Date Received 10/3/1977 Apt. No. (S) _____ Application No. (W) 6377

T. C. No _____

Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Mullis Donald Gene
LAST FIRST MIDDLE

ADDRESS OF OWNER ~~11405 Glade Water Dr.~~ P.O. Box 23182 Charlotte N.C. 28212 ZIP ~~28105~~

PHONE NO. Home ~~847-8634~~ 545-3515 Office ~~523-2244~~ 366-3221

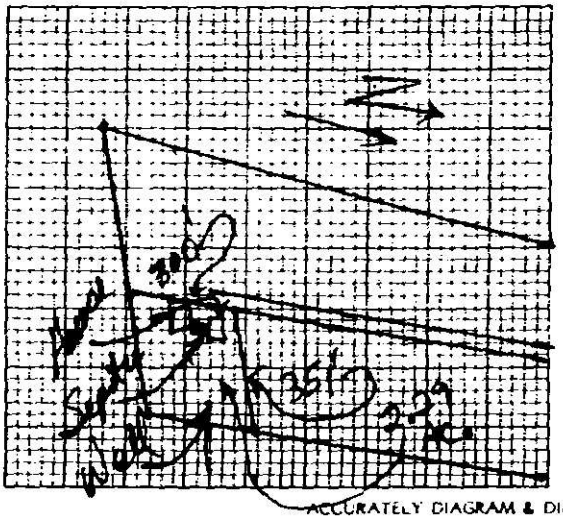
LOCATION OF PROPERTY 9518 Brief Rd (1100 FT East of Hellington Church Rd)
STREET OR COUNTY ROAD

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply

September 26th, 1977
~~June 9th 1977~~
DATE OF APPLICATION

Donald Gene Mullis
OWNER




ACCURATELY DIAGRAM & DIMENSION LOT

Remarks: _____

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

10-18-77

EHD-5-76

**Environmental Health Department's Copy**

Date Received 6 21 73

APT No 6377

T. C No. 197-131-07

Map Date 6-13-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mullis (LAST) Donald (FIRST) Gene (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Box 607-M Char. ZIP 28212

3) PHONE NO Home 545-6498 Office 523-2211 Ext 350

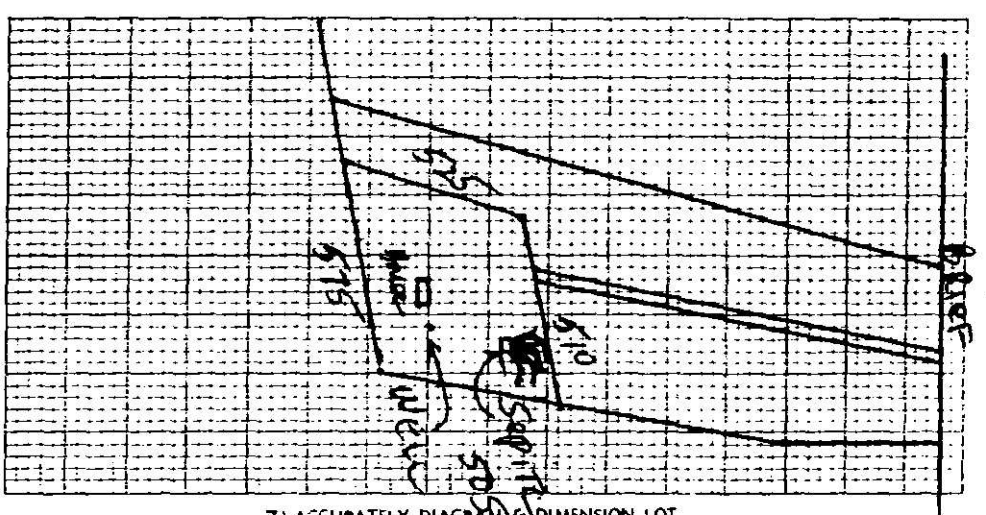
4) LOCATION OF PROPERTY Brief Rd 1200' East of Arrington Rd (STREET OR COUNTY ROAD)

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

Donald Gene Mullis

OWNER

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 374-2113

Date Issued
1. June 7, 1973 SITE DISAPPROVAL REPORT SDR No. 6377
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. P.O. 197-131-07
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE 4-27-73

