Serial No.

PTR No. 5562
P.O.
T C No 197-012-06
Map Date 2-14-73

Date Issued February 21, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

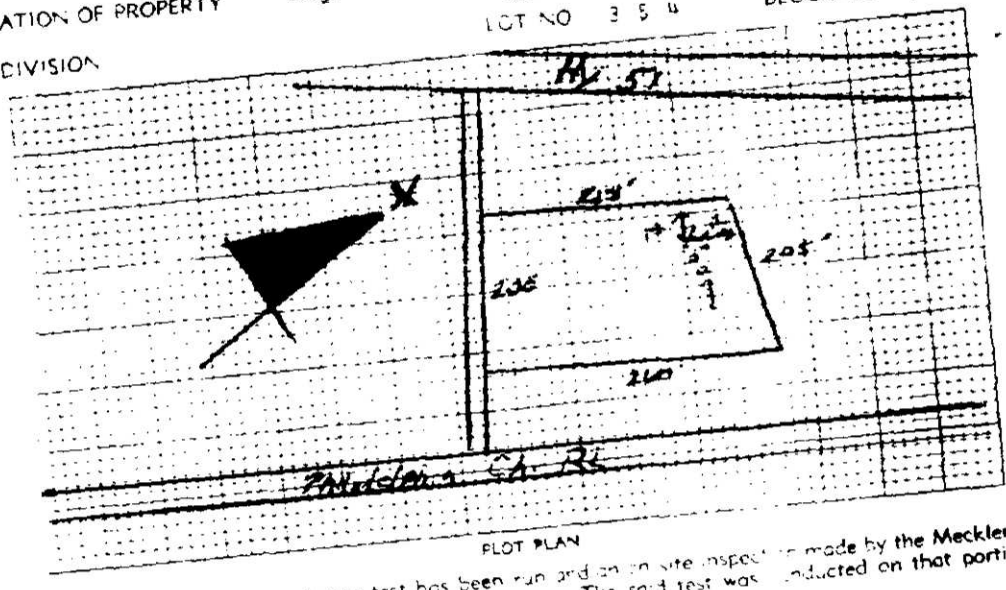
PERCOLATION TEST REPORT

NAME OF OWNER McEwen (LAST) Carl (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 727 East Morehead Street ZIP

LOCATION OF PROPERTY Highway 51 at Highway 218 (STREET OR COUNTY ROAD) BLOCK NO

SUBDIVISION LOT NO 3 5 6



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 5 (") 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 specified 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 at 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. Watson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-14-73

ICAR(S) Application No. 5562

T. C No

Map Date

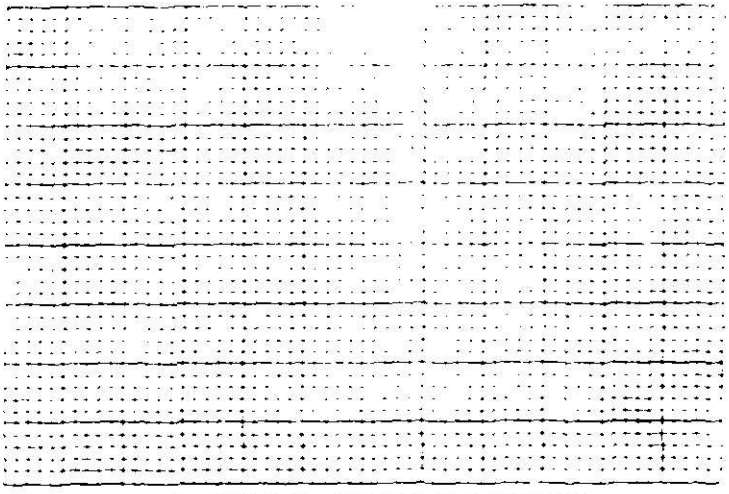
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

(1) X 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 Number of Bedrooms

5 Estimated Daily Water Usage (Maximum)
Employees 2

6 Washing Machine Yes No

7 Garbage Disposal Yes No

8 Dishwasher Yes No

9 Water Supply
A Individual Well
B Government System
C Community System
Well Private
Government

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) NAME OF OWNER Helms, Earl Carl J
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 727 E. Blvd. ST.

15) PHONE NO Home 334-6431 Office 334-6431

16) LOCATION OF SYSTEM Hwy 51 at Hwy 218
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. 344 Block No. _____

Map Book No 2 Page No. 236

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.

DATE OF APPLICATION

Earl Carl Helms, Jr.
OWNER

FORM NC E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2558

Date Issued February 21, 1973

LA No. 5562
P.O.
T.C. No. 197-012-06

Map Date 2-14-73

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 McEwen (LAST) Carl (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 727 East Morehead Street ZIP

LOCATION OF LOT Highway 51 at Hwy. 218 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 3 & 4 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 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 5562. 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 may 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.

Thomas R. Ward
Environmentalist

John R. Adamson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 26 April 73 Serial No. 3609 ICARIS Permit No. 5568

T C No. PO 197-CB-C6

Map Date 2-14-73

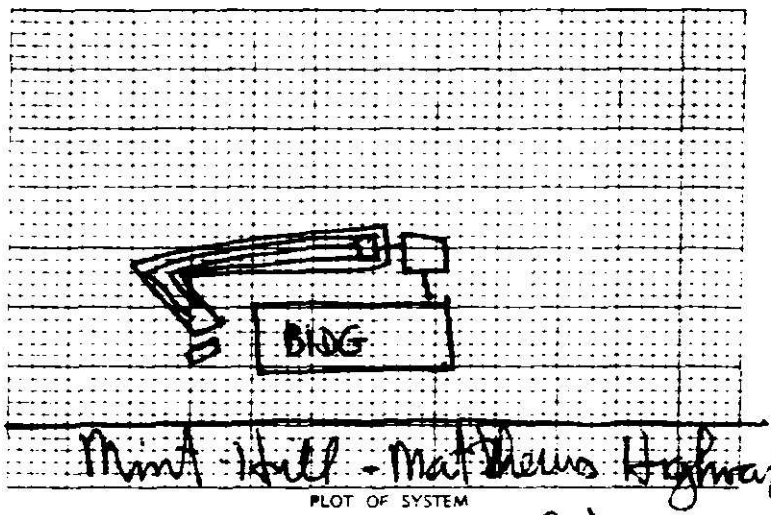
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated _____ 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 26 May 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1000gal

Tank Construction Precast Concrete

Absorption and or Irrigation Lines

Total Line or Bed 300 sq ft

Number of Lines 3 (7½' x 100')

Distance from Building 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER McEwen Enterprize

LOCATION OF PROPERTY Matthews - Mint Hill Rd

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 Aeration Pit 2½' x 7' x 4' stone

Simpson Const

Division or Section Head

R. M. Reynolds

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

[illegible] CLIENTS COPY

Date Issued 30 April 73 Serial No. 3255

C of A (s) No. 5562

T C No P.C. 197-012-06

Map Date 2-14-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner McEwen Enterprize (LAST / FIRST / MIDDLE)

Location of Property Matthews - Mint Hill Rd

Application Number 5562 Permit Number 5562

Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 300 Lft Number of Lines (1½' x 100') 3 Lines

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 30 April 73 (DATE) Tank Inspected 30 April 73 (DATE)

Nitrification Field Inspected 30 April 73 (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 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 2½' x 7' x 4' stone

R. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY