A

Date Received 1 26 73

APT No. 5477

T C No. 035

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER NEAL (LAST) JERRY (FIRST) W. (MIDDLE)

2) ADDRESS OF OWNER 221 BROOKLAIN DR, CHARLOTTE ZIP 28214

3) PHONE NO Home 399-0631 Office SAME

4) LOCATION OF PROPERTY 5312 OLD MT. HOLLY RD (STREET OR COUNTY ROAD)

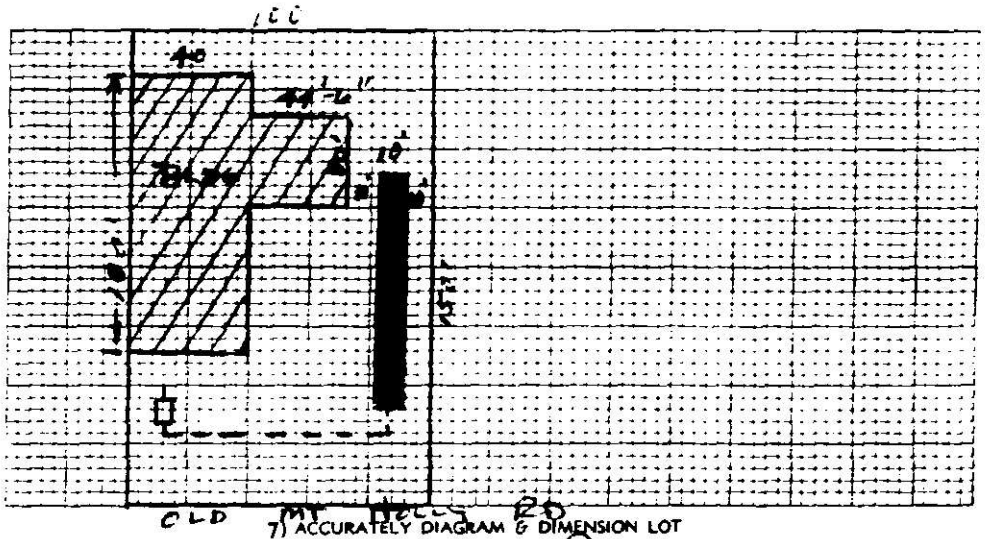
5) SUBDIVISION ——— LOT NO ——— BLOCK NO. ———

MAP BOOK NO ——— PAGE NO ———

6) DEED REFERENCE DEED BOOK 3327 PAGE NO 441

3368 60

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 Jerry W Neal

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 1-26-73

ICAR(S) Application No. 5477

T C No. 035-

Map Date

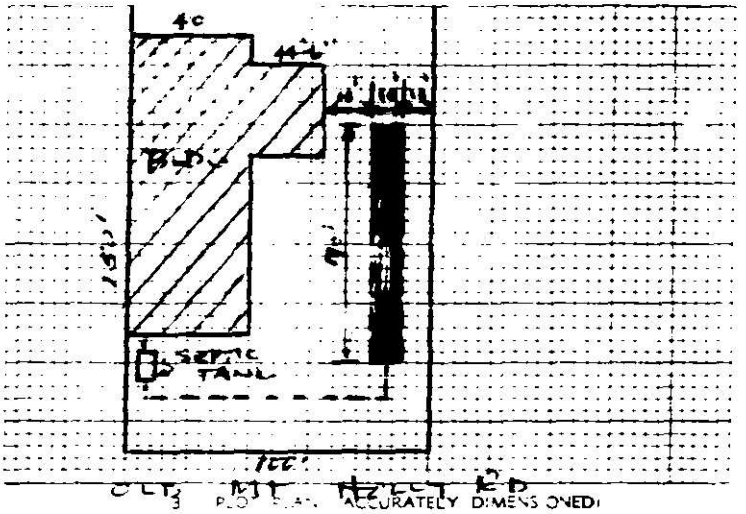
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The [illegible] described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

[X] [illegible] Alter or Repair an individual septic tank wastewater treatment [illegible] soil absorption effluent discharge



OLD MT. HOLLY RD.

PLOT PLAN ACCURATELY DIMENSIONED

4. No. of Bedrooms 0
5. Business Use Max. No. Employees 40
6. Washing Machine ___ Yes X No
7. Garbage Disposal ___ Yes X No
8. Dishwasher ___ Yes X No
9. Water Supply
   A. Individual Well ___
   B. Governmental System X
   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 X No
11. FHA Case No. ___
12. VA Case No. ___

13. NAME OF OWNER NEAL (LAST) JERRY (FIRST) W. (MIDDLE)

14. ADDRESS OF OWNER 221 BROOKLAIN DR, CHARLOTTE, N.C.

15. PHONE NO. Home 399-0634 Office SAME

16. LOCATION OF SYSTEM 5312 OLD MT. HOLLY RD. (STREET OR COUNTY ROAD)

17. SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18. DEED REFERENCE -- DEED BOOK 3327 AT PAGE 449 (3358 - 60)

19. HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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.

JAN 22, 1973
DATE OF APPLICATION

Jerry W. Neal
OWNER

FORM NO. E.H.-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 28 Feb 1973

Serial No. 3288

ICAR(S) Permit No 5422

T C No 035-011-03

Map Date

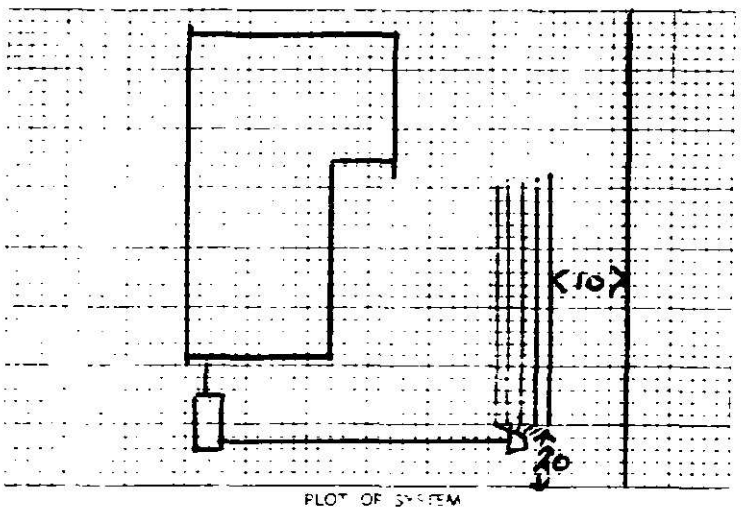
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste-water 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 5422, dated 1-22-73 and this permit shall be void if the information provided in the application is not true. All work shall be completed on or before 10 May 1973 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 52

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast concrete

Absorption and/or Nitrification Lines

Total Line Lenght 300 s/ft

Number of Lines 5(12"x60'x10")

Distance from House 10'

Distance from Property Line 10'

Distance from Well N/A

NAME OF OWNER NEAL, Jerry W

LOCATION OF PROPERTY 5312 OLD Mt. Holly Rd

This 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 remove tank from present location

R. M. Millon/jra
Division or Section Head

John R. Dickson
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 (7/71)

[illegible] DEPARTMENT'S COPY

Serial No. 2844

C of A (s) No. 5422

Date Issued 14 March 1973

T C No. 035-011-03

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 Neal, (LAST) Jerry (FIRST) H. (MIDDLE)

Location of Property 5312 Old Mt. Holly Road

Application Number 5422 Permit Number 5422

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pre cast concrete

Total Length of Drain Tile 300 Lin ft Number of Lines 5 (12½ x 60)

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source municipal Distance from Water Source —

Excavation Inspected 21 Feb 1973 (DATE) Tank Inspected 22 Feb 1973 (DATE)

Nitrification Field Inspected 22 Feb 1973 (DATE)

Washing Machine Line Inspected, If Applicable NA (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~~ 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

John R. Atkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY