Date Received 9-6-23

APT No. 6952

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Newell (LAST) Arthur (FIRST) M. (MIDDLE)

2) ADDRESS OF OWNER Rt 4 Box 511-2 ZIP 28208

3) PHONE NO Home 399-1226 Office —

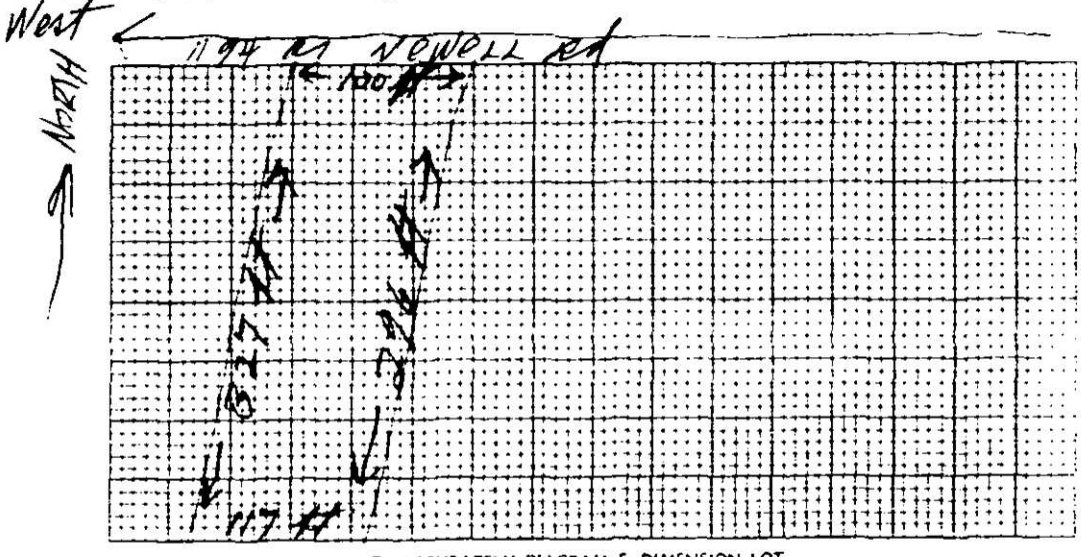
4) LOCATION OF PROPERTY County # 1194 (STREET OR COUNTY ROAD)

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 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

Arthur M. Newell
OWNER A. M. Newell

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]6

PTR No. 6952
P.O.
T C No. 113-113-10

Date Issued September 11, 1973

Map Date 2-23-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

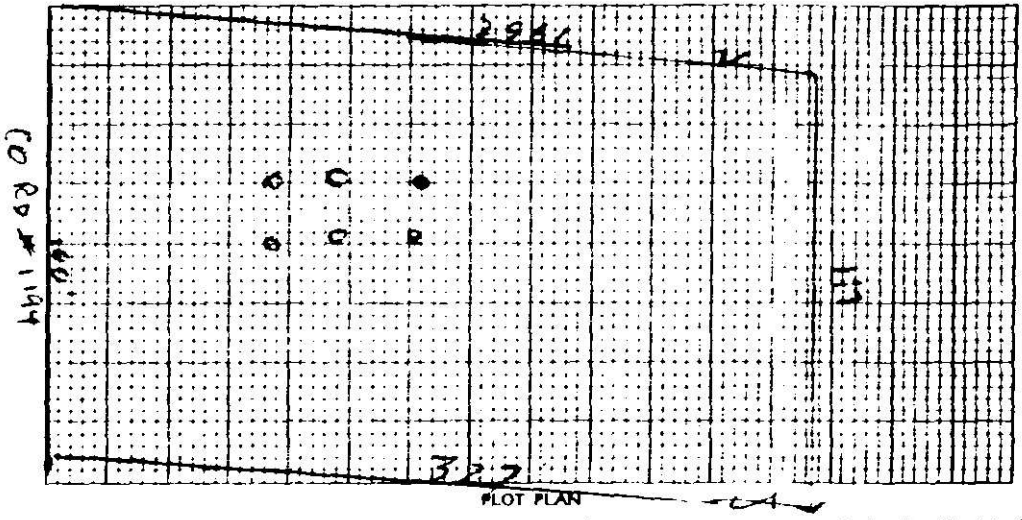
PERCOLATION TEST REPORT

NAME OF OWNER Newell, Arthur M.
LAST FIRST MIDDLE

ADDRESS OF OWNER Route 4, Box 511 1/2 ZIP

LOCATION OF PROPERTY County Road 1194
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 40 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 building, 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 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.

R. L. Brinkley

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 9-6-13

ICAR(S) Application No 6952

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

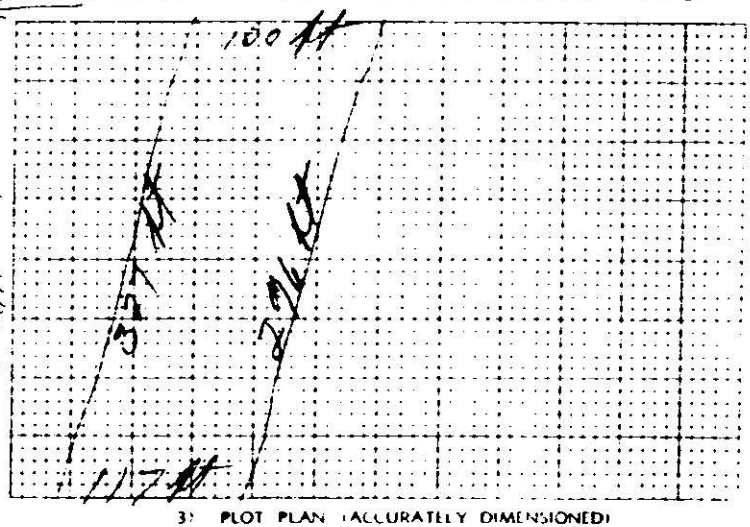
ENVIRONMENTAL HEALTH DIVISION

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

West



3) PLOT PLAN (ACCURATELY DIMENSIONED)

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
a) Public sewer Yes ✓ No
b) Community sewer Yes ✓ No

10) FHA Case No

11) VA Case No

13) NAME OF OWNER Newell (LAST) Arthur (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER Rt #4 Box 511-2

15) PHONE NO Home 399-1726 Office —

16) LOCATION OF SYSTEM County #1194 (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

DATE OF APPLICATION

OWNER A. M. Newell

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3401

Date Issued September 11, 1973

LA No. 6952
P.O.
T C. No. 113-113-10

Map Date 2-23-73

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 Newell (LAST) Arthur (FIRST) M. (MIDDLE)

ADDRESS OF OWNER Route 4, Box 511 1/2 ZIP

LOCATION OF LOT County Road 1194 (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 40 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 6952. 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 12/1/73

Serial No. 4710

ICAR(S) Permit No. 6252

T C. No.

Map Date

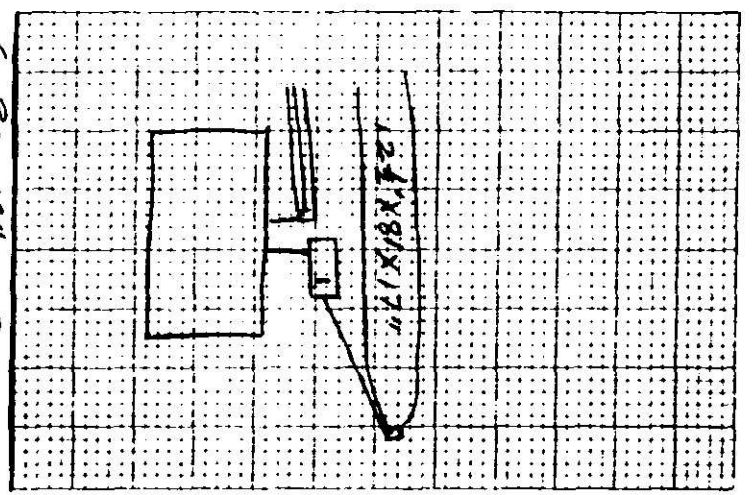
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6952, 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 , after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ~~40~~ 40 mpi

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines: WM

Total Line Lenght 3T 405 w/bit 150

Number of Lines 3T 5(81'X12½'X17"

WM 3(7½'X50'X17

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' min

NAME OF OWNER ARTHUR M. NEWELL

LOCATION OF PROPERTY CO. RD 1194 (OFF WALLACE NEEL 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. Hyatt

JA 12/3

Division or Section Head

L.P. Wilson

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 4298

C of A (s) No. 6952

Date Issued 12/14/73

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 NEWELL (LAST) ARTHUR (FIRST) M. (MIDDLE)

Location of Property Co. Rd. #1194

Application Number 6952 Permit Number 6952

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile ST 405 WM 150 Number of Lines 6 [15'x75'x17"]

Depth of Filter Material 17" Cover Depth 28"

Water Supply Source IND WELL Distance from Water Source 50'+

Excavation Inspected 12/14/73 (DATE) Tank Inspected 12/14/73 (DATE)

Nitrification Field Inspected 12/14/73 (DATE)

Washing Machine Line Inspected, If Applicable 12/14/73 (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

L R Bridgeman

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY