Date Received 5-15-73

APT No 6289

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CARPENTER (LAST) JERRY (FIRST) B (MIDDLE)

2) ADDRESS OF OWNER 7102 COLLETON PLACE MATTHEWS N.C. ZIP 28105

3) PHONE NO. Home 364-2079 Office

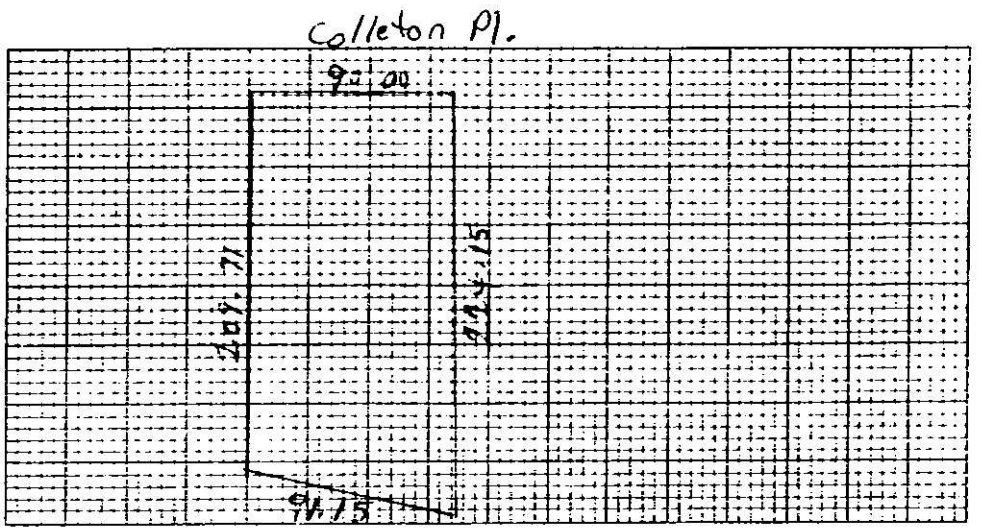
4) LOCATION OF PROPERTY 7102 Colleton Place Matthews N.C. (STREET OR COUNTY ROAD)

5) SUBDIVISION Crown Pointe (Town East) LOT NO. 68 BLOCK NO. A

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

Jerry B Carpenter
OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. May 17, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 1283
T.C. No. _____

NAME OF OWNER Carpenter, Jerry R.

ADDRESS OF OWNER 7109 Colleton Place, Matthews, N.C. ZIP 28105

LOCATION OF LOT 7102 Colleton Pl., -- 68-A

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
____	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

__X__ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 5-16-73 - Holes improperly prepared - no water left on lot to readjust water level.

Holes must be 10' apart

John N. Wesson
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 3128

PTR No. 6289

Date Issued May 24, 1973

T C No. 213-082-04

Map Date 3-6-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

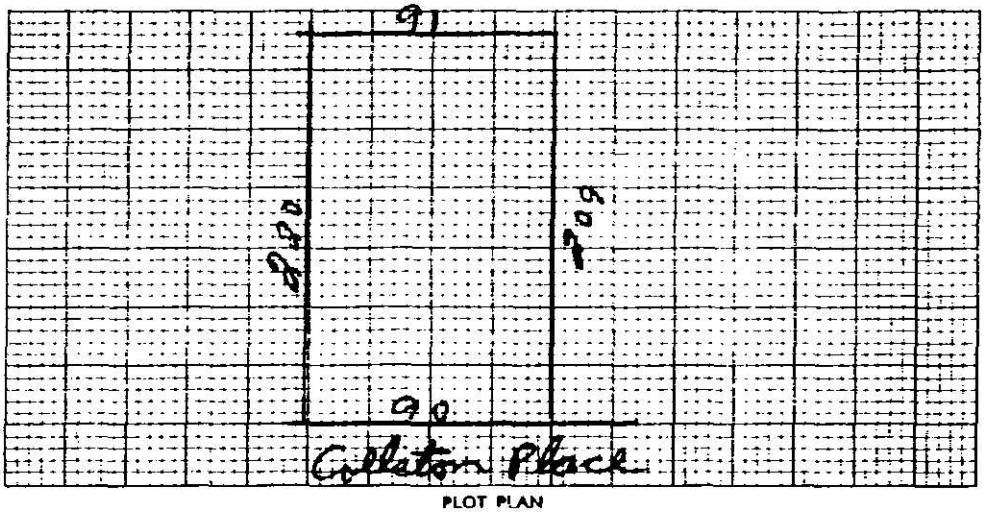
PERCOLATION TEST REPORT

NAME OF OWNER Carpenter (LAST) Jerry (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 7100 Colleton Pl., Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY 7102 Colleton Place (STREET OR COUNTY ROAD)

SUBDIVISION Crown Colony LOT NO 6B 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 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 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 R Adkinson

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 5-15-73 (CARES) Application No 6289

T C No

Map Date

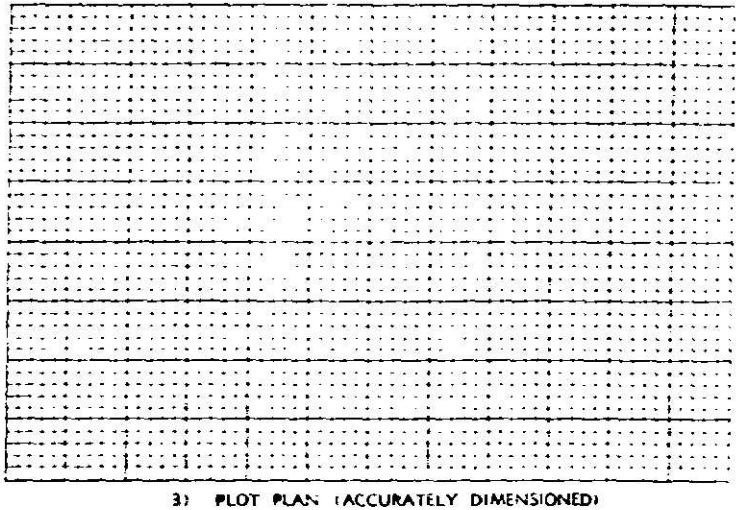
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 4

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 Water ✓

2 Governmental

10) Sewage System

Mobile Home Park Connected to Public Sewer

Other Public Sewer Yes No

Mobile Home Park Connected to Community System Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER CARPENTER (LAST) JERRY (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER 7102 Colleton Place MATTHEWS N.C. 28105

15) PHONE NO. Home 364-2224 Office

16) LOCATION OF SYSTEM 7102 Colleton Pl. (STREET OR COUNTY ROAD)

17) SUBDIVISION Green Valley (Tract 5A1) Lot No. 68 Block No. A

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.

5-16-73
DATE OF APPLICATION

Jerry B. Carpenter
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 24, 1973

Serial No. 2973

LA No. 6289

T. C. No. 213-082-04

Map Date 3-6-72

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 Carpenter (LAST) Jerry (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 7100 Colleton Place ZIP _____

LOCATION OF LOT 7102 Colleton Place (STREET OR COUNTY ROAD)

SUBDIVISION Crown Colony LOT NO 6B BLOCK NO A

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 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 6289. 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

John R. Atkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 4584

ICAR(S) Permit No. 6289

Date Issued 10-30-73

T C. No.

Map Date

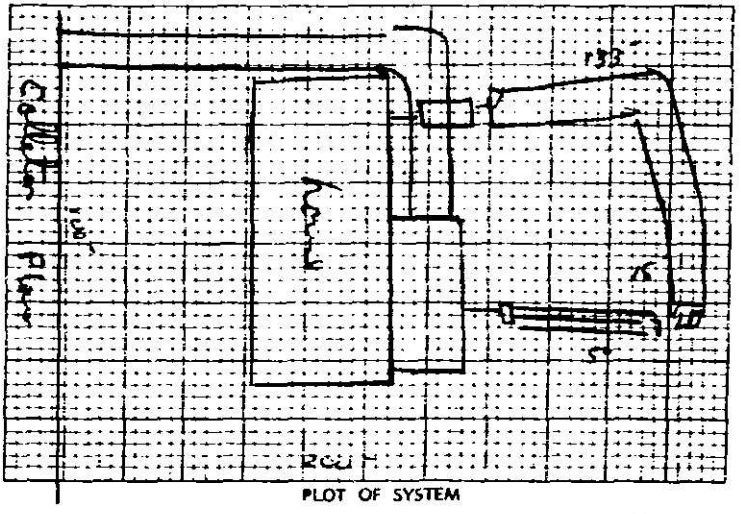
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6289, dated 5-15-73 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 11-30-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast con

Absorption and/or Nitrification Lines:

Total Line Lenght 795'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100' (community well)

NAME OF OWNER Jerry B. Carpenter

LOCATION OF PROPERTY 7102 Collston Place

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: 15'X133'X1½" stone - aerobic pit ~~owner wants tank under drive of this~~ Wash 2½'x50' — owner wants tank under drive - of this is done manhole should be built & stone to allow access to tank in the Harold Allen, Contractor future.

Division or Section Head

Thomas R. Ward
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 4333

C of A (s) No. 6289

Date Issued 11-21-73

T. C. No. 213-052-04

John R Atkisson

Map Date 3-6-72

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 Carpenter, Jerry B. (LAST, FIRST, MIDDLE)

Location of Property 7102 Collatera Place

Application Number 6289 Permit Number 6289

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material precast Con.

Total Length of Drain Tile 795' Number of Lines 6

Depth of Filter Material 17" av Cover Depth 18"

Water Supply Source Comm. well Distance from Water Source 100'

Excavation Inspected 11-20-73 / 11-21-DATE Tank Inspected 11-20-73 / 11-21-73 DATE

Nitrification Field Inspected _____ DATE

Washing Machine Line Inspected, If Applicable 11-20-73 / 11-21-73 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(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: Work by Howard Allen Family meets minimum standards

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY