Date Received 2-15 74

APT No 7491

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Dellinger (LAST) Johnny (FIRST) Watt (MIDDLE)

2) ADDRESS OF OWNER Rt 2 Box 313 Huntersville ZIP 28078

3) PHONE NO Home 875-6576 Office 374-2361

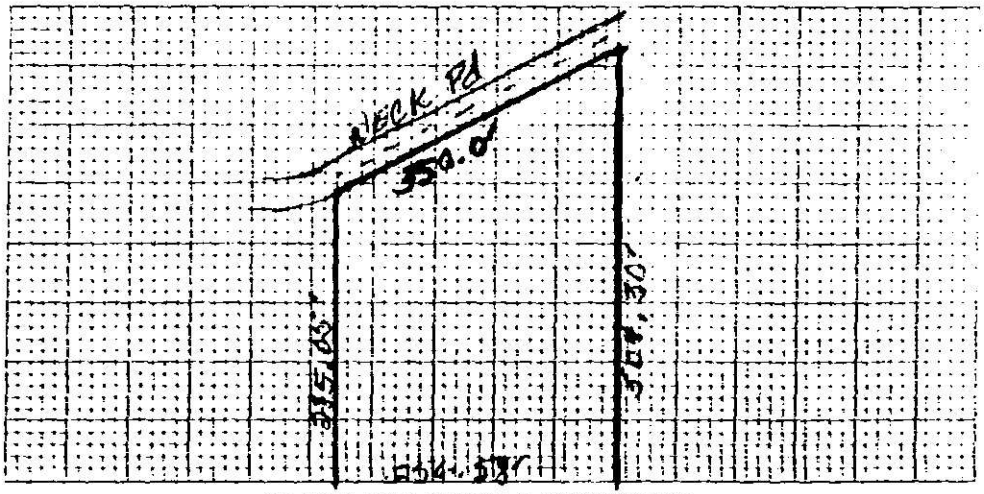
4) LOCATION OF PROPERTY Neck Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ 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

OWNER Johnny W. Dellinger

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4041

PTR No 7491
F.C.
T C No 023-012-07
Map Date 2-14-73

Date Issued February 25, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

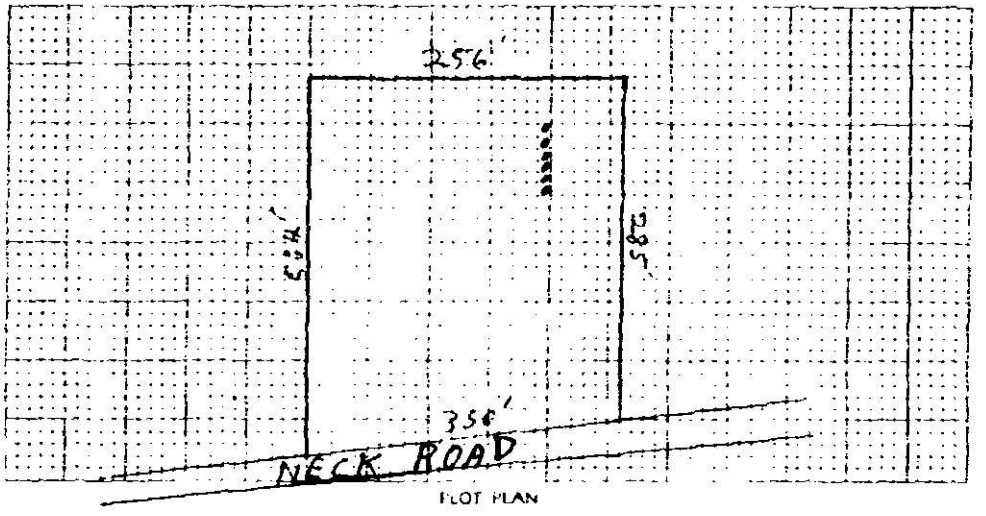
PERCOLATION TEST REPORT

NAME OF OWNER Bellinger, Johnny Watt
LAST FIRST MIDDLE

ADDRESS OF OWNER Route 1, Box 313, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Neck Road
STREET OR COUNTY ROAD

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and on site evaluation 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 50 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 subject 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 following, 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.

Jerry Barker John R. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2 15 91

ICARUS Application No 7-91

T C No

Map Date

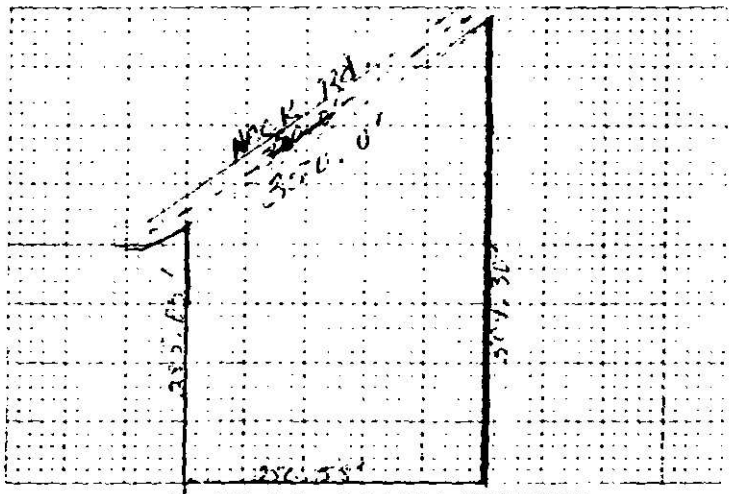
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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)

2

Yes ✓ No

13. NAME OF OWNER Billings (LAST) Johnny (FIRST) Lowell (MIDDLE)

14. ADDRESS OF OWNER Rt 2 Box 313, Huntersville 28078

15. PHONE NO Home 875 6540 Office 374 4867

16. LOCATION OF SYSTEM Rock Road (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 statements above are true. It is understood that any permit applied for hereunder may be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION _____ OWNER _____

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 5, 1974

Serial No. 3957

LA No 7491
P.O.
T C No 023-012-07

IMPROVEMENTS PERMIT

Map Date 2-14-73

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 Dellinger, Johnny Watt
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Route 1, Box 313, Huntersville, N.C. 28078
(ZIP)

LOCATION OF LOT Neck 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 50 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 7491. 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

Jerry Burleson
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [redacted] 6 ICARIS Permit No. 7491

Date Issued 19 March 74 T C No C23-C12-C7

Map Date [redacted]

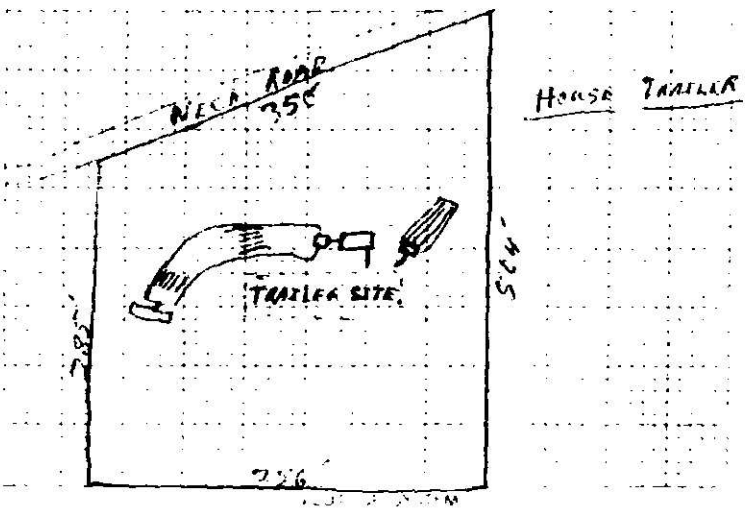
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ Install or Construct After or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as described herein at the designated location. This permit is granted based upon the information supplied on application No. 7491 Dated 2-15-74 and this permit shall become void if no effort of the work covered by the application is made within 90 days. All work shall be completed on or before 19 [redacted] 74 after which date this permit shall be null and void.



Proposed Use SC

Liquid Capacity of Tank 1000 gal

Type of Tank PC

Absorption Area in Square Feet

Total Length of Lines 400 +150'RM

Type of Lines 5(12½'x30"x17")
3(7½'x30"x17")

Distance from Tank 10'

Distance from Nearest Water Supply 10'+

Distance from Well 100'

NAME OF OWNER DELLINGER JOHNNY WATT

LOCATION OF PROPERTY NECK ROAD

This permit is issued subject to the conditions and 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 unavailable for use.

Comments CLAUDIUS ALKATTON PITT

Jerry Burleson
Environmentalist

Supervisor or Head

This permit for the installation or construction of a new system must be signed by the division or a sanitarian for environmental Health Director in order to be valid. The signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1-72

Serial 4488

C of A (s) No 7491

Date Issued 1 April 74

T C No 023-012-07

John R Adkisson
SANITARIAN OF CERTIFICATION

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 DELLINGER (LAST) JOHNNY (FIRST) WATT (MIDDLE)

Location of Property NECK ROAD

Application Number 7491 Permit Number 7491

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 400' + 150' WM Number of Lines 5(12½' x 80' x 17") 3(7½' x 50' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Drilled Well Distance from Water Source 80'

Excavation Inspected 1 April 74 (DATE) Tank Inspected 1 April 74 (DATE)

Nitrification Field Inspected 1 April 74 (DATE)

Washing Machine Line Inspected, If Applicable 1 April 74 (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: Claudius Alexander Rd

Jerry Bucheon
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY