Date Received 5-9-73 #1 (A6)

APT No. 6737 [redacted]

P.O. T C No. 109-312-06

Map Date 2 Oct 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER DENNIS (LAST) JOHN (FIRST) C (MIDDLE)

2) ADDRESS OF OWNER 6441 DALE AVE, CHARLOTTE, NC. ZIP 28212

3) PHONE NO Home 537-6760 Office — — — —

4) LOCATION OF PROPERTY 5500 Block, OLIVET DR. (STREET OR COUNTY ROAD)

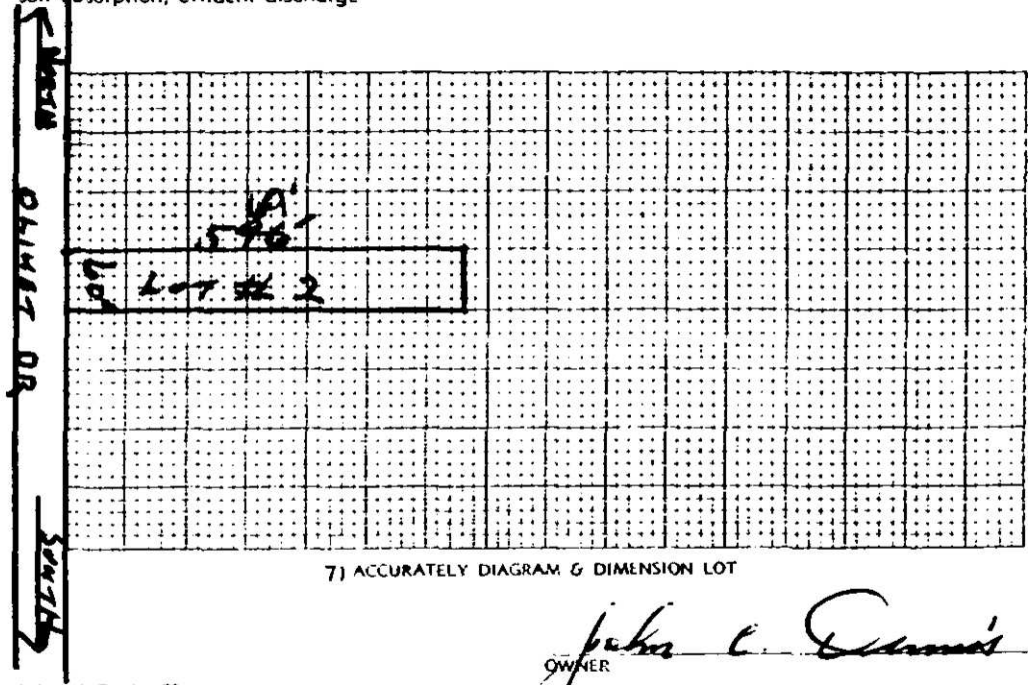
5) SUBDIVISION MARION LOT NO 109, 110, 111 trailer #2 BLOCK NO

MAP BOOK NO 6 PAGE NO 355

6) DEED REFERENCE DEED BOOK ~~2773~~ Lost PAGE NO ~~623~~ ~~495~~ JW 558

JW 3450 ~~2614~~

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

John C. Dennis
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3581

PTR No. 6737
P.O.
T C No 109-312-06
Map Date 4-27-73

Date Issued July 26, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

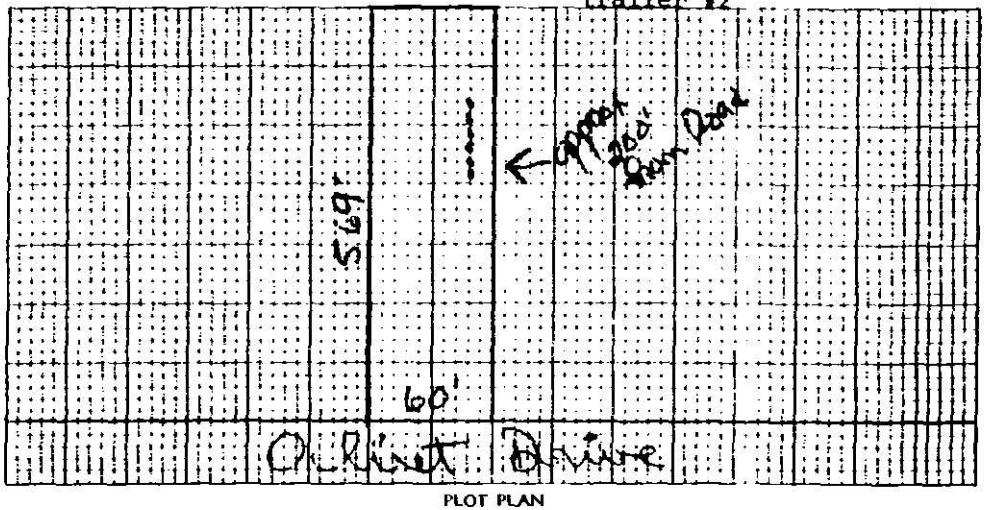
PERCOLATION TEST REPORT

NAME OF OWNER Dennis (LAST) John (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 6441 Dale Ave., ZIP 28212

LOCATION OF PROPERTY 5500 Olivet Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 109,110,111 BLOCK NO. trailer #2



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 46 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. Robinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 21 Aug 74

Serial No. 5663

ICAR(S) Permit No 6727

T C No 109-313 CC

Map Date 4 21-73

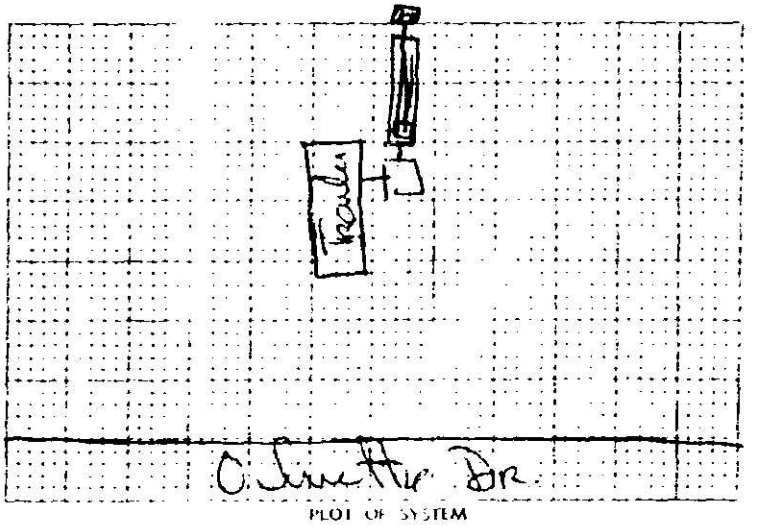
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or is erroneous. All work shall be completed on or before 21Sept74, after which date this permit will be null and void



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 300 ft

Number of Lines (3) 75' @ 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dennis, John

LOCATION OF PROPERTY O'Liwette 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 aeration pit 2½' x 7' x 4' stone

Division or Section Head

R. 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

Date Issued 23 Aug 74

Serial No. 5193

C of A (s) No 6737

T C No 20-109-312-04

Map Date 4-27-73

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 Dennis, John, (LAST, FIRST, MIDDLE)

Location of Property Olivethe Dr.

Application Number 6737 Permit Number 6737

Inspection Date:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 300 ft Number of Lines (3) 7½' +100'

Depth of Filter Material 12" Cover Depth 24"+

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 23 Aug 74 (DATE) Tank Inspected 23 Aug 74 (DATE)

Nitrification Field Inspected 23 Aug 74 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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 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 O.K.

R. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72