K

Date Received 5-8-73

Jim Walters
P.R. 48

APT No 6200
T. C. No 057-391-16

Map Date 22 Apr 73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER White (LAST) Luvenia (FIRST) ____ (MIDDLE)

2) ADDRESS OF OWNER Rt #10 Box 375-A ZIP ____

3) PHONE NO. Home 392-0130 Office ____

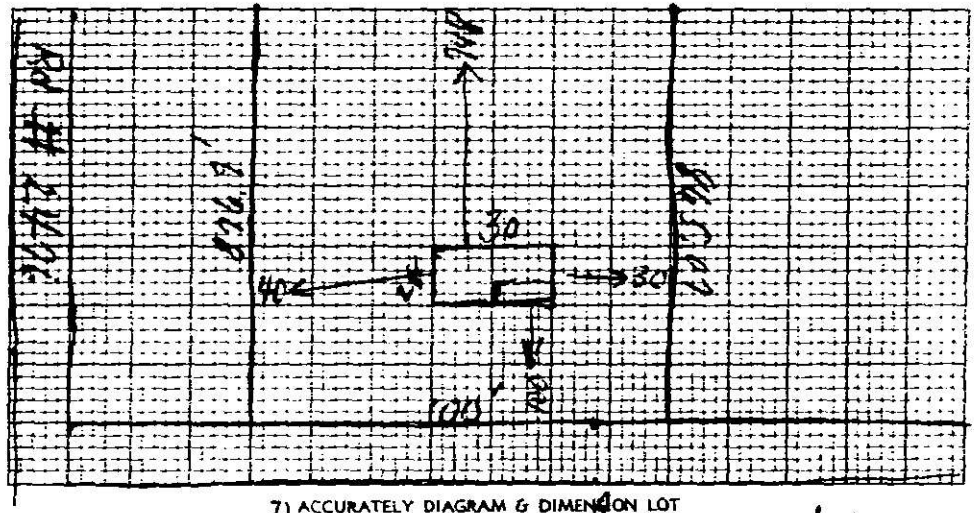
4) LOCATION OF PROPERTY Off of County Road (STREET OR COUNTY ROAD) # 2476

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.




7) ACCURATELY DIAGRAM & DIMENSION LOT

Luvenia White
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3122

PTR No. 6200
P.O.
T C. No. 029-341-16
Map Date 4-27-73

Date Issued May 24, 1973

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

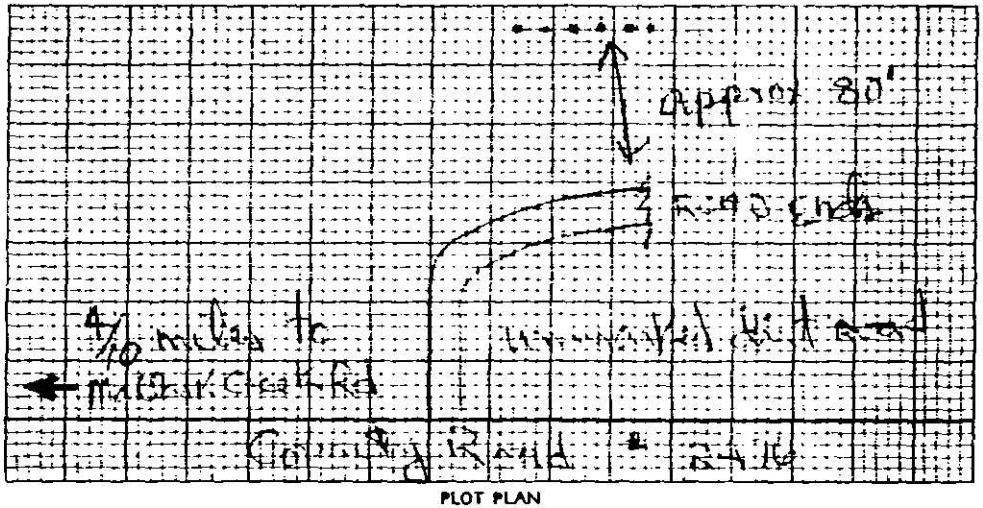
## PERCOLATION TEST REPORT

NAME OF OWNER White (LAST) Luvenia (FIRST) (MIDDLE)

ADDRESS OF OWNER Route ~~10~~ 7, Box ~~315-A~~ 330 ZIP

LOCATION OF PROPERTY off of County Road 2476 (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 48 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 R. Adkisson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

