Date Received 2-21-72

APT No. 3227

T. C No. 005-081-04

Map Date 3-15-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Putnam (LAST) Donald (FIRST) G. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 798 - Huntersville, N.C. ZIP

3) PHONE NO Home 275-1564 Office Home cont. 9 a.m. - 5 p.m.
Work hrs. Flexible

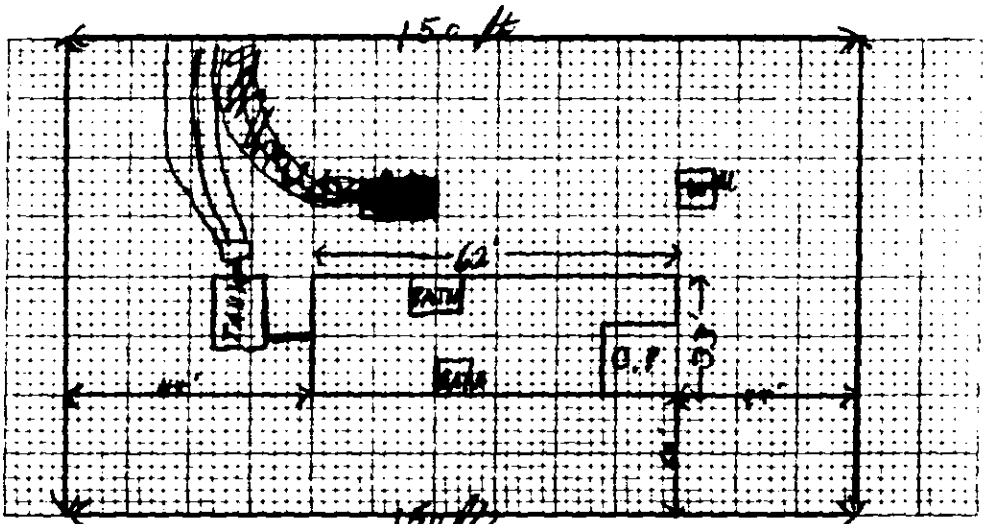
4) LOCATION OF PROPERTY (STREET OR COUNTY ROAD)

5) SUBDIVISION Dogwood Acres LOT NO 13 BLOCK NO B

MAP BOOK NO 9 PAGE NO. 59

6) DEED REFERENCE DEED BOOK 2211 PAGE NO 231

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

Donald Gregg Putnam
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]45

PTR No. 3227

T C No 005-081-04

Date Issued March 1, 1972

Map Date 3-15-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

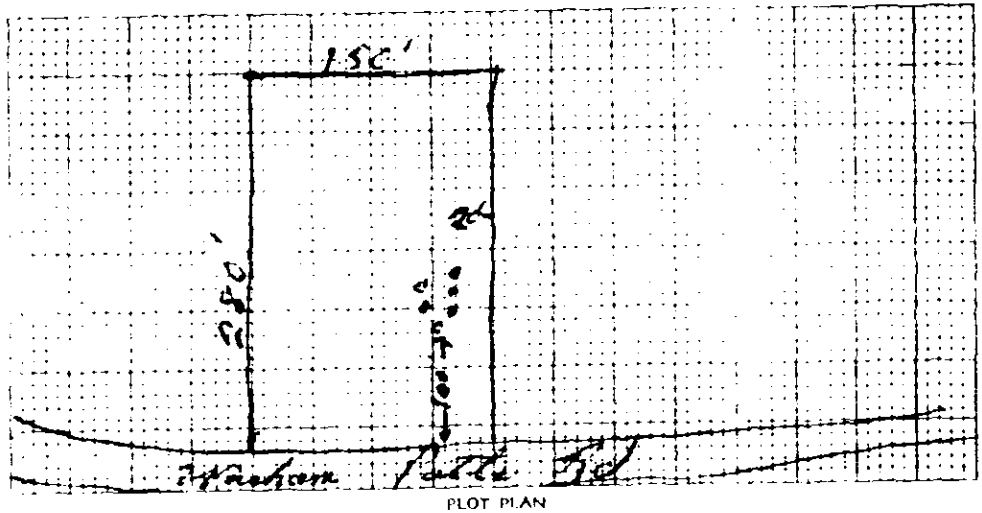
PERCOLATION TEST REPORT

NAME OF OWNER **Putnam** (LAST) **Donald** (FIRST) **Gregg** (MIDDLE)

ADDRESS OF OWNER **P. O. Box 798, Huntersville, North Carolina** ZIP **28078**

LOCATION OF PROPERTY **Washam Potts Road** (STREET OR COUNTY ROAD)

SUBDIVISION **Dogwood Acres** LOT NO **13** 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 plot.

