Date Issued 25 Jan 75 Serial No. [illegible]39 ICAR(S) Permit No 7577

T C No C 37-064-05

Map Date 14 Dec 73

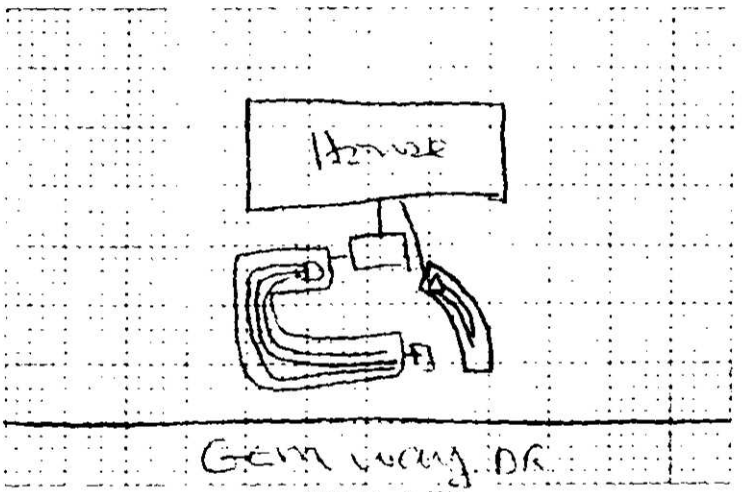
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, 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 7577, dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 25 Feb 75 after which date this permit shall be null and void.



PLOT OF SYSTEM

Septic Tank 5M

Liquid Capacity of Tank 1000 gal

Type Construction Precast Concrete

Absorption Field Dimensions

Total Length of Trench 400' & 150'

Total Area 6 17½' trench

Distance from Well 10'

Distance from Property Lines 10'

Distance from Water 100'

NAME OF OWNER Abernathy, Fay H.

LOCATION OF PROPERTY Germany 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 aeration pit 26'x17'x4' stone
trench 17½'x50'.

Director of Environmental Health

R M Reynolds
Environmentalist

This permit for the installation or construction of a new system is granted by the division of Environmental Health Director in order to be valid must have the signature of the Environmentalist who inspected the system as being altered or repaired.

E-5-9-1-72

[illegible] CO.

Date Issued 1-30-75

John R. Atkinson
SANITARIAN

Serial No. 92

C of A (s) No 7577

T C No 037-064-05

Map Date 1 Dec 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Abernathy (LAST) Fay (FIRST) H (MIDDLE)

Location of Property Glenwood Dr

Application Number 7577 Permit Number 7577

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 400 & 150 in Number of Lines 5 (4 2½ x 80 x 12") 4 (4 1 x 38 x 12")

Depth of Filter Material 17" & 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 100

Excavation Inspected 1-30-75 (DATE) Tank Inspected 1-30-75 (DATE)

Nitrification Field Inspected 1-30-75 (DATE)

Washing Machine Line Inspected, If Applicable 1-30-75 (DATE)

The undersigned has approved the Individual Septic Tank System with subsurface soil absorption effluent disposal as described above and it has been installed in accordance with the approved and altered plans in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health effective the date of issuance of the permit. This Certificate of Approval is not a guarantee that the system will operate properly or that the owner or any person now or hereafter using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to the above terms and conditions and to such other conditions as may be required in addition to those listed below under comment. 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 3'x 7'x 4'6" in
G. M. Sherrill's Son

Environmentalist

FORM NO E-6-9-1-72

COUNTY HEALTH DEPT.
T.C. No. 2277

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

1974

WELL RECORD

Drilling Contractor MCCALL BROS Reg. No. 3 Well Permit No. 7577

1. Town CHARLOTTE County MECKLENBURG
2. Location _____ Quadrangle No _____
   Show a sketch of location on back of form
3. Owner [illegible]
   Address [illegible]
4. Topography draw, slope, hilltop, valley, (flat)
5. Use of Well [illegible] Date Completed 12-22-74
6. Rig type or method D. D Total Depth 60'
7. Casing:

From	to	ft.	in.	Diam	Type
0	30	0		6"	Steel

8. Grout:

From	to	ft	in.	Material	Method
1	2				

9. Screen

From	to	ft.	in.	Diam.	Type and Opening

10. Water Zones (depth) 60'
11. Static Water Level 2 ft above / below top of casing
    which is 1 ft. above land surface Elev _____
    Date 12-22-74
12. Yield (gpm) 6+ Method of testing jet
13. Pumping Water Level: 20' ft after 2 hrs.
    at 6-7 gpm.
14. Water Quality _____ Temperature (°F) _____
15. Well sterilization method [illegible]
16. Permanent Pump: ____ Type _____ Make _____
    Installed — Date _____ By _____
    Capacity _____ (gpm) Hp _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

I do hereby certify that this well record is true and exact.

