Date Received 2 12 73

APT No. 5549

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER NODINE, SR. (LAST) CHARLES (FIRST) RICHARD (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 103 CORNELIUS, N.C. ZIP 28031

3) PHONE NO Home 892-8419 Office 827-4311

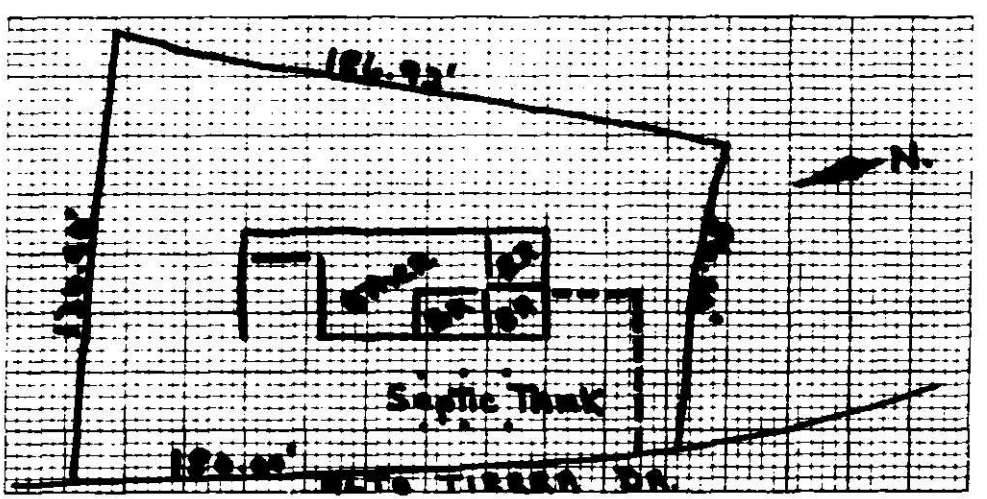
4) LOCATION OF PROPERTY ALTO TIERRA DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION Bahia Bay LOT NO 88 & 89 BLOCK NO.

MAP BOOK NO 14 PAGE NO 339

6) DEED REFERENCE DEED BOOK 2641 PAGE NO. 259

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and 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 R. Nodine, Jr.
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]44

PTR No. 5549

T C. No. 001-294-25 24

Date Issued February 21, 1973

Map Date 12-15-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

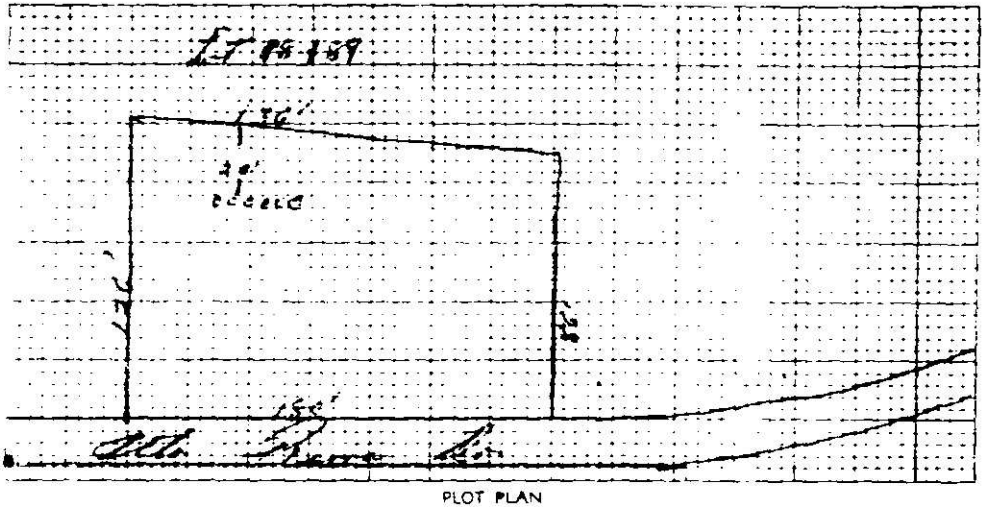
PERCOLATION TEST REPORT

NAME OF OWNER Nodine, Sr. (LAST) Charles (FIRST) Richard (MIDDLE)

ADDRESS OF OWNER P.O. Box 103, Cornelius, N.C. ZIP 28031

LOCATION OF PROPERTY Alto Tierra Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 88 & 89 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 50 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 A. Dickson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3.2.73

ICAR(S) Application No. 5549

T. C. No. 021-294-34 35

Map Date 12-15-72

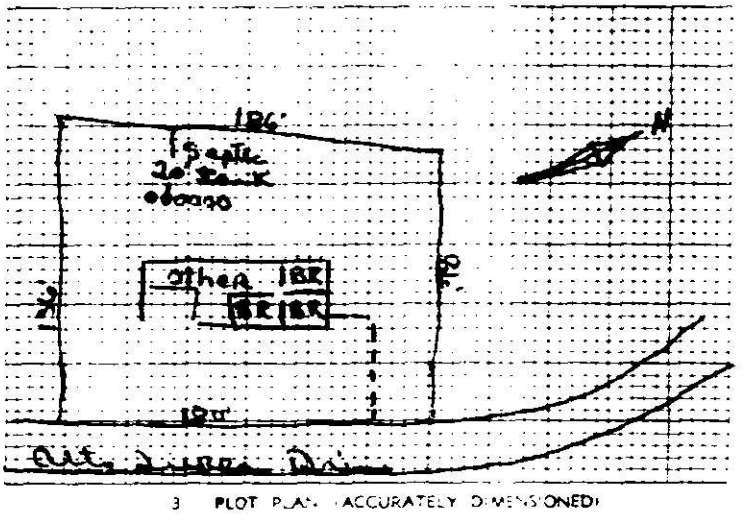
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Nodine, Sr. (LAST) Charles (FIRST) Richard (MIDDLE)

14 ADDRESS OF OWNER P.O. Box 103 Cornelius, N.C. 28031

15 PHONE NO. Home 892-2419 Office ____

16 LOCATION OF SYSTEM Alto Tierra Drive (STREET OR COUNTY ROAD)

17 SUBDIVISION Bahia Bay Lot No. 88 & 89 Block No. ____

Map Book No. 14 Page No. 339

18 DEED REFERENCE — DEED BOOK 2641 AT PAGE 259

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 2-20-73 PRT 50

20 PTR NUMBER See Instructions: 5549

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.

3/2/73
DATE OF APPLICATION

Charles Richard Nodine, Sr.
OWNER

FORM NO. E.H. 4

HEALTH DEPARTMENT'S COPY

Date Issued March 5, 1973

Serial No. 2590

LA No. 5549

T. C. No. 001-294-24-25

Map Date 12-15-72

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 Nodine, Sr. (LAST) Charles (FIRST) Richard (MIDDLE)

ADDRESS OF OWNER P.O. Box 103, Cornelius, N.C. ZIP 28031

LOCATION OF LOT Alto Tierra Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 88 & 89 BLOCK NO.

MAP BOOK NO 14 PAGE NO 339

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 50 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 5549. 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

W. H. Bentley
Environmentalist

John R. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3887

ICAR(S) Permit No. 5549 24/25

Date Issued 11 May 23

T. C No. 061-244-25

Map Date 15 Dec 22

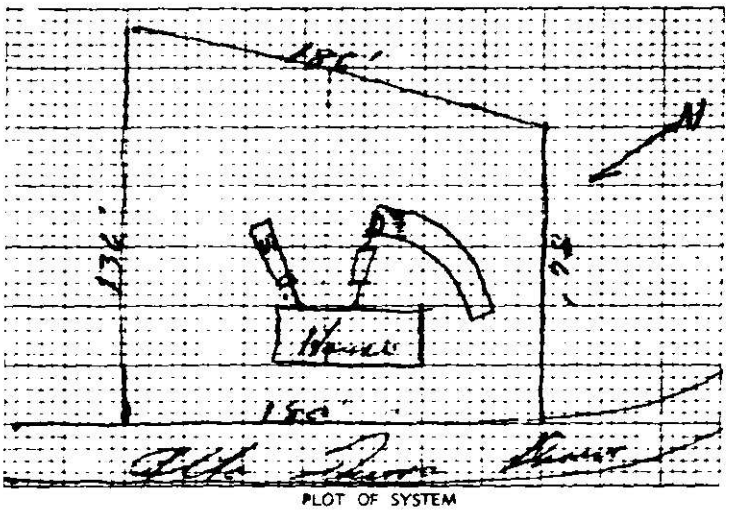
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 at the described location. This permit is granted based upon the information supplied in application 5549 dated 2 Mar 23 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 11 Jan 23 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 5C

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 376'+100'+M 3(75'x33'x17")

Number of Lines 6(15'x6'2"x1'7")

Distance from House 10'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Pickens, Charles Richard Sr.

LOCATION OF PROPERTY Alt Twin Pines (Belle Bay)

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 Hyde (Cont.)

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 No. 3387

C of A (s) No. 5549

Date Issued 30 May 73

T. C. No. 001-294-24/25

Map Date 15 Mar 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hedin, Vivian, Richard (LAST, FIRST, MIDDLE)

Location of Property Old Lima Rd (Lake Wylie)

Application Number 5549 Permit Number 5549

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 320' + 100' Alt Number of Lines 6 (5' x 62' x 17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 29 May 73 (DATE) Tank Inspected 24 May 73 (DATE)

Nitrification Field Inspected 29 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 30 May 73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been K 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: Septic (Contr.)

Sink under in Kitchen

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 4 June 1973 Serial No. 3185 C of A (s) No. 5549

T C No 001-194 - 24/25

Map Date 15 Dec 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF Inspection

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

Name of Owner Nadine Charles R.
LAST FIRST MIDDLE

Location of Property Alta Vista Drive

Application Number 5549 Permit Number —

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material pre cast concrete

Total Length of Drain Tile 370 Number of Lines (12½ x 62)

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source community well Distance from Water Source NA

Excavation Inspected 6-4-73 DATE Tank Inspected 6-4-73 DATE

Nitrification Field Inspected 6-4-73 DATE

Washing Machine Line Inspected, If Applicable 6-4-73 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been ~~installed~~ 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 [redacted] 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 [redacted] 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 wash line in bed 7½' x 33' x 17"
system not designed for automatic machine
this information omitted from application

John R Adkisson
Environmentalist

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

HEALTH DEPARTMENT'S COPY