Date Received 9-4-73 APT No. 6935

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Wallace (LAST) Elwood (FIRST) HARRISON (MIDDLE)

2) ADDRESS OF OWNER 3001 MORSON St ZIP 28208

3) PHONE NO Home 3996725 Office 374-4850 or 374-4000

4) LOCATION OF PROPERTY SIMPSON Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Oakdale Acres LOT NO 32 BLOCK NO. F

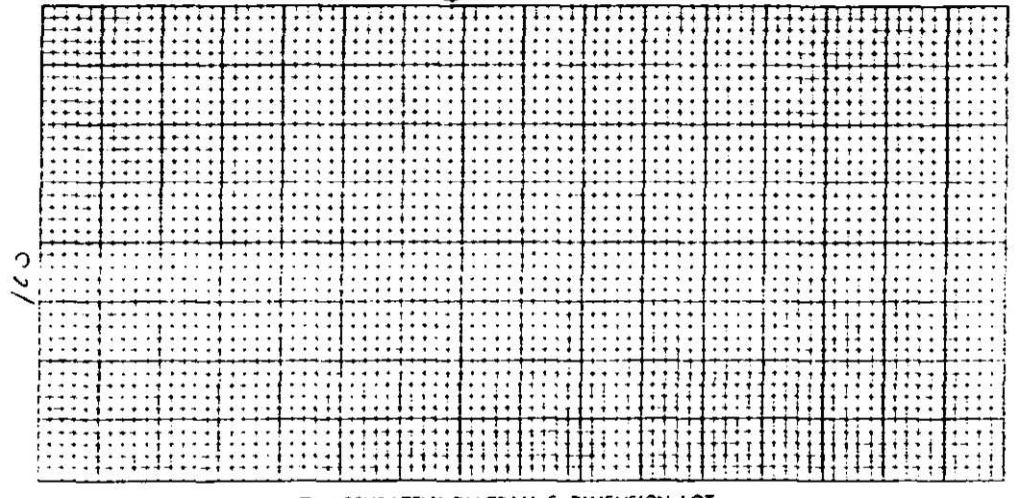
MAP BOOK NO PAGE NO

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

LYNN Rd

200



7) ACCURATELY DIAGRAM & DIMENSION LOT

Elwood Harrison Wallace
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]80

PTR No. 6935
P.O.
T C No. 033-073-04
Map Date 4-27-73

Date Issued September 7, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

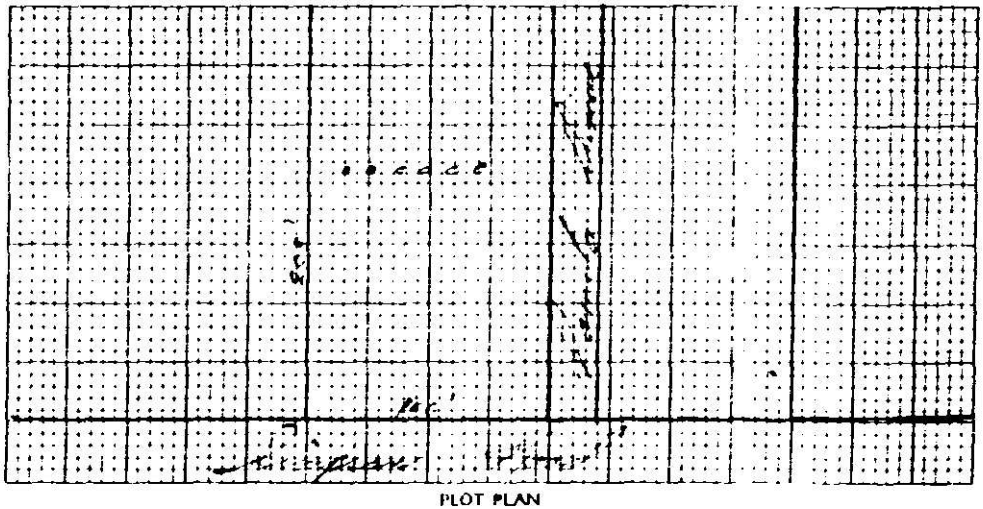
PERCOLATION TEST REPORT

NAME OF OWNER Wallace (LAST) Elwood (FIRST) Harrison (MIDDLE)

ADDRESS OF OWNER 3001 Morson Street ZIP 28208

LOCATION OF PROPERTY Simpson Road (STREET OR COUNTY ROAD)

SUBDIVISION Oakdale Acres LOT NO 32 BLOCK NO E



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 after, 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 teratment 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 P. 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 9-4-73

ICAR (S) Application No 6935

T C No

Map Date

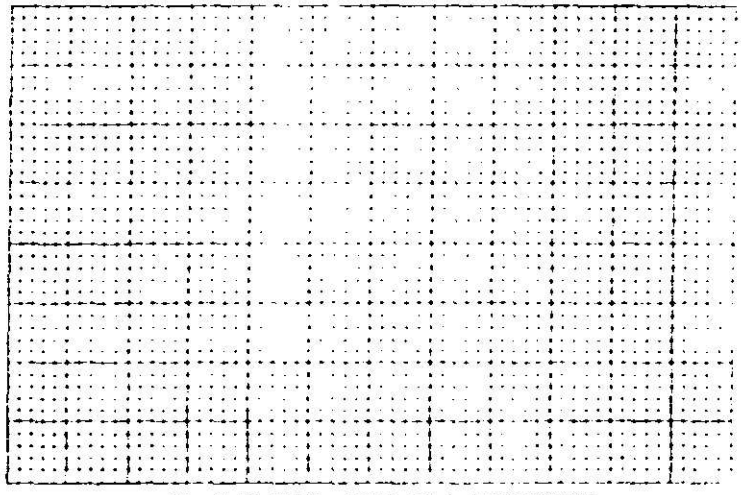
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) No. of Bedrooms 2

5) Income (Use Max. No. Employee)

6) Washing Machine ✓ Yes No

7) Garbage Disp. Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Government
C) Community
1. Well
2. Government

10) Sewage System
A) Individual Septic Tank
1. public water Yes ✓ No
B) Community sewer Yes ✓ No

11) FmHA Case No.

12) VA Case No.

13) NAME OF OWNER Wallace (LAST) Elwood (FIRST) Harrison (MIDDLE)

14) ADDRESS OF OWNER 3001 Merson ST

15) PHONE NO Home 394 6725 Office 374 4530 x 2374 Wilkes

16) LOCATION OF SYSTEM Simpson Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Oakdale Acres Lot No 32 Block No F

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

Elwood Harrison Wallace
OWNER

DATE OF APPLICATION

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3390

LA No. 6935
P.O.
T. C. No. 033-073-04

Date Issued September 7, 1973

Map Date 4-27-73

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 Wallace (LAST) Elwood (FIRST) Harrison (MIDDLE)

ADDRESS OF OWNER 3001 Morson Street ZIP 28208

LOCATION OF LOT Simpson Road (STREET OR COUNTY ROAD)

SUBDIVISION Oakdale Acres LOT NO 32 BLOCK NO F

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/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 6935. 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 obtained 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 17 Jan 74

Serial No. 4761

ICAR(S) Permit No. 6935

No T. C. No. 033-023-04

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 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 6935, dated 4 Apr 73 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 17 Feb 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 408' + 150' WM

Number of Lines 4 + 1 WM

Distance from House 20'

Distance from Property Line 25

Distance from Well 100'

NAME OF OWNER Mallie L. Elwood & Norman

LOCATION OF PROPERTY Lenfield Road

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: Rockwell (Contr.)

Division or Section Head

M. A. Berry
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

Serial 4359

C of A (s) No. 6935

Date Issued 22 Jan 74

P.O T C. No. 033-07204

John R Adrosson
CERTIFICATE OF COMPLETION

Map Date 22 Jan 23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Wallace, Edward Herman
LAST FIRST MIDDLE

Location of Property Simpson Road

Application Number 6935 Permit Number 6935

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PE

Total Length of Drain Tile 400' + 150' WM Number of Lines 3 (75' x 50' x 17") 4 (Co' x 100' x 17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Rd Well Distance from Water Source 100'

Excavation Inspected 22 Jan 74 DATE Tank Inspected 22 Jan 74 DATE

Nitrification Field Inspected 22 Jan 74 DATE

Washing Machine Line Inspected, If Applicable 22 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 Hardwood (Cable)

M. L. Lisby
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY