Date Received 5-3-23

APT No 6392

T.C No 012-041-04

Map Date 1/4/20

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SUDDRETH (LAST) JERRY (FIRST) REX (MIDDLE)

2) ADDRESS OF OWNER Route 3 Box 202 ZIP 28078

3) PHONE NO. Home 875 2422 Office 394 5825

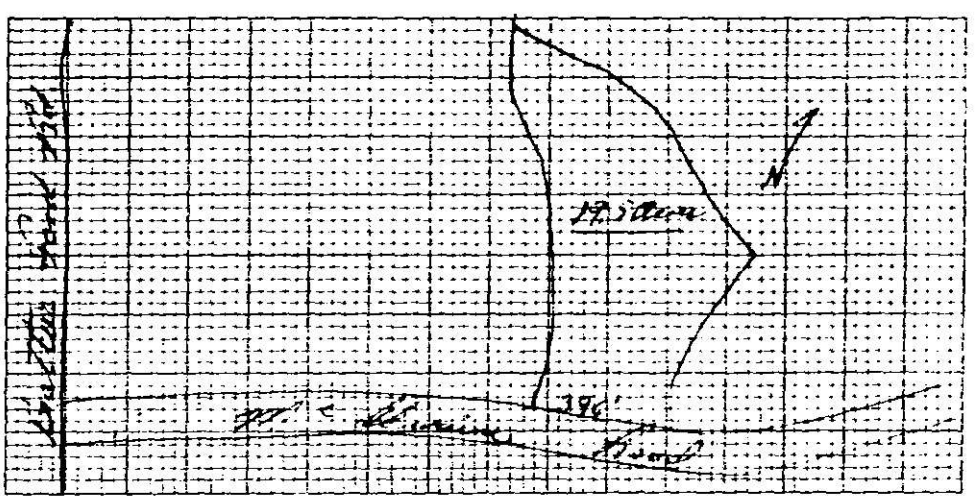
4) LOCATION OF PROPERTY McILWAINE Rd (STREET OR COUNTY ROAD) HUNTERVILLE N.C

5) SUBDIVISION _____ LOT NO _____ 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

Jerry Rex Sudduth
OWNER

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

HEALTH DEPARTMENTS COPY

Serial No. 219

PTR No. 6392
P.O.
T C No. 015-061-04

Date Issued June 18, 1973

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

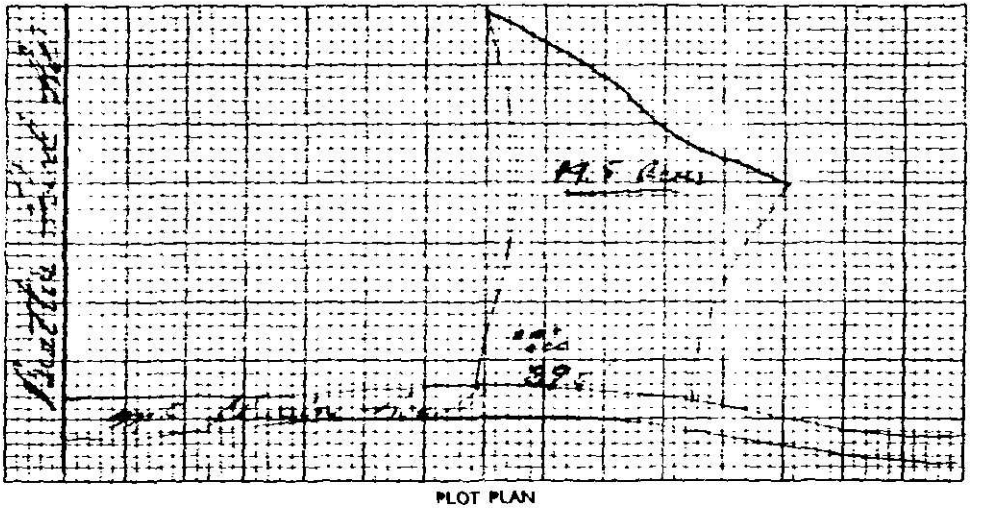
PERCOLATION TEST REPORT

NAME OF OWNER Suddreth (LAST) Jerry (FIRST) Rex (MIDDLE)

ADDRESS OF OWNER Route 3, Box 202 ZIP 28078

LOCATION OF PROPERTY McIlwaine Road (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 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 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

SEE INSTRUCTIONS ON BACK

Date Received 5 31 73

ICARUS Application No 6392

T C No 015-061-04

Map Date 1-4-72

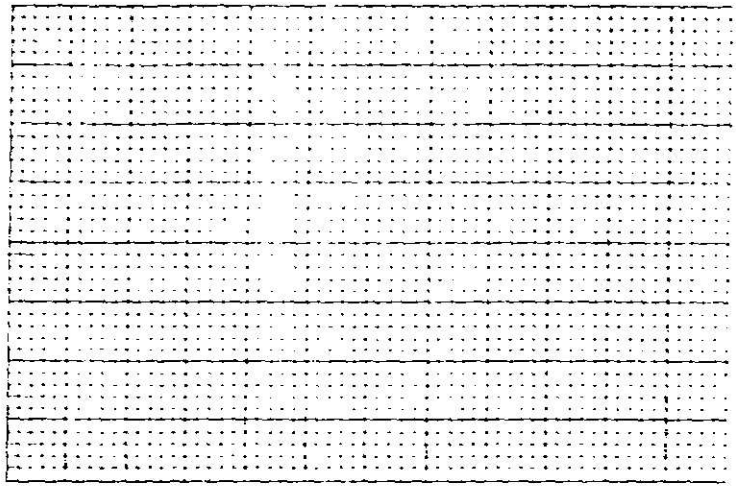
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or parts 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



4 No. of bedrooms ____

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 Governmental system

C Community system

Well owner ____

2 Governmental system ____

10 Sewage System

Public sewer Yes No

Private sewer Yes No

Community sewer Yes No

11 FmHA Case No. ____

12 VA Case No. ____

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER SUDDRETH (LAST) JERRY (FIRST) REX (MIDDLE)

14) ADDRESS OF OWNER Route 3 - Box 202 Huntersville N.C

15) PHONE NO Home 875 2422 Office 394 5825

16) LOCATION OF SYSTEM McILWAINE Rd (STREET OR COUNTY ROAD) Huntersville N.C

17) SUBDIVISION ____ Lot No. ____ 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

5 - 30 - 73
DATE OF APPLICATION

Jerry Ray Suddreth
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 18, 1973

Serial No. 3054

LA No 6392
P.O.
T C No. 015-061-04

Map Date 9-1-70

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 Suddreth (LAST) Jerry (FIRST) Rex (MIDDLE)

ADDRESS OF OWNER Route 3, Box 202 ZIP 28078

LOCATION OF LOT McIlwaine Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO_____ 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 60 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 6392. 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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 9-Aug-73

Serial No. 3972

ICAR (S) Permit No. C392

T. C. No. 15-C61-C4

Map Date 1-Aug-72

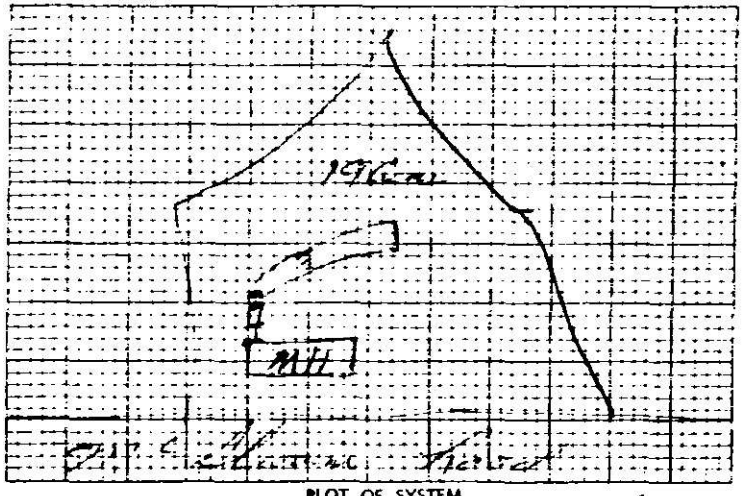
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 C392, dated 7th 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 9 Aug 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate GC

Liquid Capacity of Tank ____

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 4 (10 x 75 x 17")

Distance from House 15'

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Lockhart, Leroy Jay

LOCATION OF PROPERTY 3rd Union Road

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: Alternate System (Crab)

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 [illegible]

Serial No. 3566

C of A (s) No. [illegible]

T C. No. [illegible]

Map Date [illegible]

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) (FIRST) (MIDDLE)

Location of Property [illegible]

Application Number [illegible] Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth [illegible]

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected [illegible] (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected [illegible] (DATE)

Washing Machine Line Inspected, If Applicable [illegible] (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: [illegible]

[illegible]
Environmentalist

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

HEALTH DEPARTMENT'S COPY