Date Received 7-18-73

MECK COU ... RECEIVED JUL 1 5 1973

APT No. 6681

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

60

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Fleet (LAST) Transport (FIRST) Company (MIDDLE)

2) ADDRESS OF OWNER Highway 27 West P O Box 8652 Freedom Station ZIP 28208

3) PHONE NO. Home _____ Office 394-1317

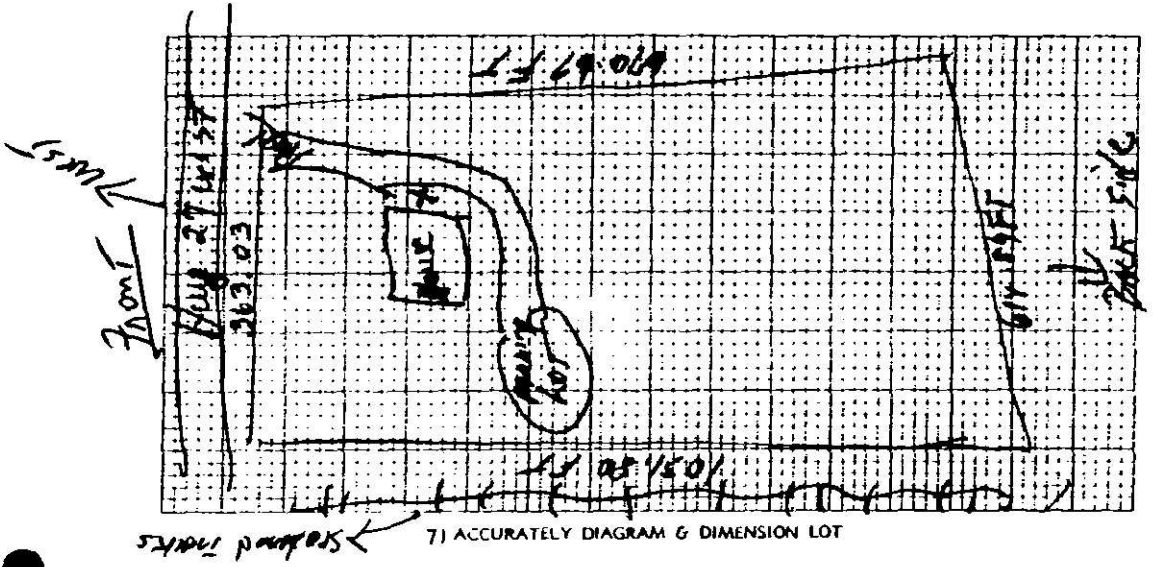
4) LOCATION OF PROPERTY Highway 27 West (STREET OR COUNTY ROAD)

5) SUBDIVISION Pa. Creek Twp LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK # _____ PAGE NO _____
H. K. Finger Land is 540/686

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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



STAKE POINTS

7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER Fleet Transport Co
By: Carl Helms

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 376-2113

Date Issued
1. August 2, 1973
2. _____
3. _____

SDR No. _____
T.C. No. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER _____

ADDRESS OF OWNER _____ Station ZIP 2[illegible]8

LOCATION OF LOT _____

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	7 [illegible]	[illegible]4 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

_____
Environmentalist

(Stencil No.)
MHD 398
8/70

FORM NO.
M-19-8-14-70

Serial No. 3497

PTR No. 6681

Date Issued August 17, 1973

T C No 057-243-13

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

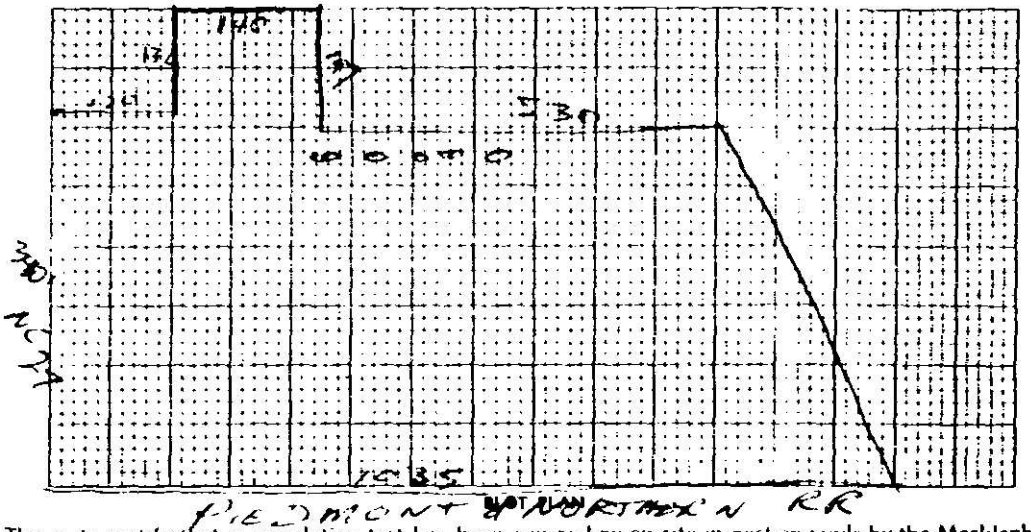
PERCOLATION TEST REPORT

NAME OF OWNER Fleet Transport Company
LAST FIRST MIDDLE

ADDRESS OF OWNER Post Office Box 8652, Freedom Station ZIP 28208

LOCATION OF PROPERTY Highway 27 West
STREET OR COUNTY ROAD

SUBDIVISION LOT NO BLOCK NO



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.

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 7-18-73

SEE INSTRUCTIONS ON BACK
MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 18 1973

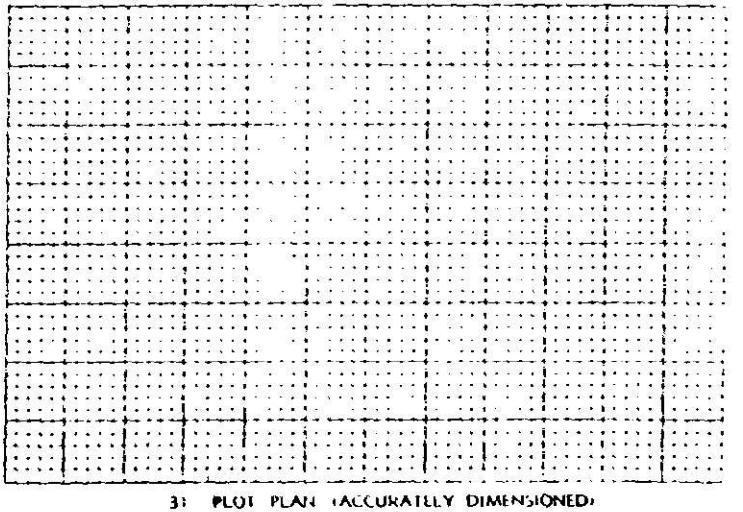
ICAR (S) Application No 6681
T C No
Map Date

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 hereby applies to the Mecklenburg County Health Department for a permit to

1) To ~~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 none in use
5) Business Use Max No Employees 6
6) Washing Machine Yes ✓ No
7) Garbage Disposal Yes ✓ No
8) Dishwasher Yes ✓ No
9) Water Supply
A) Individual Well at present
B) Government
C) Community
1. Well
2. Government
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 Fleet Transport Company
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Paw Creek, N.C.

15) PHONE NO Home Office 394-1317

16) LOCATION OF SYSTEM Proposed syten just left of existing house
STREET OR COUNTY ROAD

17) SUBDIVISION Paw Creek 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 X DATE RUN

20) PTR NUMBER (See Instructions)

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

7-17-73
DATE OF APPLICATION

Fleet Transport Co
OWNER By: Carl Fleet

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 17, 1973 Serial No. 3312

LA No. 6681

T C. No. 057-243-13

Map Date

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 Fleet Transport Company (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 8652, Freedom Station ZIP 28208

LOCATION OF LOT Highway 27 West (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 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 6681. 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 P Bridgman
Environmentalist

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

FORM NO E-3-4-1-71

BUILDING DEPARTMENT'S COPY

Date Issued 8/27/73 Serial No. 4279 ICAR(S) Permit No. 6681

T. C No. 057-243-13

Map Date

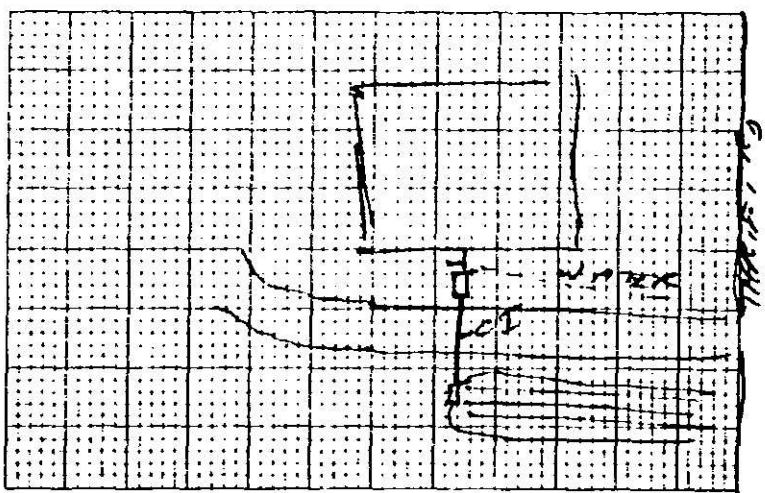
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 dated 8/17/73 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 9/10/73, 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:

Total Line Lenght 400

Number of Lines 5 (1½ X 80' X 17")

Distance from House 10'

Distance from Property Line 10'±

Distance from Well CITY

NAME OF OWNER FLEET TRANSPORT

LOCATION OF PROPERTY NC 27 (THRIFT RD) @ RR BRIDGE

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: B. Lec. 4" C.I. UNDER DRIVE FROM TANK TO PVC

JR/LCB
Division or Section Head

L R Buckner
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

Date Issued 8/29/23 Serial 3857

C of A (s) No. 6681

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner FLEET TRANSPORT Co. (LAST, FIRST, MIDDLE)

Location of Property NC 22 & RR BRIDGE (TRUCK)

Application Number 6681 Permit Number 6681

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 900 Number of Lines 5 (25' x 20 x 17

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source city Distance from Water Source

Excavation Inspected 8/29/23 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 8/29/23 (DATE)

Washing Machine Line Inspected, If Applicable 8/29/23 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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

L L Bridgeman
Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8/31/?

ICAR (S) Application No 6681

T. C. No. 057-34[illegible]

Map Date 3-31-75

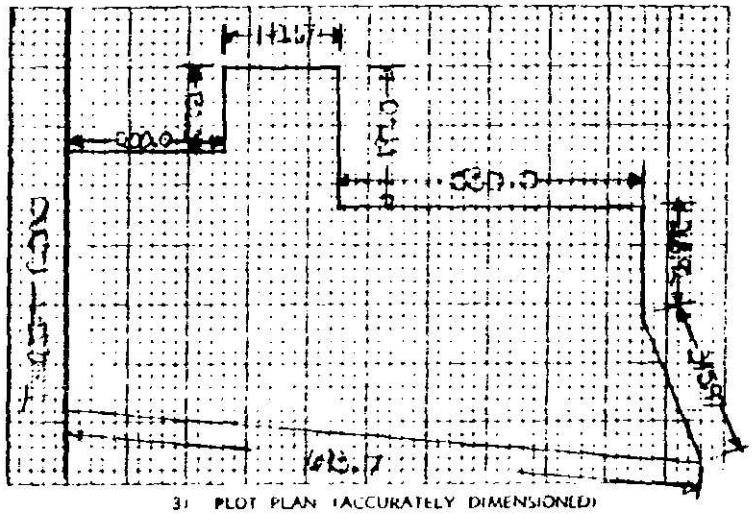
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Business Use ✓ Max No. Employees 10

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 FLEET TRANSFER CO., INC. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 934 44th Avenue Nashville, Tenn. 37209

15) PHONE NO Home ___ Office 741-523-8343

16) LOCATION OF SYSTEM Thrift Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3466 AT PAGE 527

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 R. G. Michie

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

HEALTH DEPARTMENT'S COPY

Date Issued 9/15/76

Serial No. 0159

LA No. 6681

T. C. No. 057-243-13

Map Date 2-21-75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Fleet Transport Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 934 44th Avenue, Nashville, Tenn ZIP 37209

LOCATION OF LOT Thrift 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 Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 6681 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 soil investigation 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

W. A. Hinkley
Environmentalist

John R. Atkinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued Sept 77

Serial No. 0330

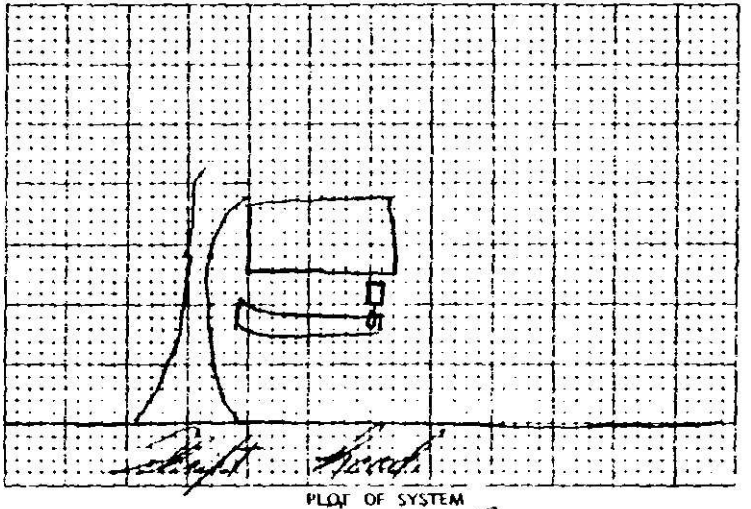
ICAR(S) Permit No. 6681

T C No. 052-243-13

Map Date Feb 75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 6681, dated 15 Aug 77 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 ____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ____

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 6 (5 X 61 X 11")

Distance from House 10'

Distance from Property Line 10'

Distance from Well City

NAME OF OWNER Flint Footprint Co, Inc

LOCATION OF PROPERTY Eastfield Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments Name Calls (Cont)

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 14 Feb 77

Serial No. 0339

[redacted]

C of A (s) No. 6681

T C No. 057-243-15

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner [redacted] (LAST) (FIRST) (MIDDLE)

Location of Property [redacted]

Application Number 6681 Permit Number 6681

Inspection Data:

Liquid Capacity of Tank 1250 Tank Material PC

Total Length of Drain Tile 460' Number of Lines 6 (15' X 6' X 17")

Depth of Filter Material 17" Cover Depth 15 - 24"

Water Supply Source City Distance from Water Source —

Excavation Inspected 14 Feb 77 (DATE) Tank Inspected 14 Feb 77 (DATE)

Nitrification Field Inspected 14 Feb 77 (DATE)

Washing Machine Line Inspected, If Applicable — (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 Health Commission 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 Trench Tanks (Conc.)

Environmentalist

EHD-5-76

Environmental Health Department's Copy