Date Received 10-26-73 APT No. 7181

T. C. No. _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

5 5 W

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Helms, (LAST) T. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 7632 Frosch Road, Charlotte, N.C. ZIP _____

PHONE NO. Home _____ Office 392-3242

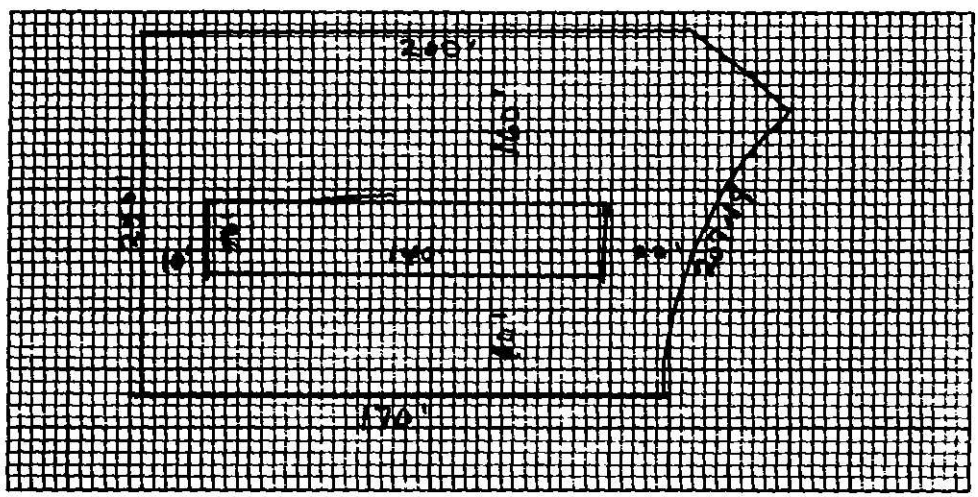
LOCATION OF PROPERTY 7700 Frosch Road (STREET OR COUNTY ROAD)

SUBDIVISION Star Unity Ind. Park LOT NO. 2& Pt 1 BLOCK NO. C

MAP BOOK NO 12 PAGE NO. 79

DEED REFERENCE: DEED BOOK 2491 PAGE NO. 371

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.



ACCURATELY DIAGRAM & DIMENSION LOT

OWNER D Helms

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3759

PTR No. 7181

Date Issued October 26, 1973

T C No 113-141-05

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

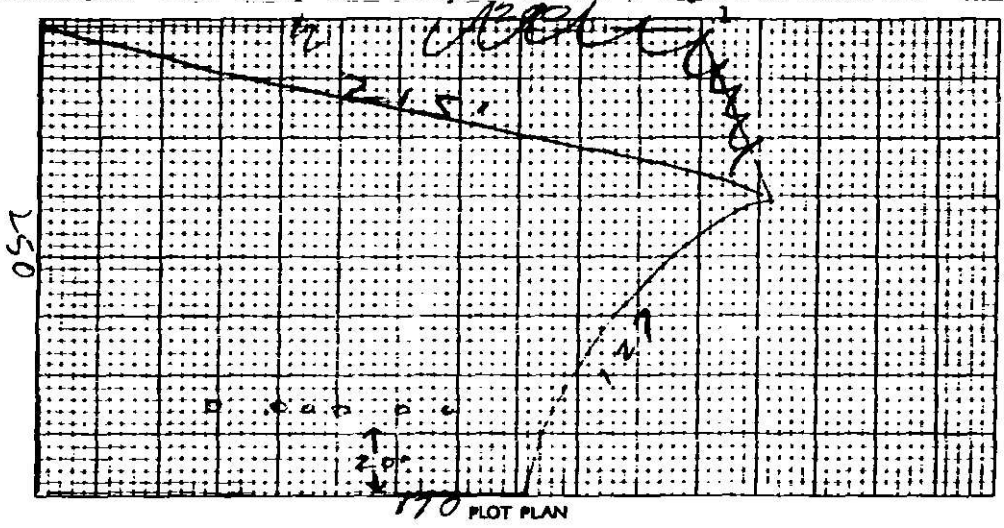
PERCOLATION TEST REPORT

NAME OF OWNER Helms (LAST) T. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 7632 Frosch Road ZIP

LOCATION OF PROPERTY 7700 Frosch Road (STREET OR COUNTY ROAD)

SUBDIVISION Star Unity Ind. Park LOT NO 2 & part of BLOCK NO. C



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 55 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.

