D

Date Received 11-23-73

APT No. 7262

T. C. No.

Map Date

MECK COUNTY HEALTH DEPT.
RECEIVED
NOV 23 1973
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Sloan (LAST) Margaret (FIRST) C (MIDDLE)

2) ADDRESS OF OWNER Byrum Dr ZIP

3) PHONE NO. Home Office 3990746 J I Todd Const Co

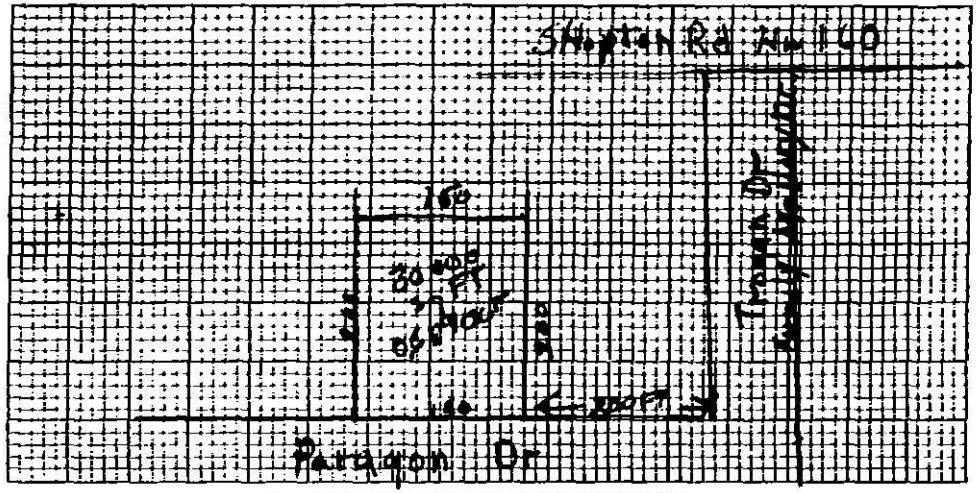
4) LOCATION OF PROPERTY Paragon Dr (STREET OR COUNTY ROAD) RT 1 Box 46 Huntersville 28078

5) SUBDIVISION Parcel #4 Clearview LOT NO. Acres BLOCK NO.

MAP BOOK NO. 10 PAGE NO. 181

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

Margaret C. Sloan
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3872

PTR No. 7262
P.O.
T C. No. 201-073-02

Date Issued December 11, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

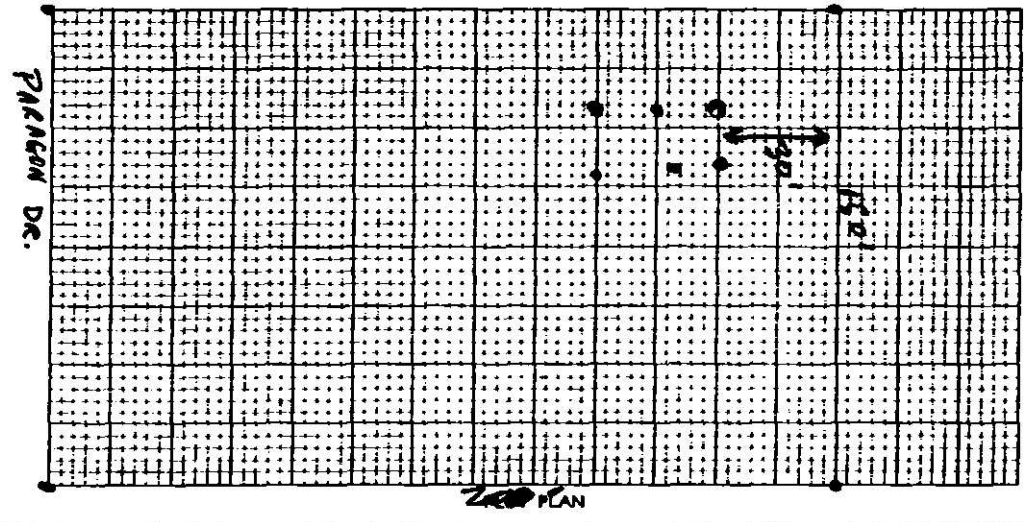
PERCOLATION TEST REPORT

NAME OF OWNER Sloan (LAST) Margaret (FIRST) C. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 46, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Paragon Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



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 40 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.

R L Birdsman

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-23-73

ICAR(S) Application No 7262

T C No

Map Date

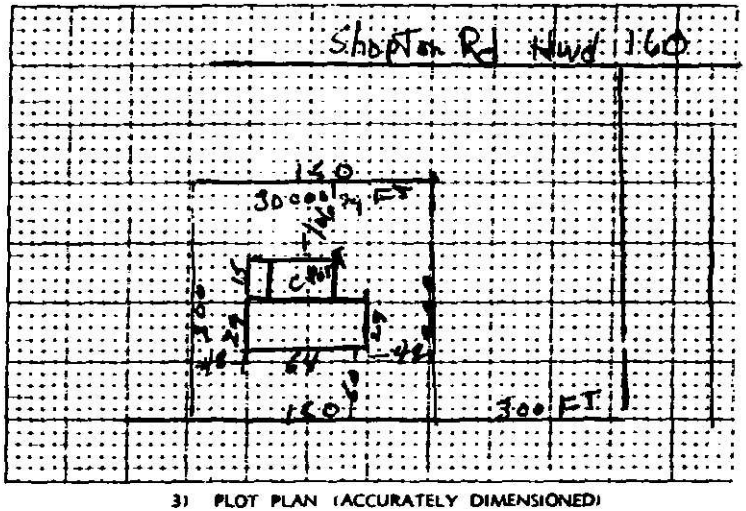
MECK COUNTY HEALTH DEPT.
RECEIVED
NOV 23 1973
ENVIRONMENTAL HEALTH DIVISION

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 Max 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
1 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) FHA Case No
12) VA Case No

13) NAME OF OWNER Sloan (LAST) Margaret (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER Byrum Dr

15) PHONE NO. Home ___ Office 399-0746 JL Todd Const Co

16) LOCATION OF SYSTEM Paragon Dr (STREET OR COUNTY ROAD) RT 1 Box 46 Huntersville NC 28078

17) SUBDIVISION Parcel #4 Clearview acre Lot No. ___ Block No. ___

Map Book No. 10 Page No. 181

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.

DATE OF APPLICATION ___

Margaret C. Sloan
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3697

LA No. 7262
P.O.
T. C. No. 201-073-02

Date Issued December 11, 1973

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 Sloan (LAST) Margaret (FIRST) C. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 46, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Paragon Drive (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 40 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 7262. 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.

L. R. Brickman
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3/18/74 **Serial No.** 4913 ICAR(S) Permit No. 7262

T C No. _____

Map Date _____

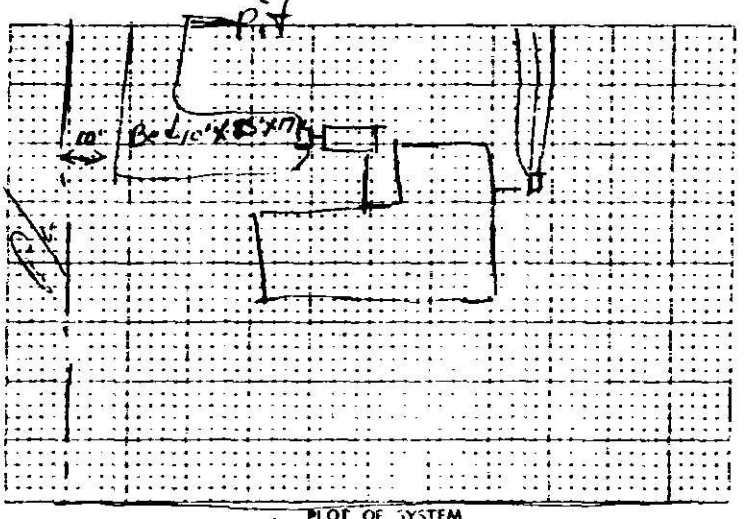
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 7262 dated 11/23/73 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 3/31/74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40 mpi

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines ST WM

Total Line Lenght 340 150

Number of Lines 4 (10'x85'x17") WM 3 (7½'x50'x17")

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 70'+

NAME OF OWNER MARGARET C. SLOAN

LOCATION OF PROPERTY PARAGON DR.

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: Grade board & gerston pit

JA/LMB

Division or Section Head*

L. P. Burleson J. Morrison

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 E-5-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4/3/74

Serial 4586

C of A (s) No. 7262

T. C. No. _____

Map Date _____

John R. Hickerson
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 SLOAN (LAST) MARGARET (FIRST) C (MIDDLE)

Location of Property PARAGON DR.

Application Number 7262 Permit Number 7262

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material FC

Total Length of Drain Tile ST 340 WM 150 Number of Lines ST 4 WM 150

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source IND WELL Distance from Water Source 60' WM

Excavation Inspected 4/2/74 (DATE) Tank Inspected 4-2-74 (DATE)

Nitrification Field Inspected 4-2-74 (DATE)

Washing Machine Line Inspected, If Applicable 4-2-74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: C. Morrison

L A McLennan
Environmentalist

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

HEALTH DEPARTMENT'S COPY