[illegible]
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	10	Sand Clay
10	30	Red Sand Rock
30	60	Hard Rock

FORM NO. E-22-9-1-72

Date Received 3-7-74

APT No.

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER ____ (LAST) ____ (FIRST) ____ (MIDDLE)

2) ADDRESS OF OWNER ____ ZIP ____

3) PHONE NO Home 392-1901 Office n/a

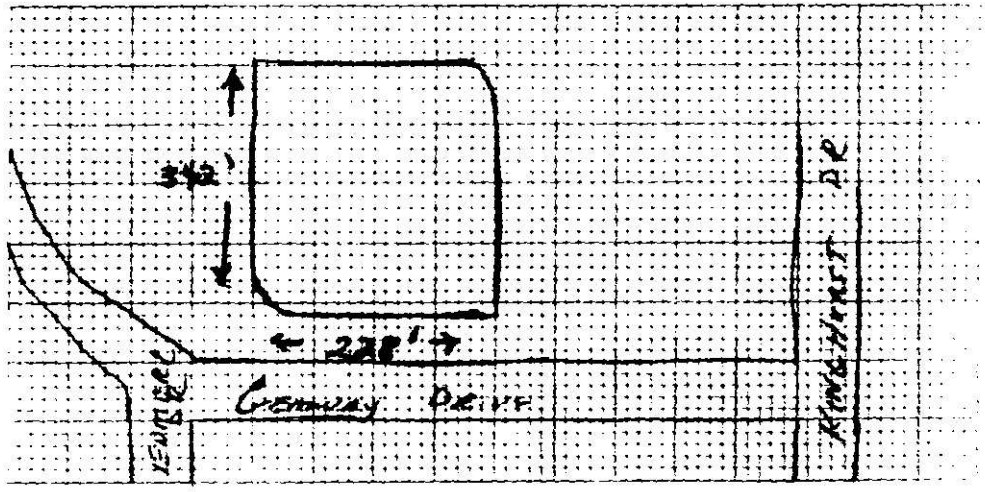
4) LOCATION OF PROPERTY ____ (STREET OR COUNTY ROAD)

5) SUBDIVISION (Section) Forest Hills LOT NO 1 BLOCK NO ____

MAP BOOK NO 7 PAGE NO ____

6) DEED REFERENCE DEED BOOK 2212 PAGE NO 46

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 hereinafter 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-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4112

PTR No. 7577

Date Issued March 11, 1974

T C No 037-064-05

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

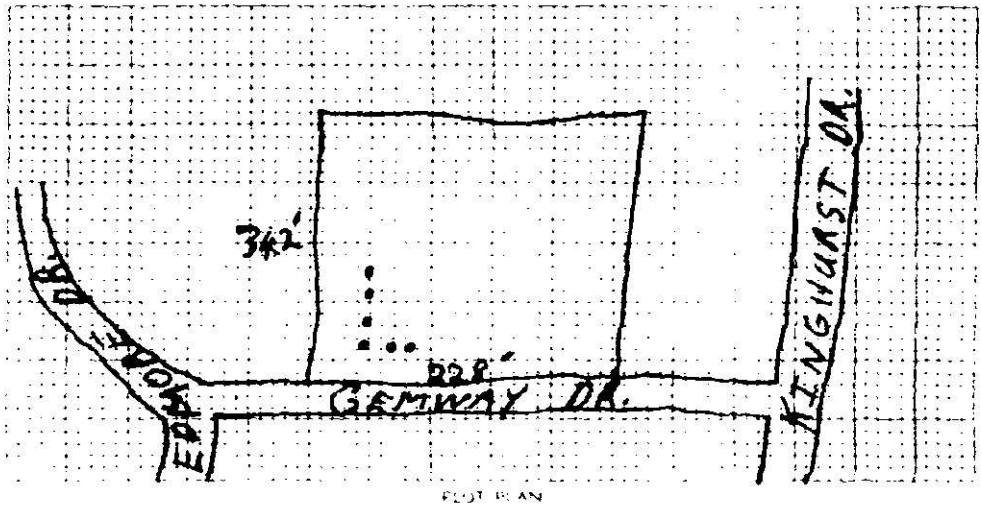
PERCOLATION TEST REPORT

NAME OF OWNER Abernathy (LAST) Ray (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 14, Box 177 ZIP 28208

LOCATION OF PROPERTY Kenway Drive (STREET # OR COUNTY ROAD)

SUBDIVISION Ray B. Estates LOT NO 1 BLOCK NO 6



PLOT PLAN

This application was made by the Mecklenburg County Health Department after a percolation test had been made on the property described above. The said test was conducted on that portion of the lot as indicated on the plan above.

The percolation rate determined by the test was 61 min/in. The system is approved for the installation of a conventional septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit for the construction of the system shall be obtained from the Mecklenburg County Health Department before any construction work is begun on the wastewater treatment system on the said lot.
2. The size of the septic tank and the absorption area which must be installed will be determined by the Health Department prior to the issuance of the permit on the percolation rate obtained above and on the size and type of building constructed thereon.
3. This approval applies only to the system as staked on the immediate area where the percolation test was run.
4. This approval shall expire one year from date unless construction of the building for which it is granted is performed on the lot which in the opinion of the Health Department contains the area where the percolation test was run unsuitable for the installation, operation, 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 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.

Jerry Burleson

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3-7-74

ICAR (S) Application No 7571

T C No

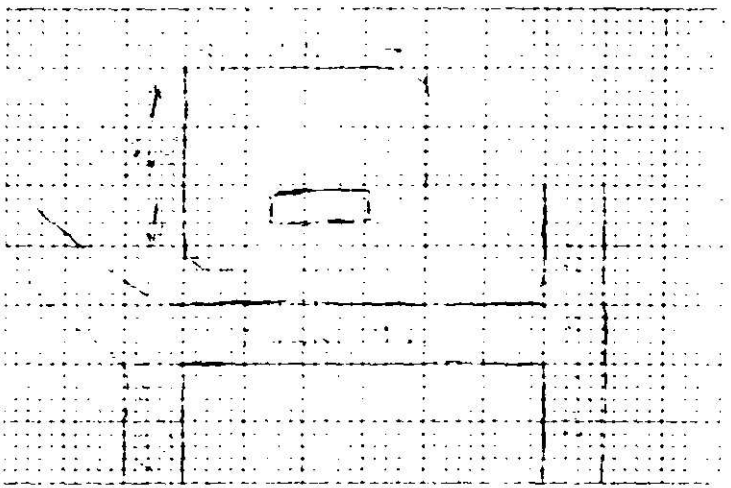
Map Date

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 or parts described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

(X) Install or Construct ( ) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Abernathy (LAST) Fay (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER Rt. 14 Box 277

15) PHONE NO Home 392-1901 Office N-A

16) LOCATION OF SYSTEM Conway Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Edmac Estates Lot No 1 Block No 6

Map Book No 9 Page No 239

18) DEED REFERENCE -- DEED BOOK 2212 AT PAGE 46

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 statements and that the statements of same are true. It is understood that any permit applied for hereunder shall be of no effect if any of the above facts are not true

DATE OF APPLICATION

OWNER Fay H. Abernathy

REV 10 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10-17-74

Serial No. 4490

IMPROVEMENTS PERMIT

LA No. 7577

T C No 037-064-05

Map Date 12-14-73

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 Abernathy (LAST) Fay (FIRST) H. (MIDDLE)

ADDRESS OF OWNER Route 14, Box 177 ZIP 28208

LOCATION OF LOT Gemway Drive (STREET OR COUNTY ROAD)

SUBDIVISION Edmore Estates LOT NO 1 BLOCK NO 6

MAP BOOK NO 9 PAGE NO 239

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 56 min/in on an on site inspection of the said lot, and upon the plot plan as supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" number 7577 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, altered, 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-3-9-1-72

HEALTH DEPARTMENT'S COPY

Copy

Serial No. 6039 ICAR(S) Permit No. 9577

Date Issued [illegible] T C No [illegible]

Map Date [illegible]

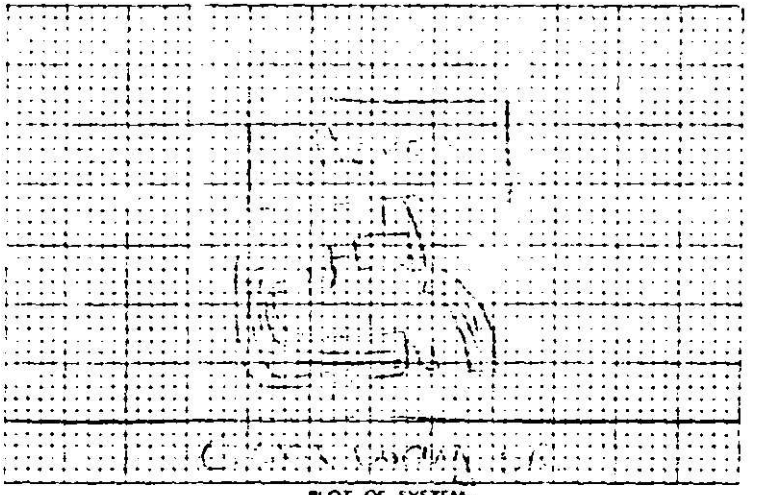
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to [illegible] Install or Construct, [illegible] 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 [illegible], dated [illegible] 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Lenght [illegible]

Number of Lines [illegible]

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible] 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 [illegible]

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.

525-4260 Tear Copy

Date Issued _____ Serial No. 5592 C of A (s) No. _____

T C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable _____ (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 _____

_____

_____

_____

_____

_____

Environmentalist