Date Received 4-5-73 APT No. 5128

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Corne, L. E. and Margaret B.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 6920 Sardis Road, Charlotte, N. C. ZIP

3) PHONE NO. Home 366-2685 Office

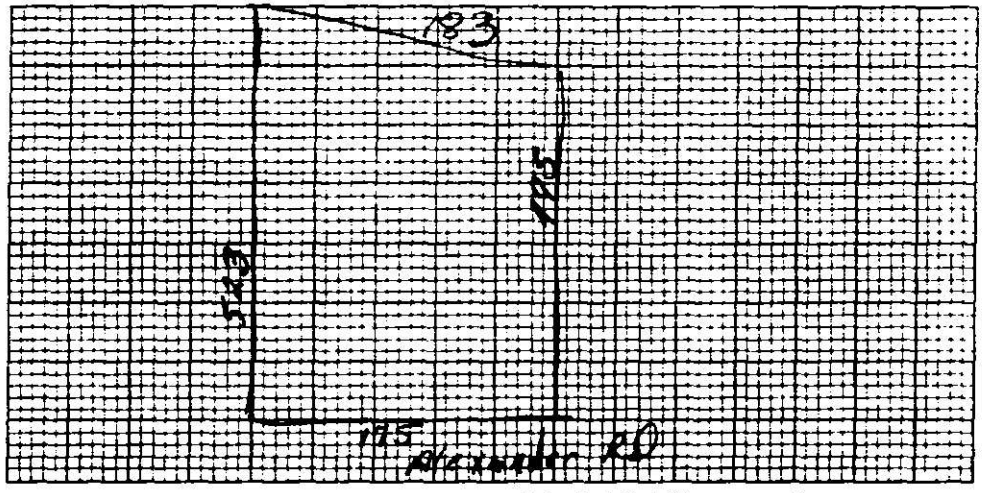
4) LOCATION OF PROPERTY Alexander Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO 213 PAGE NO. 07 Lot 4

6) DEED REFERENCE: DEED BOOK 1747 PAGE NO. 138

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

L E Corne
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. April 2[illegible], 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 5128
T.C. No. _____

NAME OF OWNER [illegible]

ADDRESS OF OWNER [illegible] ZIP _____

LOCATION OF LOT [illegible]

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	[illegible]	135 min/in
X	2.	5-15-73	180 min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

Thomas R. Ward
Environmentalist

(Stencil No.)
MED 398
8/[illegible]

FORM NO.
E-19-8-14-70

Date Received 8-17-76

APT No. 42nd 5928

T. C. No 213-872-84

Map Date 11-22-76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Graham (LAST) Thomas (FIRST) Edward (MIDDLE)

2) ADDRESS OF OWNER 1615 Wiltshire Pl Char ZIP

3) PHONE NO. Home 536-6789 Office 334-6429

4) LOCATION OF PROPERTY Alexander Rd (STREET OR COUNTY ROAD)

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

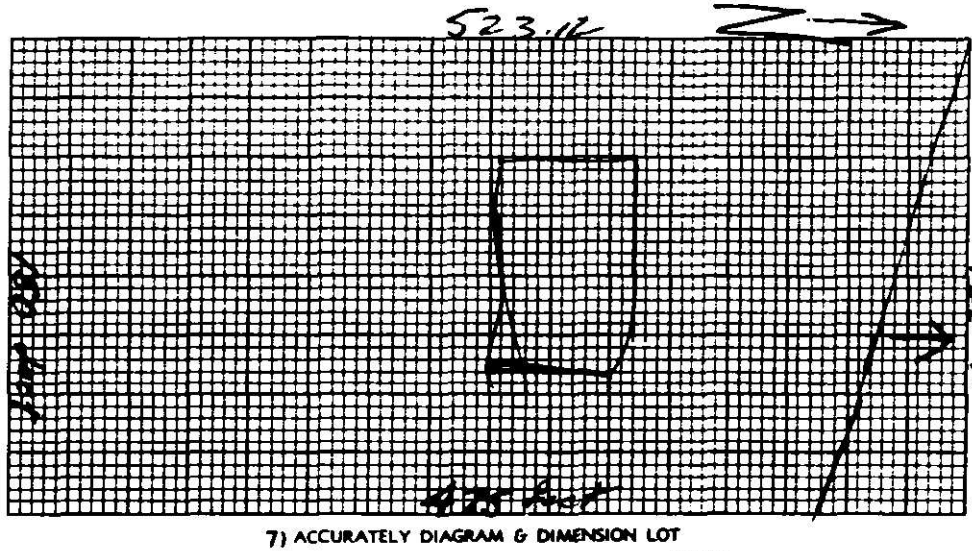
MAP BOOK NO 1649 PAGE NO. 284

6) DEED REFERENCE: DEED BOOK 1747 PAGE NO 132

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.

2/10 m. 16 to Prov. Dewee Rd

Alexander Rd



7) ACCURATELY DIAGRAM & DIMENSION LOT

Tom Graham
OWNER

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

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation August 19, 1976 APT NO. 5925 ~~113-01~~

Owner T. E. Graham

Location of Property ALEXANDER ROAD lot C Tax Lot No. 213-072-04

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	W. Ikes	Iredell	Mecklenburg	
2. Soil Slope	suitable 2-8%	suitable 2-4%	suitable 2-8%	
3. Soil Depth	unsuitable <20"	unsuitable <40"	suitable 48"	
4. Soil Texture	unsuitable 2:1 Ex pudding clay	unsuitable same	unsuitable same	
5. Soil Structure	unsuitable massive	unsuitable massive	provisionally suitable angular blocky	
6. Restrictive Horizons	—	—	—	
7. Soil Drainage	unsuitable perched high water table	unsuitable perched high water table	suitable water table >6'	
8. Soil Permeability (Percolation Rate)	unsuitable slow >200 min/in	unsuitable very slow >200 min/in	unsuitable slow >200 min/in	
9. Other	—	—	—	
10. Overall Rating	unsuitable	unsuitable	unsuitable	

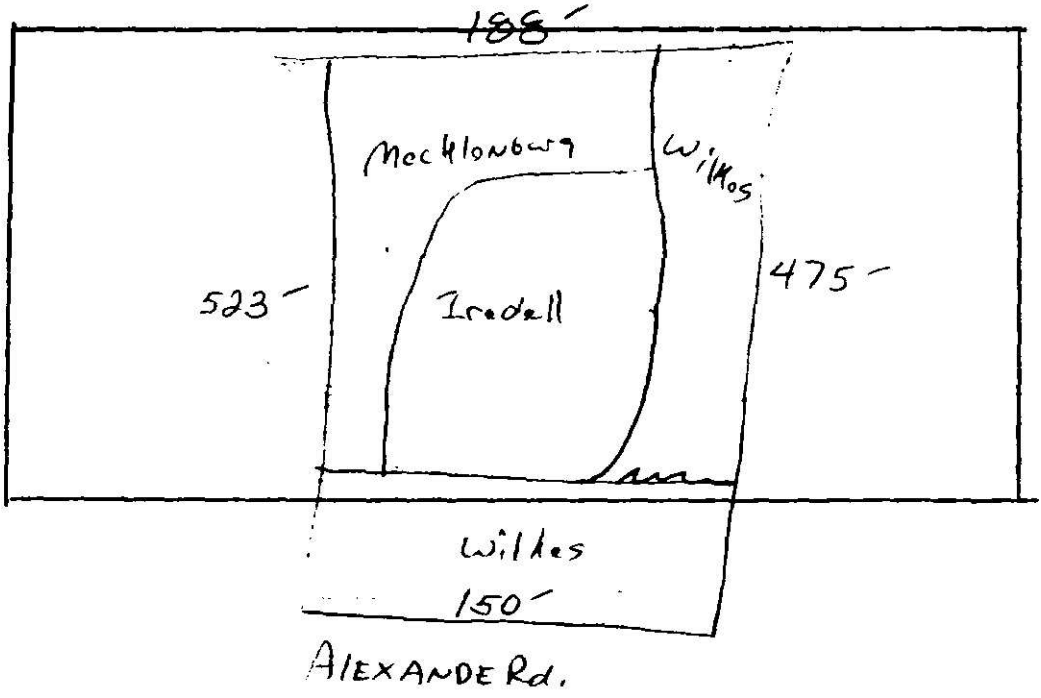
Recommendations Based on this investigation, the lot is not recommended for approval for installation of a septic tank system.

See diagram on back

W. Edward Casamento
Soil Scientist

3/18/75
EHD 539

DIAGRAM OF PROPERTY



3/18/75

539

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

DATE ISSUED
1. 8/30/76
2. _____
3. _____

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

SIR NO. 5223
T.C. NO. ~~213-072-04~~
MAP DATE ~~11-28-75~~

NAME OF OWNER [illegible]

ADDRESS OF OWNER [illegible] Place, Charlotte, N. C.

LOCATION OF LOT ~~Alexander Road, Lot 6~~

The lot described above is not recommended for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

Unsuitable soil

Slow permeability rate

However, a building permit may be issued upon executing the enclosed forms. The forms must be notorized and registered with the Register of Deeds Office which is located in the County Office Building.

John R. Adkisson, Environmentalist
On Premises Waste Disposal Branch

JRA:jjk

(Stencil No.)
EHD 398
8/74

FORM NO.
E-19-8-21-74

SEE INSTRUCTIONS ON BACK

Date Received 8/17/76

ICAR (S) Application No. 5928

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

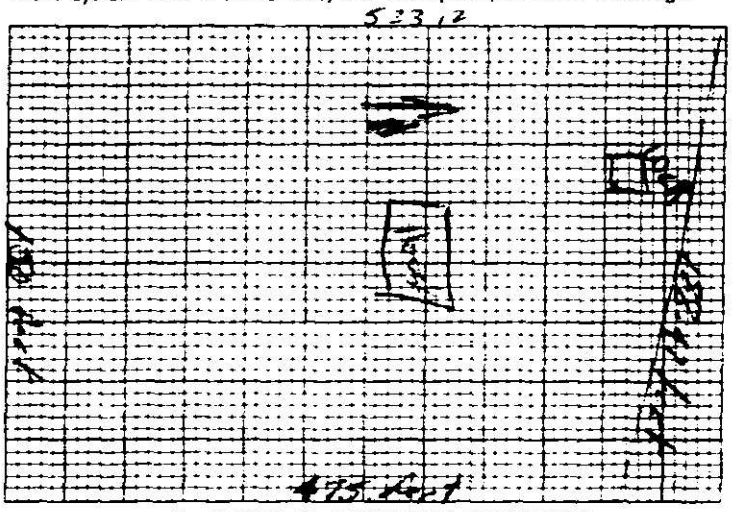
ENVIRONMENTAL HEALTH DIVISION

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) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge

Alexander Rd



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 Graham (LAST) Thomas (FIRST) Edward (MIDDLE)

14) ADDRESS OF OWNER 1015 Wilbur Rd

15) PHONE NO. Home 536-0729 Office 334-6429

16) LOCATION OF SYSTEM Alexander Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. C Block No. ___

Map Book No. 1649 Page No. 284

18) DEED REFERENCE — DEED BOOK 1747 AT PAGE 132

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.

6/24/75
DATE OF APPLICATION

Tom Graham
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY