Date Received 4-20-73 APT No. 6140

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Lee (LAST) BILLY (FIRST) R. (MIDDLE)

2) ADDRESS OF OWNER 6024 PLEASANT GR. RD. ZIP 28216

3) PHONE NO. Home 392-3547 Office

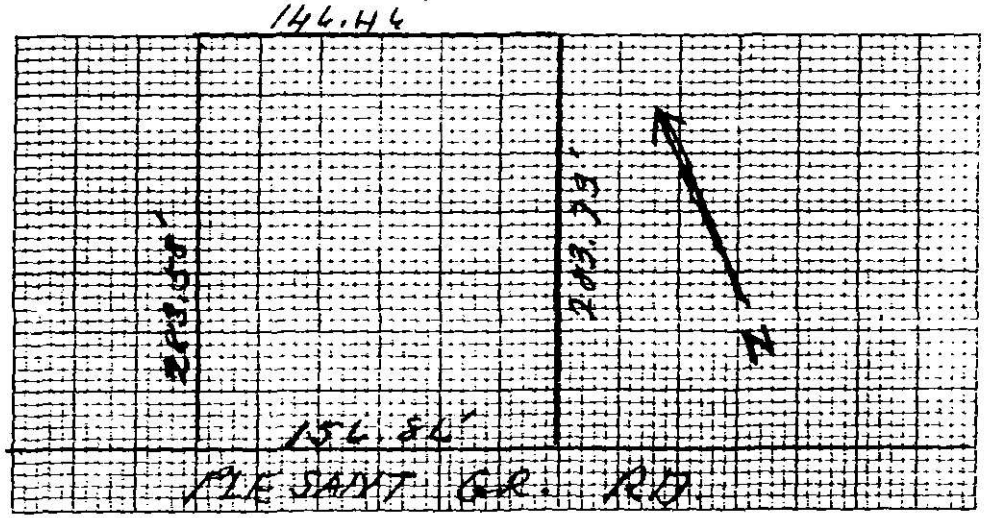
4) LOCATION OF PROPERTY 6024 PLEASANT GR. RD. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO. 263

6) DEED REFERENCE: DEED BOOK 2873 PAGE NO. 283

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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

Billy R. Lee
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

K

Date Received 4-28-73

ICAR(S) Application No 6140

T C No

Map Date

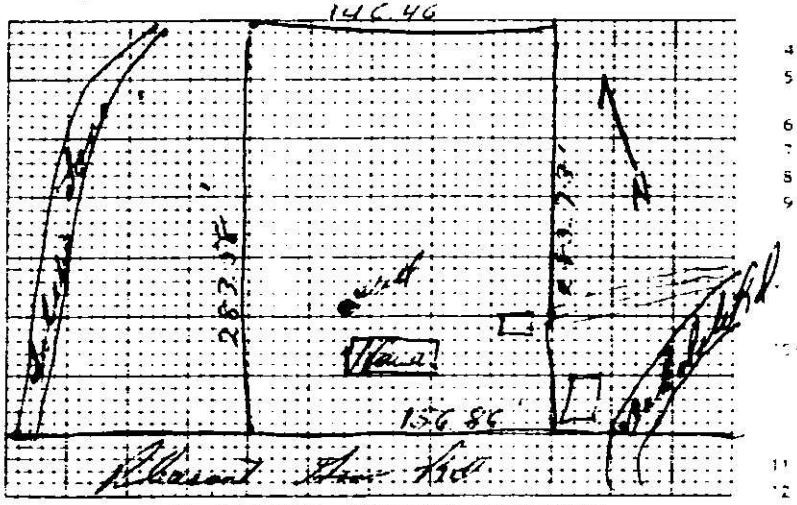
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Business Use Max No Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Government System
C) Community System
1 Well Source
2 Government Source

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER LEE (LAST) BILLY (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER 6024 PLEASANT GR. RD.

15) PHONE NO. Home 392-3547 Office

16) LOCATION OF SYSTEM 6024 PLEASANT GR. RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2873 AT PAGE 283

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.

5-1-73
DATE OF APPLICATION

Billy R. Lee
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 30 May 73

Serial No. 3773

ICAR (S) Permit No. 6140

T. C. No. 033-105-03

Map Date 10 Nov 72

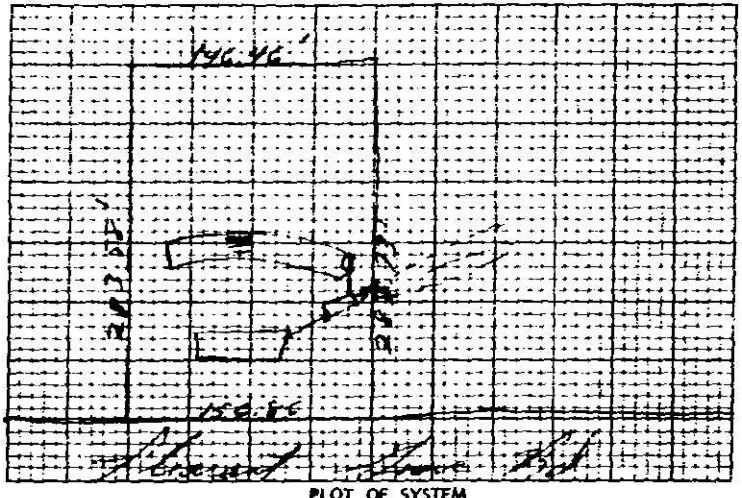
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6140, dated 28 Apr 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 30 June 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 4 (10' x 75' ea)

Distance from House 50'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Jay Billy B.

LOCATION OF PROPERTY 6034 Pleasant Grove Rd.

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: Jane Stewart (Contr.)

_____
Division or Section Head

W. A. Kirby
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 5 Jun 73

Serial No. 3407

C of A (s) No. 6140

T. C. No. 033-165-03

Map Date 16 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 Lee, (LAST) Billy (FIRST) J. (MIDDLE)

Location of Property 6024 Pleasant Grove Rd.

Application Number 6140 Permit Number 6140

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Concrete

Total Length of Drain Tile 300' Number of Lines 4(10'X75'X17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Lake Wylie Distance from Water Source 100'

Excavation Inspected 5 Jun 73 (DATE) Tank Inspected B.A. (DATE)

Nitrification Field Inspected 5 Jun 73 (DATE)

Washing Machine Line Inspected, If Applicable B.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: James Stewart (Contr.)

M. E. Bibby
Environmentalist

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

HEALTH DEPARTMENT'S COPY