Date Received 3-29-72

APT No. 5493
10

T. C No. 00101301

Map Date 3-23-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Rogers (LAST) Harold (FIRST) Franklin (MIDDLE)

2) ADDRESS OF OWNER 2351 Marion St. Charlotte NC ZIP 28205

3) PHONE NO. Home 375-7136 Office _____

4) LOCATION OF PROPERTY Rogers Ferry Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 1 BLOCK NO. 5

MAP BOOK NO. 1 PAGE NO. 1

6) DEED REFERENCE DEED BOOK 2670 PAGE NO. 471

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

Harold F Rogers
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]8

PTR No. 3493
P.O.
T C No 001-013=01
Map Date 2/23/72

Date Issued April 19, 1972

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

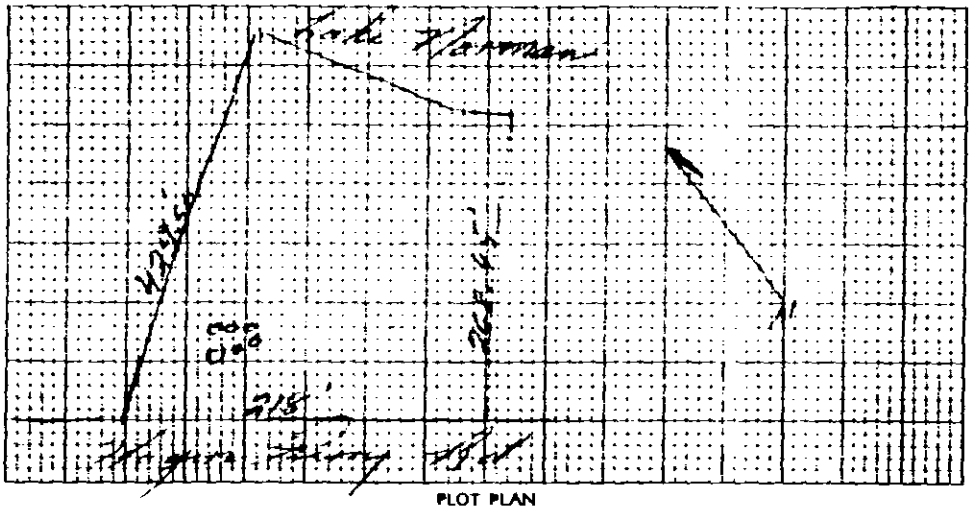
PERCOLATION TEST REPORT

NAME OF OWNER Rogers (LAST) Harold (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 2357 Morton Street ZIP 28208

LOCATION OF PROPERTY Hagers Ferry 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 40 min/in The said lot , 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 teratment 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.

C. F. McMillan

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 7-5-72

ICAR (S) Application No. 3493

T. C. No. 001-013-01

Map Date 2-23-72

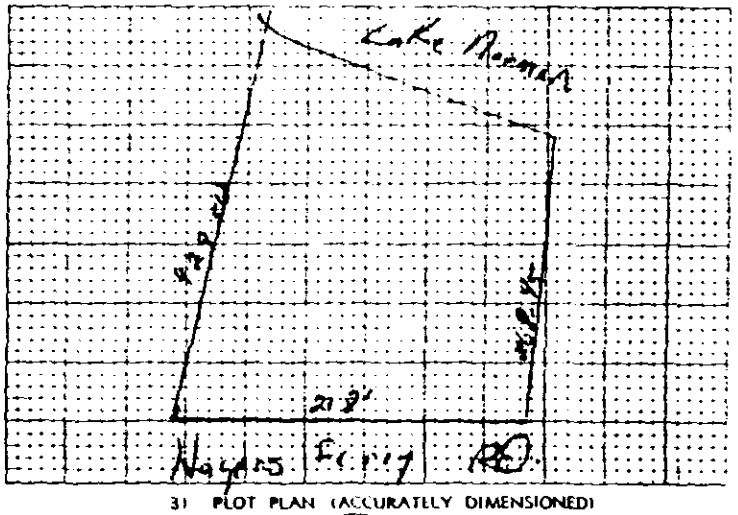
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 2

5) Busine. 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 Rogers (LAST) Harold (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER 2357 Merton St. Charlotte N.C.

15) PHONE NO Home 3257636 Office ____

16) LOCATION OF SYSTEM Hagers Ferry Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ 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 4-18-72 PK 2.40

20) PTR NUMBER (See Instructions) 3493

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 ____

H F Rogers
OWNER

FORM NO. E-4-4-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 6, 1972

Serial No. 1825

LA No 3493
P.O.
T C. No 001-013-01

Map Date 2/23/72

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 Rogers (LAST) Harold (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 2357 Morton Street ZIP

LOCATION OF LOT Hagers Ferry 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 40 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 3493. 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 ts' 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. D. Kirby
Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 13 July 72

Serial No. 2574

ICAR(S) Permit No 3493
PC T C No 001-013.01
Map Date 13 July 72

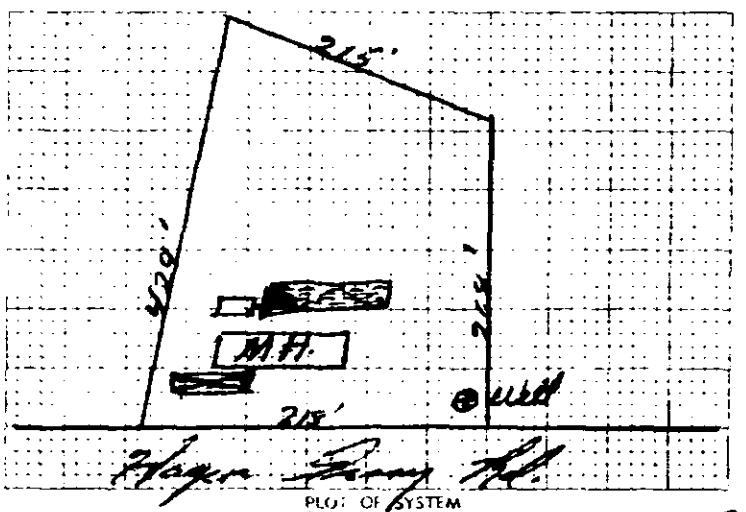
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted ✓ 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 property. This permit is granted based upon the information supplied in application 3493, dated 5 July 72. If this permit shall be void and of no effect if the information provided in the application is found to be incorrect. All work shall be completed on or before 13 Aug 72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 48

Liquid Capacity of Tank 1500*

Tank Construction P-C

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 5 (12½x30x36")

Distance from House 20'

Distance from Property Line 20'

Distance from Well 100

NAME OF OWNER Hagen, Harold F.

LOCATION OF PROPERTY Hagen Farm 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: Claudia Morrison (Contr.)

Note: Owner chosen to install 1500 gal tank

Division or Section Head

M. M. Tisby
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

HEALTH DEPARTMENT'S COPY

Date Issued 19 July 72

Serial No. 2277

C of A (s) No. 3493

P.C.T. C. No. 001-013-01

Map Date 73 Lbe

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Rogers (LAST) Ronald (FIRST) E. (MIDDLE)

Location of Property Rogers Lane Rd.

Application Number 3493 Permit Number 3493

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 5 (12½ x 30' x 36")

Depth of Filter Material 36" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source 100'

Excavation Inspected 19 July 72 (DATE) Tank Inspected 19 July 72 (DATE)

Nitrification Field Inspected 19 July 72 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: Clearview Manor (Lot 7)

M. R. Hardy
Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-29-71

ICAR (S) Application No 3493

T C No 009-013-01

Map Date 2-23 72

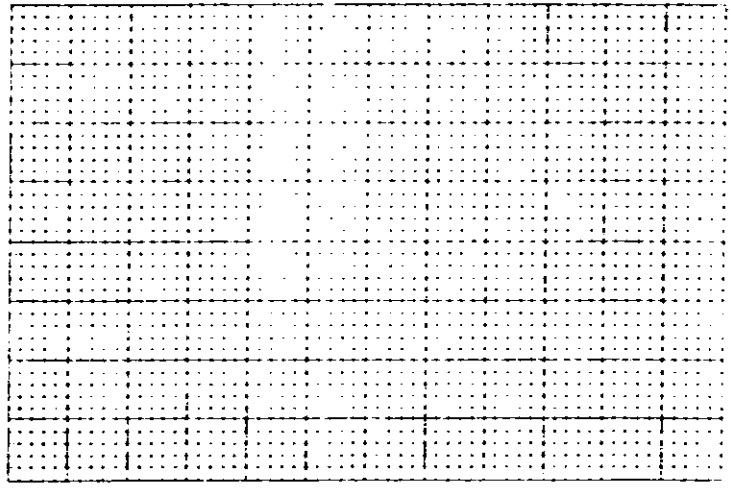
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 2 ___

5) Income (for Mobile Homes) Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
   A) Individual Well
   b) Governmental
   C) Community
      1) Well ✓ ___
      2) Governmental
   Garage Sump
   Roof Drains (Gutters) Yes ___ No
   Footing Drains Yes ___ No
   Basement Yes ___ No
   Community Sewer Yes ___ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Rogers (LAST) Harold (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER RT #3 Box 80-A Huntersville N.C. 28078

