Date Received 2-27-73

APT No 5667

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Kidenbach (LAST) C (FIRST) B (MIDDLE)

2) ADDRESS OF OWNER Spring Lane ZIP

3) PHONE NO Home Office

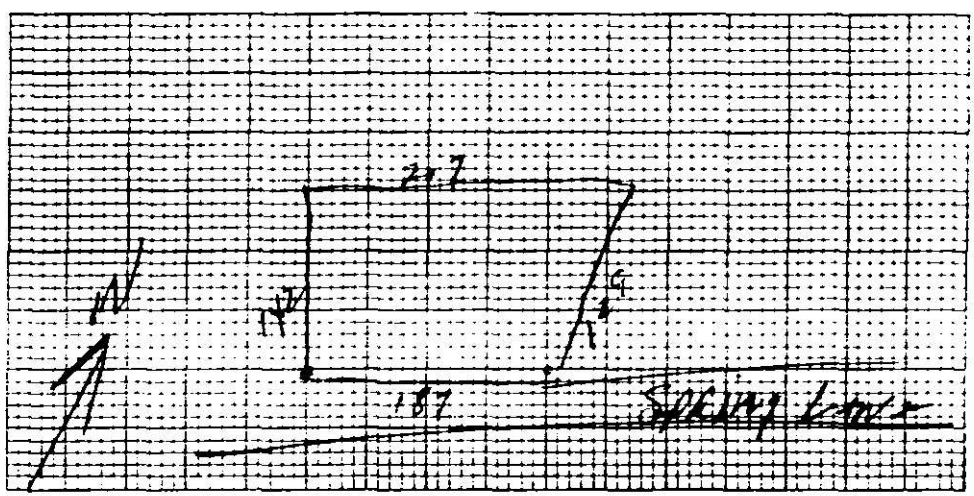
4) LOCATION OF PROPERTY Spring Lane (STREET OR COUNTY ROAD)

5) SUBDIVISION Whispering Lakes LOT NO 3 BLOCK NO 6

MAP BOOK NO 9 PAGE NO 183

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

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

HEALTH DEPARTMENT'S COPY

Serial No. 2987

PTR No. 5667

Date Issued February 28, 1973

T. C No 105-162-15
14

Map Date 2-[illegible]-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

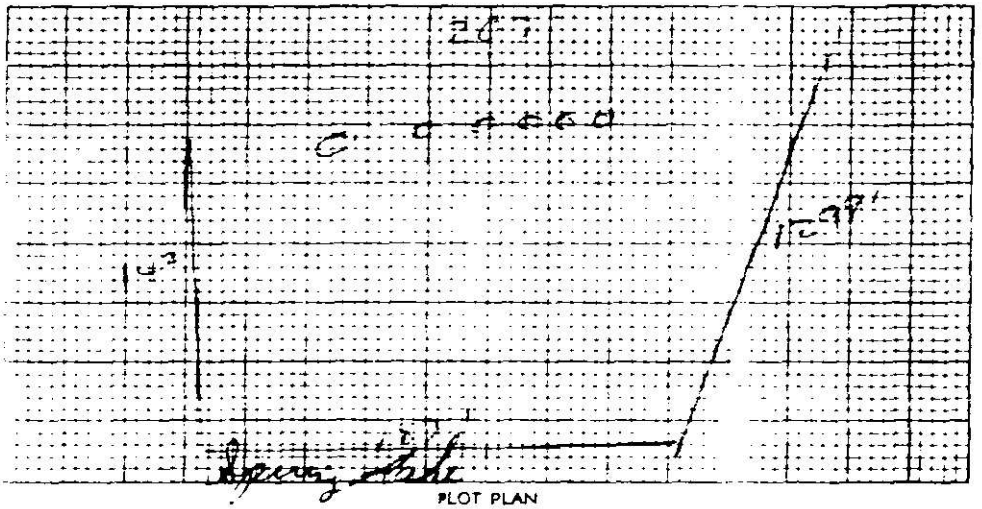
PERCOLATION TEST REPORT

NAME OF OWNER Ridenhour (LAST) C. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER Spring Lane ZIP

LOCATION OF PROPERTY Spring Lane (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 3 BLOCK NO. 6



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 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 driving 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.

John R. Robinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2-2723

ICAR(S) Application No. 5667

T C No. _____

Map Date _____

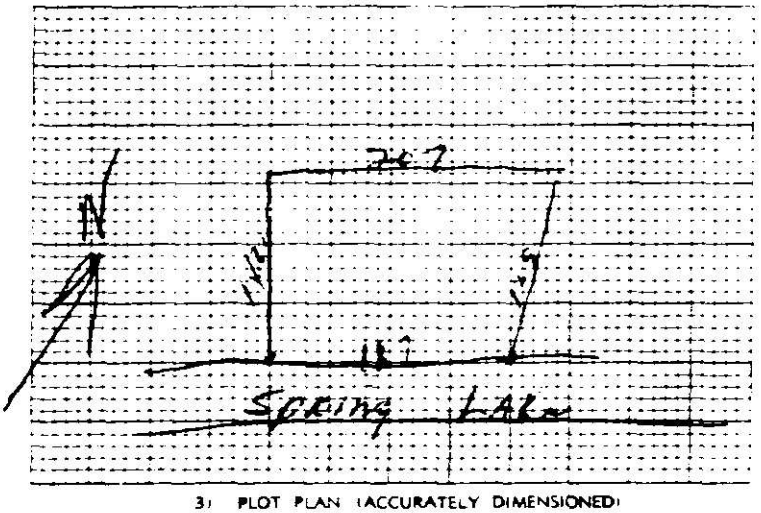
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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) Business Use (Yes or No)
Employees _____

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well ✓
B) Governmental System
C) Community System
Well Source
2) Governmental Source

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

11) EHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER [redacted] Stevens (LAST) John (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER 4117 Carlisle Dr.

15) PHONE NO Home 536 3717 Office 522 1100

16) LOCATION OF SYSTEM Spring Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Whispering Oaks Lot No. 8 Block No. 6

Map Book No 9 Page No. 183

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.

_____ John Stevens
DATE OF APPLICATION OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2576

Date Issued February 28, 1973

LA No. 5667

T. C. No. 105-162-15

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 Stevens (LAST) John (FIRST) (MIDDLE)

ADDRESS OF OWNER 4117 Carousel Drive ZIP

LOCATION OF LOT Spring Lane (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 3 BLOCK NO 6

MAP BOOK NO. 9 PAGE NO 183

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 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 5667. 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received [illegible] DEPARTMENT OF [illegible] INSTRUCTIONS ON BACK

SEP [illegible]

ICAR'S Application No 5667

T C No 105-16215

Map Date 2-14-73

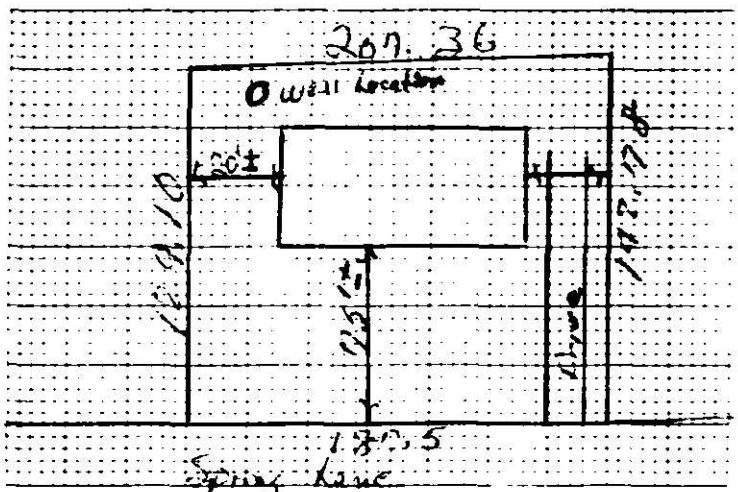
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 Equine Units Water for Employee ___

