Date Received 10-16-73

APT No. 7110

T. C. No. ____

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney Jr. (LAST) William (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 668 Kings Mtn. N.C. ZIP 28086

3) PHONE NO. Home 825-5481 Office Mauney Mills

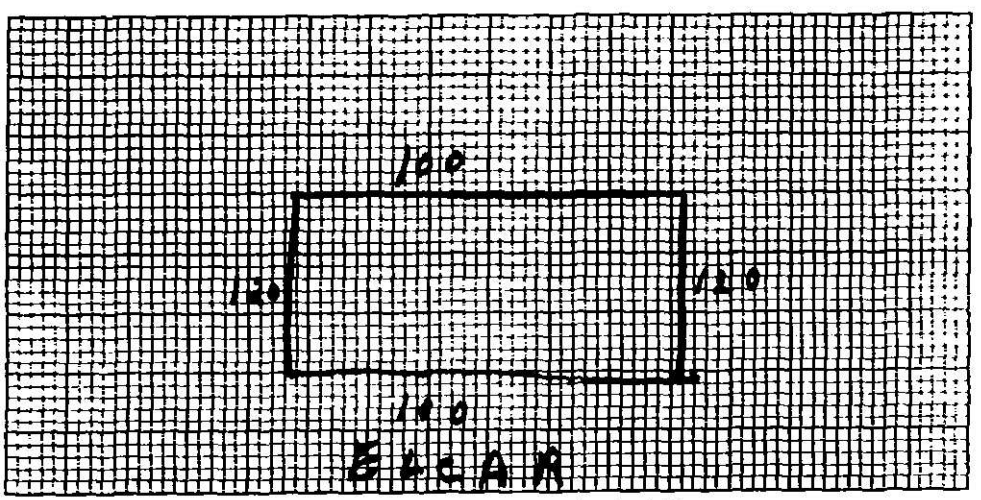
4) LOCATION OF PROPERTY Elcar Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION ____ LOT NO. 23 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

William K. Mauney Jr.
OWNER

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

HEALTH DEPARTMENT'S COPY

7110

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Mauney W. K.
ADDRESS: Rt 428 Kings Mtn. N.C.
COUNTY: —
LOCATION OF SITE: Elam Dr. Lot 23

DATE REQUESTED:
PLAT NO.: 113-174-04
LOT SIZE: 13,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-8% U	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) >36" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S (PS) not noted U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S (PS) good U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) moderate U	S PS U	S PS U	S PS U
8. OTHER (Specify)	S (PS) adequate U area	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	provisional			
SOIL SERIES				

S - Suitable PS - Provisionally Suitable U - Unsuitable

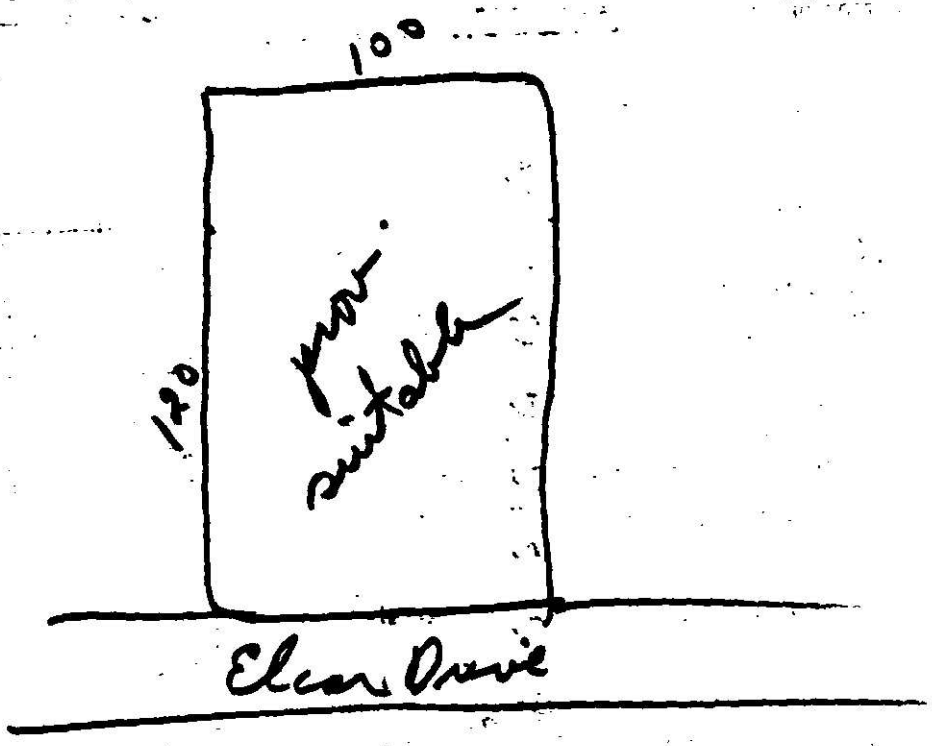
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments: _____

Described By: J. H. Thomas

Title: _____ Date: 22 June 1978

DHS Form 2601 (2/77)
Sanitation


100
120
Elcar Drive

Serial No. 2005

PTR No. 7110

T. C. No. 113-174-04

Date Issued 6/23/78

Map Date -

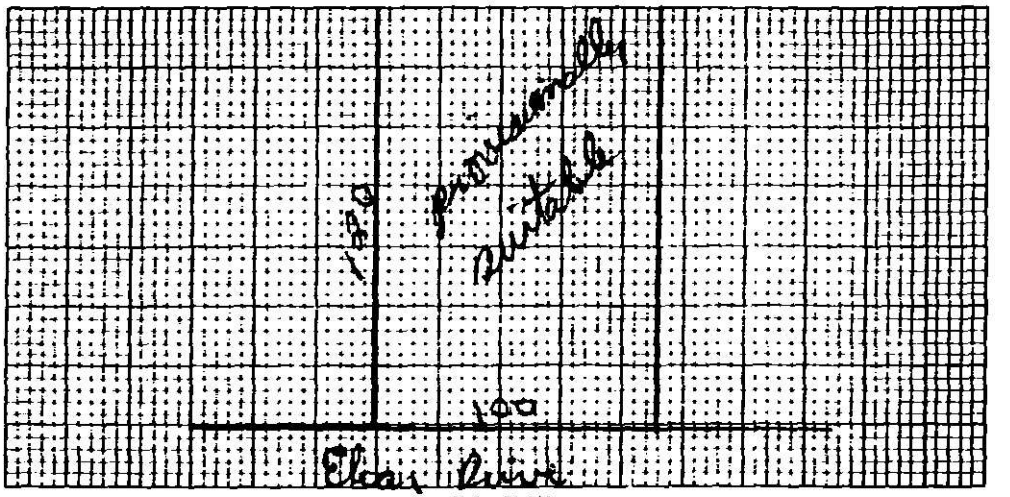
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Mauney Jr. (LAST) William (FIRST) Kemp (MIDDLE)

ADDRESS OF OWNER P. O. Box 628, Kings Mtn, N. C. ZIP 28086

LOCATION OF PROPERTY Elcar Drive (STREET OR COUNTY ROAD)

SUBDIVISION Westwood Mobile Home Park LOT NO. 23 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was **Provisionally Suitable**. 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 Department of Environmental Health 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 Mecklenburg County Department of Environmental Health prior to installation based on the permeability 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 indicated as acceptable for system installation on the above plot.
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 Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for 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 Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to 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 Atkinson
EHD 6/78 Environmentalist

Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received RECEIVED JUL 7 1978 ENVIRONMENTAL HEALTH

ICAR(S) Application No. 7110

T. C. No. 113-174-04

Map Date _____

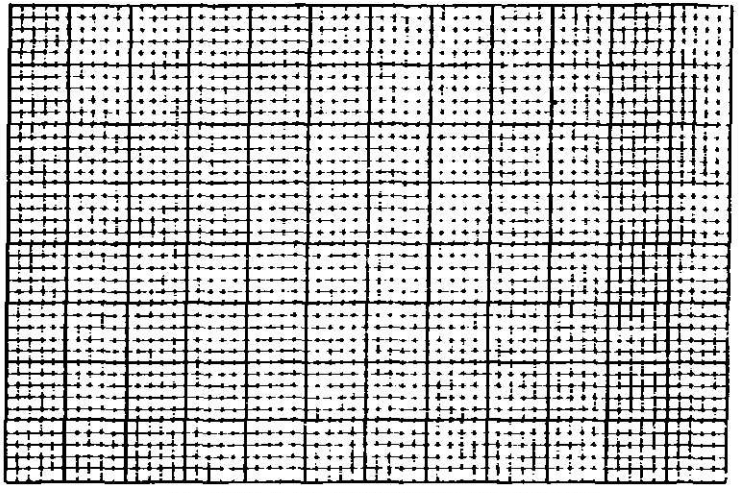
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 — 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 MAUNEY (LAST) JR WILLIAM (FIRST) KEMP (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 628 KINGS MTN, N.C. 28086

DAVID AYERS

15) PHONE NO. Home 399-1069 Office _____

16) LOCATION OF SYSTEM E/C AR DE WALKER FERRY RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION Westwood Mob. Ho. Pk Lot No. 33 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 1975

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.

7-6-78
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

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

HEALTH DEPARTMENT'S COPY

J

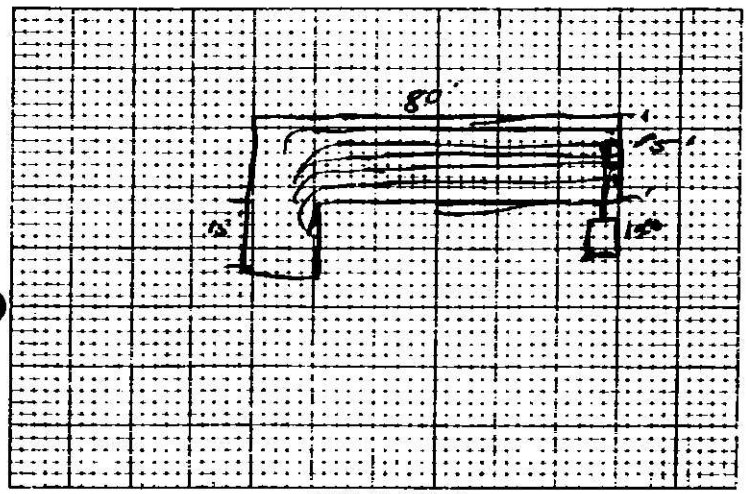
Date Issued 6/26/78 **Serial No. 1738** ICAR(S) Permit No. 7110

T. C. No. 113-174-04

Map Date

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 7110, dated 6/26/78 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 7/26/78, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and/or Nitrification Lines

Total Line Length 455

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well ——

NAME OF OWNER William K. Mauney, Jr.

LOCATION OF PROPERTY Elgar Dr. Lot #23

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.

Comments: **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 operate properly.**

Division or Section Head

Environmentalist Ernest C. Dickerson

* 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 22 Aug 1978 Serial No. 1837

C of A (s) No. 7110

T. C. No. 113-174-04

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 Mauney, William K.
(LAST, FIRST, MIDDLE)

Location of Property Elcan Drive Lot #23

Application Number / Permit Number 7110

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pre cast

Total Length of Drain Tile 495 Number of Lines 5

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source community Distance from Water Source /

Excavation Inspected / Tank Inspected 22 Aug '78
(DATE)

Nitrification Field Inspected 22 Aug '78
(DATE)

Washing Machine Line Inspected, If Applicable / ____
(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 /

John R Adkisson
Environmentalist

EHD-5-74

Environmental Health Department's Copy