Date Received 5-5-74

Application No. 7432

T. C. No. 105-153.10

Map Date 12 21 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Turner (LAST) Robert (FIRST) Lewis (MIDDLE)

ADDRESS OF OWNER P.O. Box 26712, Charlotte NC 28213 ZIP 28213

PHONE NO. Home 596-4044 Office 596-4044

LOCATION OF PROPERTY Hood Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

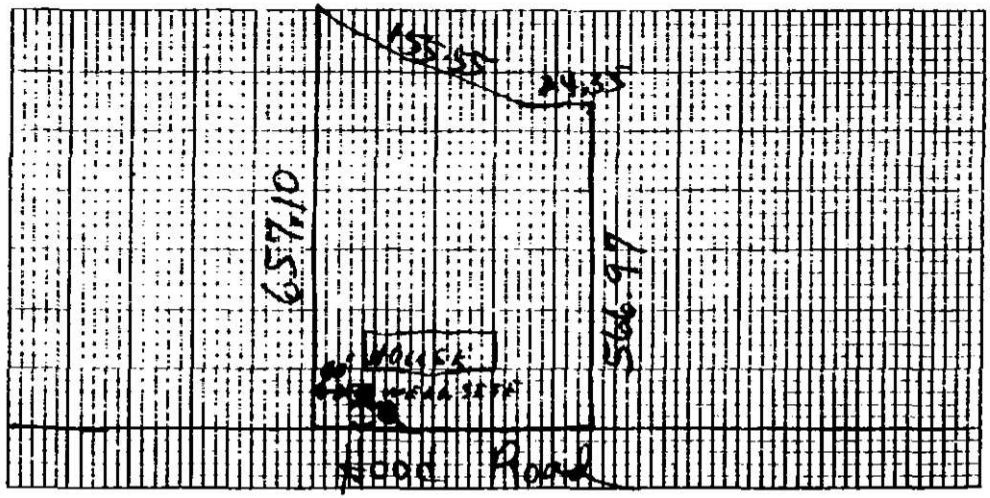
MAP BOOK NO. 2090 PAGE NO. 79 (See map attached)

DEED REFERENCE: DEED BOOK 3649 PAGE NO. 0785

WELL CONTRACTOR Stewart LICENSE NO. _____

Well Contractor Not Selected

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

5/31/74
DATE OF APPLICATION

Robt L. Turner
OWNER

Application approved and permit hereby granted

Permit No: 7432

Jerry Ben Green
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 1-23-74

APT No 7432

T. C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Evans (LAST) Joe (FIRST) Levy (MIDDLE)

2) ADDRESS OF OWNER 4911 Crestmont Drive Charlotte, N. C. ZIP 28215

3) PHONE NO. Home 537-8253 Office 535-2859

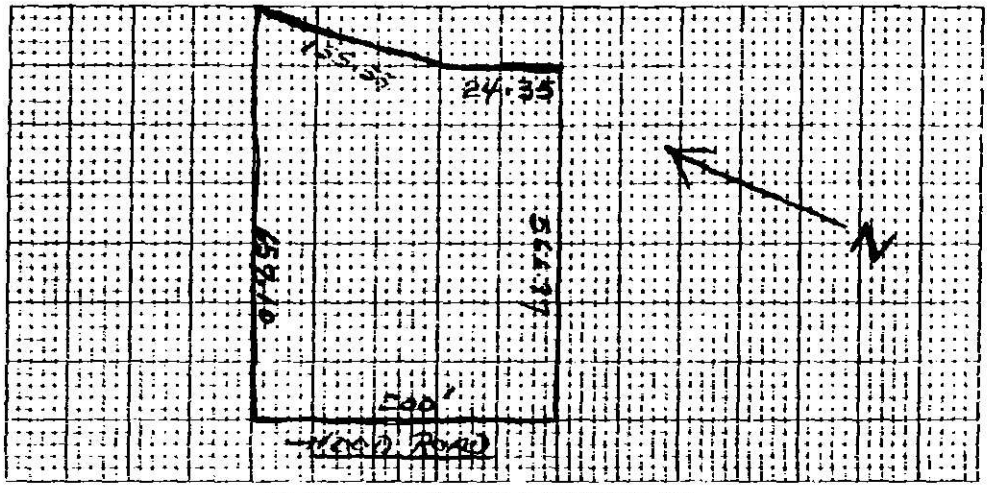
4) LOCATION OF PROPERTY Hood Road (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 2090 PAGE NO 79

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 Evans

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4097

PTR No 7432

Date Issued January 25, 1974

T C No 105-153-10

Map Date 12-21-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

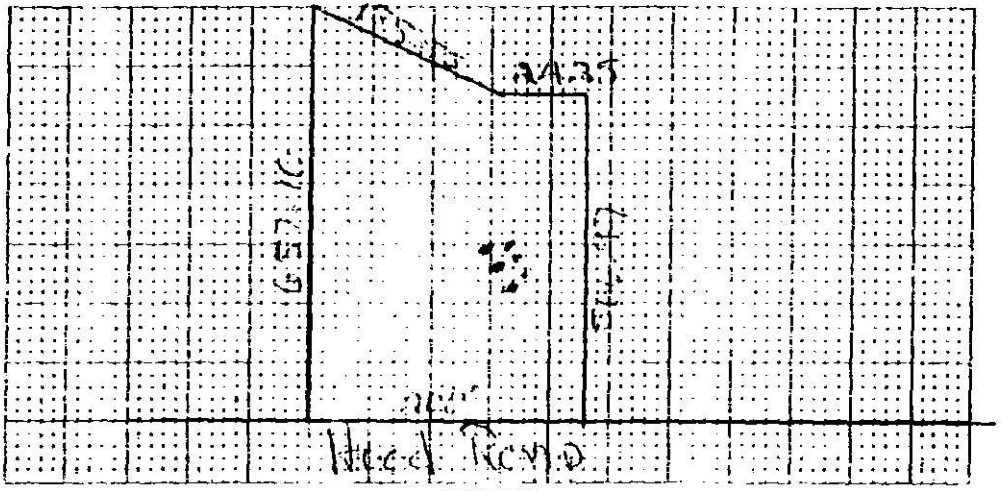
PERCOLATION TEST REPORT

NAME OF OWNER Evans (LAST) Joe (FIRST) Levy (MIDDLE)

ADDRESS OF OWNER 4911 Crestmont Drive ZIP 28215

LOCATION OF PROPERTY Hood Road (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 is, the test was 2¼ 45 min/1in the soil 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 site.
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 wells) 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.

E. M. Reynolds

John R. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

R

SEE INSTRUCTIONS ON BACK

Date Received 6 5 74

ICARIS Application No 7432

T C No 105-15310

Map Date 12 21 73

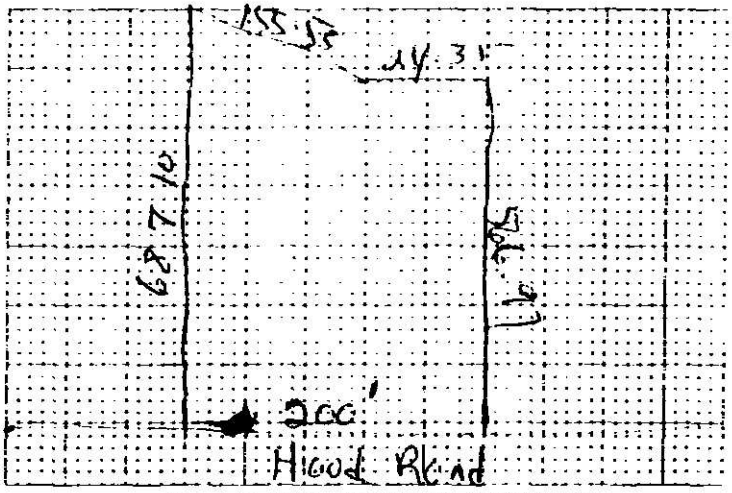
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 3

5) Building Contractor's Name
Engineer

6) Well(s) Within 100' Yes No

7) Certificate Date Yes No

8) Dwellings 1 Yes No

9) Water supply
a) Approved Well ✓
b) Community System
c) Individual Surface Water
Well
d) Other Source

Yes ✓ No

Yes ✓ No

Yes ✓ No

10) FHA Case No.

