Date Received 3 22 73

APT No 5793

T C No 111-122-27 28

Map Date 2 14 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER GILMORE (LAST) MILTON (FIRST) E (MIDDLE)

2) ADDRESS OF OWNER 5530 JOYCE DRIVE CHARLOTTE ZIP 28215

3) PHONE NO Home 536-1366 Office 373-3300

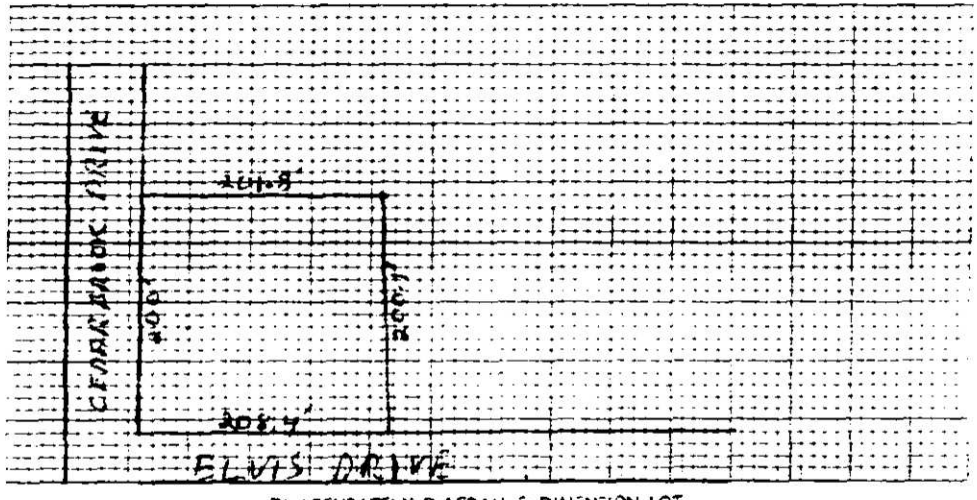
4) LOCATION OF PROPERTY CORNER OF CEDARBROOK DRIVE AND ELVIS DRIVE (STREET OR COUNTY ROAD)

5) SUBDIVISION CEDARBROOK ACRES LOT NO 35 & 36 BLOCK NO B

MAP BOOK NO 7 PAGE NO 64

6) DEED REFERENCE DEED BOOK 3178 PAGE NO 65

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

Milton E Gilmore
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No 5793
27

T C No 111-122-28

Date Issued March 29, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

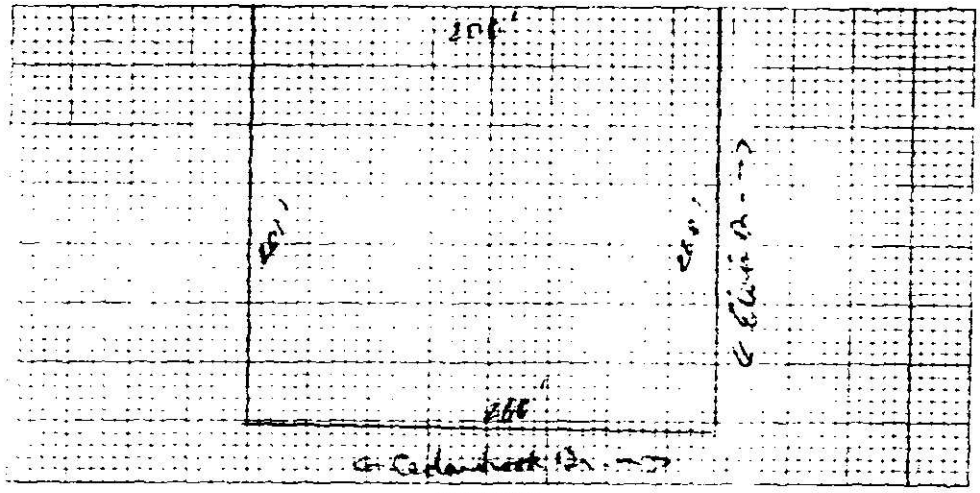
PERCOLATION TEST REPORT

NAME OF OWNER Gilmore (LAST) Milton (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 5530 Joyce Drive ZIP 28215

LOCATION OF PROPERTY Cedarbrook Dr. and Elvis Price
(STREET OR COUNTY ROAD)

SUBDIVISION Cedarbrook Acres LOT NO 35 & 36 BLOCK NO B



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.

John R. Robinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 9/26/75

Returned To:
Charlie Helms
3997 Alexander Rd.
Charlotte, NC 28212

APT No. 5793 P.C

T C No. 111-122-27 & 28

Map Date 6/4/74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Gilmore (LAST) Milton (FIRST) E. (MIDDLE)

2) ADDRESS OF OWNER 6900 Valley Dale Lane. ZIP

3) PHONE NO. Home Office

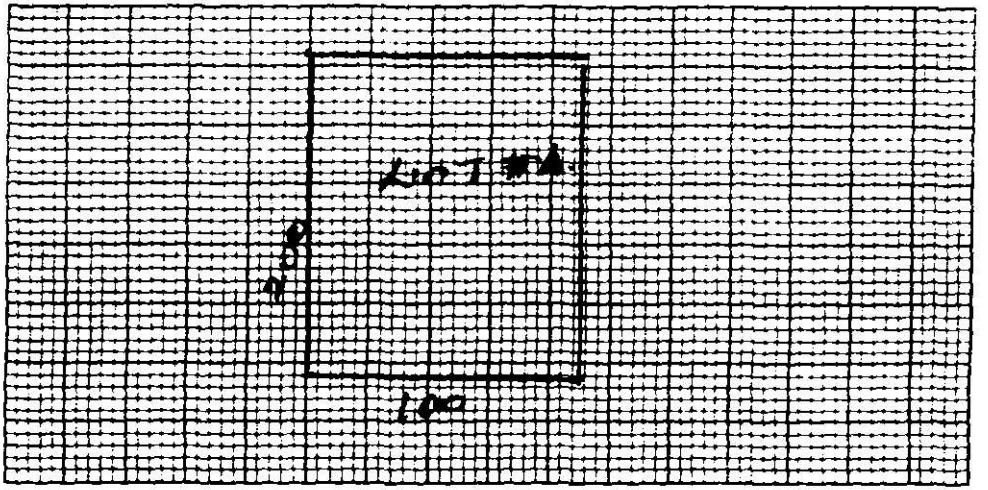
4) LOCATION OF PROPERTY Ellis Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Cedar Brook. LOT NO. A. BLOCK NO. B

MAP BOOK NO. 7 PAGE NO. 641

6) DEED REFERENCE. DEED BOOK 3559 PAGE NO. 90

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

M. E. Gilmore
OWNER

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

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation 9/29/75 APT NO. 5793

Owner M.E. Gilmore

Location of Property Lot No. 8, Blk. B Corner of Elvis Dr. and Cedarbrook Dr. TCN: A0. 111-122-27 + 28

Soil Properties	Soil Suitability Ratings: Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	Suitable 2-6%			
3. Soil Depth	Suitable >48"			
4. Soil Texture	Marginal Clay			
5. Soil Structure	Marginal blocky			
6. Restrictive Horizons	-			
7. Soil Drainage	Suitable W.T.>48"			
8. Soil Permeability (Percolation Rate)	Marginal 60 min/in.			
9. Other	-			
10. Overall Rating	Marginal			

Recommendations Approval - System design based on a 60 min./in. perc. rate.

See diagram on back

Soil Scientist

3/18/75
HHD 539

Serial No. 5671

PTR No 5793

Date Issued 9/30/75

T C No P.O. 111-122-28
~~6-111-122-28~~

Map Date 6/4/74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

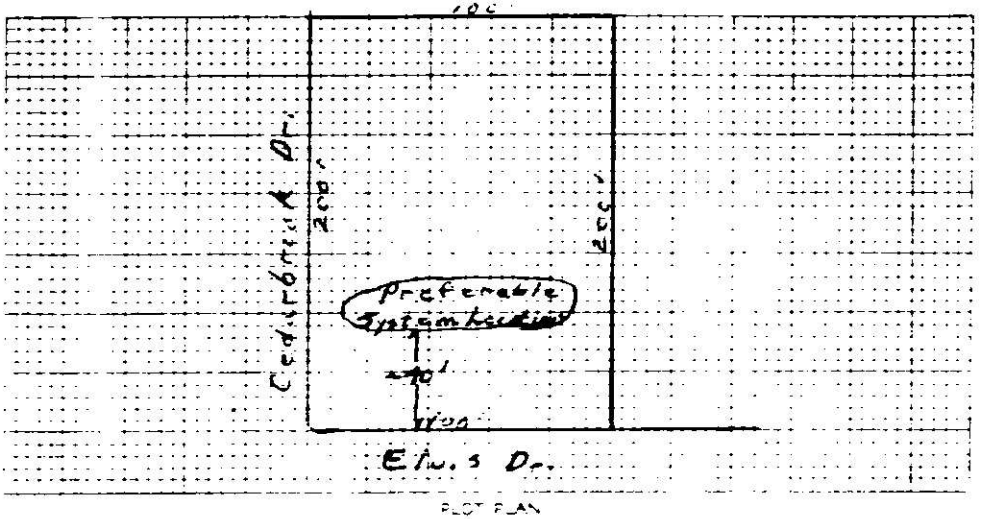
PERCOLATION TEST REPORT

NAME OF OWNER Gilmore (LAST) Milton (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 6900 Valleydale Lane ZIP

LOCATION OF PROPERTY Corner: Cedarbrook Drive & Elvis Drive (STREET OR COUNTY ROAD)

SUBDIVISION Cedarbrook LOT NO A BLOCK NO B



PLOT PLAN

This is to certify that a percolation test has been run and an installation 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 *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 the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed is determined by the Health Department prior to the issuance of a permit based on the percolation rate determined above and on the size and type of building constructed thereon.
3. This approval is for the system as indicated in the immediate area where the test was run.
4. This approval is void if grading or any other work is done on the lot which changes the soil in the area in the Health Department considers the area where the test was run unsuitable for the installation, construction 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. Curtis Lyon Jr. Soil Scientist

John R. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 12/3/74

DEPARTMENT OF [illegible] RECEIVED

Application No 5793

T C No PO-111-122-27

Map Date 6/4/74

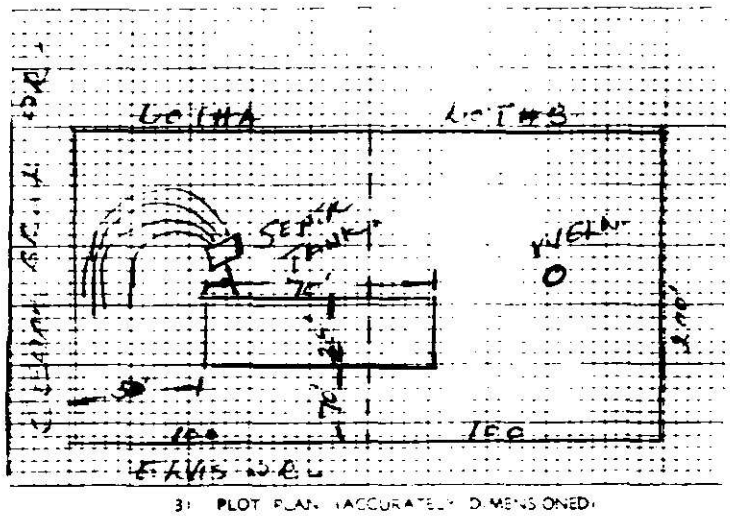
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described herein hereby applies to the Mecklenburg County Health Department for a permit to

✓ [illegible] Alteration or Repair on individual septic tank wastewater treatment system [illegible] effluent discharge



4

Water Supply: A [illegible] ✓ Yes No
B Government System No
C Community System No
Well No
Government No
Sewage System
House located within 200 feet of [illegible] No
House located within 200 feet of [illegible] Yes ✓ No
Community Sewer Yes ✓ No
EHA Case No
EHA Code No

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER HELMS (LAST) CHARLIE (FIRST) FRANCOIS JR. (MIDDLE)

14) ADDRESS OF OWNER 7502 KNECKNABLE RD.

15) PHONE NO Home 537-3443 Office 537-3443

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

17) SUBDIVISION CEDARBROOK Lot No. A & B. Block No. 6

Map Book No [illegible] Page No [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) [illegible]

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.

DATE OF APPLICATION [illegible]

OWNER Charlie Francois Helms Jr. Charlie Francois Helms. Marcia Lee Helms.

FORM NO E 4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 12/30/76

Serial No. 0377

IMPROVEMENTS PERMIT

LA No. 5793

T. C. No. P.O. 111-122-27

Map Date 6-4-74

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Helms (LAST) Charlie (FIRST) Builders, Inc. (MIDDLE)

ADDRESS OF OWNER 7907 Albermarle Road ZIP _____

LOCATION OF LOT Elvis Drive (STREET OR COUNTY ROAD)

SUBDIVISION Cedarbrook LOT NO A & B BLOCK NO B

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 5793. 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 soil investigation 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

John R. Atkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 0670

ICAR(S) Permit No. [illegible]

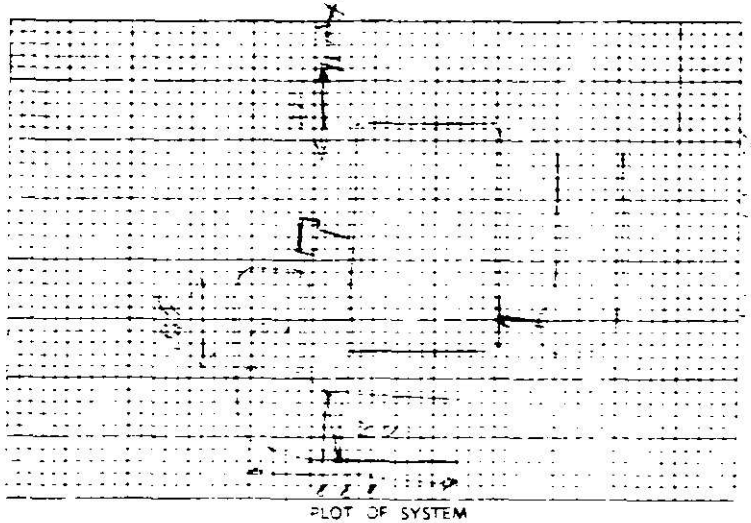
Date Issued [illegible]

T C No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to [illegible] 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 [illegible] dated [illegible] 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 / / , after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments [illegible]

Division or Section Head

Environmentalist [signature]

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 4-26-77 **Serial No.** 0656 C of A (s) No. _____

T C No _____ 12-27

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Helms (LAST) Charlie (FIRST) (B. SR.) (MIDDLE)

Location of Property 2907 Albemarle

Application Number 5793 Permit Number 5793

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 400 200 Number of Lines 6 5

Depth of Filter Material 1763-1 17" Cover Depth 18"

Water Supply Source Individual Distance from Water Source 100

Excavation Inspected 4/26/77 (DATE) Tank Inspected 4-26-77 (DATE)

Nitrification Field Inspected 4-26-77 (DATE)

Washing Machine Line Inspected If Applicable 4-26-77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 _____

T P Bateman
Environmentalist

EHD-S-76

Environmental Health Department's Copy

Date Received 2/24/77

MECK COUNTY DEPARTMENT OF

Application No. 5126

T. C. No PO.111-122-27

Map Date 6/4/74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Helms (Last) Charlie (First) L. (Middle)

ADDRESS OF OWNER 7907 Albemarle Rd. ZIP 28212

PHONE NO. Home 5373443 Office Same

LOCATION OF PROPERTY 9305 Elvis Dr. (Street or County Road)

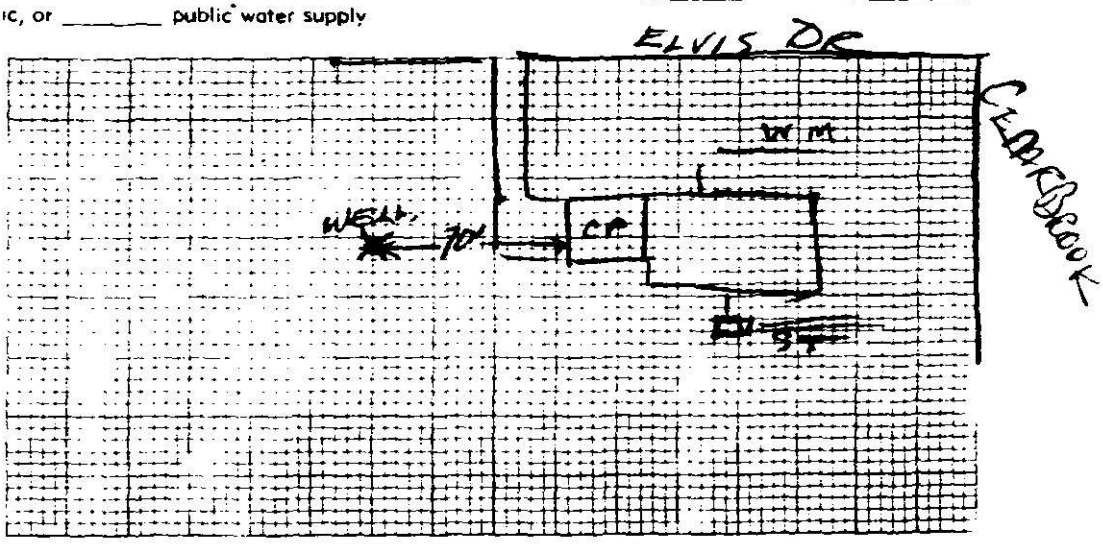
SUBDIVISION Cedar Brook - Acres LOT NO. A & B BLOCK NO. B

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply



ACCURATELY DIAGRAM & DIMENSION LOT

2-15-77
DATE OF APPLICATION

Charlie L. Helms
OWNER

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

FORM NO. E-28-9-1-72

HEALTH DEPARTMENT'S COPY