Date Received 1-17 73

APT No. 5437

T C. No. 001-293-03

Map Date 9-1-70

# 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 _____

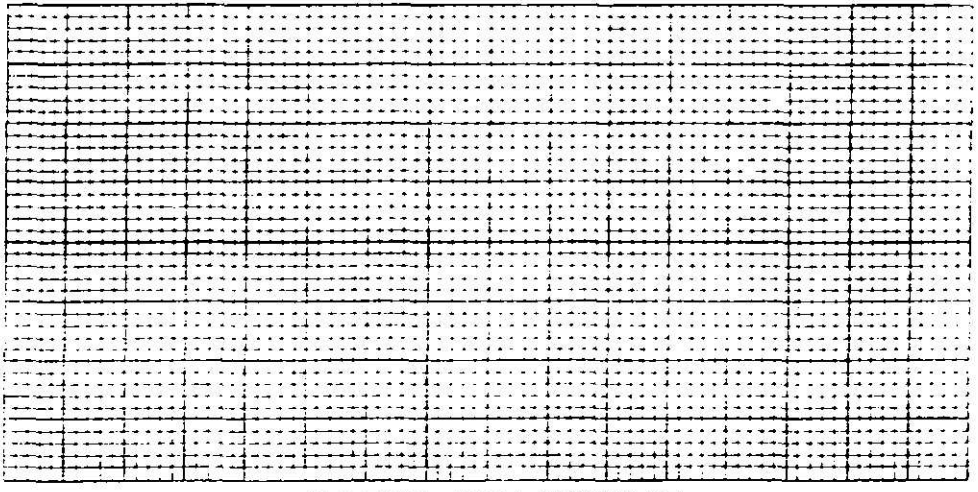
4) LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 131 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. 7

PTR No 5437

T C No. 001-293-03

Map Date 4-27-73

Date Issued October 24, 1973

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

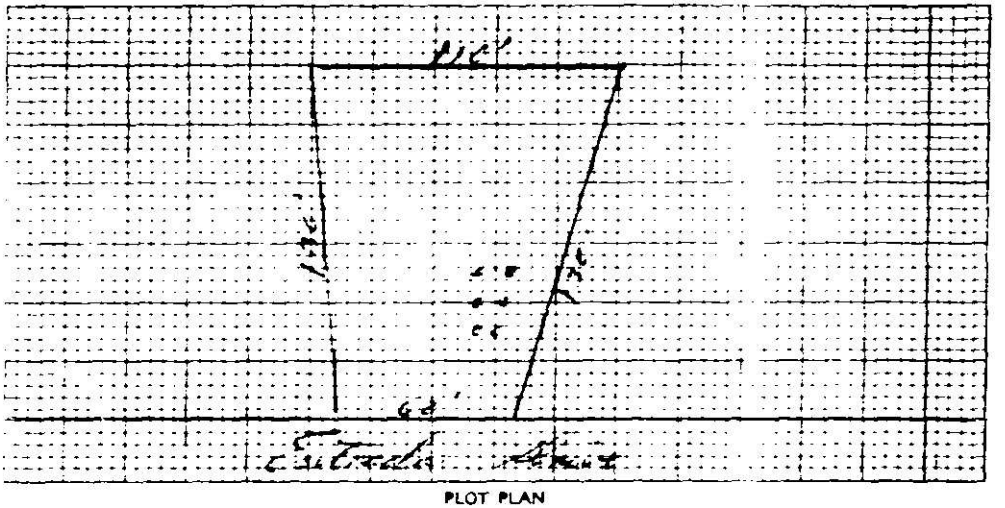
## PERCOLATION TEST REPORT

NAME OF OWNER Croasman (LAST) Robert (FIRST) McHenry (MIDDLE)

ADDRESS OF OWNER P.O. Box 712, Cornelius, N.C. ZIP

LOCATION OF PROPERTY Entrada Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 132 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 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 teratment 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. Dickson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

K.

Date Received 1-19-73

ICAR (S) Application No. 5437

T C. No. 001-193-03

Map Date 9/70

# 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 _____

5) Building Use _____ Max. No. Employees _____

6) Automatic Washer Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply
A. Public Water _____
B. Community System _____
C. Private Supply
Well Drilled _____
Spring _____

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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM _____ (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.

_____ _____
DATE OF APPLICATION OWNER

Form No. E-4-4

**HEALTH DEPARTMENT'S COPY**

Date Issued October 24, 1973

Serial No. 3549

IMPROVEMENTS PERMIT

LA No. 5437

T C. No. 001-293-03

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 [redacted] Croasmun (LAST) Robert (FIRST) McHenry (MIDDLE)

ADDRESS OF OWNER P.O. Box 712, Cornelius, N.C. ZIP

LOCATION OF LOT Entrada Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 131 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 60 min/inpn 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 5437. 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

M. L. Bixby
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY