Date Received 12-9-73

APT No 7304

T C No 017-218-08

Map Date 1-28-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Tilson (LAST) Joe (FIRST) S. (MIDDLE)

2) ADDRESS OF OWNER Huntersville NC ZIP 28078

3) PHONE NO. Home 875-2735 Office

4) LOCATION OF PROPERTY Hambright Road Route 1 Box 231 (STREET OR COUNTY ROAD)

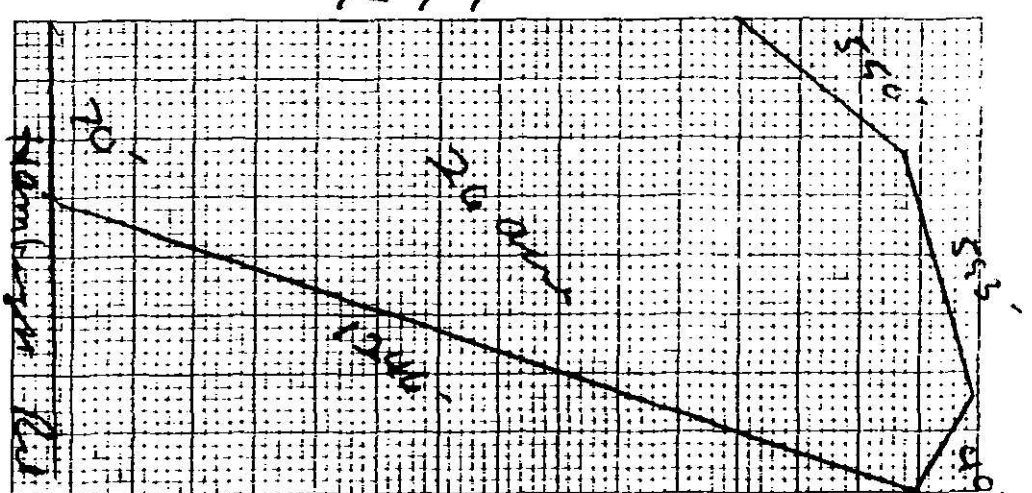
5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

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.

1-77



7) ACCURATELY DIAGRAM & DIMENSION LOT

Joe S. Tilson
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. 2-18-74
2. 3-7-74
3. _____

SDR No. 7304
T.C. No. 017-212-04
9-1-70

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

NAME OF OWNER Tilson, Joe S.

ADDRESS OF OWNER Route 1, Box 731, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Hambright 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.	2-15-74	130 min/in
X	2.	3-6-74	150 min/in
____	3.	_____	_____ min/in

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

Jerry Tilson
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 4150

PTR No 7304

T C No 017-[redacted] 211-08

Date Issued March 14, 1974

Map Date [redacted] 1-28-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

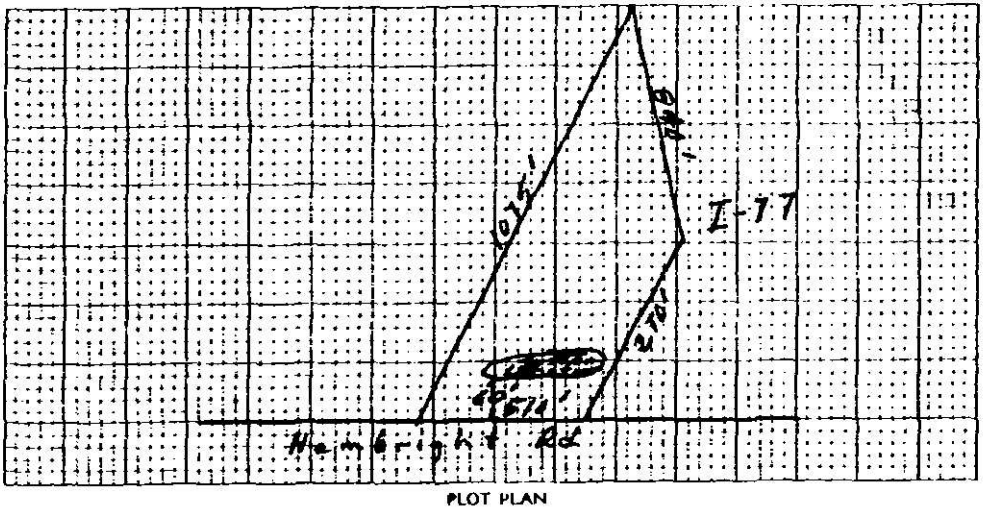
PERCOLATION TEST REPORT

NAME OF OWNER Tilson (LAST) Joe (FIRST) S. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 231, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Hambright 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 wastewater 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

*Results determined by soil analysis.

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

W. Goulte Lyons, Jr.
Soil Scientist

FORM NO. E-2-5-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 12-1-73 ICAR'S Application No 7304

T C No 017-21A-08

Map Date 5-4-33-4

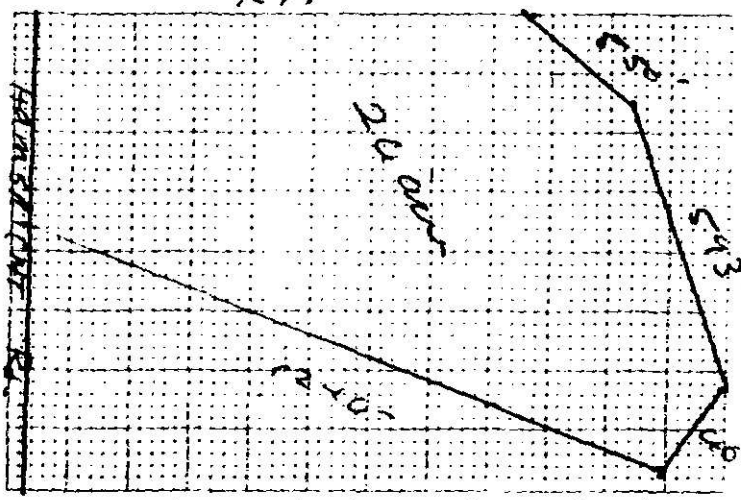
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No of Bedrooms 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 ✓
b) Government
c) Community System
1) Well
2) Government

Sewage System
House connected with 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) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Tilson (LAST) Joe (FIRST) S. (MIDDLE)

14) ADDRESS OF OWNER Huntersville NC Route 1 Box 231

15) PHONE NO Home 895-2755 Office

16) LOCATION OF SYSTEM Hambright Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE 567 60

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 3-13-74

20) PTR NUMBER (See Instructions) 7304

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

OWNER Joe S. Tilson

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 14, 1974

Serial No. 3909

LA No 7304

T C No 017-[redacted] 211-08

IMPROVEMENTS PERMIT

Map Date [redacted] 1-28-74

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 Tilson, Joe S.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Route 1, Box 231, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Hambright 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 individuol 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 # 7304. 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

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12 June 74 Serial No. 5[illegible]9 ICAR(S) Permit No. 7304

T C No 017-212-04

Map Date 9-1-70

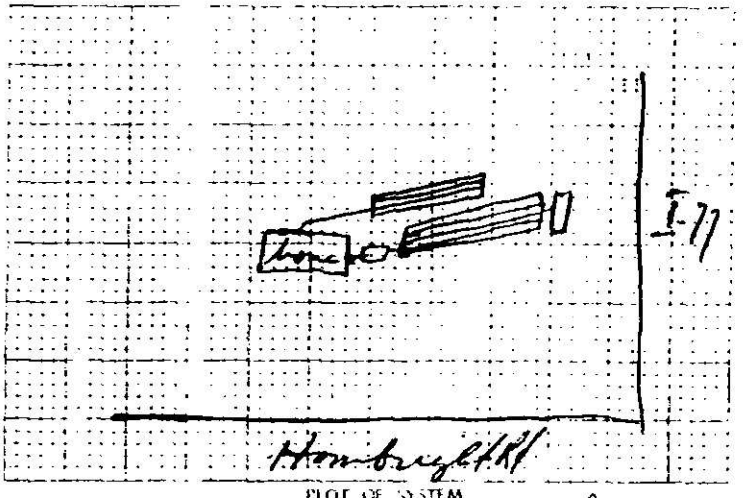
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ~~ ~~ After or Repair the individual septic tank waste water treatment ~~ ~~ tem with subsurface soil absorption effluent discharge ~~ ~~ as described herein at the ~~ ~~ scribed location ~~ ~~ a permit is granted based upon the information supplied in application dated 12-7-73 and this permit shall be void and of no effect if the information contained in the application is not true ~~ ~~ or is erroneous. All work shall be completed on or before 12 July 74 after which date this permit ~~ ~~ shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 400' (150 lin ft)

Number of Lines 3 (24"x50'x2½")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Tilson, Joe S

LOCATION OF PROPERTY Hombright 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: aeration pit 2½'x7'x4' Stone

Division or Section Head

Environmentalist Richard Carstarphen

If this permit ~~ ~~ 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. E-5-9-1-72

[illegible] Printed in U.S.A.

Date Issued 14 June 74 Serial No. 4954 C of A (s) No 7304

T C No 017-212-04

Map Date 9-1-70

John B. Atkinson
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 Tallon, Joe D.
LAST FIRST MIDDLE

Location of Property Hembright Rd

Application Number 7304 Permit Number 7304

Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 400' & 150' run Number of Lines 3(12½' x 80' x 17") 3(7½' x 50' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 14 June 74 DATE Tank Inspected 14 June 74 DATE

Nitrification Field Inspected 14 June 74 DATE

Washing Machine Line Inspected, If Applicable 14 June 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, 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, occupying, 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 list 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 2½' x 7' x 4' 3 Tone (Morrison)

Richard Goodman
Environmentalist

FORM NO E-6-9-1-72

ontid

Cuntz
5/16/69

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Hwy 21 - 2 1/2 miles South of Hwy 27 on right
Subdivision _____
Lot No. & Block No. 254
FHA Case No. _____

Owner Ed Gaither
Builder _____
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate	57	Min./In.	Date 2-15-62
2nd. Perc. Rate		Min./In.	Date
3rd. Perc. Rate		Min./In.	Date
4th. Perc. Rate		Min./In.	Date

Lowest Rate Above = Average Perc. Rate 57

No. Bedrooms 3 Baths 2
Washing Machine ✓ Yes / No Disposal ✓ Yes / No

Separate ✓ Yes / No Separate Yes / No

Tank Capacity 1000 Gallons
Nitrification Line 300 Lin. Ft. _____ Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. _____ Urinals _____ Lavoratories _____
Showers _____ Sinks _____ Other _____

Check:
Approved ✓
Disapproved _____
Conditional _____ Agreement Card Signed _____

W. C. Tucker
Sanitarian - Engineer

Ltr: #85
9/1968