Date Received 8-15-73

APT No. 6840

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Briggs (LAST) Blaine (FIRST) William (MIDDLE)

2) ADDRESS OF OWNER 3550 Woodleaf Rd. ZIP _____

3) PHONE NO Home 597-9267 Office 376-3651

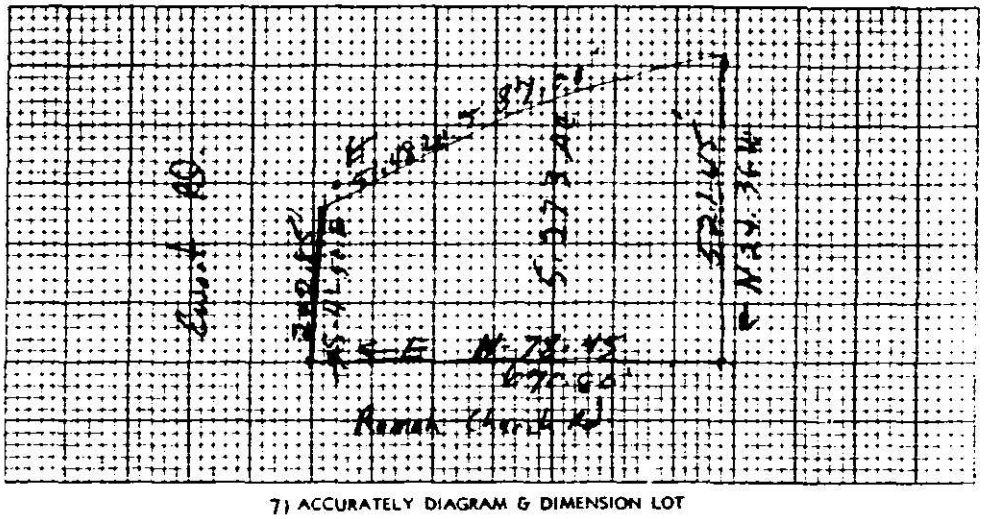
4) LOCATION OF PROPERTY Huntersville, Ewart Rd - N Ramah Church Rd (STREET OR COUNTY ROAD)

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

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

Blaine W. Briggs
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3495

PTR No. 6840

T C No. 019-252-06

Date Issued August 17, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

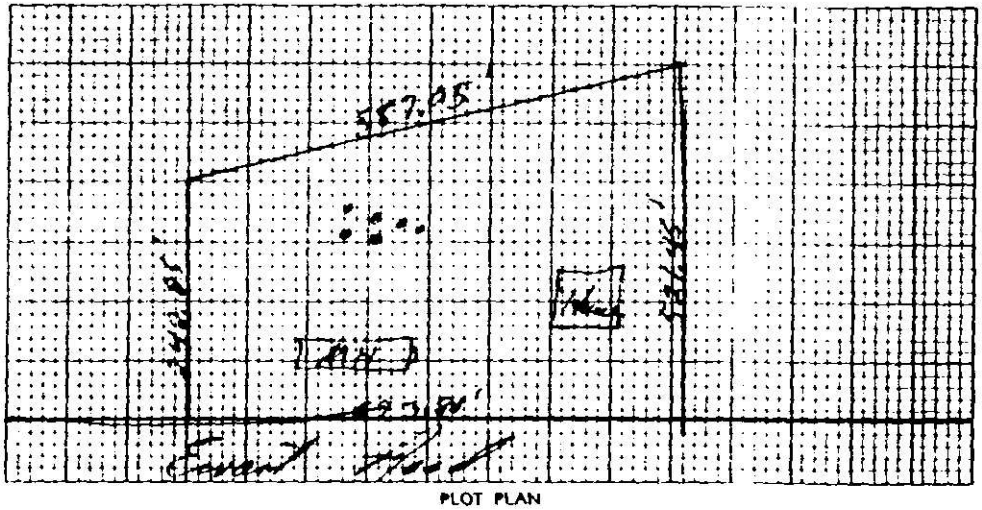
PERCOLATION TEST REPORT

NAME OF OWNER Briggs (LAST) Blaine (FIRST) William (MIDDLE)

ADDRESS OF OWNER 3550 Woodleaf Road ZIP 28208

LOCATION OF PROPERTY Ewart Road (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 30 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 D. Robinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1 71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-15-23

ICAR(S) Application No 6840

T C No

Map Date

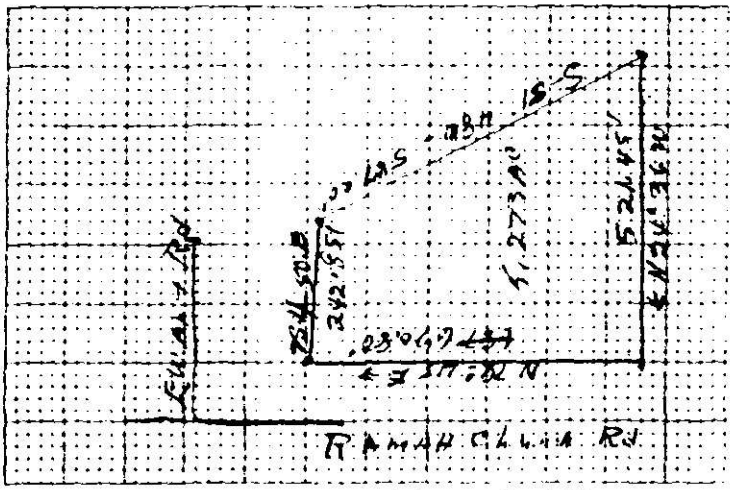
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max. No. Employees

6) Washing Machine ✓ Yes

7) Garbage Disposal ✓ Yes No

8) Dishwasher Yes No

9) Water Supply
A. Individual Well ✓
B. Government System
C. Community System
1. Well System
2. Connection to

Sewage System
A. Public Sewer Yes ✓ No
B. Individual Sewage Disposal System
Community Sewer Yes ✓ No

10) FHA Case No.

11) VA Case No.

12) NAME OF OWNER Briggs, Blaine William
LAST FIRST MIDDLE

13) ADDRESS OF OWNER 3553 Woodleaf Rd

14) PHONE NO. Home 542-4763 Office 376-3631

15) LOCATION OF SYSTEM Huntersville, Ewart Rd OFF Ramah Chapel Rd
STREET OR COUNTY ROAD

16) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No. _____

17) DEED REFERENCE -- DEED BOOK _____ AT PAGE

18) HAS A PERCOLATION TEST BEEN RUN? YES ✓ NO DATE RUN

19) PTR NUMBER (See Instructions)

The undersigned person hereby agrees that he has read the foregoing application and that the statements 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.

DATE OF APPLICATION

OWNER Blaine W. Briggs

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 17, 1973

Serial No. 3306

LA No. [illegible] 6840

T. C. No. 019-252-06

Map Date 2-14-73

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 Briggs (LAST) Blaine (FIRST) William (MIDDLE)

ADDRESS OF OWNER 3550 Woodleaf Road ZIP 28208

LOCATION OF LOT Ewart Road (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 30 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 6840. 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

M. L. Kirby
Environmentalist

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

FORM NO. E-3 4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 30 Apr 74 Serial No. 5064 ICAR(S) Permit No. 6840

T C No 019-252-06

Map Date 14 Feb 73

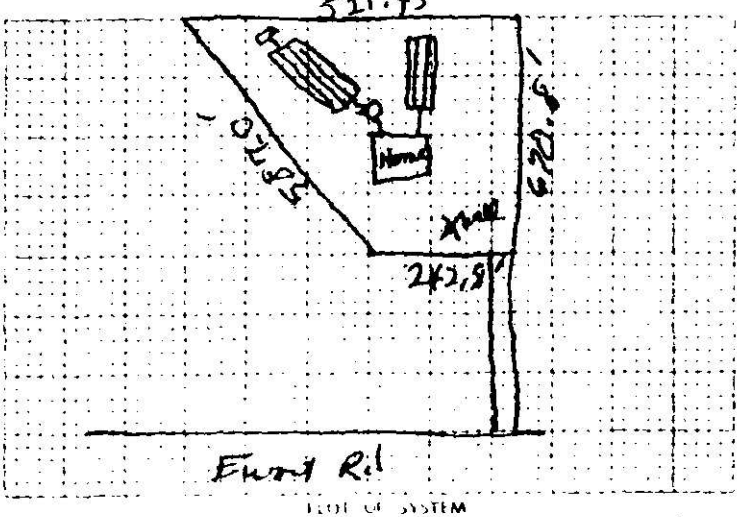
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission [illegible] is given to ✓ Install or Construct, Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge as specified herein [illegible] described location. This permit is granted based upon the information supplied in application 8-15-73 dated 8-15-73 and this permit shall be void and of no effect if the information provided in the application is not true [illegible]. All work shall be completed on or before 3 May 74, after which date this permit shall be null and void.



TEST OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 450 & 150 lin ft

Number of Lines 5 (3½ x 90' x 17") 3 (3½ x 50' x 11")

Distance from House 10' +

Distance from Property Line 12' +

Distance from Well 100' +

NAME OF OWNER Briggs, Bloone William

LOCATION OF PROPERTY Ewart Rd, Huntersville, N.C

The [illegible] Regulations set forth 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 inspectable if can be used

Comments Godwin (Contractor) aeration unit 2½' x 7' x 4' 9 Stone

Director or Sanitarian in Charge

Environmentalist Richard Croslan

If this permit is for the installation or construction of a new system it must be signed by the division or a representative 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

E-5-9-1-72

[illegible] DEPARTMENT [illegible]

Serial 4683

C of A (s) No. 6840

Date Issued 12 April 74

T. C. No. 019-252-06

John R Adkinson

Map Date 14 Dec 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 BRIGGS (LAST) BLAINE (FIRST) WILLIAM (MIDDLE)

Location of Property Ewart Road

Application Number 6840 Permit Number 6840

Inspection Date:

Liquid Capacity of Tank 1600 gal Tank Material PC

Total Length of Drain Tile 450' + 150 WM Number of Lines 5 (12½' x 90' x 17") 3 (7½' x 50' x 17")

Depth of Filter Material 17" Cover Depth 15

Water Supply Source Individual Well Distance from Water Source 100'

Excavation Inspected 12 April 74 (DATE) Tank Inspected 12 April 74 (DATE)

Nitrification Field Inspected 12 April 74 (DATE)

Washing Machine Line Inspected, If Applicable 12 April 74 (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: Godwin Aeration Pit

Jerry Barbour

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received _____ SEE INSTRUCTIONS ON BACK

MECK COUNTY DEPARTMENT OF RECEIVED DEC 3 ENVIRONMENTAL HEALTH

ICAR (S) Application No. _____

T C No. _____

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No
4) No of Bedrooms 2
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 Briggs (LAST) Blaine (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 1733 Sugar Creek Rd W.

15) PHONE NO Home 597-1694 Office 596-1221-wife 596-3391 husband

16) LOCATION OF SYSTEM Quail Rd Huntersville NC (STREET OR COUNTY ROAD)

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

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3171 AT PAGE 86

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 1974

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.

12-7-76
DATE OF APPLICATION

Blaine W Briggs
OWNER

EHD-5-76

Environmental Health Department's Copy