Date Received 5-29-74

APT No. 6792 80056

T C No. _____

Map Date _____

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Williams (LAST) Boyce (FIRST) Harding (MIDDLE)

2) ADDRESS OF OWNER Rt. 2 Box 114A Huntersville N.C. ZIP 28210

3) PHONE NO. Home 875-8895 (Mrs. Williams) Office 375-6895

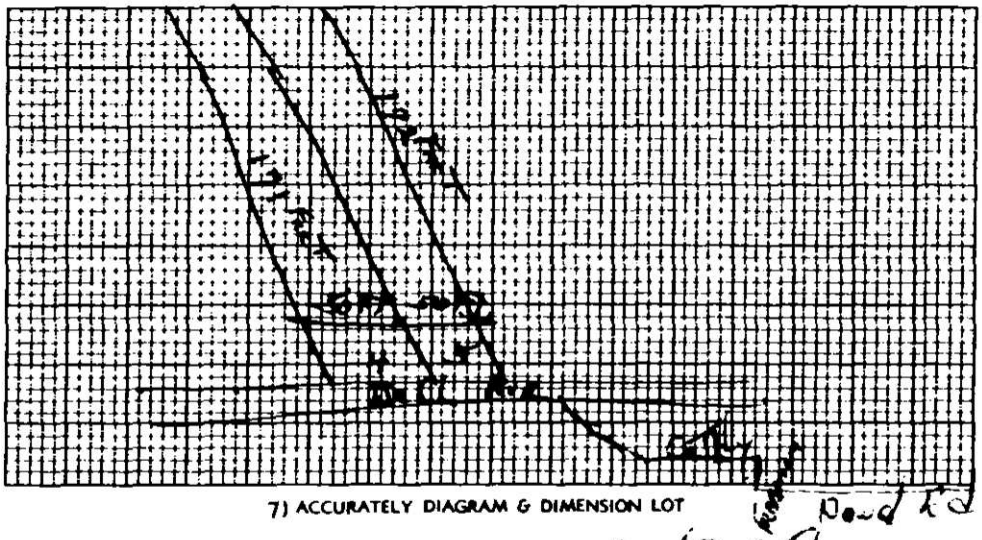
4) LOCATION OF PROPERTY Berry Hill Township (STREET OR COUNTY ROAD) Stark Ball Ave

5) SUBDIVISION Berry Hill Acres LOT NO 14 5 BLOCK NO. M

MAP BOOK NO 6 PAGE NO 6-51

6) DEED REFERENCE DEED BOOK 2985 PAGE NO 518

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

Ronald N. Williams
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 4579

PTR No 6792

T C No 113-101-08

Date Issued August 2, 1974

Map Date 2-25-70

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

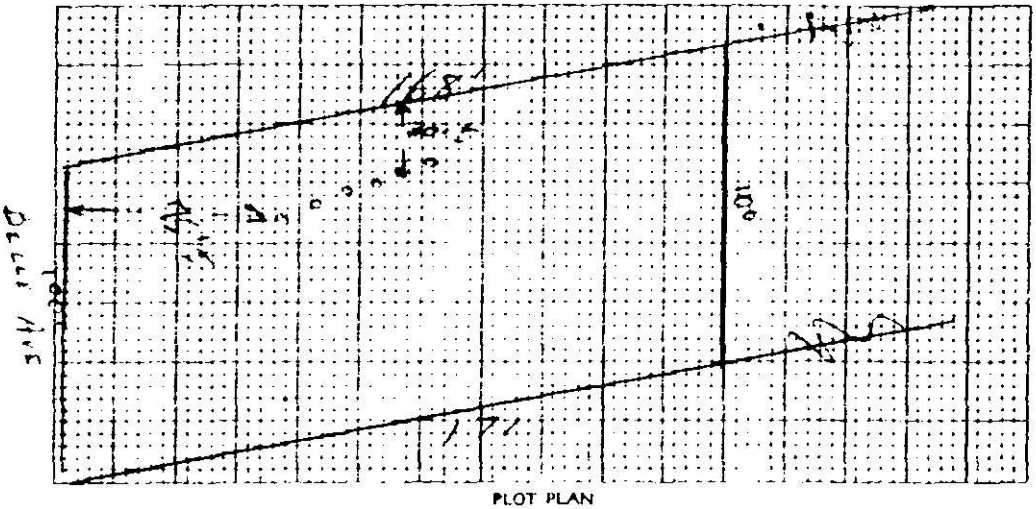
## PERCOLATION TEST REPORT

NAME OF OWNER Williams (LAST) Bonsal (FIRST) Harding (MIDDLE)

ADDRESS OF OWNER Route 2, Box 1148-G ZIP 28210

LOCATION OF PROPERTY Bell Avenue (STREET OR COUNTY ROAD)

SUBDIVISION Berryhill Acres LOT NO 4 & 5 BLOCK NO M




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 88 min/in. The 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 specified system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings and 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 following) 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.

A. R. Williamson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-29-74

ICAR (S) Application No 6792 8056

T C No

Map Date

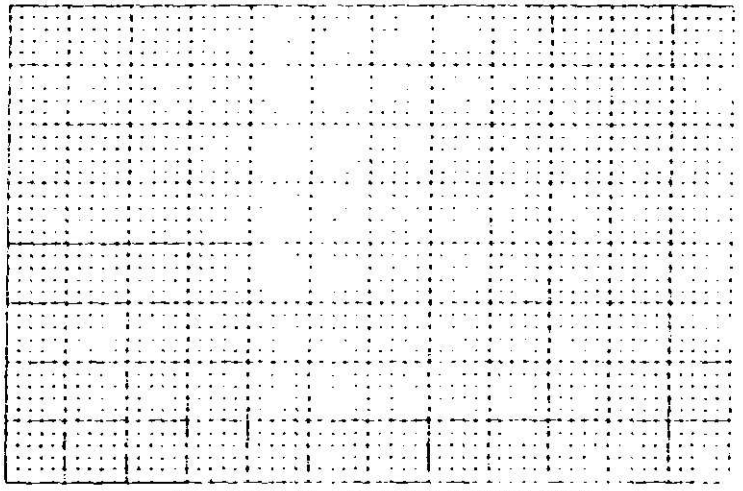
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 (New Home)



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms X 2

5) Business Use (No. Employees)

6) Water: Municipal ✓ Yes

7) Septic Tank ✓ Yes

8) Driveway ✓ No

9) Water Supply:
A) Individual Well ✓
B) Community System
1) Well
2) Surface Supply
C) Other

10) Septic Tank
A) Conventional ✓ Yes
B) Modified
C) Alternate Type

11) Community Sewer ✓ No

12) FHA Loan No. NO

13) VA Case No.

131 NAME OF OWNER Williams (LAST) Boyd (FIRST) Harding (MIDDLE)

141 ADDRESS OF OWNER Boyd Williams Rt. 2 Box 114-B, Charlotte, N.C.

151 PHONE NO Home 588-6195 Office 588-6195

161 LOCATION OF SYSTEM Bell Ave (STREET OR COUNTY ROAD)

171 SUBDIVISION Lot No 4-5 Block No 19

Map Book No 6 Page No 651

181 DEED REFERENCE — DEED BOOK 2545 AT PAGE 518

191 HAS A PERCOLATION TEST BEEN RUN? YES ✓ NO DATE RUN

201 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.

Boyd Harding Williams
OWNER

DATE OF APPLICATION

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

HEALTH DEPARTMENT'S COPY

Date Issued August 2, 1974

**Serial No. 4347**

LA No 6792

T C No 113-101-08

IMPROVEMENTS PERMIT

Map Date 2-25-70

# 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 Williams (LAST) Bonsal (FIRST) Harding (MIDDLE)

ADDRESS OF OWNER Route 2, Box 1148-G ZIP 28210

LOCATION OF LOT Bell Avenue (STREET OR COUNTY ROAD)

SUBDIVISION Berryhill Acres LOT NO 4 & 5 BLOCK NO M

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 88 min/in 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 6792. 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 reveked 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

Serial No. 5601 ICAR(S) Permit No 6292

Date Issued 6 Aug 74 T C No 113-101-08

Map Date 25 Sep 70

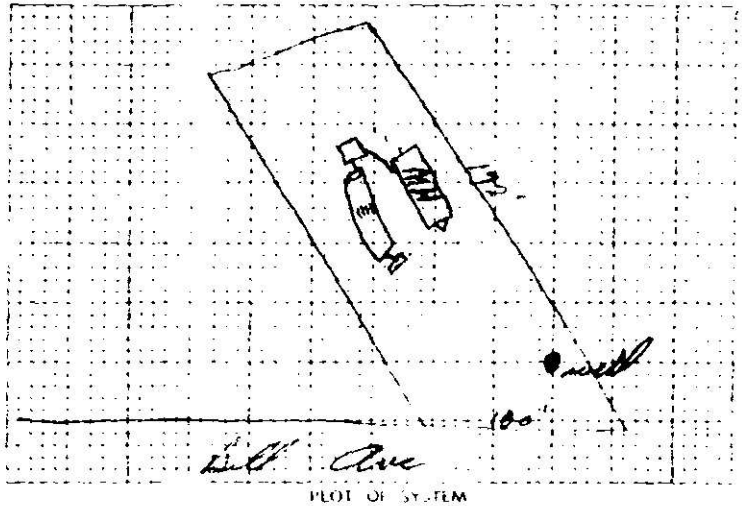
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 6792, dated 29 May 74 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 6 Sep 74, after which date this permit will be null and void.




PLOT OF SYSTEM

Percolation Rate ____

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 4 (10' x 75' x 17")

Distance from House 15'

Distance from Property Line 25'

Distance from Well 100'

NAME OF OWNER Williams, Bengal Wording

LOCATION OF PROPERTY Bell Ave

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 inspectable or can be used.

Comments Helms (Contr) ... good loamy

Residual pit 5 x 3 x 5' at the

end of drainage field

W. A. Bixby

Division of Sanitation Head

Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division head of Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required when an existing system is being altered or repaired.

E-5-9-1-72

Serial No. 5156

C of A Isl No 6792

Date Issued 8-30-74

T C No 113-101-08

Map Date 2-25-70

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 Williams (LAST), Benzal (FIRST) Harding (MIDDLE)

Location of Property Bell Ave.

Application Number 6792 Permit Number 6792

**Inspection Date:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4(10'x75'x17")

Depth of Filter Material 17" Cover Depth 18"-24"

Water Supply Source Ind. Well Distance from Water Source 50'+

Excavation Inspected 8-30-74 (DATE) Tank Inspected 8-30-74 (DATE)

Nitrification Field Inspected 8-30-74 (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, occupying, 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 as well as 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 Helms (contractor)

V. J. Uttenbeck
Environmentalist

FORM NO E-6-9-1-72