MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. July 19, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6613
T.C. No. 055-24-06

NAME OF OWNER Miller, Melvyn F.

ADDRESS OF OWNER 2539 Westerly Hills Drive ZIP 28208

LOCATION OF LOT Westerwood Drive, Lot 6

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.	7-13-73	200+ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 7-17-73 - Soils are of the Helena series and closely related shallow soils. These soils have plastic clay subsoils and a perched high water table during periods of high rainfall. Some of the soils are shallow to partially decomposed rock. As a result the soils have inadequately slow permeability and percolation rate.

W. Everett Lyman, Jr. — Soil Scientist

_____ — Environmentalist

(Stencil No.)
EHD 398
8/70

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

ON BACK

Date Received 10-15-73

(CARIS) Application No 6613

T C No 055 #1.06

Map Date 9 5 73

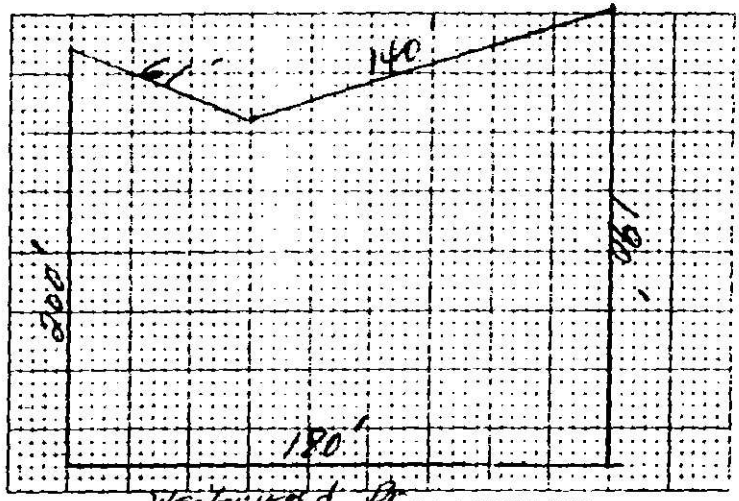
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



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 ___ Yes X No

9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System
1 Well source ___
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 Miller (LAST) Melvyn (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 2536 Westerly Hills Dr Charlotte NC

15) PHONE NO Home 392-1922 Office 392-7396

16) LOCATION OF SYSTEM Westerward Dr lot #6 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 6 Block No 24

Map Book No 55 Page No. 26

18) DEED REFERENCE — DEED BOOK 2279 AT PAGE 98

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 7-13-73

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.

DATE OF APPLICATION 10-17-73

OWNER Melvyn E. Miller

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3523

LA No. 6613

Date Issued October 16, 1973

IMPROVEMENTS PERMIT

T. C No. 055-264-06

Map Date 9-5-73

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 Miller (LAST) Melvyn (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 2530 Westerly Hills Drive ZIP _____

LOCATION OF LOT Westerwood Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 6 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 * , 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 6613. 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

* Experimental Case Block septic tank system.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 3/22/74 Serial No. 4962 ICAR (S) Permit No. 6613

T C No

Map Date

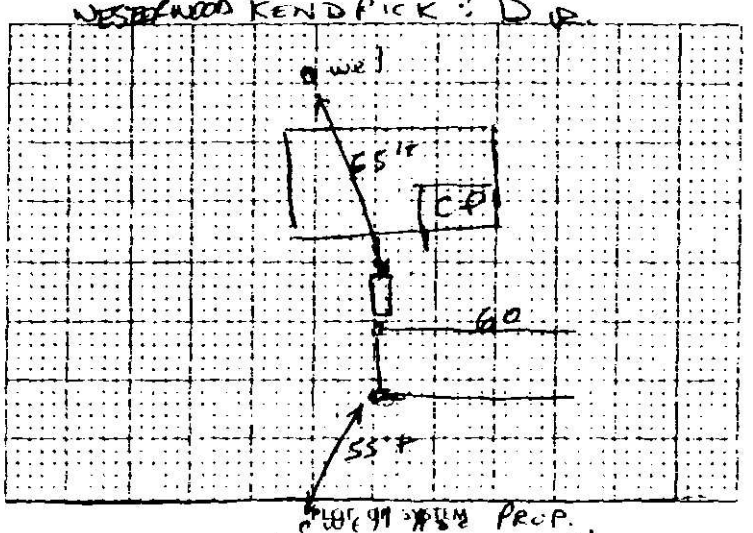
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6613, dated 10/15/73 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 4-5-74, after which date this permit shall be null and void



Percolation Rate *

Liquid Capacity of Tank 1000+ SPECIAL

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 120 *

Number of Lines 2-60'

Distance from House 10' 18'

Distance from Property Line 15'+

Distance from Well 50'+

NAME OF OWNER (FOR SALE) NELLYN E. MILLER

LOCATION OF PROPERTY WESTERWOOD DR. LOT 6*

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 SOIL UNAPPROVED BY SOIL ANALYSIS. EXPERIMENTAL CAGE BLOCK SYSTEM

Division or Section Head JM/RAB

Environmentalist L P Dinkmann

* 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

E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial 4615

C of A (s) No. 6613

Date Issued 29 March 1974

T. C. No. 055-264-06

Map Date 9-5-73

John R 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 Miller (LAST) Melvyn (FIRST) E. (MIDDLE)

Location of Property Waterwood Drive #6

Application Number 6613 Permit Number 6613

Inspection Data:

Liquid Capacity of Tank 1100 Tank Material concrete

Total Length of Drain Tile *footnote Number of Lines /

Depth of Filter Material / Cover Depth 18"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 27 March 1974 (DATE) Tank Inspected 27 March 1974 (DATE)

Nitrification Field Inspected 27 March 1974 (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: Experimental Case Block system - two lines of sixty (60) block each - wash line into septic tank system

John R Atkinson

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY