Date Received 3.21.73

APT No 5788

T C No 06 3 c 92-07

Map Date 1 Ly 70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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1,11 Apt 73

APPLICATION FOR PERCOLATION TEST

P

1) NAME OF OWNER Garmon (LAST) Hal (FIRST) III (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Box 806 Davidson, N.C. ZIP 28036

3) PHONE NO Home 892-1358 Office 372-2590 Ext 355

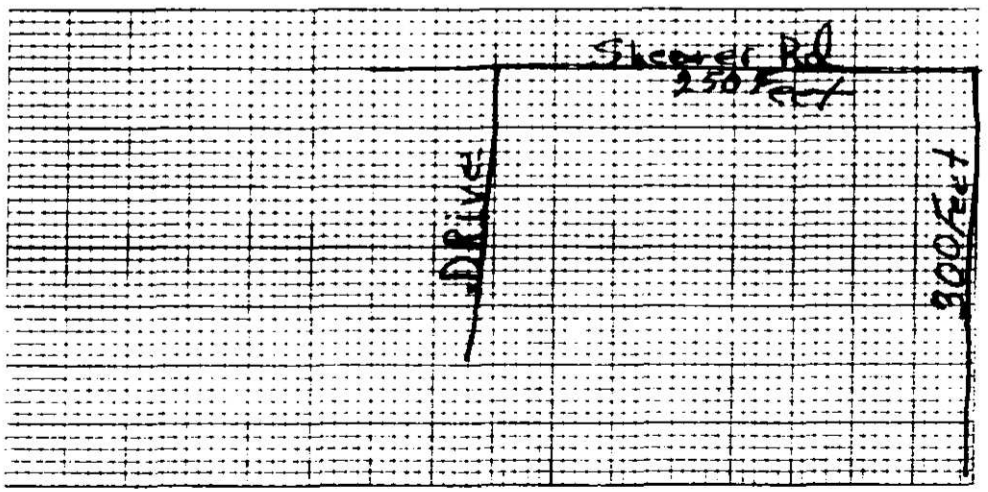
4) LOCATION OF PROPERTY Shearer Rd. (STREET OR COUNTY ROAD)

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 Count. Health Department for the conduct of a percolation test and an on site inspect on of the lot here nabove described for the purpose of determining if the lot is suitable for the instal at on of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Hal P. Garmon III
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. ? -7

PTR No. 5788

Date Issued April 13, 1973

T C No 003-092-07

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

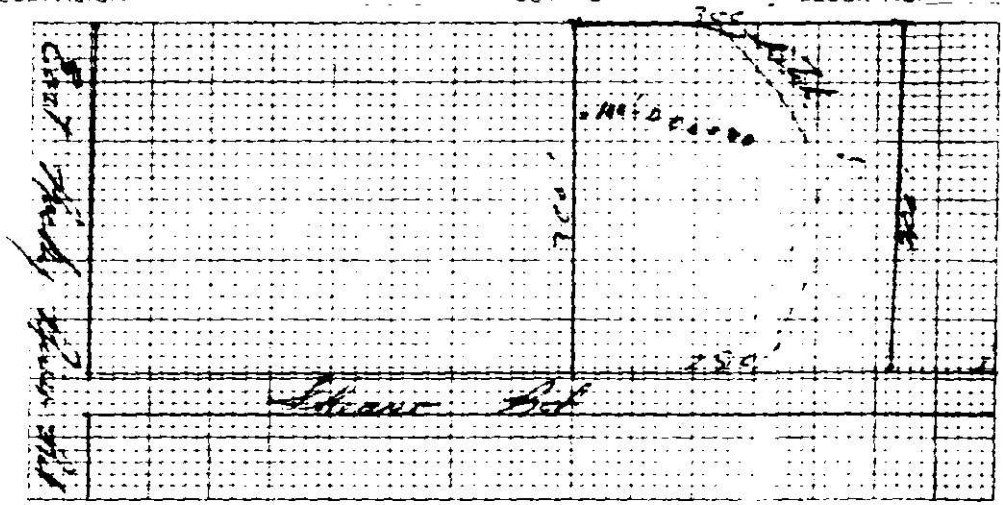
PERCOLATION TEST REPORT

NAME OF OWNER Garmon (LAST) Hal III (FIRST) P. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 395, Davidson, N.C. ZIP

LOCATION OF PROPERTY Shearer Road (STREET OR COUNTY RD.)

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 62 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 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 dividing of property 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. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3-21-73

ICAR(S) Application No 5787

T C No 003-092-07

Map Date 9-1-70

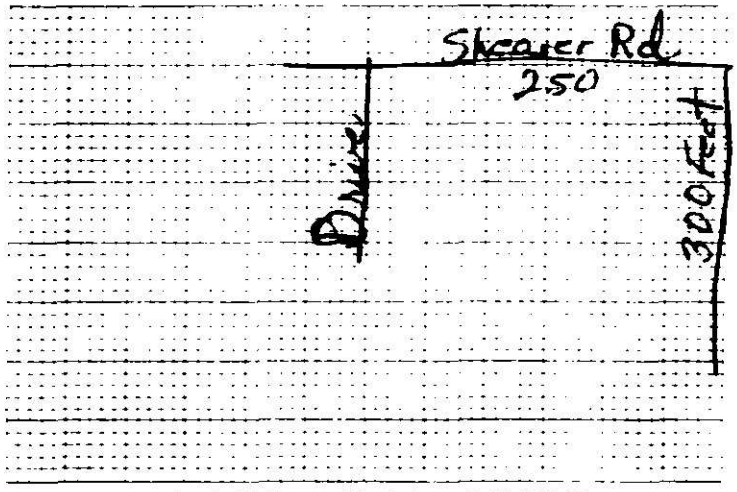
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

X Install or Construct ☐ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



4

Existing Water Supply ✓ Yes No
Garbage Disposal ✓ Yes No
Dishwasher ✓ Yes No
Other Uses ✓
Existing Sewage System
Community System
Swimming Pool
Surface Water within 200 feet ✓ No
Private Water Supply within 200 feet Yes ✓ No

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER GARMON (LAST) Hal III (FIRST) P. (MIDDLE)

14 ADDRESS OF OWNER Rt 1 Box 806 Davidson, NC.

15) PHONE NO Home 892-1358 Office 372-2590 Ext 7555

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

17 SUBDIVISION _____ Lot No _____ 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.

_____ Hal P. Garmon
DATE OF APPLICATION OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued April 13, 1973 **Serial No.** 2731

LA No. 5788

T C No 003-092-07

Map Date 9-1-70

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 Garmon (LAST) Hal III (FIRST) P. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 806, Davidson, N.C. ZIP

LOCATION OF LOT Shearer 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 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 5788. 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. A. Kirby
Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 29 April 74 Serial No.

ICAR (S) Permit No 5788

T C N 003-092-07

Map Date 1 Sept 70

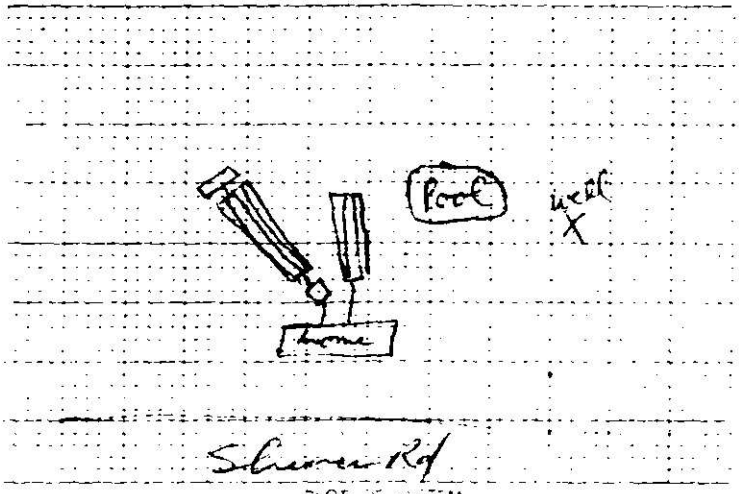
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 this individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge on the following system at the described location. This permit is granted based upon the information supplied on application # 5788 dated 3-21-73 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 in accordance with 29 May 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal PC

Tank Construction

Absorption and/or Distribution Lines

Total Line Length 795' & 150 Lin

(4 15' x 132½" x 1'1")

Number of Lines 3 (7½' x 50' x 1')

Distance from Water Supply 12'

Distance from Property Line 12'

Distance from Well 100'

NAME OF OWNER Hal Herman, III

LOCATION OF PROPERTY Sherrer Rd

This 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 unsuitable or can be used.

Comments aeration pit 2½' x 7' x 4' gr Stone

Blake Hyde

Director or Section Head

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-5-9-1-72

HEALTH DEPARTMENT'S Copy