Date Received 3-1-73

APT No. 5684

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Ivester (LAST) Jerald (FIRST) Alston (MIDDLE)

2) ADDRESS OF OWNER Rt#11 Box 73 ZIP 28213

3) PHONE NO Home 596-4539 Office 37290244

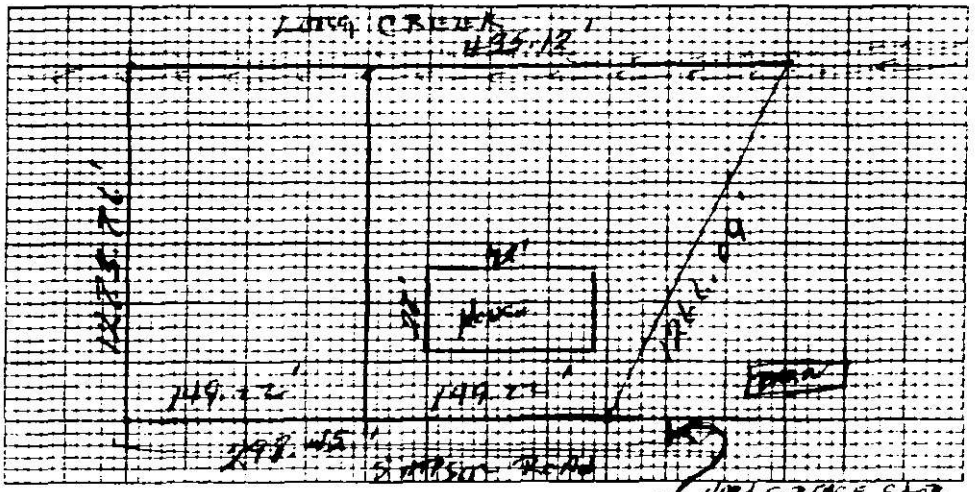
4) LOCATION OF PROPERTY Simpson Road (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK 3510 PAGE NO 23

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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 Hard Surface Str. Simpson Road

Jerald A Ivester
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2730

PTR No. 5684
P.O.
T C No. 033-07[illegible]-01

Date Issued March 21, 1973

Map Date 3-1-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

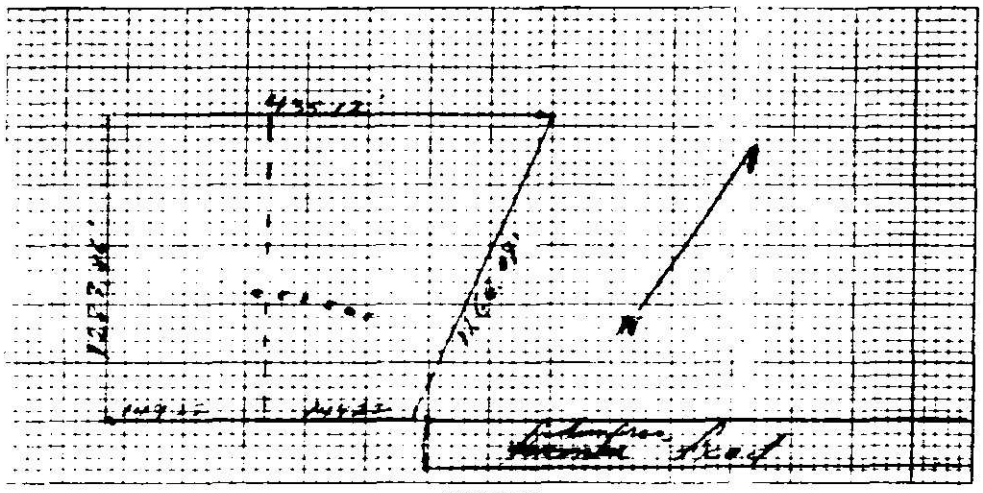
PERCOLATION TEST REPORT

NAME OF OWNER Ivester (LAST) Jerald (FIRST) Alston (MIDDLE)

ADDRESS OF OWNER Route 11, Box 73 ZIP

LOCATION OF PROPERTY Simpson 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 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 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. Robinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received _____

RECEIVED
JUL 05 1973

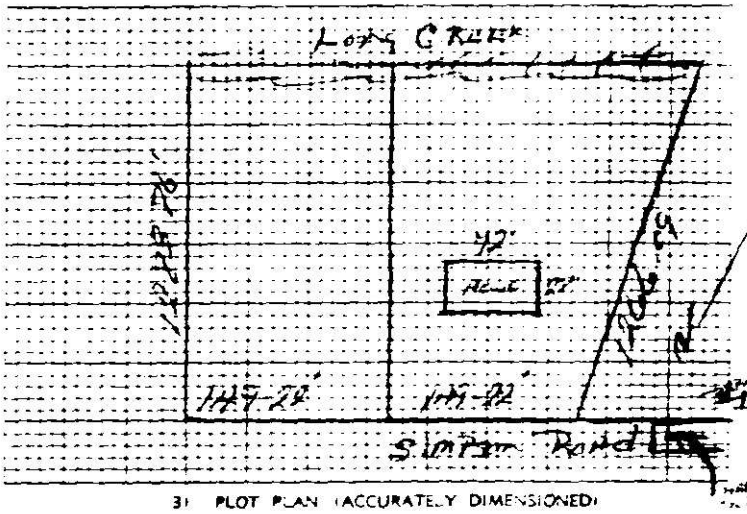
ICAR(S) Application No 5684
T C No 023-07-10
Map Date 3/72

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)

3 No. Persons 3
4 Bedrooms No.
Employed
5 Washing Machine ✓ Yes ___ No
7 Garbage Disposal ___ Yes X 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 Lester (LAST) Jerald (FIRST) Hester (MIDDLE)

14) ADDRESS OF OWNER Route 13 Box 12 Charlotte NC 28213

15) PHONE NO Home 596 4534 Office 372 0244

16) LOCATION OF SYSTEM Simpson Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3216 AT PAGE 23

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-22-72 AM 45

20) PTR NUMBER (See Instructions) 5684

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.

7/1/72
DATE OF APPLICATION

Jerald Hester Lester
OWNER

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued July 5, 1973 **Serial No.** 3132

LA No 5684
P.O.
T. C. No 033-071-01

Map Date 3-1-72

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 Ivester (LAST) Jerald (FIRST) Alston (MIDDLE)

ADDRESS OF OWNER Route 11, Box 73 ZIP _____

LOCATION OF LOT Simpson 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 45 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 5684. 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 6/21/75 Serial No. [illegible]79 ICAR(S) Permit No. 5034

T C No C33-07/14-71

Map Date 3-1-73

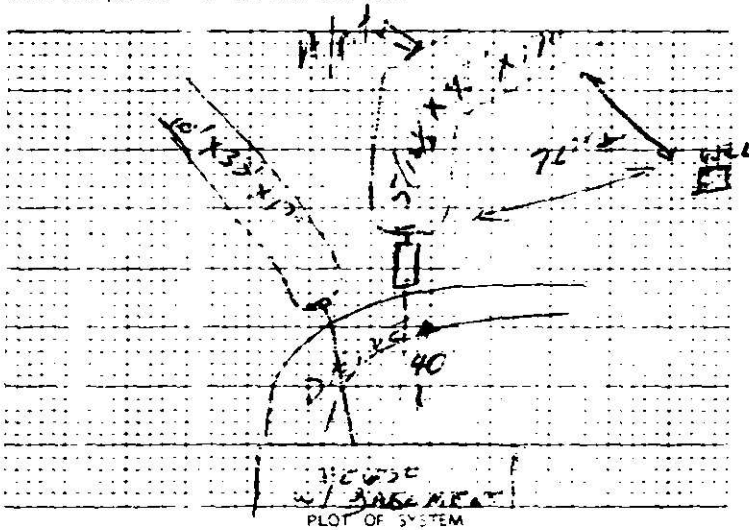
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5054, dated ___ 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 6/21/75 after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate #91-45

Liquid Capacity of Tank 750

Tank Construction NC

Absorption and/or Nitrification Lines

Total Line Length 340 150

Number of Lines 5 4

Distance from House 40'

Distance from Property Line 10'+

Distance from Well 70'+

NAME OF OWNER JERALD IVESTER

LOCATION OF PROPERTY SIMPSON RD

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 HOLD ALL GRADE TO MIN-
OWNER RAISE SLAB

JA/LPB/ LP Buchanan

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 Environmentalist is required where an existing system is being altered or repaired.

E-5-8-1-72

[illegible] 5 Copy

Date Issued 1 July 75 Serial No. 3918 C of A Isl No. 5684

T C. No 033-021-01

Map Date 1 Mar 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

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

Name of Owner _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number 5684 Permit Number 5684

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material RC

Total Length of Drain Tile 541' + 150' WAA Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 15-24"

Water Supply Source Eng Well Distance from Water Source 100'

Excavation Inspected 3 July 75 (DATE) Tank Inspected 3 July 75 (DATE)

Nitrification Field Inspected 3 July 75 (DATE)

Washing Machine Line Inspected, If Applicable 3 July 75 (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 _____

M. H. Kirby

for/ Luther Bridgman

Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY