Date Received 10.2.73

APT No. 2064

T. C. No.

MECK COUNTY HEALTH DEPT. RECEIVED
OCT 02 1973
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Owen (LAST) Tony (FIRST) Brevard (MIDDLE)

2) ADDRESS OF OWNER 504 B Hazel St. (STREET) Kannapolis (CITY) NC ZIP 28081

3) PHONE NO. Home 932-2484 Office 875-1381

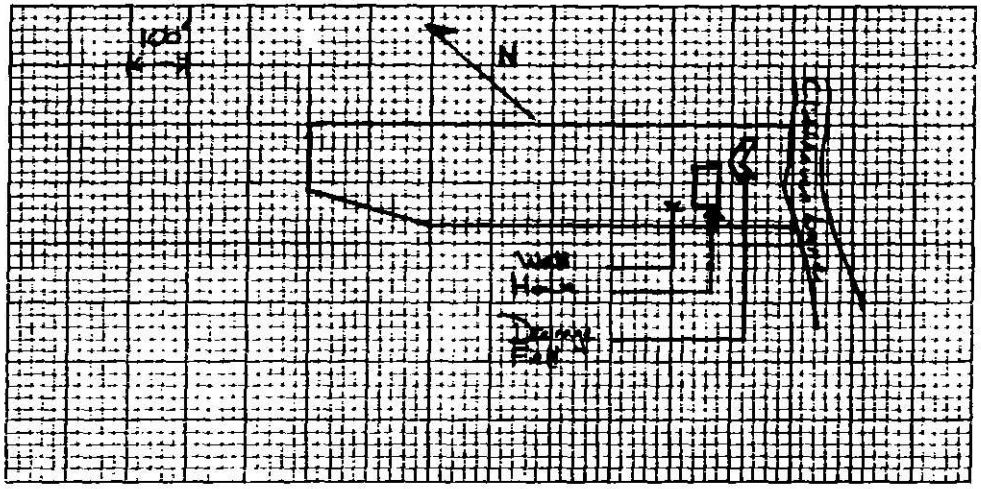
4) LOCATION OF PROPERTY Cliffhaven Lane (STREET OR COUNTY ROAD)

5) SUBDIVISION Oakwood Forest LOT NO. 32 BLOCK NO.

MAP BOOK NO 14 PAGE NO. 101 & 103

6) DEED REFERENCE: DEED BOOK 2491 PAGE NO. 345

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

Tony B Owen
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3663

PTR No. 7064

Date Issued October 8, 1973

T. C. No. 021-042-08

Map Date 9-22-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

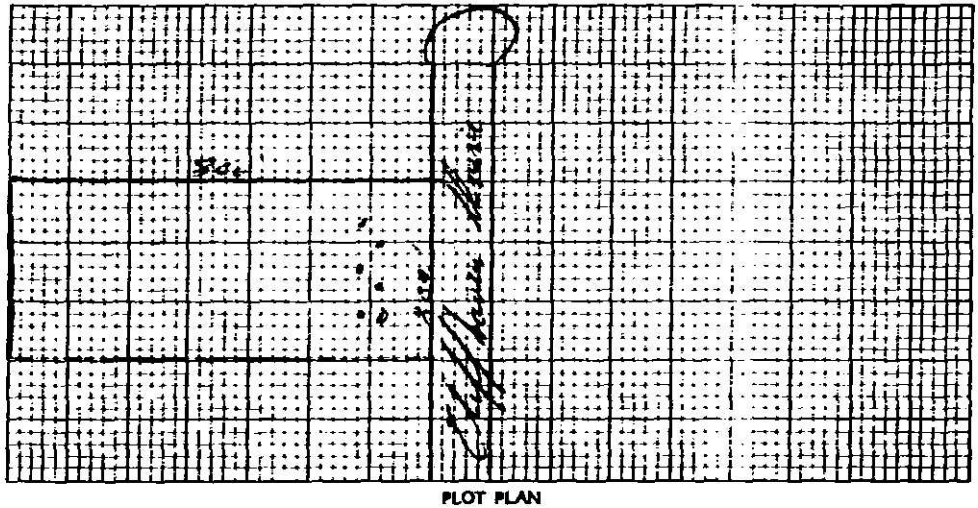
PERCOLATION TEST REPORT

NAME OF OWNER Owen (LAST) Tony (FIRST) Brevard (MIDDLE)

ADDRESS OF OWNER 504-B Hazel St., Kannapolis, N.C. ZIP 28081

LOCATION OF PROPERTY Cliffhaven Lane (STREET OR COUNTY ROAD)

SUBDIVISION Oakwood Forest LOT NO. 32 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 50 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. Thomson