6 Washing Machine ✓ No

7 Garbage Disposal ___ No

8 Dishwasher ✓ No

9 Water Supply:
A ... ✓
B Community ___
C Community Well ___
Well ___
Other ___

10 Swimming Pool ✓ No

11 Commercial Establishment ___ Yes ✓ No

12 EMA Case No. ___

13 LA Case No. ___

13) NAME OF OWNER Sumney (LAST) Danny (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 6110 Bent Tree Court, Charlotte, N.C. 28212

15) PHONE NO Home 536-8091 Office ___

16) LOCATION OF SYSTEM Spring Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Whispering Oaks Lot No. 34 1/2 of #4 Block No E

Map Book No 9 Page No. 183

18) DEED REFERENCE — DEED BOOK 3543 AT PAGE 112

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.

Sept. 13, 1973
DATE OF APPLICATION

Danny E. Sumney
OWNER

Form No E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 1170

LA No. 5667

Date Issued September 14, 1977

T C. No. 105-162-15

Map Date 2-14-73

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Summey (LAST) Danny (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 6110 Bent Tree Court, Charlotte, NC ZIP 28212

LOCATION OF LOT Spring Lane (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 3 & P04 BLOCK NO. 6

MAP BOOK NO. 9 PAGE NO 183

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 5667. 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 soil investigation 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 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.

Sanitarian/Specialist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 2-19-77

Serial No. 1304

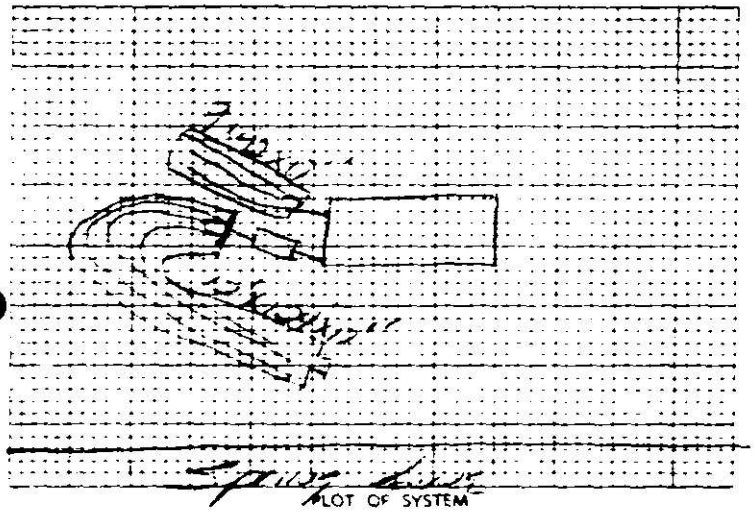
ICAR(S) Permit No. 5667

T C No. 105-162-15

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 _____, dated _____ 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 2-19-78 after which date this permit shall be null and void.



Permeability Rate E5

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and or Nitrification Lines

Total Line Length 225 25

Number of Lines 1 - 3

Distance from House 10

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Danny E. Jammey

LOCATION OF PROPERTY Spring Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person Comments now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

2/24/77

2/24/77

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Date Issued 12-19-77

Serial No. 1256

C of A (s) No. 5667

T C No 105-162-15

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Swaney (LAST), Danny (FIRST), E (MIDDLE)

Location of Property Spring Lea E

Application Number 5667 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 195 125 Number of Lines 4 - 3

Depth of Filter Material 11" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected 12-19-77 (DATE)

Nitrification Field Inspected 12-19-77 (DATE)

Washing Machine Line Inspected, If Applicable NA (DATE) 12-19-77

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been A installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 Exist Cust Co

Environmentalist

EHD-5-76

Environmental Health Department's Copy