Inside

APT # 6726

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Mallard Dr. South
Subdivision Richard Evans
Lot No. & Block No. 6A
FHA Case No.

Owner
Builder East Vaughn
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate 24 Min./In. Date 6/30/70
2nd. Perc. Rate Min./In. Date
3rd. Perc. Rate Min./In. Date
4th. Perc. Rate Min./In. Date

Lowest Rate Above = Average Perc. Rate

No. Bedrooms Baths
Washing Machine Yes No Disposal Yes No

Separate Yes No Separate Yes No

Tank Capacity Gallons
Nitrification Line Lin. Ft. Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Lavoratories
Showers Sinks Other

Check:
Approved ✓
Disapproved
Conditional Agreement Card Signed

Sanitarian - Engineer

EH: #85
9/1968

L

SEE INSTRUCTIONS ON BACK

Date Received 1-24-73

ICAR IS Application No 6726

T C No 104-232-38

Map Date 12-15-72

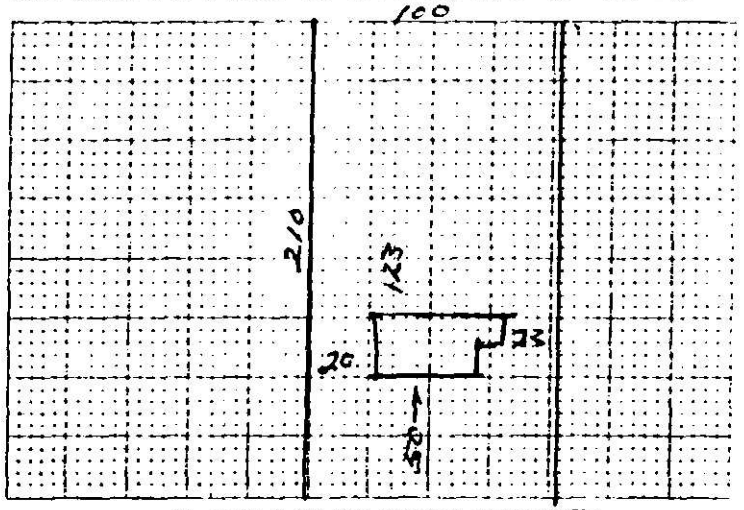
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 pr perty 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 4

5) Business Use Max No Employees

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher X Yes ____ No

9) Water Supply
A) Individual Well X
B) Government System ____
C) Community System ____
1) Well ____
2) Government ____

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 Bond

12) VA Case No ____

13) NAME OF OWNER Vaughn (LAST) Earl (FIRST) S (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Stanfield

15) PHONE NO Home ____ Office 537-5575

16) LOCATION OF SYSTEM 5617 Mallard Dr. S. (STREET OR COUNTY ROAD)

17) SUBDIVISION Pritchard Place Lot No 6 Block No A

Map Book No 14 Page No 575

18) DEED REFERENCE — DEED BOOK 2315 AT PAGE 548

19) HAS A PERCOLATION TEST BEEN RUN? V YES ____ NO DATE RUN Sept 14/72

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.

July 24/73
DATE OF APPLICATION

Earl B. Vaughn
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 25, 1973 **Serial No. 3217**

LA No 6726

T C No 109-232-08

Map Date 12-15-72

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 Vaughn (LAST) Earl (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 1, Stanfield, N.C. ZIP

LOCATION OF LOT 5617 Mallard Drive South (STREET OR COUNTY ROAD)

SUBDIVISION Pritchard Farms LOT NO. 6 BLOCK NO. A

MAP BOOK NO. 14 PAGE NO. 575

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 24 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 6726. 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.

G M Reynolds
Environmentalist

John R Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12 Oct 1973 Serial No. 4528 ICAR(S) Permit No 6326
T C No 109-232-02
Map Date 12-15-72

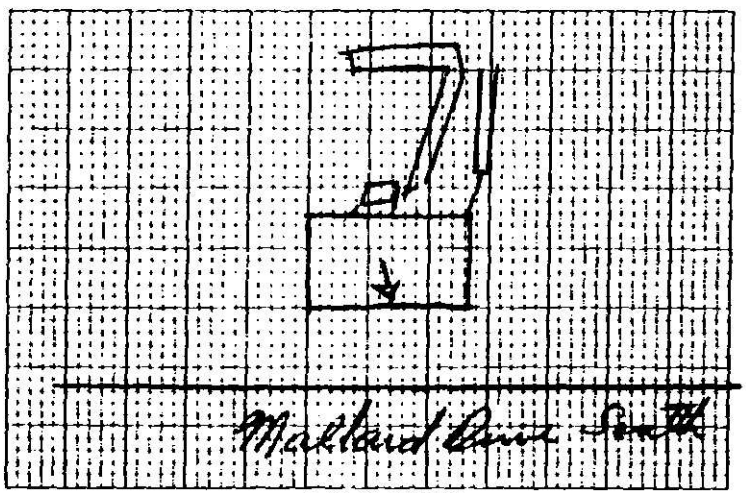
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6326, dated — 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 11 Nov 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate > 60

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 600 Lft

Number of Lines 5 (12½ x 120)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Vaughn Earl B

LOCATION OF PROPERTY 5617 Mallard Rive South

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: wash line in bed 2½ x 50' x 12"

John R Atkisson
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

Serial 4099

C of A (s) No. 6226

T C No 109-222-08

Map Date 12-15-72

Date Issued 18 Oct 1973

John R Johnson

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 Vaugh (LAST) Earl (FIRST) B (MIDDLE)

Location of Property 5617 Millard Dr. South

Application Number 6226 Permit Number 6226

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Concrete

Total Length of Drain Tile 600 l/ft Number of Lines 5 (12½ x 120)

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10/5/73 (DATE) Tank Inspected 10/12/73 (DATE)

Nitrification Field Inspected 10/5/73 (DATE)

Washing Machine Line Inspected, If Applicable 10/12/73 (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: wash line in bed 7½ x 50' x 12"

John R Johnson

Environmentalist

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

HEALTH DEPARTMENT'S COPY