Date Received 6-25-73 JUN 25 1973

ENVIRONMENTAL HEALTH DIVISION

APT No. 6529

T. C. No. 001-114-03

Map Date 2-1413

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Cooke (LAST) Robert (FIRST) E. L. (MIDDLE)

2) ADDRESS OF OWNER 3000 Ch. Hwy West La ZIP 28211

3) PHONE NO. Home 366 7500 Office 375 6676

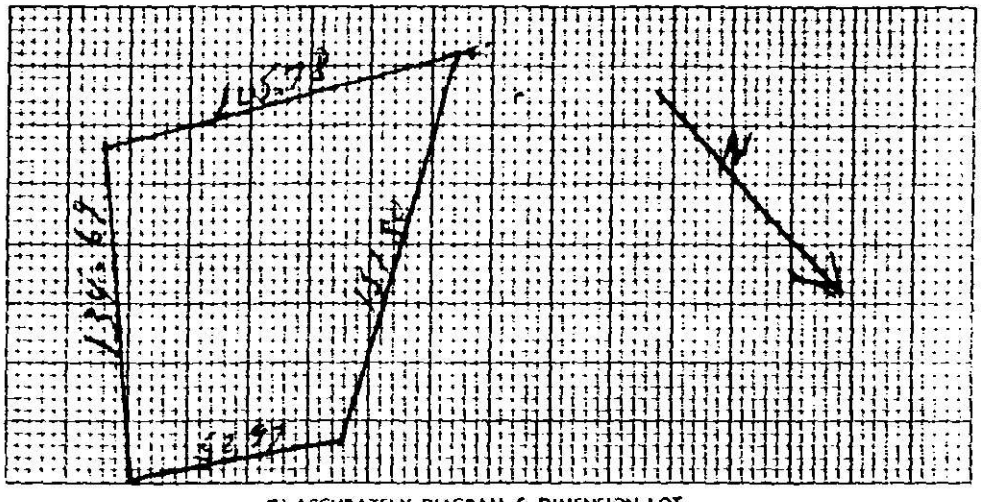
4) LOCATION OF PROPERTY Island Forest Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Island Forest LOT NO. 39 BLOCK NO.

MAP BOOK NO. 12 PAGE NO. 341

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

Robert E Cooke

OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3350

PTR No. 6529

T C. No. 001-114-03

Date Issued July 20, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

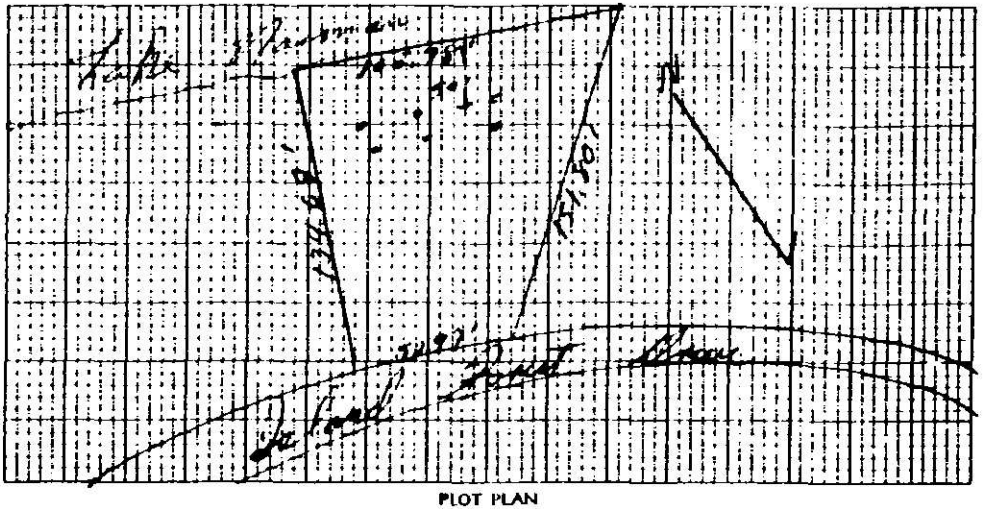
PERCOLATION TEST REPORT

NAME OF OWNER Cooke (LAST) Robert (FIRST) E. L. (MIDDLE)

ADDRESS OF OWNER 300 Chillingworth Lane ZIP 28211

LOCATION OF PROPERTY Island Forest Drive (STREET OR COUNTY ROAD)

SUBDIVISION Island Forest LOT NO 39 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 45 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 teratment 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 D. Atkisson

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 1/7/75

ICAR(S) Application No 6529

T. C. No.

Map Date 2-1473

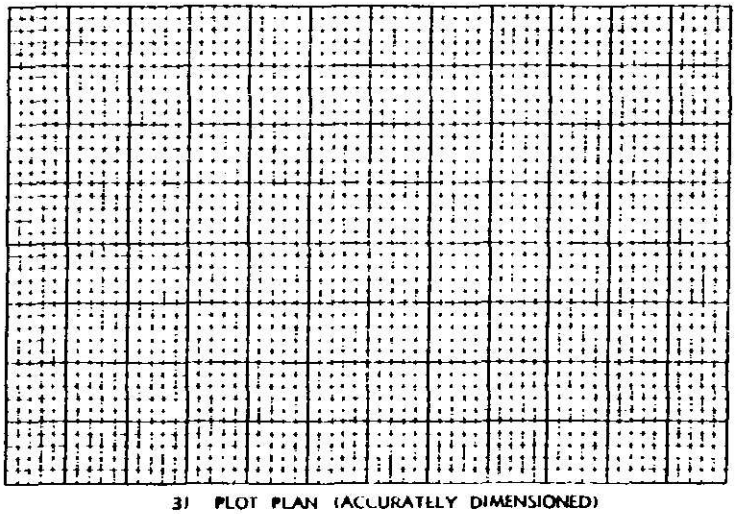
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply:
- A) Individual Well ___
- B) Governmental System ___
- C) Community System:
  - 1. Well source X
  - 2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No. ___

13) NAME OF OWNER Gruedel (LAST) Douglas (FIRST) Deane (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 2153 DAVIDSON, NC 28036 / 554 N Main

15) PHONE NO. Home 892-1750 Office 364-8111

16) LOCATION OF SYSTEM Island Forest Drive (LAKE NORMAN) (STREET OR COUNTY ROAD)

17) SUBDIVISION Island Forest Lot No. 39 Block No. —

Map Book No. 12 Page No. 341

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 12-27-74

20) PTR NUMBER (See Instructions) 6529

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 1-6-75

OWNER Douglas D Gruedel

FORM NO E 4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued Jan. 7, 1975

Serial No. 4620

IMPROVEMENTS PERMIT

LA No. 6529

T C. No. 001-114-03

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 Grueder (LAST) Douglas (FIRST) Deane (MIDDLE)

ADDRESS OF OWNER P. O. Box 2152, Davidson, N. C. ZIP 28036

LOCATION OF LOT Island Forest Drive (Lake Norman) (STREET OR COUNTY ROAD)

SUBDIVISION Island Forest LOT NO 39 BLOCK NO.

MAP BOOK NO. 12 PAGE NO 341

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 45Min./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 6529. 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

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

3

Date Issued 7-30-75 Serial No. 6656 ICAR(S)-Permit No. 6529

T C No

Map Date

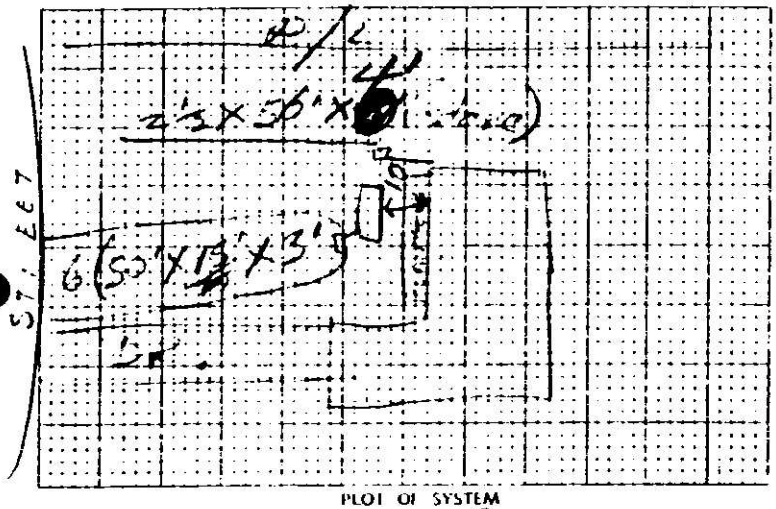
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 6529, dated 1-7-75 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 5/31/75, after which date this permit shall be null and void.



Percolation Rate 45

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 540 ST

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well COMM 100'

NAME OF OWNER D. D. GRUBER

LOCATION OF PROPERTY ISLAND FOREST DR

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 HOUSE CONSTRUCTED OVER
FILL AT DESIGNATED ST. SYSTEM
DRIVEWAY — CONCRETE

Division or Section Head

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 Environmental is required where an existing system is being altered or repaired

E-5-9-1-72

Date Issued 11/7/75 Serial No. 6464 C of A (s) No. 6529

T. C. No. 001-114-03

Map Date 2-14-73

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 GRUEDER (LAST) D. (FIRST) D. (MIDDLE)

Location of Property ISLAND FOREST DR

Application Number 6529 Permit Number 6529

Inspection Data:

Liquid Capacity of Tank 1500 gal (ST) (WM) Tank Material PC (ST) (WM)

Total Length of Drain Tile 540 (ST) 150 (WM) Number of Lines 6 (ST) 2 (WM)

Depth of Filter Material 3' (ST) 4' (WM) Cover Depth 2' ±

Water Supply Source COMM Distance from Water Source 100' +

Excavation Inspected 8/20/75 (DATE) Tank Inspected 8/20/75 (DATE)

Nitrification Field Inspected 8/20/75 (DATE)

Washing Machine Line Inspected, If Applicable 8/20/73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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 PUMP ATTACHED FROM PLUMBING TO S.T.

L P Bridgeman

Environmentalist

FORM NO E-6-9-1-72

...LTH DEPARTMENT