Date Received 1-19-73

APT No 5443

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Deaton, Johnny Leroy (LAST, FIRST) & Tamara W. (MIDDLE)

2) ADDRESS OF OWNER Rt. 2, Box 246, Huntersville, N.C. ZIP 28078

3) PHONE NO Home 875-2584 Office 525-9100

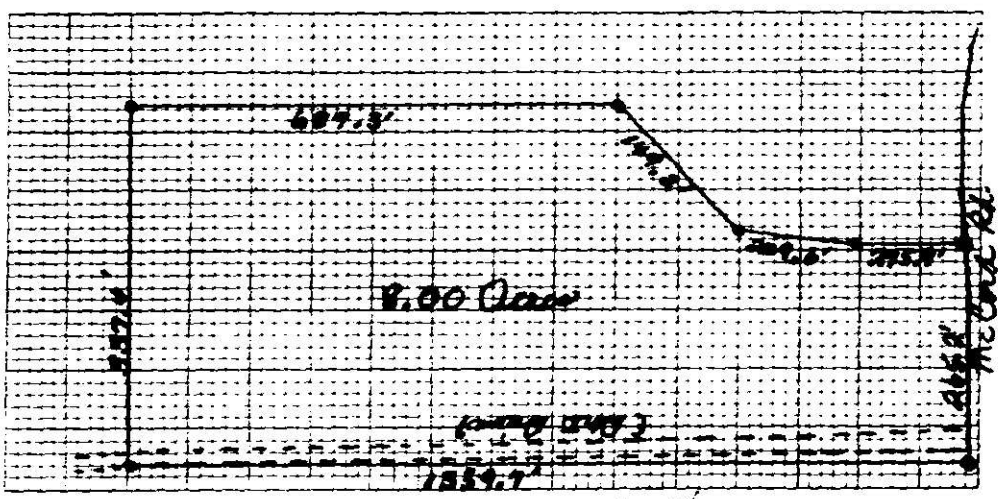
4) LOCATION OF PROPERTY McCord Rd., Huntersville, N.C. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3417 PAGE NO 307

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

Johnny L. Deaton
OWNER Tamara W. Deaton 1-17-73

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. April 13, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 5443
T.C. No. P.O. 011-022-02
3-3-71

NAME OF OWNER Deaton, Johnny Leroy

ADDRESS OF OWNER Route 2, Box 246, Huntersville, N.C. ZIP 28078

LOCATION OF LOT McCord Road

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	4-12-73	8[illegible] min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

Environmentalist

(Stencil No.)
MED 398
8/)

FORM NO.
E-19-8-14-70

Serial No.

PTR No. 5443
P.O.
T C No 011-022-02
Map Date 3-3-71

Date Issued May 3, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

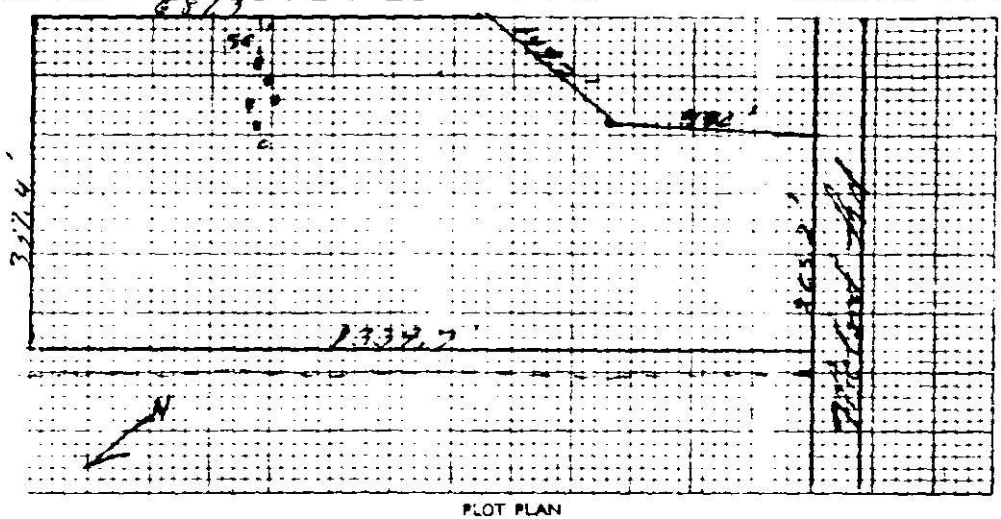
PERCOLATION TEST REPORT

NAME OF OWNER Deaton (LAST) Johnny (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER Route 2, Box 246, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY McCord 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 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 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 A. Dickson

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 5-23-73

ICAR (S) Application No 5443

P.O. T C No 011-025-02

Map Date 3-3-71

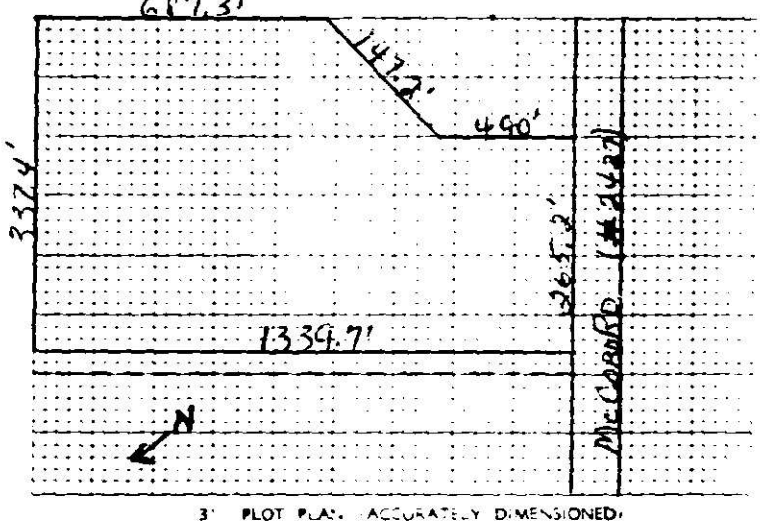
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Residents 3

5) Bathroom Facilities
Employee

6) Washing Machine ✓ No

7) Garbage Disposal No

8) Dishwasher No

9) Water Supply
A Individual Well ✓
B Community
C Connection to
We
D Connection to

Fire Hydrant No

A Certificate No

13) NAME OF OWNER DEATON, JOHNNY LEROY (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER RT. 2, BOX 246, HUNTERSVILLE, N.C

15) PHONE NO Home 875-2514 Office 525-9100

16) LOCATION OF SYSTEM McCORD RD. (Co. RD. #2427) (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No ____ Block No ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 3417 AT PAGE 307

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 5-2-[illegible]

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.

May 8, 1973
DATE OF APPLICATION

Johnny L. Deaton
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 23, 1973

Serial No. 2966

LA No. 5443
P.O.
T C No. 011-022-02

Map Date 3-3-71

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 Deaton (LAST) Johnny (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER Route 2, Box 246, Huntersville, N.C. ZIP 28078

LOCATION OF LOT McCord 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 60 min/in and 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 5443. 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 permits 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

Date Issued 3/ / -

Serial No. 4059

ICAR(S) Permit No. 544 3

T. C. No. _____

Map Date _____

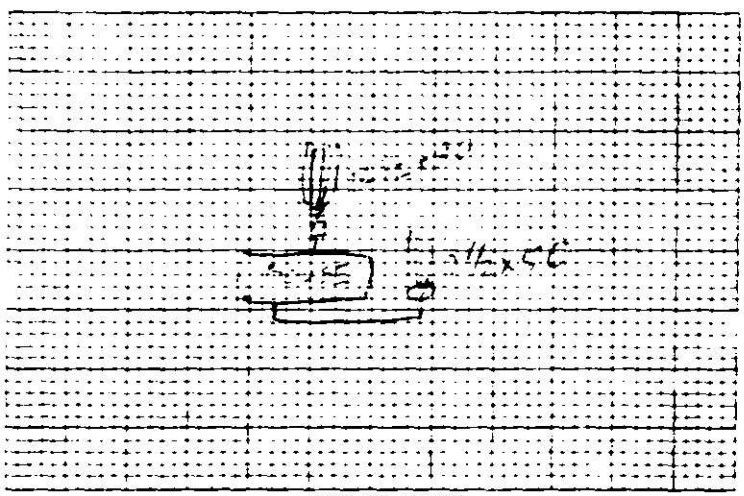
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 544 3, dated [illegible] 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght _____

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER _____

LOCATION OF PROPERTY _____

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: _____

_____

_____

_____

_____

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

Date Issued 7 Aug 73

Serial No. 3611

C of A (s) No. 5443

T C. No 011-022-02

Map Date 3 Nov 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] Johnny Leroy
LAST FIRST MIDDLE

Location of Property off McCord Rd

Application Number 5443 Permit Number 5443

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material P.E. 3C 32 X 50 X 17

Total Length of Drain Tile 400' + 160' well Number of Lines 5 @ 22 X 60 X 12

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source Drilled well Distance from Water Source 100'

Excavation Inspected 7 Aug 73 DATE Tank Inspected 7 Aug 73 DATE

Nitrification Field Inspected 7 Aug 73 DATE

Washing Machine Line Inspected, If Applicable 7 Aug 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: Landis Morrison (Cont.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY