Date Received 2-12-82

APT No. 6658

T. C No. 009-012-05

Map Date 4 2 73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Burgess (LAST) Truman (FIRST) W. (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP 28078

3) PHONE NO Home 875-2772 Office 875-2794

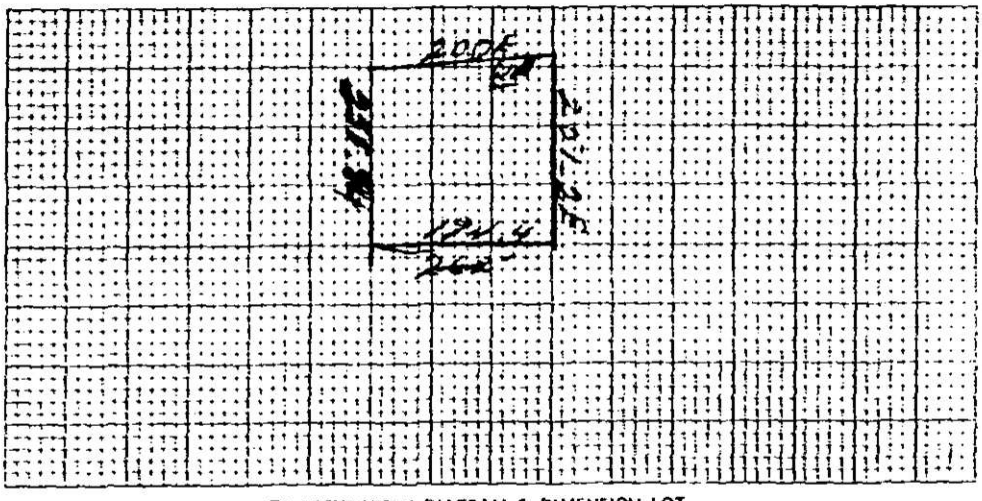
4) LOCATION OF PROPERTY NC 73 (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 3 BLOCK NO. _____

MAP BOOK NO 9 PAGE NO. 61 62

6) DEED REFERENCE DEED BOOK 3002-373 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

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. July 31, 1973
2. _____
3. _____

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

SDR No. 6058
T.C. No. 009-012-05
4-27-73

NAME OF OWNER Burgess, Truman W.

ADDRESS OF OWNER Route 2, Box 287 ZIP _____

LOCATION OF LOT Highway 73

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. | 7-31-73 | 240 min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 7-31-73 - Recommend the use of a post hole digger to prepare the holes, and sides to be roughened prior to pouring water in holes.

John R Atkisson
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 3452

PTR No. 6658

Date Issued August 10, 1973

T C No. 009-012-05

Map Date 4-27-73

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

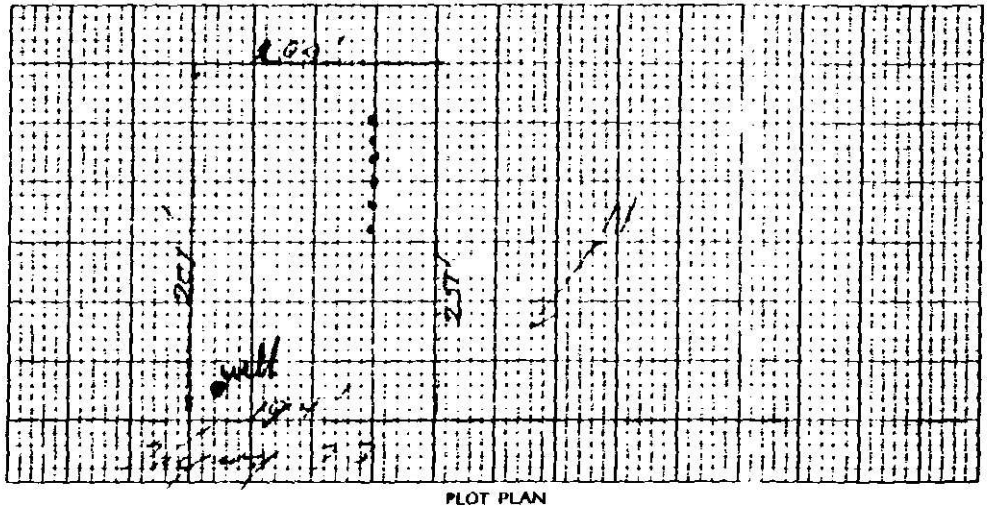
## PERCOLATION TEST REPORT

NAME OF OWNER Burgess (LAST) Truman (FIRST) W. (MIDDLE)

ADDRESS OF OWNER Route 2, Box 687 ZIP

LOCATION OF PROPERTY Highway 73 (STREET OR COUNTY ROAD)

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 46 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 M Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4 1-71

