Date Received 9-4-73

APT No. 6937

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Flowe (LAST) Thomas (FIRST) B (MIDDLE)

2) ADDRESS OF OWNER RT 12 Box 1292-Q ZIP 28212

3) PHONE NO Home 545-4498 Office 596-6717

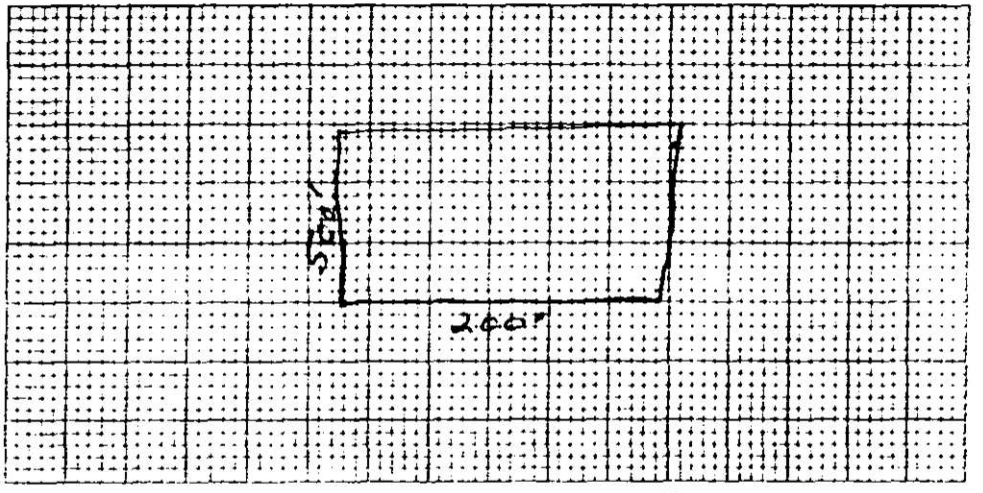
4) LOCATION OF PROPERTY RT-1 Sunset Hall Rd. (STREET OR COUNTY ROAD) Charlotte, N.C.

5) SUBDIVISION LOT NO BLOCK NO.

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

Thomas B Flowe
OWNER

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. September 6, 1973 SITE DISAPPROVAL REPORT
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6937
T.C. No. 137-121-21
9-28-71

NAME OF OWNER Flowe, Thomas B.

ADDRESS OF OWNER Route 12, Box 1297-O ZIP _____

LOCATION OF LOT Surface Hill 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.	9-5-73	135 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

A X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 9-5-73 - Holes were 3/4 full of mud; could not percolate properly

R. M. Reynolds
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. [illegible]

PTR No. 6937

Date Issued September 12, 1973

T C No 137-121-21

Map Date 9-29-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

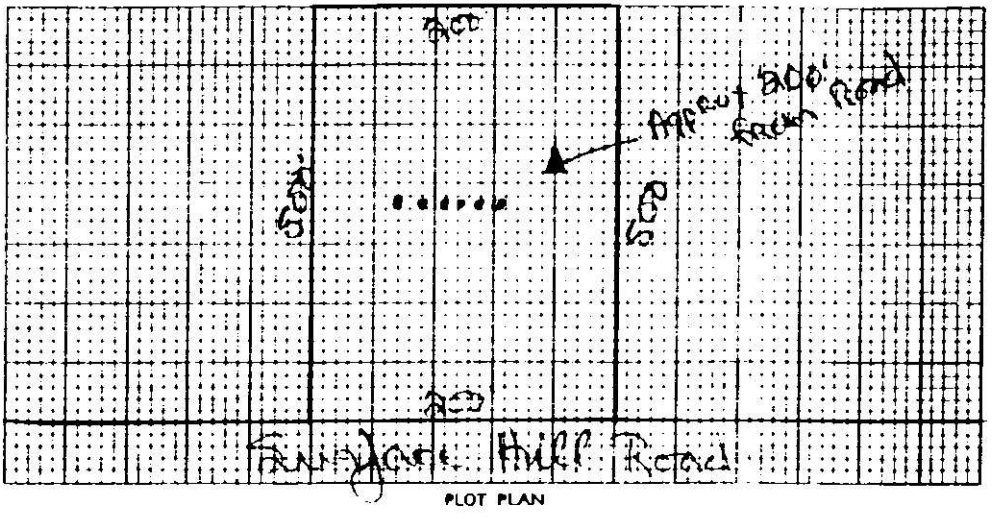
PERCOLATION TEST REPORT

NAME OF OWNER Flowe (LAST) Thomas (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 12, Box 1297-0 ZIP

LOCATION OF PROPERTY Surface Hill 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 R Albisson

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 9 4 73

ICAR(S) Application No 6937

T C No

Map Date

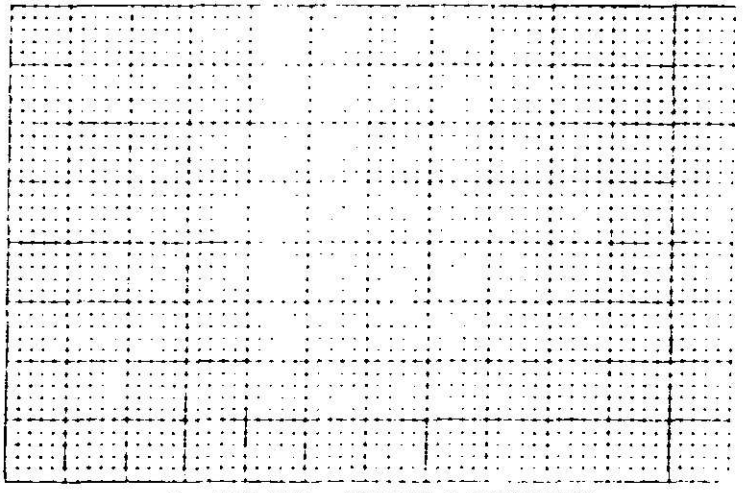
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4 No of Bedrooms 3

5 Expected 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 Government System

C Community System

1 Well Supply

2 Government System

Sewage Disposal System

A Public Sewer Yes

B Individual System Type

C Community Sewer Yes No

10 FHA Case No

11 VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Thomas B. Flowe
LAST FIRST MIDDLE

14) ADDRESS OF OWNER RT 12 Box 1292-C Charlotte N.C 28212

15) PHONE NO Home 545-4495 Office

16) LOCATION OF SYSTEM Surface Hall 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

Thomas B Flowe
OWNER

DATE OF APPLICATION

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued September 12, 1973

Serial No. 3406

LA No. 6937

T. C. No. 137-121-21

Map Date 9-29-71

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 Flowe (LAST) Thomas (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 12, Box 1297-o ZIP 28212

LOCATION OF LOT Surface Hill 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 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 6937. 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

R M Reynolds
Environmentalist

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

FORM NO E 3 4 (-71)

HEALTH DEPARTMENT'S COPY

Date Issued 11Mar74 Serial No. 4873 ICAR(S) Permit No 6937

T C No 137-121-31

Map Date 9-29-71

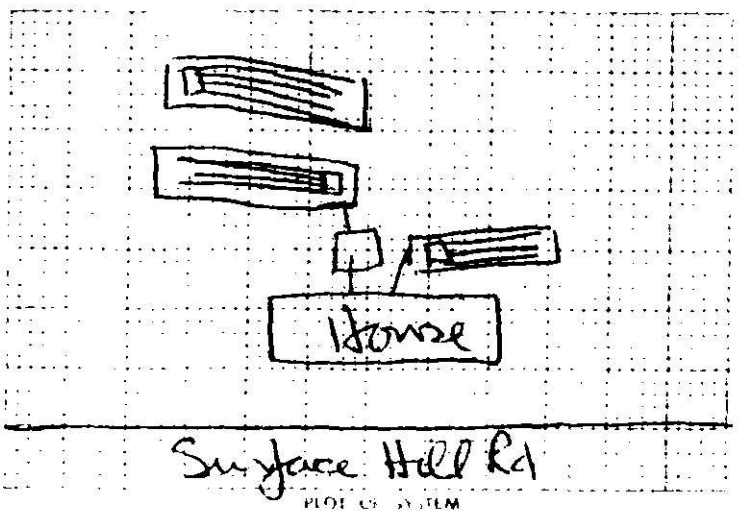
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water 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 6937 dated _____ and this permit shall be void and of no effect if the said information provided in the application is found to be false or erroneous. All work shall be completed on or before 11Apr74 after which date this permit will be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500gal

Tank Construction Precast Concrete

Absorption and/or Distribution Lines

Total Line Length 600' & 150'

Number of Lines

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Flowe, Thomas B.

LOCATION OF PROPERTY Surface Hill R

The above system must meet all 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 unavailable for inspection and use.

Comment: aeration pit 2½'x7' x4' stone
trenches 7½' x50'

M. Reynolds
Environmentalist

District Sanitarian

In the case of the installation or construction of a new system it must be signed by the division or a district Environmental Health Director in order to be valid. On the signature of the Environmentalist where an existing system is being altered or repaired.

E-5-9-1-72

Health Department Copy

Date Issued 11 Mar 74 Serial 4548

C of A (s) No. 6931

T. C No. 137-121-21

Map Date 9-29-71

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 Flowe (LAST), Thomas B (FIRST, MIDDLE)

Location of Property Surface Hill Road

Application Number 6937 Permit Number 6937

Inspection Data:

Liquid Capacity of Tank 500 Beegal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines (5) 12½' x 120'

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 11 Mar 74 (DATE) Tank Inspected 11 Mar 74 (DATE)

Nitrification Field Inspected 11 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 11 Mar 74 (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.

G. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY