Date Received 3-7-73

APT No 5712

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Philemon (LAST) L (FIRST) Clayton (MIDDLE)

2) ADDRESS OF OWNER 3521 Conway Avenue, Charlotte ZIP 28209

3) PHONE NO Home 523 0508 Office 334 4646

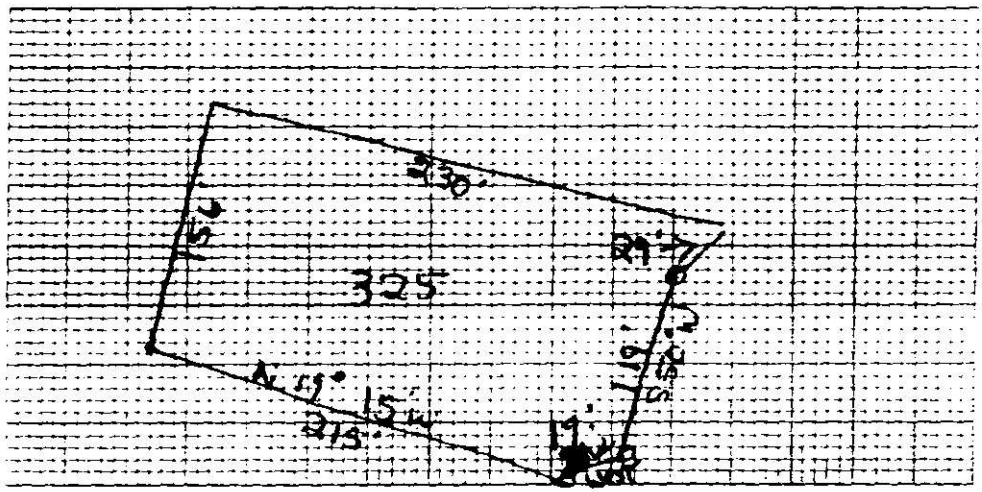
4) LOCATION OF PROPERTY State Road # 2153 (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 325 BLOCK NO 6

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

L Clayton P Philemon LESSEE

OWNER - Lessor, Crescent Land & Timber Corp.

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5712
P.O.
T C No 001-281-01
Map Date 3-24-72

Date Issued March 15, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

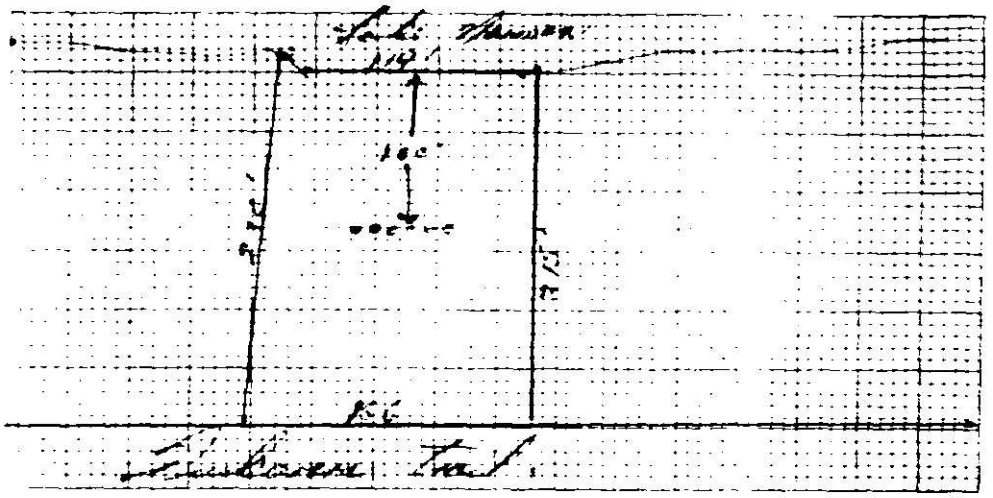
PERCOLATION TEST REPORT

NAME OF OWNER Philemon (LAST) (FIRST) Clayton (MIDDLE)

ADDRESS OF OWNER 3521 Conway Avenue ZIP 28209

LOCATION OF PROPERTY State Road 2153 (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 325 BLOCK NO 6



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 45 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 driving of piles, 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 Addison

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3-7-93

ICAR(S) Application No 5 [illegible]

T C No

Map Date

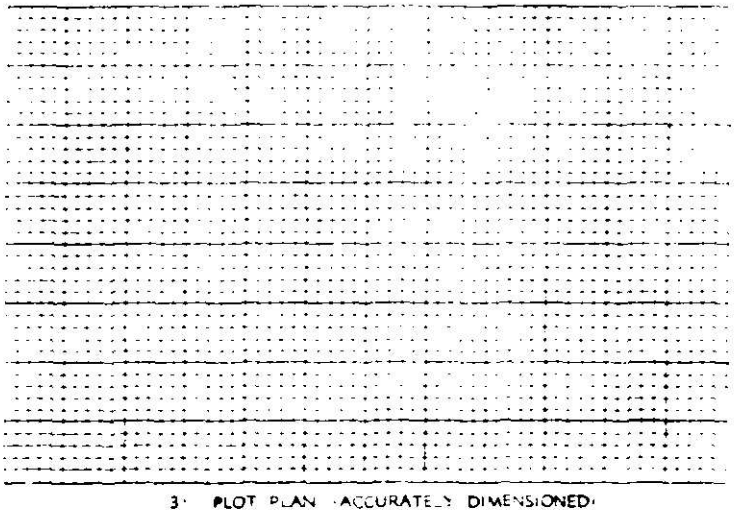
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



2

Yes ✓ No

Yes ✓ No

5 Discharge Yes ✓ No

6 Water supply

A Individual Well ✓

B Government System

C Community System

Well Code

2 Government Code

Sewage System

House located within 200 feet of sewer Yes ✓ No

If sewer is available House located within 200 feet of community sewer Yes ✓ No

FHA Case No

VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Philemon (LAST) L (FIRST) Clayton (MIDDLE)

14) ADDRESS OF OWNER 3521 Conway Ave., Charlotte, NC 28209

15) PHONE NO Home 523-0569 Office 334-4646

16) LOCATION OF SYSTEM STATE ROAD # 2153 (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No 325 Block No 6

Map Book No Page No.

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.

DATE OF APPLICATION 3-7-93

OWNER Lessor, Crescent Land & Timber Corp.

L Clayton Philemon LESSEE

HEALTH DEPARTMENT'S COPY

Date Issued March 15, 1973 **Serial No.** 2616

LA No 5712 P.O.
T C No. 001-281-01
Map Date 3-24-72

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 Philemon (LAST) L. (FIRST) Clayton (MIDDLE)

ADDRESS OF OWNER 3521 Conway Avenue ZIP 28209

LOCATION OF LOT State Road 2153 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 325 BLOCK NO 6

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 provided a percolation rate of 45 min/in on the inspection of the said lot and upon the information supplied in the "Application for an Installation, Construction, Alteration and/or Repair Permit", number 5712 ~~222~~. 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, altered 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 at such 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

M. L. Kirby
Environmentalist

John R Adkinson
Director Environmental Health Division or Authorized Section Head

FORM NO. E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]17 ICAR(S) Permit No. 5212

Date Issued 26 July 73 T C No

Map Date

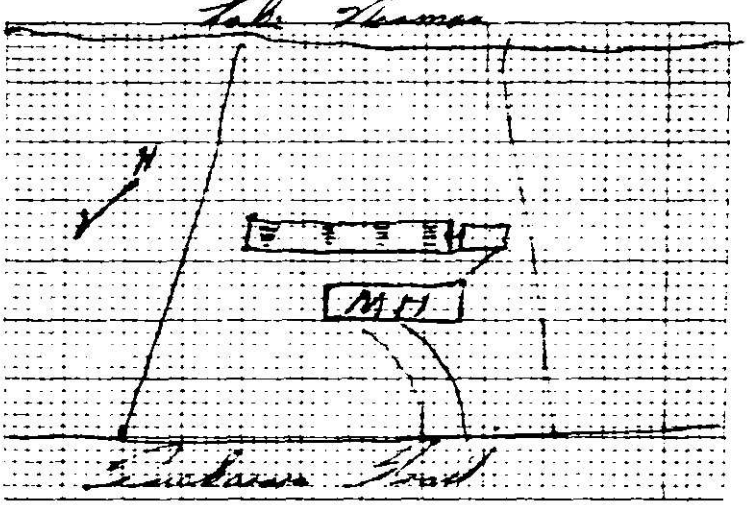
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 5713 dated 7 July 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 26 Sept 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 700'

Number of Lines 4 (18'x7.5'x11')

Distance from House 40'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Whitener, T. Clayton

LOCATION OF PROPERTY Sherrars Ford (Mt Ruhe)

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 Septic (Tank)

Division or Section Head

Environmentalist M A Bridges

* 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 [illegible]

[illegible] CCPY

Date Issued 29 Mar 73 **Serial No.** 3097

C of A (s) No. 5712

T. C. No. 0C1-281-C1

Map Date 24 Mar 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST), L (FIRST), Clayton (MIDDLE)

Location of Property Sunbeam Trail (Lot 325)

Application Number 5712 Permit Number 5712

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 (10' x 75' x 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 29 Mar 73 (DATE) Tank Inspected 29 Mar 73 (DATE)

Nitrification Field Inspected 29 Mar 73 (DATE)

Washing Machine Line Inspected, If Applicable N.A. (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: Lawn (Cont.)

[illegible] Environmentalist

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

HEALTH DEPARTMENT'S COPY