Date Received 1-24-73

APT No. 5463

T C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Llewellyn, S. J & Sandra H. DBA. Llewellyn's Dog Spas
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 5401 Ruth Dr., Charlotte ZIP 28210

3) PHONE NO Home 536 2776 Office same

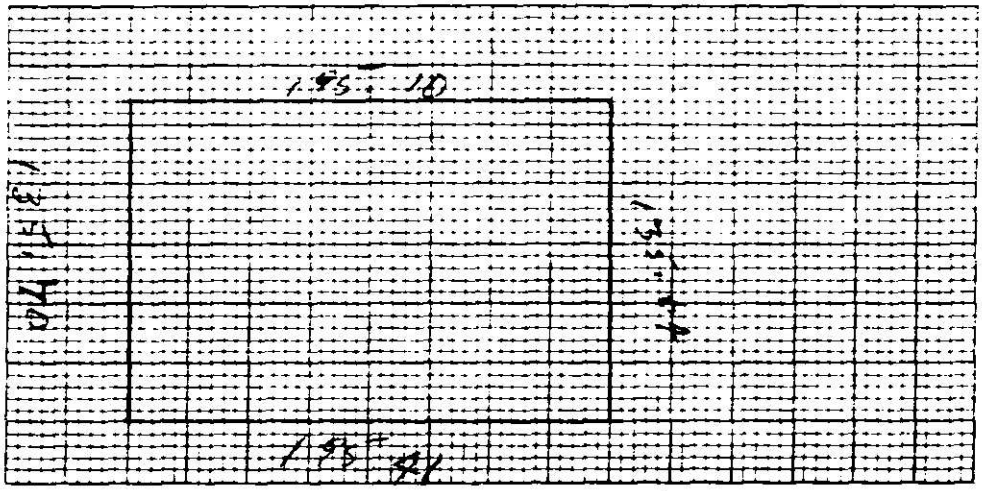
4) LOCATION OF PROPERTY Hood Drive
STREET OR COUNTY ROAD

5) SUBDIVISION Whispering Oaks LOT NO 4 BLOCK NO. 1

MAP BOOK NO 9 PAGE NO 103

6) DEED REFERENCE DEED BOOK 3325 PAGE NO. 217

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



Hood Drive

7) ACCURATELY DIAGRAM & DIMENSION LOT

Sandra H. Llewellyn
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]70

PTR No. 5463
P.O.
T C No 105-166-09 & 10

Date Issued March 29, 1973

Map Date 10-16-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

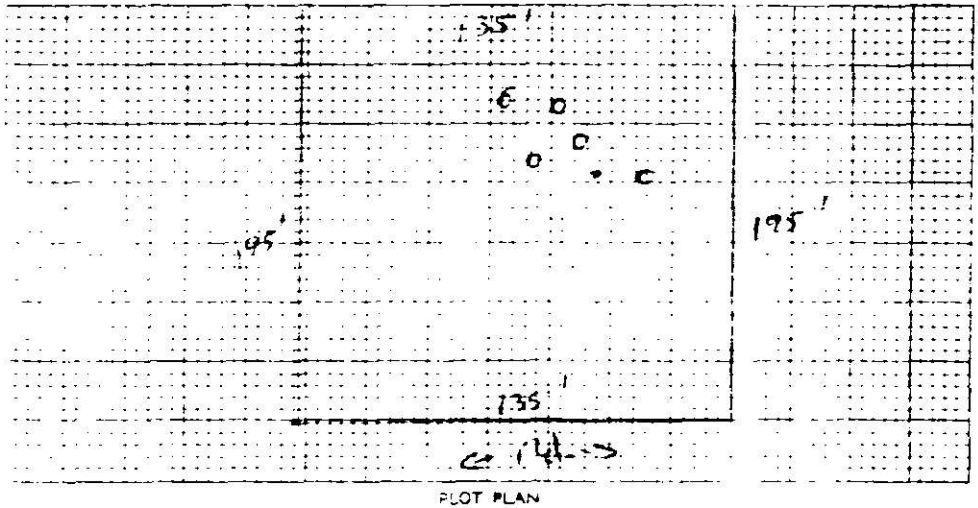
PERCOLATION TEST REPORT

NAME OF OWNER Llewellyn (LAST) Sandra (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 5401 Ruth Drive ZIP 28215

LOCATION OF PROPERTY Hood Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 4 & 5 BLOCK NO 1



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 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 R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 12 4 73 ICAR(S) Application No 5463

T C No

Map Date

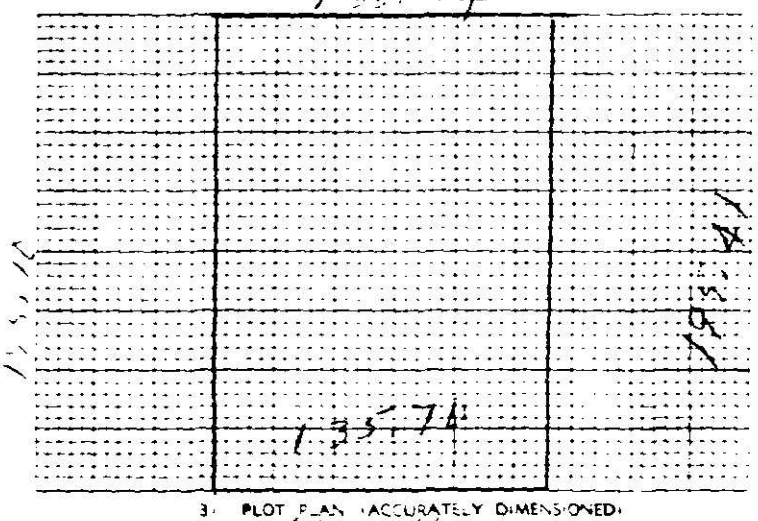
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

3 Number of Bedrooms

4. Water Supply
   A. Municipal/Co. ✓
   B. Governmental System
   C. Community System
   Well on site
   2. Governmental System
5. Sewage System
   House located within 200 feet of public sewer Yes No
   House located within 200 feet of community sewer Yes No
6. EHA Case No
7. LA Case No

(1) NAME OF OWNER Llewellyn Sandra H. DBH Llewellyn Douglas
LAST FIRST MIDDLE

(4) ADDRESS OF OWNER 5401 Ruth Dr., Charlotte, N.C. 28215

(5) PHONE NO Home 536-2276 Office Same

(6) LOCATION OF SYSTEM Ruth Dr.
STREET OR COUNTY ROAD

(7) SUBDIVISION Whispering Oaks Lot No. 4 Block No. 1

Map Book No 5 Page No 103

(8) DEED REFERENCE -- DEED BOOK 3305 AT PAGE 317

(9) 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.

Dec. 3 1973
DATE OF APPLICATION

Sandra H. Llewellyn
OWNER

FORM NO. E-4-4-(1-71)

HEALTH DEPARTMENT'S COPY

Date Issued March 29, 1973 **Serial No.** 2675

LA No. 5463
09
T. C. No [redacted]
P.O.
Map Date 105-166-09 & 10
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 Llewellyn (LAST) Sandra (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 5401 Ruth Drive ZIP 28215

LOCATION OF LOT Hood Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks Sub. LOT NO part of 4 & 5 BLOCK NO 1

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/inch and 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 5463. 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 issued 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

Date Issued 16 July 73 Serial No. 4007

ICAR (S) Permit No. 5463
T C P No. 105-166-09/10
Map Date 27 Apr 73

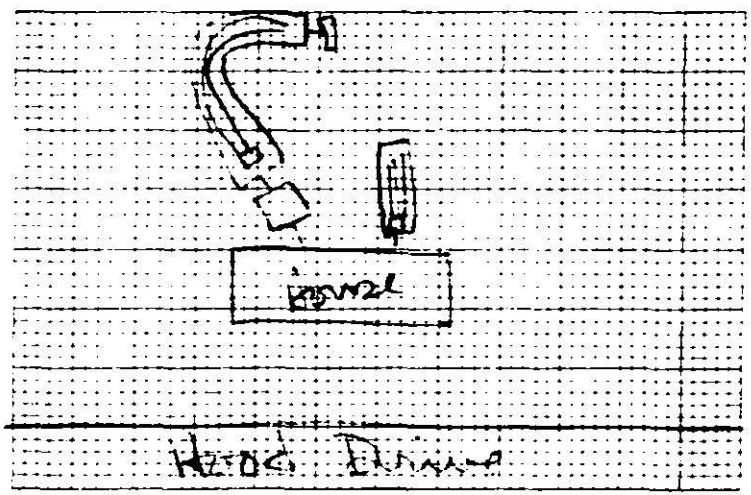
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission 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 ____, dated ____ 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 16 Aug 73 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600' & 150

Number of Lines (4) 10' x 150'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Llewellyns Designs

LOCATION OF PROPERTY 7710 Head 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: Washer 7½' x 50'
Deposition out 7'x4' 2½' x 7' x 4' stone
Locust Crest

Division or Section Head

B. M. Reynolds
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

Date Issued 16 July 73 **Serial No.** 3600

C of A (s) No 5463
P.C.
T C No 105-166-09/10
Map Date 27 Apr 73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Llewellyns Designs (LAST / FIRST / MIDDLE)

Location of Property 7710 Head Dr.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' + 150' Number of Lines (4) 10' x 150'

Depth of Filter Material 17"+ Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

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

Nitrification Field Inspected 16 July 73 (DATE)

Washing Machine Line Inspected, If Applicable 16 July 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 as 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 2½' x 7' x 4' stone

B. M Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY