3

Date Received 1-26-23

APT No 5472

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO. Home [illegible] Office [illegible]

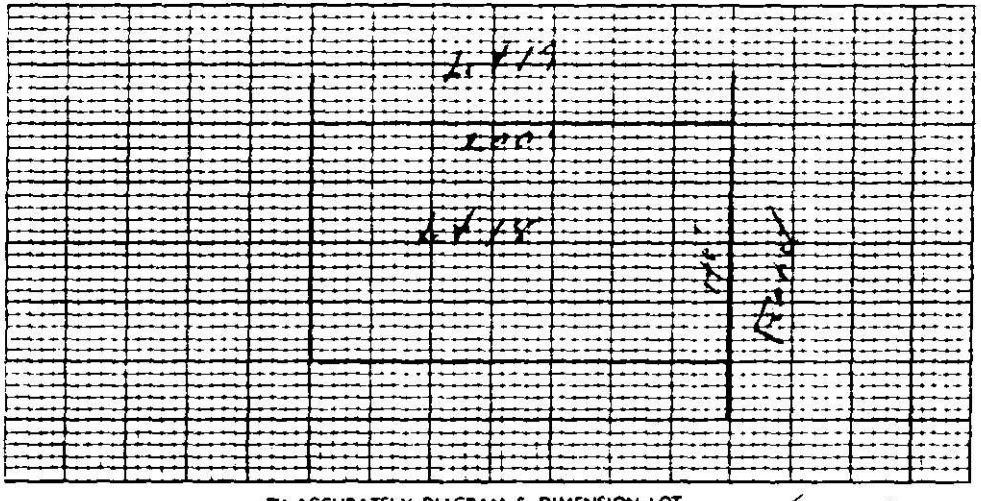
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO 13 BLOCK NO. H

MAP BOOK NO 14 PAGE NO 27

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

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

OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5472

Date Issued May 8, 1973

T C No. 137-071-18

Map Date 1-22-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

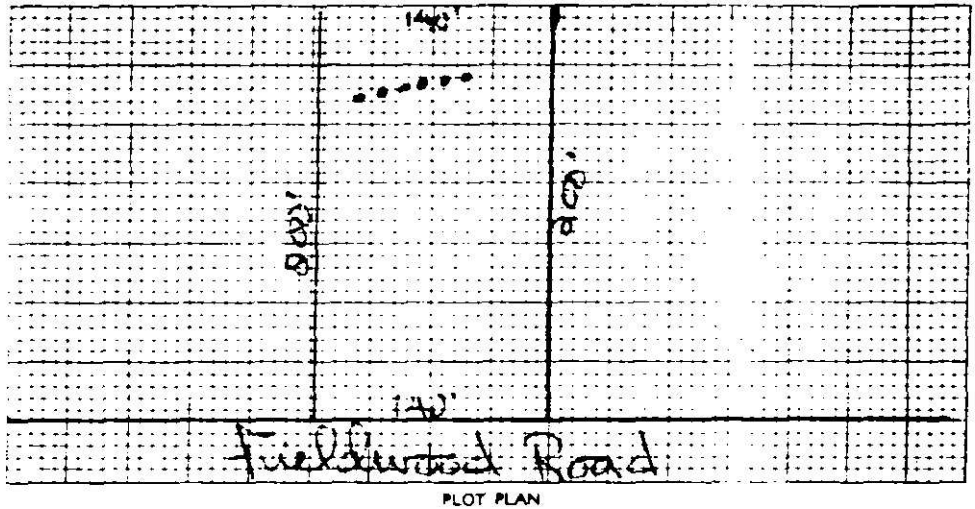
PERCOLATION TEST REPORT

NAME OF OWNER Freeland (LAST) Robert (FIRST) Moss (MIDDLE)

ADDRESS OF OWNER 539 Old Bell Road, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Fieldwood Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 18 BLOCK NO A



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 55 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 C. 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 5 10 73

ICAR (S) Application No. 5472

T C No. 137-071-18

Map Date 12 2 73

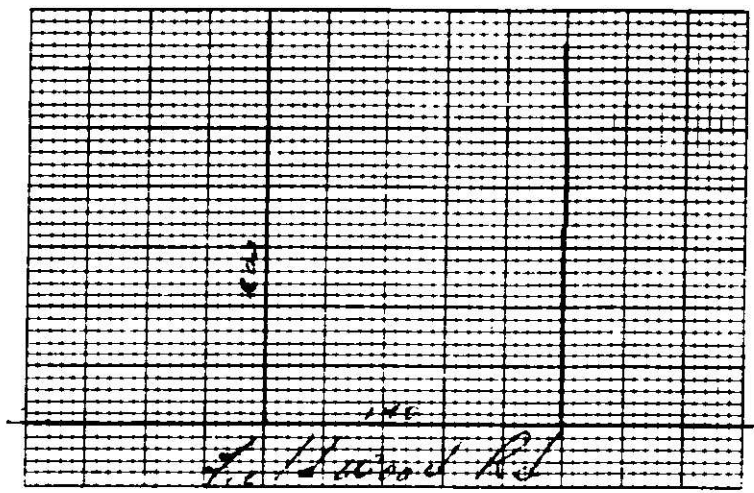
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ____

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 Ferland (LAST) Robert (FIRST) Moss (MIDDLE)

14) ADDRESS OF OWNER 5339 Old Bell Rd

15) PHONE NO. Home 364-1354 Office 364-1354

16) LOCATION OF SYSTEM 6517 Fieldwood Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Wilson Woods Lot No. 18 Block No. A

Map Book No 14 Page No. 27

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN 5-9-73

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.

10 May 73
DATE OF APPLICATION

Robert Ferland
OWNER

FORM NO. E-4-7-1-78

HEALTH DEPARTMENT'S COPY

Date Issued May 11, 1973

Serial No. 2911

LA No. 5472

T C No 135-071-18

Map Date 1-22-73

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 Freeland (LAST) Robert (FIRST) Moss (MIDDLE)

ADDRESS OF OWNER 539 Old Bell Road ZIP

LOCATION OF LOT 8519 Fieldwood Road (STREET OR COUNTY ROAD)

SUBDIVISION Wilson Woods LOT NO 18 BLOCK NO A

MAP BOOK NO 14 PAGE NO 27

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 55 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 5472. 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.

R. M. Reynolds
Environmentalist

John A. Robinson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 6 Nov 73

Serial No. 4641

ICAR(S) Permit No. 54702

T C No. 132-07-18

Map Date 1-22-73

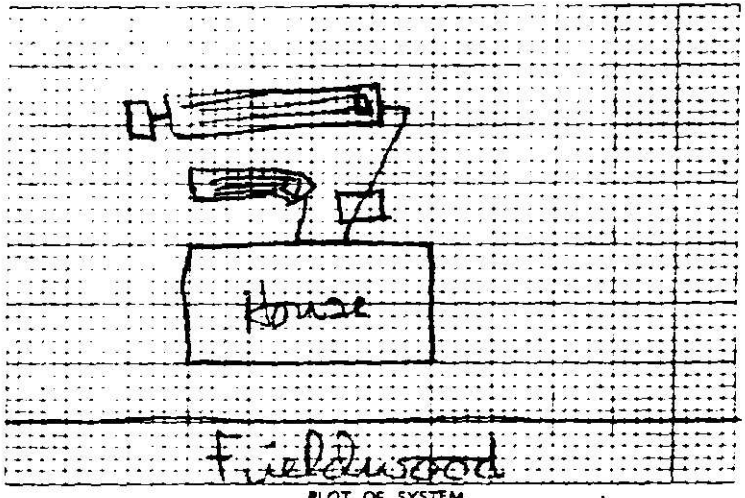
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5473 dated 10 Nov 73 and this permit shall be void and of no effect if the information provided in the application is false or erroneous. All work shall be completed on or before 6 Dec 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 48

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Length (400) 400' & 150'

Number of Lines (4) 10' x 90' ea

Distance from House 10'

Distance from Property Line 10' +

Distance from Well 100'

NAME OF OWNER Freeland, Robt M.

LOCATION OF PROPERTY 8518 Fieldwood Dr. Lot #18A

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: ① wacker line 7½' x 50' x 17" stone ② aeration pitch end of septic tank 7½' x 3½' x 4' stone lines ③ 12" stone total depth - 12" stone + 4" pipe + 1" cover = 17" total depth R.M. Reynolds

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

Date Issued 14 Jan 74 Serial 4321

C of A (s) No. 5472

T C No 127-071-18

Map Date 1-22-73

John R. Robinson

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 Freeland, Robt. M. (LAST, FIRST, MIDDLE)

Location of Property 8518 Fieldwood Dr. Lot 18-A

Application Number 5472 Permit Number 5472

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines @ 10' x 100'

Depth of Filter Material 17" Cover Depth 24"

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

Excavation Inspected 14 Jan 74 (DATE) Tank Inspected 14 Jan 74 (DATE)

Nitrification Field Inspected 14 Jan 74 (DATE)

Washing Machine Line Inspected, If Applicable 14 Jan 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: Aeration pit O.K.

R M Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 6 Nov 73 Serial No. 4642 ICAR(S) Permit No. 5472

T. C No. 137-071-18A

Map Date 1-22-73

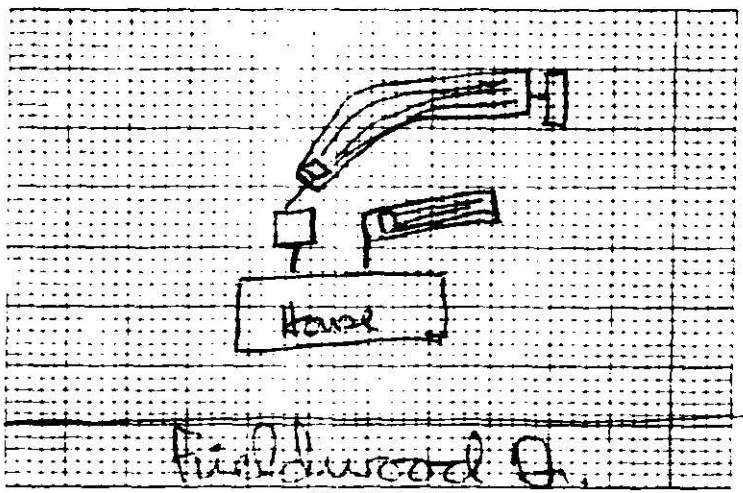
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5472 dated 10 Nov 73 and this permit shall be void and of no effect if the information provided in the application is not true in every respect. All work shall be completed on or before 6 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 55 48

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 370' 400' & 150'

Number of Lines (4) 10' X 100 (93')

Distance from House 10' +

Distance from Property Line 10 +

Distance from Well 100'

NAME OF OWNER Freeland, Robert M.

LOCATION OF PROPERTY 3519 Fieldwood Rd Lot #197

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. 3 lines

Comments: washer 7½'+50'+17" stone total depth

aeration pit 2½'x 7'x 4' stone

Division or Section Head

R.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