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SEE INSTRUCTIONS ON BACK

Date Received 5-8-73

ICAR (S) Application No 6200

T C No 029-341-16

Map Date 4 27 73

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48

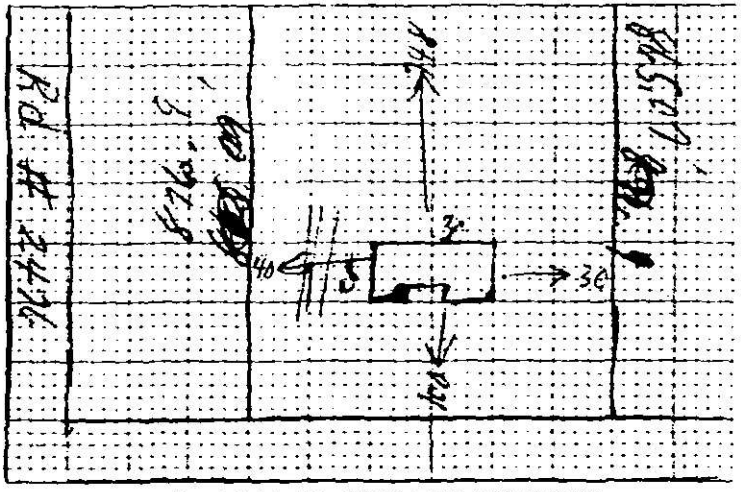
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 2

5) Building Use Map No.
Employees

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply Lawsonville Utilities
B. Governments
C. Community
1. Well Source ✓
2. Governments

10) Sewage System
House located within 200' of public sewer Yes No
House located within 200' of common sewer Yes No

11) FHA Case No.

12) VA Case No.

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER White (LAST) Luvicia (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt 4 Box 315-A 380

15) PHONE NO Home 591-0310 Office

16) LOCATION OF SYSTEM Off of County Rd # 2416 (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____

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.

5-7-73
DATE OF APPLICATION

Luvicia White
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 24, 1973

Serial No. 2970

LA No. 6200
P.O.
T. C No 029-341-16

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 White (LAST) Luvenia (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 10, Box 315-A ZIP

LOCATION OF LOT off of County Road #2476 Polk White Rd. (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 48 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 6200. 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 Atkinson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 13 Mar 74 Serial No. 4975 ICARIS Permit No 6200

T C No 029-341-16

Map Date 27 April 73

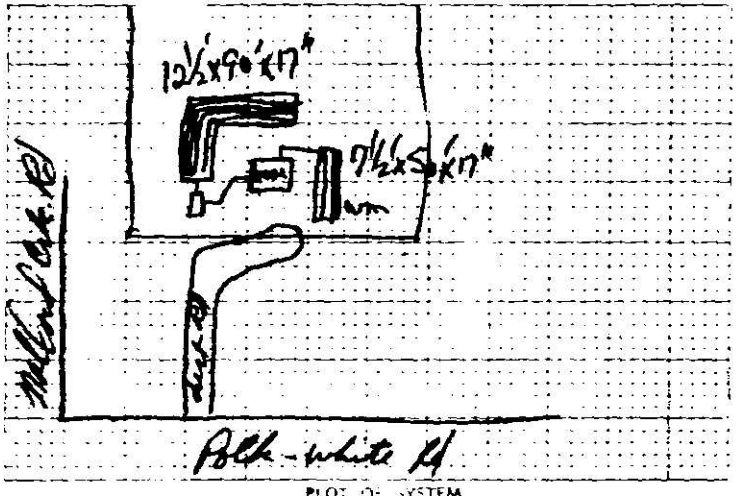
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 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 6200 dated 5-8-73 and this permit shall be void and of no effect if the information provided in the application is untrue or is erroneous. All work shall be completed on or before 13 April 74, after which date this permit will be null and void




PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Area

Total Line Lenght 450'& 150'um

Number of Lines 5(12½x90x17") 3(7½x50x17")

Distance from House 20'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER White, Alfred

LOCATION OF PROPERTY Bolk-White Rd.

This 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 pot 2½x7½x4' Stone

Lefler-Contractor

Division of Sanitation 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 E-5-9-1-72

WHITE - OFFICE COPY

Date Issued 24 June 74

Serial No. 5007

C of A (s) No 6200

T C No 029-341-16

Map Date 27 April 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 White Alfred
(LAST FIRST MIDDLE)

Location of Property Polk - White Rd.

Application Number 6200 Permit Number 6200

**Inspection Date:**

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 300 Number of Lines 5 (12½' x 60' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 24 June 74 (DATE) Tank Inspected 24 June 74 (DATE)

Nitrification Field Inspected 24 June 74 (DATE)

Washing Machine Line Inspected, If Applicable ____ (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 as well as 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 8'6" x 7' x 4' Stone
Effler —

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY