Date Received 5 25 13

APT No 6374

T C No

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Miller Kevin (LAST, FIRST) E (MIDDLE)

2) ADDRESS OF OWNER 2530 Westerly Hills Dr Charlotte (CITY) NC (ZIP) 28262

3) PHONE NO. Home 392-1927 Office 372-7376

4) LOCATION OF PROPERTY Daytona Ave Charlotte NC (STREET OR COUNTY ROAD)

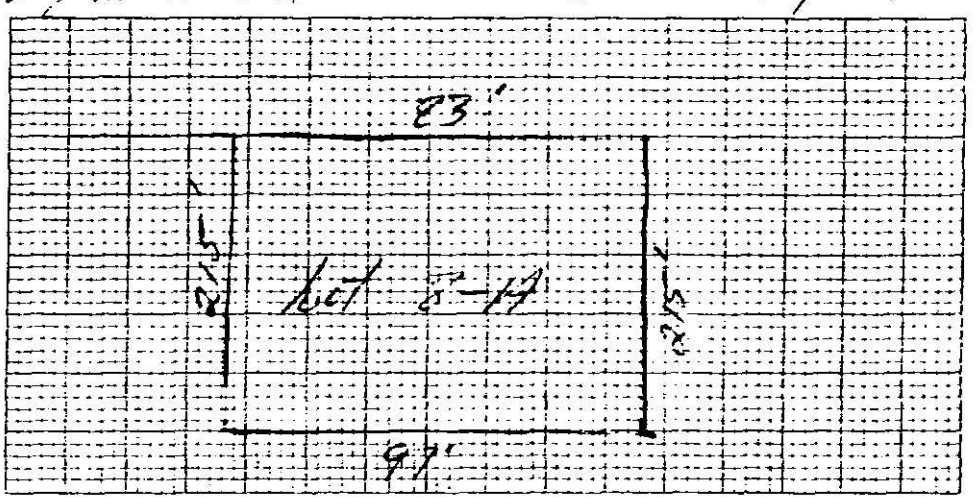
5) SUBDIVISION White Oak Park LOT NO Lot #279 BLOCK NO. 321

MAP BOOK NO 55 PAGE NO. 32 6-A

6) DEED REFERENCE DEED BOOK 2527 PAGE NO 37

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

Property in Name of Fred & Sue White & Kerlinger




7) ACCURATELY DIAGRAM & DIMENSION LOT

Virginia Miller
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

# *MILLER AGENCY*

**REAL ESTATE AND INSURANCE**

2530 WESTERLY HILLS DRIVE

CHARLOTTE, N. C. 28208

TELEPHONE NO. (704) 392-7396


APT #6374
Tax Code No. 055-321-08
Portion Of

October 13, 1973

Mecklenburg County Health Department
1200 Blythe Blvd.
Charlotte, N. C. 28203

Re: Lot # 6 Block A
Map Book 7 Page 215
Daytona Ave., Charlotte, N.C.

Dear Sir:

I propose to install a case block septic system which is to be installed by Bud Lee Septic Tank Company of Charlotte, N. C.

I realize this is an expermental system and in the event of mal function will repair promptly.

It is agreed that the Mecklenburg County Health Department will have the option to monitor installation.

Sincerely,

Melvyn E. Miller

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

Telephone 374-2113

Date Issued
1. July 19, 1973
2. _____
3. _____

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

SDR No. 6274
T.C. No. Pe 055-241-08

NAME OF OWNER Miller, Melvyn E.

ADDRESS OF OWNER 2530 Westerly Hills Drive ZIP 28208

LOCATION OF LOT Daytona Avenue, Lot 8-A
8-A

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

| | Test No. | Date of Test | Percolation Rate |
|---|---|---|---|
| X | 1. | 7-13-73 | 120+ min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 7-17-73 - The soils are of the Enon and Iredell series. These soils have plastic clay subsoils which contain swelling clay minerals. They may also have a perched high water table during periods of high rainfall. As a result, the soils have inadequately slow permeability and percolation rate.

W. Everett Lynn, Jr.
Soil Scientist

_____
Environmentalist

(Stencil No.)
MED 398
8/70

FORM NO.
E-19-8-14-70

SEE INSTRUCTIONS ON BACK

Date Received 10-15-73

ICAR'S Application No 6374

T C No C.C. 055-321-08

Map Date 9-5-73

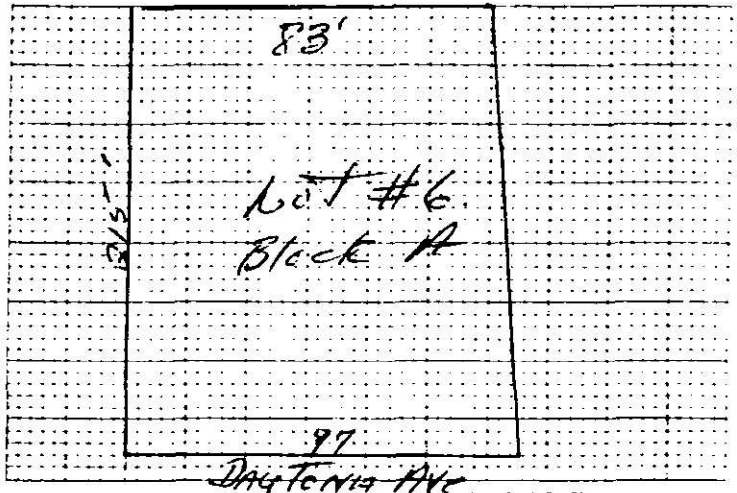
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 the 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




31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3.

5) Business Use Max No Employees

6) Washing Machine X Yes No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Individual Well X
B) Government
C) Community System
1) Well
2) Government

10) Sewage System Septic Tank
How is property presently served
a) Public water Yes X No
How is property presently served
a) Community sewer Yes X No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Miller (LAST) Melvyn (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 2530 Westerly Hills Dr. Charlotte NC

15) PHONE NO Home 392-1922 Office 392-7396

16) LOCATION OF SYSTEM Daytona Ave (STREET OR COUNTY ROAD) Charlotte NC

17) SUBDIVISION White Oak Park Lot No 6 Block No A

Map Book No. 7 Page No. 215

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 7-13-73

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.

DATE OF APPLICATION ___

OWNER Melvyn Miller

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 16, 1973 Serial No. 3522

IMPROVEMENTS PERMIT

LA No. 6374
P.O.
T. C. No. 055-321-08
Map Date 9-5-73

# 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 Miller (LAST) Melvyn (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 2530 Westerly Hills Drive ZIP

LOCATION OF LOT Daytona Avenue (STREET OR COUNTY ROAD)

SUBDIVISION White Oak Park LOT NO. 6 BLOCK NO. A

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 *, 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 6374. 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

* Experimental Case Block septic tank system.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 2/25/74 Serial No. 4900 ICAR (S) Permit No 6374

T C No

Map Date

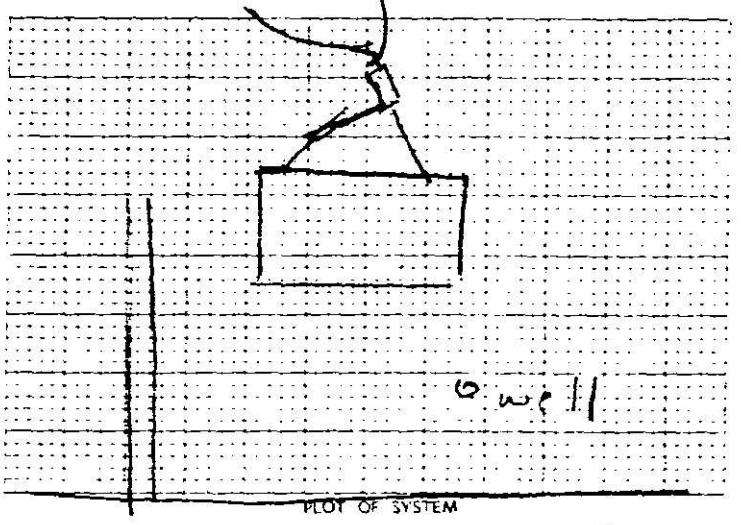
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 6374 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 2/20/74, after which date this permit shall be null and void




PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank SPECIAL 1000+

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 120 CASE EACH

Number of Lines 2 - 60'ea

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 100'+

NAME OF OWNER MELVYN E MILLER

LOCATION OF PROPERTY Lot 6A WHITE OAK FARMS DAYTONA AVE

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 CASE BUCK SYSTEM

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

Form No. E-5-9-1-72

Serial 4474

C of A (s) No. 6574

Date Issued

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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

**Inspection Data:**

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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 X 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: _____

_____

_____

_____

_____

Environmentalist

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

**HEALTH DEPARTMENT'S COPY**