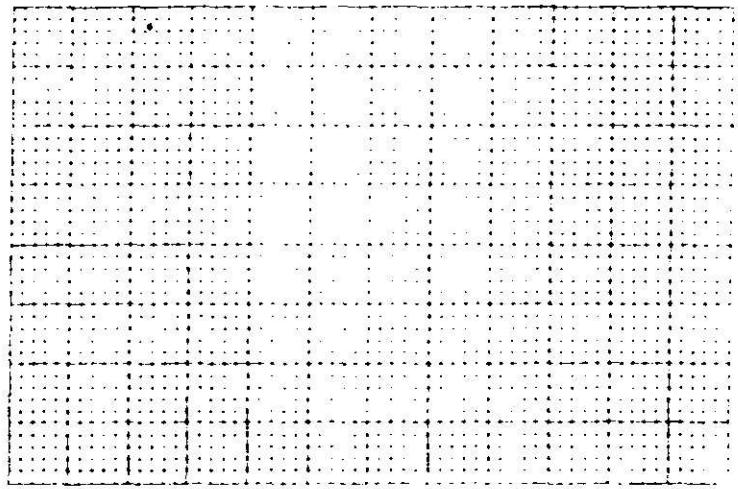
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Estimated Water Use

Employees

6) Washing Machine ✓ Yes No

7) Garbage Disp. Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water supply

A. Individual well

B. Community system

C. Municipal/County system

Well

Community system

10) Sewage System

a) Individual Subsurface Disposal

b) Public sewer Yes No

c) Other method of disposal

d) Community sewer Yes No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER HAGAN (LAST) B (FIRST) F (MIDDLE)

14) ADDRESS OF OWNER 528 Scofield Road

15) PHONE NO Home 535-1107 Office SAME

16) LOCATION OF SYSTEM Rt 6 exc Mead (STREET OR COUNTY ROAD)

17) SUBDIVISION BAHIA BAY II Lot No 18 Block No

Map Book No 12 Page No 523

18) DEED REFERENCE — DEED BOOK 2819 AT PAGE 485

19) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN 7-19, 73

20) PTR NUMBER (See Instructions) 7321

The undersigned person hereby agrees that he has read the foregoing application and that the content 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

DATE OF APPLICATION

OWNER B F. Hagan

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6-12-74

Serial No. 4181

LA No 6951

T C No 001-297-69

Map Date 4-27-73

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 Hager (LAST) B. (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 328 Scofield Road ZIP

LOCATION OF LOT Rio Oro Road (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay II LOT NO 18 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 46 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 6951. 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 10 Oct 1974 Serial No. 5895 ICAR(S) Permit No. 6951

T C No 001-297-69

Map Date 4-27-73

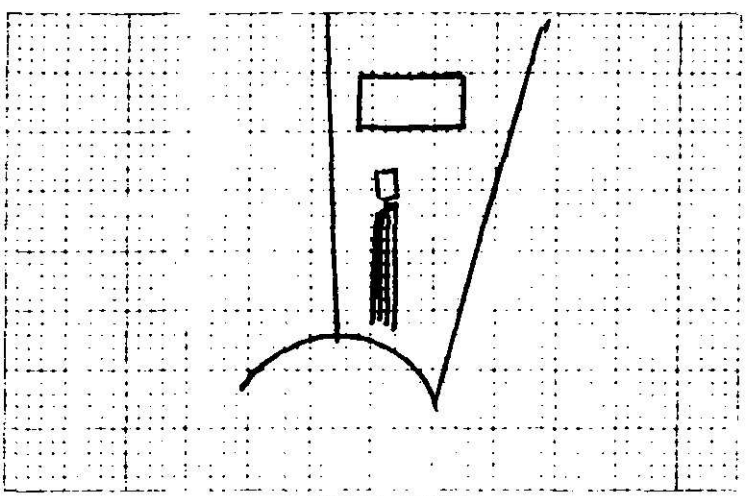
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6951, dated 6-4-74 and this permit shall be void and of no effect if the information provided in the application is not found to be true and previous. All work shall be completed on or before 1 Nov 1974, after which date this permit will be null and void



PLOT OF SYSTEM

Percolation Rate 46

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Distribution Lines

Total Line Length 500 l/ft *

Number of Lines 5 (12½ x 50)

Distance from House 10' +

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Hager, B. F.

LOCATION OF PROPERTY Rio Oso Road (Lot 18)

The system shall meet all 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 install in bed 12½" X 50" X 34" #10 stone - double depth of stone due to space limitations

John R Atkinson

Division or Section Head — 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 if an existing system is being altered or repaired

EHS-8-1-72

Serial No. 5390

C of A (s) No. 6951

Date Issued 16 Oct 1974.

T C No. 001-297-69

Map Date 4-27-73

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 HAGER, (LAST) B. (FIRST) F. (MIDDLE)

Location of Property RIO ORO ROAD (Lot 18)

Application Number 6951 Permit Number 6951

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material CONCRETE

Total Length of Drain Tile 500 L/FT Number of Lines 5 (12½ x 50)

Depth of Filter Material 34" Cover Depth 30"

Water Supply Source COMMUNITY Distance from Water Source NA

Excavation Inspected 15 Oct 1974 (DATE) Tank Inspected 15 Oct 1974 (DATE)

Nitrification Field Inspected 16 Oct 1974 (DATE)

Washing Machine Line Inspected, If Applicable NA (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 as required 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 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 the restrictions and conditions shown on the permit 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 2½' x 7' x 4'

John B. Atkisson

Environmentalist

FORM NO E-6-9-1-72

SEE REVERSE SIDE