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Date Received 4 5 23

APT No. 5926

T C. No. 217-111-
2 1493

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# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Garrison (LAST) James (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER 617 B Arcboard DR Charlotte ZIP 28210

PHONE NO. Home 525-2660 Office 588-1600 ext 285
work - 588-1600 ext 285

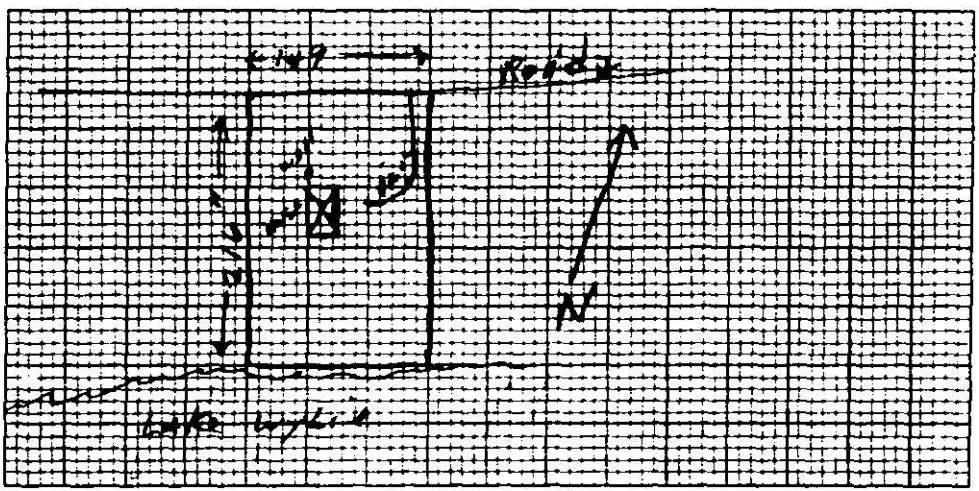
LOCATION OF PROPERTY off Youngblood Rd. (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 3 (Comp. BLOCK) NO. 43

MAP BOOK NO _____ PAGE NO. _____

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




ACCURATELY DIAGRAM & DIMENSION LOT

James Robert Garrison Lessee

James Robert Garrison

OWNER- Lessor Crescent Land & Timber Corp.

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

HEALTH DEPARTMENT'S COPY

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

Telephone 374-2113

Date Issued
1. April 20, 1973
2. _____
3. _____

SDR No. 5126
T.C. No. 217-111
2-14-73

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

NAME OF OWNER Harrison, James Robert

ADDRESS OF OWNER 617-4 Arrowdale Drive ZIP 28210

LOCATION OF LOT Young Lbr. Co., Lot 13 in compartment 42

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. | 4-[illegible]-73 | 2[illegible]+ min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

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

_____

_____

_____

_____
Environmentalist

(Stencil No.)
MED 398
8/70

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

Serial No.

PTR No. 5926

Date Issued May 15, 1973

T C. No. R 217-111-03(?)

Map Date 2-14-73

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

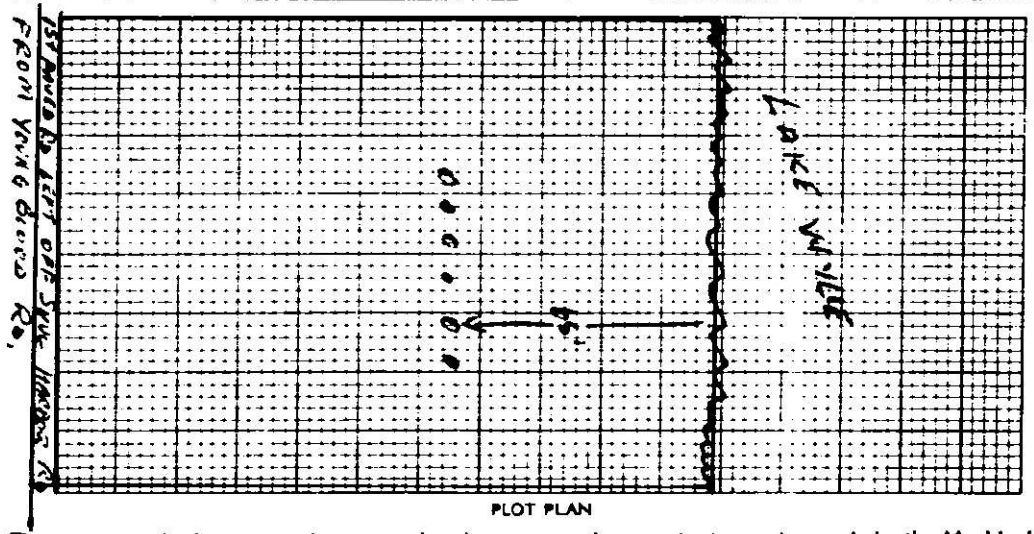
## PERCOLATION TEST REPORT

NAME OF OWNER Garrison (LAST) James (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER 617-B Archdale Drive ZIP 28210

LOCATION OF PROPERTY Snug Harbor Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 13 BLOCK NO. Compartment 43




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.

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 6-7-73

ICAR (S) Application No 5926

T C No 218-111-

Map Date 2-14-23

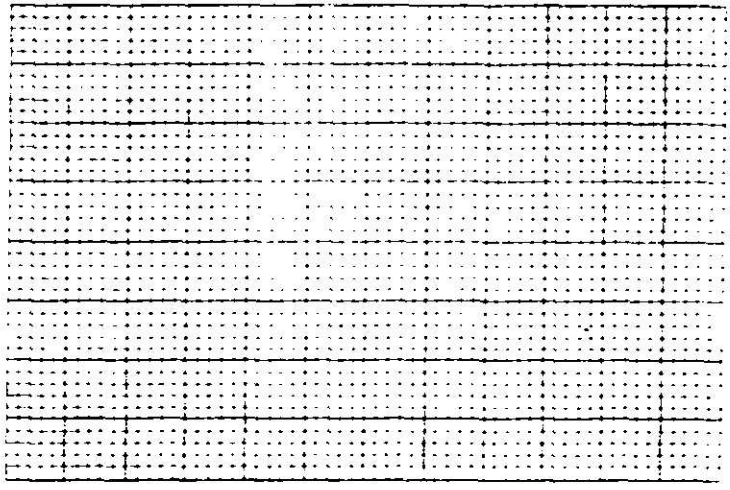
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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



4) No of Bedrooms 2

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) Government
C) Community
1) Well
2) Government

Sewage System
Private (with easements)
Is public sewer available? Yes ✓ No
How close is nearest public sewer? (feet or miles)
Is sewer available? Yes ✓ No

11) FHA Case No N/A

12) VA Case No N/A

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Garrison (LAST) James (FIRST) Robert (MIDDLE)

14) ADDRESS OF OWNER 617B Archdale Drive

15) PHONE NO Home 525-2660 Office 588-1600

16) LOCATION OF SYSTEM Swing Harlock Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 13 Block No. Compartment 43

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-11-73 PR 60

20) PTR NUMBER (See Instructions) 5926

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.

6-7-73
DATE OF APPLICATION

James R. Garrison
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 7, 1973

Serial No. 3027

LA No. 5926

T. C No. 217-111

Map Date 2-14-73

# 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 Garrison (LAST) James (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER 617-B Archdale Drive ZIP _____

LOCATION OF LOT Snug Harbor Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 13 BLOCK NO. Compartment #43

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 5926. 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

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 6/28/73

Serial No. 3950

ICAR(S) Permit No. 5926

T. C No.

Map Date

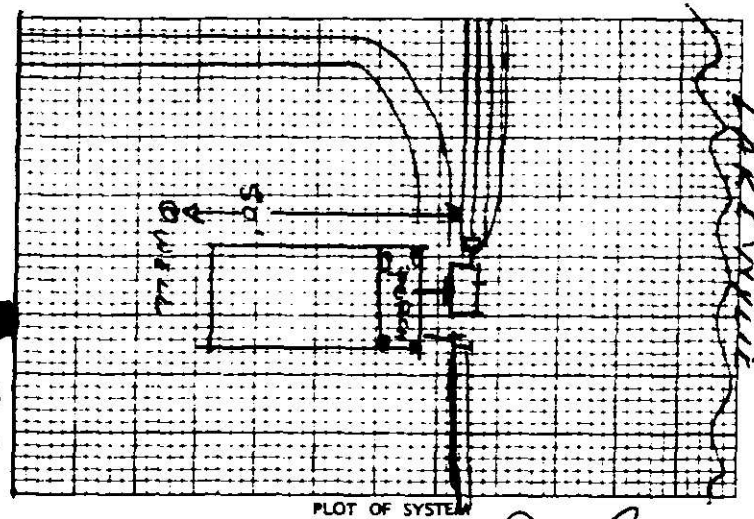
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 X 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 5926, dated 6/73 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 June 30, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines: ~~ST~~ WM WM

Total Line Lenght 300 100

Number of Lines 4 2

Distance from House 10'

Distance from Property Line 10' T

Distance from Well 50'

To Slug Harbor Rd.

NAME OF OWNER JAMES R. GARRISON

LOCATION OF PROPERTY 1st GRAVEL RD TO LEFT OFF SLUG HARBOR RD.

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: Single

VH/JTB
Division or Section Head

L P Burgess
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

Date Issued 6/28/73 Serial No. 3518 C of A (s) No. 5926

T C. No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner GARRISON (LAST) JAMES (FIRST) ROBERT (MIDDLE)

Location of Property SNUG HARBOR RD.

Application Number 5926 Permit Number 5926

**Inspection Data:**

Liquid Capacity of Tank 1000 SEPTIC W Tank Material PC SEPTIC W M

Total Length of Drain Tile 300 120 Number of Lines 4 2

Depth of Filter Material 17 Cover Depth 2'

Water Supply Source INDIVIDUAL Distance from Water Source 531'

Excavation Inspected 6/28/73 (DATE) Tank Inspected 6/28/73 (DATE)

Nitrification Field Inspected 6/28/73 (DATE)

Washing Machine Line Inspected, If Applicable 6/28/73 (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, X _____ 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: SEE HARBOR TIMBERLINE - P.T. GRADE

Environmentalist

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

HEALTH DEPARTMENT'S COPY