Date Received 5-8-13

APT No 6198

T. C. No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HARRIS (LAST) Joe (FIRST) PARKS (MIDDLE)

2) ADDRESS OF OWNER 7550 Newell-Hickory Grove Rd ZIP 28215

3) PHONE NO. Home 537-6160 Office 377-5413

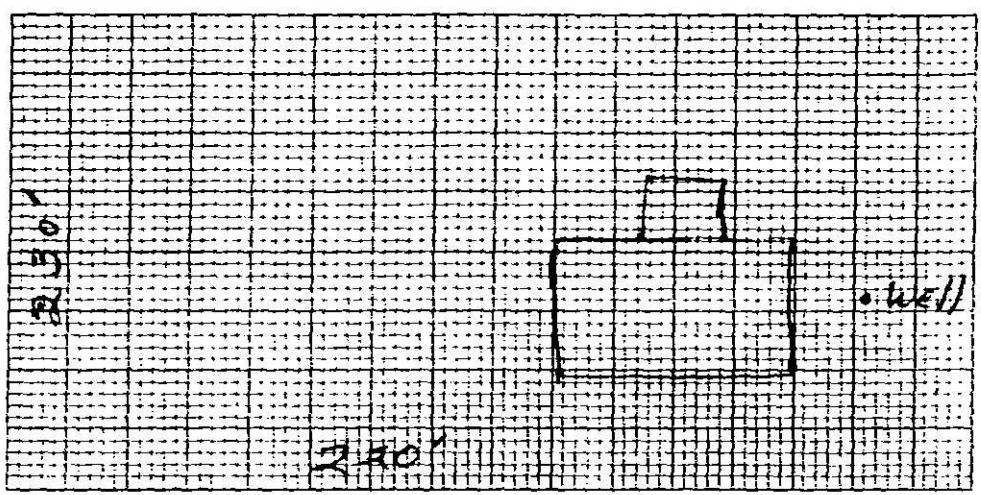
4) LOCATION OF PROPERTY Mikelynn DR (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 142 Part 3 BLOCK NO.

MAP BOOK NO 2095 PAGE NO. 608

6) DEED REFERENCE: DEED BOOK 3436 PAGE NO. 231

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

Joe P. Harris
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3087

PTR No. 6198

T. C No. 193-323-16

Date Issued May 15, 1973

Map Date 2-14-73

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

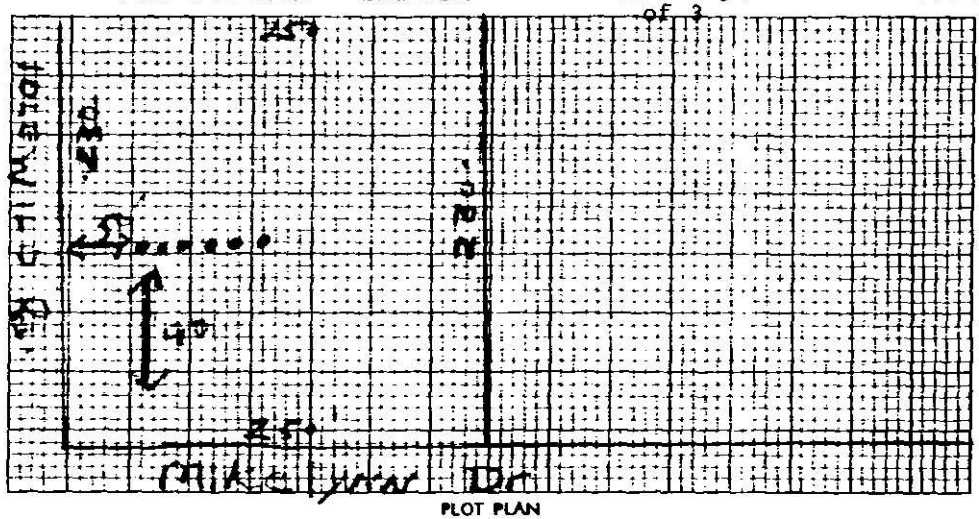
## PERCOLATION TEST REPORT

NAME OF OWNER Harris (LAST) Joe (FIRST) Parks (MIDDLE)

ADDRESS OF OWNER 7550 Newell-Hickory Grove Road ZIP 28215

LOCATION OF PROPERTY Mikelynn Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 1 & 2 & part of 3 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 54 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 teratment 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. Stevenson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 5-8-73

ICAR(S) Application No. 6198

T. C. No. _____

Map Date _____

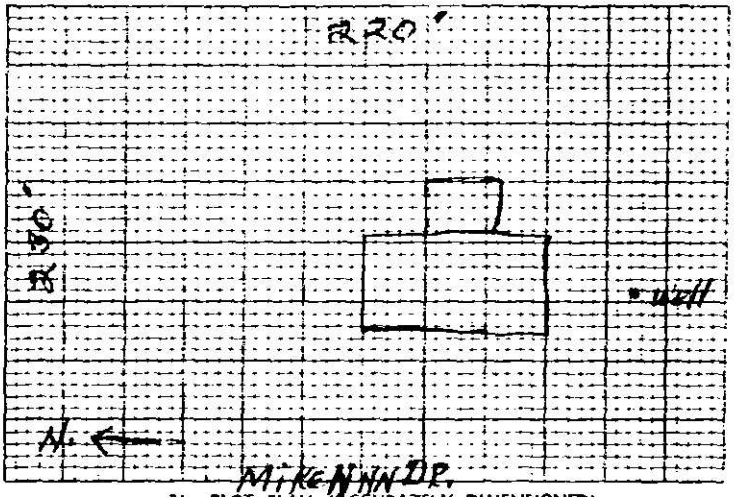
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge




3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 4

5) Business Use — Max No Employees ____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher X Yes ____ No

9) Water Supply:
A) Individual Well X
B) Governmental System ____
C) Community System:
1. Well source ____
2 Governmental source ____

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 HARRIS (LAST) Joe (FIRST) PARKS (MIDDLE)

14) ADDRESS OF OWNER 7550 Newell-Hickory Grove Rd.

15) PHONE NO. Home 537-0160 Office 377-5413

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

17) SUBDIVISION ____ Lot No. 12 PART 3 Block No. ____

Map Book No. 2095 Page No. 608

18) DEED REFERENCE — DEED BOOK 3436 AT PAGE 231

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.

5-8-73
DATE OF APPLICATION

Joe P. Harris
OWNER

FORM NO E-4-4-1-71

**HEALTH DEPARTMENT'S COPY**

Date Issued May 15, 1973

Serial No. 2930

LA No. 6198

T. C. No. 193-323-16

Map Date 2-14-73

# 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 Harris (LAST) Joe (FIRST) Parks (MIDDLE)

ADDRESS OF OWNER 7550 Newell-Hickory Grove Rd. ZIP 28215

LOCATION OF LOT Mikelynn Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 1 & 2 & Part 3 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 54 min/inch on 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 6198. 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

Thomas P. Ward
Environmentalist

John A. Akerson
Director, Environmental Health Division or Authorized Section Head

FORM NO E 3-4-1-71

HEALTH DEPARTMENT'S COPY

W

Date Issued 20 Oct 1973 Serial No. 4243 ICAR(S) Permit No. 6198

T. C. No. 193-32316

Map Date 2-14-73

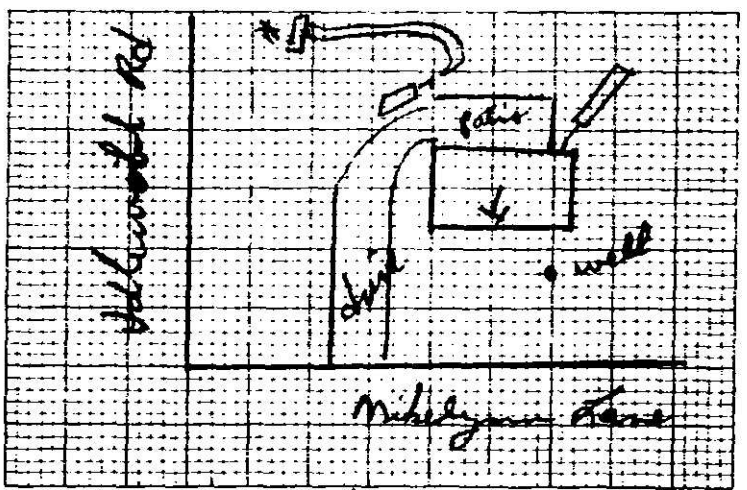
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 ✓ 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 _____ dated 5-8-73 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 _____, after which date this permit shall be null and void




PLOT OF SYSTEM

Percolation Rate 54

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 265 s/ft

Number of Lines 6 (15x12')

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Joe P. Harris

LOCATION OF PROPERTY 3416 Mikelynn Lane

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: wash line in bed 10'x50'x15"

* aeration pit at end of drain field to be 2½'x5'x4'

_____ John R Atkisson

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**

Serial 4077

C of A (s) No. 6198

Date Issued 10-17-73

T. C. No. 193-525-16

John M Atkisson
CERTIFICATE OF COMPLETION

Map Date 2-14-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Harris (LAST) Joe P. (FIRST) (MIDDLE)

Location of Property 3416 Milldyn Dr.

Application Number 6198 Permit Number 6198

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material pre cast conc.

Total Length of Drain Tile 765' Number of Lines 6

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10-17-73 (DATE) Tank Inspected 10-17-73 (DATE)

Nitrification Field Inspected 10-17-73 (DATE)

Washing Machine Line Inspected, If Applicable 10-17-73 (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: Installed by Howard Allen

Thomas R Ward
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**