Date Received 9-12-73 APT No. 6982

Mail Results to J. M. Cochran, Jr Home 596-3841
Rt 8 Box 105 OFFICE 374-2379
Charlotte N.C. 28212 T. C. No.
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Cochran (LAST) Junius (FIRST) Grier (MIDDLE)

2) ADDRESS OF OWNER Rt 8 Box 106 ZIP 28212

3) PHONE NO Home 596-2896 Office

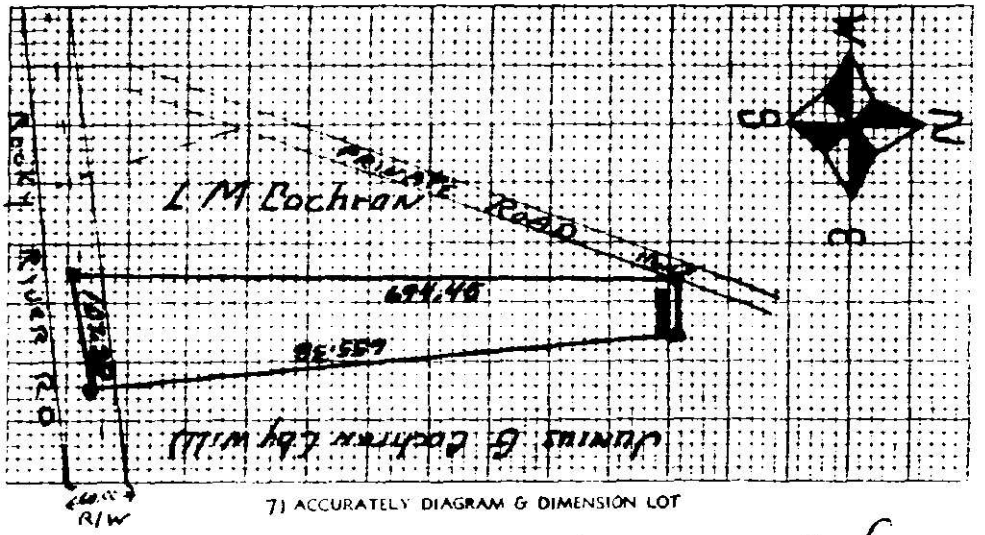
4) LOCATION OF PROPERTY Rt 8 Box 105 Rocky River Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO By WILL

6) DEED REFERENCE DEED BOOK By WILL 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

OWNER James G Cochran

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2507

PTR No. 6982

Date Issued September 14, 1973

T C No. 105-181-14

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

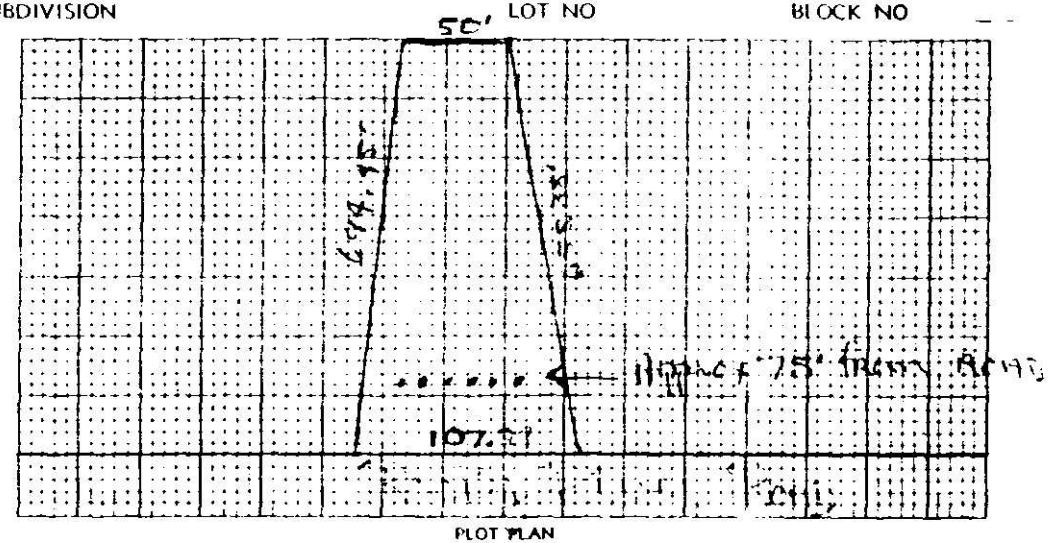
PERCOLATION TEST REPORT

NAME OF OWNER Cochran (LAST) Junius (FIRST) Grier (MIDDLE)

ADDRESS OF OWNER Route 8, Box 106 ZIP 28212

LOCATION OF PROPERTY Rocky River 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 46 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 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 wells) 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 M. Johnson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E 2-4 1-71

HEALTH DEPARTMENT'S COPY

2

SEE INSTRUCTIONS ON BACK

Date Received 9-26-73

ICAR(S) Application No 6982

Mail any questions concerning this to:
L M Cochran, Jr
Rt 8 Box 105, Charlotte N.C. 28214

Home- 596 3841
Office- 374-2379

T C No 105-181-14

Map Date 9 29 71

Prospective Buyer

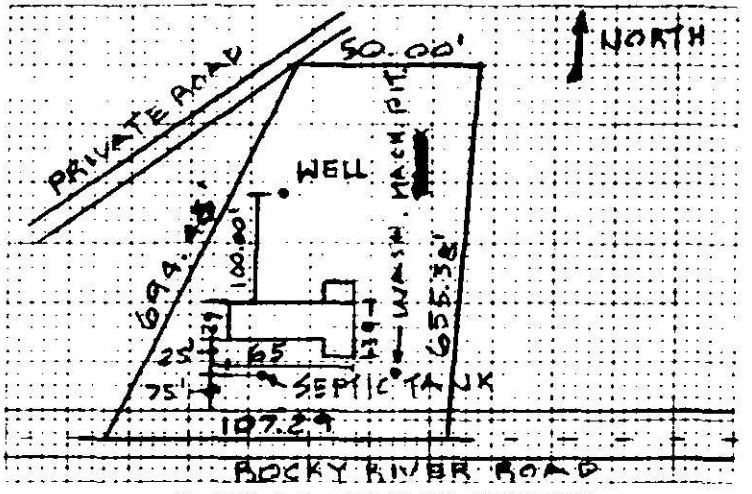
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property hereinafter 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) Engineer

6) Washing Machine ✓ Yes ___ No

7) Disposal ✓ Yes ___ No

8) Water supply
A) Municipal/Public ✓
B) Community
C) Community Individual
1 Well
2

9) Sewage Disposal
Public Sewer ✓ Yes
Septic Tank ___ Yes ✓ No
Privy ___ Yes ___ No

10) FHA Case No NO

11) VA Case No NO

12) NAME OF OWNER Cochran Jr (Last) Lloyd (First) McKinley (Middle)

13) ADDRESS OF OWNER Rt 8 Box 105 Charlotte N.C.

14) PHONE NO Home 596-3841 Office

15) LOCATION OF SYSTEM Rt 8 Box 105 Rocky River Rd (Street or County Road)

16) SUBDIVISION Lot No Block No

Map Book No Page No

17) DEED REFERENCE -- DEED BOOK By Will AT PAGE

18) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 9 13 73 ?K? ?C

19) PIN NUMBER (See Instructions) 6732

The undersigned person hereby agrees that he has read the foregoing application and that the statements 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.

9-25-73
DATE OF APPLICATION

Lloyd M Cochran Jr
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3458

Date Issued September 26, 1973

LA No. 6982

T. C. No. 105-181-14

Map Date 9-29-71

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 Cochran, Jr. (LAST) Lloyd (FIRST) McKinley (MIDDLE)

ADDRESS OF OWNER Route 8, Box 105 ZIP

LOCATION OF LOT Rocky River 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 individual septic tank system with subsurface soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 46 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 6982 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

G.M. Reynolds
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 June 74 Serial No. 5315 ICAR(S) Permit No 6982
T C No 105-181-14
Map Date 4-[illegible]

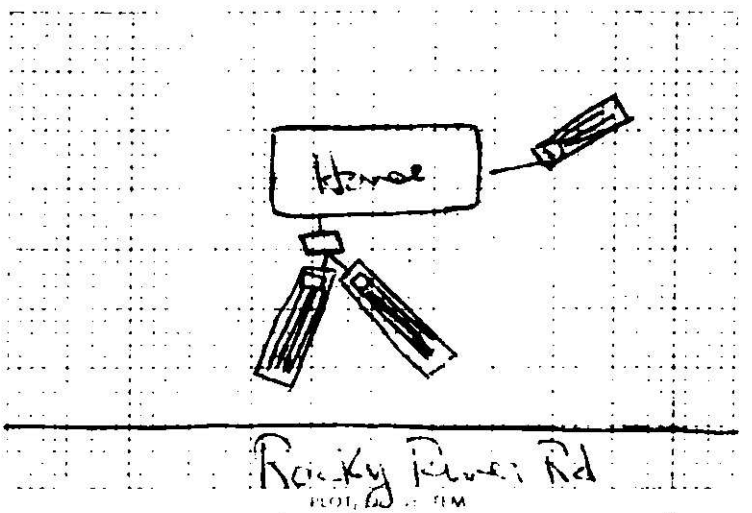
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water treatment [illegible] tank with subsurface [illegible] absorption effluent discharge as specified herein of the described location. This permit is granted based upon the information supplied on application dated 4-25-74 and this permit becomes void and of no effect if the [illegible] as provided in the [illegible] Any revision must be requested in writing before 5 June 74 after which date this permit will be null and void.



PLOT PLAN

Percolation Rate 46

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption Unit Construction [illegible]

Total Absorption 54' & 15'
Two Beds 10'x62.5 (Alt.)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Cochran Jr, Lloyd McKinley

LOCATION OF PROPERTY Rt #5 Banks

This [illegible] requirements as set forth in the Regulations of the Mecklenburg [illegible] within [illegible] days from the date of the granting of this permit. A certificate of approval must be [illegible] before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments Washer line 16'x38' - Use grade boards 12" under pipe - 1" cover over pipe = 17" total depth # 1 washed stone - Run 15" rock 3 lines

E.M. Gregory
Environmentalist

Date of Final Approval

[illegible] installation or construction of a new system or [illegible] by the division or a [illegible] Health Department [illegible] void. The signature of the [illegible] on an existing system is being altered or repaired.

E-5-9-1-72

Date Issued 26 June 74 Serial No. 5014 C of A (s) No 6982

T C No 105-181-14

Map Date 9-29-71

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 Cochran, Jr. Lloyd McKinley (LAST, FIRST, MIDDLE)

Location of Property Rocky River Road

Application Number 6982 Permit Number 6982

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 540' & 150' Number of Lines Trench Bed 10' x 62.5

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 26 June 74 (DATE) Tank Inspected 26 June (DATE)

Nitrification Field Inspected 26 June 74 (DATE)

Washing Machine Line Inspected, If Applicable 26 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 relative to 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 or using such system from any liabilities resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to all applicable restrictions and conditions and any requirements in addition to those listed below under comments. This Certificate of Approval shall be revoked 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

R. McReynolds
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT COPY