Date Received 5/10/76

APT No. 5624

T. C. No. 227-242-17

Map Date 3-9-76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Retsios (LAST) George (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 1213 Jersey St. ZIP 28209

3) PHONE NO Home 523-5512 Office 376-3192

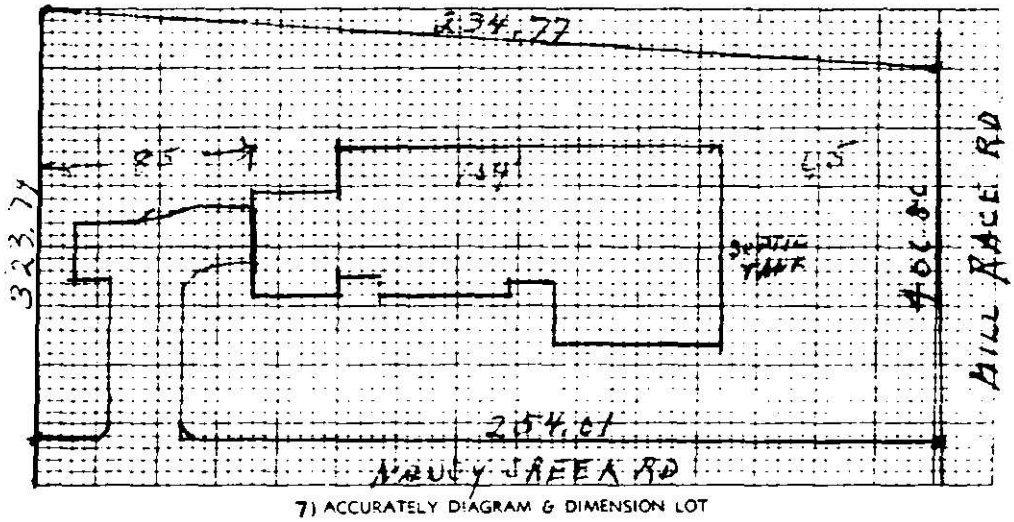
4) LOCATION OF PROPERTY Nancy Creek rd. and Mill Race Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Plantation LOT NO. 3 BLOCK NO. 3-E

MAP BOOK NO. 17 PAGE NO. 155

6) DEED REFERENCE DEED BOOK 3573 PAGE NO 57

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

George J. Retsios
OWNER

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

W

Date Received 2-22-73

APT No 5624

T C No 227 242-17

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Fowler (LAST) William (FIRST) Winfield (MIDDLE)

2) ADDRESS OF OWNER 2500 Eastway Cr Apt 446 ZIP 28205

3) PHONE NO Home 535-2507 Office

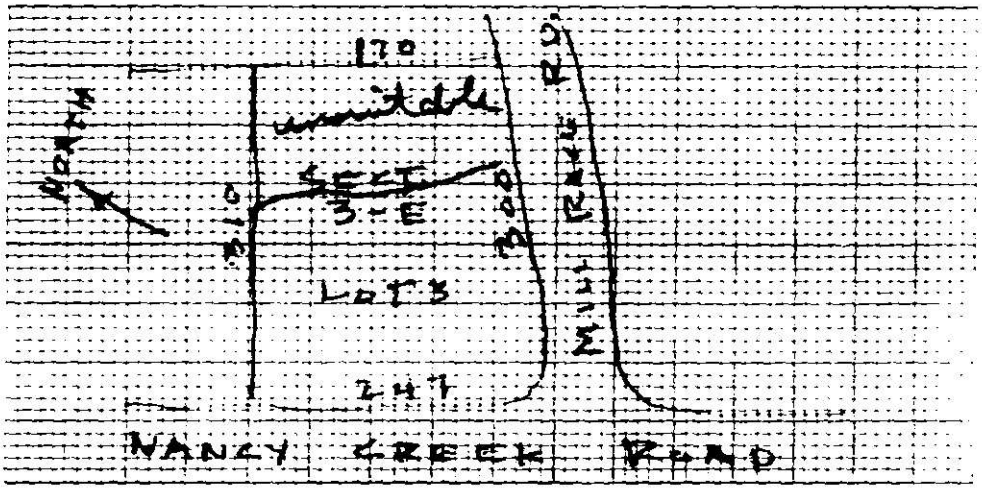
4) LOCATION OF PROPERTY Nancy Creek Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Plantation LOT NO 3 BLOCK NO E

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

William Winfield Fowler
OWNER

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5624

Date Issued May 3, 1973

T C No 227-242-01 7

Map Date 9-17-72

6-10 74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

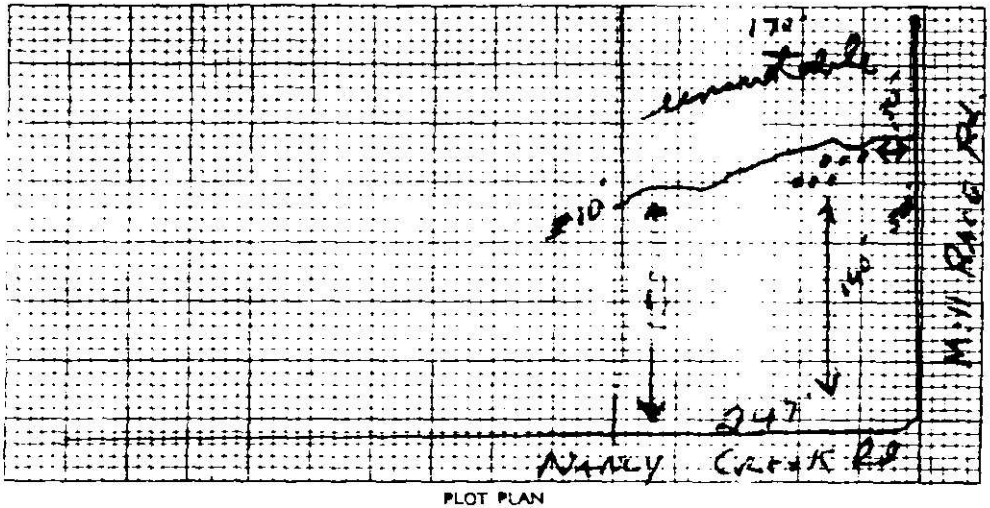
PERCOLATION TEST REPORT

NAME OF OWNER Fowler (LAST) William (FIRST) Winfield (MIDDLE)

ADDRESS OF OWNER 2500 Eastway Dr., Apt. 44-G ZIP 28205

LOCATION OF PROPERTY Nancy Creek Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 3 BLOCK NO E



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 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 wells) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation tests were 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 Hickerson

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 5-11-73

ICAR'S Application No 5624

TC No 27-82-417

Map Date 7-14-73

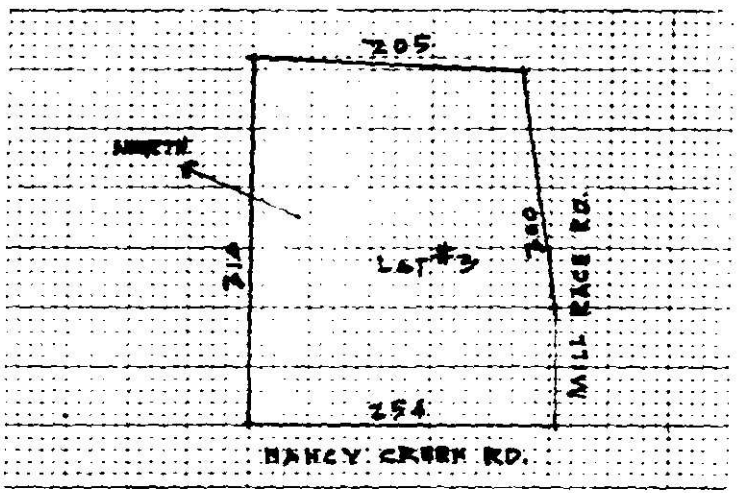
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 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 ___
C Community System
Well ___
Governmental ___

Grease Trap ___ Yes ✓ No

Pool ___ Yes ✓ No

Commercial Food ___ Yes ✓ No

FHA Case No ___

VA Case No GG 101 105

3 PLOT PLAN (ACCURATELY DIMENSIONED) V.A. WHEEL CHAIR HOUSE

13 NAME OF OWNER FOWLER (LAST), WILLIAM (FIRST) WINFIELD (MIDDLE)

14 ADDRESS OF OWNER 2500 EASTWAY DR. APT. 44-G

15 PHONE NO Home 535-0507 Office ___

16 LOCATION OF SYSTEM NANCY CREEK ROAD (STREET OR COUNTY ROAD)

17 SUBDIVISION PROVIDENCE PLANTATION Lot No 3 Block No 3-E

Map Book No ___ Page No ___

18 DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-7-73

20 PTR NUMBER (See Instructions) 5624

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.

May 10 1973
DATE OF APPLICATION

William W. Fowler
OWNER
Betty J. Fowler

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 11, 1973

Serial No. 2915

LA No. 5624

T C. No. 227-0242-0217

Map Date 7-27-72 6107 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 Fowler (LAST) William (FIRST) Winfield (MIDDLE)

ADDRESS OF OWNER 2500 Eastway Dr., Apt. 44-G ZIP _____

LOCATION OF LOT Nancy Creek Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 3 BLOCK NO 3-E

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 55 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 5624. 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.

Thomas R Ward
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 5/11/76

Serial No. 5905

IMPROVEMENTS PERMIT

LA No. 5624

T C. No. 227A-242-17

Map Date 3-9-76

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 Retios (LAST) George (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER 1213 Jersey Drive ZIP _____

LOCATION OF LOT Nancy Creek & Mill Race Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO. 3 BLOCK NO. 3E

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 5624. 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. L. Reynolds
Environmentalist

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

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY

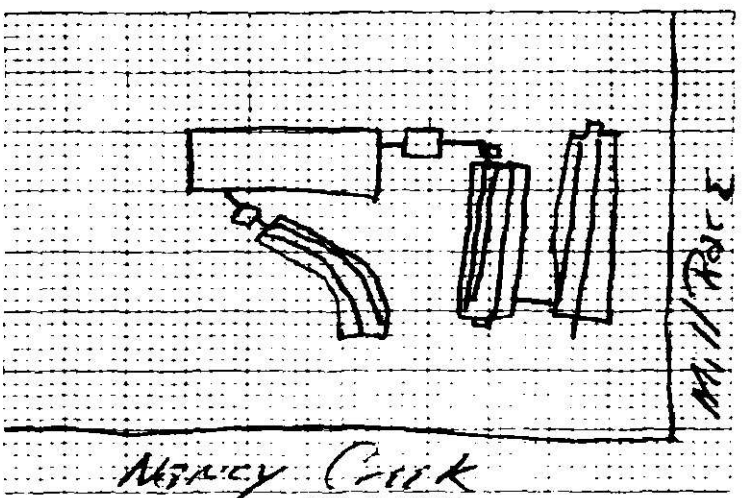
Date Issued 9-3-76 Serial No. 0131 ICAR(S) Permit No. 5624

T C No. 22) - 242-17

Map Date 3-9-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 5624, dated 5-11-76 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 10-3-76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption Lines or Nitrification Lines

Total Line Length 795-200

Number of Lines 6 - 4

Distance from House 10

Distance from Property Line 10

Distance from Any Well 100

NAME OF OWNER George Retsios

LOCATION OF PROPERTY Nancy Creek & Mill Race

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments 2 beds 15 x 67' x 17"
10' x 50' x 17"

Division or Section Head

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 10-18-76

Serial No. 0282

C of A (s) No. 5624

T C No. 227-342-17

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

M.A.H.

CERTIFICATE OF COMPLETION

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

Name of Owner Bitsios, George
(LAST, FIRST, MIDDLE)

Location of Property Corner Nancy Creek & M.H. Race

Application Number 5624 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 195 - 200' Number of Lines 6 - 4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected 10-18-76 (DATE)

Nitrification Field Inspected 10-18-76 (DATE)

Washing Machine Line Inspected, If Applicable 10-18-76 (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 Health Commission 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 Installed as permitted

Environmentalist

EHB-5-76

Environmental Health Department's Copy

A

Date Received 11 May 1976

ICAR(S) Application No. a

T. C. No. 827-242-17

Map Date 3-9-76

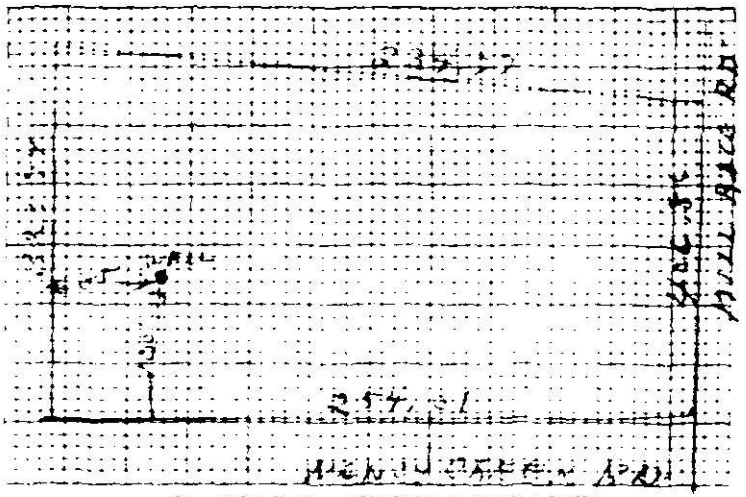
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

5) Business Use Max. No. Employee _____

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 [illegible] LAST [illegible] FIRST _____ MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home 523-5513 Office 376-3192

16) LOCATION OF SYSTEM [illegible] MILL RACE RD. STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. 3 Block No. 3-E

Map Book No. 12 Page No. 185

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 58

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.

5-11-76
DATE OF APPLICATION

✓ George J. Pettis
OWNER

FORM NO. E-4-4-2M-6-765

HEALTH DEPARTMENT'S COPY