W

Date Received 5-23-73

APT No 6364
P.O.
T C No 195-141-01
Map Date 3-11-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER THOMPSON (LAST) ERNEST (FIRST) CLARK (MIDDLE)

2) ADDRESS OF OWNER Rte #3 [illegible] NC ZIP 28105

3) PHONE NO Home 545-4884 Office 392-8037

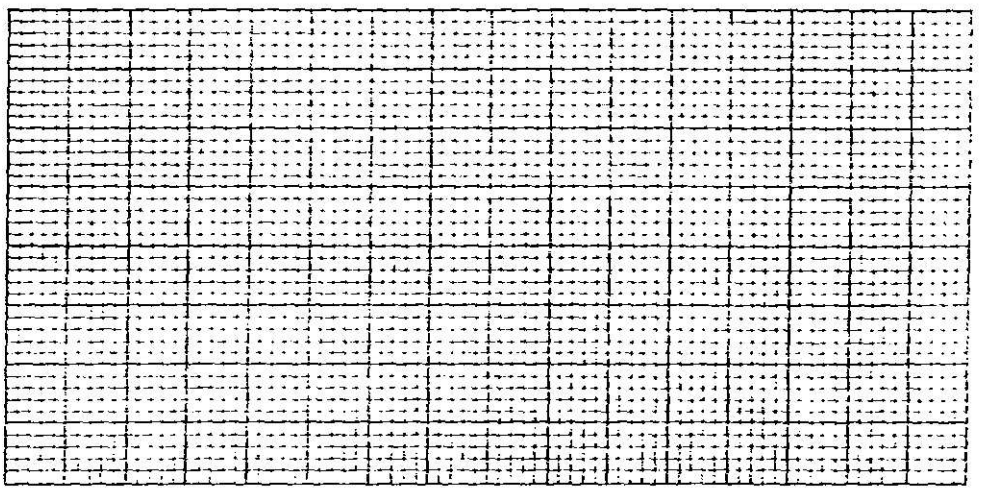
4) LOCATION OF PROPERTY THOMPSON RD 3125
next to Rea Eudy's lot (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ 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 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

Ernest C Thompson Jr.
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5 July 73

(CARTS) Application No 6364

T C No. 195-141-C1

Map Date 3-11-73

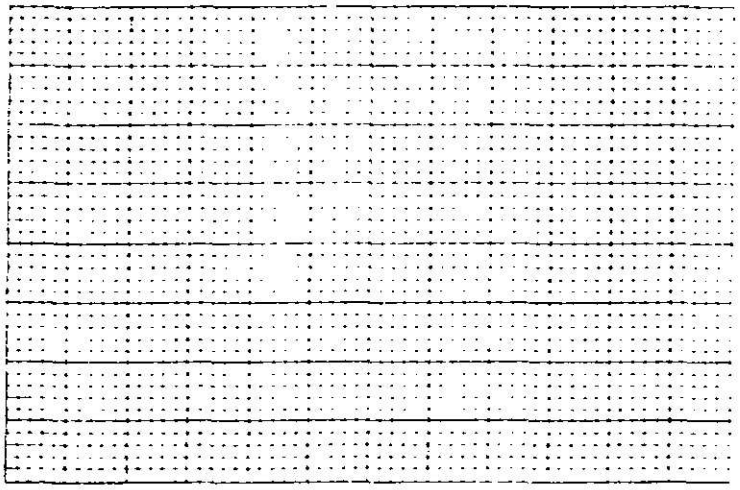
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4) No. of Bedroom 2

5) Establishment Type 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
2) Governmental

10) Sewage System
Have applied for connection of public sewer Yes No
Have applied for connection to community sewer Yes No

11) FHA Case No.

12) VA Case No.

13) PLOT PLAN (ACCURATELY DIMENSIONED)

131) NAME OF OWNER Thompson, Ernest Clark
(LAST, FIRST, MIDDLE)

141) ADDRESS OF OWNER Rt #2 205 Matthews

151) PHONE NO. Home 545-4889 Office 392-8037

161) LOCATION OF SYSTEM Thompson Rd
(STREET OR COUNTY ROAD)

171) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No. _____

181) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

191) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 3 July 73 (LC)

201) 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.

5 July 73
DATE OF APPLICATION

Ernest Thompson Jr
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3313

PTR No. 6364
P.O.
T C No. 195-141-01

Date Issued July 13, 1973

Map Date 3-11-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

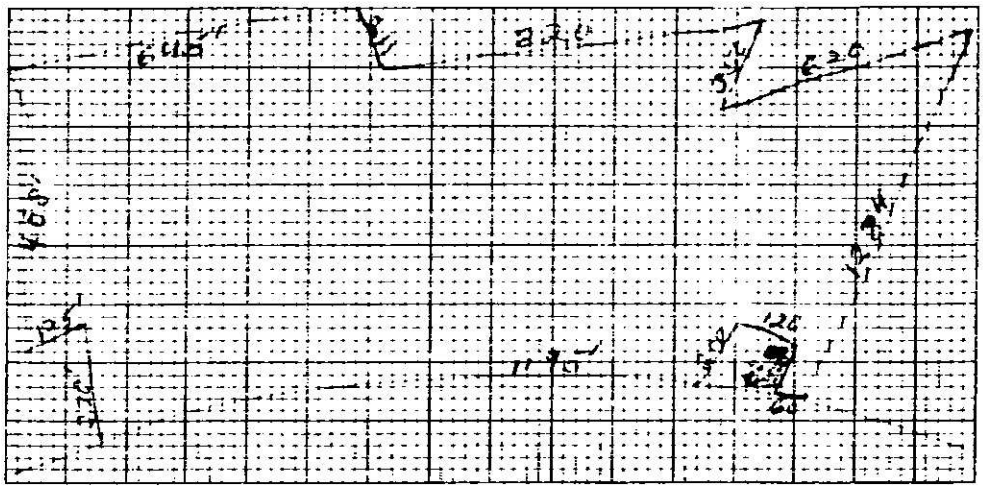
PERCOLATION TEST REPORT

NAME OF OWNER Thompson (LAST) Ernest (FIRST) Clark (MIDDLE)

ADDRESS OF OWNER Route 3, Box 205, Matthews ZIP

LOCATION OF PROPERTY Thompson 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 60 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.

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued July 13, 1973

Serial No. 3169

LA No. 6364
P.O.
T C No 195-141-01

Map Date 3-11-73

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 Thompson (LAST) Ernest (FIRST) Clark (MIDDLE)

ADDRESS OF OWNER Route3, Box 205, Matthews ZIP _____

LOCATION OF LOT Thompson 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 60 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 6364. 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.

Thomas R Ward
Environmentalist

W L Pruitt
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial 4015

C of A (s) No. 63604

Date Issued 9-26-73

T. C No. 195-111-01

Map Date 3-11-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Thompson, Ernest Clark
(LAST, FIRST, MIDDLE)

Location of Property Thompson Road

Application Number 6564 Permit Number 63604

Inspection Data:

Liquid Capacity of Tank 1500 Gal Tank Material Concrete

Total Length of Drain Tile 450 Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 9-26-73 (DATE) Tank Inspected 9-24-73 (DATE)

Nitrification Field Inspected 9-26-73 (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 by Howard Hargett

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 4-24-75

SEE INSTRUCTIONS ON BACK
MECK COUNTY HEALTH DEPT.
RECEIVED
APR 28 1975
ENVIRONMENTAL HEALTH DIVISION

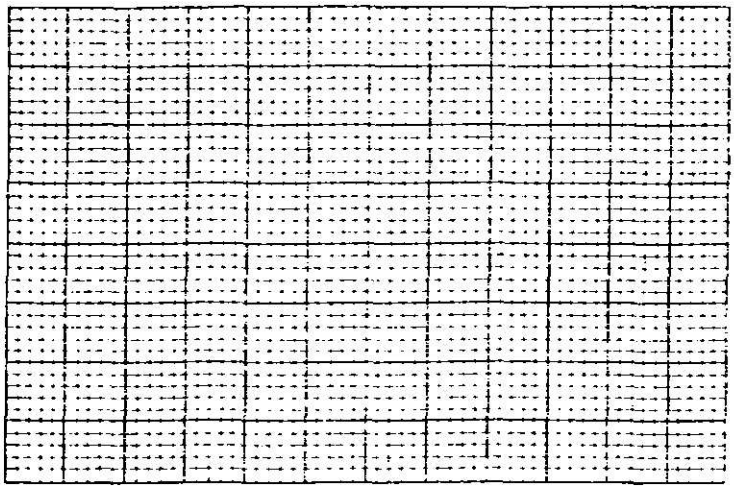
(CAR(S) Application No 6364
T. C. No. 195-141-01
Map Date 3-1-75

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 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. NA
12) VA Case No. NA

13) NAME OF OWNER Thompson (LAST) Ernest (FIRST) Ray (MIDDLE)
14) ADDRESS OF OWNER 1592 Thompson Road, Charlotte NC 28212
15) PHONE NO. Home 545-6278 Office 377-6431
16) LOCATION OF SYSTEM Thompson Road (STREET OR COUNTY ROAD)
17) SUBDIVISION NA Lot No. NA Block No. NA
Map Book No. ___ Page No. ___
18) DEED REFERENCE — DEED BOOK 3735 AT PAGE 916
19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4/13/73 → 66
20) PTR NUMBER (See Instructions) 6364

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.

4-24-75
DATE OF APPLICATION

Ernest K Thompson
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued May 1, 1975

Serial No. 4887

IMPROVEMENTS PERMIT

LA No 6364
P.O.
T C No 195-141-01
Map Date 3-11-73

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 Thompson (LAST) Ernest (FIRST) Ray (MIDDLE)

ADDRESS OF OWNER 15920 Thompson Road, Charlotte, N. C. ZIP 28212

LOCATION OF LOT Thompson 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 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 6364. This approval is subject to the following terms and conditions:

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Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY