MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

5754
~~9814~~

DATE ISSUED
1. 3-10-75
2. _____
3. _____

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

SIP NO.
T.C. NO. 001-114-29
MAP DATE 2-21-75

NAME OF OWNER **Ricky Steve Mellar**

ADDRESS OF OWNER **4943 Park Road, Apt 416, Charlotte, N. C.**

LOCATION OF LOT **Island Forest Drive, Lot 14**

The lot described above is not recommended for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

Inadequate lot size for proposed system.

For further consideration, please submit plot plans of lot and proposed building.

John R. Adkisson

John R. Adkisson, Environmentalist
On Premises Waste Disposal Unit
Environmental Health Division

JRA:jjk

(Stencil No.)
EHD 359
8/74

FORM NO.
EHD-8-8-21-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: March 10, 1975

TO: John R. Adkisson

FROM: W. Edward Casavant WEC
Soil Scientist

SUBJECT: APT ~~9024~~ 5754 (Ricky Steve Hollar)
Island Forest, Lot 14
Date: 3/7/75

The lot consists of soils of the Cecil series. These soils have good aeration, good drainage, and moderate permeability (true mean perc. of 60 min./in.). The lot, however, is of inadequate size to install a septic tank system.

Based on this investigation, the lot is not recommended for approval for installation of a septic tank system due to inadequate lot size.

WEC:jjk

Date Received 3-16-73

APT No [redacted] 575

T C No ____

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Johnson (LAST) Ashley (FIRST) Allan (MIDDLE)

2) ADDRESS OF OWNER 324 Robinson Ave, Matthews, N.C. ZIP 28105

3) PHONE NO Home 821-7545 Office 525-8510

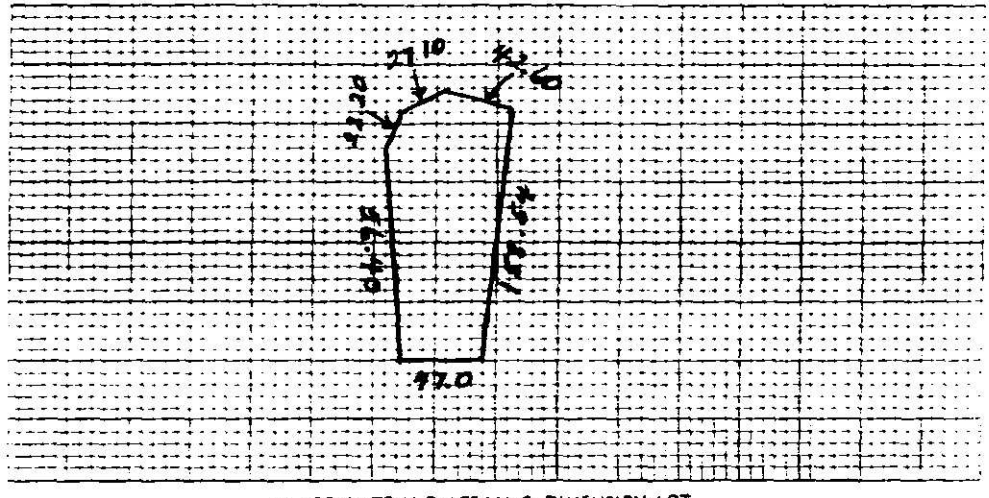
4) LOCATION OF PROPERTY Forest Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Island Forest LOT NO 14 BLOCK NO ____

MAP BOOK NO 12 PAGE NO 339 AND 341

6) DEED REFERENCE DEED BOOK 3127 PAGE NO 152

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 here nabove 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

OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3/7/75

APT No. 4014

T. C No. CC1-114-79

Map Date 2/21/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HOLLAR (LAST), RICKY (FIRST), STEVE (MIDDLE)

2) ADDRESS OF OWNER 4943 PARK RD. APT. 416 CHARLOTTE ZIP 28209

3) PHONE NO Home 525-5519 Office 374-6435

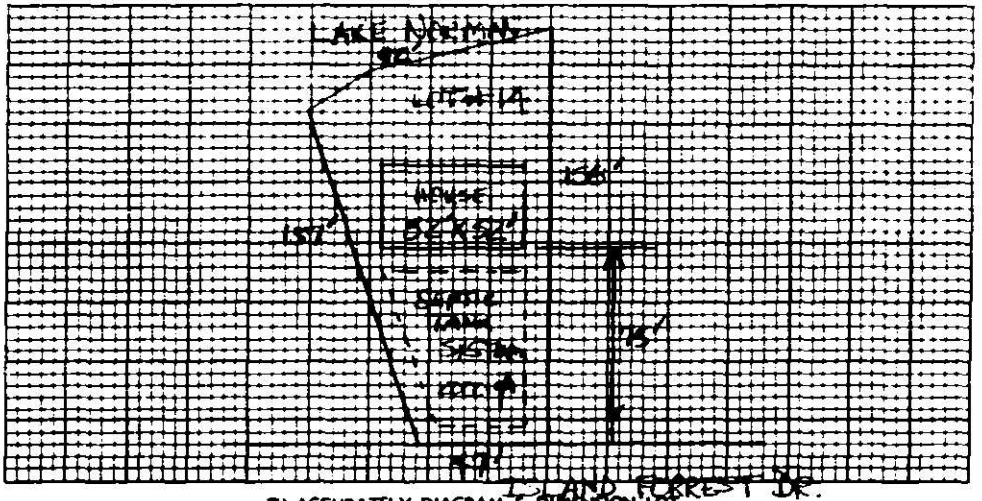
4) LOCATION OF PROPERTY ISLAND FORREST DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION ISLAND FOREST LOT NO 14 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

Ricky S. Hollar
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5034

PTR No 9014 5754

T C No 001-114-29

Date Issued March 14, 1975

Map Date 2-21-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

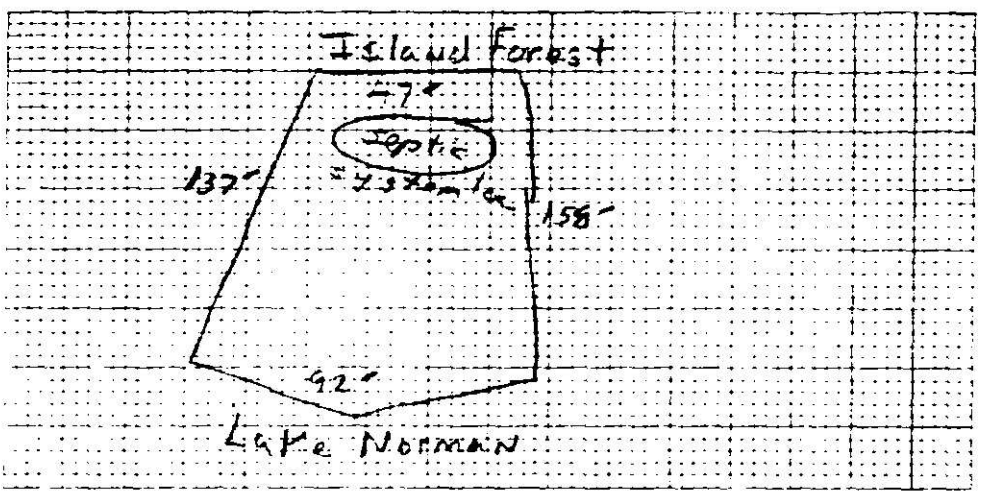
PERCOLATION TEST REPORT

NAME OF OWNER Hollar (LAST) Ricky (FIRST) Steve (MIDDLE)

ADDRESS OF OWNER 4943 Park Road, Apt 416, Charlotte, N. (ZIP)

LOCATION OF PROPERTY ISLAND FOREST DRIVE (STREET OR COUNTY ROAD)

SUBDIVISION Island Forest LOT NO 14 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an onsite inspection made by the Mecklenburg County Health Department on the property 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 60Min./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.

*Results determined by soil analysis

W. Edward Beaucar
Soil Scientist

John N. Hobson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3/18/75

ICAR (S) Application No [illegible]

T C No CC1-114-39

Map Date 3-21-75

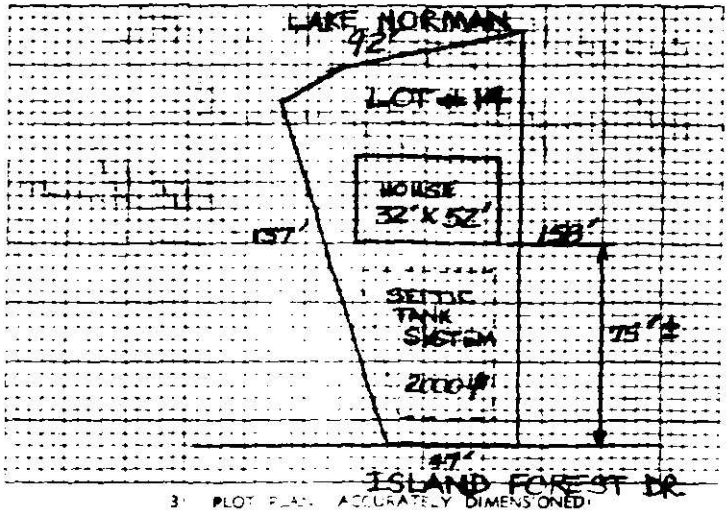
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ Yes _____ No

7) Garbage Disposal ✓ Yes _____ No

8) Dishwasher ✓ Yes _____ No

9) Water Supply
A Individual Supply _____
B Government 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 HOLLAR (LAST) RICKY (FIRST) STEVE (MIDDLE)

14) ADDRESS OF OWNER 4112 Mt. N. Apt. 416 CHARLOTTE, N.

15) PHONE NO Home [illegible] Office 374-6422

16) LOCATION OF SYSTEM ISLAND FOREST DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION ISLAND FOREST Lot No 14 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 _____

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.

3-8-75
DATE OF APPLICATION

Ricky L. Hollar
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

16 March 1977

Septic tank in front yard - 15 ft from basement foundation. Lift station to drainfield - corrugated pipe to within 8" or better of surface of ground

M A Hussain

Date Issued 12/4/75

Serial No. 5477

IMPROVEMENTS PERMIT

LA No 5754

T C No 001-114-29

Map Date 2-21-75

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 Hollar (LAST) Ricky (FIRST) Steve (MIDDLE)

ADDRESS OF OWNER 4943 Park Road, Apt 416, Charlotte ZIP

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

SUBDIVISION Island Forest LOT NO 14 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 60Min./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 5754. 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

John R Atkisson

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 22 June 96

Serial No. 7627

ICAR'S Permit No. 5254

T. C. No 001-114-99

Map Date 2-21-95

MECKLENBURG COUNTY HEALTH DEPARTMENT

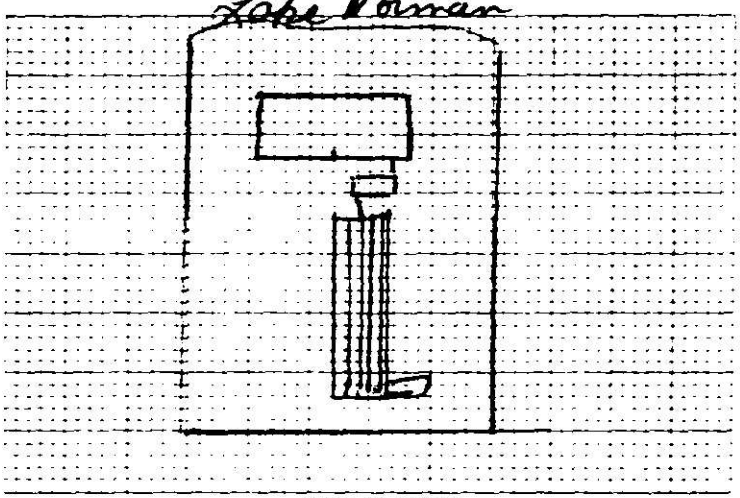
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ✓ 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 ___ 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 1 Aug 96 after which date this permit shall be null and void

Lake Norman



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction precast

Absorption and/or Irrigation Lines

Total Line Length 540

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Rick Hollar

LOCATION OF PROPERTY 20505 Island Forest Drive

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 in bed 15'x45'x36" + aeration unit

John R. Atkisson

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 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

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 1 July 76 Serial No. 7050 C of A (s) No. 5754

T C No 001-114-29

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 Heller (LAST) Rick (FIRST) (MIDDLE)

Location of Property 20505 Island First Dr

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Pre-Cast

Total Length of Drain Tile 540 Number of Lines 6

Depth of Filter Material 36 Cover Depth 24 - 36"

Water Supply Source NA Distance from Water Source NA

Excavation Inspected ✓ (DATE) Tank Inspected 1 July 76 (DATE)

Nitrification Field Inspected 1 July 76 (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 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: Installed as permited

Environmentalist

FORM NO E-6-2M-6-75

HEALTH DEPARTMENT COPY