Date Received 2-22-73

APT No. 5659

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LIVINGSTONE COATING CORPORATION (LESSEE)
LAST FIRST MIDDLE

2) ADDRESS OF OWNER P.O. BOX 8282 ZIP 28208

3) PHONE NO Home Office 392-2323

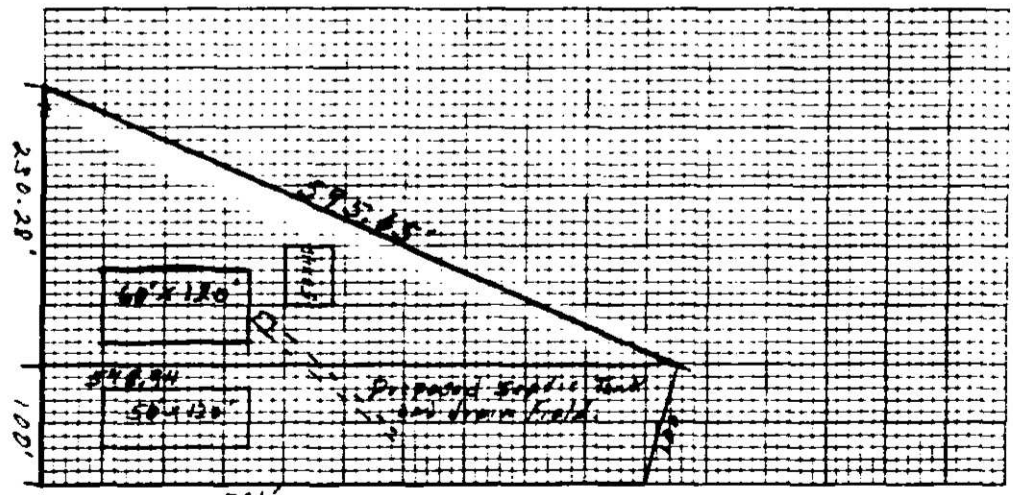
4) LOCATION OF PROPERTY Wilkinson Blvd., just west of Sam Wilson Rd.
STREET OR COUNTY ROAD

5) SUBDIVISION Berry Hill Township LOT NO 15,16,17 BLOCK NO.
Lot 15 - 2095 473
MAP BOOK NO Lot 16 & 17 PAGE NO.

6) DEED REFERENCE DEED BOOK Lot 15 - 2286 208
Lot 16 & 17 PAGE NO. 300
2401

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

Note: Owner lot 15 is Edna M. Collins; lot 16 & 17 is Neal Poole



7) ACCURATELY DIAGRAM & DIMENSION LOT

Betty J. Livingstone
OWNER Betty J. Livingstone, President
for LIVINGSTONE COATING CORPORATION

FORM NO. E-1-11-1-70

2-22-73

HEALTH DEPARTMENT'S COPY

Date Received 3-5-73

ICAR(S) Application No. 5659

T. C. No. _____

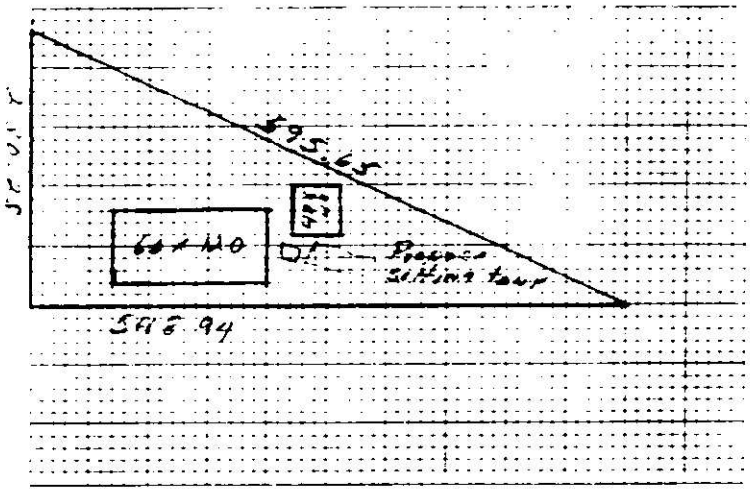
Map Date ___

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 X Install or Construct 2 ___ Alter or Repair an settling tank wastewater treatment system with subsurface soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

Type of Unit ___
Future Use Yes No
Employees 2
4 Washing Machine Yes No
5 Garbage Disposal Yes No
6 Dishwasher Yes No
7 Water Supply
A Individual Well X
B Government System ___
C Community System
1 Well Source ___
2 Government ___
Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No
FHA Case No. ___
VA Case No. ___

13 NAME OF OWNER LIVINGSTONE COATING CORPORATION (LESSEE) (LAST / FIRST / MIDDLE)

14 ADDRESS OF OWNER P.O. Box 8282

15 PHONE NO. Home ___ Office 392-2323

16 LOCATION OF SYSTEM Wilkinson Blvd., just west of Sam Wilson Road (STREET OR COUNTY ROAD)

17 SUBDIVISION Berry Hill Township Lot No. 16,17 Block No. ___

Map Book No. 2095 Page No. 473

18 DEED REFERENCE — DEED BOOK 2401 AT PAGE 300

19 HAS A PERCOLATION TEST BEEN RUN? YES X 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.

3-2-73
DATE OF APPLICATION

OWNER Betty J. Livingstone, President

FORM NO. E 4A-1

HEALTH DEPARTMENT'S COPY

Date Issued 4-20-73

Serial No. 1581

ICAR(S) Permit No 5659 ?

T C No 053-151-09

Map Date 1-A2-73

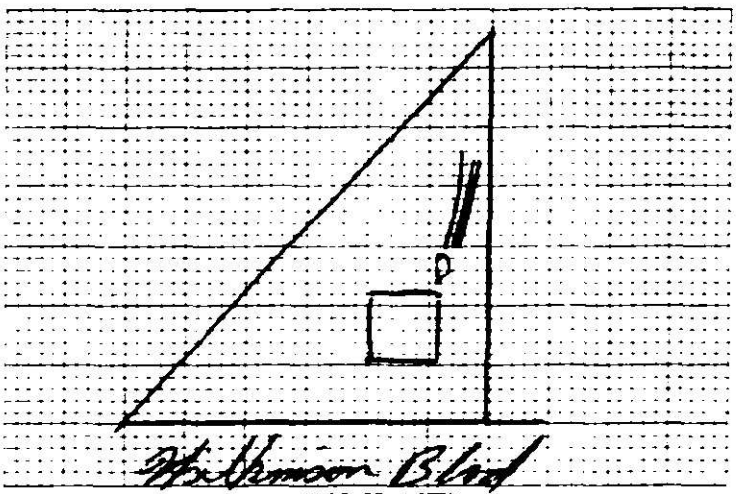
MECKLENBURG COUNTY HEALTH DEPARTMENT

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~~ settling 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 5659 dated 3-5-73 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 4-25-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1000 gal

Tank Construction precast concrete

Absorption and/or Irrigation Lines

Total Line Length 200 L/Ft

Number of Lines 5 (12"x2x40)

Distance from House 15'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Lexington Coating Corporation (Lessee)

LOCATION OF PROPERTY Wilkinson Blvd (POBox 8282)

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 double baffle wall in tank

Division or Section Head _____

Environmentalist John R Atkinson

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.

FORM NO. E 5-4-1 71

APPLICANT'S COPY

Date Issued 4-20-77 **Serial No.** 3205 C of A (s) No. 5659

T C No. 053-151-09

Map Date 1-22-77

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Irwingstone Coating Corporation (Lessee)
LAST FIRST MIDDLE

Location of Property Wilkinson Blvd

Application Number 5659 Permit Number 5659

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material pre cast concrete

Total Length of Drain Tile 200 l/ft Number of Lines 5 (12"x24")

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 4-20-77 DATE Tank Inspected 4-20-77 DATE

Nitrification Field Inspected 4-20-77 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 release 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 Atkinson
Irwingstone Coating Corp

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

HEALTH DEPARTMENT'S COPY