MECKLENBURG COUNTY
Department of Public Health

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

Date Issued
1. 6-28-73
2. _____
3. _____

SDR No. 6516
T.C. No. _____

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

NAME OF OWNER Carmel Country Club, Inc.

ADDRESS OF OWNER 4735 Carmel Road ZIP _____

LOCATION OF LOT Parview Drive South

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.	6-27-73	400 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

Thomas R. Ward
Environmentalist

(Stencil No.)
EHD 398
8/70

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

K

Date Received 6 21 73

RECEIVED
JUN 21 1973
ENVIRONMENTAL HEALTH DIVISION

APT No. 6516
T. C. No. 001-297-35
Map Date 4-21-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

6-20-73

1) NAME OF OWNER CHERRY (LAST), JOHN (FIRST) RICKARD (MIDDLE)

2) ADDRESS OF OWNER 1210 ALLENBROOK DR. CHARLOTTE ZIP 28208

3) PHONE NO Home 394-1224 Office 375-6571 (N. MECK. H. SCHOOL)

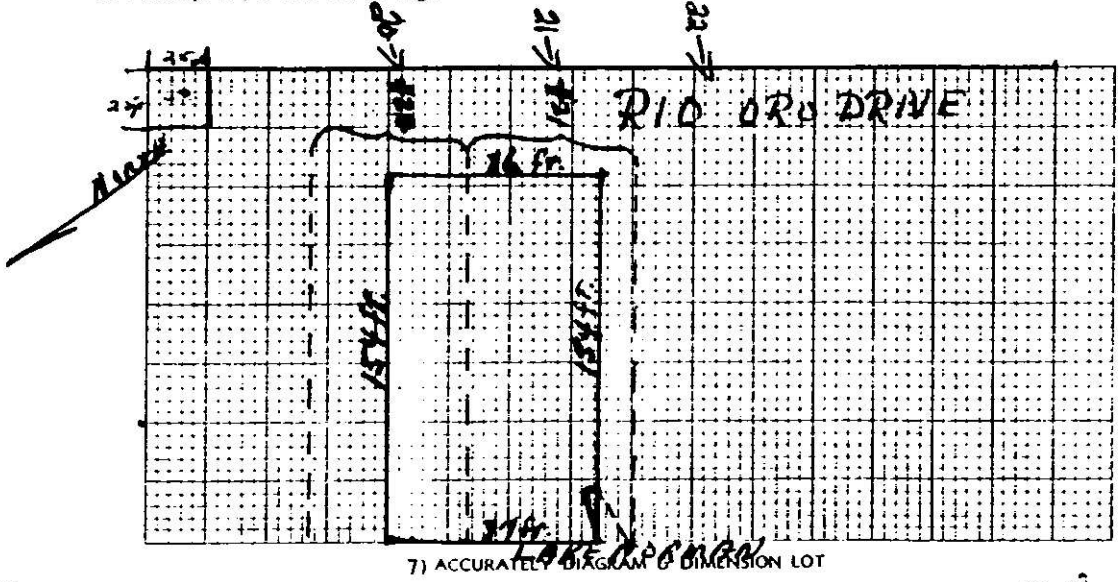
4) LOCATION OF PROPERTY RIO ORO DRIVE (STREET OR COUNTY ROAD)

5) SUBDIVISION BAHIA BAY II LOT NO 21 & 20 SECTION 2 BLOCK NO.

MAP BOOK NO 12 PAGE NO 563

6) DEED REFERENCE DEED BOOK 3466 PAGE NO 159

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

NOTE: I SOLD 15FT. OF LOT 21 TO OWNER OF LOT 22. AUG. '72.

OWNER John Richard Cherry

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3762

PTR No. 6516

T C. No. 001-297-35

Date Issued June 28, 1973

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

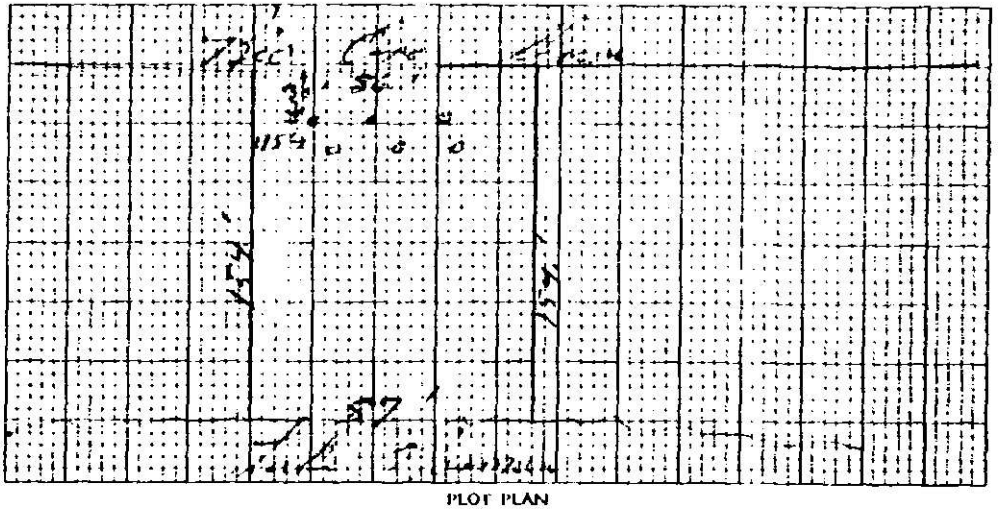
NAME OF OWNER Cherry (LAST) John (FIRST) Rickard (MIDDLE)

ADDRESS OF OWNER 1210 Allenbrook Drive, Charlotte ZIP 28208

2

LOCATION OF PROPERTY Rio Oro Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay II LOT NO 21 & 1/2 20 BLOCK NO. Section 2



PLOT PLAN

This is to certify that a percolation test has been run and on 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 45 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

John A Atkinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-16-73

ICAR (S) Application No 6516

T C No 001-297-35

Map Date 4-27-73

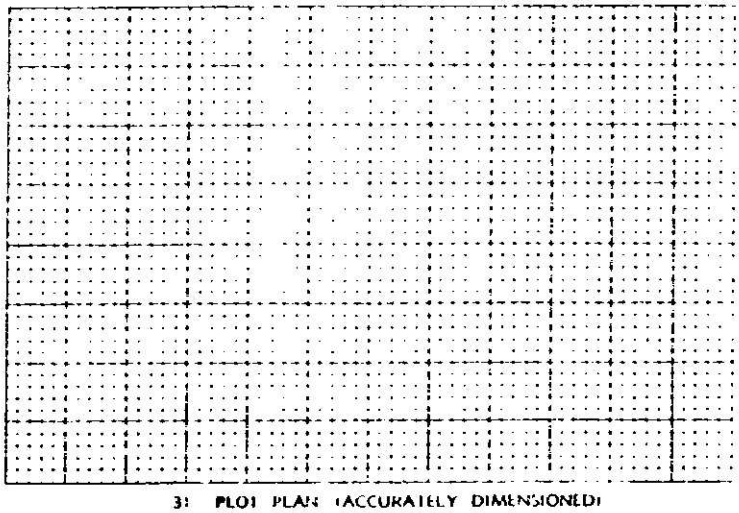
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Business Use (Yes or No)
Employees NO

6) Water Supply Members ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ____ Yes ✓ No

9) Water Supply
A) Individual Well
B) Government System
C) Community System
1) Well ✓
2) Government System

Sewage System
Distance from nearest line of public sewer ____ Yes ✓ No
Property to be served within 200 feet ____
Connection to sewer ____ Yes ✓ No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER CHERRY, JOHN RICKARD
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 1210 ALLENBROOK DR., CHARLOTTE, N.C. 28209

15) PHONE NO Home 394-1324 Office 375-6511 NORTH MECK HS.

16) LOCATION OF SYSTEM RIO ORO DR.
(STREET OR COUNTY ROAD)

17) SUBDIVISION BAHIA BAY II Lot No 215 ½ 220 Block No II (SECTION)

Map Book No 12 Page No. 563

18) DEED REFERENCE — DEED BOOK 3446 AT PAGE 139

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 6-27-73 >45

20) PTR NUMBER (See Instructions) 6516

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 10-16-73

OWNER John Richard Cherry

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 17, 1973 Serial No. 3527

IMPROVEMENTS PERMIT

LA No. 6516

T. C. No. 001-297-35

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 Cherry (LAST) John (FIRST) Rickard (MIDDLE)

ADDRESS OF OWNER 1210 Allenbrook Drive ZIP

LOCATION OF LOT Rio Oro Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay II LOT NO. 21 & 1/2 of 20 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 45 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 6516. 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 Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5 Jan 74

Serial No. 4750

ICAR(S) Permit No. 6516

T C. No. 001-291-35

Map Date 27 Apr 72

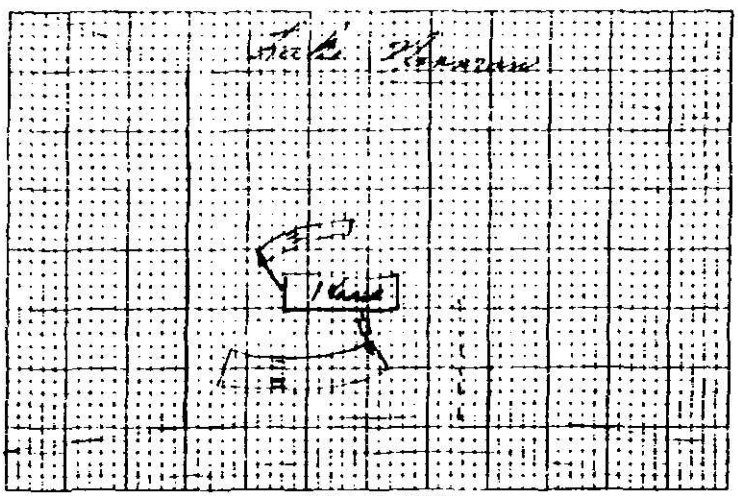
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6516, dated 16 Oct 73 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 8 Jan 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 45'

Liquid Capacity of Tank 1000

Tank Construction ~~STD~~ PC

Absorption and/or Nitrification Lines:

Total Line Length 360' + 180' WM (3 Cts 120' x 3 + 1)

Number of Lines 6 Cts 60' x 12"

Distance from House 16'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Cleary, Jerri Bickford

LOCATION OF PROPERTY 5th Ave. Court Charlotte Hwy

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: Charlotte Thomson (Sat 21 Dec 72)

Division or Section Head _____

Environmentalist [signature]

* 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

Serial 4392

C of A (s) No. 6516

Date Issued 30 Jan 74

T C No. 001-197-23

Map Date 22 Apr 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 Thomas (LAST) John (FIRST) Richard (MIDDLE)

Location of Property 736 Ole Davie (Cabin Bay)

Application Number 6516 Permit Number 6516

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PE

Total Length of Drain Tile 360'+150'WM Number of Lines 6(3'x60'x 36") (3 1/2'x25'x 36")

Depth of Filter Material 36" & 12" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 25 Jan 74 (DATE) Tank Inspected 25 Jan 74 (DATE)

Nitrification Field Inspected 25 Jan 74 (DATE)

Washing Machine Line Inspected, If Applicable 25 Jan 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, 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: Carolina Mariner (Carter)

(Lot 21 and 1/2 of Lot 22)

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY