Date Received 12-4-73

APT No. 7297

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Wardrup (LAST), Clyde (FIRST), Hampton (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 26222, Charlotte, N.C. ZIP 28213

3) PHONE NO. Home 596-4754 Office _____

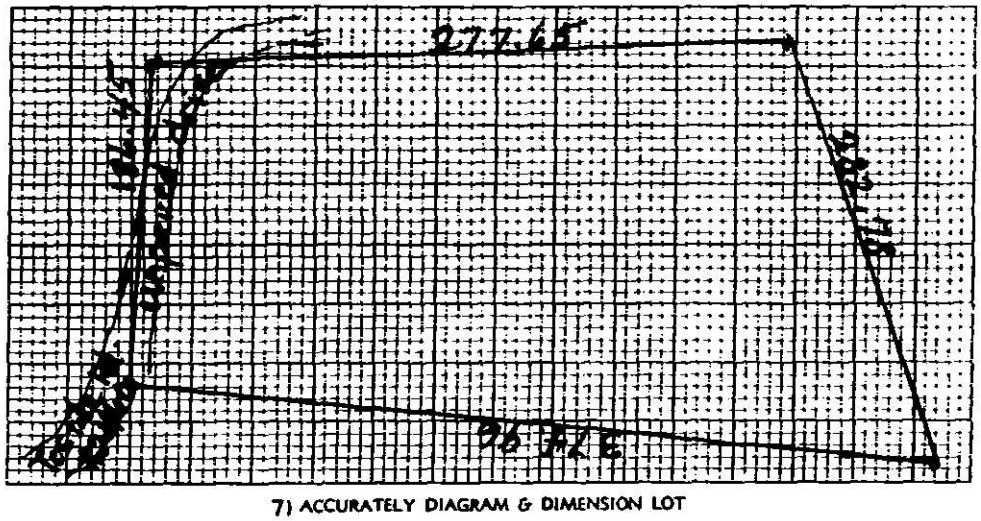
4) LOCATION OF PROPERTY Eastfield Rd, turn r: off Rocky Ford Club Rd. (STREET OR COUNTY ROAD) (c. 600)

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

Clyde H. Wardrup
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received Feb 73

ICAR(S) Application No 7291

Plat T C No 021-131-01

Map Date 14-Feb-73

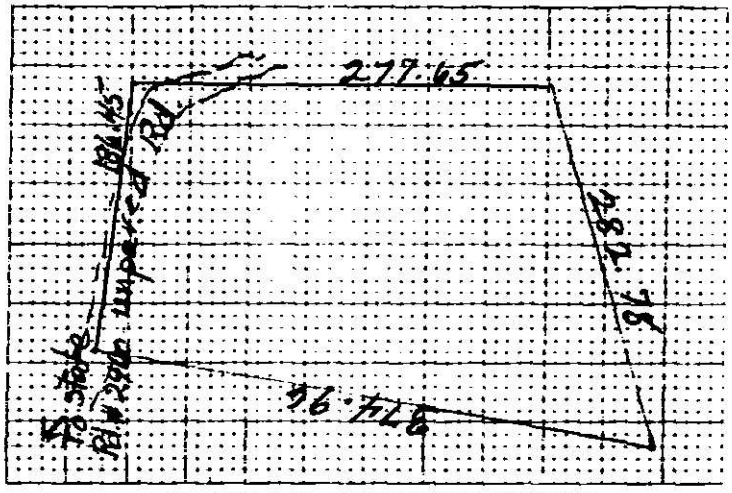
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom 2
5) Business Use Max No Employees
6) Washing Machine Yes X No
7) Garbage Disposal Yes X No
8) Dishwasher Yes X No
9) Water Supply
A) Individual Well X
B) Government System
C) Community System
1) Well
2) Government System
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 Wardrup (LAST), Clyde (FIRST) Hampton (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 26222, Charlotte, N.C. 28213

15) PHONE NO. Home 596-4754 Office

16) LOCATION OF SYSTEM Eastfield Rd., turn r. off Rocky Ford Club Rd (STREET OR COUNTY ROAD) #1 on rt

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.

Feb 73
DATE OF APPLICATION

Clyde H Wardrup
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3670

LA No. 7297
P.O.
T. C. No. 021-131-01

Date Issued December 5, 1973

IMPROVEMENTS PERMIT

Map Date 2-14-73

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 Wardrup (LAST) Clyde (FIRST) Hampton (MIDDLE)

ADDRESS OF OWNER P.O. Box 26222 ZIP _____

LOCATION OF LOT Eastfield 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 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 7297. 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4698

Date Issued 3-[illegible]-73

ICAR(S) Permit No. 7297

P.O T. C. No. 021-131-01

Map Date 14-Feb-73

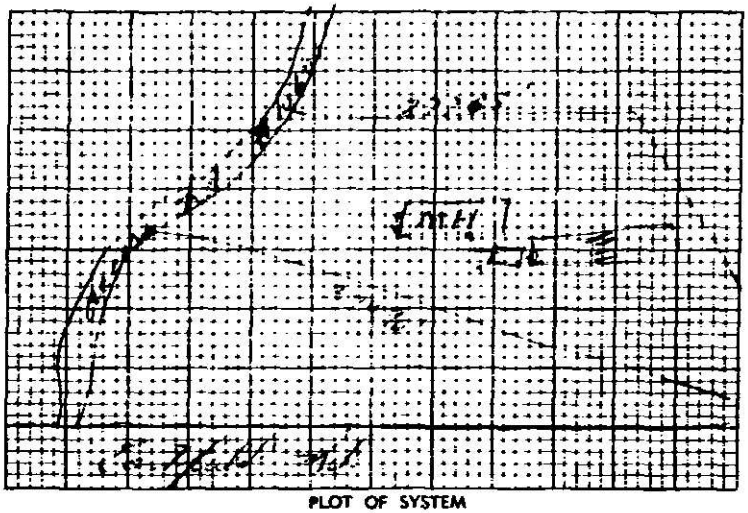
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 L 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 7297 dated 2-Feb-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 3-Jan-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction 1 C

Absorption and/or Nitrification Lines

Total Line Lenght 300 (125 Reg, 175 Rep)

Number of Lines 4 (3 Reg, 1 Rep)

Distance from House 10

Distance from Property Line 50

Distance from Well 100

NAME OF OWNER Cowley, Clyde Harry Jr.

LOCATION OF PROPERTY [illegible] (Rt 10, Box [illegible])

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: Failure (Final)

Division or Section Head

W. A. Duff
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

Serial 4251

C of A (s) No. 7297

Date Issued 4-6-73

PO T. C. No. 021-131-01

Map Date 14-26-73

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

MH

CERTIFICATE OF APPROVAL

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

Name of Owner Woodrup (LAST) Cindi (FIRST) [illegible] (MIDDLE)

Location of Property [illegible] Eastfield Rd (Cor. Ft. & Co.)

Application Number 7297 Permit Number 7297

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 5 (12" Fine XL)

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable N/A (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: Fedora (Cert'd)

Environmentalist

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

HEALTH DEPARTMENT'S COPY