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 10 26 73

ICAR(S) Application No. 7181

T. C. No.

Map Date

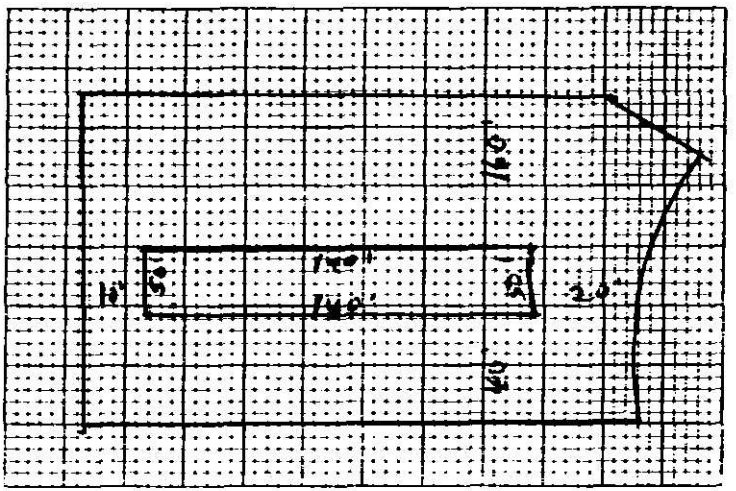
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___

5) Business Use — Max No Employees 5

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 X
2. Governmental source ___

10) Sewage System:
House located within 200 feet of public sewer ___Yes X No
House located within 200 feet of community sewer ___Yes ___No

11) FHA Case No ___

12) VA Case No. ___

13) NAME OF OWNER Helms, (LAST) T. (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER 7632 Frosch Road, Charlotte, N.C.

15) PHONE NO. Home ___ Office 392-3242

16) LOCATION OF SYSTEM 7700 Frosch Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Star Unity Indust. Park Lot No. 2 & Pt. 1 Block No. C

Map Book No. 12 Page No. 79

18) DEED REFERENCE — DEED BOOK 2491 AT PAGE 371

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.

DATE OF APPLICATION ___ OWNER D M Helms

FORM NO. E-4-7-1-70 **HEALTH DEPARTMENT'S COPY**

Date Issued October 26, 1973 Serial No. 3557

LA No. 7181

T. C. No. 113-141-05

Map Date

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 Helms (LAST) T. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 7632 Frosch Road ZIP

LOCATION OF LOT 7700 Frosch Road (STREET OR COUNTY ROAD)

SUBDIVISION Star Unity Ind. Park LOT NO. 2 & part of 1 BLOCK NO. C

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 55 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 7181. 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.

L B Bridgman — Environmentalist

John R Robinson — Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 4934 ICAR (S) Permit No. 7181

Date Issued 14 March 74 T C No 113-141-05

Map Date

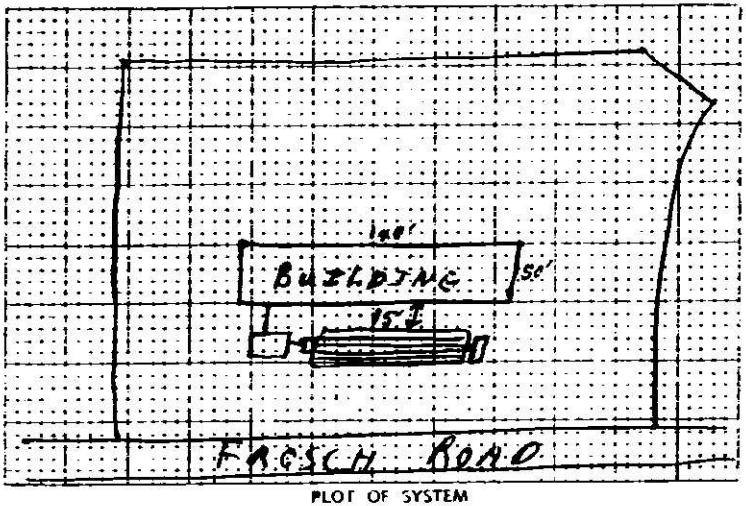
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7181, dated 10-26-73 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 14 April 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 55

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 300'

Number of Lines 5 (~~12'~~ 60' x 17")

Distance from House 15'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER HELMS T. R.

LOCATION OF PROPERTY 7700 FROSCH ROAD

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: HELMS Const. Co. AERATION PIT SLAB UNDER DISTRIBUTION BOX

Division or Section Head

Environmentalist Jerry Burleson

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.

REV. 1-72 E-5-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12 Apr 74 Serial 4643

C of A (s) No. 7281

T. C. No. 105-084-02

Map Date 4-27-73

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 Gladden, Walter K. (LAST, FIRST, MIDDLE)

Location of Property 8901 Robinson Ch. Rd

Application Number 7281 Permit Number 7281

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 320'+150' Number of Lines (4) 10'x92.5'

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 12 Apr 74 (DATE) Tank Inspected 12 Apr 74 (DATE)

Nitrification Field Inspected 12 Apr 74 (DATE)

Washing Machine Line Inspected, If Applicable 12 Apr 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: aeration pit O.K.

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 3/22/74 Serial 4580

C of A (s) No. 7181

T. C. No. _____

Map Date _____

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 HELMS (LAST) T.R. (FIRST) (FOR LEASE OR SALE) (MIDDLE)

Location of Property 7200 FROST RD.

Application Number 7181 Permit Number 7181

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile _____ Number of Lines 5/12½ X 60' X 17"

Depth of Filter Material 17" Cover Depth 14"

Water Supply Source COMM Distance from Water Source 100+

Excavation Inspected 3/22/74 (DATE) Tank Inspected 3/22/74 (DATE)

Nitrification Field Inspected 3/22/74 (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 X 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: NO SLAB UNDER DIST. BOX AT INITIAL INSP. TO BE ADDED FOR COMPLIANCE

Environmentalist

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

HEALTH DEPARTMENT'S COPY