R

Date Received 9-12-13

(50)

APT No. 6980

T. C. No. 111-143-30

Map Date 4-21-13

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hillsborough (LAST) Rosa (FIRST) Elizabeth (MIDDLE)

2) ADDRESS OF OWNER 121 Bluestone Rd Thomasville NC ZIP 27360

3) PHONE NO Home 332-7538 Office

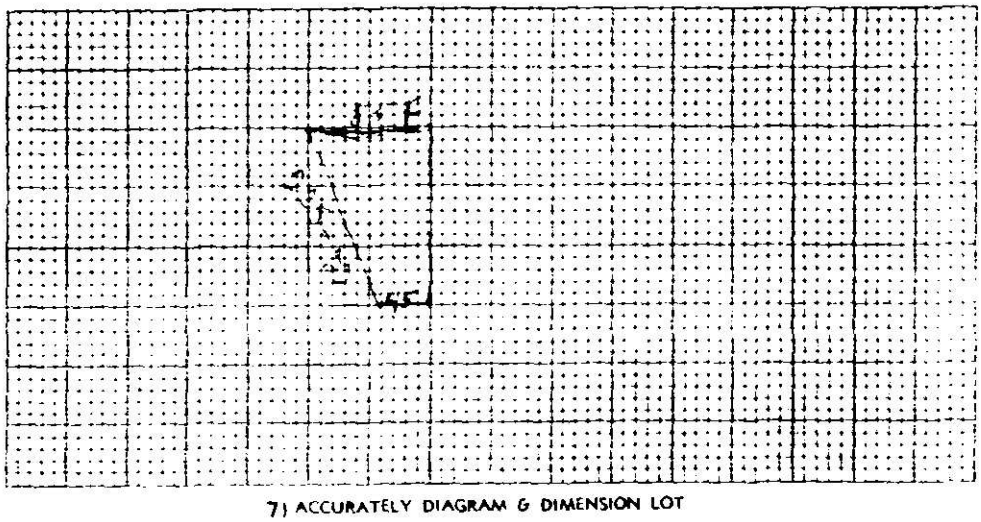
4) LOCATION OF PROPERTY Clear Creek Community Boswell St (STREET OR COUNTY ROAD) 7421

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 3614 PAGE NO 432

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

Rosa Hillsborough
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

# Serial No. 3834

PTR No. 6980

T C No 111-143-30

Map Date 4-27-73

Date Issued November 21, 1973

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

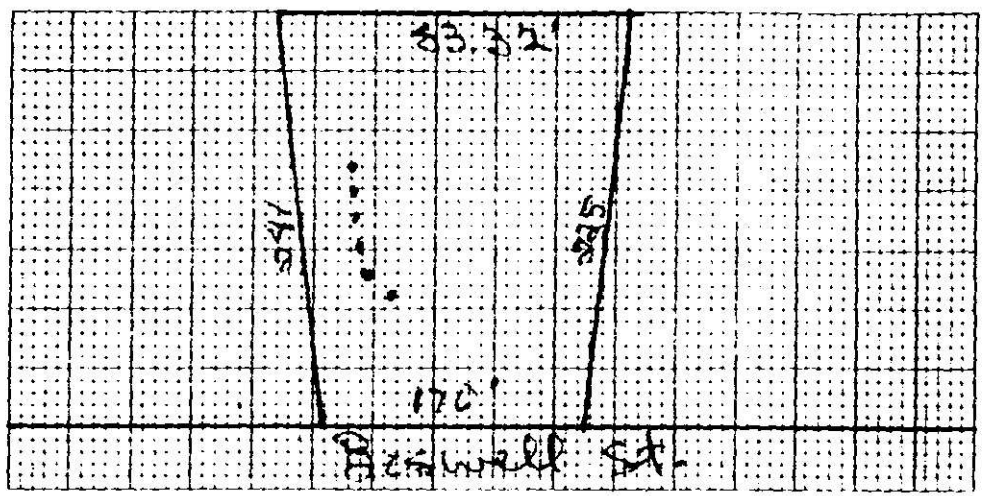
## PERCOLATION TEST REPORT

NAME OF OWNER Covington (LAST) Joca (FIRST) Hill (MIDDLE)

ADDRESS OF OWNER 2100-b Milton Road ZIP 28215

LOCATION OF PROPERTY Powell Street (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 [illegible] 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.

R. M. Reynolds

John R. Adkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-12-73

MECK COUNTY HEALTH DEPT.
RECEIVED
SEP 12 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR (S) Application No 6980

T C No 111-143-30

Map Date 4-27-73

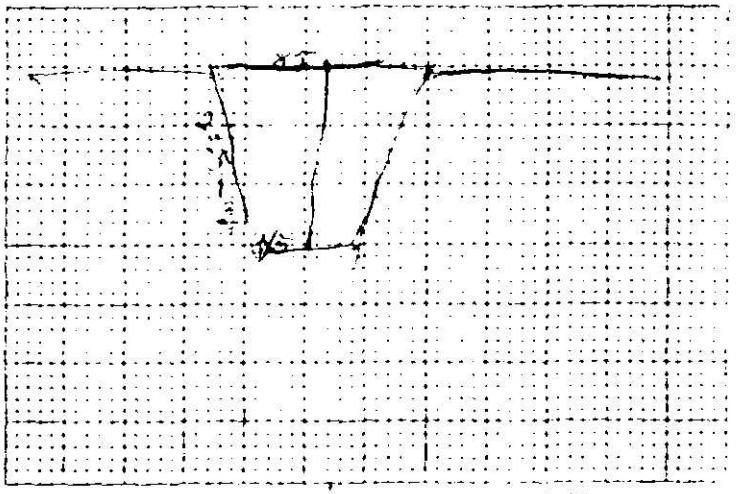
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 2

5) Living Units Within Employees

6) Water Supply: Individual X Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply:
A. Individual Yes
B. Community
C. Community
Well
2. Community

10) Sewage System
Public sewer Yes
Community sewer Yes No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No Block No

Map Book No 36 Page No 452

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN 5-0

20) 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 [signature]

Form E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued November 21, 1973

Serial No. 3639

LA No. 6980

T. C. No. 111-143-30

IMPROVEMENTS PERMIT

Map Date 4-27-73

# 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 Covington (LAST) Rosa (FIRST) Hill (MIDDLE)

ADDRESS OF OWNER 2100-B Milton Road ZIP 28215

LOCATION OF LOT Boswell Street (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 50 min/in 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 6980. 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

R. M. Reynolds
Environmentalist

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

FORM NO E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 21 Nov-73 Serial No. 4663

ICAR(S) Permit No. 6980

T. C No. 111-143-30

Map Date 4-27-73

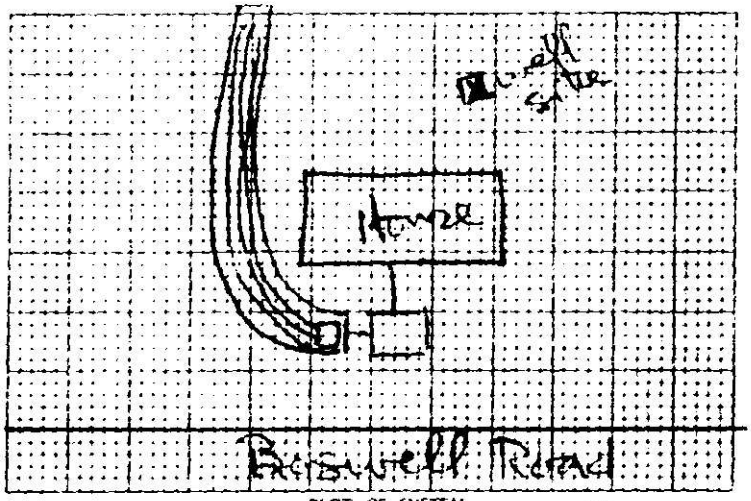
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 6980, dated ____ 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 21 Dec 73, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Lenght 300 ft

Number of Lines 3 @ 3½' x 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Covington, Rosa Hill

LOCATION OF PROPERTY Bessuell Road

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: Slope & Winchester

Division or Section Head

R M Reynolds
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**

Date Issued 26 Nov 73 Serial 4240

C of A (s) No. 6980

T C No 111-143-30

Map Date 4-27-73

John R Atkisson

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 Covington, Rosa Hull
(LAST, FIRST, MIDDLE)

Location of Property Boswell Rd

Application Number 6980 Permit Number 6980

**Inspection Data:**

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 300' Number of Lines (3) 7½' x 100'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 26 Nov 73 (DATE) Tank Inspected 26 Nov 73 (DATE)

Nitrification Field Inspected 26 Nov 73 (DATE)

Washing Machine Line Inspected, If Applicable ——— (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 O.K.

R M Reynolds

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY