Date Received 1-26-73

APT No 5421

T. C No 132 66

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] Robert Moss
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 533 Chilhowee Rd Matthews ZIP 28105

3) PHONE NO Home 847-1324 Office same

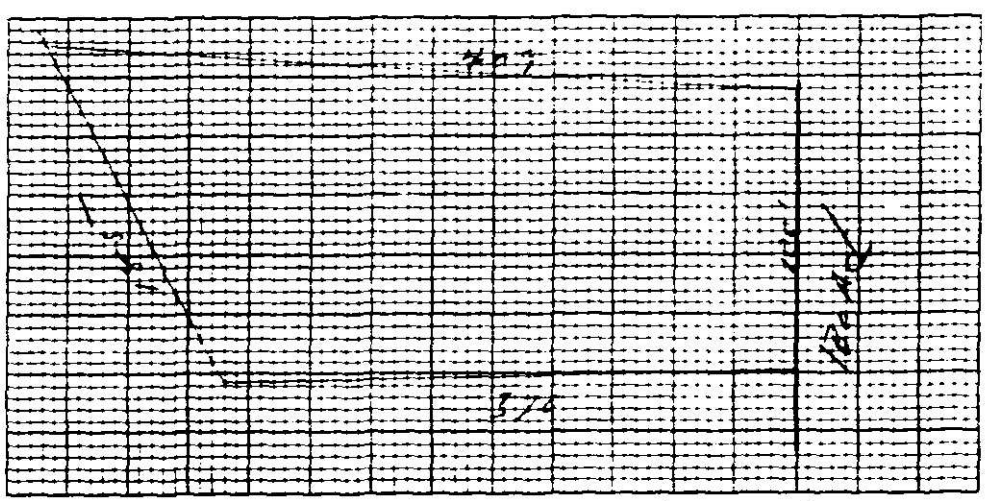
4) LOCATION OF PROPERTY Fairwood Rd (542)
STREET OR COUNTY ROAD

5) SUBDIVISION LOT NO 15 BLOCK NO H

MAP BOOK NO 14 PAGE NO 27

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

Robert Moss
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5471

T C. No 137-071-15

Date Issued 2/8/73

Map Date 1/22/73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

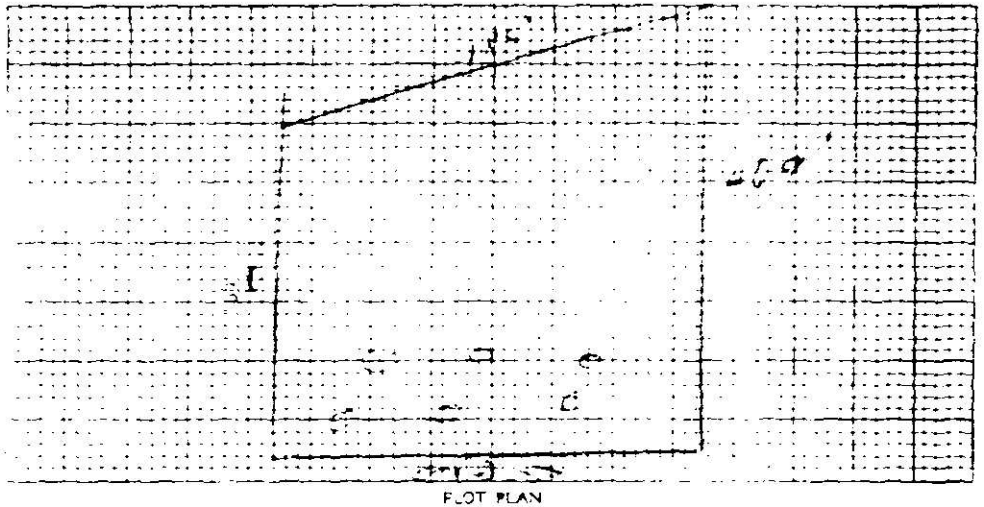
PERCOLATION TEST REPORT

NAME OF OWNER Freeland, Robert, Mrs. MIDDLE

ADDRESS OF OWNER 539 Old Bell Road, Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY Fieldwood Road, Lot 15, Block A
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. 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 building, or of the wastewater treatment system on the said lot
2. The size of the septic tank wastewater teratment system which must be installed must 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 R. Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3-14-73

ICAR(S) Application No. 5471

T C. No. 137-071-15

Map Date 1-22-73

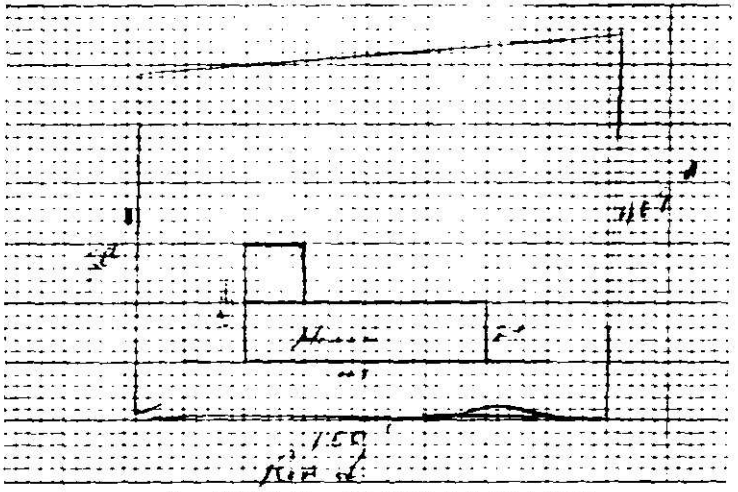
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Install or Construct 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 10

6 Washing Machine X Yes ___ No

7 Garbage Disposal ___ Yes X No

8 Dishwasher ___ Yes X No

9 Water Supply
A Individual Well
B Governmental System
C Community System
1 Well source
2 Governmental source

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

11 FHA Case No. None

12 VA Case No. ___

13) NAME OF OWNER Whitlock (LAST) Robert (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER [illegible] Matthews

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 15 Block No. H

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 2-7-73 JKZ-C

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.

2-26-73
DATE OF APPLICATION

Robert W. Whitlock
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued March 14, 1973 Serial No. 2612

LA No. 5471

T C. No. 137-071-15

Map Date 1-22-73

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 Freeland (LAST) Robert (FIRST) Moss (MIDDLE)

ADDRESS OF OWNER 539 Old Bell Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT Fieldwood Road (STREET OR COUNTY ROAD)

SUBDIVISION Wilson Woods LOT NO 15 BLOCK NO A

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 a site inspection of the said lot, and upon the information submitted in the "Application for an Installation Construction, Alteration and or Repair Permit" number 5471. 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 shall 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 6 Nov 73 Serial No. 4643 ICAR(S) Permit No. 5471

T C. No. 137-071-15

Map Date 1-22-73

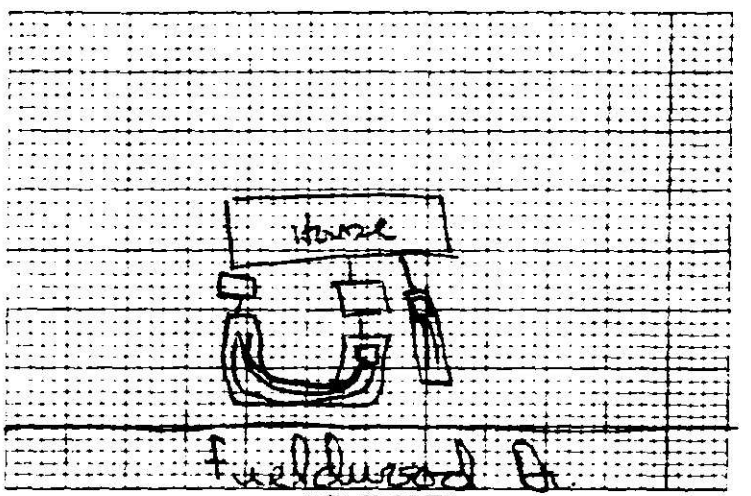
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5471 dated 20 Feb 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 6 Dec 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 400' & 150'

Number of Lines (4) 10' x 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 153'

NAME OF OWNER Freeland, Robt. M.

LOCATION OF PROPERTY Fieldwood Dr. Lot 15 A

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: aeration cpt 2½'x7'x4' stone
washer line 76'x50'x 17" stone total depth.

Division or Section Head

R M Reynolds
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 4320

C of A (s) No. 5471

Date Issued 14 Jan 74

T C No 137-071-15

Map Date 1-22-73

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Freeland, Robt. M. (LAST, FIRST, MIDDLE)

Location of Property Fieldwood Dr. Lot # 15-A

Application Number 5471 Permit Number 5471

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines (4) 10' x 100'

Depth of Filter Material 17" Cover Depth 24"+

Water Supply Source Com. Water Distance from Water Source 100'+

Excavation Inspected 14 Jan 74 (DATE) Tank Inspected 14 Jan 74 (DATE)

Nitrification Field Inspected 14 Jan 74 (DATE)

Washing Machine Line Inspected, If Applicable 14 Jan 74 (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: Aeration pit O.K.

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY