Received 8-8-74

Application No. 5911

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Robinson (LAST) Davis (FIRST) H (MIDDLE)

ADDRESS OF OWNER 12301 Tom Short Rd ZIP 28105

PHONE NO. Home 847-4186 Office 332-7114

LOCATION OF PROPERTY 12301 Tom Short Rd - (STREET OR COUNTY ROAD)

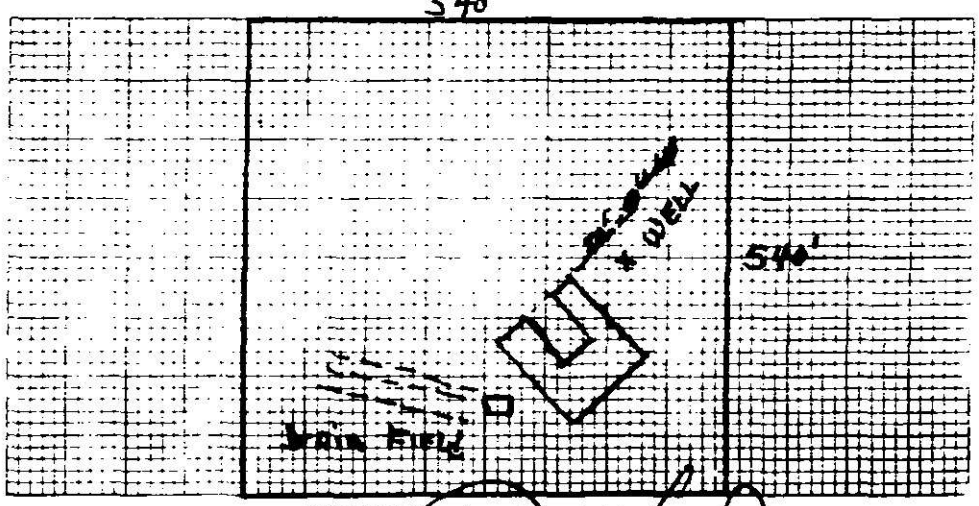
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Crawford Well Drilling LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of X individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

8-5-74
DATE OF APPLICATION

Louis H. Robinson
OWNER

Application approved and permit hereby granted

Permit No: _____

M. L. Ivey
ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 1/30/73

APT No 5491

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Robinson (LAST) Davis (FIRST) H (MIDDLE)

2) ADDRESS OF OWNER 3619 McAlpine St. ZIP 28209

3) PHONE NO Home 5254563 Office 3327114

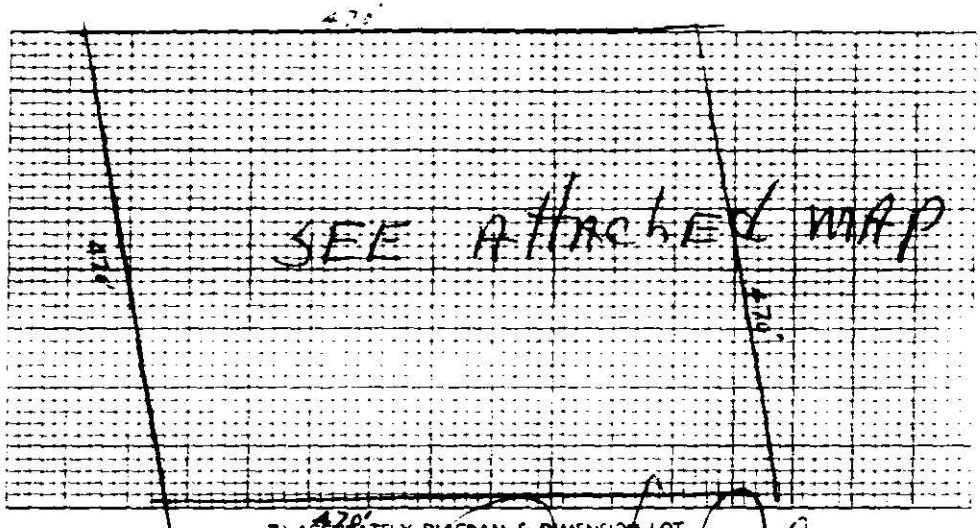
4) LOCATION OF PROPERTY 12301 Tom Short Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3528 PAGE NO 373

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

David D. Robinson
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 50

PTR No. 5491
P.O.
T C. No. 229-121-04
Map Date 11-10-72

Date Issued April 24, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

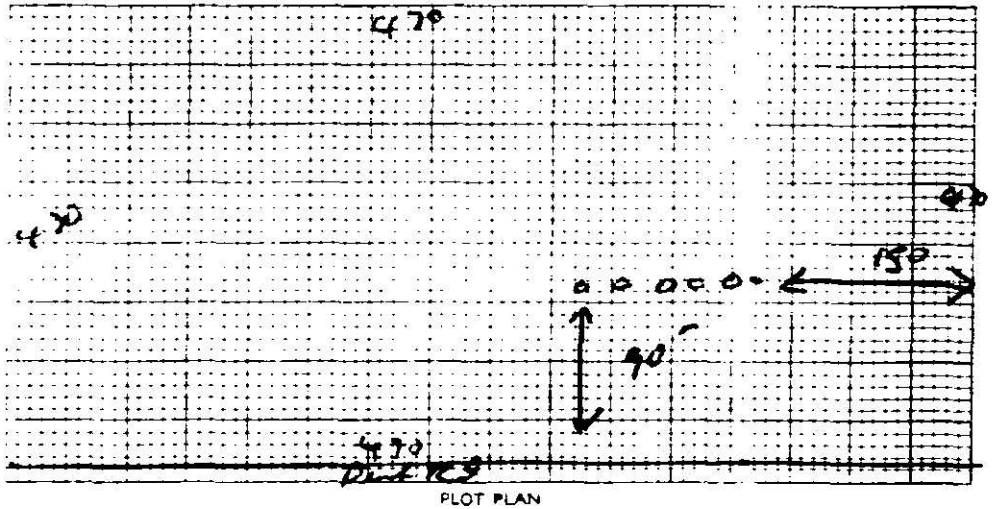
PERCOLATION TEST REPORT

NAME OF OWNER Robinson (LAST) Davis (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 3619 Moultrie Street ZIP 28208

LOCATION OF PROPERTY 12301 Tom Short 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 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 P. Robinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 4-24-73

ICAR(S) Application No 5491

T C. No.

Map Date

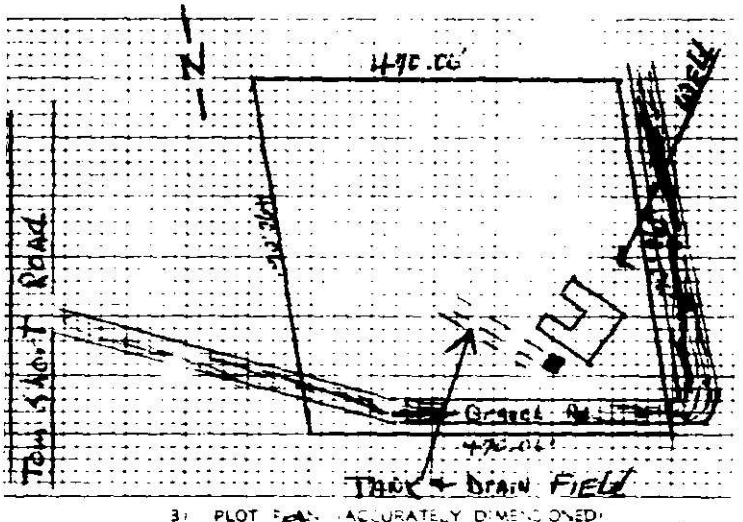
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 here[illegible] applies to the Mecklenburg County Health Department for a permit to

[illegible] Install or Construct [illegible] Repair an individual septic tank wastewater treatment system with a subsurface soil absorption [illegible] discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4 t[redacted]

NO

W[illegible] Water ✓ Yes No

Garbage D[illegible] Yes X No

D[illegible]her ✓ Yes No

[illegible] Sewer

A[illegible] ✓

B [illegible] System

C [illegible]

Well on site

[illegible] Easement

Sewage System

Well located within 200 feet ✓ No

[illegible] located within 200 feet of [illegible] ✓ Yes No

[illegible] Sewer Yes ✓ No

EHA Site No

[illegible] Site No

13) NAME OF OWNER Robinson (LAST) Davis (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER 3619 Moultrie St -

15) PHONE NO Home 5254563 Office 3327114

16) LOCATION OF SYSTEM 12301 Tom Short Rd - (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3528 AT PAGE 373

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 4-17-73

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.

4-24-73
DATE OF APPLICATION

Davis H. Robinson
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued April 24, 1973 **Serial No.** 2784

LA No. 5491
P.O.
T. C. No 229-121-04

Map Date 11-10-72

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 Robinson (LAST) Davis (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 3619 Coultrie Street ZIP 28209

LOCATION OF LOT 12301 Tom Short 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 60 min/in and 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 5491. 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 permits 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

Thomas R. Wade
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4371

Date Issued 9-1-73

ICAR(S) Permit No. 5491

T C. No. _____

Map Date _____

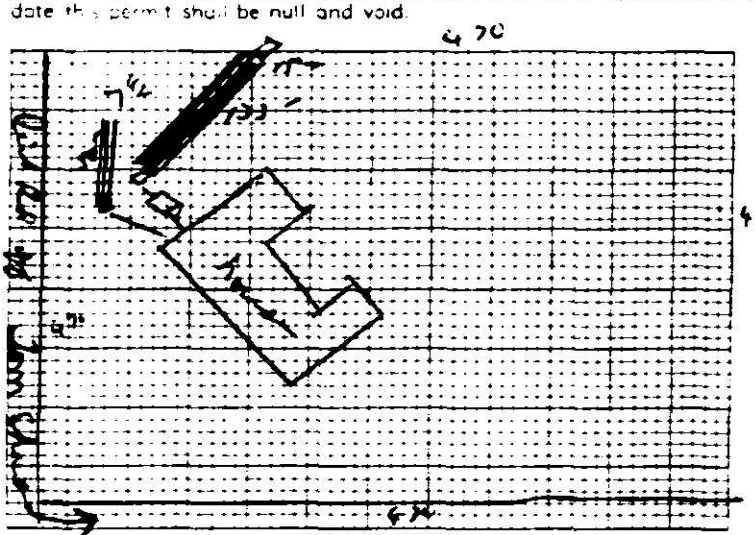
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5491, dated 9-24-73 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 10-11-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gals

Tank Construction pre cast con.

Absorption and/or Nitrification Lines:

Total Line Lenght 795'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dave H. Robinson

LOCATION OF PROPERTY 1230 Tom Short 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 15 x 133 x 17" stone - gravity pipe all around
washer 7½ x 50' x 17" stone
Will be installed by owner

_____ Thomas R. Ward

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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4168

C of A (s) No. 5491

Date Issued 11-2-73

T C No. 229-121-04

Map Date 11-10-72

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 Robinson, Davis H. (LAST, FIRST, MIDDLE)

Location of Property 12301 Tom Short Rd

Application Number 5491 Permit Number 5491

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material Concrete

Total Length of Drain Tile 795'+ Number of Lines 6

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 11-2-73 (DATE) Tank Inspected 11-2-73 (DATE)

Nitrification Field Inspected 11-2-73 (DATE)

Washing Machine Line Inspected, If Applicable 11-2-73 (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: Installed by Owner.
(21½' x 150')
Some rock and saprolite hit in excavation of system.

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY