Date Received 2-2073

APT No. 5603

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mc Mullen (LAST) William (FIRST) Amos (MIDDLE)

2) ADDRESS OF OWNER 1615 Hamilton St, Charlotte N. ZIP 28203

3) PHONE NO. Home 334-3057 Office

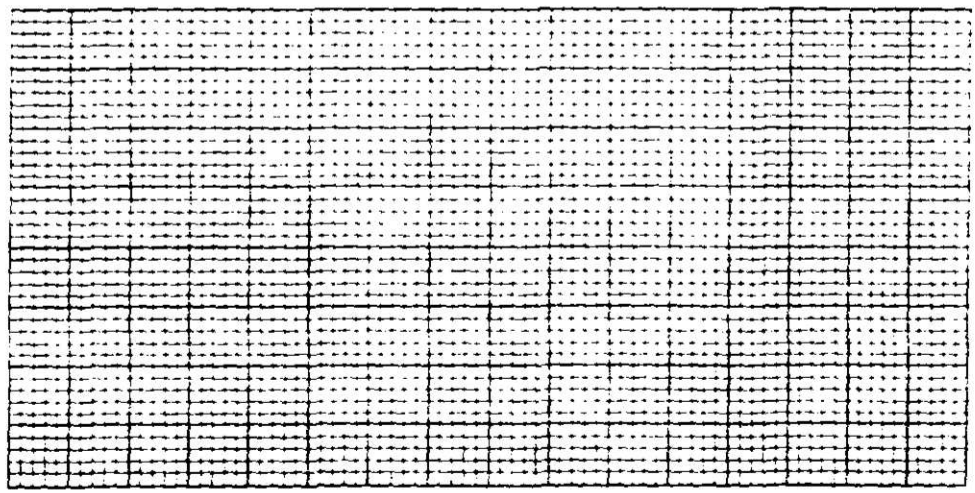
4) LOCATION OF PROPERTY Druidhi Church Road (STREET OR COUNTY ROAD) DT 425

5) SUBDIVISION MINT ACRES LOT NO 21+22 BLOCK NO

MAP BOOK NO 7 PAGE NO 243

6) DEED REFERENCE DEED BOOK 1703 PAGE NO 154

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

William Amos Mc Mullen
OWNER

FORM NO. E-1-11-1-78

HEALTH DEPARTMENT'S COPY

Serial No. 2[illegible]5

PTR No. 5603
P.O.
T C No. 137-032-12
Map Date 9-1-70

Date Issued February 21, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

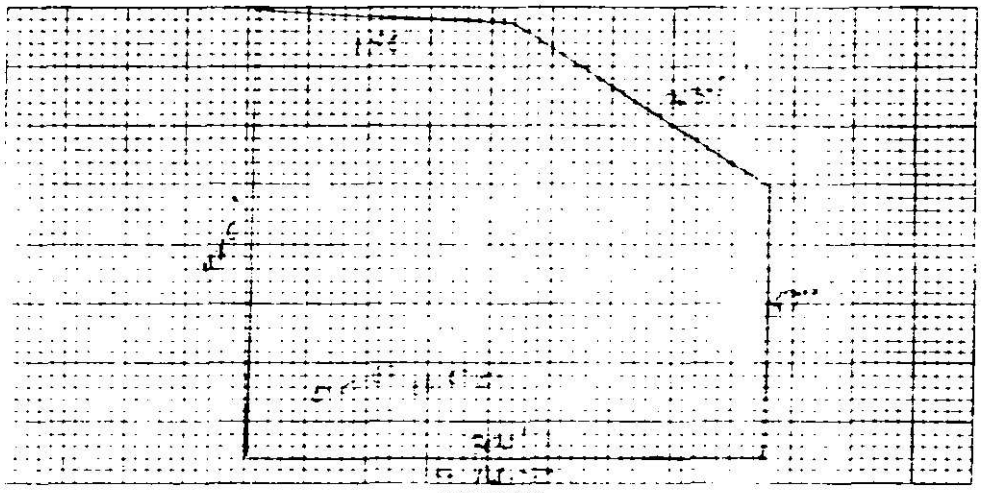
PERCOLATION TEST REPORT

NAME OF OWNER McMullan (LAST) William (FIRST) Amos (MIDDLE)

ADDRESS OF OWNER 1515 Gambia Street ZIP 28208

LOCATION OF PROPERTY Truelight Church Road (STREET OR COUNTY ROAD)

SUBDIVISION Mint Acres LOT NO 21 & 22 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 treatment 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. Abbitt

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-20-73 ICAR(S) Application No 5603

T. C No

Map Date

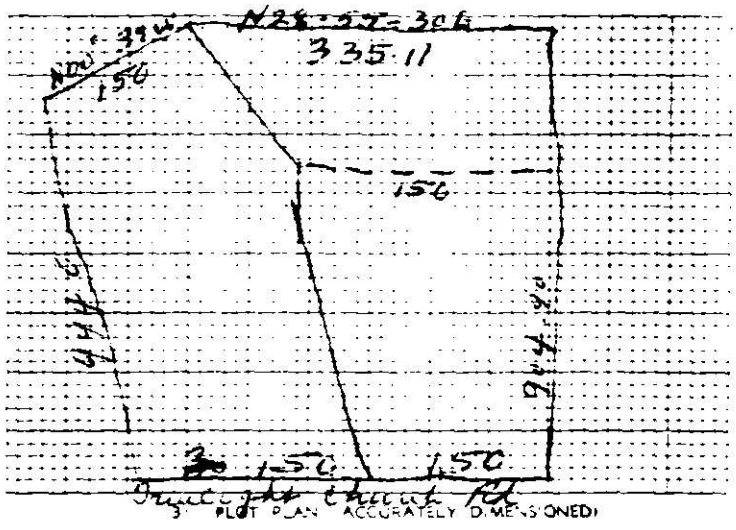
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 — Min 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 less than 200 feet of public sewer Yes ✓ No
House less than 200 feet of community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER McMillan William Amos
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2 Sharon Rd Charlotte NC

15) PHONE NO Home 3 Office X

16) LOCATION OF SYSTEM Straight Church Rd
STREET OR COUNTY ROAD

17 SUBDIVISION Mac Park Lot No. 21, 22 pt 25 Block No.

Map Book No 7 Page No. ~~21 22 pt 25~~ 243

18) DEED REFERENCE — DEED BOOK 1713 AT PAGE 154

19) HAS A PERCOLATION TEST BEEN RUN? YES 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.

DATE OF APPLICATION

William Amos McMillan
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2556

Date Issued February 21, 1973

LA No. 5603
P.O.
T C. No 137-032-12

Map Date 9-1-70

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 McMullan (LAST) William (FIRST) Amos (MIDDLE)

ADDRESS OF OWNER 1615 Gambia Street ZIP 28208

LOCATION OF LOT Truelight Church Road (STREET OR COUNTY ROAD)

SUBDIVISION Mint Acres LOT NO 21 & 22 BLOCK NO

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of a septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results and the data indicated per rate of 60 min/in and on the inspection of the said lot and soil profile as indicated on the Application for an Installation Construction Alteration and/or Repair Permit number 5603 This approval is subject to the following terms and conditions

1. That the installation 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, altered 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 permits 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 it is found that the septic tank system is not being installed, constructed, altered and or repaired in accordance with the valid Installation, Construction, Alteration, and/or Repair Permit

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8 May 78 Serial No. [illegible] ICAR(S) Permit No. 5603
T C No
Map Date

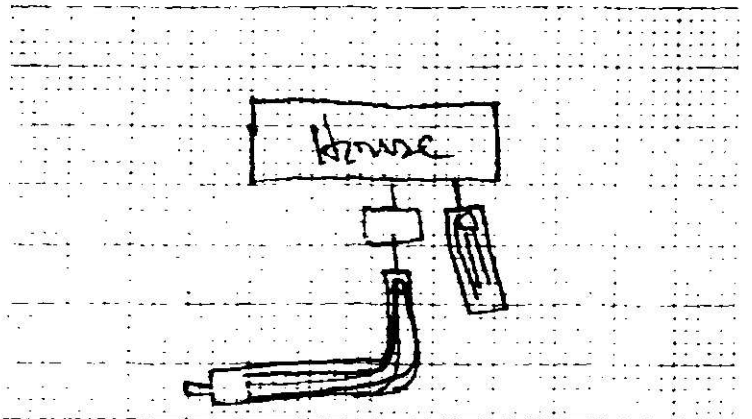
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted ✓ to Install or Construct After or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as specified herein or the described plans. This permit is granted based upon the information supplied in application 5603, dated 2-20-78 and this permit is void and of no effect if the information provided in the application proves to be false. All work shall be completed on or before 8 June 78 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Constructed Precast Concrete

Absorption and/or Distribution Lines

Total Line Length 600' & 100'

Number of Lines 4 (10' x 150')

Distance from House 10'

Distance from Property 10'

Distance from Well 50'+

NAME OF OWNER Mr. Mullan, William Ames

LOCATION OF PROPERTY Trueclight Church Road

The system must 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 ① Washer - Lime 7½' x 33' x 17" stone
② Aeration Pit 2½ x 7' x 4' stone
Honeysuckle - Locust Creek.

D. M. Reynolds
Director or Section Head Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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. EH-4 (12)

YELLOW - APPLICANT'S COPY

Date Issued 8 May 73 **Serial No.** 3287 C of A (s) No. 5603

T C. No

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 McMullan, William Amos (LAST, FIRST, MIDDLE)

Location of Property Twelight Church Rd

Application Number 5603 Permit Number 5603

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 100 Number of Lines 4 (10' x 150')

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 50' +

Excavation Inspected 8 May 73 (DATE) Tank Inspected 8 May 73 (DATE)

Nitrification Field Inspected 8 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 8 May 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 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: Aeration put 2'6" x 4' stone x 7' length

J. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENTS COPY