Date Received 2-28-74 APT No. 755-D

P.C. T C No 019-212-03

Map Date 5-4-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CRAWFORD (LAST) CHARLES (FIRST) KEVIN (MIDDLE)

2) ADDRESS OF OWNER 2440 PICKWICK DR. CHAR. ZIP 28213

3) PHONE NO Home 596-1755 Office NONE

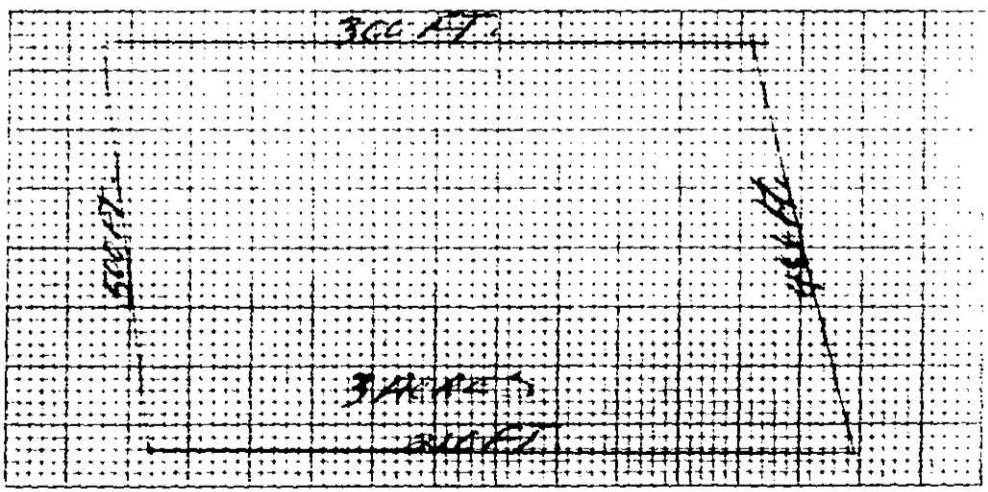
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD) [illegible]

5) SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO [illegible]

MAP BOOK NO [illegible] PAGE NO [illegible]

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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

Charles K. Crawford
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4062

PTR No 7553
P.O.
T C No 019-212-03

Date Issued February 28, 1974

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

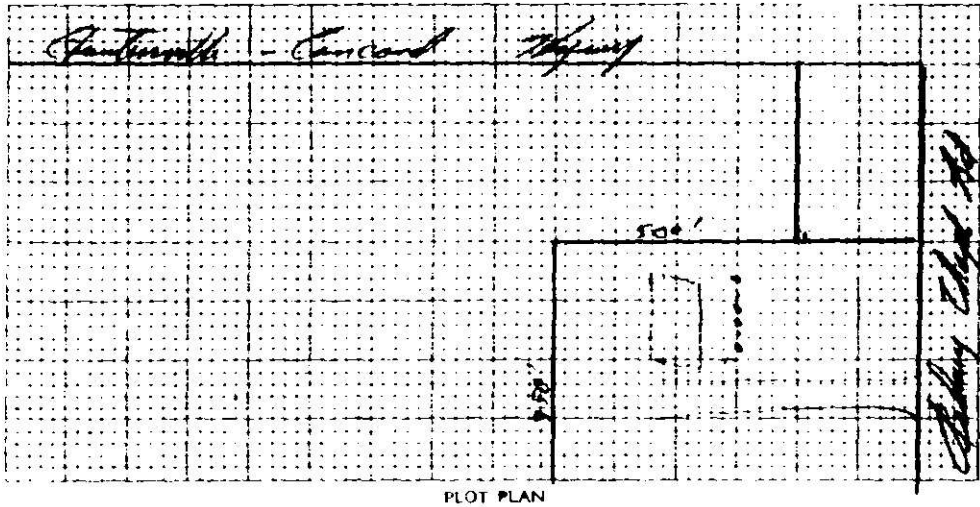
PERCOLATION TEST REPORT

NAME OF OWNER Crawford (LAST) Charles (FIRST) Royal (MIDDLE)

ADDRESS OF OWNER 2430 Pickway Drive ZIP 28213

LOCATION OF PROPERTY Huntersville-Concord and Asbury Chapel Rds. (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.

John R. Johnson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2-28-94

ICAR(S) Application No 9553

T C No 019-212-03

Map Date 1973

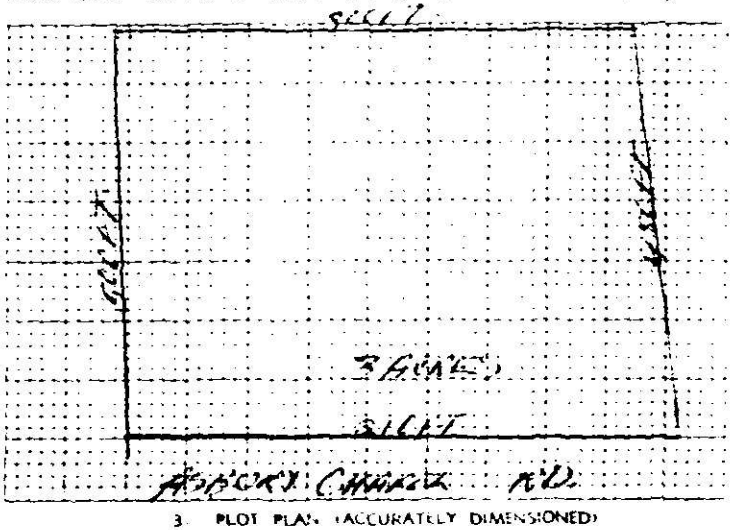
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. ✓ 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)

2

Yes No

VA Case No

13) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No [illegible] Block No [illegible]

Map Book No [illegible] Page No [illegible]

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

19) HAS A PERCOLATION TEST BEEN RUN? YES X NO DATE RUN PR-60

20) PTR NUMBER (See Instructions)

The undersigned person hereby agrees that he has read the foregoing application and that the statements of same are true. It is understood that any permit applied for herein may be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

(OWNER) [signature]

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3867

LA No 7553
P.O.
T C No 019-212-03

Date Issued February 28, 1974

IMPROVEMENTS PERMIT

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 Crawford (LAST) Charles (FIRST) Royal (MIDDLE)

ADDRESS OF OWNER 2430 Pickway Drive ZIP 28213

LOCATION OF LOT Huntersville-Concord and Asbury Chapel Roads (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 7553. 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

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 27 Feb 74

Serial No.

ICAR(S) Permit No 7553

Pd T C No 019-212-03

Map Date

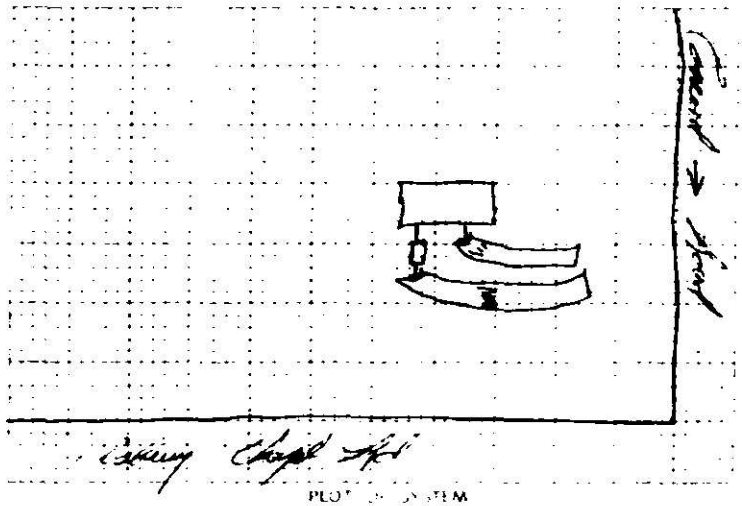
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 on application dated 26 Feb 74 and the permit shall be void if the information provided in the application is not in accordance with. All work shall be completed prior to 27 March 74 after which date the permit shall be null and void.



Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Subsurface Area

Trench Dimensions 3@ 1'x50' WM
2 (2'x50' WM)

Bed Dimensions 60(5'x12')

Distance from House 10'

Distance from Property Line 5'

Distance from Well 100'

NAME OF OWNER Fowler, Curtis M.

LOCATION OF PROPERTY Huntersville-Concord & Ridge Chapel Rd

This 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

Director of Sanitation

M.A. Kelly
Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or a representative 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 E-5-9-1-72

Serial 4461

C of A (s) No. 2353

Date Issued 28 Feb 74

F C T C No 019-21203

CERTIFICATE OF COMPLETION

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Campbell (LAST) + Carlie (FIRST) H. (MIDDLE)

Location of Property Lawn - Concord Rd. & Rustic Trail Rd

Application Number 2353 Permit Number 2353

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC 3 Pipe 4" x 50' (117)

Total Length of Drain Tile 300' + 150' Will Number of Lines 6 (25' 16" x 17")

Depth of Filter Material 12" Cover Depth 18-24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 28 Feb 74 (DATE) Tank Inspected 28 Feb 74 (DATE)

Nitrification Field Inspected 28 Feb 74 (DATE)

Washing Machine Line Inspected, If Applicable 28 Feb 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

for Sanitarian

Environmentalist

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

HEALTH DEPARTMENT'S COPY