Date Received 8-24-73

MECK COUNTY HEALTH DEPT.
RECEIVED
AUG 24 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 6900

T. C. No. _____

Map Date _____

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mangum (LAST) James (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 431 Crestdale Road, Matthews, N. C. ZIP _____

3) PHONE NO. Home 847-4555 Office 375-3223

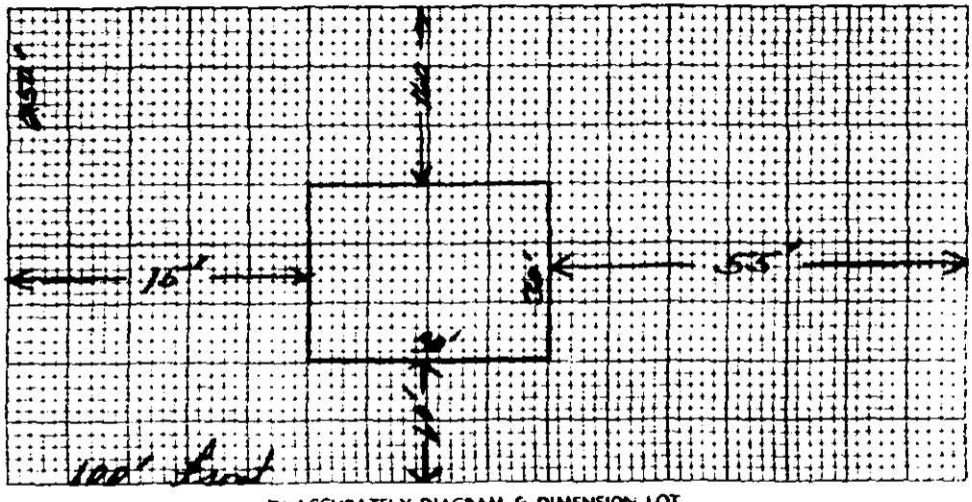
4) LOCATION OF PROPERTY 431 Crestdale Road, Matthews, N. C. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 1890 PAGE NO 399

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

James Mangum
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3601

PTR No. 6900

T C No. 215-021-14

Date Issued Sept. 17, 1973

Map Date 7-17-72

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

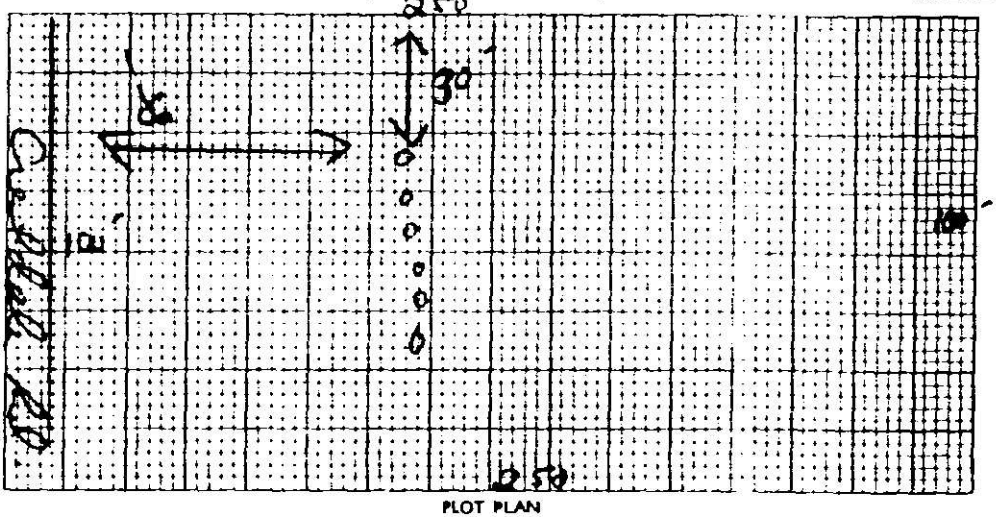
## PERCOLATION TEST REPORT

NAME OF OWNER Mangum (LAST) James (FIRST) (MIDDLE)

ADDRESS OF OWNER 431 Crestdale Road, Matthews ZIP

LOCATION OF PROPERTY 431 Crestdale Road, Matthews (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 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 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 R. Adamson

Director, Environmental Health Division or Authorized Section Head

FORM NO E 2-4 1-71

HEALTH DEPARTMENT'S COPY

Date Received 8-24-73 | RECEIVED AUG 24 1973 | CAR (1) Application No. 6820

T. C. No. _____

Map Date _____

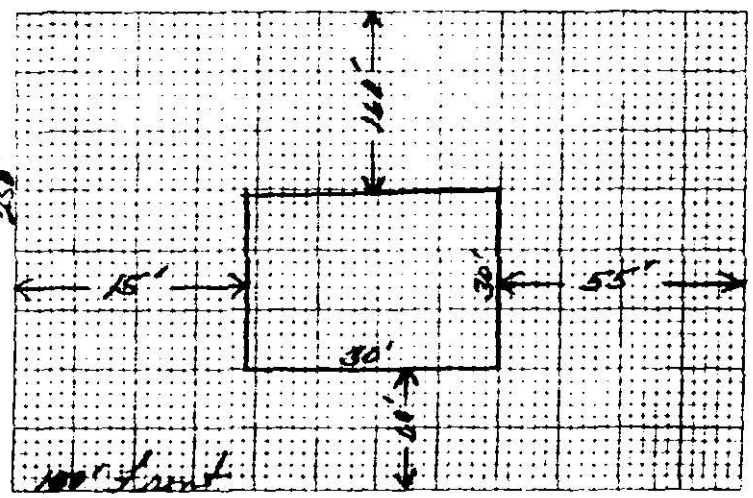
# MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 2

5) Business Use Max No Employees _____

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 Mangum (LAST) James (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER 431 Crestdale Road, Matthews, N. C.

15) PHONE NO Home 847-4555 or 375-3223 Office _____

16) LOCATION OF SYSTEM 431 Crestdale Road, Matthews, North Carolina (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 1890 AT PAGE 399

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.

August 23, 1973
DATE OF APPLICATION

James Mangum
OWNER

FORM NO. E 1-4

**HEALTH DEPARTMENT'S COPY**

Date Issued September 17, 1973 Serial No. 3436

LA No. 6900

T. C. No. 215-021-14

Map Date 7-17-72

# 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 Mangum (LAST) James (FIRST) (MIDDLE)

ADDRESS OF OWNER 431 Crestdale Road, Matthews ZIP

LOCATION OF LOT 431 Crestdale Road, Matthews, N. C. (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 60 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 6900. 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

Thomas R. Ward — Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9-17-73

Serial No. 4309

ICA (C) Permit No. [redacted]

T. C. No. 815-021-14

Map Date 7-17-72

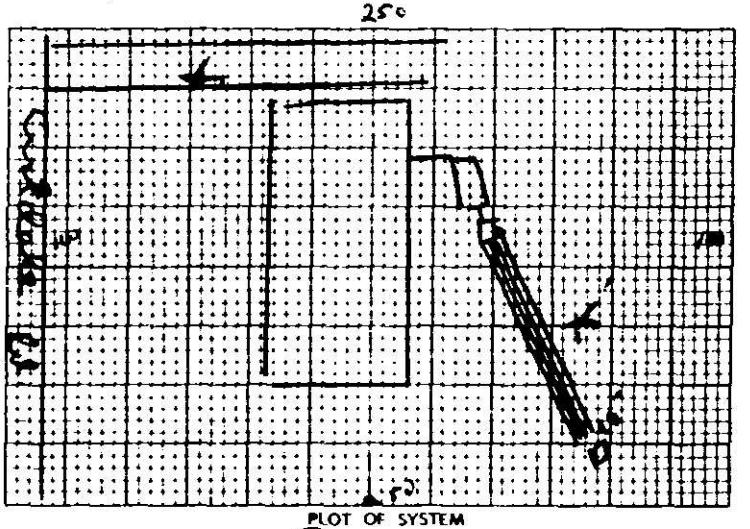
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

## INSTALLATION, CONSTRUCTION, 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 6900, dated 8-24-73 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 10-17-73, after which date this permit shall be null and void.




Percolation Rate 60

Liquid Capacity of Tank [redacted] 1000 gal.

Tank Construction pre cast con.

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 4

Distance from House 10'

Distance from Property Line 2'

Distance from Well NA (Stay 50' from well)

NAME OF OWNER James Mangum

LOCATION OF PROPERTY 431 Carldale

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: 10' X 75' X 17" stone - aerator pit
Lyles Con. Blank Co. Contractor

Division or Section Head

Thomas R. Ward
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 4030

C of A (s) No. 6[illegible]

Date Issued 9-25-73

T. C. No. 215-01-14

Map Date 7-17-72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Mangum (LAST) James (FIRST) (MIDDLE)

Location of Property 431 Crestdale

Application Number 6900 Permit Number 6900

**Inspection Data:**

Liquid Capacity of Tank 1000 gal. Tank Material pre cast con.

Total Length of Drain Tile 300' Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source city Distance from Water Source —

Excavation Inspected 9-25-73 (DATE) Tank Inspected 9-25-73 (DATE)

Nitrification Field Inspected 9-25-73 (DATE)

Washing Machine Line Inspected, If Applicable 9-25-73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed 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: Installed by Lyles Con. Block Co.

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY