Date Issued 9-6-73

Serial No. 3974

ICAR(S) Permit No. 5426

T. C. No. C45-391.03

Map Date 1-4-72

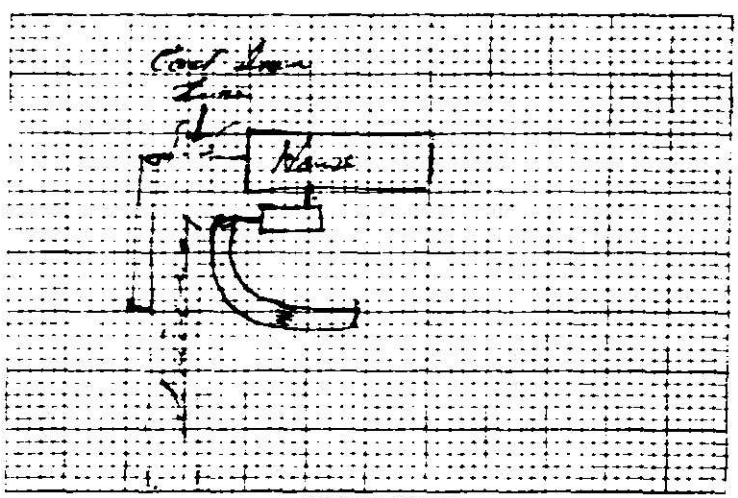
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5426 dated 9-6-73 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 9-6-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300' + 150' (M 2(5'X75'X17"))

Number of Lines 4(18"X75'X12")

Distance from House 10'

Distance from Property Line 12'

Distance from Well 100'

NAME OF OWNER Parrish, Mrs.

LOCATION OF PROPERTY Tuckaseegee 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: Mr. Parrish will do the work

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 Received May 78 Apt. No. (S) _____ Application No. (W) 5426

T C. No. 045-341-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER McGraw (LAST) Marcia (FIRST) Roberts (MIDDLE)

ADDRESS OF OWNER 5931 Perkins Rd Char. NC ZIP 28213

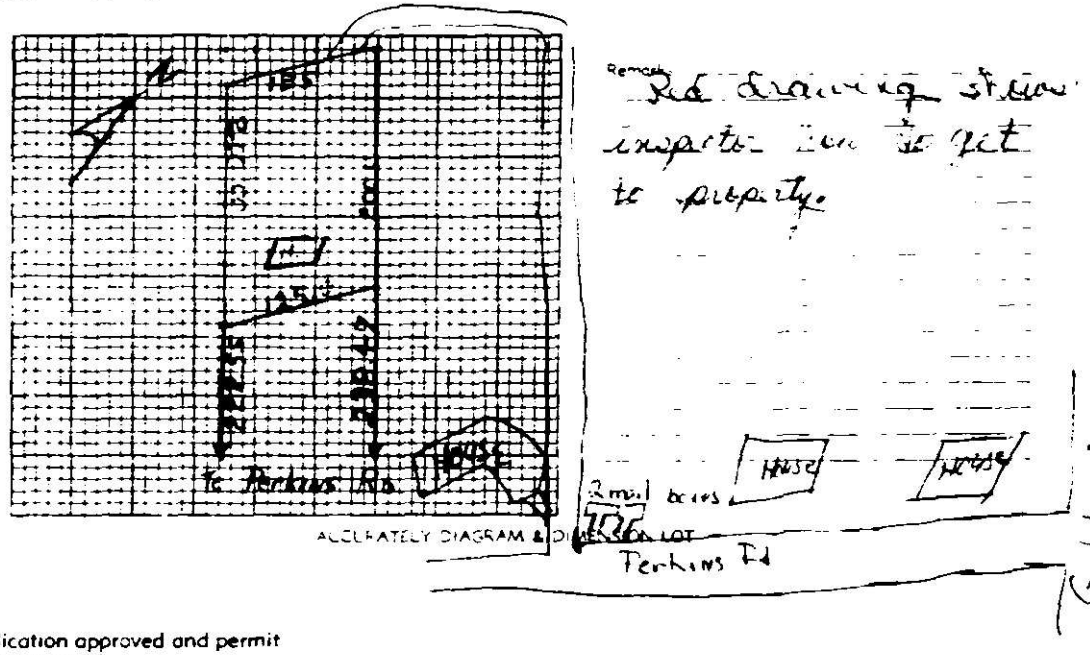
PHONE NO Home 596-6980 Office _____

LOCATION OF PROPERTY Same as above
STREET OR COUNTY ROAD

WELL CONTRACTOR OEHLER LICENSE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of individual semi public, or public water supply

_____ Marcia L McGraw
DATE OF APPLICATION OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks: Rd drawing shows inspector how to get to property.

Application approved and permit hereby granted

Permit No: _____

M. L. Hardy
ENVIRONMENTALIST

EHO-5-78

Environmental Health Department's Copy

Date Received 1-15 23

APT No. 5426

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Roberts (LAST) Marcia (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 3725 Gibbon Rd Chas, NC ZIP 28213

3) PHONE NO. Home 596-6980 Office

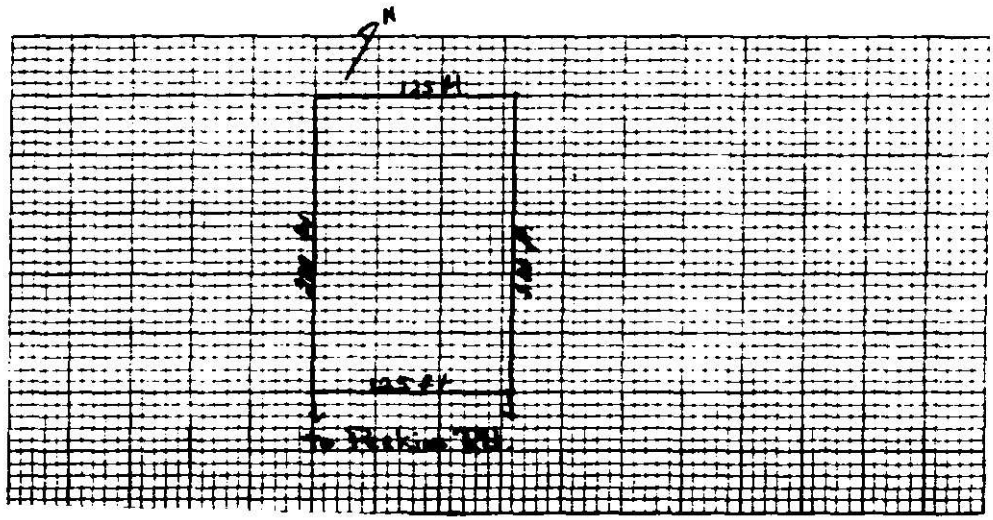
4) LOCATION OF PROPERTY Perkins Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO 237 PAGE NO 522

