Date Received 3-8-13

APT No 5715

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LLUERY (LAST) BOBBY (FIRST) C (MIDDLE)

2) ADDRESS OF OWNER 2944 BURBANK DR ZIP 28216

3) PHONE NO Home 392-2377 Office 333-5194

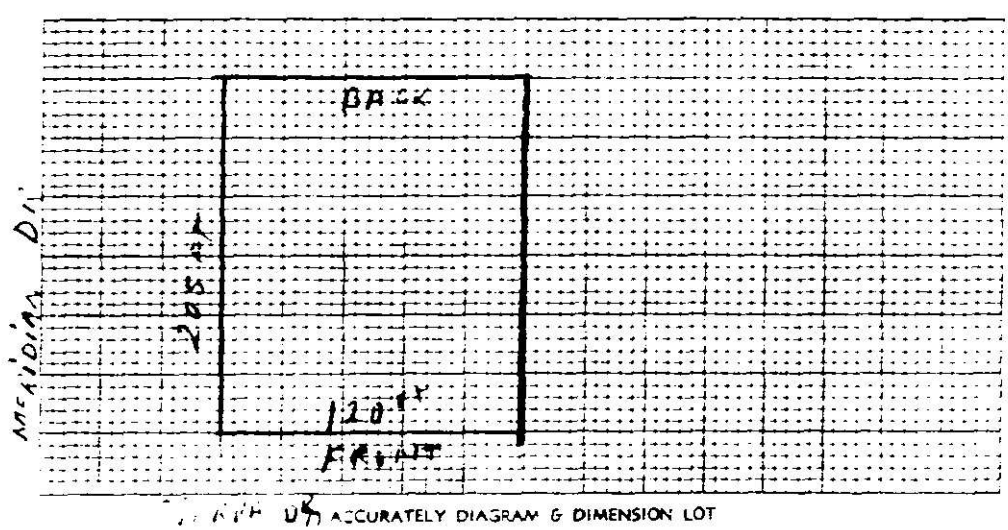
4) LOCATION OF PROPERTY SIENNA DR (STREET OR COUNTY ROAD)

5) SUBDIVISION HYDE PARK LOT NO 23 BLOCK NO F

MAP BOOK NO 10 PAGE NO 99

6) DEED REFERENCE DEED BOOK 3328 PAGE NO 283

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



I HAVE ACCURATELY DIAGRAM & DIMENSION LOT

Bobby Lowery
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5715

T C No 037-121-29

Map Date 3-24-72

Date Issued March 16, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

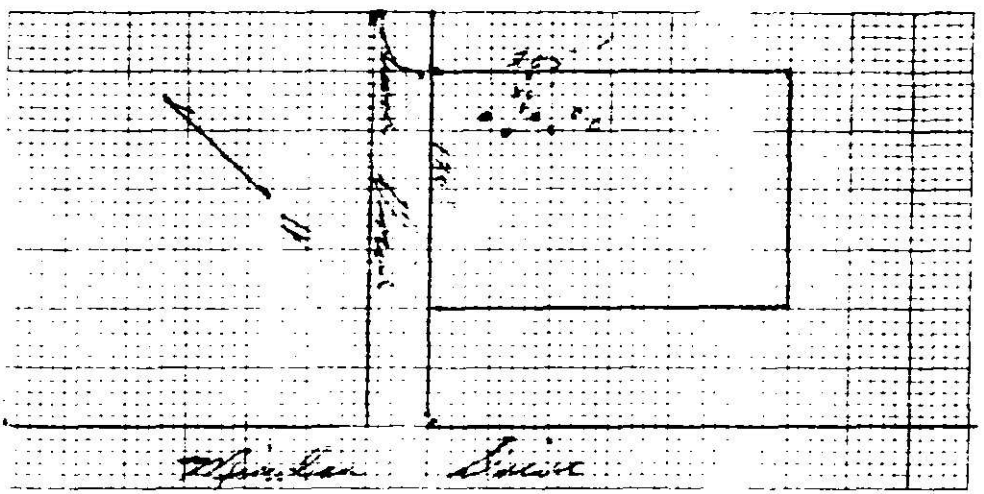
PERCOLATION TEST REPORT

NAME OF OWNER Lowery (LAST) Bobby (FIRST) (MIDDLE)

ADDRESS OF OWNER 2840 Burbank Drive ZIP 28216

LOCATION OF PROPERTY Sierra Drive (STREET OR COUNTY ROAD)

SUBDIVISION Hyde Park LOT NO 23 BLOCK NO F



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 property 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 50 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 wells) 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 N. Hickman

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3 8 73

ICAR(S) Application No. 5715

T C No.

Map Date

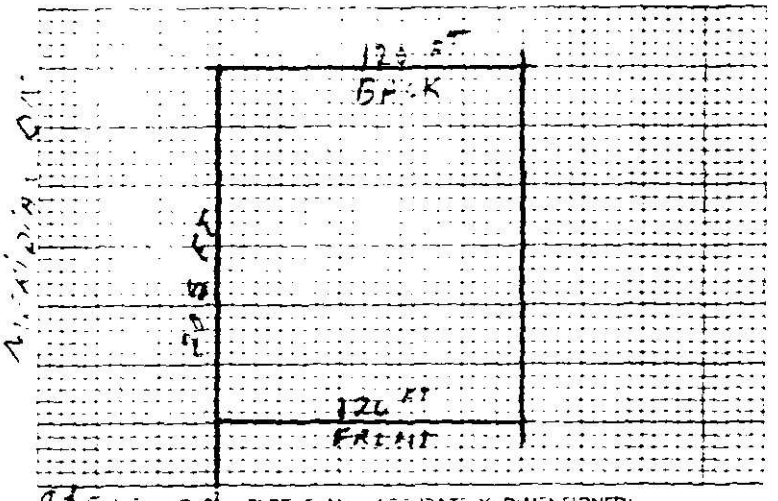
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 a ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



PLOT PLAN (ACCURATELY DIMENSIONED)

4 Number of Bedrooms
5 Business or Work No.
Employer
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
Well Source
D Governmental Source
10 Sewage System
House located within 300 feet of public sewer Yes ✓ No
House located within 300 feet of community sewer Yes ✓ No
11 FHA Case No.
12 VA Case No.

13) NAME OF OWNER LOWERY (LAST) BOBBY (FIRST) G (MIDDLE)

14) ADDRESS OF OWNER 2546 BUCKBANK DR

15) PHONE NO Home 392-2317 Office 333-0514

16) LOCATION OF SYSTEM SIENNA DR (STREET OR COUNTY ROAD)

17) SUBDIVISION HYDE PARK Lot No. 23 Block No F

Map Book No 11 Page No. 99

18) DEED REFERENCE — DEED BOOK 3329 AT PAGE 283

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.

3/8/73
DATE OF APPLICATION

Bobby Lowery
OWNER

FORM 10 E-4-4/70

HEALTH DEPARTMENT'S COPY

Date Issued March 16, 1973

Serial No. 2623

LA No 5715

T C No 037-121-29

Map Date 3-24-72

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 Lowery (LAST) Bobby (FIRST) G. (MIDDLE)

ADDRESS OF OWNER 2840 Burbank Drive ZIP 28216

LOCATION OF LOT Sierra Drive (STREET OR COUNTY ROAD)

SUBDIVISION Hyde Park LOT NO 23 BLOCK NO F

MAP BOOK NO 10 PAGE NO 99

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 50 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 5715. 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. 4801

Date Issued 2-11-74

ICAR (S) Permit No. 5715

T C. No. 037-121-29

Map Date 24 May 72

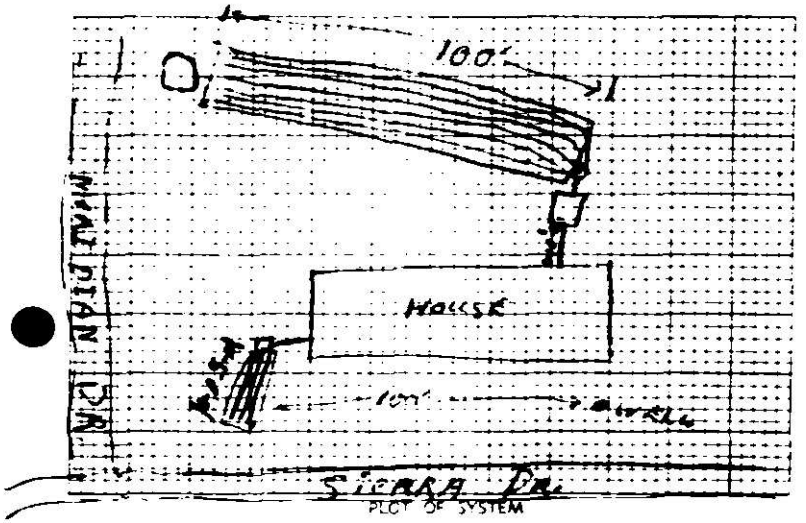
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5715, dated 3-5-73 and this permit shall be void and of no effect if the information provided in the application is in error. All work shall be completed on or before 3-11-75 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50 min/in

Liquid Capacity of Tank 1500 gal.

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 600' + 150' in M

Number of Lines 6 (15' x 100' x 17") 3 (7½' x 50' x 17")

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 100 +

NAME OF OWNER Lowery Bobby G.

LOCATION OF PROPERTY Sierra Drive

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: Twin Cam

Division or Section Head

Environmentalist Jerry Lester 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 4397

C of A (s) No. 5715

Date Issued 13 Feb 74

T C No 037-121-29

John R Atchisson

Map Date 24 May 72

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 LOWERY (LAST) Bobby (FIRST) G. (MIDDLE)

Location of Property Sierra Drive

Application Number 5715 Permit Number 5715

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600' 150' w.m. Number of Lines 6 (15'x100'x11")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Individual Well Distance from Water Source 100'+

Excavation Inspected 13 Feb 74 (DATE) Tank Inspected 13 Feb 74 (DATE)

Nitrification Field Inspected 13 Feb 74 (DATE)

Washing Machine Line Inspected, If Applicable 13 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: Franic Own aeration jet

Jerry Burleson

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY