Date Received 11-19-73

APT No. 7248

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney Jr. (LAST) William (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 628 Kings Mtn ZIP 28086

3) PHONE NO. Home 825-5481 Office _____

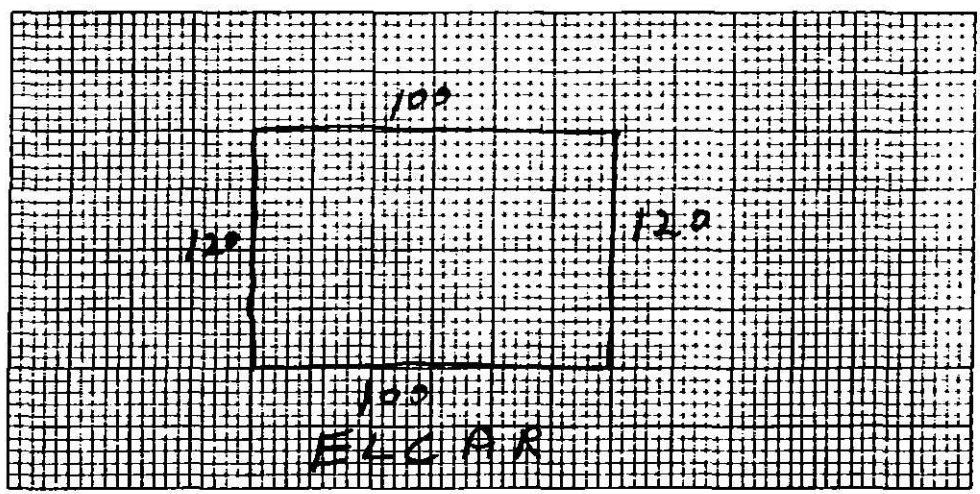
4) LOCATION OF PROPERTY ELCAR DR (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 14 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

William K. Mauney Jr.
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-19-73

ICAR(S) Application No 7248

T C No

Map Date

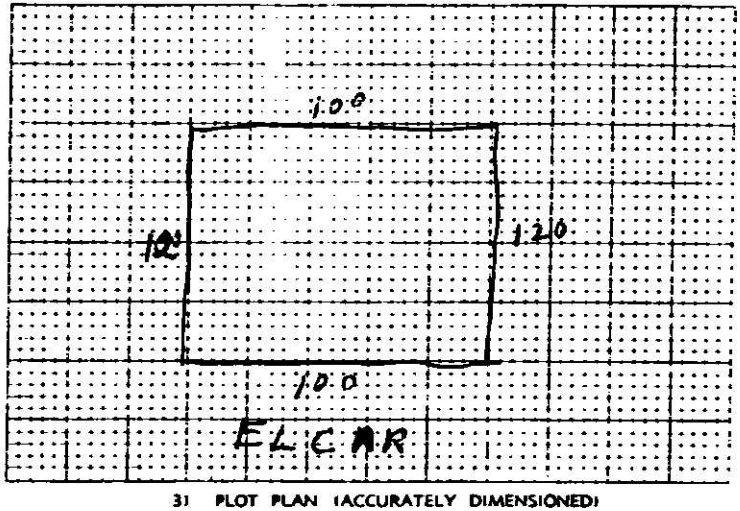
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 2

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 Mauney (LAST) Jr. William (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER 2628 Kings Mtn. NC. 28086

15) PHONE NO. Home 8255481 Office ___

16) LOCATION OF SYSTEM ELCAR DR (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 14 Block No. ___

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.

11-19-73
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation May 6, 1976 APT NO. 7248 ~~1021~~

Owner W. K. Muney

Location of Property Elcar Drive lot no. ~~5~~ 14 Tax Code No. 113-173-~~00~~29

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil	fill over cecil	Chewacla	
2. Soil Slope	acceptable 0-4%	acceptable 2-6%	—	
3. Soil Depth	acceptable 48+	unacceptable 0-24" over Cecil	—	
4. Soil Texture	acceptable clay	unacceptable mixed	—	
5. Soil Structure	acceptable subangular blocky	unacceptable massive	—	
6. Restrictive Horizons	—	—	—	
7. Soil Drainage	acceptable water table	acceptable water table	unacceptable seasonal high water table <6-	
8. Soil Permeability (Percolation Rate)	76- acceptable 60 min/in	76- unacceptable >200 min/in	unacceptable poorly drained	
9. Other	—	—	unacceptable potential flooding	
10. Overall Rating	acceptable	unacceptable	unacceptable	

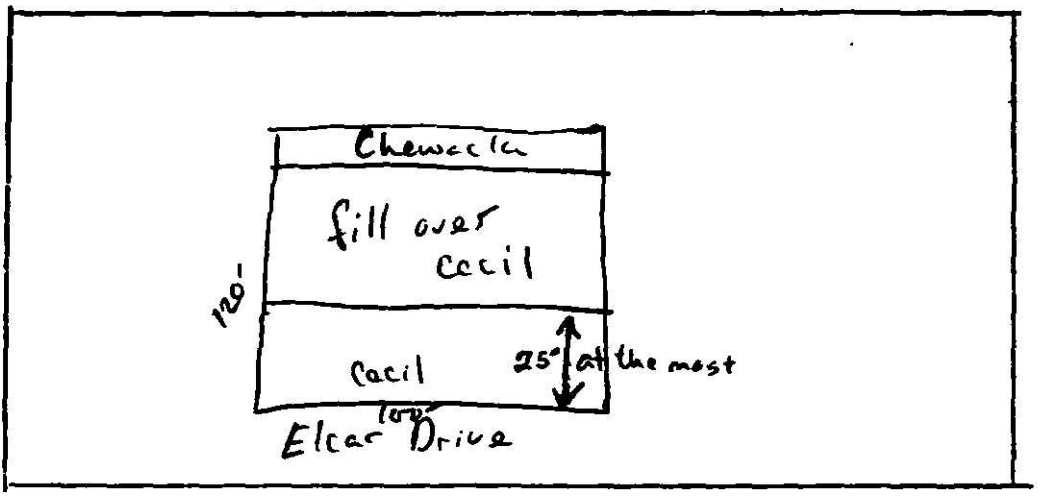
Recommendations Based on this investigation, the lot is not recommended for installation of a septic tank system until it can be determined how much of the acceptable soils are available to place a new system in. From my investigation — there is little to no room left due to present ~~room~~ uninspected system location

See diagram on back

W Edmund Cosgrove
Soil Scientist

3/18/75
EHD 539

DIAGRAM OF PROPERTY



3/18/75

539

Date Issued 6/15/76 **Serial No. 6012**

LA No. 7248

T. C. No. 113-173-29

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 Mauney (LAST) William (FIRST) K. Jr (MIDDLE)

ADDRESS OF OWNER Box 628 Kings Mtn. N. C. ZIP 28086

LOCATION OF LOT Elcar Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 18 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 _____, 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 7248. 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.

M. L. Finley
Environmentalist

John M. Gleason
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 11/30/73

Serial No. 4611

ICAR(S) Permit No. 7248

T. C. No. _____

Map Date _____

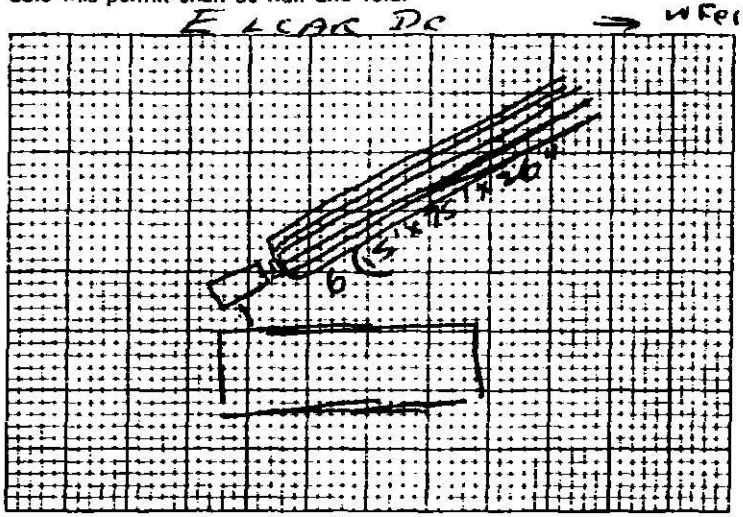
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7248, dated 11/19/73 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 12/15/23, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600 ft

Number of Lines 6 (15' x 15' x 26')

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER William K. Mauney Jr.

LOCATION OF PROPERTY Elcar Dr Lot #14

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: L. Mauney

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

Date Issued 12/12/73 Serial 4289 C of A (s) No. 7248

T. C. No. 113-171.29

Map Date

JAA

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Westwood Mobile Homes Inc (W. K. Mauney Jr)
(LAST) (FIRST) (MIDDLE)

Location of Property Lot 14 Kacar Dr.

Application Number 7248 Permit Number 7248

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 eq. Number of Lines 6

Depth of Filter Material 16" Cover Depth 16"

Water Supply Source Common Distance from Water Source 100'+

Excavation Inspected 12/12/73 (DATE) Tank Inspected 12/12/73 (DATE)

Nitrification Field Inspected 12/12/73 (DATE)

Washing Machine Line Inspected, If Applicable comb, (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: Need room for future repair. 1

L P Bridgeman
Environmentalist

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

HEALTH DEPARTMENT'S COPY