Date Received 2-19-73 APT No. 5569

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BROWN (LAST) JOSEPH (FIRST) OTTO (MIDDLE)

2) ADDRESS OF OWNER RT 3 BOX 388 A1 ZIP 28210

3) PHONE NO Home 525 1415 Office

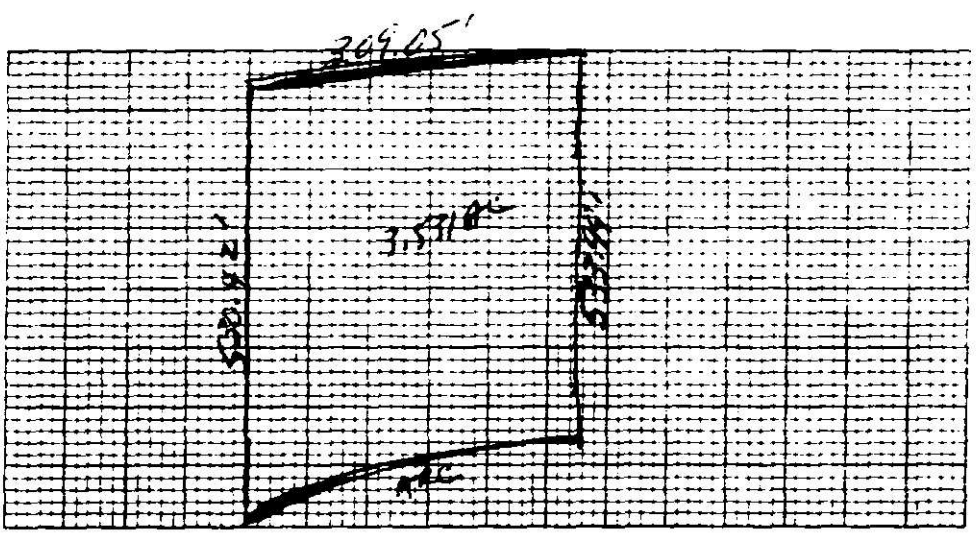
4) LOCATION OF PROPERTY DIXIE Rd - #160 (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 3530 PAGE NO. 355

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

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

HEALTH DEPARTMENT'S COPY

Serial No. ?173

PTR No. 5569

Date Issued February 23, 1973

T C No 141-121-10

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

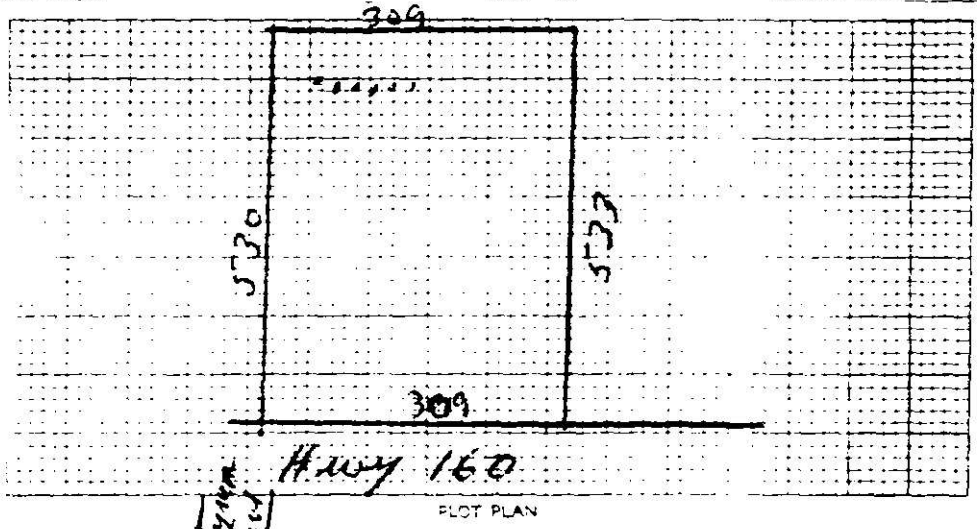
PERCOLATION TEST REPORT

NAME OF OWNER Brown (LAST) Joseph (FIRST) Otto (MIDDLE)

ADDRESS OF OWNER Route 3, Box 388-B-1 ZIP 28210

LOCATION OF PROPERTY Dixie Road (STREET OR NEW ROAD)

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that a percolation test has been run and on a 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 58 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 driveway, 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. Robinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

(1) (2) INSTRUCTIONS ON BACK

Date Received 2-19-73

ICAR(S) Application No. 5569

T C No. _____

Map Date _____

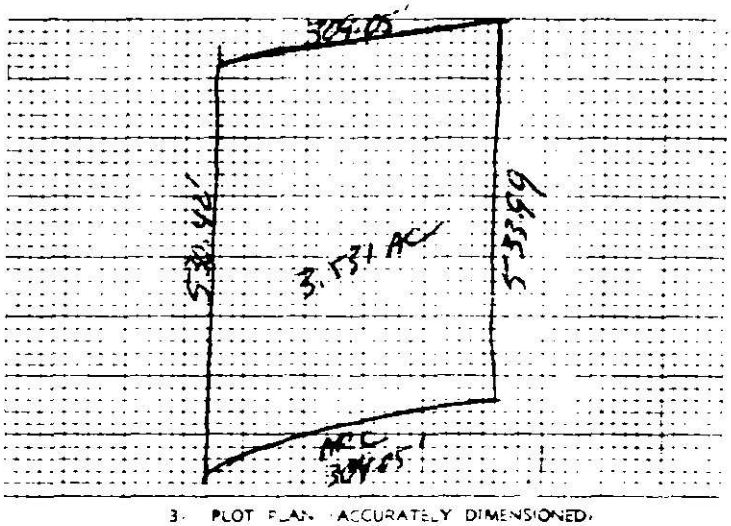
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ Install or Construct 2 ___ Alter or Repair an individual ___ home wastewater treatment system with a subsurface soil absorption effluent discharge



3 Bedroom — Max No 3
Employees _____
Washing Machine ✓ Yes No
Garbage Disposal ✓ Yes No
Dishwasher ✓ Yes No
Water Supply
Public Water Main ✓
Individual Water System
Well Private ___ ___
Governmental Public ___
Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of private sewer ___ Yes ✓ No
EHA Case No. _____
HA Case No. _____

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Brown (LAST) Joseph (FIRST) Otto (MIDDLE)

14) ADDRESS OF OWNER RT 3 Box 388 ZI 28210

15) PHONE NO Home 527 1415 Office _____

16) LOCATION OF SYSTEM Dixie Rd - #160 (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3530 AT PAGE 355

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.

_____ DATE OF APPLICATION

Joseph Otto Brown OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 2563

LA No. 5569

Date Issued February 23, 1973

T. C No 141-121-10

Map Date

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 Brown (LAST) Joseph (FIRST) Otto (MIDDLE)

ADDRESS OF OWNER Route 3, Box 388-G-1 ZIP 28210

LOCATION OF LOT Dixie 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 58 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 5569. 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

John R. Robinson
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 2/14/24

Serial No. 4783

ICAR(S) Permit No. 5569

T C No _____

Map Date _____

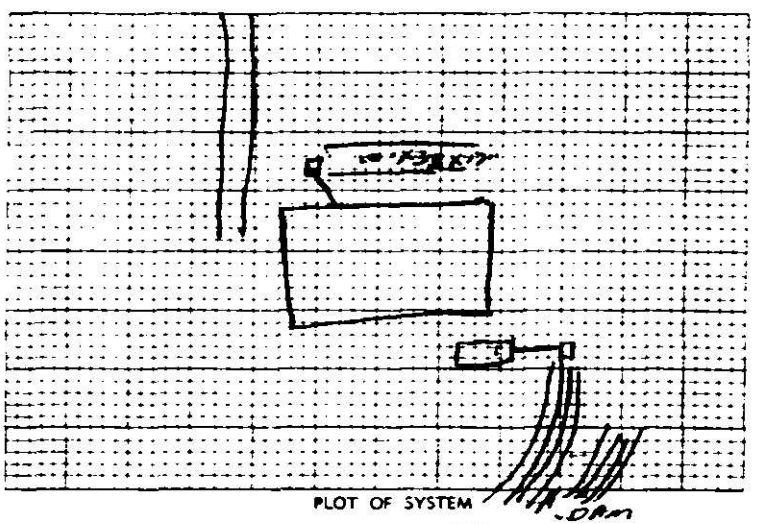
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5569, dated 2/8/75 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 3/15/75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 58 mpi

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 600
W/ 4 (10'X38'+1'

Number of Lines 10'X150'X2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER JOSEPH O BROWN

LOCATION OF PROPERTY OFF NC 160 W. AT BYRUM DR.

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: AREA LIMITED BY POOR PLUMBING AND LOCATION OF PLUMBING.

JA/EAB
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

Serial 4369

C of A (s) No. 5569

Date Issued 2/25/74

T. C No. _____

Map Date _____

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 BROWN (LAST) JOSEPH (FIRST) O (MIDDLE)

Location of Property N. SIDE BYRUM DR. W. OF N.C 160

Application Number 5569 Permit Number 5569

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile ST 600 WM 150 Number of Lines ST 4 WM 4

Depth of Filter Material 17" Cover Depth 79"

Water Supply Source IND WELL Distance from Water Source _____

Excavation Inspected 2/25/74 (DATE) Tank Inspected 2/25/74 (DATE)

Nitrification Field Inspected 2/25/74 (DATE)

Washing Machine Line Inspected, If Applicable 2/25/74 (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: GOOD SOIL - GOOD JOB

Environmentalist

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

HEALTH DEPARTMENT'S COPY