Date Received 8-3-73

APT No 6785

T. C No 001-086-06

Map Date 3-1-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Lackey (LAST) Joe (FIRST) Maynard (MIDDLE)

2) ADDRESS OF OWNER 1412 Thompson Ave ZIP 28216

3) PHONE NO Home 372-7848 Office 332-0335

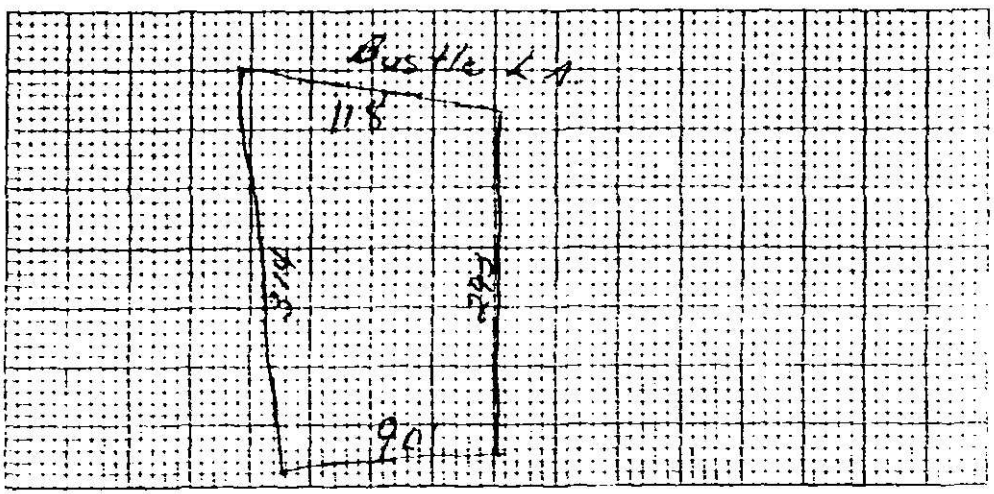
4) LOCATION OF PROPERTY Bustle Lane (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 26 BLOCK NO 8

MAP BOOK NO _____ PAGE NO 76

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

OWNER Joe M. Lackey

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3440

PTR No. 6785 8288

T C No. 001-086-06

Date Issued August 8, 1973

Map Date 3-1-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

NAME OF OWNER Lackey (LAST) Joe (FIRST) Maynard (MIDDLE)

ADDRESS OF OWNER 1412 Thompson Avenue ZIP 28216

LOCATION OF PROPERTY Bustle Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 2 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 56 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. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. C 2 4 1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-3-73

ICAR(S) Application No 6785

T C No 001-086

Map Date 3/72

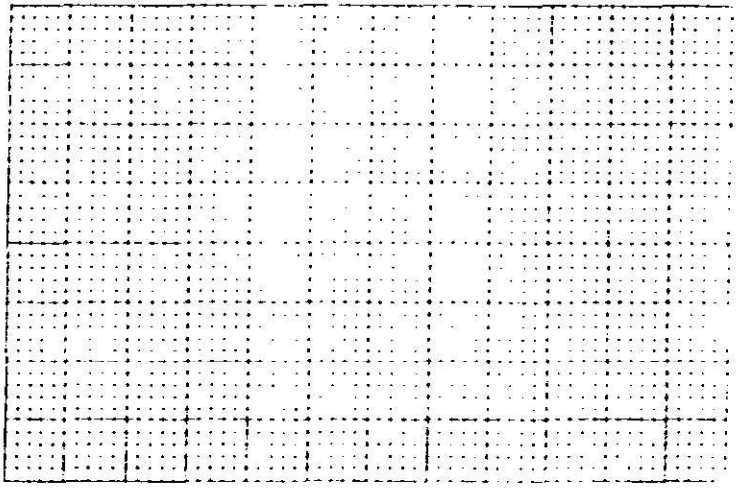
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

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(131) NAME OF OWNER LacRoy (Last) Lee (First) Maynard (Middle)

(141) ADDRESS OF OWNER 1412 Thompson Ave

(151) PHONE NO Home 392 7848 Office 332 6335

(161) LOCATION OF SYSTEM Bustle Lane. (STREET OR COUNTY ROAD)

(171) SUBDIVISION Dixie Shores Lot No 2 Block No ____

Map Book No 2661 Page No 241

(181) DEED REFERENCE — DEED BOOK ____ AT PAGE

(191) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN [illegible]

(201) PTR NUMBER (See Instructions)

The undersigned person hereby agrees that he has read the foregoing application and that the content 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 LacRoy Lee

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 8, 1973 **Serial No.** 3261

LA No. 6785

T. C No. 001-086-06

Map Date 3-1-72

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 Lackey (LAST) Joe (FIRST) Maynard (MIDDLE)

ADDRESS OF OWNER 1412 Thompson Avenue ZIP 28216

LOCATION OF LOT Bustle Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 2 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 56 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 6785. 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

W. L. Linky
Environmentalist

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

FORM NO E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12 April 74 Serial No. 5063 ICAR (S) Permit No. 6785

T C No 001-086-06

Map Date 3-1-72

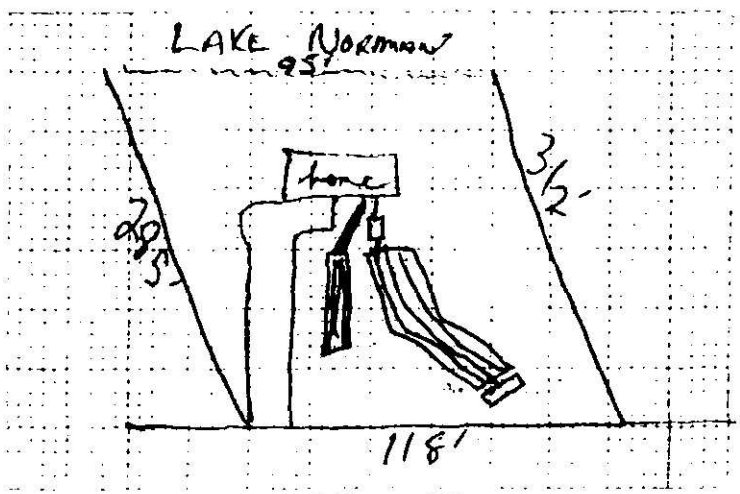
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water 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 6785 dated 8-8-73 and this permit shall be void and of no effect if the work is not completed as provided in the application and specifications. All work shall be completed on or before 12 May 74 after which date this permit shall be null and void



Percolation Rate 56

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 75' & 150' on 6 (15' x 66½' x 36") &

Number of Lines 3 (24½' x 50' x 17") lines

Distance from House 15'+

Distance from Property Line 10'+

Distance from Well 85'+

PLOT OF SYSTEM

NAME OF OWNER Lackey, Jesse

LOCATION OF PROPERTY Treasta Lane

This permit is issued subject to the conditions and requirements as set forth in the Regulations of the Mecklenburg County Board of Health now 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 unavailable or can be used.

Comments Aeration pit 2½' x 7' x 4½' Stone #1 or #10 washed Stone
10' from all property lines, 15' from foundation
Minimum fall 1/4"/10' Owner keep septic system Slit under Distribution Boxes

Environmentalist

Date of Approval

Prior to the granting of this permit for the installation or construction of the new system it must be signed by the division or a representative of the Environmental Health Division responsible for the area. Only the signature of the Environmentalist is required on an existing system is being altered or repaired

E-5-9-1-72

Date Issued 1 May 74 Serial 4630

C of A (s) No. 6785

T C No. 001-086-06

Map Date 3-1-72

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 Rachey, Jose (LAST FIRST MIDDLE)

Location of Property Trelta Ln

Application Number 6785 Permit Number 6785

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 195' & 150' Lin Number of Lines 6(15'x66½x36") 3(74½x50'x17")

Depth of Filter Material 36" & 17" Cover Depth 15"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 1 May 74 (DATE) Tank Inspected 1 May 74 (DATE)

Nitrification Field Inspected 1 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 1 May 74 (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 Aeration pit 2½X7X4' Tank
Job done by Owner

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 8-2-73

ICAR (S) Application No. 10106

T. C. No. 031-084-07

Map Date 4-27-73

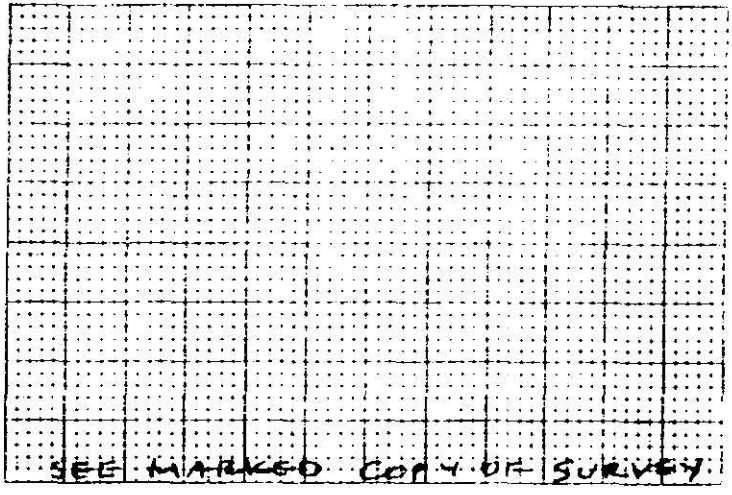
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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) Rooms for Use ___ Max No. Employees 0

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply
   A) Individual Well
   B) Governmental System ___
   C) Community System:
      1 Well source ___
      2 Governmental source CITY

10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes ___ X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER GUNDLACH (LAST) THEODORE J. & CAROLYN B. (FIRST, MIDDLE)

14) ADDRESS OF OWNER 316 FALLSDALE DRIVE

15) PHONE NO Home 847-0540 Office 892-8011

16) LOCATION OF SYSTEM COULWOOD 316 Fallsdale Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Coulwood Hills II Lot No 7 Block No. C

Map Book No 12 Page No. 421

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.

8-1-73
DATE OF APPLICATION

Theodore J. Gundlach, Jr.
OWNER
Carolyn B. Gundlach

FORM No. 144

HEALTH DEPARTMENT'S COPY

CONTACTED FOREMAN'S SEPTIC TANK SERVICE 597-1427

Date Issued 5/9/73 Serial No. 4154 ICAR(S) Permit No. 6786

T. C. No. _____

Map Date _____

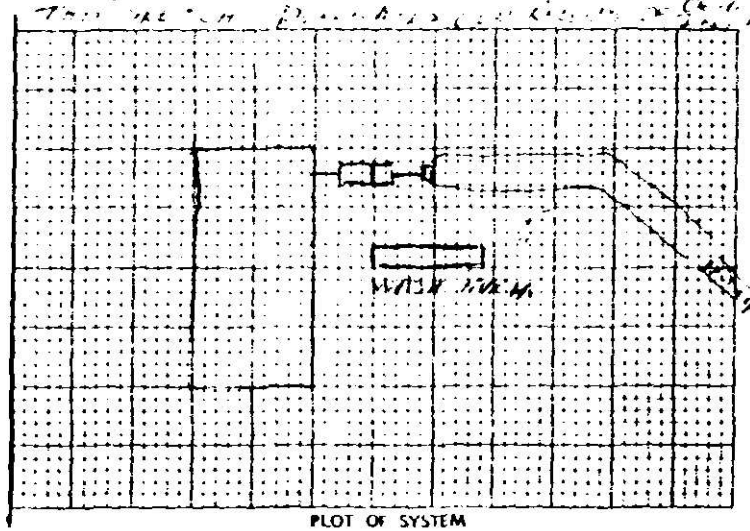
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given to _____ to Install or Construct, X 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 6786, dated 5/3/73 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 7/1/73, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate Repair

Liquid Capacity of Tank "

Tank Construction "

Absorption and/or Nitrification Lines: X

Total Line Lenght Repair

Number of Lines "

Distance from House "

Distance from Property Line "

Distance from Well "

NAME OF OWNER _____

LOCATION OF PROPERTY _____

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: _____

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 5-4 1-71

HEALTH DEPARTMENT'S COPY