15) PHONE NO Home 875-6221 Office 334-0823 (Mrs) Office

16) LOCATION OF SYSTEM Hagers Ferry Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ 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 ___

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 ___

OWNER Mrs H. F. Rogers

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4233

LA No 3493
P.O.
T C No 001-013-01

Date Issued July 1, 1974

Map Date 2-28-72

IMPROVEMENTS PERMIT

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 Rogers (LAST) Harold (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER Route 3, Box 80-A ZIP 28078

LOCATION OF LOT Hagers Ferry 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 3493. 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 present system.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-30-74

ICAR (S) Application No. 3493

T. C. No. PO 001-013-01

Map Date 2-23-72

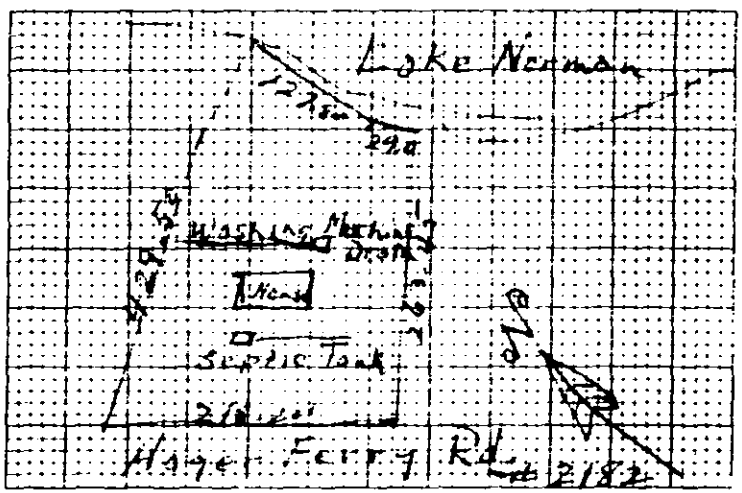
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Washing Machine Drain Only

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 2

5) Business Use Max. No. Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply
A) Individual Well Yes
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 Rogers (LAST) Harold (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER Route 3 Box 88-A Huntersville N.C. 28078

15) PHONE NO. Home 875-6222 Office ___

16) LOCATION OF SYSTEM Hager Ferry Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Lemley Township Lot No. 1 Block No. 15

Map Book No. 1 Page No. 1

18) DEED REFERENCE -- DEED BOOK 2378 AT PAGE 244

19) HAS A PERCOLATION TEST BEEN RUN? Yes YES ___ NO DATE RUN July 6, 1972

20) PTR NUMBER (See Instructions) 3413

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.

8-28-74
DATE OF APPLICATION

H F Rogers
OWNER

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

Date Issued 14 Nov 74

Serial No. [illegible]

ICAR(S) Permit No. 3493

P.O.T. C No. 001-013-01

Map Date 2-23-72

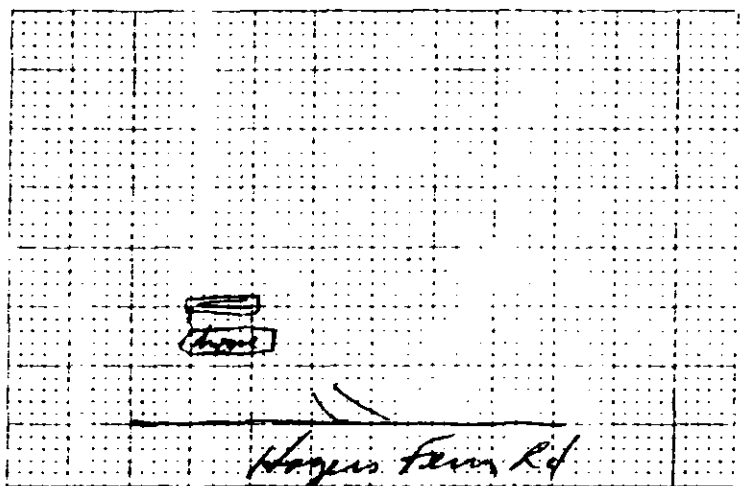
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3493, dated 9-30-74 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 14 Dec 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length 150 Lin Ft

Number of Lines 3 (7½ x 25' - 36")

Distance from House 20'

Distance from Property Line 10'

Distance from Well 100' +

NAME OF OWNER Rogers, Harold F.

LOCATION OF PROPERTY Rogers Ferry 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 (Hyde)

Division or Section Head

Environmentalist [signature]

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

[illegible] DEPARTMENT'S COPY

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