R

Date Received 2-18-74

APT No 7492

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WILLIAMS (LAST) ROBERT (FIRST) LAFAYETTE (MIDDLE)

2) ADDRESS OF OWNER 5169 Murraghill Rd ZIP 28210

3) PHONE NO Home 523-4541 Office 554-4095

4) LOCATION OF PROPERTY ELIZABETH LANE (STREET OR COUNTY ROAD) Rt No 3432

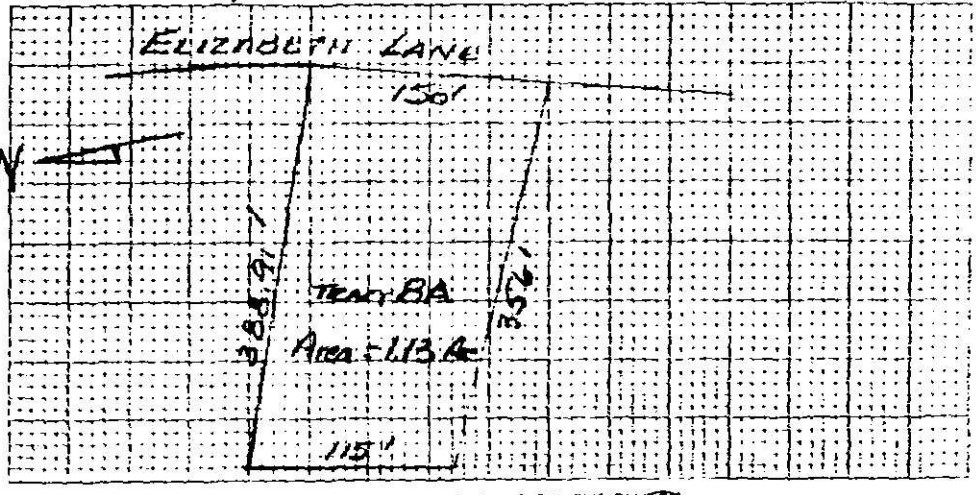
5) SUBDIVISION LOT NO BA BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 2314 PAGE NO 220

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

Note: Original tract has been divided into two parts designated BA & B. Has been surveyed but not recorded - See plot plan attached.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4100

PTR No 7492

Date Issued March 6, 1974

T C No 227-042-02

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

NAME OF OWNER Williams, Robert Lafayette
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 5169 Murrayhill Road ZIP 28210

LOCATION OF PROPERTY Elizabeth Lane
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 8 BLOCK NO A



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. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

2

SEE INSTRUCTIONS ON BACK

Date Received 3 6 74

ICAR'S Application No. 7492

T C No. 227-042-00

Map Date 12 14 73

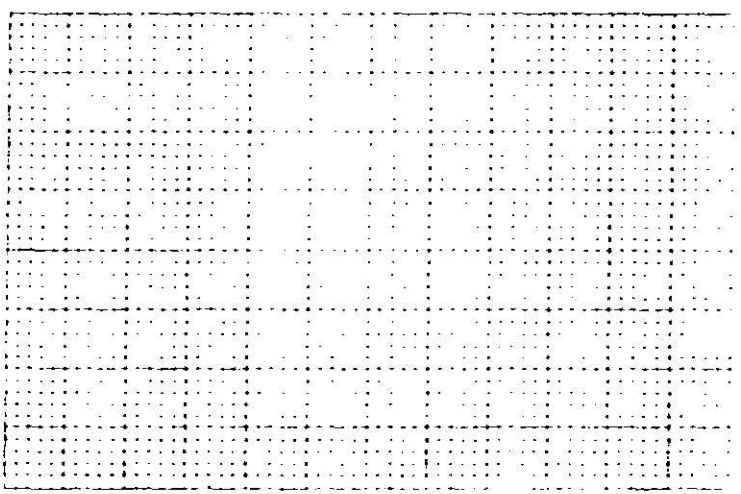
150 @ 60 c/f
600 c/f
150 c/f

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)

13) NAME OF OWNER Williams (LAST) R. (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 5169 Murrayhill Rd.

15) PHONE NO Home 523-4591 Office

16) LOCATION OF SYSTEM Elizabeth Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 8 Block No A

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 3-5-74 P 760

20) PTR NUMBER (See Instructions) 7492

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 5-6-74

OWNER Mrs R L Williams

Form No E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 6, 1974

Serial No. 4353

LA No 7492

T C No 227-042-02

IMPROVEMENTS PERMIT

Map Date 12-14-73

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 Williams (LAST) R. (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 5169 Murrayhill Road ZIP

LOCATION OF LOT Elizabeth Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 8 BLOCK NO A

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 60 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 7492. 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

W. S. Kirby
Environmentalist

John R. Abussie
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 1/21/75 Serial No. ICAR(S) Permit No 7492

T C No 217-0420

Map Date 2/14/2

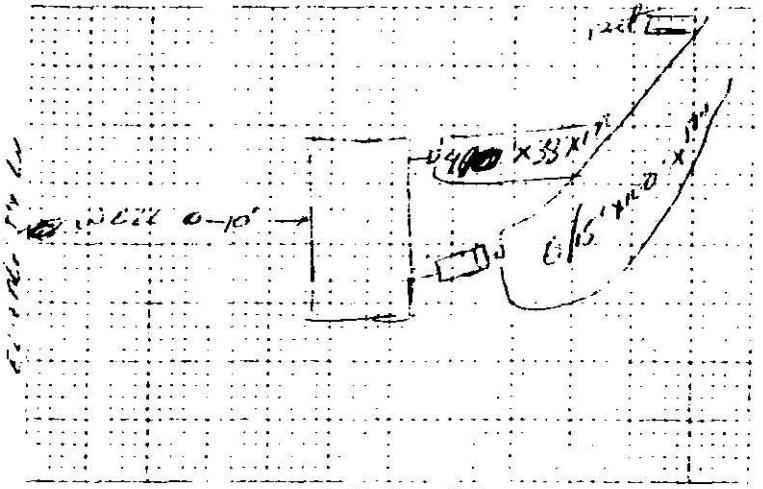
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 7492, dated 8/6/74 and this permit shall be void and of no effect if the information provided in the application is not true and correct in all details. All work shall be completed on or before 2/2/75 after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption Area / Total Trench Lines 57 sq ft

Total Trench Length 600 150

Number of Lines 6 4

Distance from Structure 10' Min

Distance from Property Line 10' Min

Distance from Well 100'

NAME OF OWNER R. L. WILLIAMS

LOCATION OF PROPERTY ELIZABETH LN.

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: INSTALLATION SHOULD NOT BE STARTED UNTIL SOIL IS WHEN DRIER

Division of Sanitation 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.

E-5-9-1-72

Date Issued 2/23/73

Serial No. [illegible]

Cat A (s) No 7492

T C No [illegible]

Map Date 12/15/72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) (FIRST) (MIDDLE)

Location of Property [illegible]

Application Number [illegible] Permit Number [illegible]

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth [illegible]

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected 2/23/73 (DATE) Tank Inspected 2/22/73 (DATE)

Nitrification Field Inspected 2/23/73 (DATE)

Washing Machine Line Inspected, If Applicable 2/23/73 (DATE)

This is to certify that I have inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been X installed or constructed, located and tested in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health governing same as of the date of issuance of the permit. The issuance of this Certificate of Approval is not a guarantee that the system will operate properly or relieve any person of or 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 which appear on the permit in addition to those listed below under comments. This Certificate of Approval shall be void 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 [illegible]

[signature]
Environmentalist

FORM NO E-6-9-1-72