Date Received 10-16-73 APT No. 7113

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney Jr. (LAST) William (FIRST) K (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 618 Kings Mtn N.C. ZIP 28086

3) PHONE NO. Home 825-5481 Office Mauney Mills

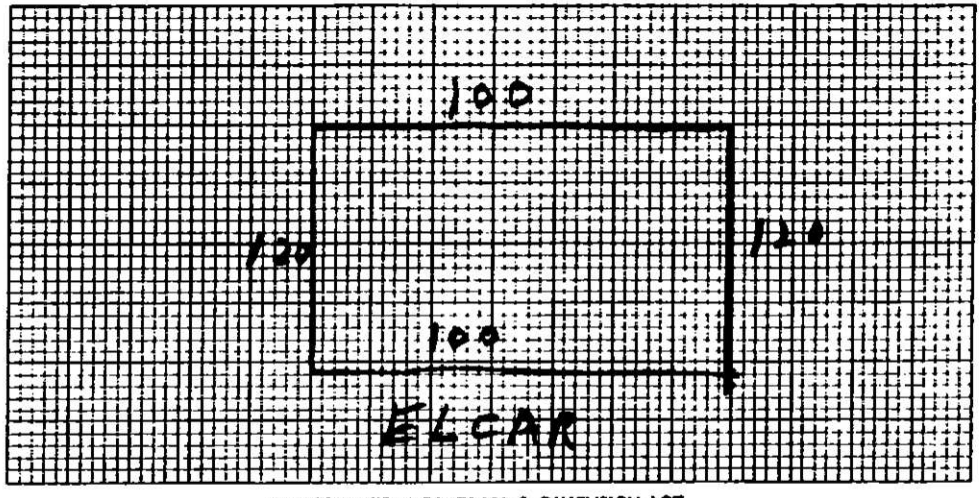
4) LOCATION OF PROPERTY Elcar Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 26 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

William K Mauney Jr.
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-16-73

ICAR (S) Application No 7113

T C No

Map Date

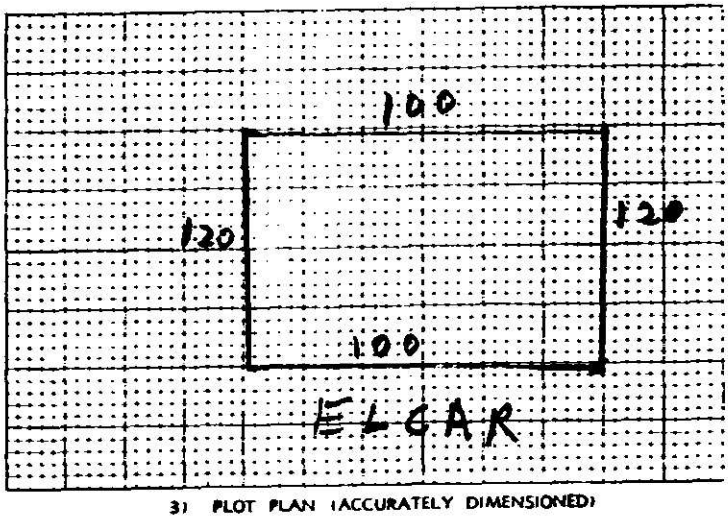
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 2

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 Mauney Jr. (LAST) William (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 623 Kings Mtn. N.C. 28086

15) PHONE NO. Home 825-5481 Office Mauney Mills

16) LOCATION OF SYSTEM _____ Elcar Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 24 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.

10-15-73
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3/6/75

ICAR (S) Application No. 7113

T. C. No. 13-174.07

Map Date 9-14-71

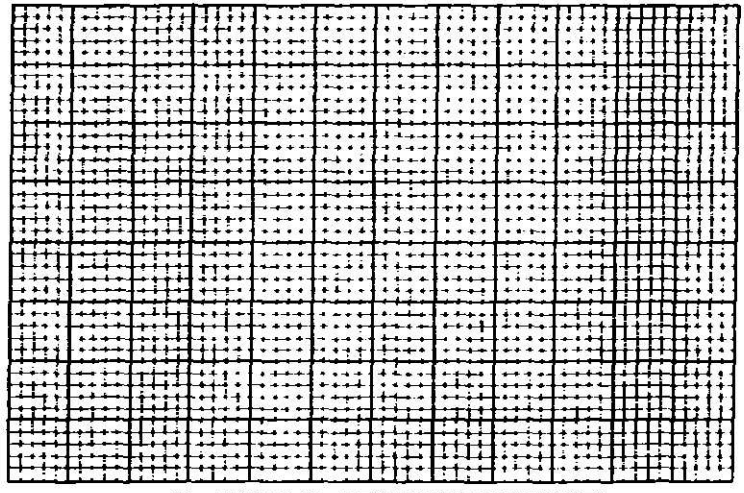
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

Mobile Home

4) No of Bedrooms 3 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 (Rental) Smeltzer (LAST) Richard (FIRST) Grant (MIDDLE)

14) ADDRESS OF OWNER 5117 Elcar Dr Charlotte

15) PHONE NO. Home ____ Office Hertz (3749321)

16) LOCATION OF SYSTEM 5117 Elcar Dr Westwood Mobile Home Park (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 26 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

Richard Grant Smeltzer
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued March 6, 1975 Serial No. 4715

LA No. 7113

T. C. No. 113-174-07

Map Date 9-14-71

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 Mauney (LAST) William (FIRST) K. (MIDDLE)

ADDRESS OF OWNER P. O. Box 628, Kings Mtn., N. C. ZIP 28086

LOCATION OF LOT Elcar Drive (STREET OR COUNTY ROAD)

SUBDIVISION Westwood LOT NO 26 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 _____, 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 7113. 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-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4612

ICAR(S) Permit No. 7113

Date Issued 11-5-73

T. C. No.

Map Date

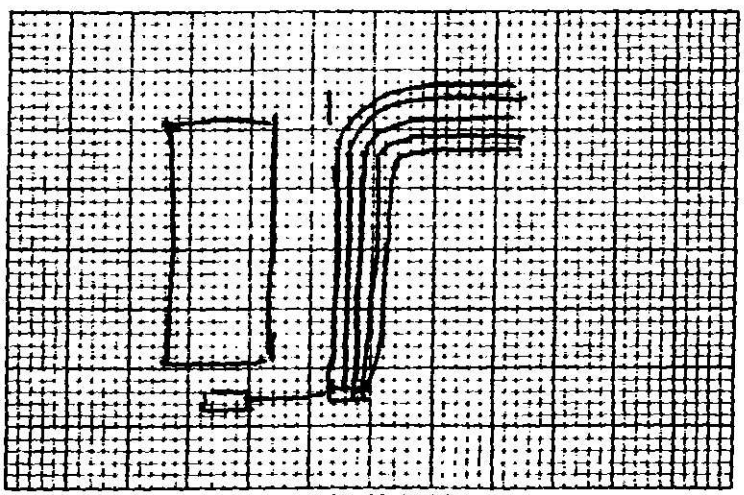
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 7113, dated 10/16/73 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 11-20-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate Good

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600 eq.

Number of Lines 5/12'x80'

Distance from House 10 min

Distance from Property Line -1

Distance from Well 100'+

NAME OF OWNER Wm. K. MAHONEY

LOCATION OF PROPERTY LOT 36 WESTWOOD ESTATES

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: L. - MAHONEY

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 4223

C of A (s) No. 7113

Date Issued 11/14/73

T. C. No. 113-174-07

Map Date 9/14/71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner MAHNEY (LAST) WM. (FIRST) K. (MIDDLE)

Location of Property ELCAR DR. LOT 26 WESTWOOD

Application Number 7113 Permit Number 7113

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 sq' Number of Lines 5

Depth of Filter Material 24" Cover Depth 20"

Water Supply Source Community Well Distance from Water Source 200'+

Excavation Inspected 11/14/73 (DATE) Tank Inspected 11/14/73 (DATE)

Nitrification Field Inspected 11/14/73 (DATE)

Washing Machine Line Inspected, If Applicable CMB (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. Mahney

L F Buckeman

Environmentalist

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

HEALTH DEPARTMENT'S COPY