Date Received 18 July 74

Application No. 6872

T. C. No. 20.215-151-07

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Morningstar Realty Co. Inc.
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 1440 Springwater Pl. Matthews ZIP 28105

PHONE NO. Home _____ Office 847-6127

LOCATION OF PROPERTY 14017 Horseback Circle
(STREET OR COUNTY ROAD)

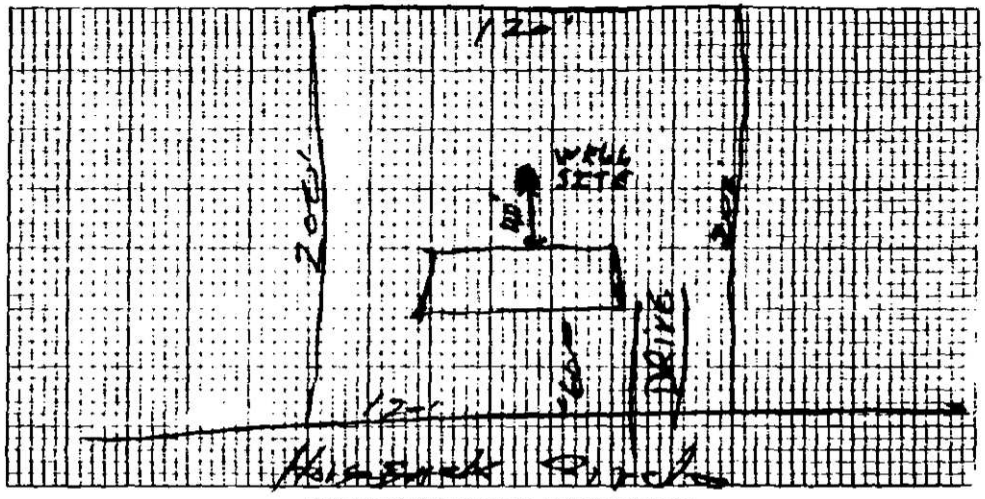
SUBDIVISION Springwater LOT NO. 26 BLOCK NO. B

MAP BOOK NO. 7 PAGE NO. 207

DEED REFERENCE: DEED BOOK 3326 PAGE NO. 459

WELL CONTRACTOR Carolina Concrete LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department 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:



ACCURATELY DIAGRAM & DIMENSION LOT

7-18-74
DATE OF APPLICATION

Morningstar Realty Co. Inc.
OWNER
By: Donald L. Simpson

Application approved and permit hereby granted

Permit No: 6872

Jerry Burton
ENVIRONMENTALIST

18 July 74

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 7-16 73

APT No 6672

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Martin (LAST) Dennis (FIRST) Watson (MIDDLE)

2) ADDRESS OF OWNER 3700 Litchfield Ave Charlotte ZIP

3) PHONE NO Home 364-8496 Office

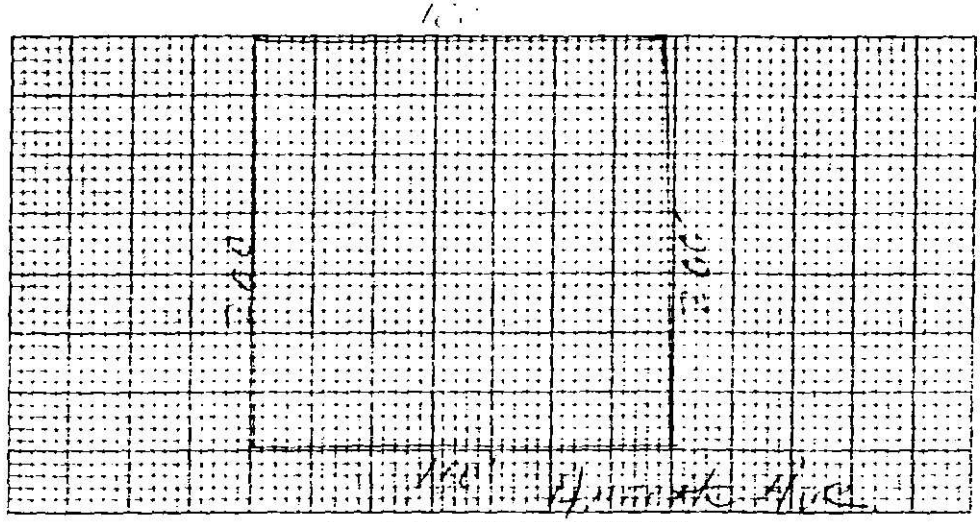
4) LOCATION OF PROPERTY Annette Avenue (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 44 BLOCK NO.

MAP BOOK NO 10 PAGE NO 247

6) DEED REFERENCE DEED BOOK 2772 PAGE NO 613

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

Dennis W. Martin
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3353

PTR No 6672

Date Issued July 20, 1973

T C No 137-103-09

Map Date 10-16-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

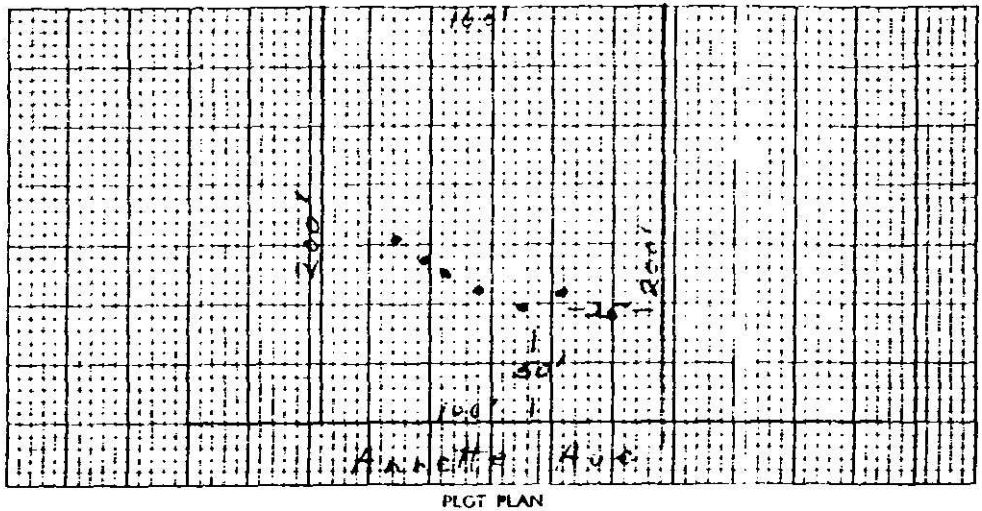
PERCOLATION TEST REPORT

NAME OF OWNER Martin (LAST) Donnis (FIRST) Watson (MIDDLE)

ADDRESS OF OWNER 3700 Litchfield Avenue ZIP _____

LOCATION OF PROPERTY Annette Avenue (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 44 BLOCK NO _____



PLOT PLAN

This is to certify that a percolation test has been run and on 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 M. Gibson

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 8-23-73

ICAR (S) Application No. 6672

T C No. 137-103-09

Map Date 10/6-72

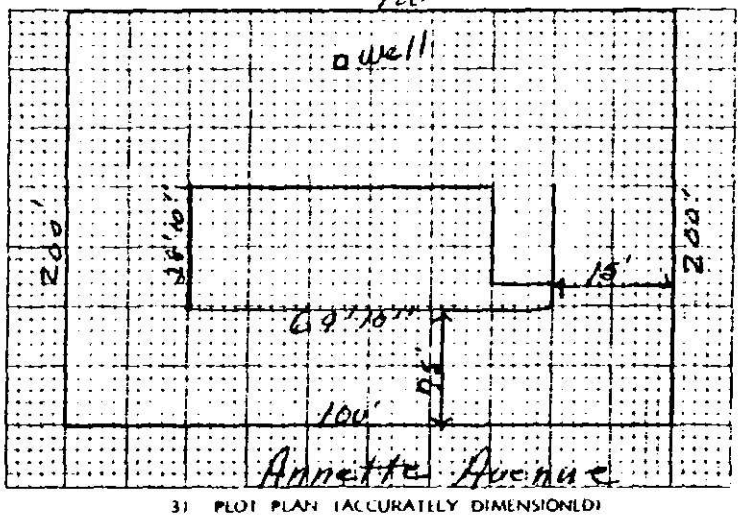
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

The 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)

4) No. of Bedrooms 3

5) Business Use No. No. Employees NO

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 NO

12) VA Case No NO

13) NAME OF OWNER Huntley (LAST) Bros Inc. (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER Rt. 1, Box 430-D Charlotte, N.C. 28212

15) PHONE NO Home 545-3104 Office 545-5109

16) LOCATION OF SYSTEM Annette Avenue (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 44 Block No. ___

Map Book No 10 Page No. 247

18) DEED REFERENCE — DEED BOOK 2772 AT PAGE 613 PR 760

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7-20-73

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.

August 23, 1973
DATE OF APPLICATION

OWNER Huntley Bros Inc
By Clarus C. Huntley Pres.

FORM No. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued August 23, 1973 **Serial No. 3344**

LA No. 6672

T. C No. 137-103-09

Map Date 10-16-72

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 Huntley Brothers, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Route 1, Box 430-D ZIP

LOCATION OF LOT Annette Avenue (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 44 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 6672. 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

G.M. Reynolds
Environmentalist

John B. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

...DEPARTMENT'S COPY

Date Issued 8 Nov 73 **Serial No. 4442** ICAR(S) Permit No. 6672

T. C. No. 137-103-09

Map Date 10-16-73

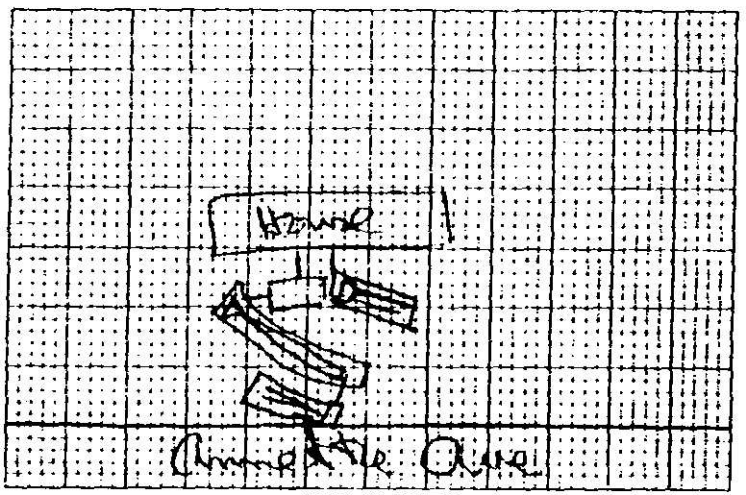
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 6672, dated 23 Aug 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 8 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500gal

Tank Construction precast concrete

Absorption and/or Nitrification Lines:

Total Line Length 600' & 150'

Number of Lines (5) 12½' x 75' & 12½' x 45'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 150'

NAME OF OWNER Huntley Bros Inc

LOCATION OF PROPERTY 5217 Annette Ave

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. washer 5' x 4' x 4' stone

aeration pit 2½' x 7' x 4' stone

Division or Section Head

R M Reynolds
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 4210

C of A (s) No. 6672

Date Issued 9 Nov 73

T C. No. 37-103-07

Map Date 10-16-73

John M Atkinson
(CERTIFICATE OF COMPLETION)

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hinthley Bros Inc. (LAST / FIRST / MIDDLE)

Location of Property Annette Ave

Application Number 6678 Permit Number 6673

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (5) 12½'x75' & 12½'x45'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Well Distance from Water Source 150'

Excavation Inspected 9 Nov 73 (DATE) Tank Inspected 9 Nov 73 (DATE)

Nitrification Field Inspected 9 Nov 73 (DATE)

Washing Machine Line Inspected, If Applicable 9 Nov 73 (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: aeration pit O.K.

R. M. Reynolds
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY