Date Received 3-6-73

APT No 5704

T C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HUCKS (LAST) LARRY (FIRST) MICHAEL (MIDDLE)

2) ADDRESS OF OWNER RT 2 Box 140B HUNTERSVILLE, NC ZIP 28078

3) PHONE NO Home 892-1103 Office 527-2800 EXT 243

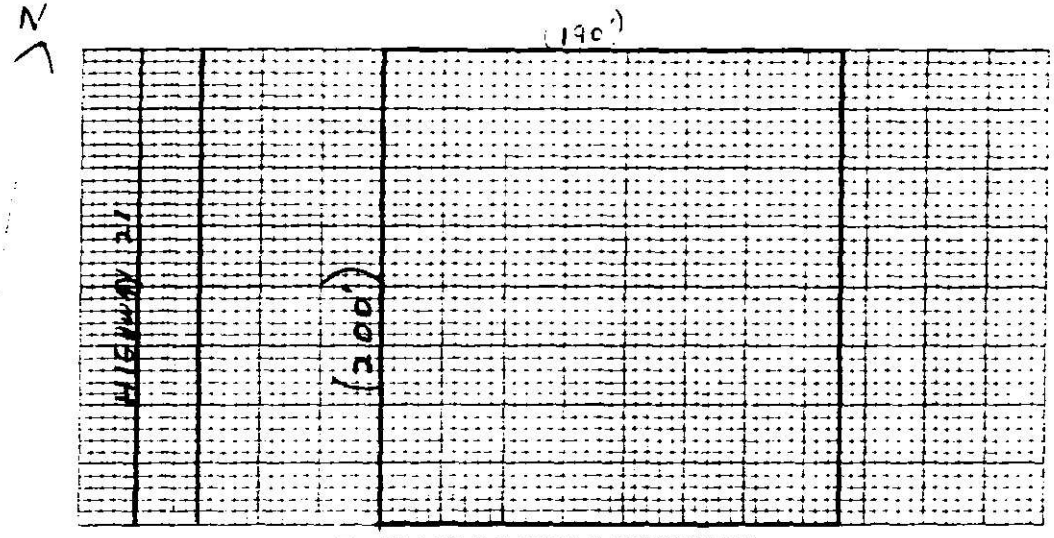
4) LOCATION OF PROPERTY ON HIGHWAY 21 7/10 MILE NORTH OF STUMPTOWN ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3531 PAGE NO 7

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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

Larry Michael Hucks
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. March 30, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 5704
T.C. No. 009-123-19
2-14-73

NAME OF OWNER Hucks, Larry Michael

ADDRESS OF OWNER Route 2, Box 140-B, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Highway 21

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
____	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 3-29-73 - Site disapproved due to percolation test holes being in highway right-of-way.

M. A. Eury
Environmentalist

(Stencil No.)
HHD 398
1/70

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

Serial No.

PTR No. 5704

T C. No. 009-123-19

Date Issued April 16, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

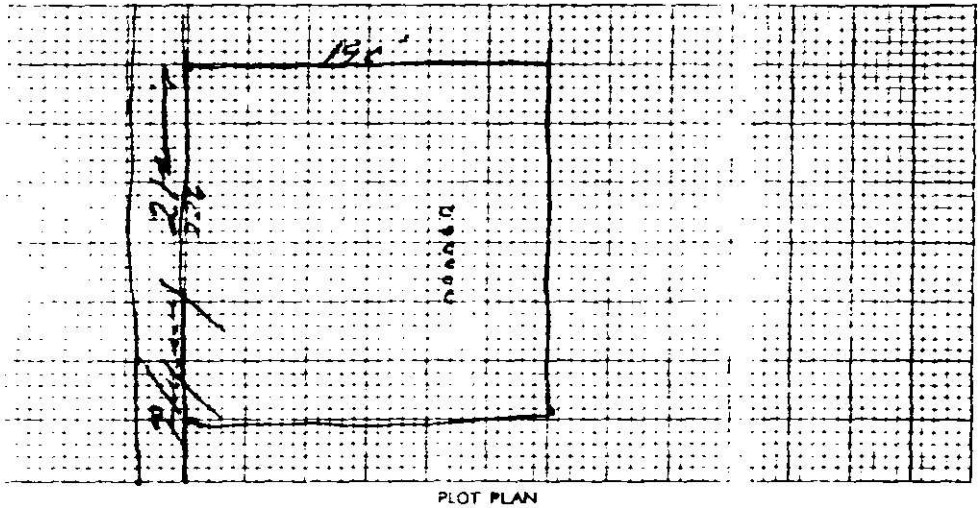
PERCOLATION TEST REPORT

NAME OF OWNER Hucks (LAST) Larry (FIRST) Michael (MIDDLE)

ADDRESS OF OWNER Route 2, Box 140-B, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY Highway 21 (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 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.

John D. Richardson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 4-10-73

ICAR(S) Application No. 5704

T C. No. _____

Map Date _____

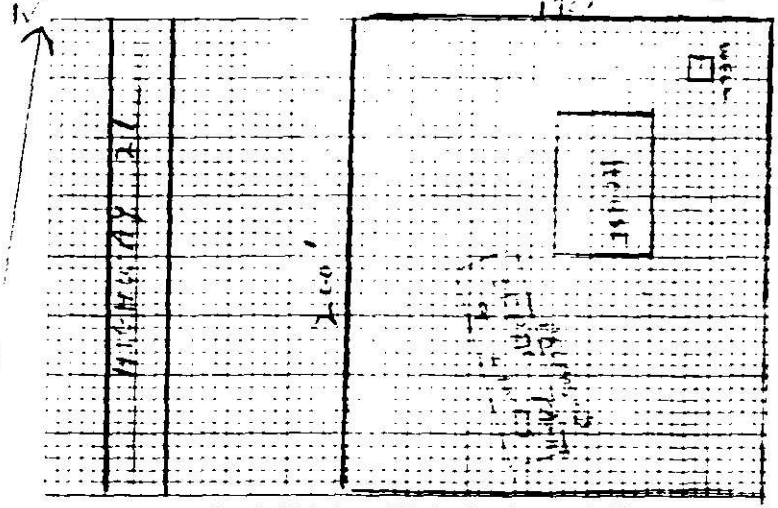
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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)

3
Public Use Main Line
Subdivision
A Individual Well ✓
B Governmental System
C Community System
Well Source
Governmental Source
Sewage System
House located within 200 feet of Public Sewer Yes ✓ No
House located within 200 feet of Community Sewer Yes ✓ No
FHA Case No.
VA Case No.
Garbage Disposal Yes ✓ No
Dishwasher Yes ✓ No

13) NAME OF OWNER HICKS (LAST) LARRY (FIRST) MICHAEL (MIDDLE)

14) ADDRESS OF OWNER RT 2 BOX 145 E HUNTERSVILLE NC 28078

15) PHONE NO Home 512-1103 Office 527-2800 EXT 243

16) LOCATION OF SYSTEM ABOUT 7/10 MI NORTH OF STUMPTOWN ROAD ON HIGHWAY 21 (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3531 AT PAGE 7

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 4/6/73

OWNER Larry Michael Hicks

FORM NO. EH-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 2741

LA No. 5704

Date Issued April 16, 1973

T C No. 009-123-19

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 Hucks (LAST) Larry (FIRST) Michael (MIDDLE)

ADDRESS OF OWNER Route 2, Box 140-B, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Highway 21 (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 5704. 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. 4384

Date Issued 24 Apr 73

ICAR (S) Permit No. 204

T. C. No. 004-127

Map Date 14 Feb 73

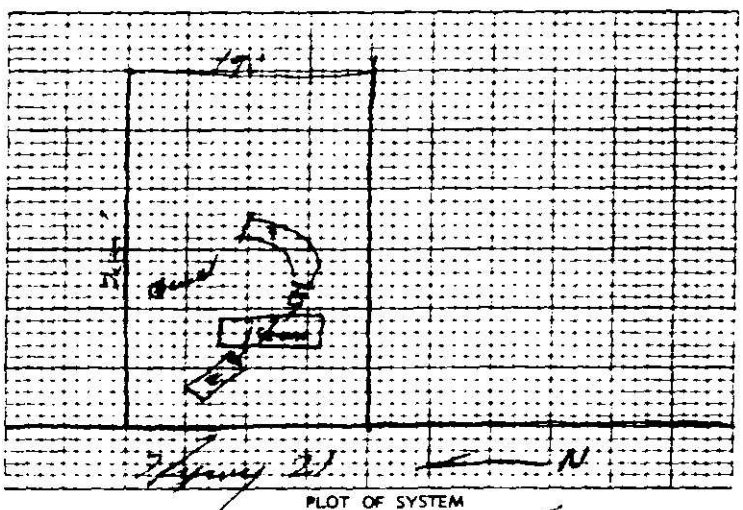
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5764 dated 16 Apr 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 24 Oct 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction CC

Absorption and/or Nitrification Lines:

Total Line Lenght 400' + 156'

2(72' X 2.5' X 36")

Number of Lines (12 X 82 X 12")

Distance from House 16

Distance from Property Line 20

Distance from Well 75'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: Bruford Heath

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 4037

C of A (s) No. 5764

T. C. No. C 09.123-

Map Date 14 Feb 73

Date Issued 16 Oct 73

John R. Allison

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 Hucks (LAST), Terry (FIRST) Nichael (MIDDLE)

Location of Property Hwy 21 - N

Application Number 5764 Permit Number 5764

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material PE 3 (1½, 25' 1.2")

Total Length of Drain Tile 400' + 150' = 550' Number of Lines 5 (1½, 150' 1.17")

Depth of Filter Material 12" & 36" Cover Depth 18"

Water Supply Source Well Distance from Water Source 75'

Excavation Inspected 16 Oct 73 (DATE) Tank Inspected 16 Oct 73 (DATE)

Nitrification Field Inspected 16 Oct 73 (DATE)

Washing Machine Line Inspected, If Applicable 16 Oct 73 (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: Grid Bedfield (Curtis)

M. D. Kelly

Environmentalist

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

HEALTH DEPARTMENT'S COPY