11) VA Case No.

13) NAME OF OWNER ~~Bobb~~ Turner (LAST) Bobby (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 26712, Charlotte NC 28213

15) PHONE NO Home 596-4644 Office 596-4044

16) LOCATION OF SYSTEM Hood Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No

Map Book No 2690 Page No. 79

18) DEED REFERENCE — DEED BOOK 3649 AT PAGE 0785 PR 45

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 1-25 74

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 Bobby L. Turner

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 6, 1974

Serial No. 4155

LA No 7432

T C No 105-153-10

IMPROVEMENTS PERMIT

Map Date 12-21-73

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 Turner (LAST) Bobby (FIRST) L. (MIDDLE)

ADDRESS OF OWNER P. O. Box 26712 ZIP 28213

LOCATION OF LOT Hood Road (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 45 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 7432. 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

J. M. Reynolds
Environmentalist

John R. Abusson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7 Oct 74 Serial No. [illegible] ICAR(S) Permit No 7432

T C No 105-153-10

Map Date 12-21-73

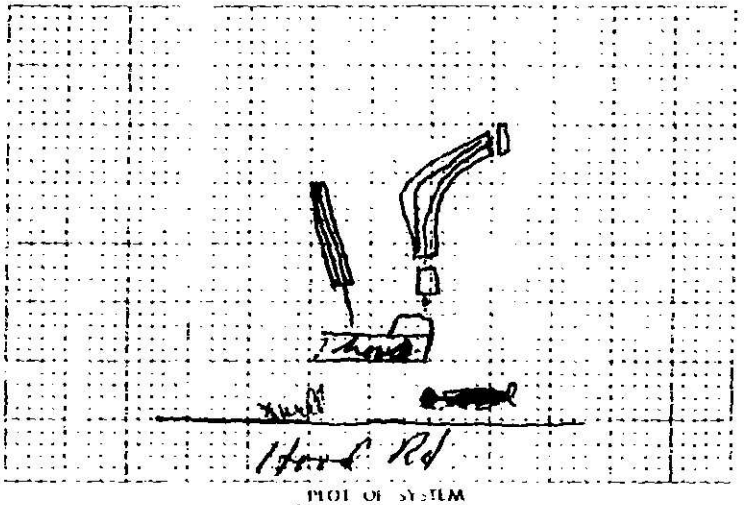
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 wastewater treatment system with subsurface, soil absorption effluent discharge as specified herein or the described location. This permit is granted based upon the information supplied in application 7432, dated 6-5-74 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 Nov 74, after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption Lines or Irrigation Lines

Total Line Length 540' & 150' Lin

Size of Lines 4(10'x135'x17") 2(5'x150'x17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 10'

NAME OF OWNER Turner, Bobby L

LOCATION OF PROPERTY Ford Rd

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 Extend leaching machine line from house w/ solid line approx 35' under driveway

Aeration pit 2½' x 7' x 4' 9 Stone (#1 or #2)

Division or Section Head

Environmentalist Richard Christian

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 E-5-8-1-72

Serial No. [illegible]

C of A (s) No 7432

Date Issued 8 Nov 74

T C No 105-153 10

CERTIFICATE OF COMPLETION

Map Date 12-21-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Turner (LAST), Bobby L (FIRST) (MIDDLE)

Location of Property Hord Road

Application Number 7432 Permit Number 7432

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast Concrete

Total Length of Drain Tile 540' & 150' Number of Lines (4) 10' + 135'

Depth of Filter Material 17" Cover Depth 24" +

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 8 Nov 74 (DATE) Tank Inspected 8 Nov 74 (DATE)

Nitrification Field Inspected 8 Nov 74 (DATE)

Washing Machine Line Inspected, If Applicable 8 Nov 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 / constructed, altered / 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 Elevation pit O.K.

E. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72