Date Received Sept 20

APT No 7028

T C No

Map Date

MECK COUNTY HEALTH DEPT
RECEIVED
SEP 24 1973
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Sims (LAST) David (FIRST) Edward (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Davidson N C. ZIP 28036

3) PHONE NO. Home 892-8137 Office

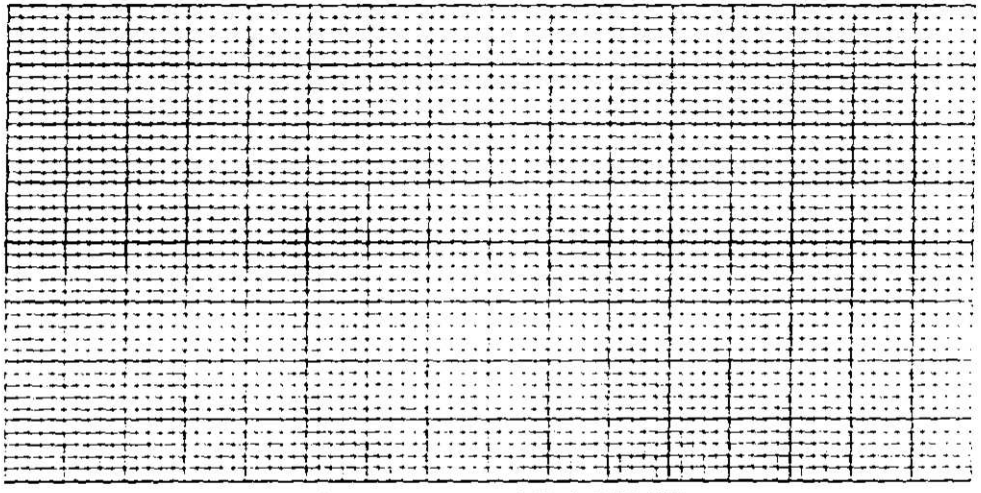
4) LOCATION OF PROPERTY Graham Potts Road (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 11-12 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

David Edward Sims
OWNER
by- Robert Sims P.A.

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. ...i

PTR No. 7028
10

T C No 005-092-11

Date Issued October 2, 1973

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

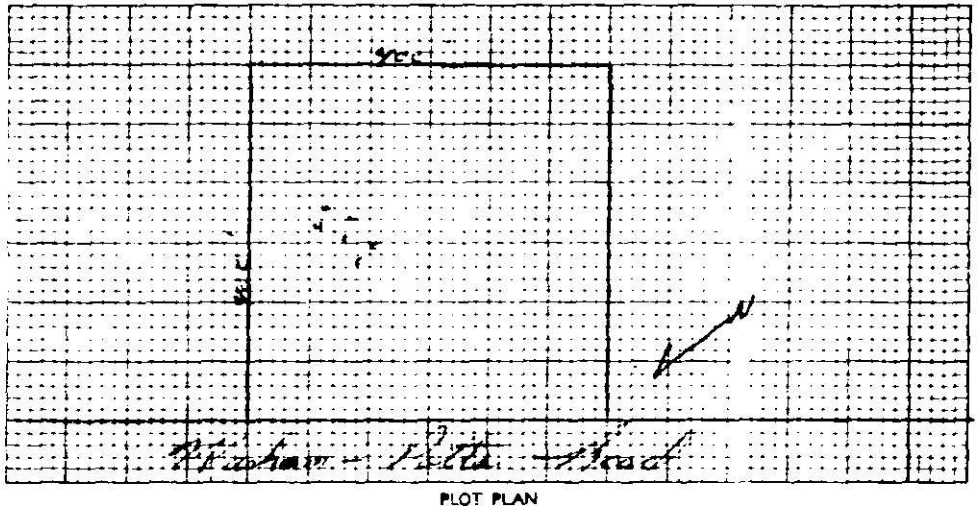
PERCOLATION TEST REPORT

NAME OF OWNER Sims (LAST) David (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER Route 1, Davidson, N.C. ZIP 28036

LOCATION OF PROPERTY Washam Potts Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 11 & 12 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 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 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 R. Hickson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-29-74

MECK COUNTY HEALTH DEPT. RECEIVED JAN 29 1974 ENVIRONMENTAL HEALTH DIV.

ICAR I-S Application No 7028

T C No 005-092-19

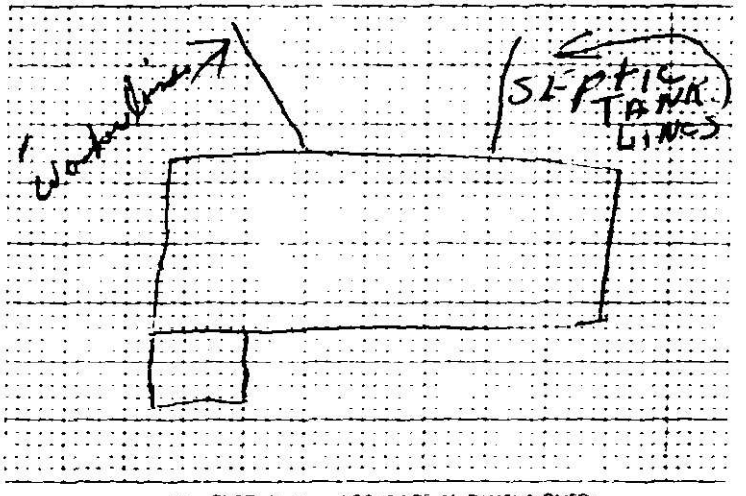
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Installation, Construction, Alteration and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) 1 Install or Construct 2 ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4) No. of Bedrooms 5

5) Number of Persons Employed:

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water Supply:
A) Individual Well
B) Community System
C) Other
Well
2) Community System

Sewage System
Yes No
Yes No
Yes No
10) FHA Case No.
11) VA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER David Sims (LAST) DAVid (FIRST) EdWArd (MIDDLE)

14) ADDRESS OF OWNER Rt 1 DAVidson N.C.

15) PHONE NO Home 892-8137 Office

16) LOCATION OF SYSTEM WAShAM Potts RoAd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ 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 10-2-73 @ 60

20) PTR NUMBER (See Instructions) 7028

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.

1-25-74
DATE OF APPLICATION

David E. Sims
by Robert W. Sims P.A.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3808

LA No 7028
10
T C No 005-092-11

Date Issued January 30, 1974

IMPROVEMENTS PERMIT

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 Sims (LAST) David (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER Route 1, Davidson, N.C. ZIP

LOCATION OF LOT Washam Potts 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 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 7028. 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. D. Kirby
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 22 Nov 74 Serial No. ICAR(S) Permit No 7028

T C No 005-092-1041

Map Date —

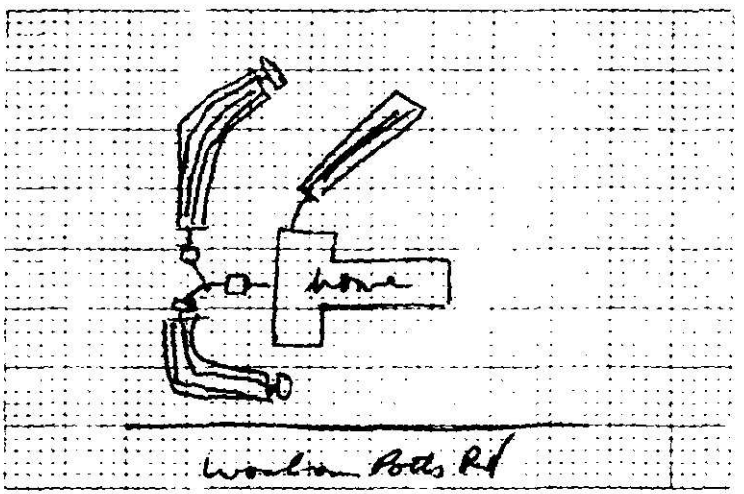
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ~~Install~~ or Construct, Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge as specified hereinafter for the described location. This permit is granted based upon the information supplied in application 7028 dated 1-29-74 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 22 Nov 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

Total Line Length 990 & 200'in

Number of Lines 3 Beds (1 bed 5'x82½'x11" 10'x50'x11")

Distance from House 10

Distance from Property Line 10

Distance from Well City

NAME OF OWNER Sims, David

LOCATION OF PROPERTY Wonlon-Potts Rd

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 Aeration pits 2½'x7'x4' of Store
Blake Kyle

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-5-9-1-72

DEPARTMENT'S COPY

Serial No.

C of A (s) No 7028

Date Issued 10 Dec 74

T C No 005-092-10/10

John R Atkinson

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 Sims, David
LAST FIRST MIDDLE

Location of Property Waxhaw Path

Application Number 7028 Permit Number 7028

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 990 & 200' Number of Lines Two Beds 15'x82.5'

Depth of Filter Material 17" Cover Depth 24"+

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10 Dec 74 DATE Tank Inspected 10 Dec 74 DATE

Nitrification Field Inspected 10 Dec 74 DATE

Washing Machine Line Inspected, If Applicable 10 Dec 74 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption effluent disposal 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 at 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, firm or builder 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 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 aeration pit O.K.

R M Reynolds
Environmentalist

FORM NO E-6-9-1-72

... DEPARTMENT ...