Date Received 6-3-71

APT No. 1812

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER _____ ZIP _____

3) PHONE NO Home _____ Office _____

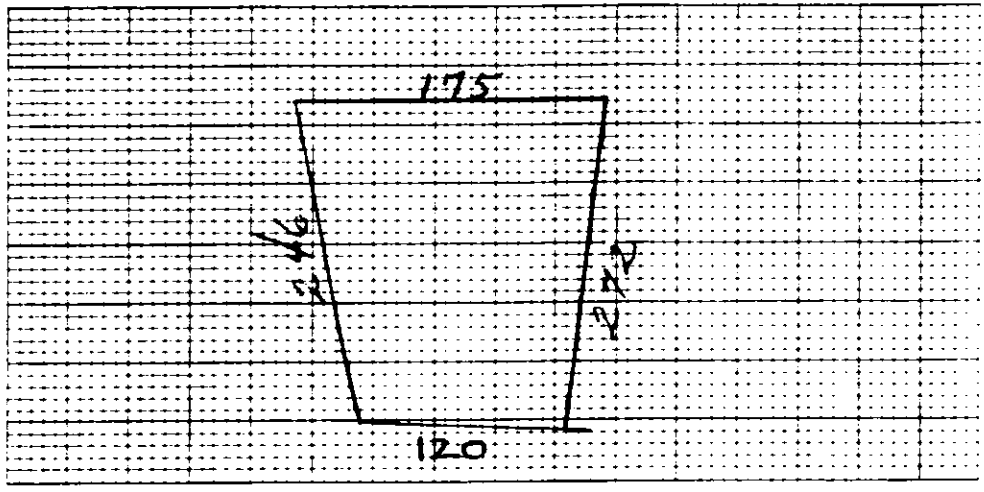
4) LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 13 BLOCK NO A

MAP BOOK NO 10 PAGE NO 255

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

_____
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No 845 PTR No. 1892

Date Issued July 8, 1971 T C No 227-032=15

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

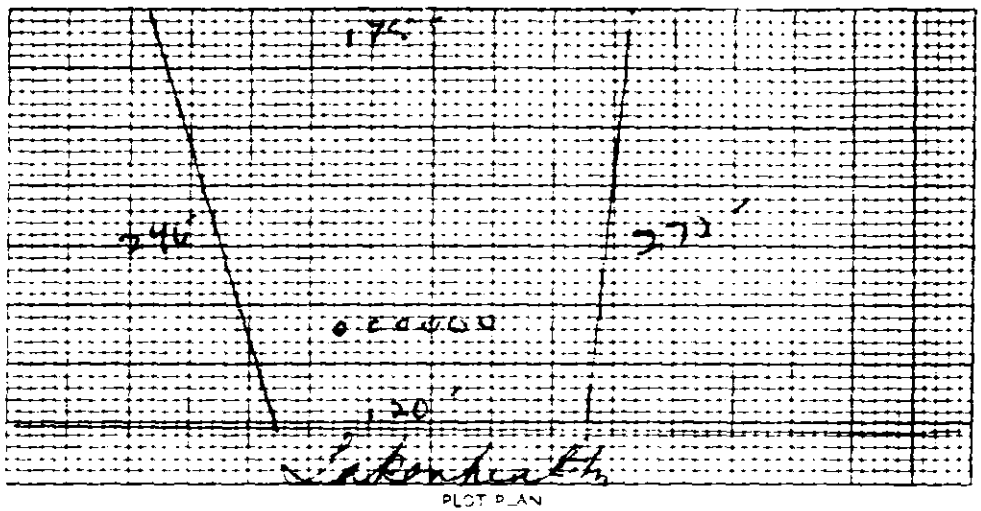
PERCOLATION TEST REPORT

NAME OF OWNER S & T Development Co. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP

LOCATION OF PROPERTY Lakenheath Lane (STREET OR COUNTY ROAD)

SUBDIVISION Southminister Woods LOT NO 13 BLOCK NO A



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 plat.

The percolation rate determined by the test was 33 min/in. The said lot is approved for the installation of one (1) single family wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install the system must be applied for and obtained from the Mecklenburg County Health Department prior to the beginning of any construction activity (including the wastewater treatment system on the said lot.
2. The type of the wastewater treatment system which must be installed is determined by the Health Department [illegible] on the proposed use of the property [illegible] the size and type of building constructed thereon.
3. The [illegible] as shown on the plat at the time of the soil [illegible] the percolation test was run.
4. The [illegible] performed on the lot which the Health Department considers the area where the [illegible] unsuitable for the installation [illegible] 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.

J. K. Hanson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON [illegible]

Date Received 2 15 71

ICAR (S) Application No. 1892

T C No 227 c 32 15

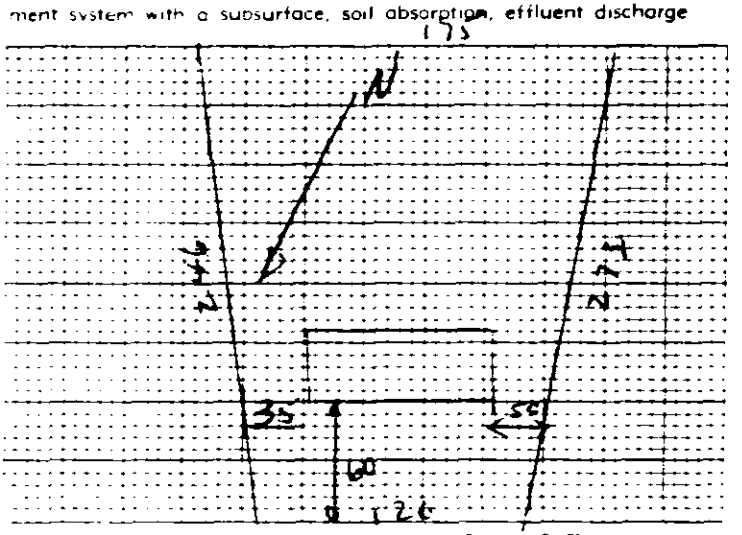
Map Date

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) [illegible] 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 3
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. EHA Case No.
12. LA Case No.

1. NAME OF OWNER Barnes Scenic Const. Co
   LAST FIRST MIDDLE
2. ADDRESS OF OWNER 131 Providence Rd
   Office 375 7731
3. PLACE OF SYSTEM 411 Sherrith Lane
   STREET OR COUNTY ROAD
   SUBDIVISION Providence Plantation LOT No 13 Block No A
   MAP No 10 Page No 255
   DEED BOOK 2179 AT PAGE 555
4. PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 2-10-71
5. WELL See instructions 1892

The above-named person hereby agrees that he has read the foregoing application and that the contents thereof 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.

2/15/71
DATE OF APPLICATION

W. Barnes
OWNER

FORM NO. E-4-7-70

HEALTH DEPARTMENT'S COPY

Serial No. 879

Date Issued July 16, 1971

LA No 1892

T. C. No. 227-032-15

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 Starnes and Craig Construction Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP

LOCATION OF LOT 410 Lakenheath Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Southminister Woods LOT NO 13 BLOCK NO A

MAP BOOK NO 10 PAGE NO 255

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 58 min/inch and 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 1892. 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

Thomas P. Ward
Environmentalist

John D. Dees
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Date Received 9 27 72

ICAR(S) Application No. 1892

T. C. No. 227-032-15

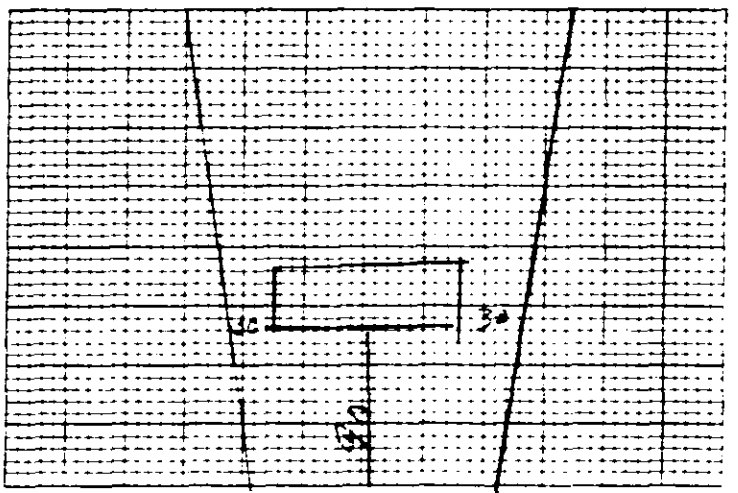
Map Date

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 Bedrooms 4

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 STANLEY LAIG C (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 131 [illegible]

15) PHONE NO. Home ___ Office [illegible]

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No 15 Block No [illegible]

Map Book No [illegible] Page No [illegible]

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.

DATE OF APPLICATION

OWNER W. J. Laing

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

HEALTH DEPARTMENT'S COPY

Serial No 2284 ICAR(S) Permit No 1892

9-27-72 T C No 227-032-45

Map No 4-1-70

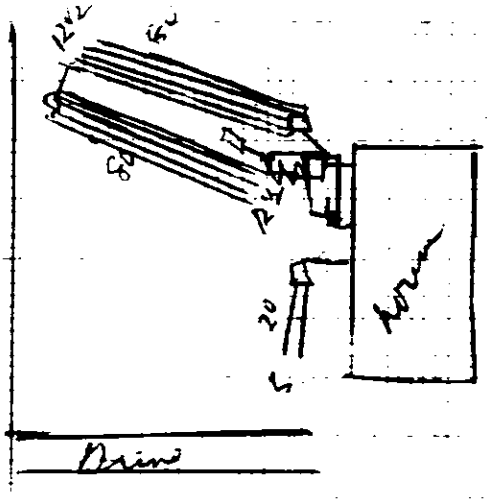
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

✓ Construct Alter or Repair the individual septic tank waste-
water effluent discharge system described herein at the de-
scribed location in accordance with Application No. 1892
dated 9-27-72 and the attached plot plan which is part of the ap-
proved permit. This permit is valid for 10-27-72 after which



Ditch

6 C

1500 gal

pre cast con.

795'

@ 5

10'

10'

100'

Stains + Craig Const Co

410 Lakenheath Lane

Mecklenburg

2 rows 12's x 50' / washed 5' x 30 x 4 rows

Thomas R. Ward

Environmentalist

No start of construction of a new system must be signed by the division or a
County Health Department official to be valid. Only the signature of the Environ-
mentalist is valid when an existing system is being altered or repaired

PERMITS COPY

Date Issued 10-18-72 **Serial No.** 2651 C of A (s) No. 1892

T C. No 227-032-15

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Stearns + Craig Const Co
(LAST, FIRST, MIDDLE)

Location of Property 410 Labenhatts Line

Application Number 1692 Permit Number 1692

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pre cast con

Total Length of Drain Tile 745' Number of Lines 5

Depth of Filter Material 12" Cover Depth 3'

Water Supply Source well Distance from Water Source 60'

Excavation Inspected 10-18-72 (DATE) Tank Inspected 10-18-72 (DATE)

Nitrification Field Inspected 10-18-72 (DATE)

Washing Machine Line Inspected, If Applicable 10-18-72 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as detailed above and it has been ~~installed~~ 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 arising from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown in the permit and 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 Note #1 & Steps Inserted

Thomas R. Ward
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY