Date Received 3 Mar 75

Application No. 5638

T. C. No. 017-072-03

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Bates (LAST) Robert (FIRST) W (MIDDLE)

ADDRESS OF OWNER 4434 Brooktree ZIP 28208

PHONE NO. Home 392 4554 Office 372 2233

LOCATION OF PROPERTY Highway 115 (STREET OR COUNTY ROAD) Huntersville, N. C.

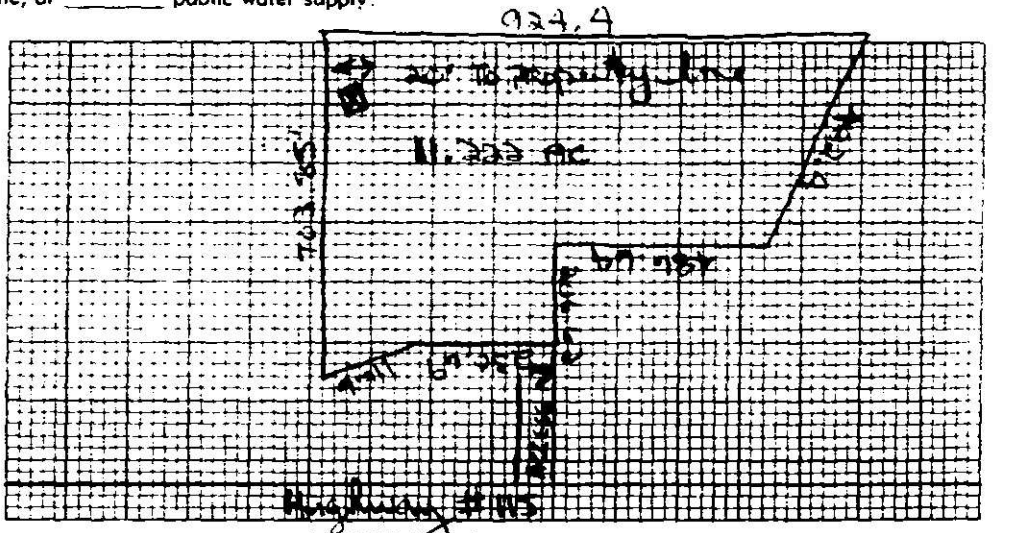
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR McCall Bros LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

3 Mar 75
DATE OF APPLICATION

Robert W Bates
OWNER

Application approved and permit hereby granted

Permit No: 5638

G. M. Reynolds 3 Mar 75
ENVIRONMENTALIST

FORM NO. E-28-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2-23-73

APT No. 5638

T C. No 97-072-03

Map Date 10 June 74

Perk Rate 21 June 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BATES (LAST) ROBERT (FIRST) WARREN (MIDDLE)

2) ADDRESS OF OWNER 4434 BROOKTREE DR. CHARLOTTE ZIP 28208

3) PHONE NO. Home 392 4554 Office 372 2223

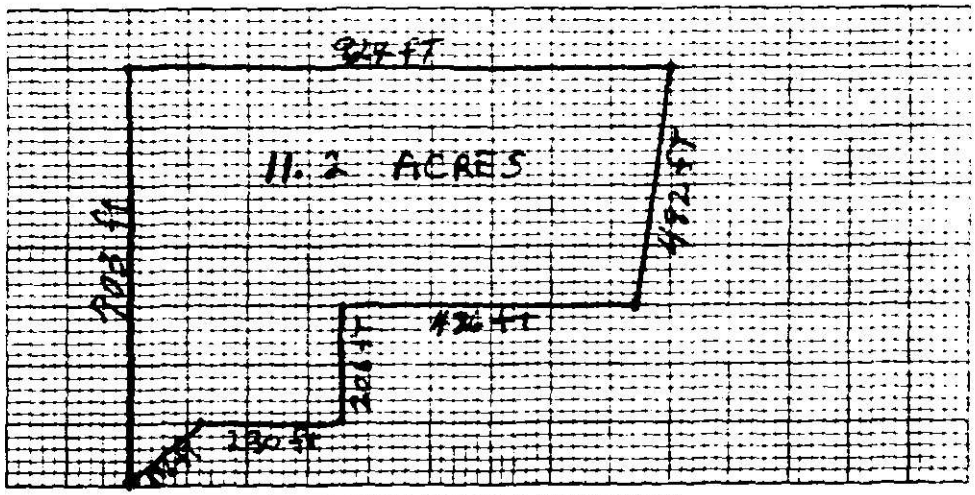
4) LOCATION OF PROPERTY HIGHWAY 115 1/3 MILE SOUTH OF HUNTERSVILLE (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 3543 PAGE NO 189

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

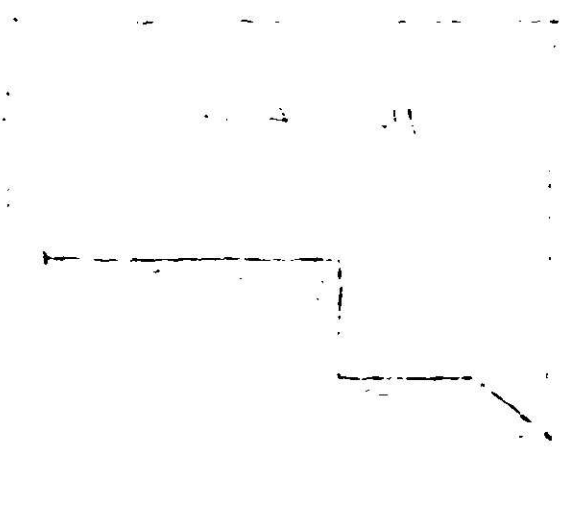


7) ACCURATELY DIAGRAM & DIMENSION LOT

Robert Warren Bates
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY



Serial No. 4481

PTR No 5638

Date Issued June 24, 1974

T C No 017-072-03

Map Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

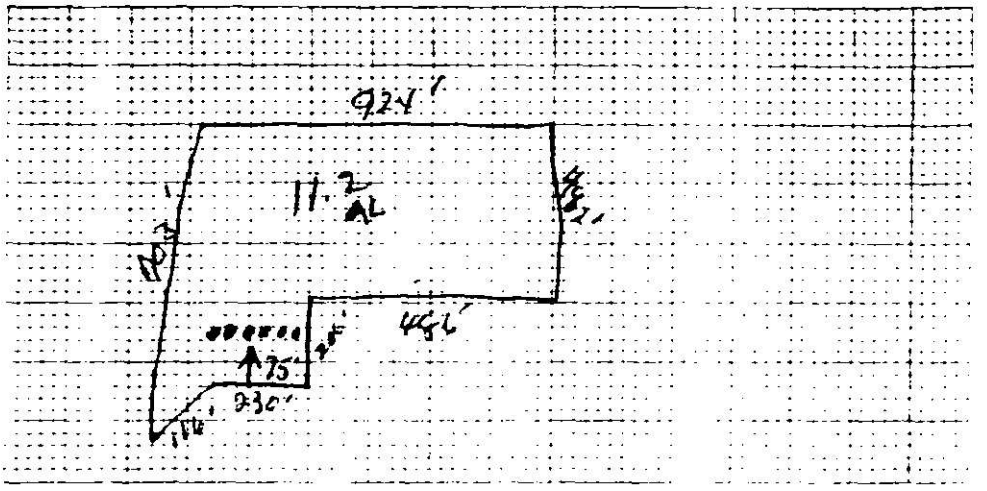
PERCOLATION TEST REPORT

NAME OF OWNER Bates (LAST) Robert (FIRST) Warren (MIDDLE)

ADDRESS OF OWNER 4434 Brooktree Drive ZIP 28208

LOCATION OF PROPERTY Highway 115 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and/or an site e[illegible] made by the Mecklenburg County Health Department on the [illegible] described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined from the test was 60 min/in. The s[illegible] is approved for the inst[illegible] tion of an individual septic tank wastewater treatment system with s[illegible] absorption eff[illegible] ent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter or repair the specific system shall be obta[illegible] from the Mecklenburg County Health Department prior to the beginning of any construction of buildings or of new water treatment system on the lot.
2. The size of the septic tank wastewater treatment system which must be inst[illegible] will be determined by the Health Department prior to the issuance of a permit based on the percolation rate obtained above and on the use and type of building constructed thereon.
3. This approval is [illegible] the system is installed in the immediate area wh[illegible] the percolation test was run.
4. This approval would become void upon grading, filling or construction including the [illegible] was performed on the lot which, in the opinion of the Health Department renders the area where the percolat[illegible] was run unsuitable for the satisfactory construction, installation and/or repair of such a system.

This approval is granted based on the laws of the State of North Caro[illegible] and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg C[illegible] Board of Health which were in effect on the date of issuance and is void if at any time in the fut[illegible] 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.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2-23-73

ICAR(S) Application No. 5638

T. C No. _____

Map Date _____

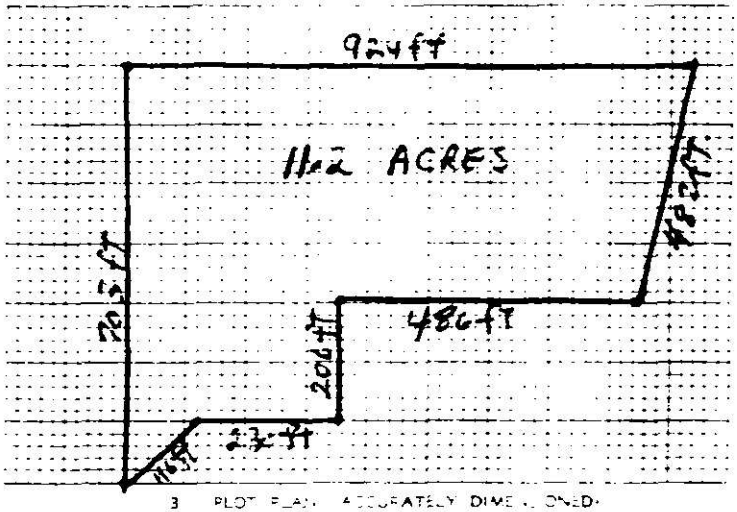
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

3 No. Bedrooms 3

Water Supply: Was No

Employees None

A Swimming Machine ___ Yes ___ No

Garbage Disposal ___ Yes ✓ No

Dishwasher ✓ Yes ___ No

Water Supply:

A Municipal We ✓

B Swimming System ___

C Drainage System

Well Source ___

Swimming ___

Sewage System

Must be located a min 200 feet ✓

Public sewer ___ Yes ___ No

Must be located a min 200 feet

Community sewer ___ Yes ✓ No

FHA Case No. ___

VA Case No. ___

13) NAME OF OWNER BATES (LAST) ROBERT (FIRST) WARREN (MIDDLE)

14) ADDRESS OF OWNER 4434 BROOKTREE DR. CHARLOTTE, 28208

15) PHONE NO Home 372 4554 Office 372 2233

16) LOCATION OF SYSTEM HIGHWAY 115 1/3 MILE SOUTH HUNTERSVILLE (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3543 AT PAGE 189

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.

Feb 23, 1973
DATE OF APPLICATION

Robert Warren Bates
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued June 24, 1974

Serial No. 4206

LA No 5638

T C No 017-072-03

IMPROVEMENTS PERMIT

Map Date 6-10-74

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 Bates (LAST) Robert (FIRST) Warren (MIDDLE)

ADDRESS OF OWNER 4434 Brooktree Drive ZIP 28208

LOCATION OF LOT Highway ~~21~~ 115 (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 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 5638. 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

Richard Stedman
Environmentalist

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

FORM NO E-3-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued

ICAR (S) Permit No. 5635

T C No

Map Date

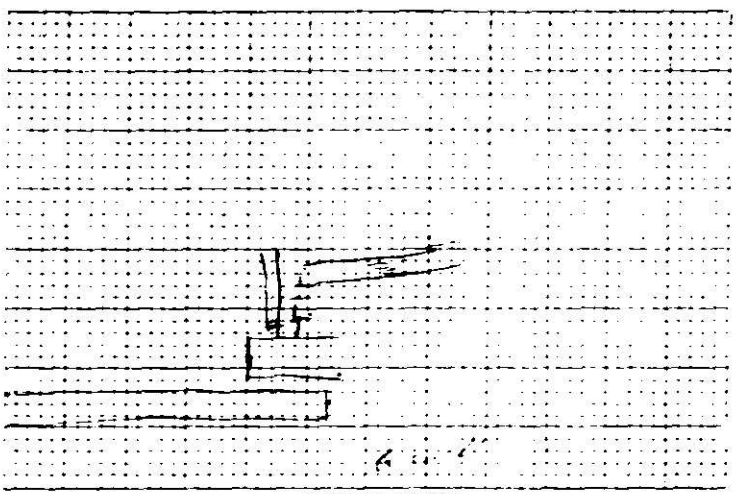
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 5635, 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 , after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1500

Tank Construction

Absorption and/or Nitrification Lines

Total Line Length

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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

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 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-5-8-1-72

Date Issued 24 Jun 75 **Serial No.** [illegible]

C of A Isl No 5638

T C No 017-022-03

Map Date 10 Jun 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

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

Name of Owner Baker (LAST) Robert (FIRST) Warren (MIDDLE)

Location of Property Highway 115 - 1/3 mile South of Huntersville

Application Number 5638 Permit Number 5638

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PE

Total Length of Drain Tile 600' + 150' new Number of Lines 4 (10' x 38' x 17") 4 (10' x 150' x 12")

Depth of Filter Material 17" Cover Depth 18-24"

Water Supply Source Dug Well Distance from Water Source 100' +

Excavation Inspected 23 Jun 75 (DATE) Tank Inspected 23 Jun 75 (DATE)

Nitrification Field Inspected 23 Jun 75 (DATE)

Washing Machine Line Inspected, If Applicable 23 Jun 75 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been ✓ installed and is approved as complying 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 is not in any way a guarantee that the system will operate properly nor relieve any person now or hereafter owning 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 which are in the permit as 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 Warren Baker (Contr.)

Environmentalist

FORM NO E-6-9-1-72

MECKLENBURG COUNTY HEALTH DEPARTMENT