Date Received 6 June 25 Apt. No. (S) _____ Application No. (W) 5862

T. C. No. 227-104-15

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Vaughn, Earl B.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Rt 1, Stanley NC ZIP 28163

PHONE NO. Home _____ Office _____

LOCATION OF PROPERTY 2800 High Ridge Rd
(STREET OR COUNTY ROAD)

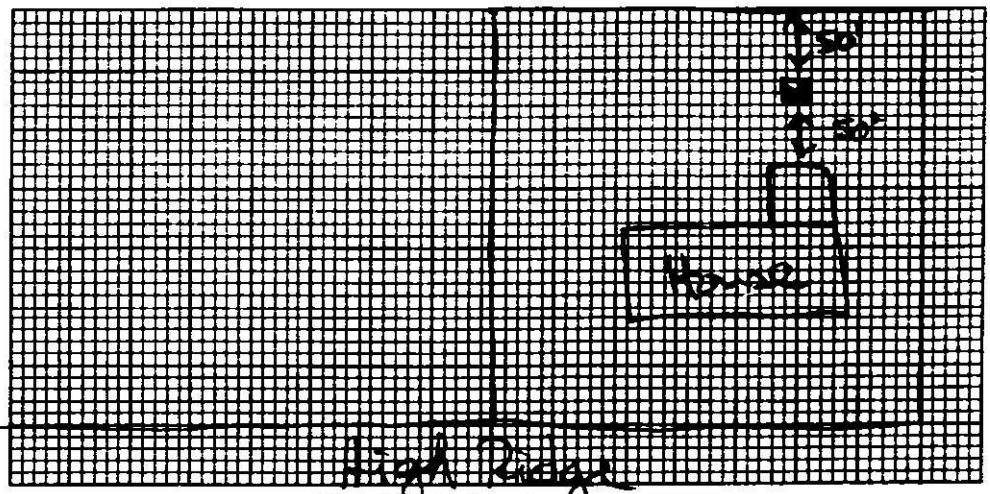
SUBDIVISION _____ LOT NO. 25 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN _____

WELL CONTRACTOR Mullis LICENSE NO. 346

Application is hereby made to the Mecklenburg County Health Department 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:



ACCURATELY DIAGRAM & DIMENSION LOT

6 June 25
DATE OF APPLICATION

Earl B. Vaughn
OWNER

Application approved and permit hereby granted

Permit No: 5862

R. M. Reynolds 6/10
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

Date Received April 29/85

APT No. _____

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Vaughn (LAST) Earl (FIRST) B (MIDDLE)

2) ADDRESS OF OWNER Rt 1, Stanfield N.C. ZIP 28163

3) PHONE NO. Home 485-4064 Office 535-1771

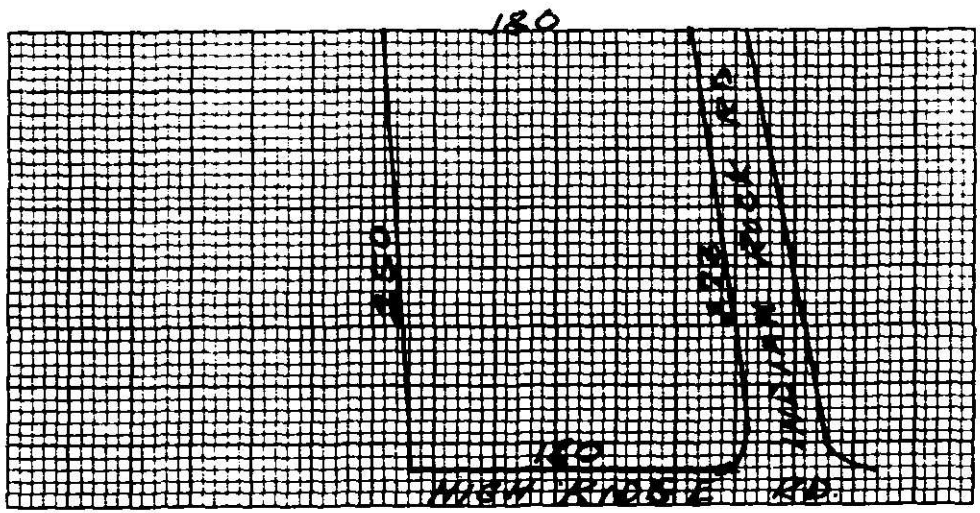
4) LOCATION OF PROPERTY High Ridge Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Grav. Plantation LOT NO. 25 BLOCK NO. 3-B

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

Earl B Vaughn
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2 [illegible]3

PTR No. 5862
P-10.104-15
T C No. 227-[illegible]-81
6-10-74
Map Date 4-17-72

Date Issued April 19, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

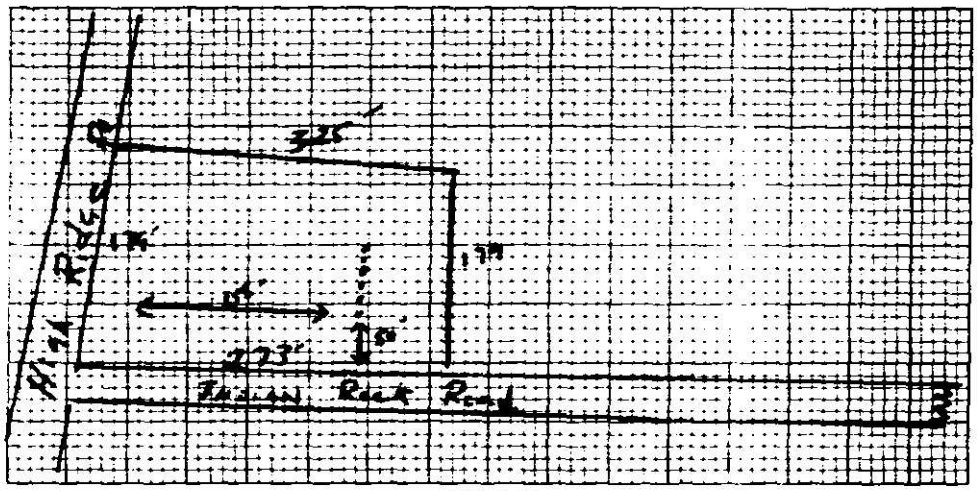
PERCOLATION TEST REPORT

NAME OF OWNER Morrison (LAST) Charles (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER 6832 April Lane ZIP 28213

LOCATION OF PROPERTY High Ridge Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 25 BLOCK NO 3-B



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 55 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 R Atkinson

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 April 25/25

ICAR(S) Application No. 5862

T. C. No 227-104-15

Map Date 6-10-74

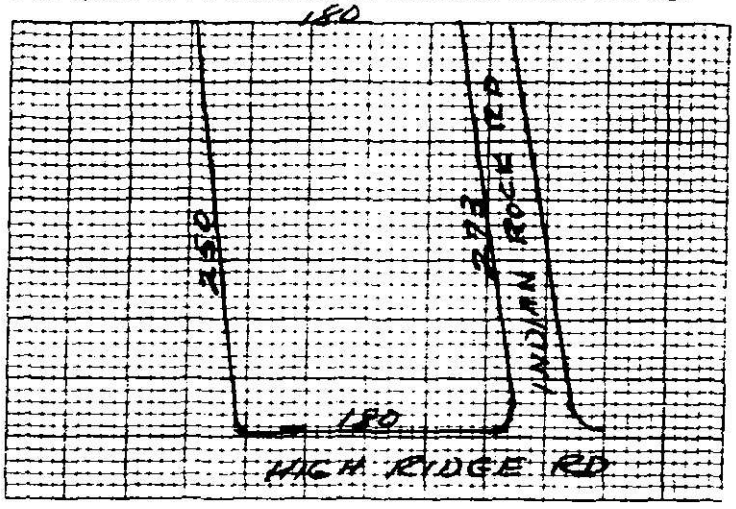
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 4

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. None

12) VA Case No. None

13) NAME OF OWNER Vaughn (LAST) Earl (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Stanfield, NC.

15) PHONE NO. Home 485-4064 Office 535-1771

16) LOCATION OF SYSTEM High Ridge Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Brow Plantation Lot No. [redacted]25 Block No. 3B

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN April 14/73

20) PTR NUMBER (See Instructions) 5862

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 B. Vaughn
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued April 30, 1975 Serial No. 4862

IMPROVEMENTS PERMIT

LA No. 5862

T. C. No 227-104-15

Map Date 6-10-74

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 Vaughn (LAST) Earl (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 1, Stanfield, N. C. ZIP _____

LOCATION OF LOT High Ridge Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO. 25 BLOCK NO. 3-B

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 55Min./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 5862. 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-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 26 June 75 Serial No. 6511 ICAR(S) Permit No. 5862

T C No. 227-104-15

Map Date 6-10-74

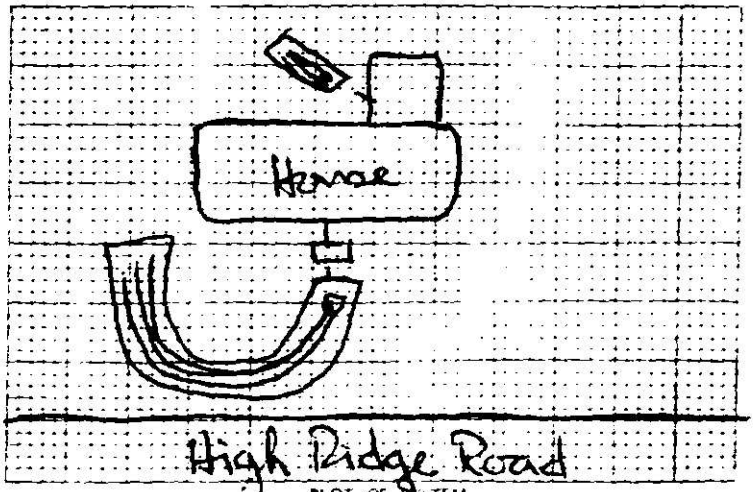
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5862, 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 July 75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 55

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 795' x 200'

Number of Lines 6 15' x 133

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Vaughn, Earl B.

LOCATION OF PROPERTY High Ridge Road

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: washer 10'x50'

aeration pit 2½'x7'x4' stone

Division or Section Head

A. 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 E-5-9-1-72

Owner's Copy

Date Issued 29 July 75 Serial No. 6104 C of A (s) No. 5862

T. C. No. 227-1075

Map Date 6-10-74

John A Johnson

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 Vaughn, Earl B. (LAST, FIRST, MIDDLE)

Location of Property High Ridge Road

Application Number 5862 Permit Number 5862

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 295' & 200 Number of Lines 2 15' X 133'

Depth of Filter Material 17" Cover Depth 48"

Water Supply Source well Distance from Water Source 100' 67'

Excavation Inspected 29 July 75 (DATE) Tank Inspected 29 July 75 (DATE)

Nitrification Field Inspected 29 July 75 (DATE)

Washing Machine Line Inspected, If Applicable 29 July 75 (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 aeration pit O.K.

R. M. Reynolds
Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY