Date Received 10-3-74

Application No. 7228
T. C. No. 084-041-04
Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Setzer (LAST) Noah (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER RT # 11 Box 626J ZIP 28213

PHONE NO. Home 3921543 Office 373-3560

LOCATION OF PROPERTY Stumptown Rd (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

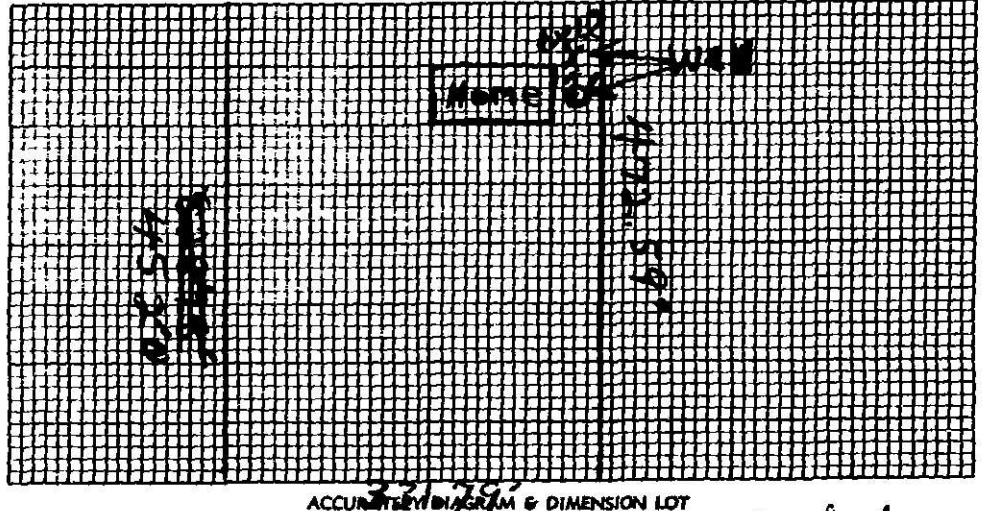
MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK 2938 PAGE NO. 174

WELL CONTRACTOR Stewart Pump + Well Co. Inc LICENSE NO. 70

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:

330.79'



ACCURATELY DIAGRAM & DIMENSION LOT

10-3-74
DATE OF APPLICATION

Noah H. Setzer
OWNER

Application approved and permit hereby granted

Permit No: 7228

1 Nov 74
Richard Houston
ENVIRONMENTALIST

FORM NO. E-28-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 11-1173

APT No. 7228

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST 1973

1) NAME OF OWNER Setzer (LAST) Noah (FIRST) Howard (MIDDLE)

2) ADDRESS OF OWNER Route #11 Box 626J ZIP 28213

3) PHONE NO. Home 392-1543 Office 373-3507

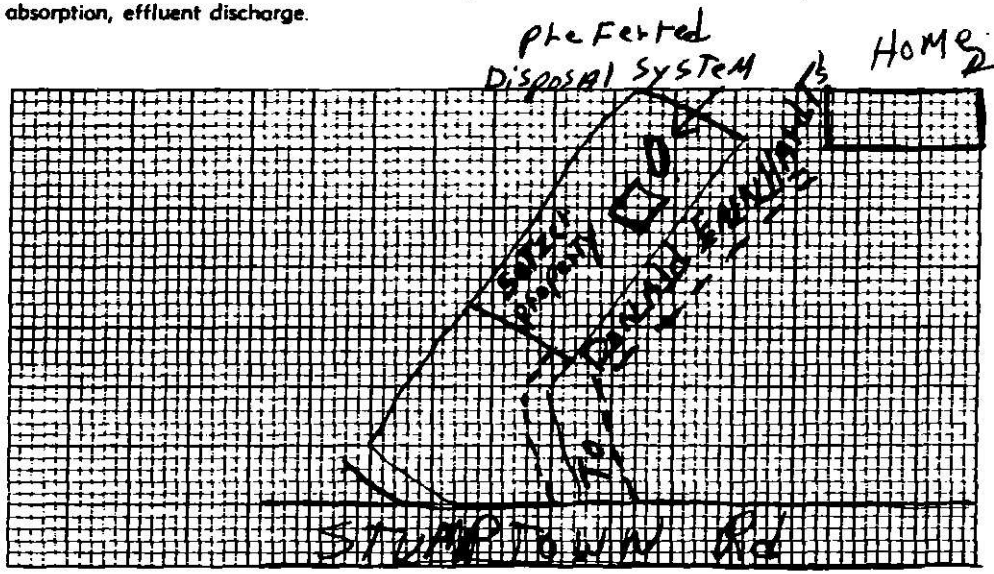
4) LOCATION OF PROPERTY Stumptown Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. 2938 PAGE NO. 174

6) DEED REFERENCE: DEED BOOK 2938 PAGE NO. 174

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

Noah H. Setzer
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. Nov. 21, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 7228
T.C. No. P.O. 009-091-09 9-5-73

NAME OF OWNER Setzer, Noah Howard

ADDRESS OF OWNER Route 11, Box 626-J ZIP 28213

LOCATION OF LOT Stumptown Road

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	11-20-73	200 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

W. A. Gurley
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 3863

PTR No. 7228
P.O.
T.C. No. 009-091-09

Date Issued December 7, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

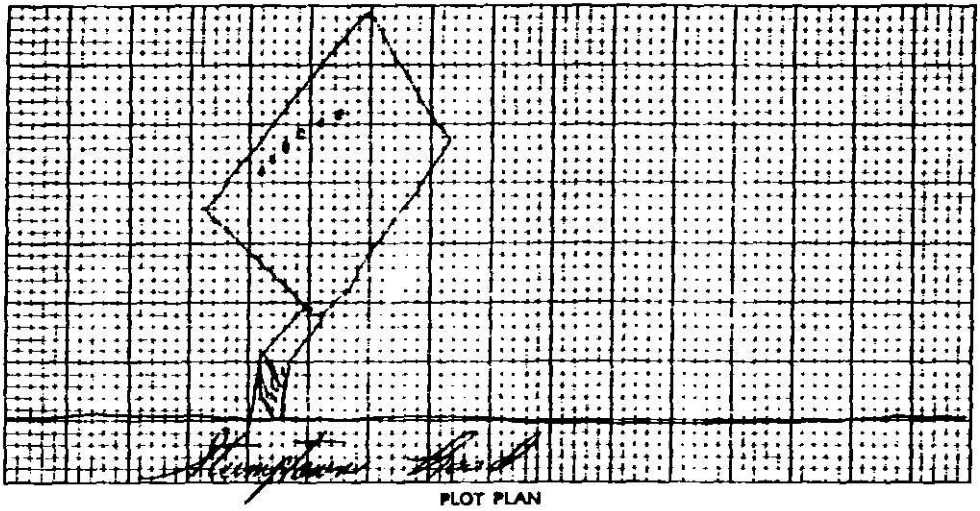
PERCOLATION TEST REPORT

NAME OF OWNER Setzer (LAST) Noah (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER Route 11, Box 626-J ZIP 28213

LOCATION OF PROPERTY Stumptown 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 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 waste water 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.

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 30 29 Oct 74

ICAR (S) Application No 7228

T C No 009-09-09

Map Date 9-5-73

1500 000 15

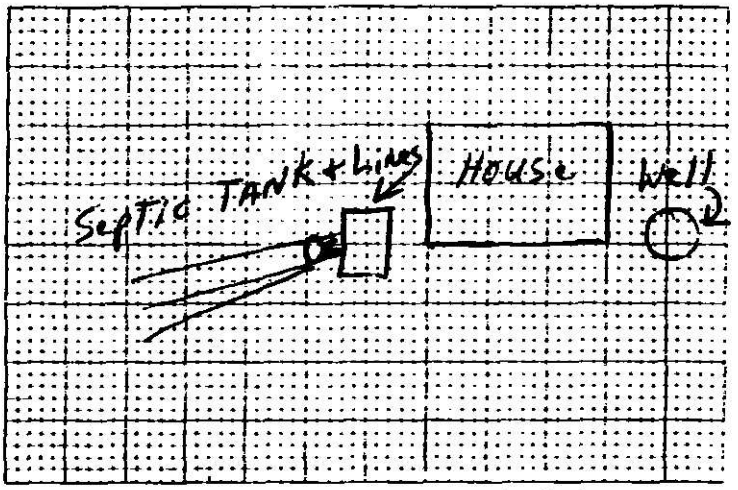
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

5) Business Use - Max No Employees _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disposal _____ Yes ✓ No

8) Dishwasher ✓ Yes _____ No

9) Water Supply
A) Individual well ✓ yes
B) Governmental system _____
C) Community System
1 Well source _____
2 Governmental source _____

10) Sewage System
House located within 200 feet of public sewer _____ Yes ✓ No
House located within 200 feet of community sewer _____ Yes ✓ No

11) FHA Case No _____

12) VA Case No _____

13) NAME OF OWNER Setzer (LAST) Noah (FIRST) Howard (MIDDLE)

14) ADDRESS OF OWNER Route # 11 Box 626J Charlotte, NC. 28213

15) PHONE NO. Home 3921543 Office 373 3560

16) LOCATION OF SYSTEM Stump Town Rd (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. 174

18) DEED REFERENCE — DEED BOOK 2938 AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 12-6-73 PR 60

20) PTR NUMBER (See Instructions) 7228

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.

29 Oct 74
DATE OF APPLICATION

Noah H. Setzer
OWNER

FORM NC E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10-30-74

Serial No. 4514

IMPROVEMENTS PERMIT

LA No. 7228
P.O.
T. C. No. 009-091-09

Map Date 9-5-73

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 Setzer (LAST) Noah (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER Route 11, Box 626J, Charlotte, N. C. ZIP 28213

LOCATION OF LOT Stump Town Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. 174

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 7228. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/29 Serial No. 6834 ICAR(S)-Permit No. 7228

T C No. [illegible]

Map Date 9-5-23

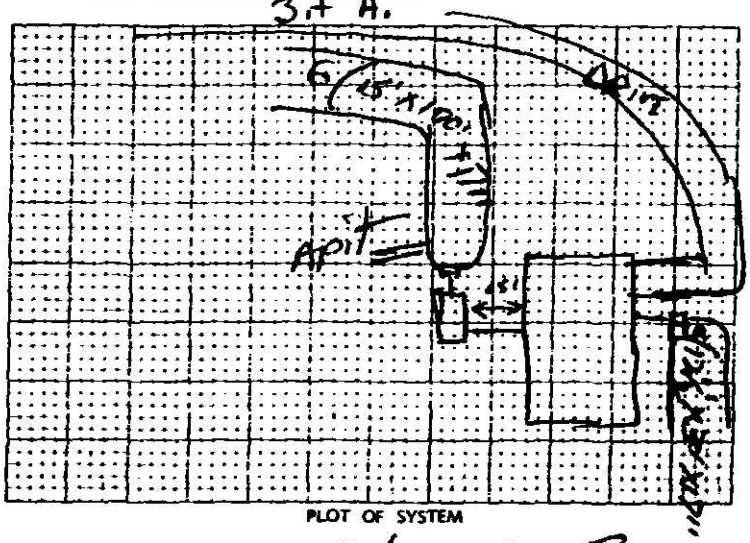
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7228, dated 10/30/77 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 10/30/78, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines: ST WM

Total Line Lenght 600 150

Number of Lines 6 5 ST 15'

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 78'

NAME OF OWNER Noah Setzer

LOCATION OF PROPERTY Stumptown 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: _____

Division or Section Head

Environmentalist L P Bynum

* 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-5-8-1-72

[illegible] DEPARTMENT'S COPY

Serial No. 6298

C of A (s) No. 7228

Date Issued 10-7-75

T. C. No. 005-091-09

Map Date 9-5-73

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 SETZER (LAST) NOAH (FIRST) ____ (MIDDLE)

Location of Property STUMPTOWN RD

Application Number 7228 Permit Number 7228

Inspection Date:

Liquid Capacity of Tank 1500 gal (S' WM) Tank Material PC (ST WM)

Total Length of Drain Tile 60 150 Number of Lines 6 5

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source IND WELL Distance from Water Source 78

Excavation Inspected 10/7/75 (DATE) Tank Inspected 10/7/75 (DATE)

Nitrification Field Inspected 10/7/75 (DATE)

Washing Machine Line Inspected, If Applicable 10/7/75 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: DENVER PKG CO, Denver NC,

Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY