Date Received 3/14/73

APT No 5777

T C No

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER _____ ZIP No.

3) PHONE NO Home _____ Office _____

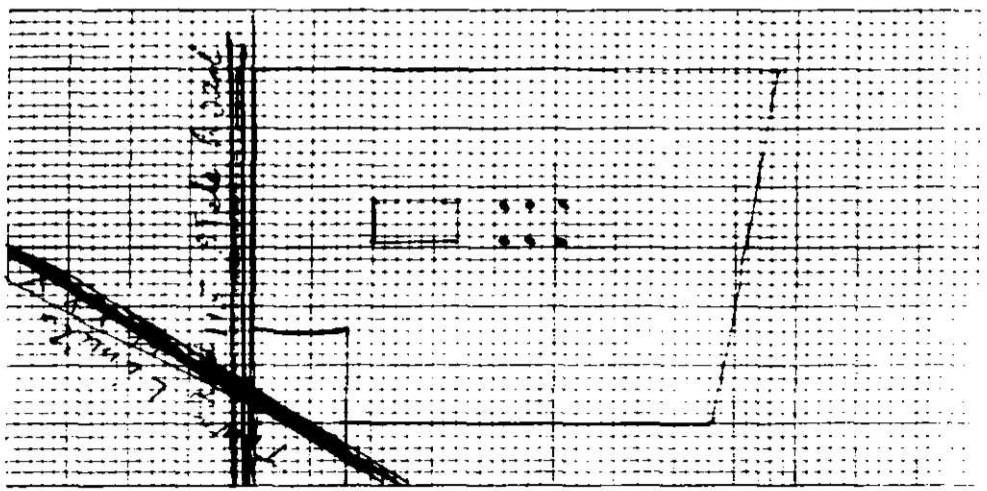
4) LOCATION OF PROPERTY First House South of City Limits on Right Highway #115
(STREET OR COUNTY ROAD)

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

OWNER

FORM NO E-1-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5777

Date Issued June 18, 1973

T C No 017-072-07

Map Date 8-9-72

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

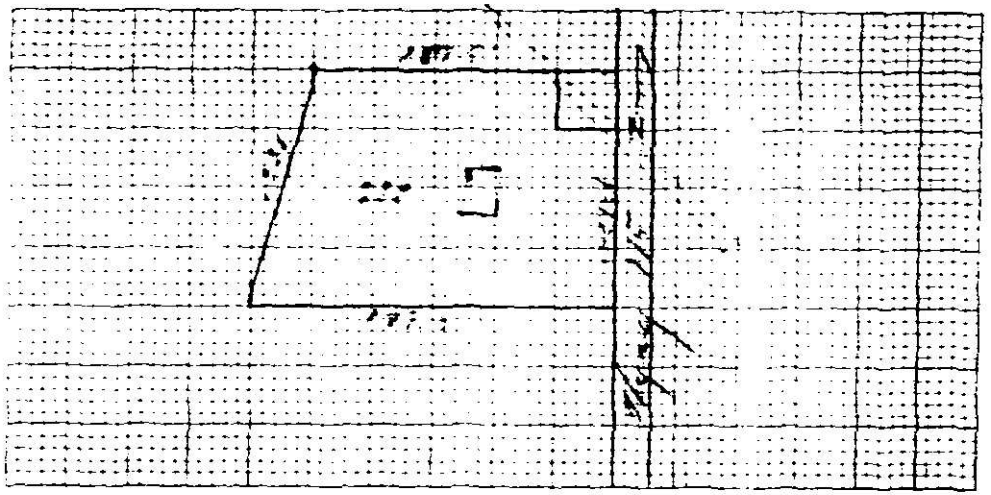
## PERCOLATION TEST REPORT

NAME OF OWNER McAuley (LAST) Irvin (FIRST) Dexter (MIDDLE)

ADDRESS OF OWNER Post Office Box 193, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Highway #115 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 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 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.

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3/19/73

ICAR (S) Application No. 5777

T. C. No. _____

Map Date _____

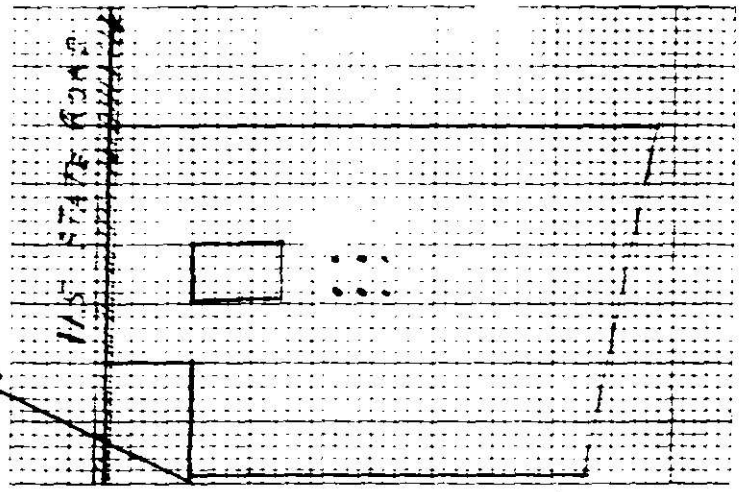
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN ACCURATELY DIMENSIONED

4 No. of Bedrooms _____

5 Business Use Max No Employees _____

6 Washing Machine 1 Yes _____ No

7 Garbage Disposal _____ Yes _____ No

8 Dishwasher _____ Yes _____ No

9 Water Supply

A Individual Well _____

B Governmental System 1

C Community System

1 Well source _____

2 Governmental source _____

10 Sewage System

House located within 200 feet of public sewer 1 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) _____ (FIRST) _____ (MIDDLE) _____

14) ADDRESS OF OWNER [illegible] Huntersville N.C.

15) PHONE NO Home [illegible] Office 394-5564

16) LOCATION OF SYSTEM Hwy #115 (STREET OR COUNTY ROAD)

17) SUBDIVISION Huntersville Lot No 67 Block No. 72

Map Book No 17 Page No. 71

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.

3/19/73
DATE OF APPLICATION

[signature] L. McAuley
OWNER

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

**HEALTH DEPARTMENT'S COPY**

Date Issued June 18, 1973

Serial No. 3052

LA No. 5777

T C. No 017-072-07

Map Date 8-9-72

# 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 McAuley (LAST) Irvin (FIRST) Dexter (MIDDLE)

ADDRESS OF OWNER Post Office Box 193, Huntersville, N.C. 28078

LOCATION OF LOT Highway #115 (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 5777. 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

Date Issued 19 July 73

**Serial No. 4018**

ICAR(S) Permit No. 5222

T. C No 017-022-07

Map Date 9 Aug 72

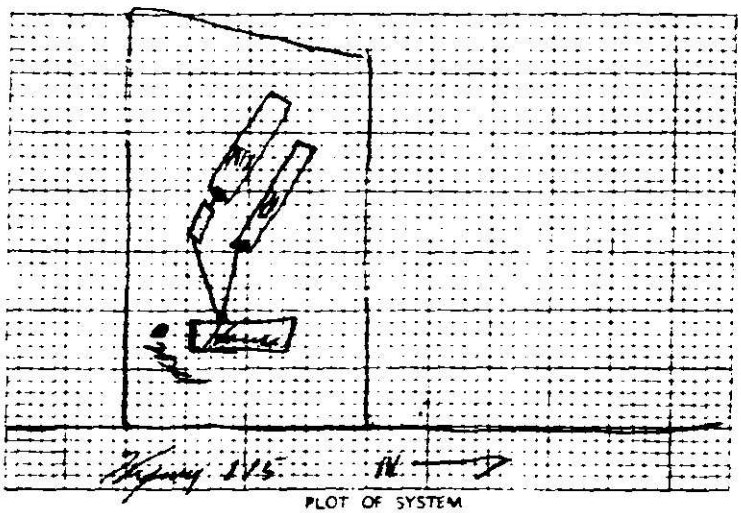
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 ✓ 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 5222, dated 19 Mar 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 19 Aug 73, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction AC

Absorption and/or Nitrification Lines

Total Line Lenght 440' + 150' WC4
2(5'x75'x17")

Number of Lines 4(5'x75'x17")

Distance from House 50'

Distance from Property Line 50'

Distance from Well 50'

NAME OF OWNER Mc Auley, Steven Hunter

LOCATION OF PROPERTY Hwy 115-N

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: Bill Bradford (Clerk)

Division or Section Head

W. M. McAuley
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 3798

Date Issued 17 Aug 73

C of A (s) No. 5777

T C No 017-072-07

Map Date 9 Aug 72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner McCorkle (LAST) / Irvin (FIRST) Clyde (MIDDLE)

Location of Property Hwy 115-N (Cornelius)

Application Number 5777 Permit Number 5777

**Inspection Data:**

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 400'+150' Lin Number of Lines 4 (4 x 100' x 0")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source Dug Well Distance from Water Source 50'

Excavation Inspected 17 Aug 73 (DATE) Tank Inspected 17 Aug 73 (DATE)

Nitrification Field Inspected 17 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable 17 Aug 73 (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: Bid Backfill (Contr)

M. A. Sanders
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**