1 Date Received 3-22-73 APT No 5794

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Cummings (LAST) William (FIRST) B. (MIDDLE)

2) ADDRESS OF OWNER 800 Poindexter Dr., Charlotte, N. C. ZIP 28209

3) PHONE NO Home 334-9026 Office

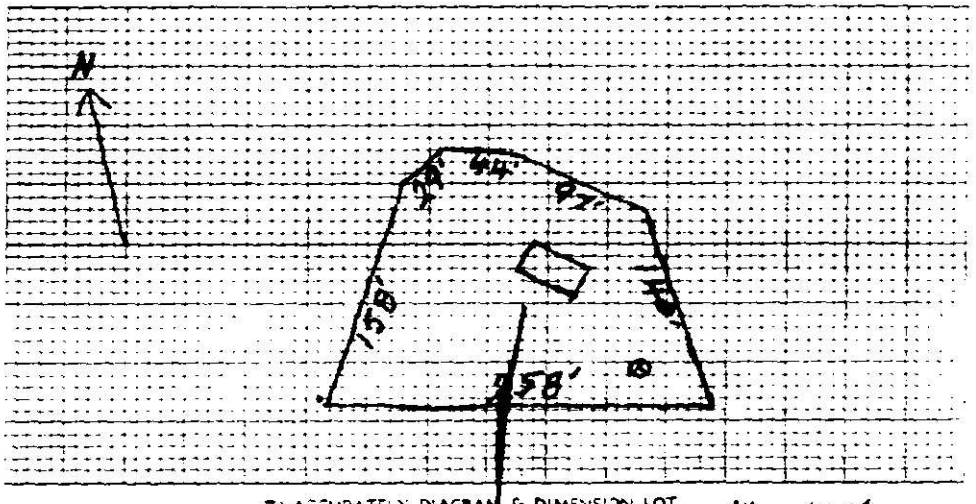
4) LOCATION OF PROPERTY ~~Lake Wylie, Withers Cove,~~ off County Road 1381 (STREET OR COUNTY ROAD)

5) SUBDIVISION Steel Creek Township LOT NO 30 BLOCK NO 39

MAP BOOK NO 199 PAGE NO 271 Lot 012

6) DEED REFERENCE DEED BOOK 3146 PAGE NO 165 Crescent Land & Timber Corp.

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 hereinafter 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 1" = 100'

W. B. Cummings
OWNER

FORM NO. E-1-B-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. May 25, 1 7
2. _____
3. _____

SDR No. 5704
T.C. No. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER _____

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF LOT off [illegible] on Lake Wylie

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.	[illegible]	[illegible] min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

_____

_____

_____

_____
Environmentalist

(Stencil No.)
MMD 398

FORM NO.
M- 1-8-14-70

Serial No. 5

PTR No. 5794

T C No. 199-271-01 F

Date Issued June 5, 1973

Map Date 7-17-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

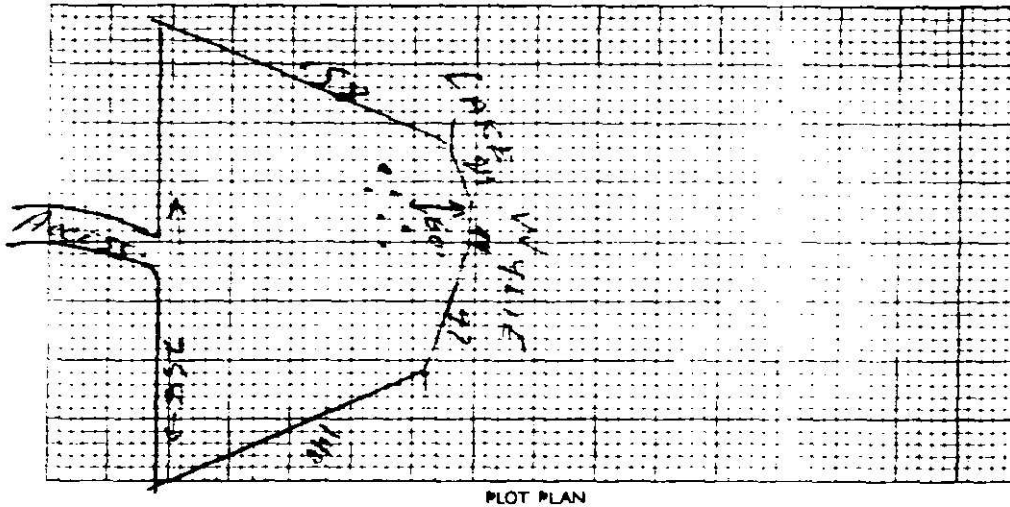
PERCOLATION TEST REPORT

NAME OF OWNER Cummings (LAST) William (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 800 Poindexter Drive ZIP 28209

LOCATION OF PROPERTY Lake Wylie, Withers Cove, off County Road 1381 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 30 BLOCK NO. 39



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 stripping of topsoil) 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.

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 6-7-73

ICARUS Application No 5794

T C No 199-271-01F

Map Date 7 1972

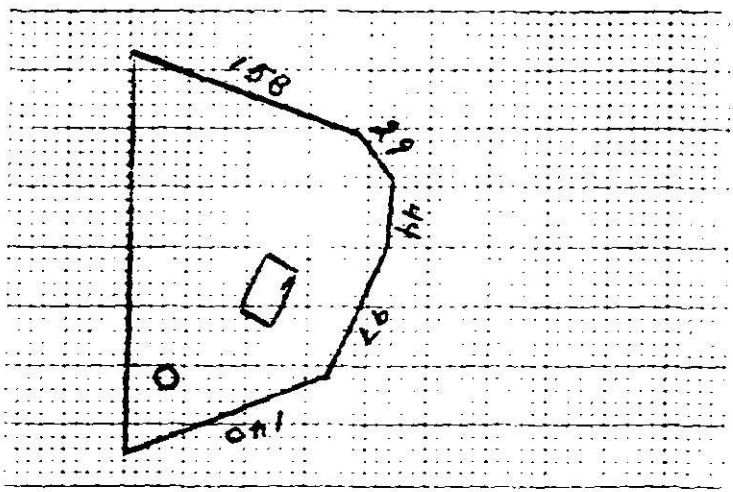
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Estimated Maximum Employees

6 Washing Machine ✓ No

7 Garbage Disposal ✓ No

8 Dishwasher ✓ No

9 Water Supply ✓

10 ✓ No

11 ✓ No

13 NAME OF OWNER Cummings (LAST) William (FIRST) B. (MIDDLE)

14 ADDRESS OF OWNER 800 Poindexter Dr., Charlotte, N. C.

15 PHONE NO Home 334-9026 Office

16 LOCATION OF SYSTEM Lake Wylie, Withers Cove, off County Road 1381 (STREET OR COUNTY ROAD)

17 SUBDIVISION Steel Creek Township Lot No 30 Block No 30

Map Book No 199 Page No. 271 Lot 01E

18 DEED REFERENCE — DEED BOOK 3116 AT PAGE 165 Crescent Land & Timber Corp.

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 6 73 PR760

20 PTR NUMBER See Instructions 5794

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

June 6, 1973
DATE OF APPLICATION

W. B. Cummings
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 7, 1973 **Serial No.** 3025

LA No. 5794

T C No 199-271-01F

Map Date 7-17-72

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 Cummings (LAST) William (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 800 Poindexter Drive, Charlotte, N.C. ZIP _____

LOCATION OF LOT County Road 1381, Lake Wylie, Withers Cove (STREET OR COUNTY ROAD)

SUBDIVISION Steel Creek Township LOT NO 30 BLOCK NO 39

MAP BOOK NO 199 PAGE NO 271 Lot 01Z

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 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 5794. 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

R. F. McMillan

Director Environmental Health Division or Authorized Section Head

FORM NO. E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7/12/73

Serial No. 3997

ICAR(S) Permit No. 5794

T. C. No. _____

Map Date _____

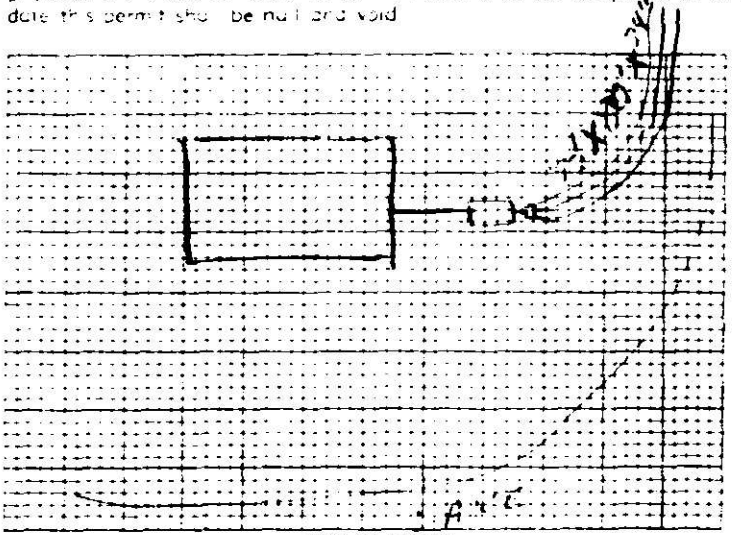
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 5794 dated 6/27/73 and this permit shall be void and of no effect if the information provided in the application is not true or correct as is. All work shall be completed on or before 8/1/73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 200

Number of Lines 3/3x50'x24"

Distance from House 10' min

Distance from Property Line 10' 50' min

Distance from Well 75'+

NAME OF OWNER [illegible] Simmons

LOCATION OF PROPERTY [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: Single Family Dwelling Tank Set At [illegible]

7-12-73

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 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

Date Issued 8/27/73 Serial 3776

C of A (s) No. 5794

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 CUMMINGS (LAST) WILLIAM (FIRST) B (MIDDLE)

Location of Property OFF LAKEWYLIE PARK RD.

Application Number 5794 Permit Number 5794

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300 Number of Lines 3(7½'x80'x24")

Depth of Filter Material 2' Cover Depth 18"

Water Supply Source PVT WELL Distance from Water Source

Excavation Inspected 8/27/73 (DATE) Tank Inspected 8/27/73 (DATE)

Nitrification Field Inspected 8/27/73 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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 Septic

L. L. Bridgeman
Environmentalist

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

HEALTH DEPARTMENT'S COPY