Date Received 2-21-73

APT No. 5616

T C No

Map Date

mail to
Heckt Realty, Inc.
Mr. J. Heckt
Rt. 1, Box 287
Stanley, N.C. 28164

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Bauer, Doctor A. L.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 1006 Fairfield Drive, Gastonia, N. C. ZIP

3) PHONE NO. Home 864-2222 Office 864-5131

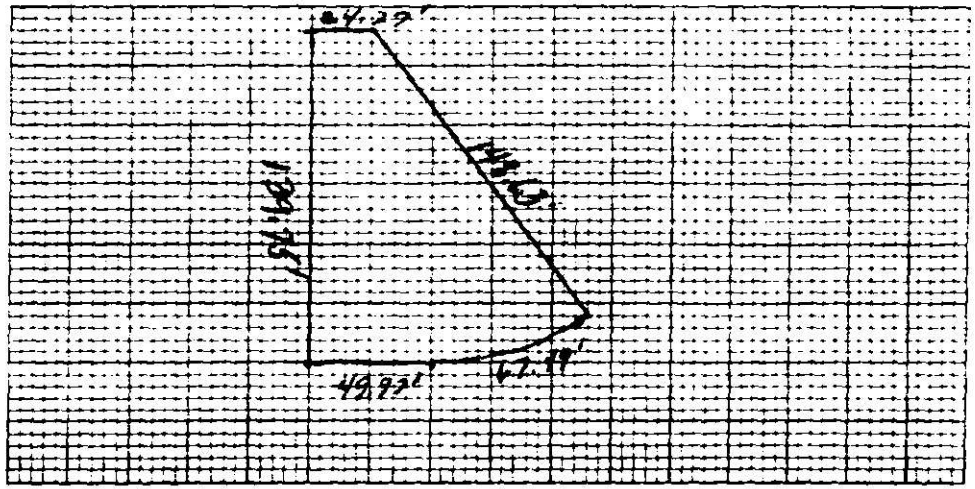
4) LOCATION OF PROPERTY Lot 67, Rio Ora Drive,
(STREET OR COUNTY ROAD)

5) SUBDIVISION Bahia Bay LOT NO 67 BLOCK NO. 1

MAP BOOK NO. 0001 PAGE NO 296

6) DEED REFERENCE DEED BOOK 3023 PAGE NO 371

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 here nabove 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

A. L. Bauer, M.D.
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 4

PTR No. 5616

T C No. 001-296-02

Map Date 12-15-72

Date Issued April 11, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

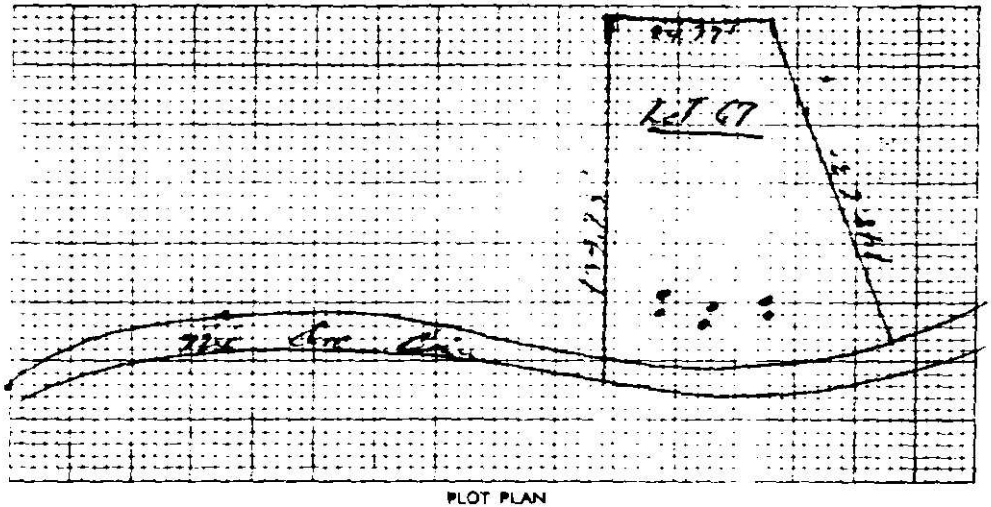
PERCOLATION TEST REPORT

NAME OF OWNER Feuer (LAST) A. (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 1006 Fairfield Drive, Gastonia, N.C. ZIP

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

SUBDIVISION Bahia Bay I LOT NO 67 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 60 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 driving of cars) 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. Thomason

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 6-15-73

ICAR'S Application No 5616

T C No 001-296-02

Map Date 12-15-72

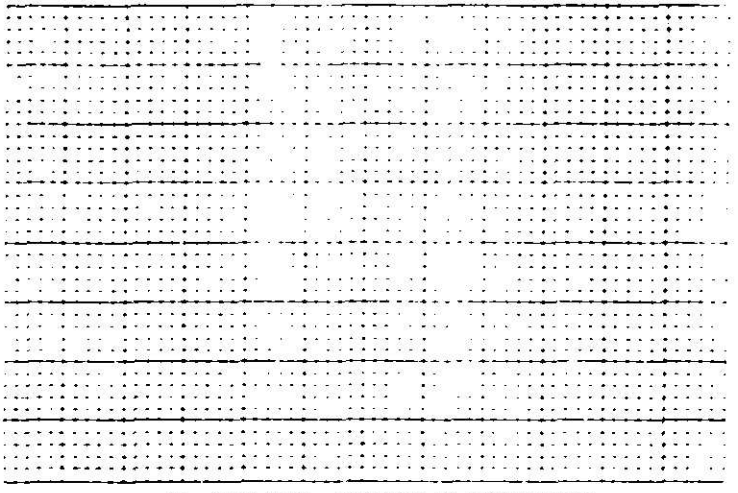
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

X Install or Construct ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4. No. of Bedrooms 3
5. Home Occupation Yes ____ No ____
   Employees ____
6. Washing Machine Yes ____ No ____
7. Garbage Disposal Yes ____ No ____
8. Dishwasher Yes ✓ No ____
9. Water Supply
   A. Individual Well Yes ✓
   B. Shared Well Yes ____
   C. Community Well Yes ____
   D. Government Supply Yes ____
10. Sewage Disposal System
    Public Sewer Yes ____ No ____
    Private Sewer Yes ____ No ____
    Community Septic Tank Yes ____ No ____
    FmHA Case No. ____
    VA Case No. ____

31. PLOT PLAN (ACCURATELY DIMENSIONED)

13. NAME OF OWNER Riordan (LAST) Myra (FIRST) Beardon (MIDDLE)

14. ADDRESS OF OWNER 1310 Hermay Drive

15. PHONE NO Home 366 6947 Office ____

16. LOCATION OF SYSTEM Rio Gran Rd (STREET OR COUNTY ROAD)

17. SUBDIVISION Bahia Bay Lot No 67 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 4-11-73 PK>60

20. PTR NUMBER (See Instructions) 5616

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.

6-15-73
DATE OF APPLICATION

Myra Beardon
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 15, 1973

Serial No. 3051

LA No. 5616

T C No 001-296-02

Map Date 21-15-72

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 Reardon (LAST) Myra (FIRST) Austin (MIDDLE)

ADDRESS OF OWNER 1310 Lomax Avenue ZIP

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

SUBDIVISION Bahia Bay I LOT NO 67 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 60 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 5616. 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

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4422

Date Issued 3 Oct 73

ICAR (S) Permit No. 5616

T. C No. CC1-296-02

Map Date 15 Nov 72

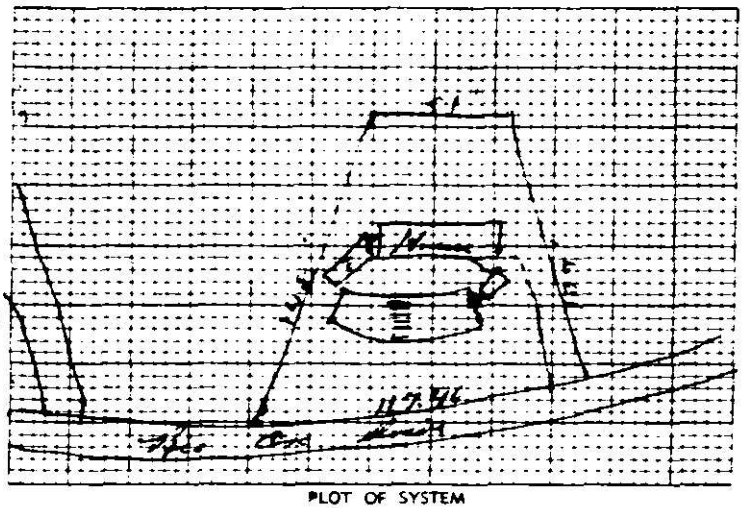
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 L 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 5616 dated 15 Jun 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 3 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 6c

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600' + 150' + 150' (3 C 1½ x 25' x 2.36)

Number of Lines 6 (4' x 50' x 36")

Distance from House 10'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Woodson Wayne Austin

LOCATION OF PROPERTY 7th Ave Extension (Within City)

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: 7th Ave Ext (Cont.)

_____ 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 4120

C of A (s) No. 5616

Date Issued 31 Oct 73

T C No. CC1-2966

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 Gordon (LAST) Wayne (FIRST) Curtis (MIDDLE)

Location of Property Five Oaks Circle Dr.

Application Number 5616 Permit Number 5616

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material 4" 3000 2 2 4 36"

Total Length of Drain Tile 600'+150'+150' Number of Lines 6 0 5 150' 36" 2

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

Water Supply Source Community Distance from Water Source

Excavation Inspected 25 Oct 73 (DATE) Tank Inspected 25 Oct 73 (DATE)

Nitrification Field Inspected 25 Oct 73 (DATE)

Washing Machine Line Inspected, If Applicable 25 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 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: E. of Irwin Creek

M. D. Linker
Environmentalist

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

HEALTH DEPARTMENT'S COPY