Date Received 2-5-13

APT No. 5510

T. C. No. ____

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER ____ ZIP ____

3) PHONE NO. Home ____ Office ____

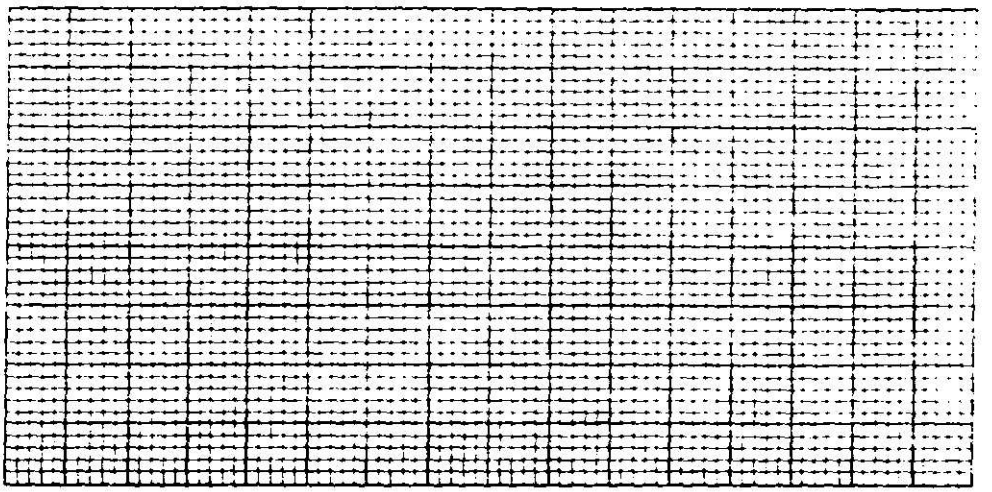
4) LOCATION OF PROPERTY ____ (STREET OR COUNTY ROAD)

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5510
P.O.
T C No. 005-061-11
Map Date 12-15-72

Date Issued February 7, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

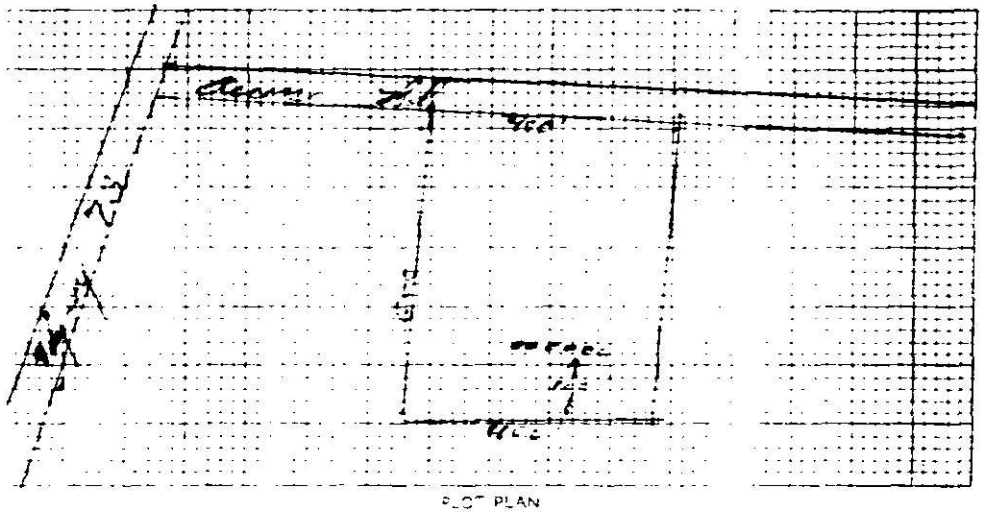
PERCOLATION TEST REPORT

NAME OF OWNER Moore (LAST) Clinton (FIRST) Wilburn (MIDDLE)

ADDRESS OF OWNER Post Office Box 328, Cornelius, N.C. ZIP 28031

LOCATION OF PROPERTY Highway #73 (STREET OR ROAD NO.)

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 4 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, the number, size and type of building constructed thereon.
3. This approval is valid only for the system installed in the immediate area where the percolation test was run.
4. The approval of any grading, filling or construction including the grading of streets performed on the lot which, in the opinion of the Health Department, alters 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 Robinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

[illegible] DEPARTMENT'S COPY

Date Received 2-5-73

ICAR (S) Application No. 5510

T. C. No

Map Date

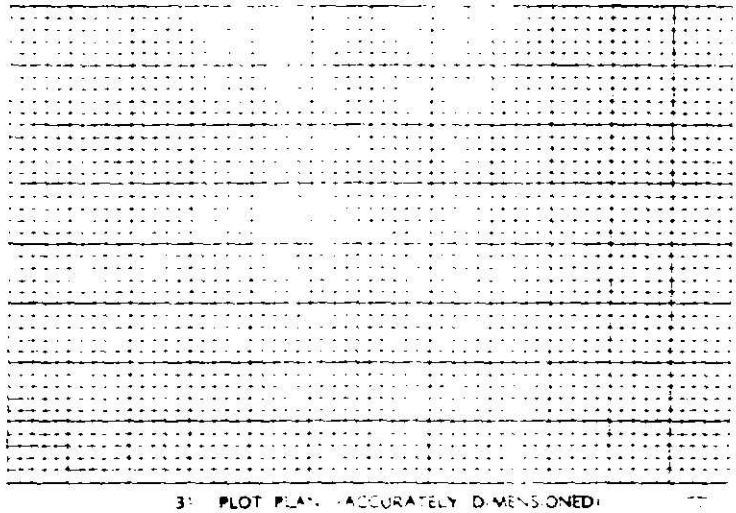
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

( ) Install or Construct ( ) Alter or Repair an individual septic tank wastewater treatment system with ( ) subsurface soil absorption effluent discharge



(3) PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of bedrooms

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 Governmental System

C Community System

1 Well source

2 Governmental source

10 Sewage System

House located within 200 feet of public sewer ( ) Yes ( ) No

House located within 200 feet of community sewer ( ) Yes ( ) No

FHA Case No.

VA Case No.

(13) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

(14) ADDRESS OF OWNER _____

(15) PHONE NO. Home _____ Office _____

(16) LOCATION OF SYSTEM _____ (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 (X) 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.

_____ _____
DATE OF APPLICATION OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued February7, 1973 **Serial No.** 2506

LA No 5510
P.O.
T. C. No. 005-061-11

Map Date 12-15-72

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 Moore (LAST) Clinton (FIRST) Wilburn (MIDDLE)

ADDRESS OF OWNER Post Office Box 328, Cornelius, N.C. ZIP 28031

LOCATION OF LOT Highway 73 (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 44 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 5510. 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.

Moffitt Kelly
Environmentalist

R. E. McMillan
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3 4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 4-Jun-73

Serial No. 3796

ICAR(S) Permit No. 5516

T C. No. 005-96(-11

Map Date 15 Jun 72

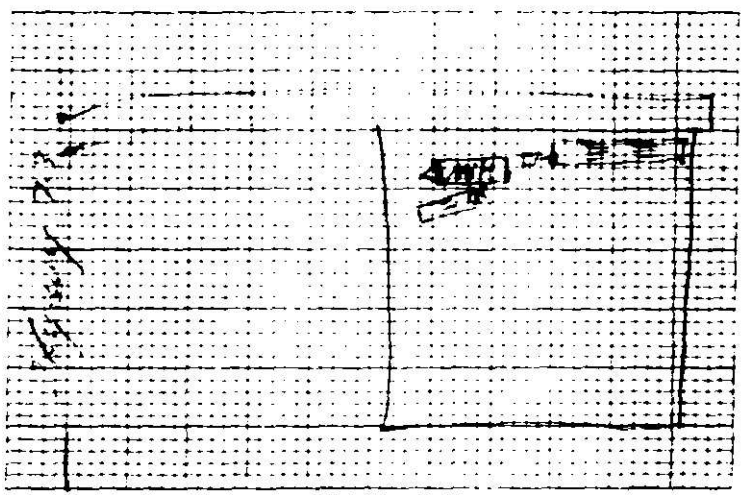
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5516 dated 5 April 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 1 Oct 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 44

Liquid Capacity of Tank 1000

Tank Construction 1/2"

Absorption and/or Nitrification Lines:

Total Line Lenght 300' + 100' + 11' + 2 C 5'x50'x1.17' + 4 C 10'x75'x1.17'

Number of Lines

Distance from House 20'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 3991

C of A (s) No. 551C

Date Issued 5 Oct 73

P.C. T.C. No 08-661-11

Map Date 15 Dec 72

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 Mann, James Earl
LAST FIRST MIDDLE

Location of Property off Hwy 73

Application Number 551C Permit Number 551C

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material RC (2 @ 5'x6'x17')

Total Length of Drain Tile 300'+100' WM Number of Lines 4 (10'x76'x12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 100'

Excavation Inspected 5 Oct 73 DATE Tank Inspected 5 Oct 73 DATE

Nitrification Field Inspected 5 Oct 73 DATE

Washing Machine Line Inspected, If Applicable 5 Oct 73 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: Caroline Mission (Cont.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 5 Feb 1973 ICAR(S) Application No. 5-71-576

T. C. No. _____

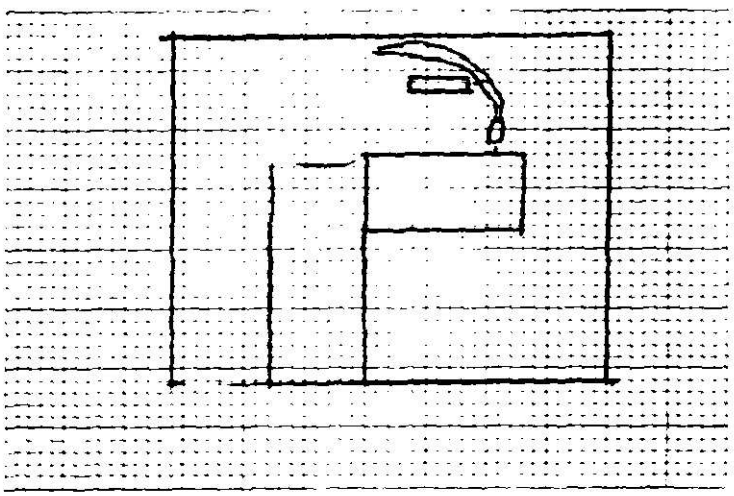
Map Date _____

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 or parts described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to Construct or Alter or Repair an individual septic tank wastewater treatment system and the 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. Governmental System ___
   C. Community System
      1. Well source ___
      2. Governmental 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) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Post (LAST) Gaylord (FIRST) R (MIDDLE)

14) ADDRESS OF OWNER 202 Simonton Rd. Charlotte

15) PHONE NO Home 537-[illegible] Office 536-6550

16) LOCATION OF SYSTEM 202 Simonton Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Simonton 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.

2/1/73
DATE OF APPLICATION

Gaylord R Post
OWNER

FORM HD Ex-4-4-1-71

HEALTH DEPARTMENT'S COPY