Date Received 10 15 73

APT No. 7106

T. C. No. 201-296-20

Map Date 4-27-23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CROASMUN (LAST) ROBERT (FIRST) MCHENRY (MIDDLE)

2) ADDRESS OF OWNER P.O. BOX 712 CORNELIUS, N.C. ZIP

3) PHONE NO. Home 892-1360 Office

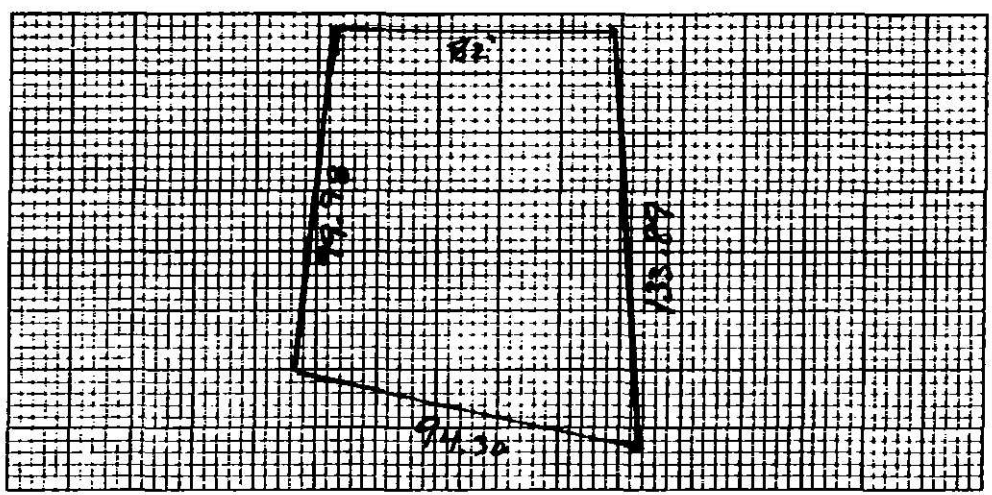
4) LOCATION OF PROPERTY 21416 VERANO PLACE (STREET OR COUNTY ROAD)

5) SUBDIVISION BAHIA BAY LOT NO. 69 see 2 70 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

Robert M Croasmun
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. October 24, 1973
2. _____
3. _____

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

SDR No. 7106
T.C. No. 001-296-19
4-27-73

NAME OF OWNER Croasmun, Robert McHenry

ADDRESS OF OWNER P.O. Box 712, Cornelius, N.C. ZIP _____

LOCATION OF LOT Verano Place, Lot 70 of Section 2

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
X	1.	10-23-73	90 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

M. D. Cody
Environmentalist

(Stencil No.)
END 398
8/70

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

Serial No. 3757

PTR No. 7106

Date Issued October 26, 1973

T. C. No. 001-296-19

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

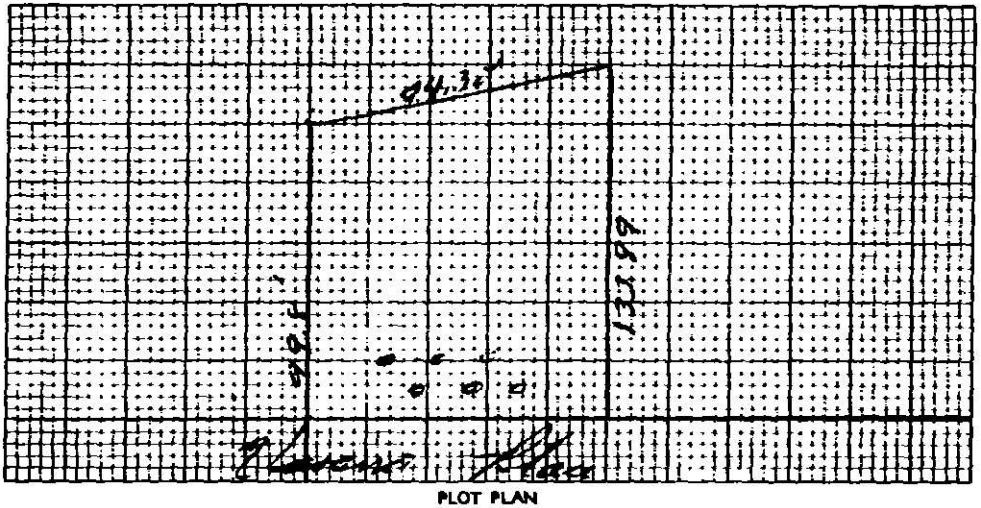
PERCOLATION TEST REPORT

NAME OF OWNER Croasmun (LAST) Robert (FIRST) McHenry (MIDDLE)

ADDRESS OF OWNER P.O. Box 712, Cornelius, N.C. ZIP

LOCATION OF PROPERTY Verano Place (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay II LOT NO. 70 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 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 A. Gibson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10 15 73

ICAR (S) Application No 7106

T C No 001-296 20

Map Date 4 27 23

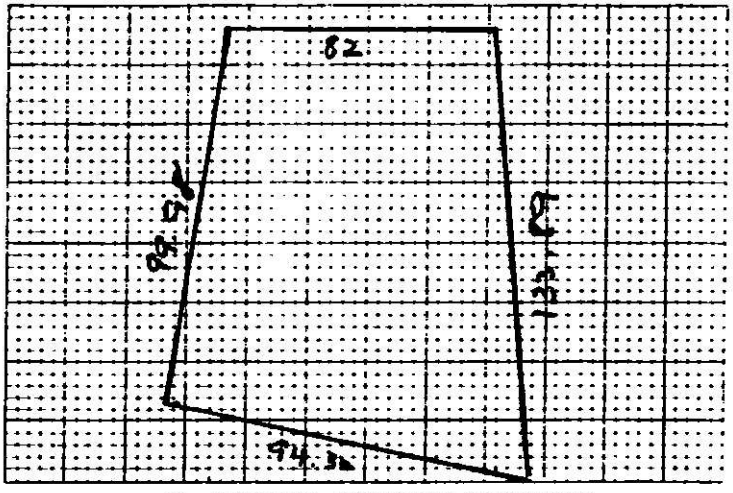
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

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 source ✓ PHA PLAN
  - 2) Governmental source _____

10) Sewage System
House located within 200 feet of public sewer _____ Yes ✓ No
House located within 200 feet of community sewer _____ Yes ✓ No

11) FHA Case No _____

12) VA Case No _____

13) NAME OF OWNER CROASMUN (LAST) ROBERT (FIRST) MCHENRY (MIDDLE)

14) ADDRESS OF OWNER P.O. 712 CORNELIUS N.C.

15) PHONE NO. Home 892 1360 Office _____

16) LOCATION OF SYSTEM 21416 VERANO PLACE (STREET OR COUNTY ROAD)

17) SUBDIVISION PHHIA BAY Lot No. 69 70 SEC 2 Block No. _____

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.

10-14-73
DATE OF APPLICATION

Robert M Croasmun
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 26, 1973

Serial No. 3556

IMPROVEMENTS PERMIT

LA No. 7106

T. C. No. 001-296-19

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 Croasmun (LAST) Robert (FIRST) McHenry (MIDDLE)

ADDRESS OF OWNER P.O. Box 712, Cornelius, N.C. ZIP _____

LOCATION OF LOT Verano Place (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay II LOT NO. 70 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 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 7106. 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.