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



COUNTY HO

Date Received May 78 Apt. No. (S) _____ Application No. (W) 5426

T. C. No. 045-391-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER McGraw (LAST) Marcia (FIRST) Roberts (MIDDLE)

ADDRESS OF OWNER 5931 Perkins Rd Char. NC ZIP 28213

PHONE NO. Home 596-6980 Office _____

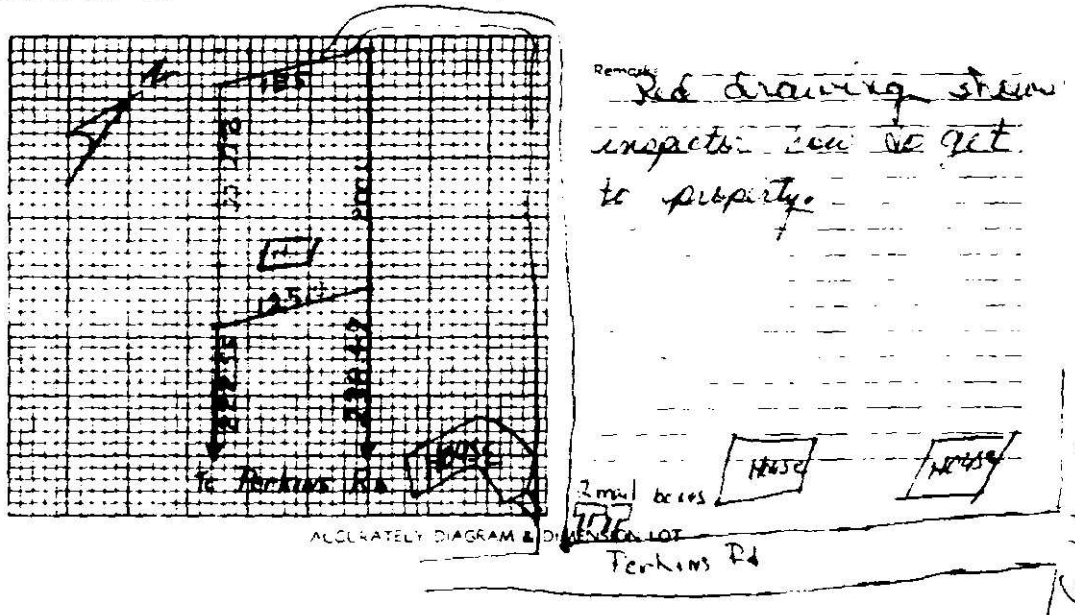
LOCATION OF PROPERTY Same as above (STREET OR COUNTY ROAD)

WELL CONTRACTOR OEHLER LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of (individual) semi public, or public water supply.

DATE OF APPLICATION

Marcia L McGraw
OWNER



Remarks: Rd drawing shows inspector can't get to property.

Application approved and permit hereby granted

Permit No: _____

Mike Kirby
ENVIRONMENTALIST

EHD-5-78

Environmental Health Department's Copy

Date Received 1-15-23 APT No. 5426

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Roberts (LAST) Marcia (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER 3725 Gibbon Rd Char, NC ZIP 28213

3) PHONE NO. Home 596-6980 Office _____

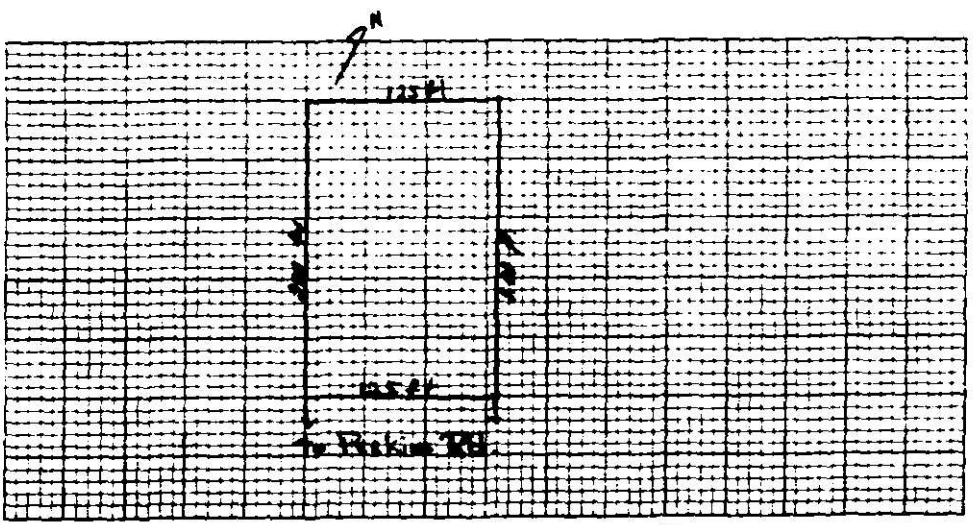
4) LOCATION OF PROPERTY Perkins Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO 237 PAGE NO 522

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

Marcia Roberts
OWNER

FORM NO. 6-1-11-1-79

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]4

PTR No. 5426
P.O.
T C No. 045-391-03

Date Issued January 15, 1973

Map Date 9/1/70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

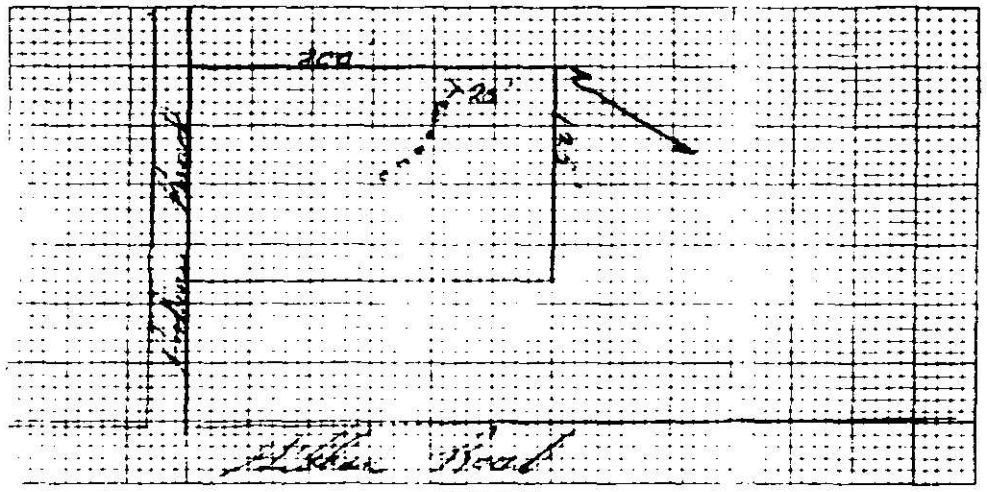
PERCOLATION TEST REPORT

NAME OF OWNER Roberts (LAST) Marcia (FIRST) (MIDDLE)

ADDRESS OF OWNER 3725 Gibbon Road ZIP 28213

LOCATION OF PROPERTY Perkins 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 30 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 wells, 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 Hickson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 1-15 73

ICAR(S) Application No. 5426

T. C No.

Map Date

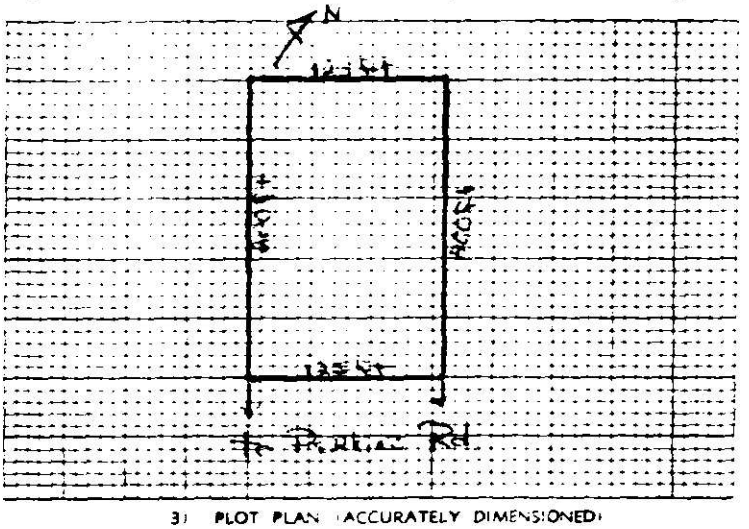
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 Bedrooms 1

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) NAME OF OWNER Roberts (LAST) Marcia (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 3725 Gibbon Rd

15) PHONE NO Home 596-6980 Office

16) LOCATION OF SYSTEM Perkins Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No.

Map Book No 237 Page No. 522

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1-4-73

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.

1-9-73
DATE OF APPLICATION

Marcia Roberts
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2444

LA No. 5426
P.O.
T. C. No. 045-391-03

Date Issued January 15, 1973

Map Date 9/1/70

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 Roberts (LAST) Marcia (FIRST) (MIDDLE)

ADDRESS OF OWNER 3725 Gibbon Road ZIP 28213

LOCATION OF LOT Perkins 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 30 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 5426. 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 reapired 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

M. L. Burley
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 3850

C of A (s) No. 5426

Date Issued 29 Aug 73

P.O T.C. No. 045-341-03

Map Date 1 July 70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Roberts (LAST) Marcia (FIRST) (MIDDLE)

Location of Property off Perkins Road (Clarita)

Application Number 5426 Permit Number 5426

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PE

Total Length of Drain Tile 300' Number of Lines 4 (a' x 75' x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source 100'

Excavation Inspected 28 Aug 73 (DATE) Tank Inspected 28 Aug 73 (DATE)

Nitrification Field Inspected 28 Aug 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(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: Mr. Roberts (Cont.)

Note: Owner installed 1500 gal tank by choice.

W. R. Sickly
(Environmentalist)

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

HEALTH DEPARTMENT'S COPY

Date Received 5/26/96

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
MAY 26 ...

ICAR(S) Application No. 5946
P.C. No. 45 402 06

Map Date 9-523

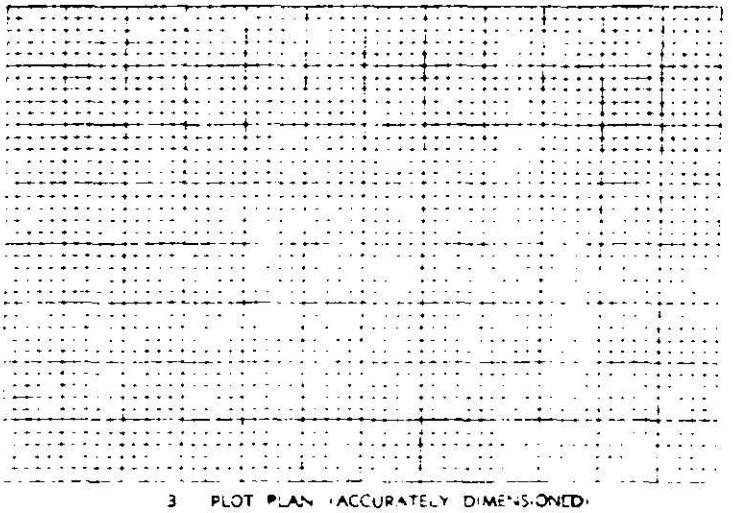
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ADDING: Bedroom



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 1
5 Business Use - Max No Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes X No
8) Dishwasher ____ Yes X No
9 Water Supply
A Individual Well X
B Governmental System ____
C Community System
1 Well source ____
2 Governmental source ____
10 Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No
11 FHA Case No ____
12 VA Case No ____

13) NAME OF OWNER Mc Gregor (LAST) Marcia (FIRST) L. (MIDDLE)
14) ADDRESS OF OWNER 5925 Perkins Rd Char. N.C.
15) PHONE NO Home 596-6280 Office 596-0821
16) LOCATION OF SYSTEM 5925 Perkins Rd. Char. N.C. (STREET OR COUNTY ROAD)
17) SUBDIVISION ____ Lot No. ____ Block No. ____
Map Book No. ____ Page No. ____
18) DEED REFERENCE — DEED BOOK 3527 AT PAGE 102
19) HAS A PERCOLATION TEST BEEN RUN? X when house was built 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.

MAY 6, 1996
DATE OF APPLICATION

X Marcia L McGregor
OWNER

FORM NO. E-4-4-2M-6-785

HEALTH DEPARTMENT'S COPY

Sugar Creek Rd to
Dexter - ~~Cr~~ just before Fire Station
turn ~~left~~ onto Dobson Rd.
3/4 mile turn left on Perkins
turn into Driveway of 3rd house
on right - Continue on brick
into woods follow turn in road
You will be able to see house.
(Septic in front)

SEE INSTRUCTIONS ON BACK

Date Issued 5/28/76

Serial No. 5960

LA No. 5426

T. C. No. 045-402-06

Map Date 9-5-73

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 McGraw (LAST) Marcia (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 5925 Perkins Road, Charlotte, N. C. ZIP _____

LOCATION OF LOT 5925 Perkins 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 _____, 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 5426. 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

*May use existing system

Environmentalist

John R. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY