ADT 7104

CHARLOTTE – MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

LOCATION (St., Rd., Hwy.) Fallsdale
SUBDIVISION
LOT & BLOCK NO. 5-C 11
FHA CASE NO.

OWNER Mc Clure Land Co
BUILDER
NO. PERC. HOLES 6

6 HOLE AVERAGE

1ST. PERC. RATE	49	MIN./IN.	DATE	Dec 1st 65
2ND. PERC. RATE		MIN./IN.	DATE	
3RD. PERC. RATE		MIN./IN.	DATE	
4TH. PERC. RATE		MIN./IN.	DATE	

LOWEST RATE ABOVE = AVERAGE PERC. RATE 49

NO. BEDROOMS
WASHING MACHINE
YES NO
SEPARATE
YES NO

BATHS
DISPOSAL
YES NO
SEPARATE
YES NO

TANK CAPACITY GALLONS
NITRIFICATION LINE LIN. FT. SQ. FT.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C.
SHOWERS
NO. OF EMPLOYEES

URINALS
SINKS

LAVATORIES
OTHER

CHECK:
APPROVED ✓
DISAPPROVED
CONDITIONAL
AGREEMENT CARD SIGNED

T. J. Pinckney
SANITARIAN – ENGINEER

SEE INSTRUCTIONS ON BACK

Date Received 15 Oct 1973

ICAR (S) Application No 7104

T C No 031-084-05

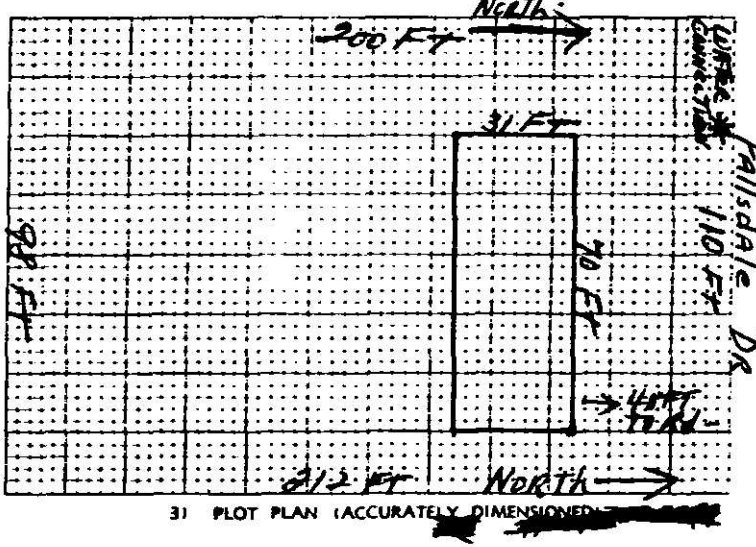
Map Date 4-20-73

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 Bedroom 3

5) Business Use Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply
A) Individual Well ___
B) Governmental System X
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 Teague (LAST) Ned (FIRST) Bernarr (MIDDLE)

14) ADDRESS OF OWNER P. O. Box 683, Paw Creek, NC 28130

15) PHONE NO. Home 399-9794 Office 399-1511

16) LOCATION OF SYSTEM 334 Fallsdale Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Coulwood Hills Lot No. 5 Block No. C

Map Book No. 12 Page No. 421

18) DEED REFERENCE — DEED BOOK 3313 AT PAGE 345

49

19) HAS A PERCOLATION TEST BEEN RUN? x YES ___ NO DATE RUN 12-1-68

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.

Oct 15 1973
DATE OF APPLICATION

Ned R Teague
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

LA No. 7104

Serial No. 3524

Date Issued October 16, 1973

IMPROVEMENTS PERMIT

T. C. No. 031-084-05

Map Date 4-27-73

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 Teague (LAST) Ned (FIRST) Bernarr (MIDDLE)

ADDRESS OF OWNER P.O. Box 683, Paw Creek, N.C. ZIP 28130

LOCATION OF LOT 334 Fallsdale Drive (STREET OR COUNTY ROAD)

SUBDIVISION Coulwood Hills LOT NO 5 BLOCK NO. C

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 49 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* 7104. *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 5/4/73 Serial No. 4905 ICAR(S) Permit No. 7104

T C No.

Map Date

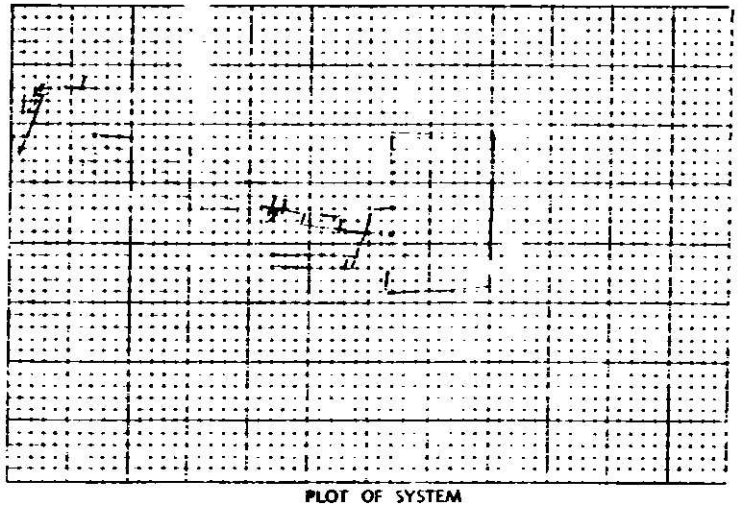
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7104, 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 3/31/74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 4 mpi

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 555 155' ST 6(93'X15'X1.7') 2-WA 2(65'X25'X51")

Number of Lines

Distance from House 10

Distance from Property Line 10

Distance from Well City

NAME OF OWNER ALED ENGOR

LOCATION OF PROPERTY 3234 FAIRDALE 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: FLOOR DRAIN TO BE PLUGGED AT LOWEST POINT IN CUT-OFF DRAIN OF HOUSE. SEPTIC SYSTEM VERY LIMITED SOIL DEPTH IMPERMEABLE

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

HEALTH DEPARTMENT'S COPY

Serial 4475

C of A (s) No. 7104

Date Issued 3/18/74

T. C. No. _____

Map Date _____

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 TEAGUE (LAST) NED (FIRST) _____ (MIDDLE)

Location of Property 334 FALLSDALE DR

Application Number 7104 Permit Number 7104

Inspection Data:

Liquid Capacity of Tank 1500 gal ST / WM

Tank Material PC

Total Length of Drain Tile 555' ST / 150' WM

Number of Lines 5 ST w/ 2 WM

Depth of Filter Material 17" / 51"

Cover Depth 30"

Water Supply Source CITY

Distance from Water Source —

Excavation Inspected 3/18/74 (DATE)

Tank Inspected 3/18/74 (DATE)

Nitrification Field Inspected 3/18/74 (DATE)

Washing Machine Line Inspected, If Applicable 3/18/74 (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: BAD SOIL

R. E. Nicholson

Environmentalist

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

HEALTH DEPARTMENT'S COPY