Date Received 12/11/75

Application No. 73383

T. C. No. 105 [illegible]

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Cox (LAST) Bobby (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 1001 Charles Ave. Chlt. ZIP 28205

PHONE NO. Home 377-5081 Office

LOCATION OF PROPERTY 4324 Whispering Oaks Dr. (STREET OR COUNTY ROAD)

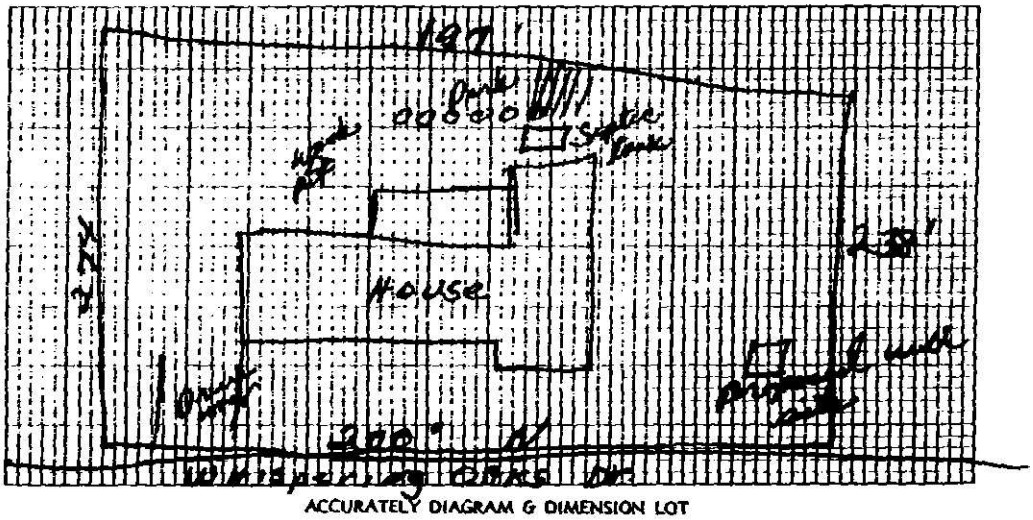
SUBDIVISION Whispering Oaks LOT NO. 24 BLOCK NO. 4

MAP BOOK NO. 51 PAGE NO.

DEED REFERENCE: DEED BOOK 3678 PAGE NO. 0549

WELL CONTRACTOR [illegible] LICENSE NO.

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

12-08-75
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No:

ENVIRONMENTALIST

FORM NO. E-20-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 12-17-73

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC - 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 7383

T C No 105-

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Pope (LAST) James (FIRST) Mark (MIDDLE)

2) ADDRESS OF OWNER 430 Kilcarra Rd, Charlotte, N.C. ZIP 28205

3) PHONE NO Home 535-0083 Office 376-3661

4) LOCATION OF PROPERTY Whispering Oaks Drive (STREET OR COUNTY ROAD)

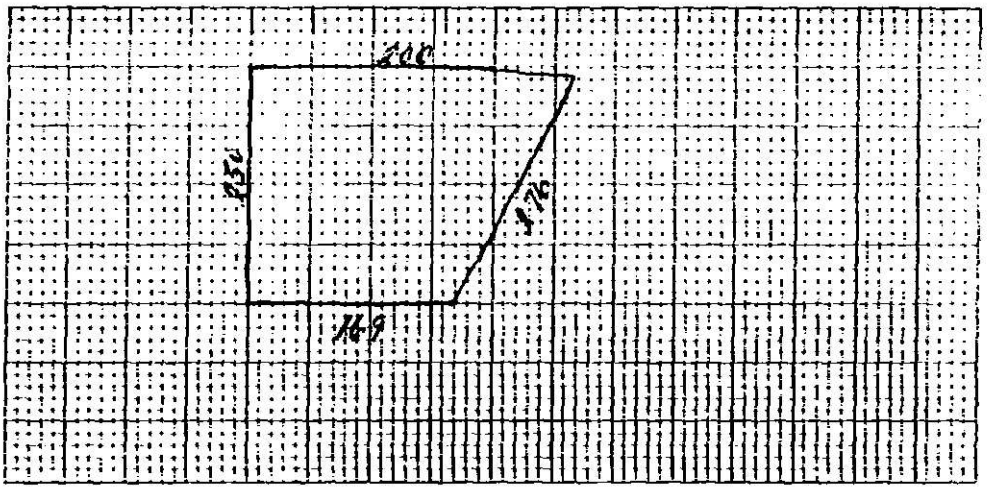
5) SUBDIVISION Whispering Oaks LOT NO 24 BLOCK NO 4

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK 2536 PAGE NO 292

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

N



7) ACCURATELY DIAGRAM & DIMENSION LOT

James Mark Pope
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 4328

PTR No 7383

Date Issued May 9, 1974

T C No 105-165-20

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

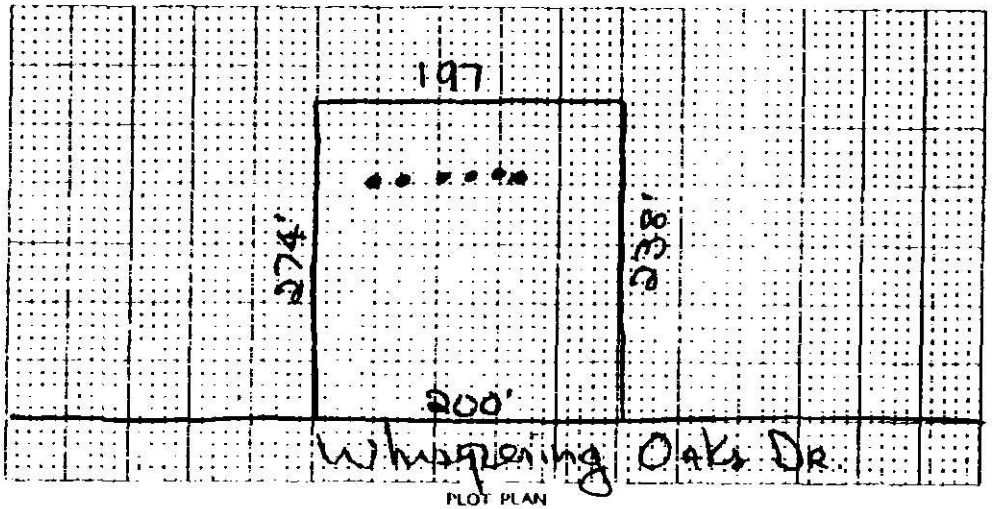
PERCOLATION TEST REPORT

NAME OF OWNER Pope (LAST) James (FIRST) Nash (MIDDLE)

ADDRESS OF OWNER 4310 Rebecca Avenue ZIP 28208

LOCATION OF PROPERTY Whispering Oaks Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 24 BLOCK NO 4



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 55 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 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.

A. M. Reynolds

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

John R. Robinson

Director, Environmental Health Division or Authorized Section Head

HEALTH DEPARTMENT'S COPY

R

Date Received 10-7-74

SEE INSTRUCTIONS ON BACK

RECEIVED

OCT 1974

ENVIRONMENTAL HEALTH DIVISION

ICAR S Application No. 7383

T C No 105-165 20

Map Date

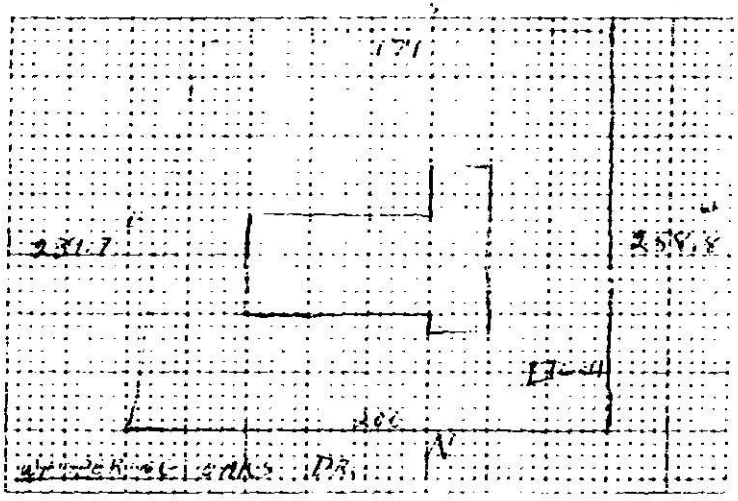
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. Bdrms 3

5 Est. Gal. Per Day

6 Engr.

7 Water Well ✓ Yes No

8 Garbage Disp. Yes ✓ No

9 Disposer ✓ Yes No

10 Water Meter

A Approved By ✓

B Comments

C Inspected By

D Well

E Septic Tank

F Soil Absorption

G Final

H Date

I Type Const.

J Gal. Capacity

K Pump Tank Yes No

L Pump Make Model

M Pump Cap.

N Pump Type Yes No

O Cost

P VA Case No.

(131) NAME OF OWNER Cox (LAST) Bibby (FIRST) T. (MIDDLE)

(141) ADDRESS OF OWNER 1901 Charles Ave Charlotte, NC 28205

(151) PHONE NO Home 377-5081 Office

(161) LOCATION OF SYSTEM Whispering Oaks Dr. (STREET OR COUNTY ROAD)

(171) SUBDIVISION Whispering Oaks Lot No 24 Block No 4

Map Book No 51 Page No.

(181) DEED REFERENCE — DEED BOOK [redacted]3678 AT PAGE [redacted]0549 PR 355

(191) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 5-8-74

(201) PTR NUMBER (See Instructions) 7383

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 oct 74
DATE OF APPLICATION

Bobby J. Cox
OWNER

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6/75

RECEIVED JUN 1 1975 MECK. CO. HEALTH DEPT. ENVIRONMENTAL HEALTH DIVISION

ICA(S) Application No 7383

T C No 155-16.20

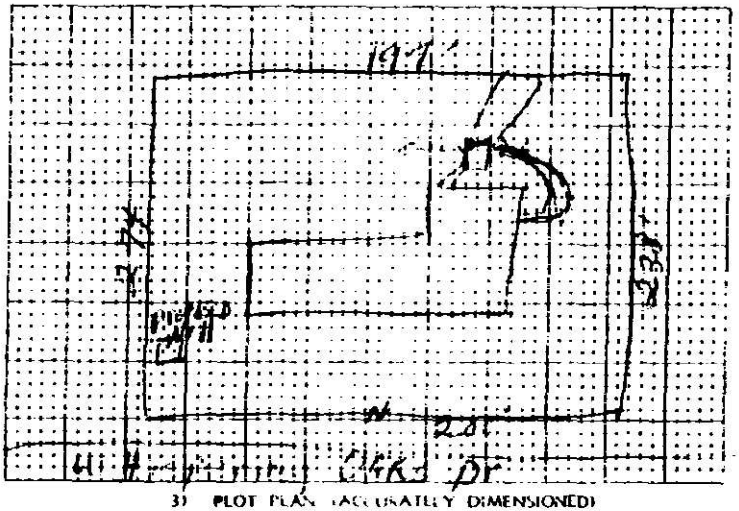
Map Date

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 3

5) Business Use Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposer ___ 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 ___ No

11) FHA Case No ___

12) VA Case No. ___

13) NAME OF OWNER Cox (LAST) Billy (FIRST) J (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office ___

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. [illegible] Block No. [illegible]

Map Book No 51 Page No. ___

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19) HAS A PERCOLATION TEST BEEN RUN? ~ YES ___ NO DATE RUN 5-14 → 75

20) PTR NUMBER (See Instructions) 7383

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 Oct. 74
DATE OF APPLICATION

Billy J Cox
OWNER

FORM NO E 4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 10-8-74

Serial No. 4473

IMPROVEMENTS PERMIT

LA No 7383

T C No 105-165-20

Map Date

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 Cox (LAST) Bobby (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 1001 Charles Avenue, Charlotte ZIP 28205

LOCATION OF LOT Whispering Oaks Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 24 BLOCK NO. 4

MAP BOOK NO 51 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 55 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 7383. 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

G.M. Reynolds
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3 April 75 Serial No. [illegible] ICAR(S) Permit No 7383

T C No 105-165-20

Map Date —

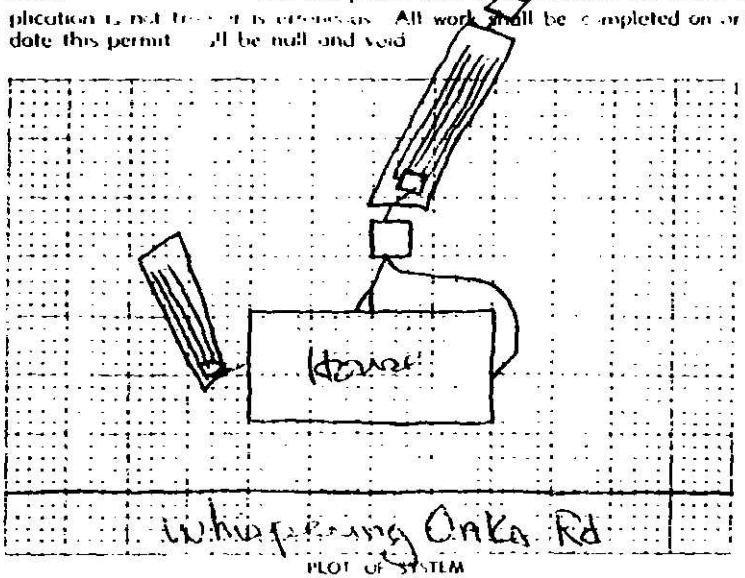
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 as it pertains to . All work shall be completed on or before 3 May 75 after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Filtration Area

Total Line Length 600' & 150'

Number of Lines 6 @ 3½' x 130'

Distance from Building 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER

LOCATION OF PROPERTY Whispering Oaks Drive

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 washer line 7½' x 50'
aeration pit 2½' x 7' x 50'

Division or Section Head

A M Reynolds
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-5-9-1-72

Serial No.

C of A Ist No 7383

Date Issued APRIL 9, 1975

T C No 105-165-20

Map Date —

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner COX (LAST) BOB (FIRST) J (MIDDLE)

Location of Property WHISPERING OAKS DRIVE

Application Number _____ Permit Number _____

Inspection Date:

Liquid Capacity of Tank 1500 GAL Tank Material PRECAST CONCRETE

Total Length of Drain Tile 600', 150' Number of Lines (6) 100' x 15' x 17"

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source PRIVATE WELL Distance from Water Source 50'+

Excavation Inspected — (DATE) Tank Inspected APRIL 9, 1975 (Date)

Nitrification Field Inspected APRIL 9, 1975 (DATE)

Washing Machine Line Inspected, If Applicable APRIL 9, 1975 (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 is not a warranty, guarantee that the system will operate properly or relieve any person now or hereafter owning, occupying, 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 AERATION PIT OK

WASHER LINE (50' x 7½' x 17")

Paul A. Kiefer

Environmentalist

FORM NO E-6-9-1-72