K

Date Received 1-24-73

APT No. 5466

T C. No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Briggs (LAST) Arlen (FIRST) Edison (MIDDLE)

2) ADDRESS OF OWNER Rt 2 Box 543 Huntersville NC ZIP

3) PHONE NO. Home 892-1336 Office

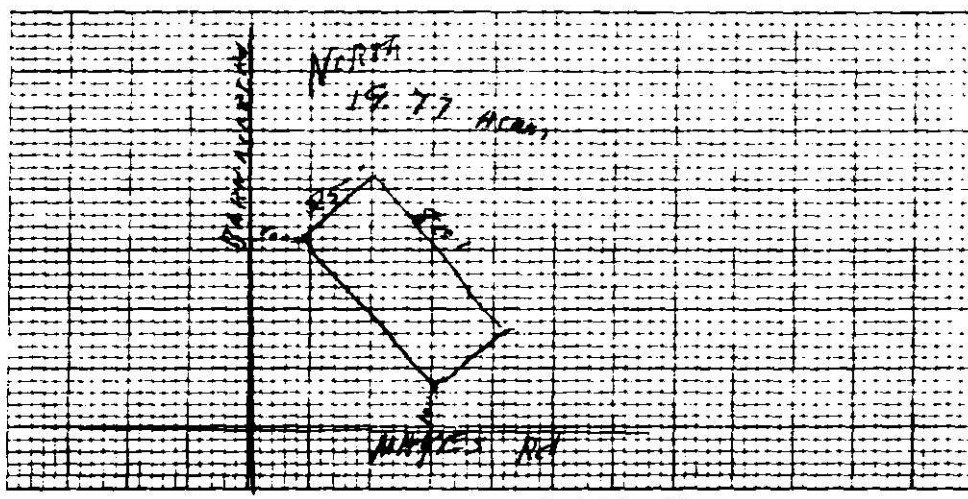
4) LOCATION OF PROPERTY Corner of Mays And Bailey Rd (STREET OR COUNTY ROAD) off Hwy 11

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

Edison Arlen Briggs
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible] 7

PTR No. 5466

T C No 007-162-05

Date Issued February 6, 1973

Map Date 5-25-71

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

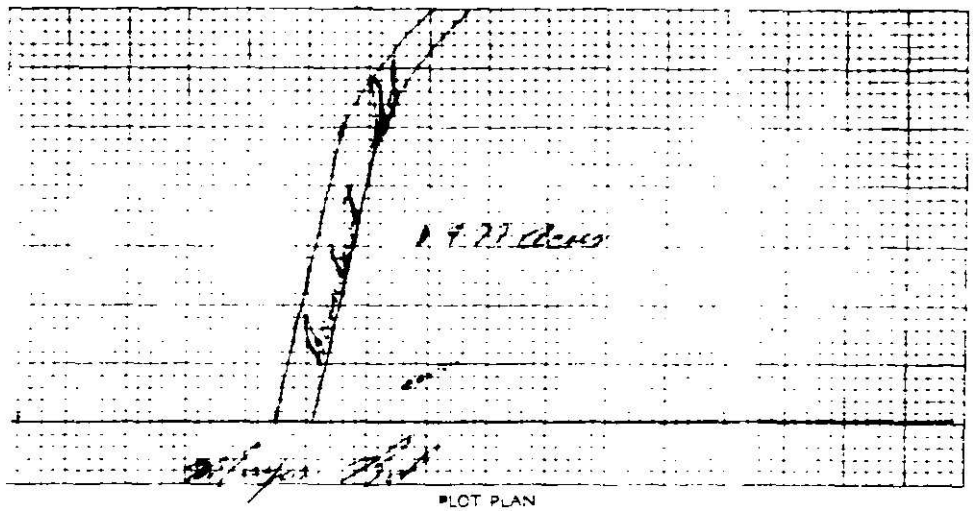
## PERCOLATION TEST REPORT

NAME OF OWNER Briggs (LAST) Grover (FIRST) J. (MIDDLE)

ADDRESS OF OWNER Route 2, Box 343, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY corner of Barnhart and Ma[illegible] (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 47 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 teratment 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 wells 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. Dickson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-5-73

ICAR(S) Application No 5466

T C No C02-162-03

Map Date 25 May 71

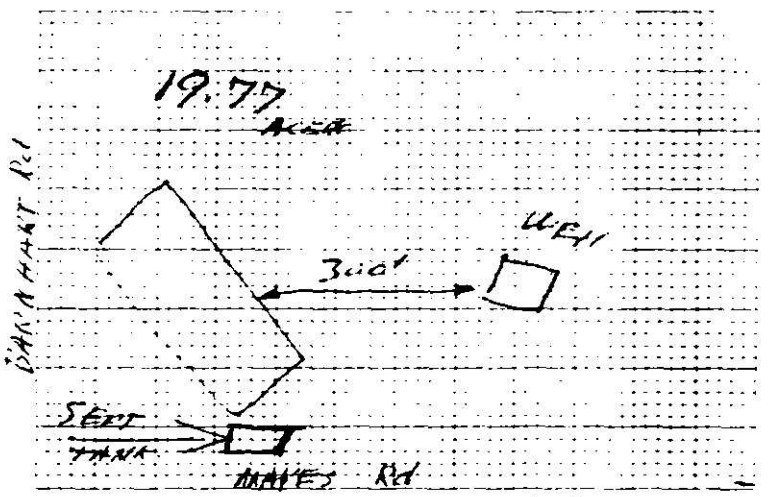
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 subsurface soil absorption effluent discharge




3 PLOT PLAN ACCURATELY DIMENSIONED

Water Supply No

Garbage Disposal No

Dishwasher No

Government Owned

No

13 NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) T (MIDDLE)

14 ADDRESS OF OWNER [illegible]

15 PHONE NO Home [illegible] Office

16 LOCATION OF SYSTEM [illegible] BARNHART AND MAYES Rd
STREET OR COUNTY ROAD

17 SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No. _____

18 DEED REFERENCE — DEED BOOK [illegible] AT PAGE 269

19 HAS A PERCOLATION TEST BEEN RUN? V YES _____ NO DATE RUN 7-6-72

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.

7-6-72
DATE OF APPLICATION

[signature] Brown J Briggs
OWNER

FORM NO. [illegible]

**HEALTH DEPARTMENT'S COPY**

Serial No. 2499

LA No. 5466

Date Issued February 6, 1973

T C No 007-162-05

Map Date 5-25-71

# 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 Briggs (LAST) Grover (FIRST) J. (MIDDLE)

ADDRESS OF OWNER Route 2, Box 343, Huntersville, N.C. ZIP 28078

LOCATION OF LOT corner of Barnhart and Mayes 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 47 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 5466. 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. A. Eudy
Environmentalist

John R Atkinson
Director Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 6/10/75 Serial No. ICAR(S)-Permit No 5466

T C No 007-12-05

Map Date 5/28/71-

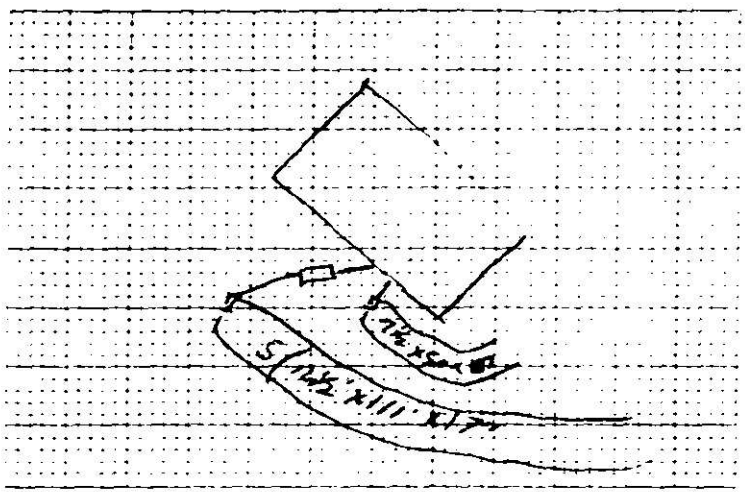
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### INSTALLATION, CONSTUCTION, 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 5466, dated 2/5/73 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 6/30/75 after which date this permit shall be null and void




PLOT OF SYSTEM

Percolation Rate 64 mpi

Liquid Capacity of Tank ~~1000~~ 1500 gl

Tank Construction PC

Absorption and Interception Lines

Total Line Length ~~375~~ 300 LM 150

Number of Lines 4 3

Distance from Dwelling 10 in

Distance from Property Line 10 in

Distance from Well 100 min

NAME OF OWNER GROVER J. BRIGGS

LOCATION OF PROPERTY C/R @ BARNHART & MAYES

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: MAX COVER 2'

Division of Septic Tank Head J A Zib

Environmentalist L P Brickman

If this permit is for the installation or construction of a new system, it must be signed by the division or 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 E-5-9-1-72

Serial No.

C of A (s) No 5466

Date Issued June 20, 1975

T C No 607-162-05

Map Date 5-25-71

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

## CERTIFICATE OF APPROVAL

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

Name of Owner BRIGGS (LAST) GROVER (FIRST) J (MIDDLE)

Location of Property MAYES ROAD

Application Number 5466 Permit Number 5466

**Inspection Data:**

Liquid Capacity of Tank 1500 GAL Tank Material PC

Total Length of Drain Tile 555', 150' Number of Lines (5) 111' x 12½' x 17"

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source PRIVATE WELL Distance from Water Source 100'

Excavation Inspected JUNE 18, 1975 (DATE) Tank Inspected JUNE 20, 1975 (DATE)

Nitrification Field Inspected JUNE 20, 1975 (DATE)

Washing Machine Line Inspected, if Applicable JUNE 18, 1975 (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 as well as 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 WASHER LINE (50' x 7½' x 17")
AER. PIT OK

Paul A Kiefer
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENTS COPY