Pb

Date Received 11-21-73

APT No. 7259

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER FERGUSON (LAST) JAMES (FIRST) Roy (MIDDLE)

2) ADDRESS OF OWNER Rt 4 Box 480 Charlotte, N.C. ZIP 28208

3) PHONE NO. Home 588-1185 Office N/A

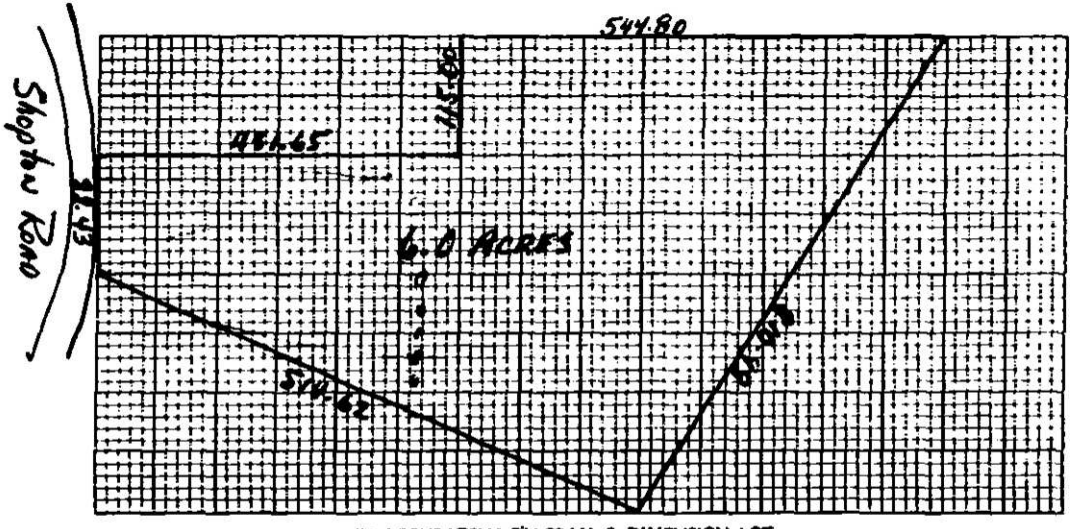
4) LOCATION OF PROPERTY Rt 3 Box 371-A Shopton Road, Charlotte N.C (STREET OR COUNTY ROAD)

5) SUBDIVISION N/A LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. 9 PAGE NO. 503

6) DEED REFERENCE: DEED BOOK 3633 PAGE NO. 640

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

James Ray Ferguson
OWNER

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3845

PTR No. 7259
P.O.
T C No. 201-061-01
Map Date

Date Issued November 26, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

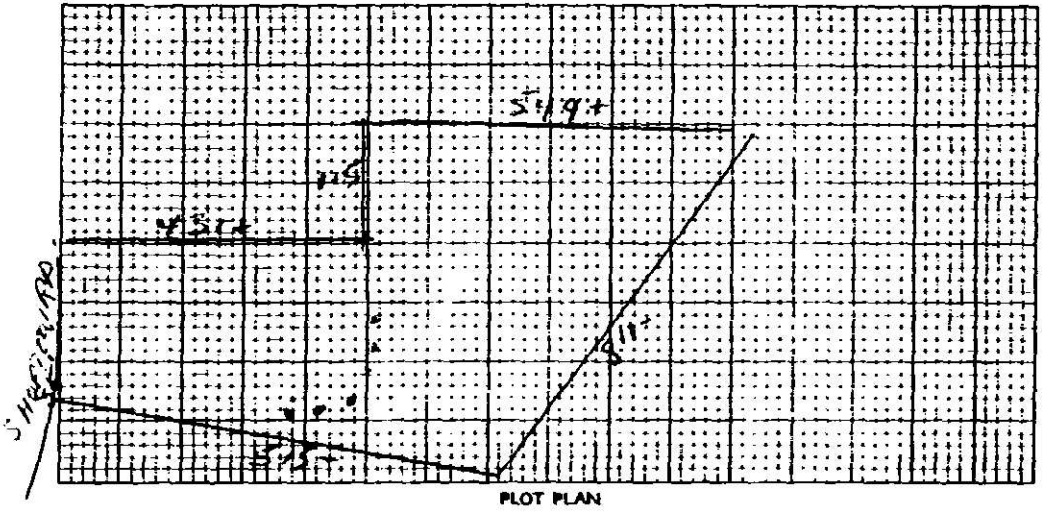
PERCOLATION TEST REPORT

NAME OF OWNER Ferguson (LAST) James (FIRST) Roy (MIDDLE)

ADDRESS OF OWNER Route 4, Box 480 ZIP 28208

LOCATION OF PROPERTY Shopton 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 47 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 waste water 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.

R. V. Richardson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

D

Date Received Nov. 26, 1973

SEE INSTRUCTIONS ON REVERSE SIDE

COUNTY HEALTH DEPT. RECEIVED DEC 03 1973 ENVIRONMENTAL HEALTH DIVISION

Application No 7259

T C No 201-041-01

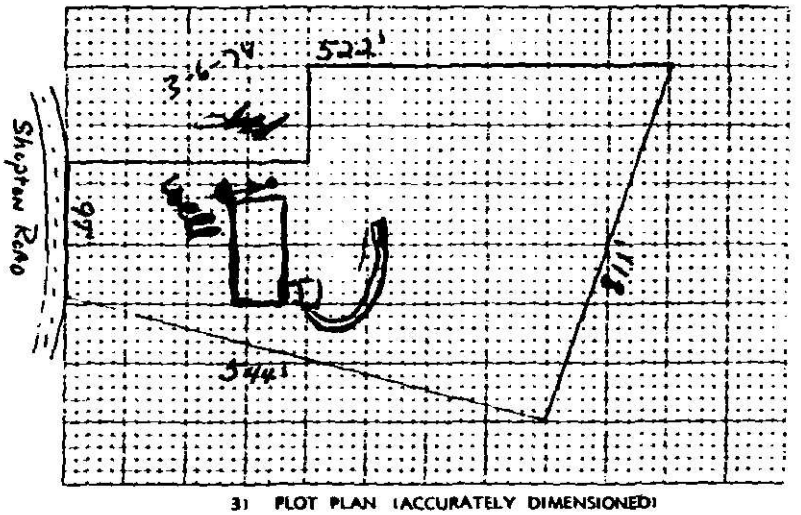
Map Date Aug. 30, 1973

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) To 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 Bedroom 3

5) Business Use — Max No Employees N/A

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply
A) Individual well YES
B) Government system N/A
C) Community System
1 Well source N/A
2 Government source N/A

10) Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No

11) FHA Case No N/A

12) VA Case No N/A

13) NAME OF OWNER Ferguson (LAST) James (FIRST) Ray (MIDDLE)

14) ADDRESS OF OWNER Rt. 4 Box 480 Dixie Road Charlotte N.C. 28208

15) PHONE NO. Home 588-1185 Office None

16) LOCATION OF SYSTEM Rt 3 Box 371-A Shopton Road (STREET OR COUNTY ROAD) Charlotte N.C. 28210

17) SUBDIVISION None Lot No. N/A Block No. N/A

Map Book No. 9 Page No. 503

18) DEED REFERENCE — DEED BOOK 3633 AT PAGE 640 PR-747

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 11-23-73

20) PTR NUMBER (See Instructions) 7259

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.

11/29/73
DATE OF APPLICATION

James Ray Ferguson
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued December 3, 1973 Serial No. 3666

LA No. 7259
P.O.
T. C. No. 201-061-01

IMPROVEMENTS PERMIT

Map Date 8-30-73

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 Ferguson (LAST) James (FIRST) Roy (MIDDLE)

ADDRESS OF OWNER Route 4, Box 480 ZIP

LOCATION OF LOT Shopton 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 47 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 7259. 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.

L. P. Brinkman
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 6/6/71 Serial No. 5350 ICAR(S)-Permit No. 7257

T C No.

Map Date

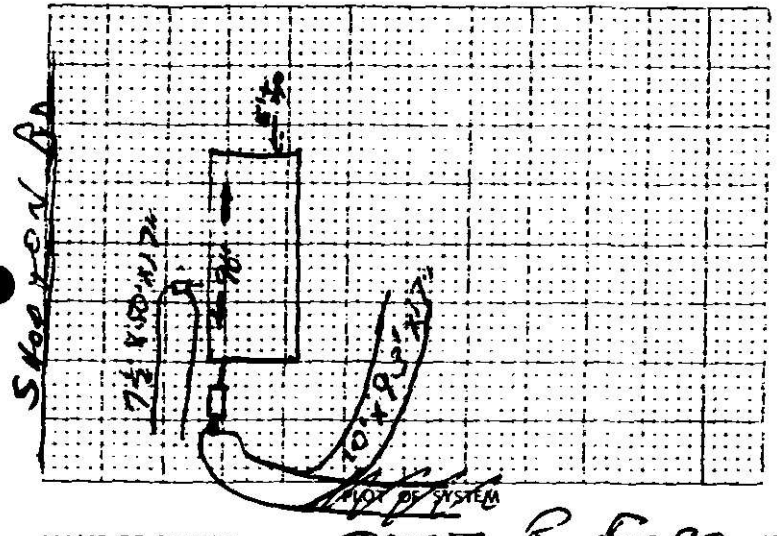
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to X Install or Construct, Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied in application 7257, dated 11/26/73 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 6/15/71, after which date this permit shall be null and void.



Percolation Rate 47

Liquid Capacity of Tank *1500

Tank Construction PC

Absorption and/or Nitrification Lines 5T W M

Total Line Length 370 150

Number of Lines 4 3

Distance from House 10' min

Distance from Property Line 30'

Distance from Well 60'+

NAME OF OWNER JAMES R. FERGUSON

LOCATION OF PROPERTY SHOPTON RD

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 * OWNER OPTED FOR 1500 gal ST.

Division or Section Head JA/LPB

Environmentalist L. Murray

* 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.

REV. 7-1 E-5-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/13/74

Serial 4770

C of A (s) No. 7259

T. C. No.

Map Date

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 FERGUSON (LAST) JAMES (FIRST) R. (MIDDLE)

Location of Property SHORTER RD

Application Number 7257 Permit Number 7257

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile ST 390 JM 150 Number of Lines ST 4 WM 3

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source ~~Well~~ WELL ABOVE ROAD Distance from Water Source 100'+

Excavation Inspected 6/13/74 (DATE) Tank Inspected 6/13/74 (DATE)

Nitrification Field Inspected 6/13/74 (DATE)

Washing Machine Line Inspected, If Applicable 6/13/74 (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, X 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: SOIL FOR W.M APPEARS POOR

Environmentalist

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

HEALTH DEPARTMENT'S COPY