Date Received 3-5-73

APT No. 5696

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Nicholson, Andrew Jackson
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 1300 Reece Road, Charlotte, N. C. ZIP 28209

3) PHONE NO Home 525-4638 Office 523-1553

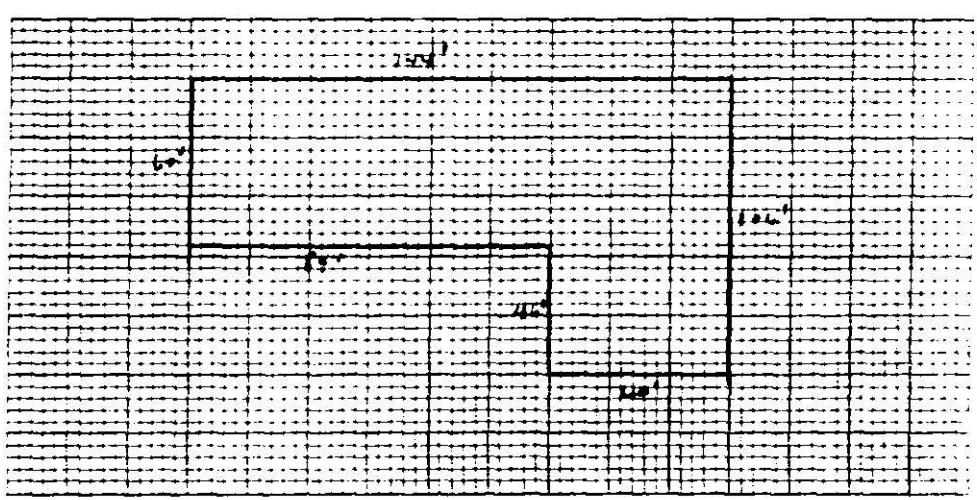
4) LOCATION OF PROPERTY 445 Lisson Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ 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

Lindsie Jackson Nicholson
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]24

PTR No. 5696

Date Issued 19 March 1973

T C No. 169-073-03804

Map Date 10-16-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

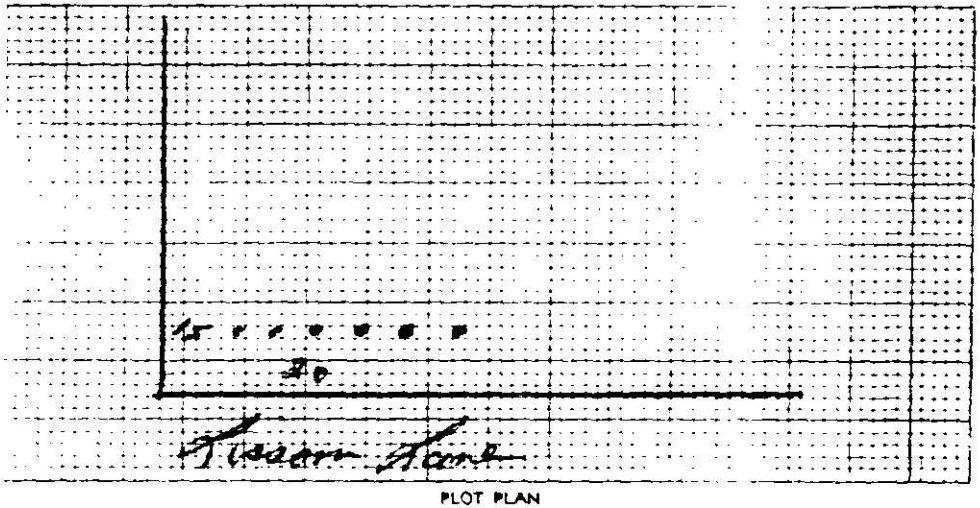
PERCOLATION TEST REPORT

NAME OF OWNER Nicholson (LAST) Andrew (FIRST) Jackson (MIDDLE)

ADDRESS OF OWNER 1300 Reece Road ZIP 28209

LOCATION OF PROPERTY 445 Lissom Lane (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 58 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 A. Johnson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3-5-73

ICAR (S) Application No. 5696

T C. No.

Map Date

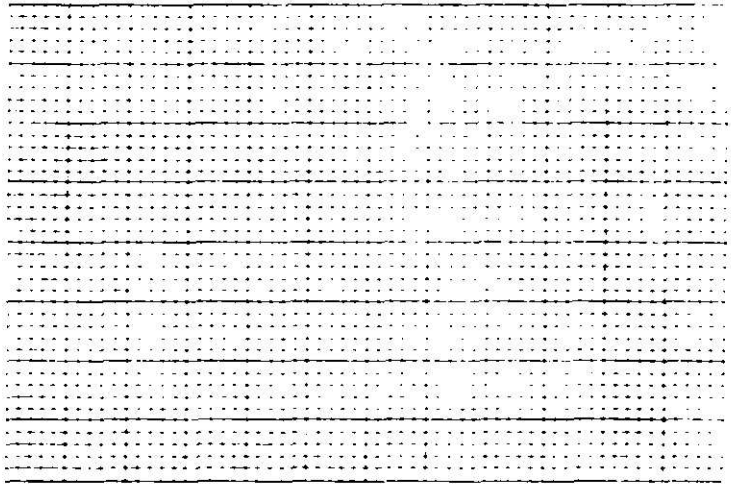
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

4. [illegible] ✓
5. [illegible] No 4
6. [illegible] Yes No
7. Garbage D[illegible] Yes No
8. Dishwasher Yes No
9. Water Supply
   A. [illegible] ✓
   B. Government System
   C. Community System
      We[illegible]
   D. Governmental [illegible]
   Sewage System
   House located within 200 feet
   Do you [illegible] Yes No
   House located within 200 feet of
   [illegible] Yes No
   FHA Case No.
   VA Case No.

13. NAME OF OWNER **Nicholson, Andrew Jackson** (LAST, FIRST, MIDDLE)

14. ADDRESS OF OWNER **1300 Reece Road, Charlotte, N. C. 28209**

15. PHONE NO Home **525-4638** Office **523-1553**

16. LOCATION OF SYSTEM **445 Lissom Lane** (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 _____

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.

February 28, 1973
DATE OF APPLICATION

[signature]
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 19 March 1973 **Serial No.** 2633

LA No. 5696

T C No 169-073-03604

Map Date 10-16-72

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 Nicholson (LAST) Andrew (FIRST) Jackson (MIDDLE)

ADDRESS OF OWNER 1300 Reece Road ZIP 28209

LOCATION OF LOT 445 Lissom Lane (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 58 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 5696. 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

John R Atkisson
Environmentalist

R F McMillan
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-7:

HEALTH DEPARTMENT'S COPY

Date Received 3-5-73

ICAR(S) Application No. 691

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

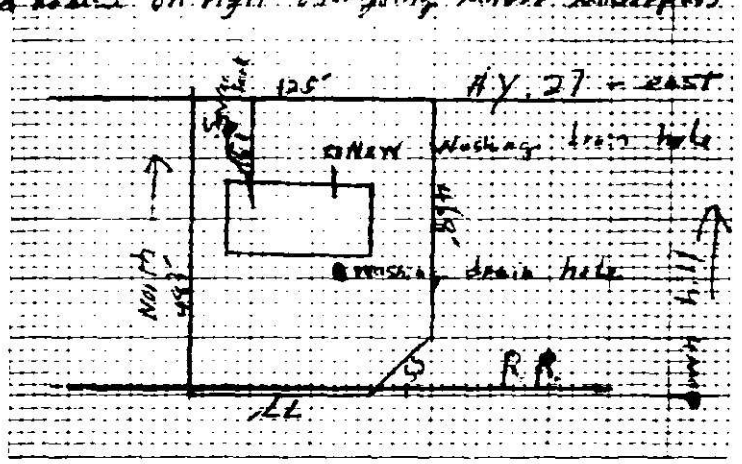
ENVIRONMENTAL HEALTH DIVISION

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

Lot 7 of J. I. Carpenter Property map book 9, page 507
3rd house on right coming under underpass



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of Bedrooms 3

5 Name of Max No Employees

6 Washing Machine X Yes ___ No

7 Garbage Disposal ___ Yes X No

8 Dishwasher ___ Yes X No

9 Water Supply
A Individual Well X
B Governmental System ___
C Community System
1 Well source ___
2 Governmental source ___

10 Sewage System
House located within 200 feet of public sewer X Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No

11 FHA Case No ___

12 VA Case No ___

13 NAME OF OWNER Smith Jr. (LAST) Haywood (FIRST) Bradley (MIDDLE)

14 ADDRESS OF OWNER Route 1 Box 838-A Charlotte, N.C. 28212

15 PHONE NO. Home 545-5557 Office 537-2523

16 LOCATION OF SYSTEM Hwy 27 (STREET OR COUNTY ROAD)

17 SUBDIVISION ___ Lot No. 7 Block No. ___

Map Book No. 9 Page No. 507

18 DEED REFERENCE — DEED BOOK 2460 AT PAGE 323

19 HAS A PERCOLATION TEST BEEN RUN? X 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.

March 2 1973
DATE OF APPLICATION

Haywood B. Smith Jr.
OWNER

FORM NO. E-4-A-1-C

HEALTH DEPARTMENT'S COPY