Date Received 7-18-73

(60)

APT No 6683

T C No 201-09-14

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Freeman Jr (LAST) Robert (FIRST) Henry (MIDDLE)

2) ADDRESS OF OWNER 3318 Creedmoor Rd ZIP 28208

3) PHONE NO Home 319-1279 Office

4) LOCATION OF PROPERTY N.C. Hwy #160 (STREET OR COUNTY ROAD)

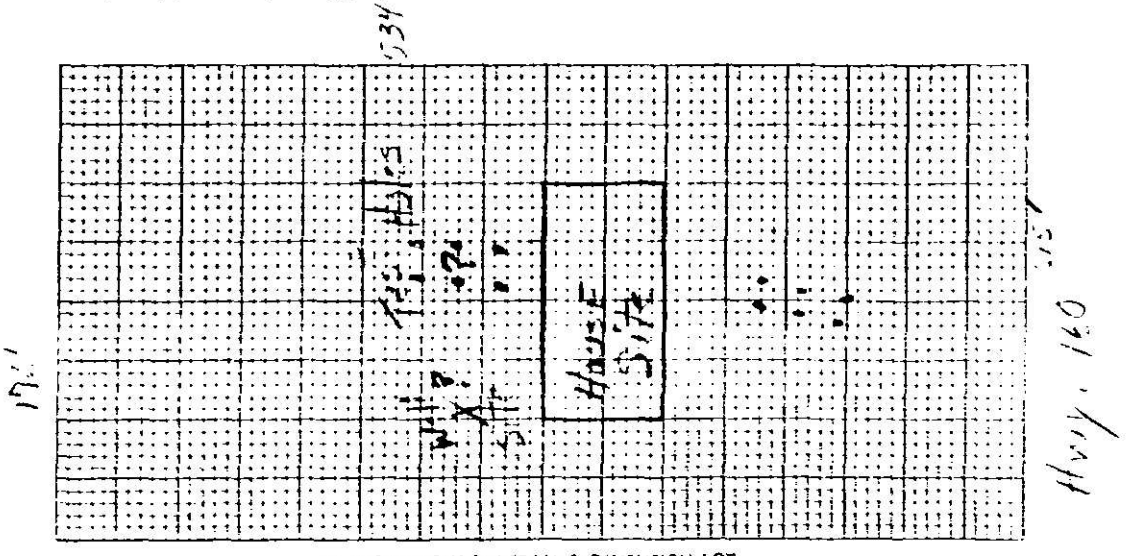
5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK 3576 PAGE NO. 518

The lot is located directly across from the Masonic Lodge just before you come to the Hwy 160 Shopping Center on the left hand side.

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

445

Robert Henry Freeman Jr
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3365

PTR No. 6683

T C No. 201-091-14

Date Issued July 24, 1973

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

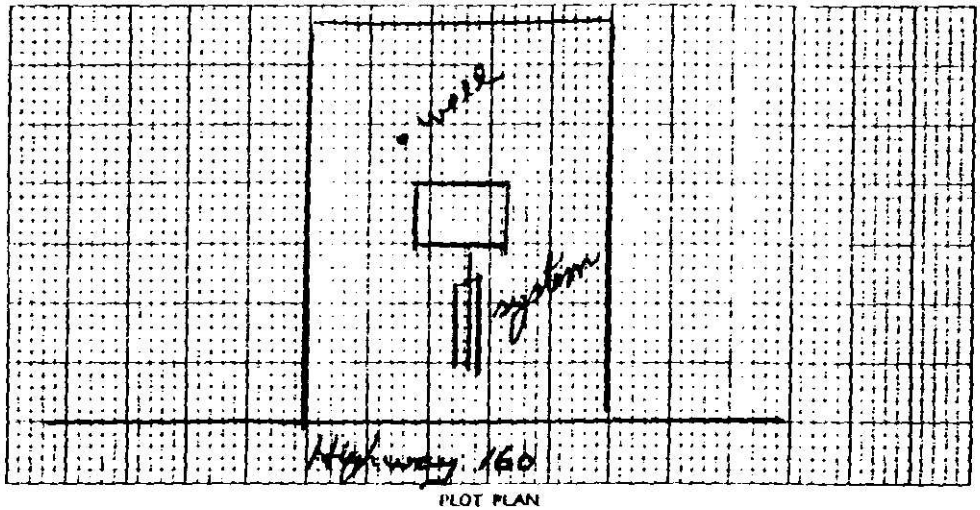
PERCOLATION TEST REPORT

NAME OF OWNER Freeman, Jr. (LAST) Robert (FIRST) Henry (MIDDLE)

ADDRESS OF OWNER 3318 Credenza Road ZIP

LOCATION OF PROPERTY Highway 160 (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 building, 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 M. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4 1-71

HEALTH DEPARTMENT'S COPY

11

Date Received ~~August 22, 1974~~ 8-30-74

SEE INSTRUCTIONS ON BACK

Appl. # for Installation -6683
ICARUS Application No

T C No 201-091-14

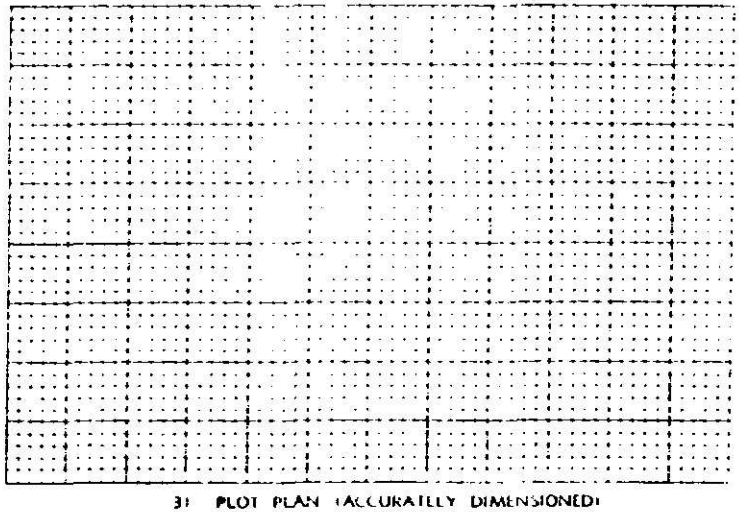
Map Date 9/70

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 X 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) Water, Meters X Yes No

7) Garbage Disp. Yes X No

8) Dishwasher Yes X No

9) Water supply
A) Individual dug X
B) Government
C) Community
1 Well
2 Government

Sewage System
Is property connected to public sewer Yes X No
If not connected, does property have a community sewage system Yes X No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER Freeman, Jr (LAST) Robert (FIRST) Henry (MIDDLE)

14) ADDRESS OF OWNER Route 3, Box C-338 Steele Creek Road Charlotte, N. C. 28210

15) PHONE NO Home 588-3893 Office 392-0311 (Louise Freeman)

16) LOCATION OF SYSTEM Steele Creek Road - Hwy 160 (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK 3576 AT PAGE 518

19) HAS A PERCOLATION TEST BEEN RUN? X YES NO DATE RUN

20) PTR NUMBER (See Instructions) 6683 - T. C. No. 201-091-14

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

August 27, 1974
DATE OF APPLICATION

Robert F. Freeman Jr
OWNER

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

B

SEE INSTRUCTIONS ON BACK

Date Received 7-18-73

ICAR (S) Application No 6683

T C No 201-091-14

Map Date 9-1-70

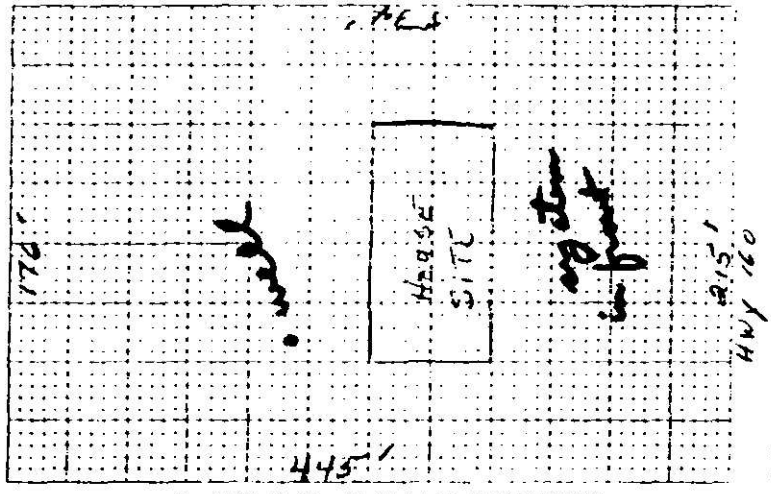
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use Water No Employees

