A

Date Received 1-2-73

APT No. 5402

T. C. No. 055-141-16

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER MEDLIN (LAST) KENNETH (FIRST) JAMES (MIDDLE)

2) ADDRESS OF OWNER 532 CAROLE LANE ZIP 28216

3) PHONE NO Home 392 5290 Office 372-8900 (EXT 551)

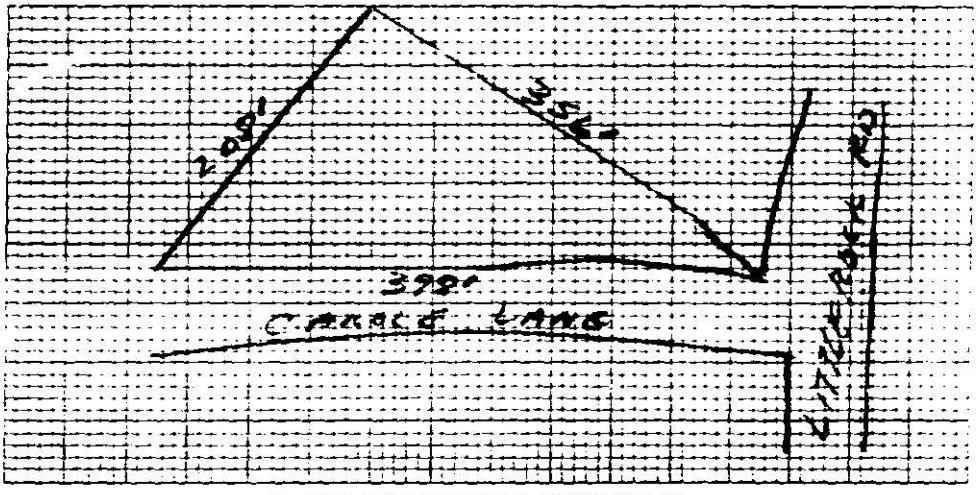
4) LOCATION OF PROPERTY CAROLE LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION ——— LOT NO 16 BLOCK NO. ———

MAP BOOK NO. 7 PAGE NO 49

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

K Medlin
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]7

PTR No. 5402

Date Issued January 3, 1973

T C No. 055-141-16

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

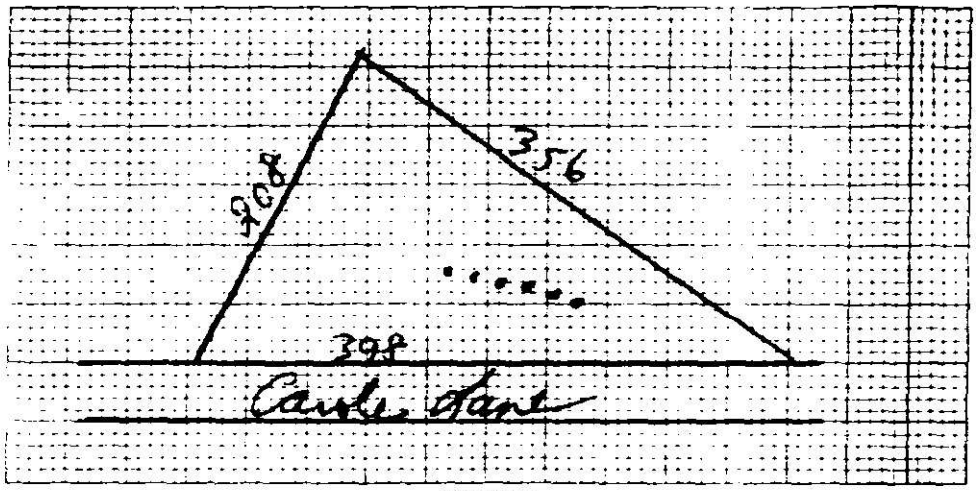
PERCOLATION TEST REPORT

NAME OF OWNER Medlin (LAST) Ronald (FIRST) Jones (MIDDLE)

ADDRESS OF OWNER 532 Carole Lane ZIP 28214

LOCATION OF PROPERTY Carole Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 16 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 56 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.

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS

Date Received 1-2-73

ICAR(S) Application No. 5402

T C No 055-141-46

Map Date 9-1-70

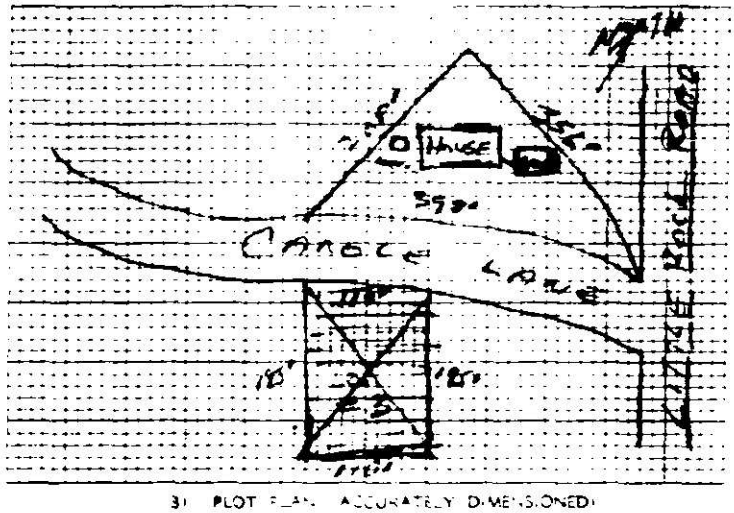
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereafter 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 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 System ___ ___
C) Community System
Well source PRIVATE
___ Government 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 Mr. Ronald James (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 521 Carole Lane

15) PHONE NO Home 392-5290 Office 372-3900

16) LOCATION OF SYSTEM Carole Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 16 Block No. ___

Map Book No 7 Page No. 491

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

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.

12-22-72
DATE OF APPLICATION

D Mecklin
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2420

LA No. 5402

Date Issued January 3, 1973

T C No. 055-141-16

Map Date 9-1-70

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 Medlin (LAST) Ronald (FIRST) Jones (MIDDLE)

ADDRESS OF OWNER 532 Carole Lane ZIP 28214

LOCATION OF LOT Carole Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 16 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 56 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 5402. 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

John R Atkisson
Environmentalist

R. F. McMillan
Chief, Environmental Health Division or Authorized

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

HEALTH DEPARTMENT'S COPY

Date Issued 5/1/23

Serial No. 3680

ICAR(S) Permit No. 5402

T C No. 055-141-16

Map Date 9-1-78

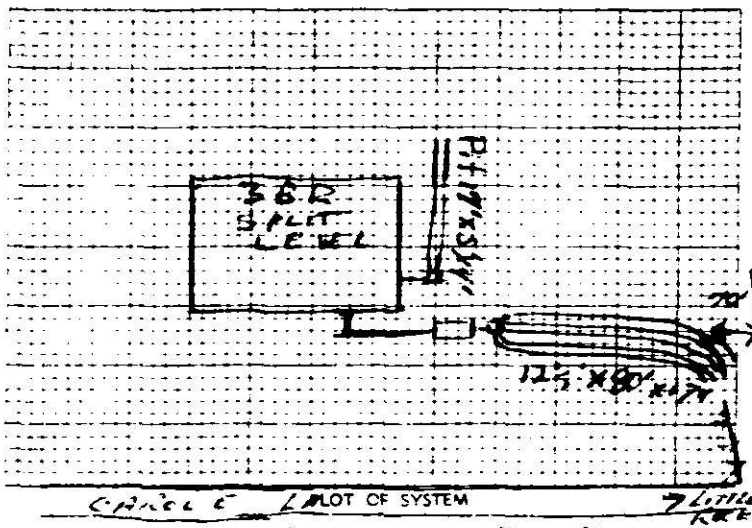
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5402, dated 1-2-23 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 11/1/23 after which date this permit shall be null and void.



Percolation Rate 56

Liquid Capacity of Tank 1500

Tank Construction FC

Absorption and/or Nitrification Lines

Total Line Lenght 400 (100' ea)

Number of Lines 5

Distance from House 40

Distance from Property Line 10' +/-

Distance from Well 80' +

NAME OF OWNER KENNARD J. HEDLIN (FOR SALE)

LOCATION OF PROPERTY 611 CIRCLE LN.

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: 1 LOT

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 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 S-4(-) 77

HEALTH DEPARTMENT'S COPY

Date Issued 5/11/73 **Serial No.** 3298 C of A (s) No. 5402

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WEDLIN (LAST) RONALD (FIRST) J (MIDDLE)

Location of Property 611 CAROLL LN.

Application Number 5401 Permit Number 5401

Inspection Date:

Liquid Capacity of Tank 1500 gal (ST) (with)

Tank Material PC

Total Length of Drain Tile 400 (ST) 32 (with)

Number of Lines 5 (ST) (add 1½ '28 with) 2 (@ 15 x 10 x 4')

Depth of Filter Material 17" 4'

Cover Depth 24"

Water Supply Source Ind well

Distance from Water Source 50'+

Excavation Inspected 5/11/73 (DATE)

Tank Inspected 5/11/73 (DATE)

Nitrification Field Inspected 5/11/73 (DATE)

Washing Machine Line Inspected, If Applicable 5/11/73 (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: B. Lee

Environmentalist

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

HEALTH DEPARTMENT'S COPY