Date Received 10-17-73 APT No. 7121

T. C. No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER L.E. Criminger (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 1400 Abbey Place. Charlotte ZIP 28209

3) PHONE NO. Home 523-0809 Office 333-3161

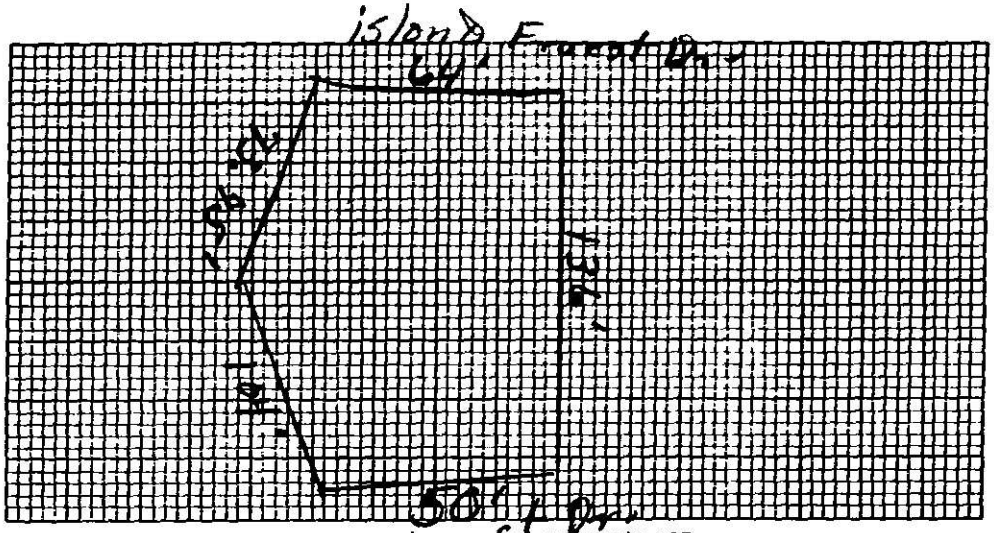
4) LOCATION OF PROPERTY Island Forest Dr. + Pinehurst Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Island Forest. LOT NO. 125 BLOCK NO.

MAP BOOK NO. 12 PAGE NO. 339-341

6) DEED REFERENCE: DEED BOOK 3606 PAGE NO. 0696

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

L. E. Criminger
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3687

PTR No. 7121

Date Issued October 17, 1973

T. C. No. 001-114-50

Map Date 2-14-73

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

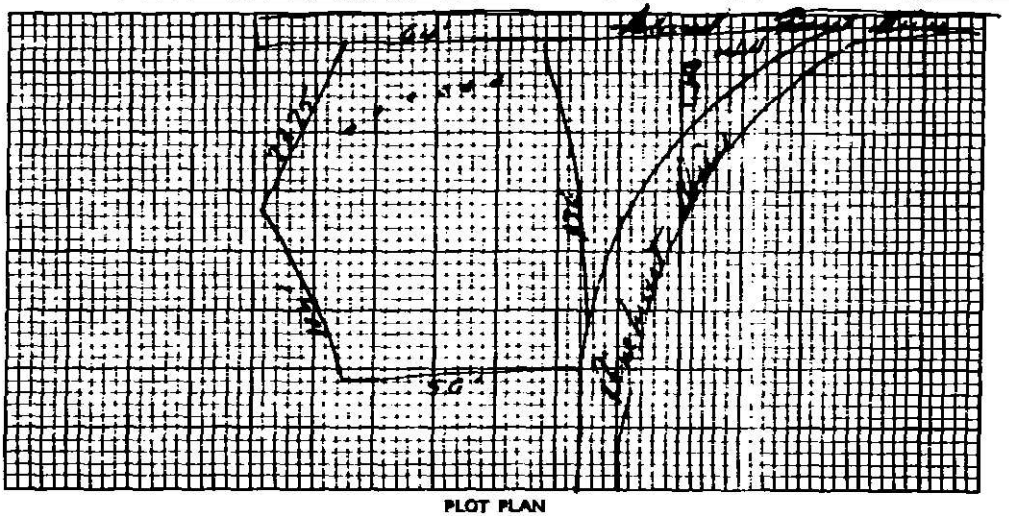
## PERCOLATION TEST REPORT

NAME OF OWNER Criminger (LAST) L. (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 1400 Abbey Place ZIP 28209

LOCATION OF PROPERTY Island Forest Dr. & Pinehurst Dr. (STREET OR COUNTY ROAD)

SUBDIVISION Island Forest LOT NO. 125 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 45 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 S. Atkinson

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 10-17-73

ICAR(S) Application No 7121

T C No.