M. L. Kelly
Environmentalist

John R. Adkinson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 31 Jan 74

Serial No. 4800

ICAR(S) Permit No. 7106

T. C. No. 001-296-20

Map Date 27 Dec 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 7106, dated 15 Oct 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 15 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 AC

Absorption and/or Nitrification Lines:

Total Line Lenght 200'+150'@M 3 @ 25'x36")

Number of Lines 4 @ 25'x36")

Distance from House 15'

Distance from Property Line 15'

Distance from Well County

NAME OF OWNER Crowson, Robert McAbee

LOCATION OF PROPERTY Verona Place (Public Hwy)

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: E.J. Lowe (Cole

Division or Section Head

M.L. Hardy
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 4398

C of A (s) No. 7106

Date Issued 13 Feb. 74

T. C. No. 001-296-20

John R Atkinson

Map Date 27 Apr. 73

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 Crosman (LAST) Robert (FIRST) Mickey (MIDDLE)

Location of Property Verano Place

Application Number 7106 Permit Number 7106

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC 3 (7½' & 25' 36")

Total Length of Drain Tile 400' + 150' HM Number of Lines 4 (10 x 50 x 36")

Depth of Filter Material [redacted] 3" Cover Depth 15"

Water Supply Source Community Distance from Water Source 100'+

Excavation Inspected 13 Feb 74 (DATE) Tank Inspected 13 Feb 74 (DATE)

Nitrification Field Inspected 13 Feb 74 (DATE)

Washing Machine Line Inspected, If Applicable 13 Feb 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: Erwin

Jerry Burleson
(Environmentalist)

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

HEALTH DEPARTMENT'S COPY

Date Issued 12 Aug 77

Serial No. 1024

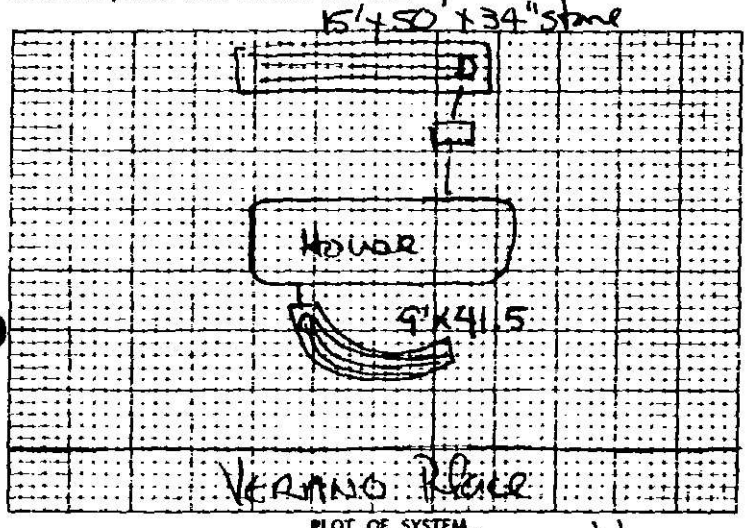
ICAR (S) Permit No. 7166

T. C. No. 001-296-19

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 7166, dated ___ 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 12 Aug 77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 495' - 125'

Number of Lines 5 - 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER Stylecraft Builders

LOCATION OF PROPERTY Verano Place

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permit doesnot in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person** Comments: **now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Division or Section Head

J. M. Reynolds
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Date Issued 25 Aug 77 Serial No. 1011 C of A (s) No. 7106

T. C. No. CC-1-296-19

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

~~CERTIFICATE OF COMPLETION~~

CERTIFICATE OF APPROVAL

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

Name of Owner Stylecraft (LAST) Builders (FIRST) (MIDDLE)

Location of Property Verano Place

Application Number 7106 Permit Number 7106

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 495'-125' Number of Lines 5-3

Depth of Filter Material 34" Cover Depth 24" Tank Lines / 36" washer

Water Supply Source Community Distance from Water Source 1000'+

Excavation Inspected 25 Aug 77 (DATE) Tank Inspected 25 Aug 77 (DATE)

Nitrification Field Inspected 25 Aug 77 (DATE)

Washing Machine Line Inspected, If Applicable 25 Aug 77 (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 Health Commission 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: Aerobics O.K.

J M Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy