Date Received 1-11-73

APT No 5924

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CAROLINA FRAME + TRAILER SERVICE INC
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER PO Box 8182 Charlotte NC ZIP 28208

3) PHONE NO Home 366 3988 Office 394-3154

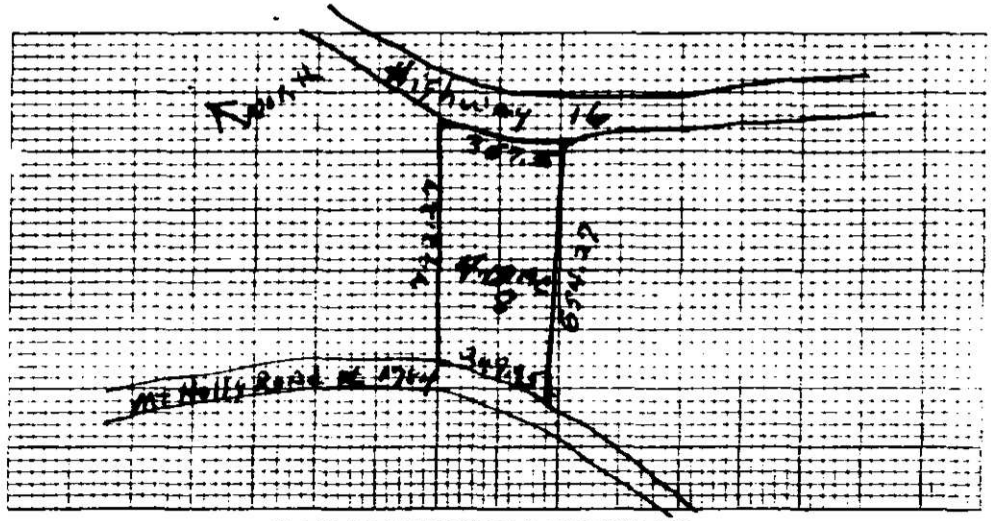
4) LOCATION OF PROPERTY Highway 16
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 8 BLOCK NO 54

MAP BOOK NO 35 PAGE NO 05

6) DEED REFERENCE DEED BOOK 35 PAGE NO 05

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

Carolina Frame + Trailer Service Inc
OWNER By Joe C Carter President

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

HEALTH DEPARTMENT'S COPY

Serial No. 2175

PTR No. 5424

T C No. 035-054-08

Map Date 2/23/72

Date Issued January 16, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

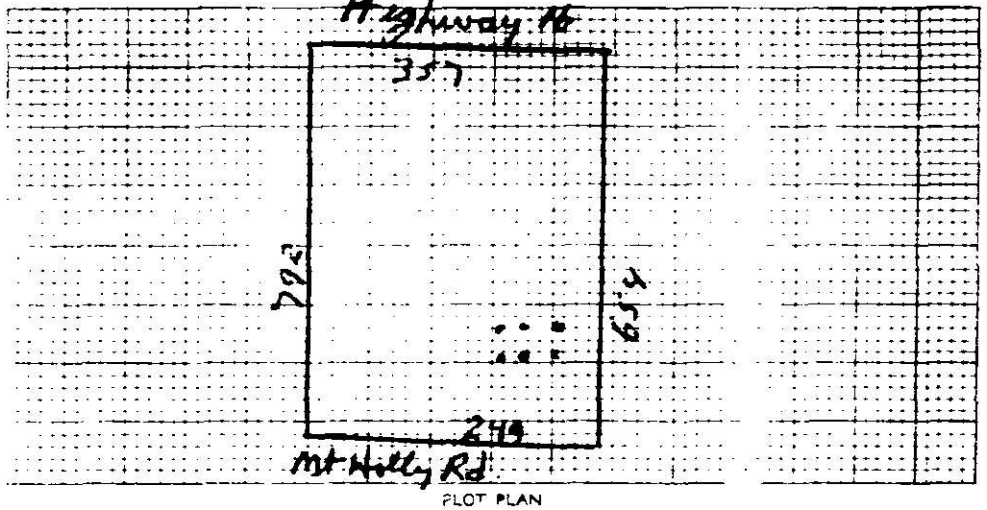
PERCOLATION TEST REPORT

NAME OF OWNER Carolina Frame & Trailer Service, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 8182 ZIP 28208

LOCATION OF PROPERTY Highway 16
(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 for the system as 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 R. Hasson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 1-17-73

ICAR(S) Application No. 5424

T C No 035-054-08

Map Date 2 23 72

15-0 Sod
625 2/pt

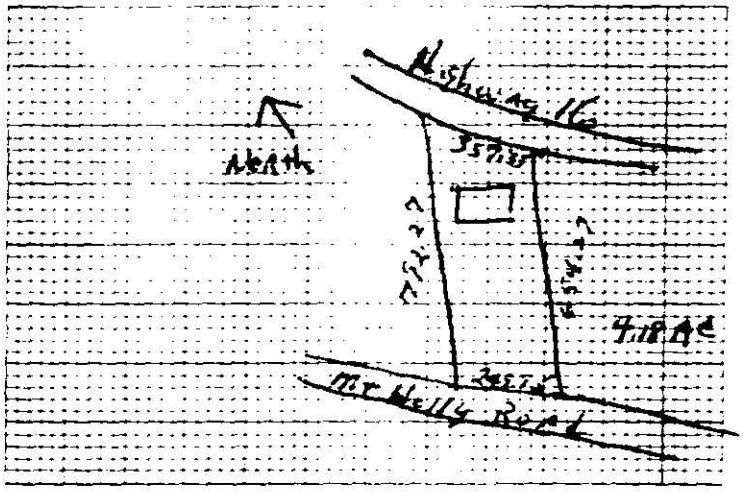
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 subsurface soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of Bedrooms - 0 -

5 Business Use Max No Employees 30

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 Carolina Femme + Trailer Service, Inc.
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Hwy. 16 + Mount Holly Road, Box 810

15) PHONE NO Home 366-3988 - Joe Carter Office 394-3154

16) LOCATION OF SYSTEM Highway 16 + Mount Holly Road
(STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 8 Block No. 54

Map Book No 35 Page No 05

18) DEED REFERENCE — DEED BOOK 35 AT PAGE 05

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 16 Jan 1973 60

20) PTR NUMBER (See Instructions) 5424

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.

1/16/73
DATE OF APPLICATION

Carolina Femme & Trailer Service Inc
OWNER by Joe C Carter, president

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2449

LA No. 5424

Date Issued January 16, 1973

T C No. 035-054-08

Map Date 2/23/72

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 Carolina Frame & Trailer Service, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 8182 ZIP 28208

LOCATION OF LOT Highway 16
(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 5424. 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

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 14 March 1973 Serial No. 3359 ICAR(S) Permit No. 5424

T. C No

Map Date

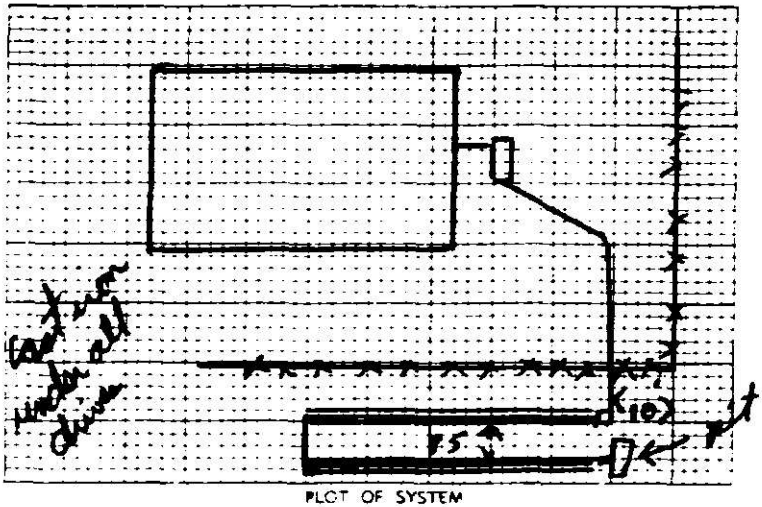
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ___ 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 ___ 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 14 April 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction precast concrete

Absorption and/or Irrigation Lines.

Total Line Length 600 l/ft

Number of Lines as comments

Distance from House 10' ±

Distance from Property Line 10' ±

Distance from Well NA

NAME OF OWNER Carolina Frame and Trailer Sewer

LOCATION OF PROPERTY 6001 Beltaven Blvd

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 unserviceable or can be used.

Comments install in two beds 10'x75'x11" #10 washed stone on grade boards ½" per 10' - aeration pipe on end to be 30"x3½'x4'

R McMillon jra

Division or Section Head

John R Adkinson

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 28 March 1973 Serial No. 3075

C of A (s) No. 5424

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 Carolina Frame and Trailer Service (LAST / FIRST / MIDDLE)

Location of Property 6001 Bellhaven Blvd

Application Number 5424 Permit Number 5424

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pr cast concrete

Total Length of Drain Tile 600 l/ft Number of Lines *

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Community Distance from Water Source NA

Excavation Inspected 3/16/73 (DATE) Tank Inspected 3/28/73 (DATE)

Nitrification Field Inspected 3/16/73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: two beds 10'x12"x25'

John R Atkinson

Environmentalist

FORM NO. E-6-4-1-73

HEALTH DEPARTMENT'S COPY