Date Received 1-26-73

APT No. 5424

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] (LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

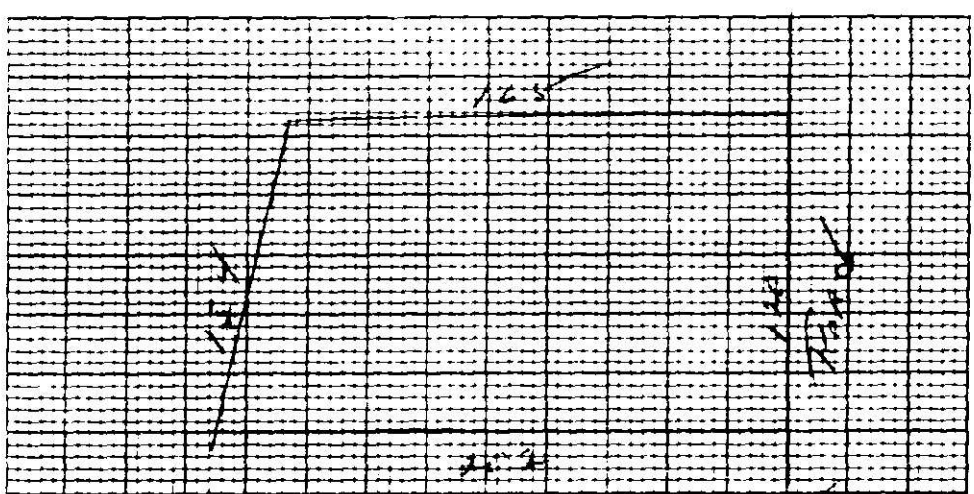
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO 7 BLOCK NO. 13

MAP BOOK NO 14 PAGE NO 22

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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

[signature]
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: August 16, 1973

TO: Randy Reynolds
Environmentalist

FROM: W. Everette Lynn, Jr. W. E. L.
Soil Scientist

SUBJECT: APT #5474 (Freeland) 8/15/73
Lot 7-B Willhill Road (8411)

Soils were found to be of the Mecklenburg series. These soils have very plastic and sticky clay subsoils which contain swelling clay minerals. This results in inadequately slow percolation rate and permeability.

Based on these observations, the lot is unsuitable for installation of a septic tank system.

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: November 25, 1974

TO: John R. Adkisson

FROM: W. Everette Lynn, Jr.
Soil Scientist

SUBJECT: APT 5474 (R. M. Freeland)
Lot No. 7-B, Willhill Road
Date: 11-22-74

An area of moderately limiting soils intergradient between the Cecil and Mecklenburg series was located on the lot.

These intergradient soils show indications of containing a small amount of expanding clay minerals. This factor results in limited permeability and percolation rate (true mean perc. rate of 90Min./In.).

Based on this investigation, the lot is recommended for conditional approval for installation of a septic tank system. System design should be based on a 90Min./In. perc. rate.

NOTE: Sewage pump may be required to get effluent to absorption field.

WEL;jjk

Serial No. 4768

PTR No 5474

Date Issued Nov. 25. 1974

T C No 137-073-09

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

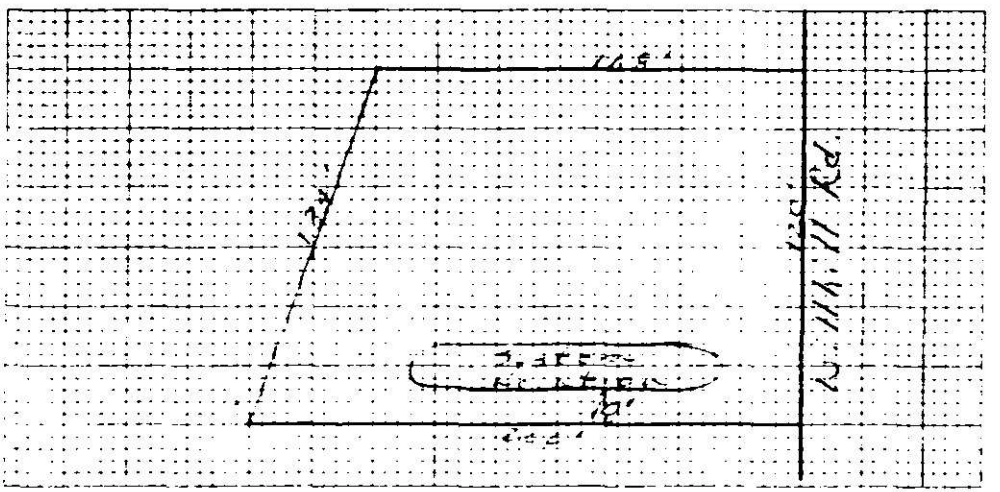
PERCOLATION TEST REPORT

NAME OF OWNER Freeland (LAST) Robert (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 538 Old Bell Road, Mattnews, N. C. ZIP 28105

LOCATION OF PROPERTY Willhill Road, (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 7 BLOCK NO B



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 plat.