HEALTH DEPARTMENT'S COPY

ved 2 Dec 72

ICAR (S) Application No 6658

T C No 009-012-05

Map Date 4-27-73

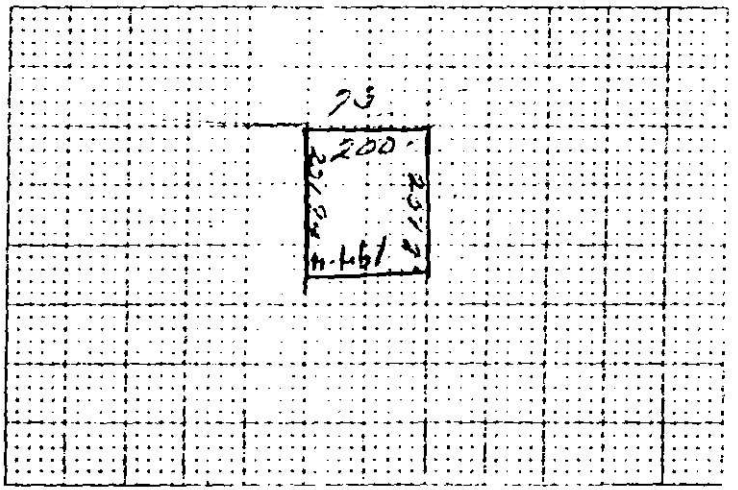
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 pr perty 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 Building Use Min's
Employees

6 Washing Machine ✓ Yes No

7 Garbage Disposal Yes ✓ No

8 Dishwasher Yes ✓ No

9 Water Supply
A) Individual Well Yes
B) Government Main
C) Community System
1) Well Owner
2) Government

10 Sewage System
If public sewer available, but not used
If public sewer ✓ Yes No
If public sewer available, but not used
Community sewer Yes ✓ No

11 FHA Case No ✓

12 VA Case No

13) NAME OF OWNER Tennessee (LAST) Truman (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 687 Huntersville

15) PHONE NO Home 875-2222 Office 875-2054

16) LOCATION OF SYSTEM NC Hwy 73 (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 3 Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3062 715 AT PAGE 012

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES NO - 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

Truman W Tennessee
OWNER

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 10, 1973

Serial No. 3270

LA No. 6658

T. C. No. 009-012-05

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 Burgess (LAST) Truman (FIRST) W. (MIDDLE)

ADDRESS OF OWNER Route 2, Box 687 ZIP 28078

LOCATION OF LOT Highway 73 (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 46 min/inch 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 6658. 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

Serial No. 4575

Date Issued Dec 23

ICAR(S) Permit No. 6653

T. C. No. 059-012-0

Map Date 22 Dec 23

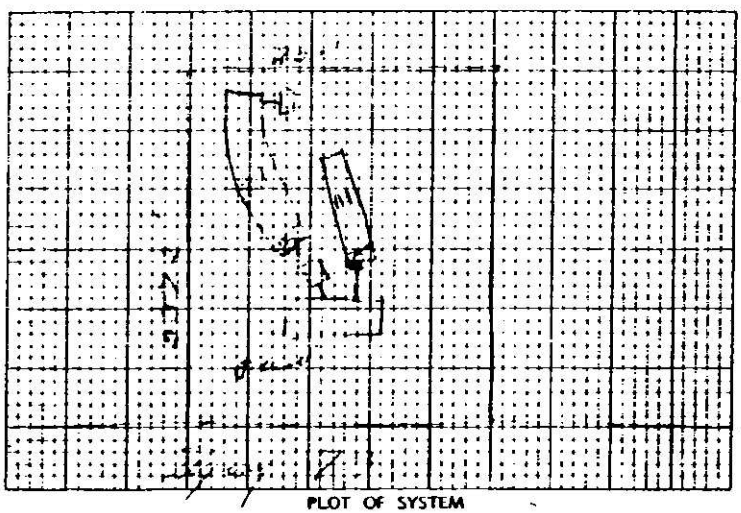
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 6653, dated 15 Dec 23 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 Dec 24, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 46

Liquid Capacity of Tank 1000

Tank Construction FC

Absorption and/or Nitrification Lines:

Total Line Lenght 326 (150 + 176)

Number of Lines 2 @ 75' & 2 @ 88'

Distance from House 100'

Distance from Property Line 50'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: Trench Alternate (Type)

Division or Section Head _____

Environmentalist [signature] 12-15-2023

* 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 4185

Col A (s) No. 6658

Date Issued 8 Nov 73

T C No. 004-512-

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 Burgess, Carmen W.
LAST FIRST MIDDLE

Location of Property Bryant 73

Application Number 6658 Permit Number 6658

**Inspection Data:**

Liquid Capacity of Tank 1000 Tank Material NC (3 @ 3'5" x 5' x 1'7")

Total Length of Drain Tile 326' + 126' (4") Number of Lines 6 (6 @ 62' x 1'2")

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source Individual Distance from Water Source 100

Excavation Inspected 5 Nov 73 DATE Tank Inspected 5 Nov 73 DATE

Nitrification Field Inspected 5 Nov 73 DATE

Washing Machine Line Inspected, If Applicable 5 Nov 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, ~~—~~ 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 Columbia Minimum (Cont.)

M. L. Eddy
Environmentalist

FORM NO E-6-4-1-71

**HEALTH DEPARTMENT'S COPY**