NAME OF OWNER Mullis, Donald Gene

ADDRESS OF OWNER Route 1, Box 607-M ZIP 28212

LOCATION OF LOT Brief Road

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. | 6-6-73 | infinity min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

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

A. M. Reynolds
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 3730

PTR No. 6377
P.O.
T C No 197-131-07

Date Issued June 21, 1973

Map Date 4-27-73

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

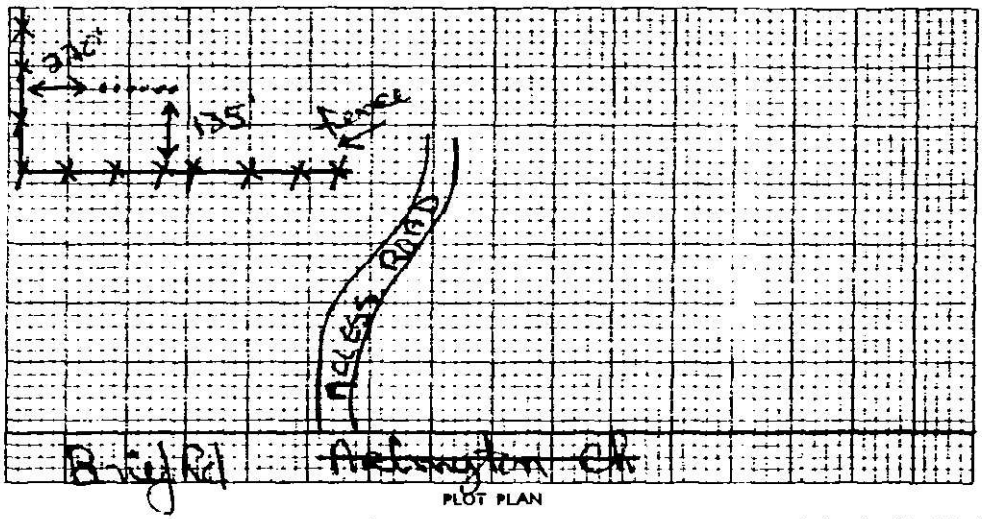
## PERCOLATION TEST REPORT

NAME OF OWNER Mullis (LAST) Donald (FIRST) Gene (MIDDLE)

ADDRESS OF OWNER Route 1, Box 607-M ZIP 28212

LOCATION OF PROPERTY Brief Road (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 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.

John R. Kleinman

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6 21 73

ICAR'S Application No 6377

T C No 197-131-07

Map Date 6-13-73

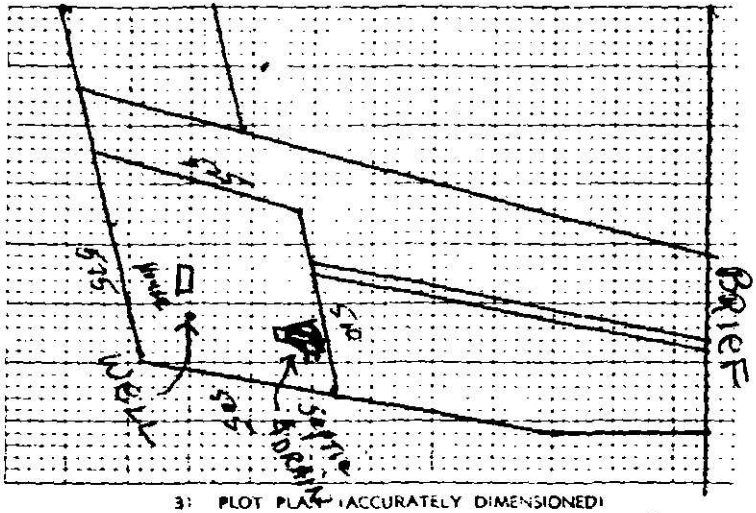
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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




4) No of Bedrooms 3

5) Estimated Maximum No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply
A Individual well ✓
B Government water system ___
C Community water system
Well ___
D Government water system ___

10) Sewage System
Public sewer available to property ___ Yes ✓ No
Public sewer available to property ___ Yes ✓ No
Community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Mullis (LAST) Donald (FIRST) Gene (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 607-M Charlotte N.C.

15) PHONE NO Home 545-6498 Office 523-2211 EXT 350

16) LOCATION OF SYSTEM Brief Road 1200 FT Beyond Arlington (East)
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 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.

6-13-73
DATE OF APPLICATION

Donald Gene Mullis
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received ______

ICAR(S) Application No 6377

T C No ______

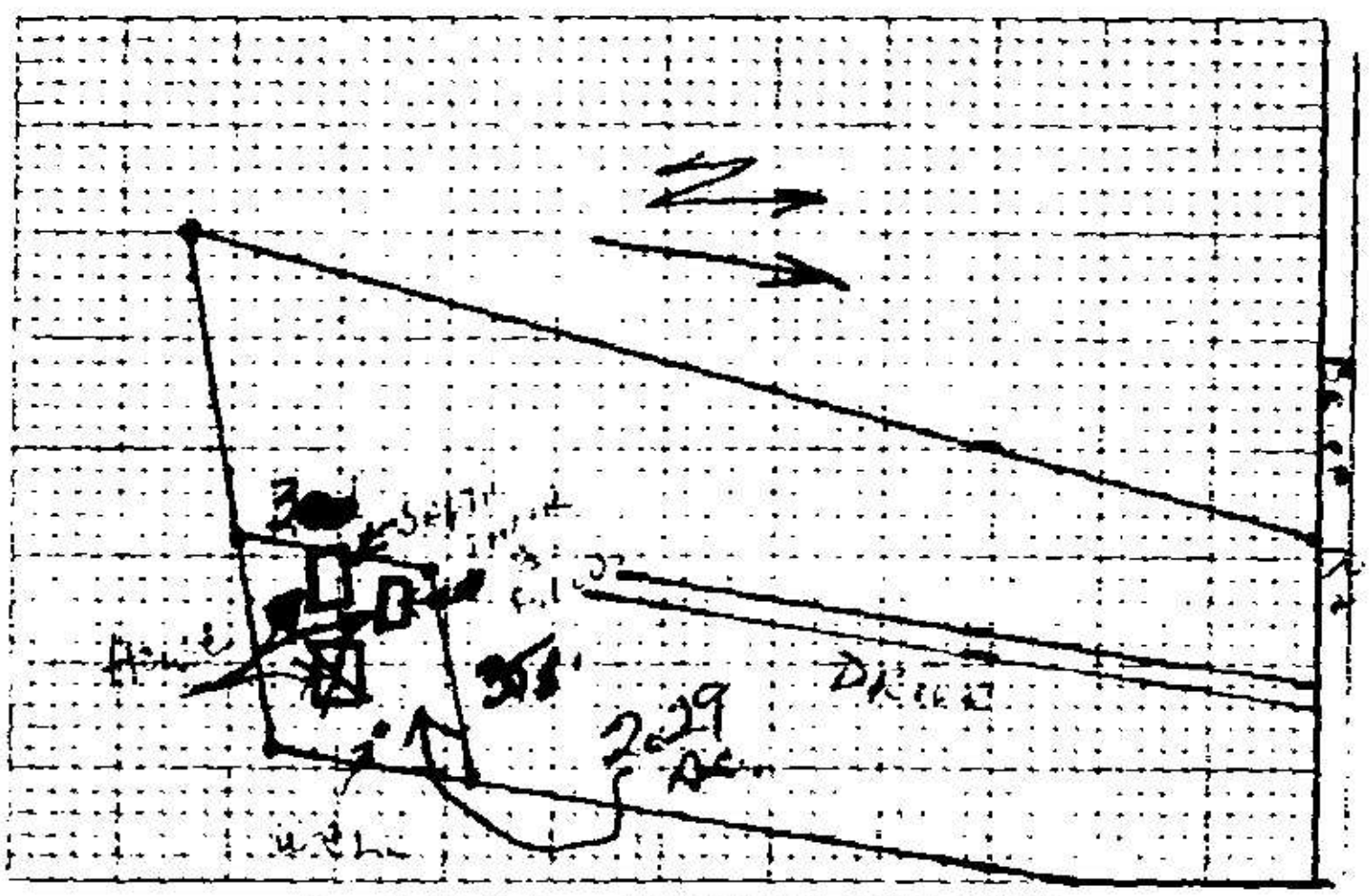
Map Date ______

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 Department of Environmental Health 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 ___ Yes ✓ No
Residence ✓ Yes ___ No

4) No of Bedrooms 3

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 Mullis (LAST) Donald (FIRST) Gene (MIDDLE)

14) ADDRESS OF OWNER ~~11405 Clearwater Dr Matthews, N.C. 28105~~ P.O. Box 23052 Charlotte N.C. 28212

15) PHONE NO. Home ~~547-8634~~ 545-3575 Office ~~563-2211 Ext 250~~ 366-2221

16) LOCATION OF SYSTEM 9518 Brief Rd 1100' approx East of Thompson Ch Rd.
STREET OR COUNTY ROAD

17) SUBDIVISION ______ Lot No. ______ Block No. ______

Map Book No. ______ Page No. ______

18) DEED REFERENCE — DEED BOOK 3952 AT PAGE 0392

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 6/30/73

20) PTR NUMBER (See Instructions) 6377

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.

~~June 9, 1977~~ September 20th, 1977
DATE OF APPLICATION

Donald Gene Mullis
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued June 21, 1973

Serial No. 3075

LA No. 6377
P.O.
T C No 197-131-07

Map Date 4-27-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

## IMPROVEMENT PERMIT

### TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Mullis (LAST) Donald (FIRST) Gene (MIDDLE)

ADDRESS OF OWNER Route 1, Box 607-M ZIP 28212

LOCATION OF LOT 9518 Brief 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 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 6377. 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.

R.M. Reynolds
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 10 Jan 1978

Serial No. 1175

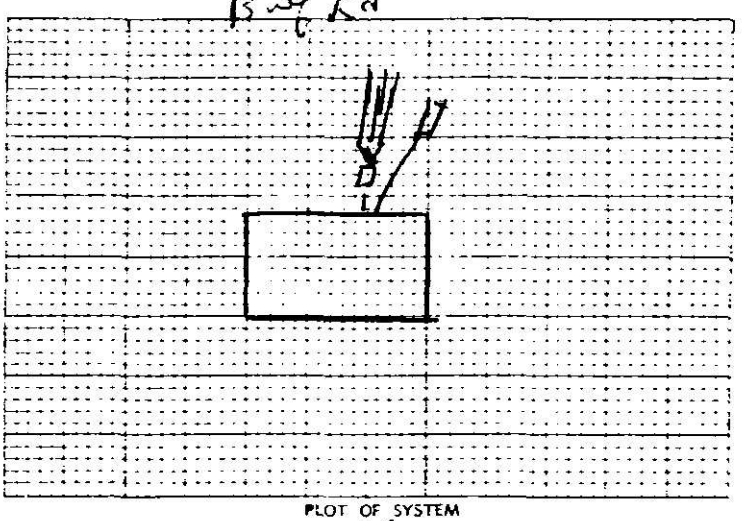
ICAR(S) Permit No. 6377

T C No 197 131-07

Map Date 4-20-23

# 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 6377, dated 9-20-77, 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 13 Feb 78, after which date this permit shall be null and void




PLOT OF SYSTEM

Permeability Rate per suitable

Liquid Capacity of Tank 1000

Tank Construction precast

Absorption and or Nitrification Lines

Total Line Length 330 & 125

Number of Lines 2 & 3

Distance from House 15'

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Mullis, Donald G.

LOCATION OF PROPERTY Brief Rd

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. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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 operateproperly.**

Comments install in bed 15'x66'x17" wash line in bed 9'x42'x17"

Division or Section Head

Environmentalist John R Adkisson

* 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 23 Jan 78 **Serial No. 1280** C of A (s) No [illegible]

T C No [illegible]

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## ENVIRONMENTAL HEALTH DIVISION

~~CERTIFICATE OF COMPLETION~~

## CERTIFICATE OF APPROVAL

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

Name of Owner Mullis (LAST) Ken (FIRST) [illegible] (MIDDLE)

Location of Property Brice Rd.

Application Number [illegible] Permit Number [illegible]

**Inspection Data:**

Liquid Capacity of Tank 1000 gal Tank Material Pre Cast

Total Length of Drain Tile 330' & 125' Number of Lines 4 & 3

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 23 Jan 78 (DATE) Tank Inspected 23 Jan '78 (DATE)

Nitrification Field Inspected 23 Jan 78 (DATE)

Washing Machine Line Inspected, If Applicable 23 Jan 78 (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 Septic tank Lines Buried in - left open 2 days to dry

Sanitarian Stephen J. Wood

EHD-5-76

**Environmental Health Department's Copy**