The percolation rate determined by the test was *90Min/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 and all prior grading, filling or construction, including the inspection work 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.

*Results determined by soil analysis

W. Lawrence Crumpton
Soil Scientist

John D. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-8-1-72

HEALTH DEPARTMENTS COPY

SEE INSTRUCTIONS ON BACK

Date Received 9/9/75 #2

ICAR(S) Application No. 5474

T. C. No. 137.07309

Map Date 1-22-73

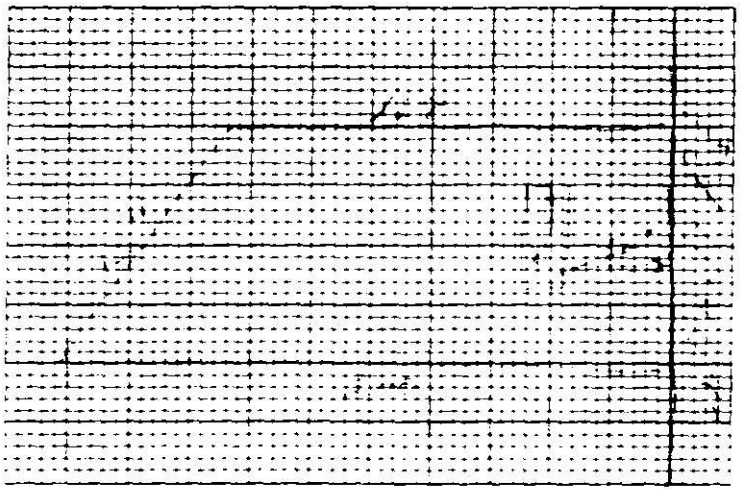
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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) No. of Bedrooms ____

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 source ____

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-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued September 10, 1975 Serial No. 5271

LA No 5474

T C No 137-073-09

IMPROVEMENTS PERMIT

Map Date 1-22-73

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 Freeland (LAST) Robert (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 559 Old BelllRoad, Matthews, N. C. ZIP 28105

LOCATION OF LOT Willhill Road (STREET OR COUNTY ROAD)

SUBDIVISION Wilson Woods LOT NO 7 BLOCK NO B

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 90Min./Inch 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 5474. 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

John R. Hobson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2/10/76

Serial No. 7105

ICAR (S) Permit No. 5474

T C No 13 7 075 09

Map Date 1-22-73

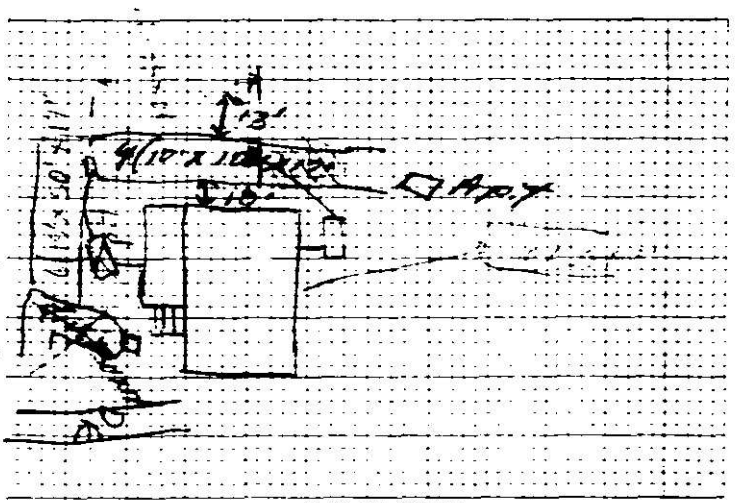
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 5474 dated 9/9/75 and this permit shall be void and of no effect if the information provided in the application is found to be untrue, incorrect or erroneous. All work shall be completed on or before 3/20/76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines W.M.

Total Run Length ~~200~~ 150

Number of Lines 4 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well COMM

NAME OF OWNER ROBERT M. FREELAND

LOCATION OF PROPERTY WILL HILL 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 VVASHER: 5/N's x 30' @ 17"

HOLD TANK SHALLOW!

MAX COVER OVE DRAIN 30"-36"

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 where an existing system is being altered or repaired.

FORM NO E-5-4-2M-6-75

HEALTH DEPARTMENT COPY