Map Date

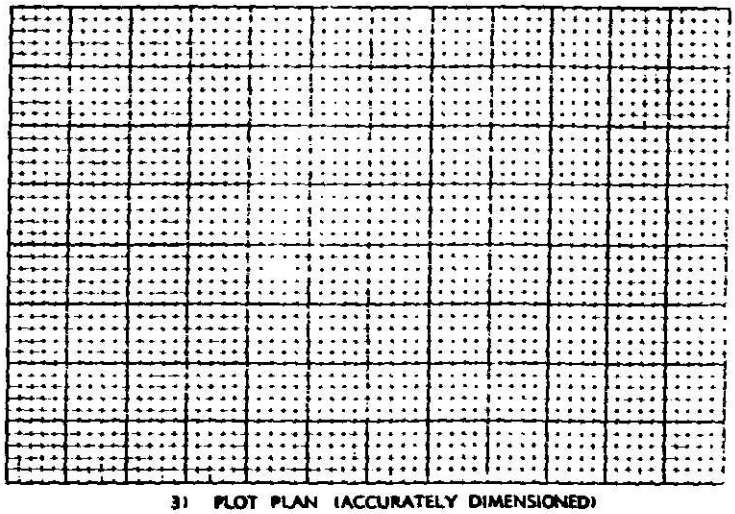
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 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 Crimminger (LAST) L. (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 1400 Abbey Place Charlotte N.C. 28209

15) PHONE NO. Home 523-0809 Office 333-3161

16) LOCATION OF SYSTEM Island Forest Dr. & Pinehurst Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Island Forest Lot No. 125 Block No.

Map Book No. 12 Page No. 339-341

18) DEED REFERENCE — DEED BOOK 3666 AT PAGE 0696

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

L.E. Crimminger
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

LA No. 7121

Date Issued October 17, 1973 Serial No. 3531

T. C. No. 001-114-50

IMPROVEMENTS PERMIT

Map Date 2-14-73

# 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 Criminger (LAST) L. (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 1400 Abbey Place ZIP 28209

LOCATION OF LOT Island Forest Dr. & Pinehurst Dr. (STREET OR COUNTY ROAD)

SUBDIVISION Island Forest LOT NO. 125 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 45 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 7121. 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. L. Lindsey
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4841

Date Issued 12-26-74

ICAR(S) Permit No. 7121

T. C. No. 001-114-50

Map Date 14-26-73

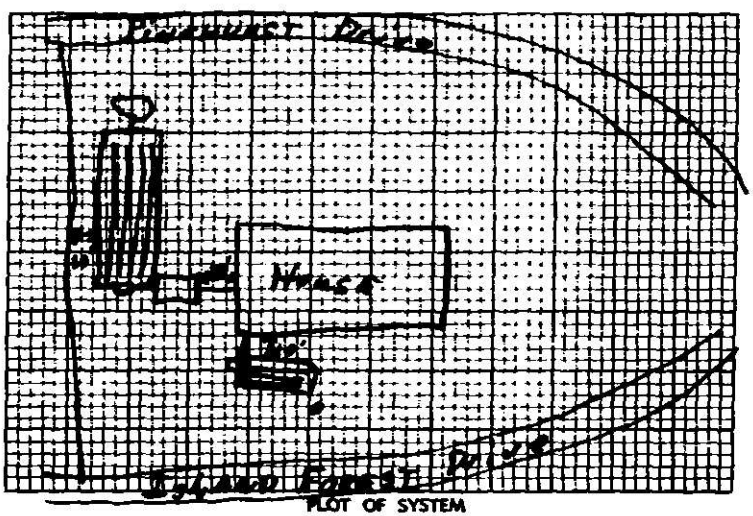
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 ✓ 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 7121, dated 10-17-73 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 12-26-74, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 450' + 150' WM

Number of Lines 4(10'x56'x36") 3(7½'x25'x36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well Community

NAME OF OWNER CRIMINGER L. E.

LOCATION OF PROPERTY Island Forest Dr. & Pinehurst Dr.

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: Eavin Aeration Pit 36" STONE

Division or Section Head

Environmentalist Jerry Burleson

* 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 4416

C of A (s) No. 7121

Date Issued 28 Feb. 74

T. C. No. 001-114-50

John R Adkinson

Map Date 14 Feb-73

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 CRIMINGER (LAST) L. (FIRST) E. (MIDDLE)

Location of Property ISLAND FORREST DRIVE

Application Number 7121 Permit Number 7121

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 450' + 150' in M Number of Lines 4 (10' x 56' x 36") 3 (7½' x 25' x 36")

Depth of Filter Material 36" Cover Depth 19"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 28 Feb 74 (DATE) Tank Inspected 28 Feb 74 (DATE)

Nitrification Field Inspected 28 Feb 74 (DATE)

Washing Machine Line Inspected, If Applicable 28 Feb 74 (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: ERVIN AERATION PKT 36" STONE

Jerry Burleson

Environmentalist

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

HEALTH DEPARTMENT'S COPY