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ✓ Yes ____ No

8) Dishwasher ✓ Yes ____ No

9) Water Supply
A) Individual Well ✓
B) Community System ____
C) Community System
1) Well Source ____
2) Surface Source ____

Sewage Disposal System
Has property been approved for public sewer ____ Yes ____ No
Has property been approved for community system ____ Yes ____ No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER Falkner Jr. Robert Henry
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3316 Caledonia Road

15) PHONE NO Home 399-1279 Office ____

16) LOCATION OF SYSTEM N C Hwy 21 at 16 C
STREET OR COUNTY ROAD

17) SUBDIVISION ____ Lot No ____ Block No ____

Map Book No ____ Page No ____

18) DEED REFERENCE — DEED BOOK 3926 AT PAGE 518

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES X 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

9/18/73
DATE OF APPLICATION

Robert Henry Freeman Jr.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 24, 1973

Serial No. 3214

LA No 6683

T. C. No. 201-091-14

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 Freeman, Jr. (LAST) Robert (FIRST) Henry (MIDDLE)

ADDRESS OF OWNER 3318 Credenza Road ZIP

LOCATION OF LOT Highway 160 (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 6683. 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

Serial No. 4429

Date Issued 10-4-73

ICAR(S) Permit No. 66 83

T. C No. 209-091-14

Map Date 9-1-70

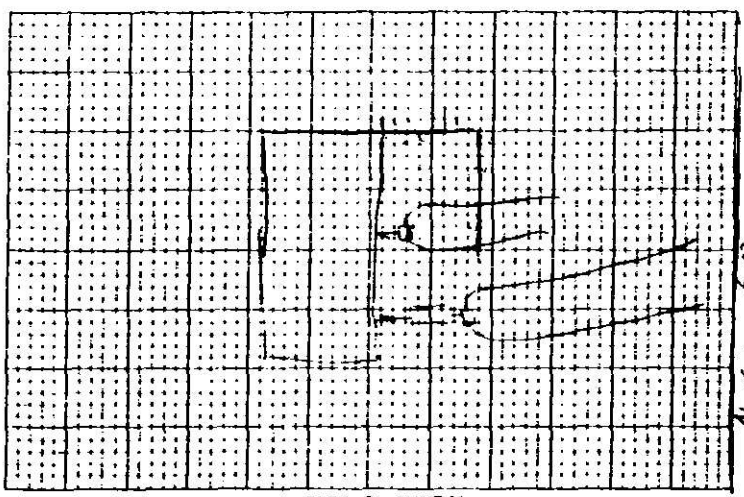
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6653, dated 7/18/73 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 10/26/73, 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, WIM

Total Line Lenght 600'/w/150'

Number of Lines 6 3

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 50'+

NAME OF OWNER Robert H. Freeman

LOCATION OF PROPERTY NC 160 Near Int's. W Sharon Rd W

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: PC Tank

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 1300

C of A (s) No. 6683

Date Issued 10/10/23

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 FREEMAN (LAST) ROBERT (FIRST) H. (MIDDLE)

Location of Property (STEEL CK RD.) N.C. 160

Application Number 6683 Permit Number 6683

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 W/FT Number of Lines 5 6/15'x100' 4 W/ 2'x50' W/ 150'

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source DRILLED Distance from Water Source 50'+

Excavation Inspected 10/10/23 (DATE) Tank Inspected 10/10/23 (DATE)

Nitrification Field Inspected 10/4/23 (DATE)

Washing Machine Line Inspected, If Applicable 10/10/23 (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 SOIL APPEARS NEAR IMPERVIOUS

L. N. Pinckney

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY