Date Received 10-16-23 APT No. 7114

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

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

3) PHONE NO. Home 825-5481 Office Mauney-Mills

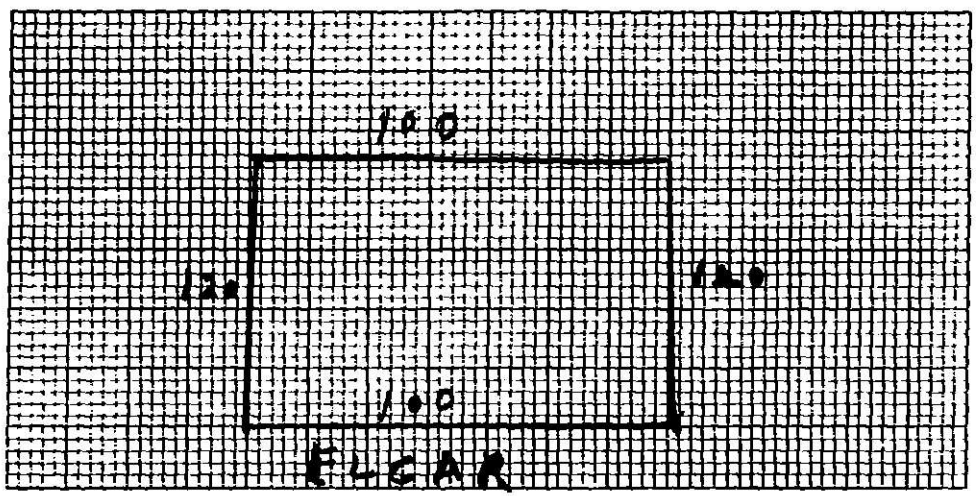
4) LOCATION OF PROPERTY Elgar Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 27 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 10-16-73

(CARIS) Application No 7114

T C No

Map Date

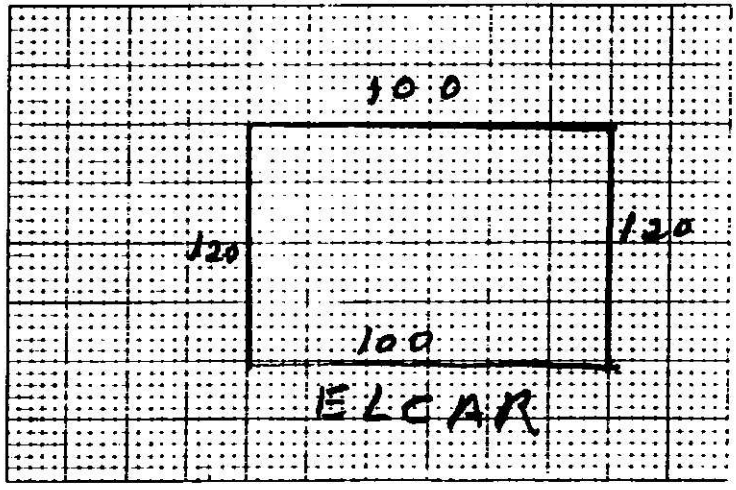
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 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) Governmental System
C) Community System
1) Well source ✓
2) Governmental 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 Jr. (LAST) William (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 11 Kings Mtn. N.C. 28086

15) PHONE NO. Home 8255481 Office Mauney Mills

16) LOCATION OF SYSTEM Elcar Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 27 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.

10-15-73
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10/31/73

Serial No. 4601

ICAR (S) Permit No. 7114

T. C. No. _____

Map Date _____

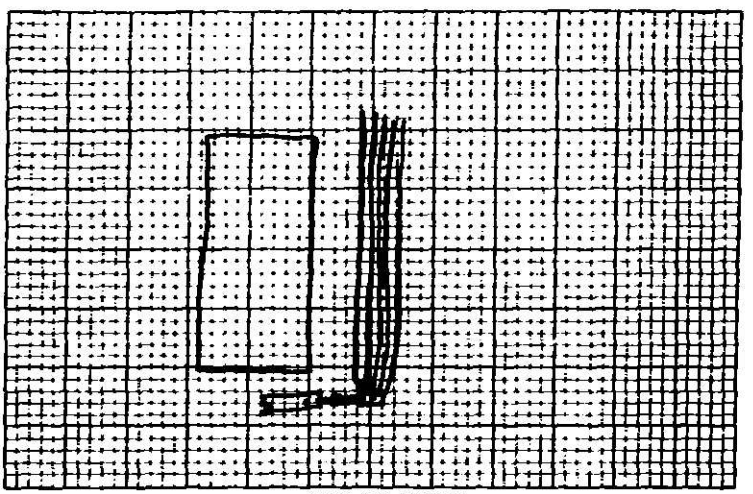
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7114, dated 10-16-73 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 min.

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines:

Total Line Lenght 600 ft

Number of Lines 4 (125' x 80' x 36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100 ft

NAME OF OWNER W. E. MAUNEY

LOCATION OF PROPERTY LOT 27 WESTWOOD PK. TREADDR

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: _____

T. A. Lee
Division or Section Head

L. P. Buchanan
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 11/5/73

Serial 4138

C of A (s) No. 7114

T. C. No. 113-174-08

Map Date 9-14-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner MAUNEY (LAST) WILLIAM (FIRST) K (MIDDLE)

Location of Property ELCAR DR. (WESTWOOD LOT #22)

Application Number 7114 Permit Number 7114

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 sq. Number of Lines 5 (80'X12½'X24")

Depth of Filter Material 17" Cover Depth 40"

Water Supply Source COMM WELL Distance from Water Source 100'±

Excavation Inspected 11-5-73 (DATE) Tank Inspected 11-5-73 (DATE)

Nitrification Field Inspected 11-5-73 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE) OMB

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: _____

Environmentalist LP Brickhouse

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

HEALTH DEPARTMENT'S COPY

Serial 4222

C of A (s) No. 7114

Date Issued 11-14-73

T. C. No.

Map Date

~~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 Mawney (LAST) Wm (FIRST) L. (MIDDLE)

Location of Property LOT 25 WESTWOOD PL - ELCAR DR.

Application Number 7114 Permit Number 7114

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600ft - Number of Lines 5

Depth of Filter Material 24" Cover Depth 26"

Water Supply Source COMM WELL Distance from Water Source 200'±

Excavation Inspected 11/14/73 (DATE) Tank Inspected 11/14/73 (DATE)

Nitrification Field Inspected 11/14/73 (DATE)

Washing Machine Line Inspected, If Applicable ~~11/14/73~~ (DATE) COMB.

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: L. Mawney

L R Bridgeman

Environmentalist

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

HEALTH DEPARTMENT'S COPY