Serial N° 274 PTR No. 13835 622

Date Issued 11-18-70 T C No 135-131-807

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

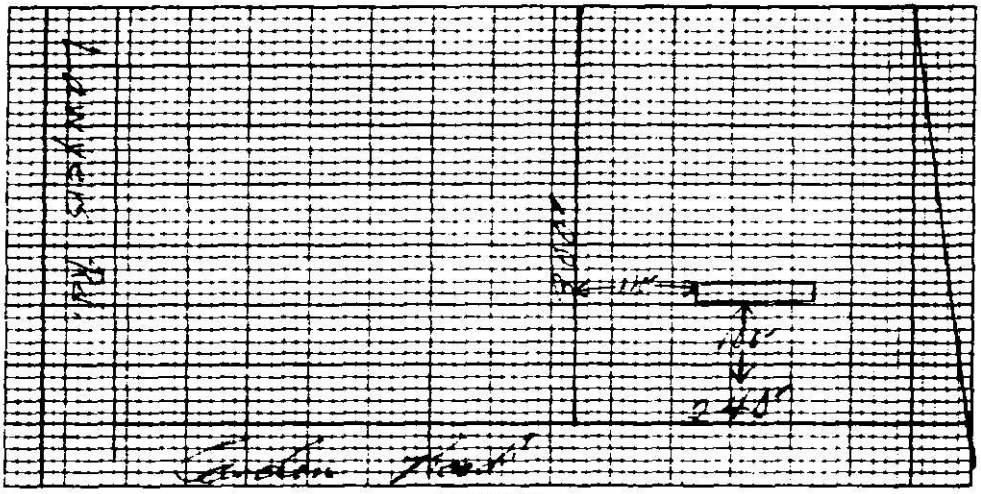
PERCOLATION TEST REPORT

NAME OF OWNER Dennis (LAST) Lester (FIRST) Calvin (MIDDLE)

ADDRESS OF OWNER P. O. Box 44, Mint Hill, N. C. ZIP 28212

LOCATION OF PROPERTY off 8400 block Lawyers Road (STREET OR COUNTY ROAD)
portion of McCombs estate

SUBDIVISION _____ LOT NO 13 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 42 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 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

L. F. McMillan

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-7-1-70

HEALTH DEPARTMENT'S COPY

Date Received 5-16-71

Park 34 Sewer app

APT No. [redacted]

T C No. 13[redacted]

Map Date [redacted]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER DENNIS (LAST) LESTER (FIRST) CALVIN (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 44, MINT HILL, N.C. ZIP 28212

3) PHONE NO Home 545-5527 Office NONE

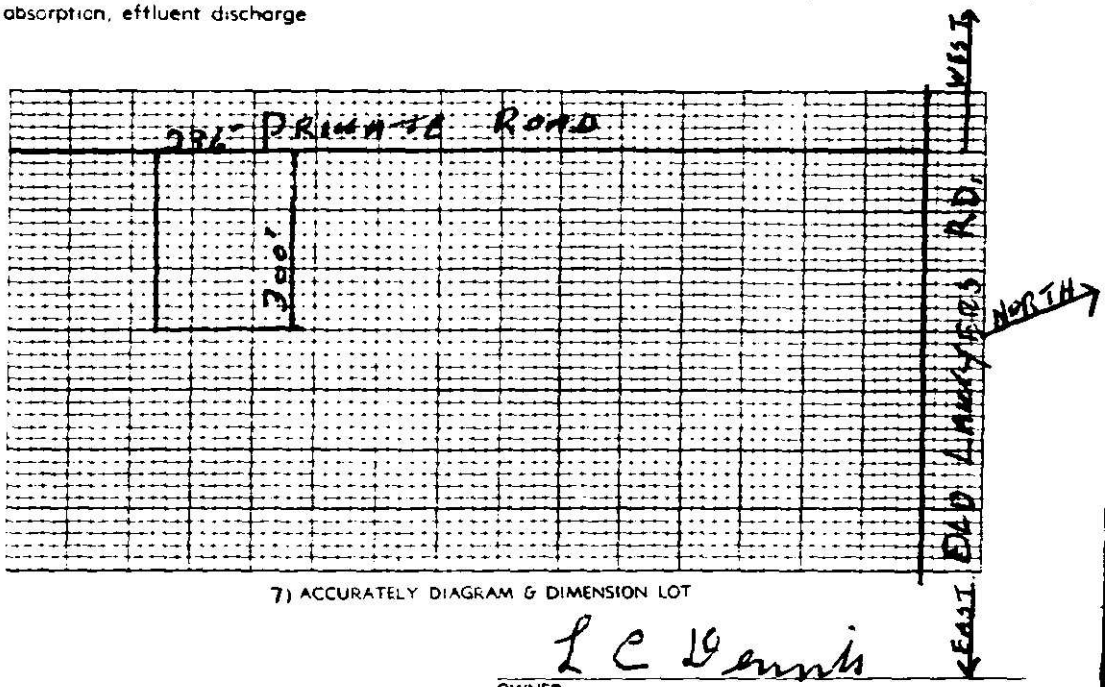
4) LOCATION OF PROPERTY PRIVATE ROAD 6HOO BLOCK OF LAWYERS ROAD (SOUTH SIDE) (STREET OR COUNTY ROAD)

5) SUBDIVISION PORTION OF MCCOMBS ESTATE LOT NO 12 BLOCK NO NONE

MAP BOOK NO 5 PAGE NO 147

6) DEED REFERENCE DEED BOOK 1212 1337 2246 PAGE NO 340 287 212

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

L C Dennis
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 970 PTR No. [redacted]

Date Issued September 1, 1971 T C No. [redacted]

Do Not Issue A Building Permit Based On This Form

135-431-03

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

NAME OF OWNER Dennis (LAST) Lester (FIRST) Calvin (MIDDLE)

ADDRESS OF OWNER Post Office Box 44, Mint Hill, N.C. ZIP 28212

LOCATION OF PROPERTY off Lawyers Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 12 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 34 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 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 C. Gibson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-7-1-70

HEALTH DEPARTMENT'S COPY