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 ~~9/29/73~~ 10-2-73

ICARIS Application No 7064

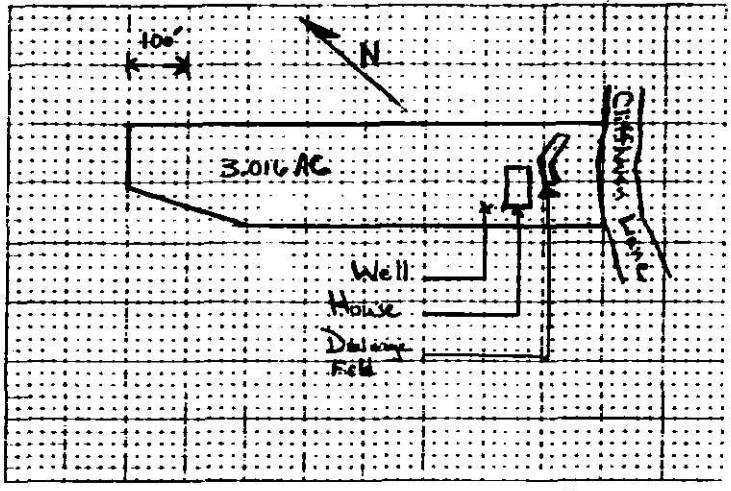
MECK COUNTY HEALTH DEPT.
RECEIVED
Map Date
ENVIRONMENTAL HEALTH DIVISION

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 3
5) Business Use Max. No. Employees
6) Washing Machine X Yes No
7) Garbage Disp. X Yes No
8) Dishwasher X Yes No
9) Water Supply
A) Individual Well X
B) Community System
C) Community System
1) Well
2) Government
D) Sewage System
House connected to Public or Private sewer Yes X No
House connected to Septic tank Yes
Community sewer Yes X No
11) FmHA Case No.
12) VA Case No.

13) NAME OF OWNER Owen (LAST) Tony (FIRST) Brevard (MIDDLE)

14) ADDRESS OF OWNER 524 B Hazel St Kannapolis NC. 28081

15) PHONE NO. Home 933-2[illegible] Office 375-1351

16) LOCATION OF SYSTEM Oakwood (STREET OR COUNTY ROAD)

17) SUBDIVISION Oakwood Forest Lot No. 32 Block No.

Map Book No. 14 Page No. 101 & 103

18) DEED REFERENCE — DEED BOOK 2491 AT PAGE 345

19) HAS A PERCOLATION TEST BEEN RUN? X 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.

9/29/73
DATE OF APPLICATION

Tony B Owen
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3495

LA No. 7064

Date Issued October 8, 1973

T. C. No. 021-042-08

Map Date 9-22-71

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 Owen (LAST) Tony (FIRST) Brevard (MIDDLE)

ADDRESS OF OWNER 504-B Hazel St., Kannapolis, N.C. ZIP 28081

LOCATION OF LOT Cliffhaven Lane (STREET OR COUNTY ROAD)

SUBDIVISION Oakwood Forest LOT NO 32 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 50 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 7064. 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. Hinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4632

Date Issued _____

ICAR(S) Permit No. 7064

T. C. No. 021-042.05

Map Date 22 Jul 21

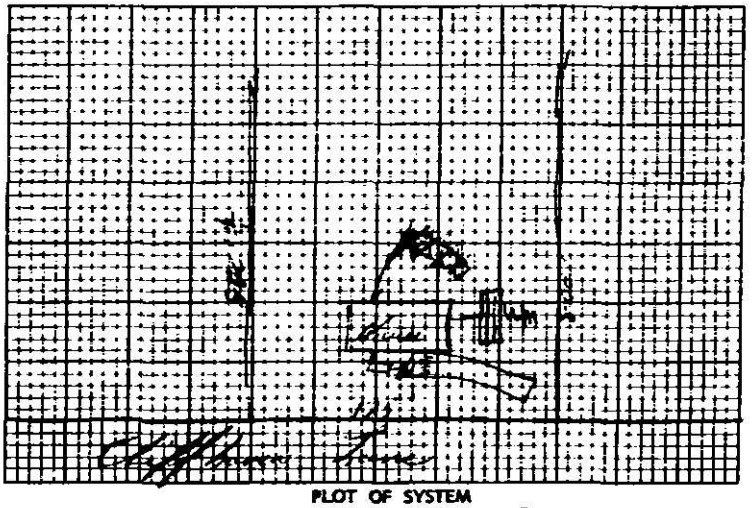
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7064, dated 24 Apr 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 15 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 255 + 150 WM 3 (7½ x 5c x 17")

Number of Lines C (15 x 93 x 17")

Distance from House 15'

Distance from Property Line 10'

Distance from Well _____

NAME OF OWNER Queen Tony Bouard

LOCATION OF PROPERTY Cliff Haven Lane

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: Lloyd Knepett (Contr.)

Will Use this system as they install prior to construction of the house. This is at the request of the owner

_____ M. N. Kirby

Division 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 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 4535

C of A (s) No. 7064

Date Issued 13 Mar 74

T. C. No. 021-042-08

Map Date 22 Sept 71

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 Owens (LAST) Tony (FIRST) Brevard (MIDDLE)

Location of Property Cliffbrook Dr.

Application Number 7064 Permit Number 7064

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Pc

Total Length of Drain Tile 535' & 150' Number of Lines 4(15'x93'x17") 3(71'x50'x17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 85'+

Excavation Inspected 13 Mar 74 (DATE) Tank Inspected 13 Mar 74 (DATE)

Nitrification Field Inspected 13 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 13 Mar 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: aeration pit 2½'x7'x4½' stone

Honeycutt - Locust, N.C. contractor

Richard Christian
Environmentalist

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

HEALTH DEPARTMENT'S COPY