Date Received 2-20-73

APT No. 5607

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CROSSFIELD (LAST) Roger (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER 5[illegible]74 Cherrycrest Lane Charlotte, N. C. ZIP _____

3) PHONE NO Home 535-[illegible] Office _____

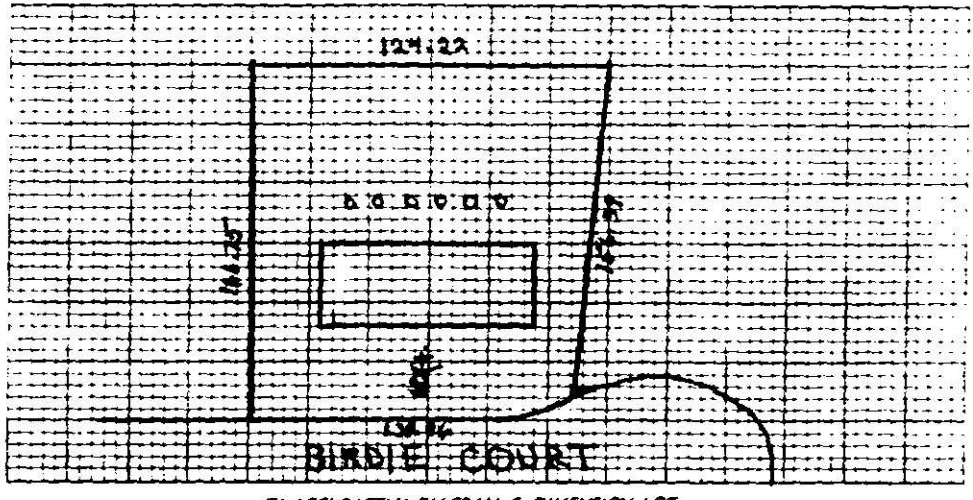
4) LOCATION OF PROPERTY Birdie Lane (STREET OR COUNTY ROAD)

5) SUBDIVISION Pine Lake Estates LOT NO. 4 BLOCK NO. _____

MAP BOOK NO 15 PAGE NO 337

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

OWNER Don A. Gullem

Century Home Builders, Inc.
acting for owner

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203 Telephone 374-2113

Date Issued
1. March 6, 1973 SITE DISAPPROVAL REPORT SDR No. 5607
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. _____
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Crossfield, Roger

ADDRESS OF OWNER 5624 Cherrycrest Lane ZIP _____

LOCATION OF LOT Birdie Lane, Lot 4

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.	3-2-73	120 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

Thomas R. Ward
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. [illegible]7

PTR No. 5607

T C No 135-291-14

Date Issued March 29, 1973

Map Date 12-15-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

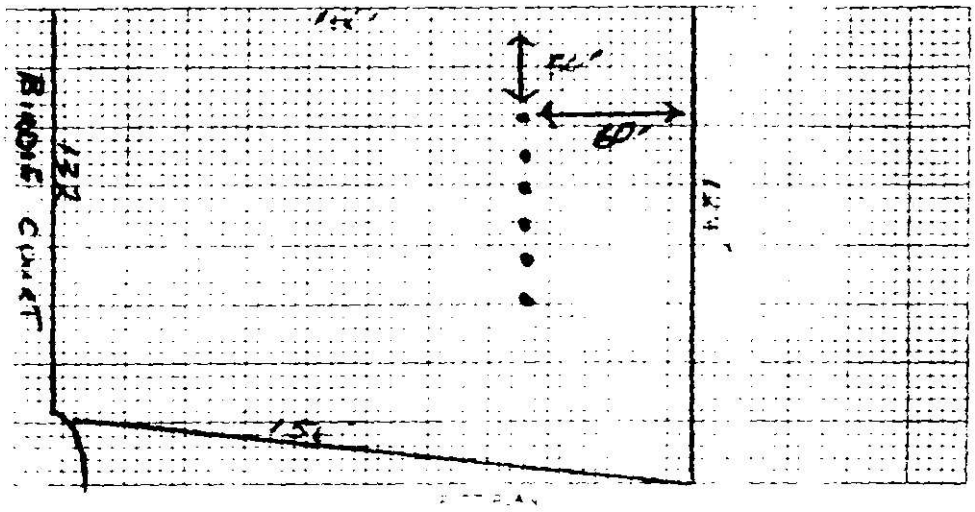
PERCOLATION TEST REPORT

NAME OF OWNER Crossfield (LAST) Roger (FIRST) (MIDDLE)

ADDRESS OF OWNER 5624 Cherrycrest Lane ZIP

LOCATION OF PROPERTY Birdie Lane (STREET OR HIGHWAY ROAD)

SUBDIVISION Pine Lakes Estates LOT NO 4 BLOCK NO



This is to certify that a percolation test has been run and a favorable response 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 septic 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 Adkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3-2-73

ICAR(S) Application No. 5607

T. C. No. _____

Map Date _____

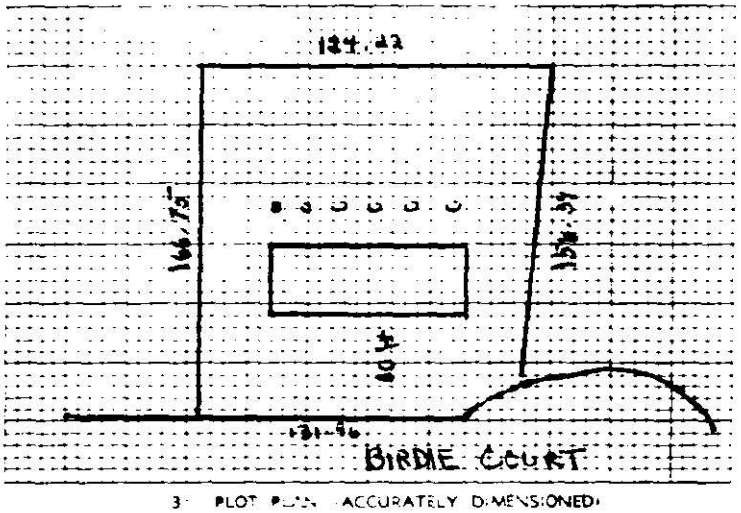
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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) No. of Bedrooms 3

5) Building Use Max No Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ 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 CROSSFIELD (LAST) Roger (FIRST) _____ (MIDDLE)

14 ADDRESS OF OWNER 5624 Cherrywood Lane Charlotte, N. C.

15) PHONE NO Home 525-6003 Office _____

16) LOCATION OF SYSTEM Birdie Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Pine Lake Estates Lot No 4 Block No. _____

Map Book No 15 Page No. 337

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? X YES _____ NO DATE RUN 3/1/73

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.

3/1/73
DATE OF APPLICATION

Don A. Galloway
OWNER Century Home Builders, Inc

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued March 29, 1973

Serial No. 2674

LA No. 5607

T C. No. 135-291-24

Map Date 12-15-72

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 Crossfield (LAST) Roger (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER 5624 Cherrycrest Lane ZIP _____

LOCATION OF LOT Birdie Lane (STREET OR COUNTY ROAD)

SUBDIVISION Pine Lake Estates LOT NO 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 60 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 5607. 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, altered 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

Thomas R. Wall
Environmentalist

John R Atkinson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7-20-73

Serial No. 4032

ICAR (S) Permit No. 5607

T C. No. ____

Map Date ____

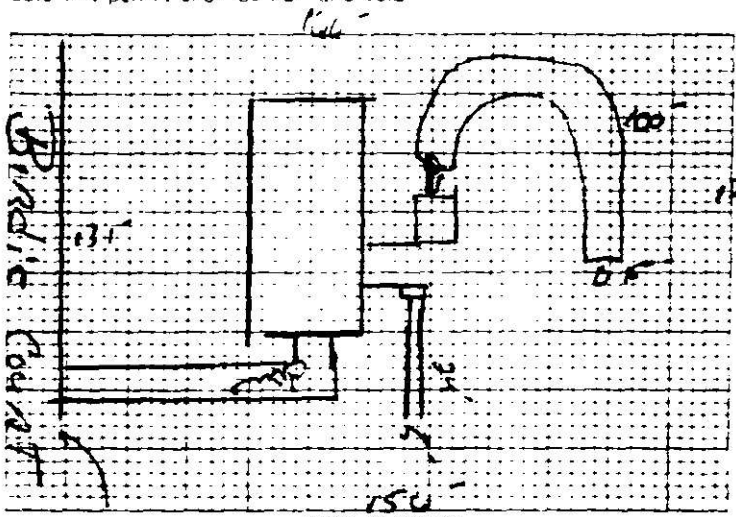
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5607 dated 3-2-73 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 8-2-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal.

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Total Line Length 600'

Number of Lines 6

Distance from House 15'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Roger Crossfield

LOCATION OF PROPERTY Bird's Court (Lot 4)

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: 15 x 100' x 10" tile - auto start on each 5 risers

Thomas R. Ward
Environmentalist

Division or Section Head

* 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

Serial No. 3709

C of A (s) No 5607

Date Issued 8-3-73

T C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Crossfield (LAST), Roger (FIRST) (MIDDLE)

Location of Property Lot 4, Bird's Court

Application Number 5607 Permit Number 5607

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material Pre-Cast Con.

Total Length of Drain Tile 600' Number of Lines 6

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 8-3-73 (DATE) Tank Inspected 8-3-73 (DATE)

Nitrification Field Inspected 8-3-73 (DATE)

Washing Machine Line Inspected, If Applicable 8-3-73 (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 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: Installed by Slagle + Winchester

Thomas R. Wall
Environmentalist

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

HEALTH DEPARTMENT'S COPY