The percolation rate determined by the test was **60** 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 trailing of a utility) 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

[illegible] DEPARTMENT COPY

Date Received 3-1-72

ICAR(S) Application No. 3227

T C No 005-091-04

Map Date 3-15-72

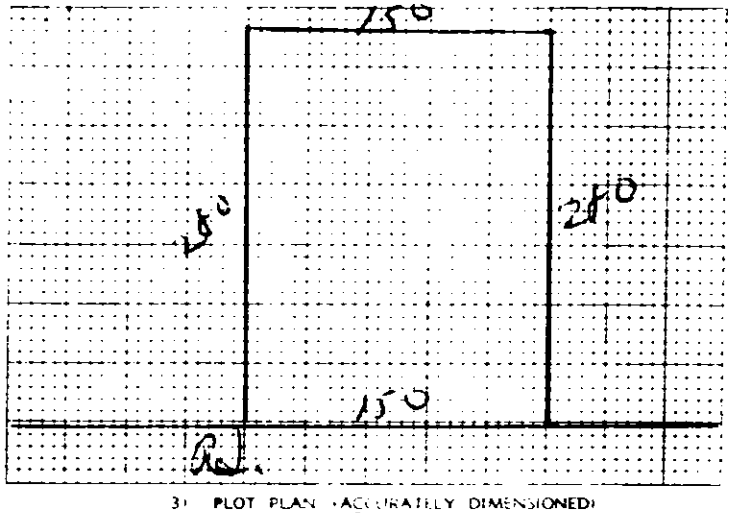
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The undersigned hereby or party described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

Install or Construct ☐ Alter or Repair ☐ an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

1) No. of Bedrooms 3

2) Building Use Max No Employees

3) Washing Machine ✓ Yes No

4) Garbage Disposal Yes ✓ No

5) Dishwasher ✓ Yes No

6) Water Supply

A) Individual Well ✓

B) Governmental System

C) Community System

1 Well source

2 Governmental source

7) 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 Putnam (LAST) Donald (FIRST) G. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 798 Huntersville N.C.

15) PHONE NO Home 875-1509 Office 1318 East Morehead St Lincoln Life 375-8974

16) LOCATION OF SYSTEM Washam Potts Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Dogwood Acres Lot No 13 Block No B

Map Book No 9 Page No 59

18) DEED REFERENCE — DEED BOOK 728 AT PAGE 231

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 2-21-72 (EC)

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 3/1/72

OWNER Donald Gregg Putnam

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Received 5-1-92

ICAR(S) Application No 3227

T C No

Map Date

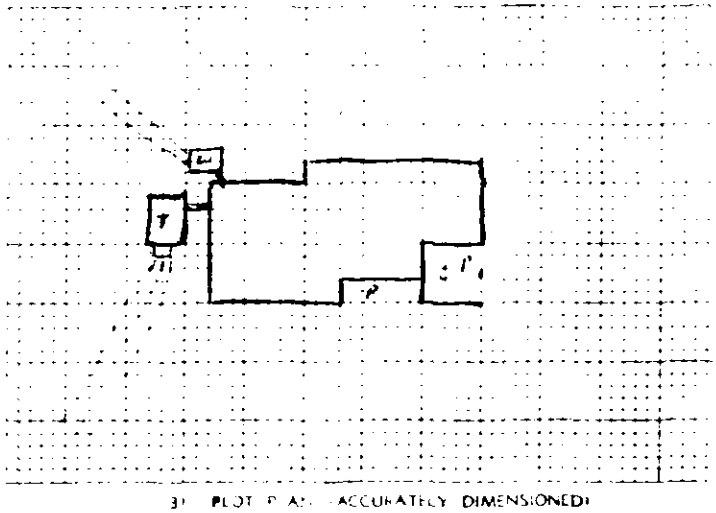
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

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

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



31. PLOT PLAN ACCURATELY DIMENSIONED

13. NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14. ADDRESS OF OWNER [illegible]

15. PHONE NO. Home 875-1569 Office

16. LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17. SUBDIVISION [illegible] Lot No [illegible] Block No [illegible]

Map Book No [illegible] Page No [illegible]

18. DEED REFERENCE - DEED BOOK [illegible] AT PAGE

19. HAS A PERCOLATION TEST BEEN RUN? YES [illegible] NO DATE RUN [illegible]

20. FEE [illegible] See instructions [illegible]

The undersigned [illegible] that he has read the foregoing application and that the contents thereof are true to the best of his knowledge. Any permit applied for herein shall be void of no effect if any of the above is not true.

Donald D. Patton
OWNER

DATE OF APPLICATION [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued March 1, 1972

Serial No. 1366

LA No. 3227

T C No 005-081-04

Map Date 3-15-71

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 **Putnam** (LAST) **Donald** (FIRST) **Gregg** (MIDDLE)

ADDRESS OF OWNER **P. O. Box 798, Huntersville, North Carolina** ZIP **28078**

LOCATION OF LOT **Washam Potts Road** (STREET OR COUNTY ROAD)

SUBDIVISION **Dogwood Acres** LOT NO **13** BLOCK NO. **B**

MAP BOOK NO **9** PAGE NO **59**

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** , 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 **3227** . 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, altered 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 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. Wisson
Environmentalist

John Dutra
Director Environmental Health Division or Authorized Section Head

FORM NO. E 3-4 (12-71)

HEALTH DEPARTMENT'S COPY

Serial No. 2197

Date Issued 2 May 72

ICAR(S) Permit No. 3227

F. C. No. 005-081-04

Map Date 15 Mar 72

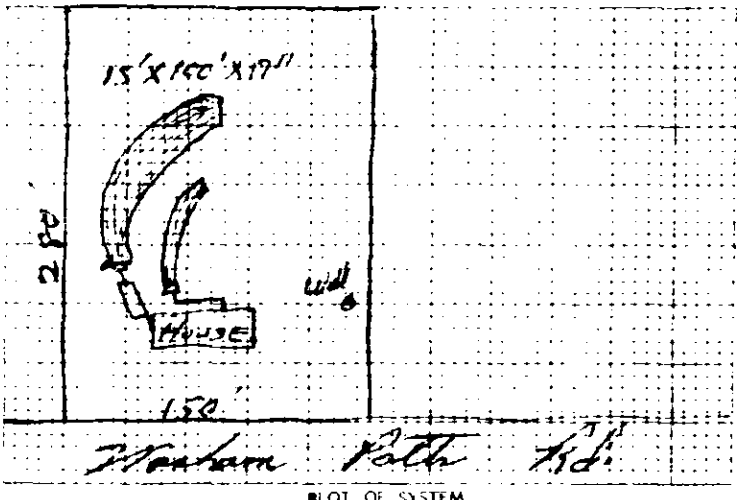
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ✓ Install or Construct Alter or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as specified herein or the described plans. This permit is granted based upon the information supplied on application 3227, dated 17 May 72 and this permit shall be void and of no effect if the information provided in the application is in error. All work shall be completed on or before 1 Jun 72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Recommended Size 60

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption Area in Square Feet or Lineal Feet of Lines

Trench Excavation 600'+100'WM

Number of Lines 6+2

Distance from House 20'

Distance from Property Line 20'

Distance from Well 80'

NAME OF OWNER Putnam, Harold A.

LOCATION OF PROPERTY Markham - Path Rd

This system shall meet all of the construction requirements as set forth in the regulations of the Mecklenburg County Health Department 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 unavailable for use.

Comments: Natural (Conto)

Division Section Head

M. L. Earley
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.

CRW-50 (5-71)

APPLICANT'S COPY

Serial No. 1994

C of A (s) No. 3227

Date Issued 24 May 72

T C No. 005-081-04

Map Date 15 Mar 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Putnam (LAST), Marshall (FIRST) J. (MIDDLE)

Location of Property Mathers Pottle Rd.

Application Number 3227 Permit Number 3227

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600'+100' WM Number of Lines 4 + 2

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Ind Well Distance from Water Source 80'

Excavation Inspected 24 May 72 (DATE) Tank Inspected 24 May 72 (DATE)

Nitrification Field Inspected 24 May 72 (DATE)

Washing Machine Line Inspected, If Applicable 24 May 72 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed / 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 Retained (Cont.)

M. L. Eby
Environmentalist

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

HEALTH DEPARTMENT'S COPY