Date Received ~~4-11-73~~ 12-7-72

APT No. 6957

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Graham, G. W.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER Rt. 3, Box 500 Huntersville, ZIP 28078

3) PHONE NO Home 392-2286 Office

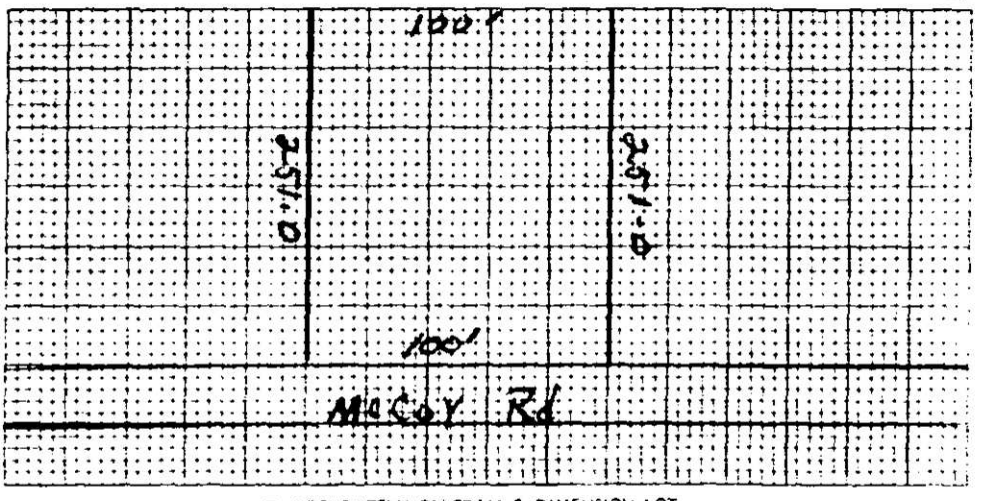
4) LOCATION OF PROPERTY McCoy Rd.
(STREET OR COUNTY ROAD)

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

G W Graham
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3494

PTR No. 6957

Date Issued September 13, 1973

T C No 015-191-02

Map Date 10-20-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

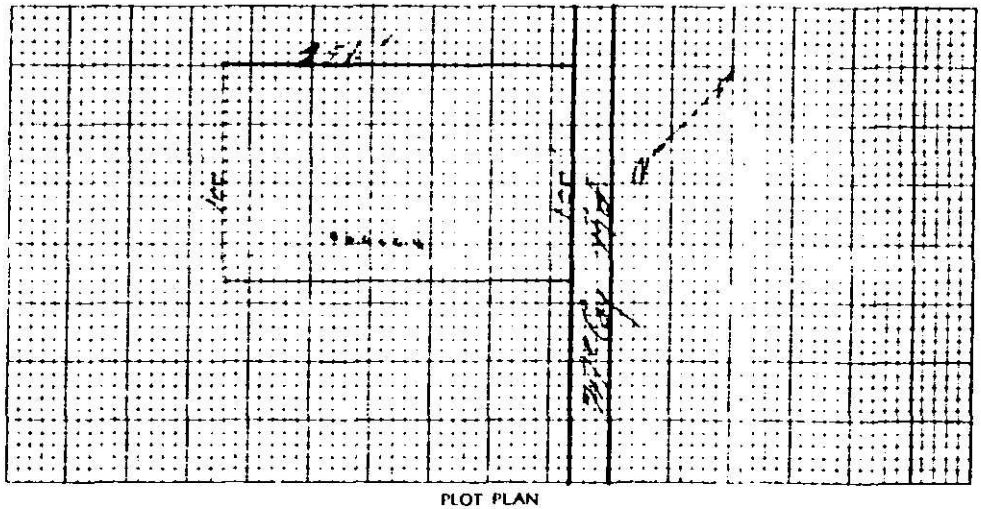
PERCOLATION TEST REPORT

NAME OF OWNER Graham (LAST) G. (FIRST) W. (MIDDLE)

ADDRESS OF OWNER Route 3, Box 500, Huntersville, N.C. ZIP 28078

LOCATION OF PROPERTY McCoy Road (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 30 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, reconstruct, 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 R. Atkisson

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 9-7-73

ICARIS Application No 6957

T C No

Map Date

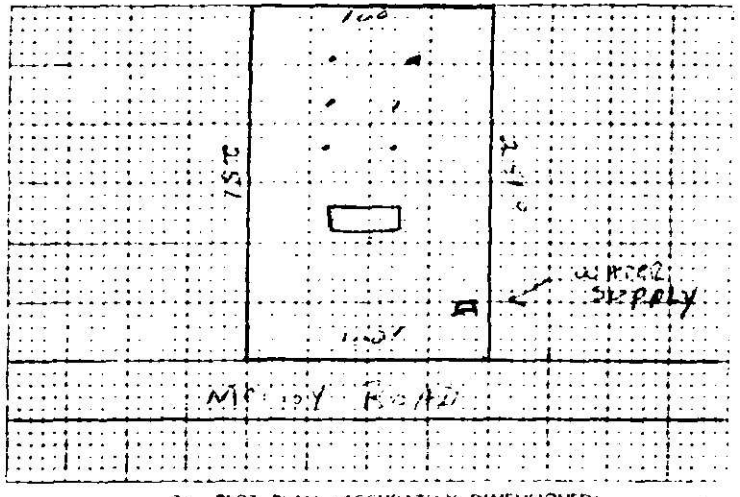
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

4) No. of Bedrooms 4

5) Equiv. Dwelling Units Employees

6) Washing Machine ... Yes ... No

7) Garbage Disp. ... Yes X No

8) Dishwasher ... Yes X No

9) Water supply:
a) Individual Well ✓
b) Community System
c) Connection to System
1) Well
2) Spring
Water System
Is public water available? Yes No
Has application been made?
Is water available? Yes No

10) FHA Case No.

11) VA Case No.

12) NAME OF OWNER Grahams, G. H. (LAST, FIRST, MIDDLE)

13) ADDRESS OF OWNER Rt. 3, Box 500 (500) Huntersville, N. C. 28078

14) PHONE NO Home 392-2286 Office Reeves Bros. Carolina, N. C.

15) LOCATION OF SYSTEM McCoy Rd. (Huntersville, N. C.) (STREET OR COUNTY ROAD)

16) SUBDIVISION ____ Lot No ____ Block No ____

Map Book No ____ Page No ____

17) DEED REFERENCE -- DEED BOOK ____ AT PAGE

18) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

19) 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

9-7-73
DATE OF APPLICATION

G. W. Graham
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued September 13, 1973

Serial No. 3410

LA No. 6957

T. C. No. 015-191-02

Map Date 10-20-71

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 Graham (LAST) G. (FIRST) W. (MIDDLE)

ADDRESS OF OWNER Route 3, Box 500, Huntersville, N.C. ZIP 28078

LOCATION OF LOT McCoy Road (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 30 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 6957. 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

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY