Date Received 14 Aug 1973 APT No. 6839

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Simmons, Jr. (LAST) Garland (FIRST) B. (MIDDLE)

2) ADDRESS OF OWNER 5626 Nations Ford Rd. ZIP

3) PHONE NO Home 523-1581 Office

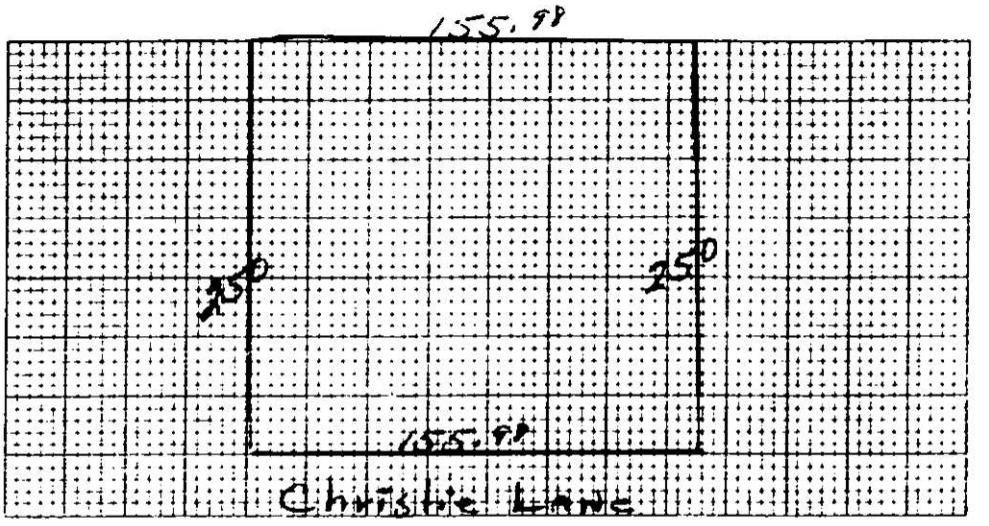
4) LOCATION OF PROPERTY Christie Lane (STREET OR COUNTY ROAD) off Douglas Drive

5) SUBDIVISION LOT NO 6 BLOCK NO No

MAP BOOK NO 14 PAGE NO. 329

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

Garland B Simmons Jr
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. Augu[illegible]7, 1973 SITE DISAPPROVAL REPORT SDR No. 8839
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. _____
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER [illegible]

ADDRESS OF OWNER [illegible] ZIP _____

LOCATION OF LOT [illegible]

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	8-1-[illegible]	[illegible] min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

_____
Environmentalist

(Stencil No.)
HHD 398
8/70

FORM NO.
E-19-8-14-70

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: August 17, 1973

TO: Luther Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr. W.E.L.
Soil Scientist

SUBJECT: APT #6839 (Simmons) 8/17/73
Lot 6, Christie Lane

Soils were found to be of the Cecil series. These soils have good aeration, good drainage and moderate permeability. The abnormally high perc. rate (240 m.p.i.) observed probably resulted from the presence of a trace of swelling clay minerals.

The lot is recommended for approval with design based on a 60 m.p.i. percolation rate.

Serial No. 3499

PTR No. 6839

T C No. 141-041-16

Date Issued August 20, 1973

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

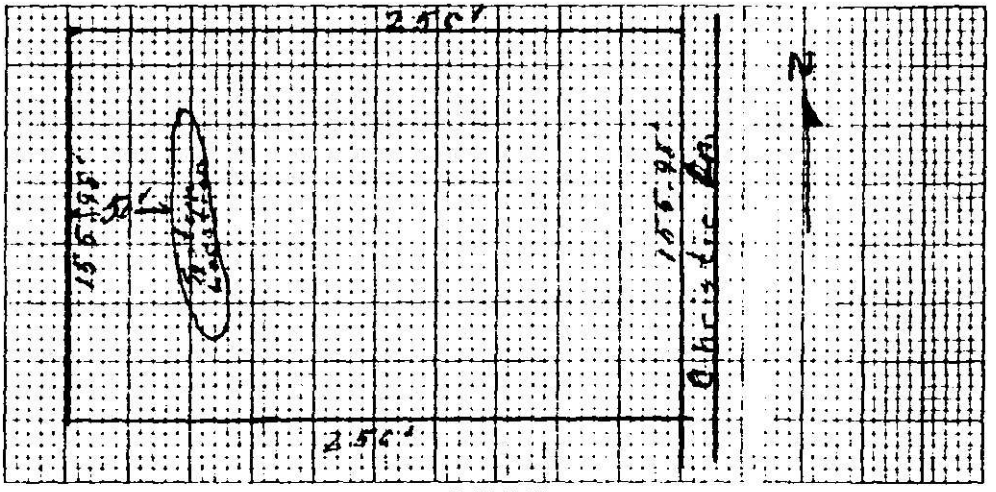
PERCOLATION TEST REPORT

NAME OF OWNER Simmons, Jr. (LAST) Garland (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 5626 Nations Ford Road ZIP _____

LOCATION OF PROPERTY Christie Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 6 BLOCK NO. _____



PLOT PLAN

This is to certify that a percolation test has been run and on 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 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

* Results determined by soil analysis.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2 4 1-71 W. Everette Cooper, Jr. Soil Scientist

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 14 Aug 1973

ICAR(S) Application No 6839

T C No

Map Date

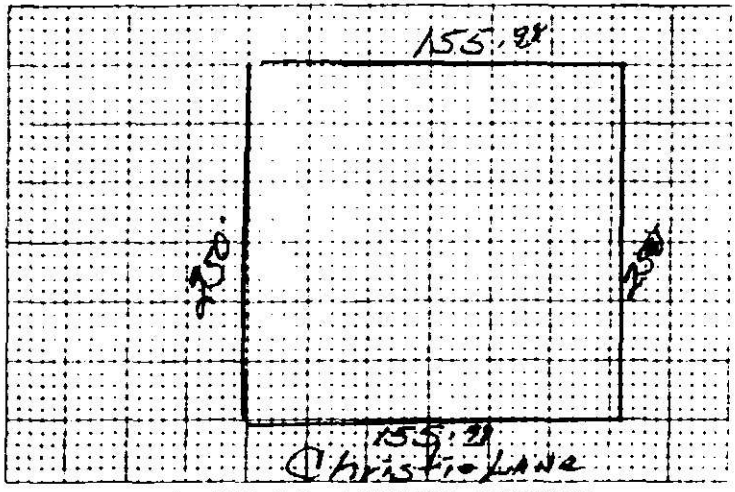
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ___ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use Max ___ Employees ___

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply

A) Individual Well

B) Government ___ 0.44

C) Community ___

1) Well

2) Government

10) Sewage System

House located within ___ ft of public sewer Yes ✓ No

House located within ___ ft of community sewer Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Simmons (LAST) Garland (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 5626 Nations Ford Rd, Charlotte, N.C

15) PHONE NO Home 523-1581 Office —

16) LOCATION OF SYSTEM Christie Lane - off Douglas Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 6 Block No ___

Map Book No 14 Page No 329

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 content 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.

DATE OF APPLICATION ___

OWNER Garland B. Simmons Jr.

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3315

LA No. 6839

Date Issued August 20, 1973

T. C. No. 141-041-16

Map Date _____

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 Simmons, Jr. (LAST) Garland (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 5626 Nations Ford Road ZIP _____

LOCATION OF LOT Christie Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 6 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 * , 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 6839. 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

* Results determined by soil analysis.

J. Cuttle Lowe Jr. Soil Scientist

T. R. Jackson 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 1-14-74 Serial No. 4770 ICAR(S) Permit No. 6839

T. C. No.

Map Date

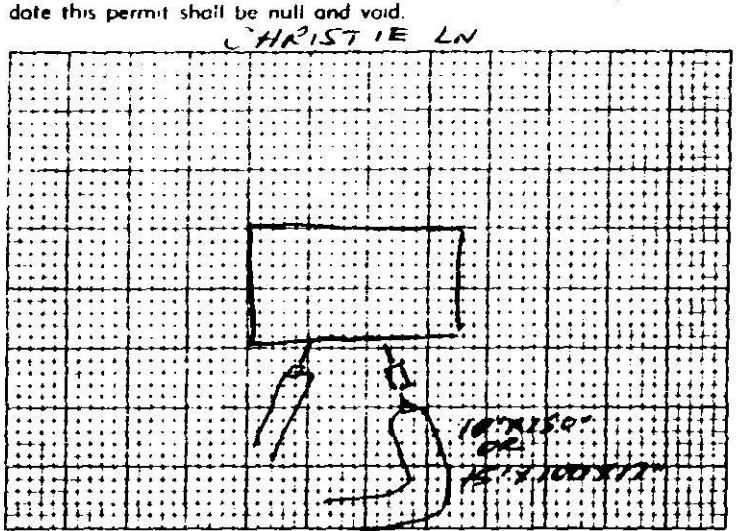
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6839, dated 14 Aug' 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 2-15-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines: ST WM

Total Line Lenght 600 150

Number of Lines 6 2

Distance from House 10' min

Distance from Property Line "

Distance from Well City

NAME OF OWNER GARLAND B SIMMONS

LOCATION OF PROPERTY CHRISTIE LN. LOT 6

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: No excavation until soil dried for 4 to 5 day Garrison dispersal added after appl. filed.

Aiken

JA/RCB

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 4472

C of A (s) No. 6839

Date Issued 3/1/74

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 SIMMONS (LAST) GARLAND (FIRST) B. (MIDDLE)

Location of Property CHRISTIE LN LOT 6

Application Number 6839 Permit Number 6839

Inspection Data:

Liquid Capacity of Tank 1500 gal ST WM 150 Tank Material PC

Total Length of Drain Tile 600 Number of Lines 6 3

Depth of Filter Material 17" Cover Depth

Water Supply Source C T Distance from Water Source -

Excavation Inspected 3/1/74 (DATE) Tank Inspected 3/1/74 (DATE)

Nitrification Field Inspected 3/1/74 (DATE)

Washing Machine Line Inspected, If Applicable 3/1/74 (DATE)

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 slight

Environmentalist

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

HEALTH DEPARTMENT'S COPY