Date Received 3-2-74 APT No. 7587

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

2) ADDRESS OF OWNER 49[illegible] Melissa Ln Matthews ZIP 28105

3) PHONE NO Home 5454[illegible] Office 5454913

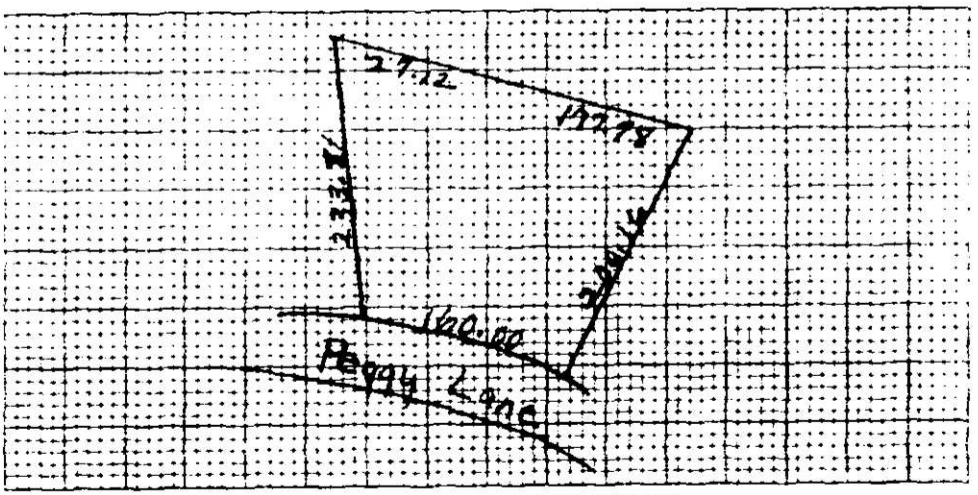
4) LOCATION OF PROPERTY 3812 Peggy Ln. (STREET OR COUNTY ROAD) Matthews

5) SUBDIVISION W.P. Thomas Property LOT NO 14 BLOCK NO A

MAP BOOK NO 17 PAGE NO 252

6) DEED REFERENCE DEED BOOK 3513 PAGE NO 526

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

W. P. Thomas
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 4123

PTR No 7587
P.O.
T C No 195-041-22
Map Date 12-14-73

Date Issued March 12, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

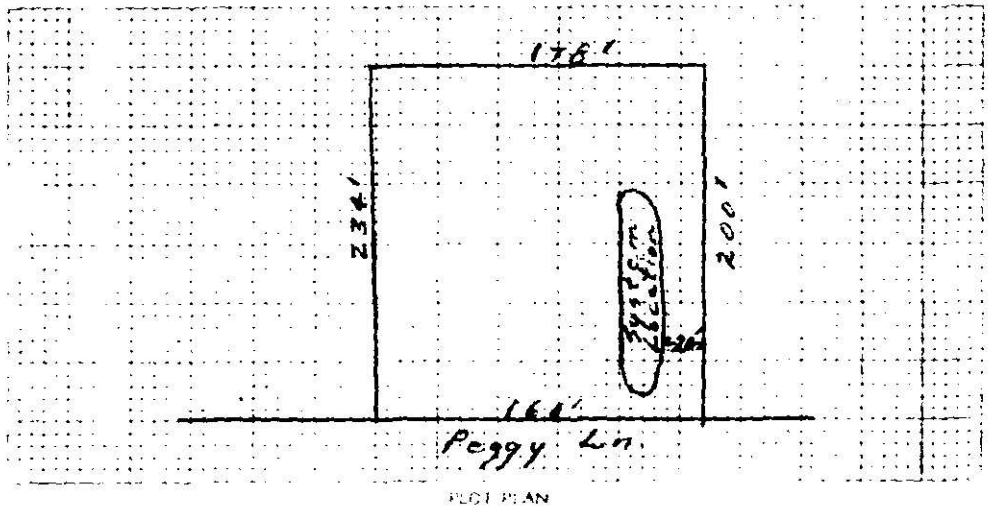
PERCOLATION TEST REPORT

NAME OF OWNER Thomas (LAST) William (FIRST) F. (MIDDLE)

ADDRESS OF OWNER 4821 Melissa Lane, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY 3812 Peggy Lane (STREET OR OTHER WAY ROAD)

SUBDIVISION A. F. Thomas Subdivision LOT NO 18 BLOCK NO A



PLOT PLAN

This is to certify that [illegible] the Mecklenburg County Health Department [illegible] described above. The [illegible] in that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60*min/in. The [illegible] for the installation of a subsurface sewage treatment system with [illegible] absorption area of [illegible] discharge subject to the following terms and conditions:

1. A permit [illegible] Mecklenburg County Health Department [illegible] system. The [illegible]
2. The size of this approved sewage treatment system was determined by the Health Department [illegible] percolation rate [illegible] above and [illegible] type of building to be constructed thereon.
3. This approval [illegible] system installed in the immediate area where the percolation test was run.
4. This approval [illegible] grading, filling or construction, including the lot, where the percolation test was performed on the lot which the Health Department renders the area unsuitable for the use for which [illegible] location and/or repair of such system.

This approval is given 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 or at the completion of the system, these laws, rules, and regulations are changed such that this application would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

*Results determined by soil analysis.

Director, Environmental Health Division or Authorized Section Head

W. Scott Lynn Jr.
Soil Scientist

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received

MECK. COUNTY DEPARTMENT OF
RECEIVED
NOV 28 1977

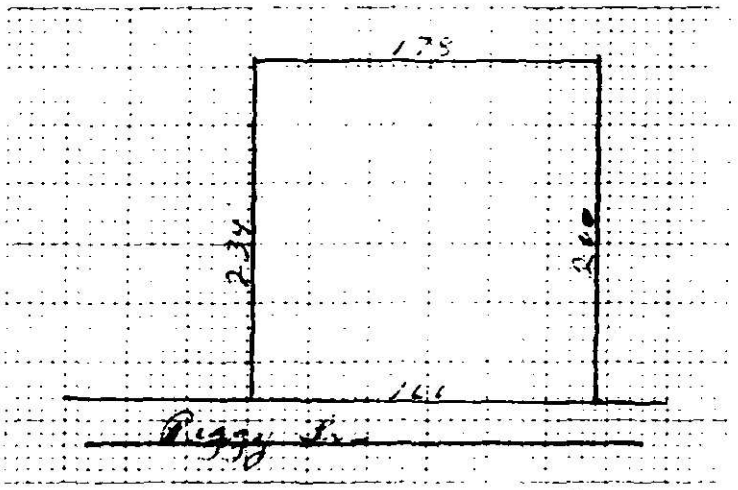
ICAR (S) Application No 2587
T C No 195-041-22
Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
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 the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

✓ Install or Construct ( ) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Norman (LAST) Wilkerson (FIRST) P. (MIDDLE)

14) ADDRESS OF OWNER 4411 Wilkerson Rd. Charlotte, N.C. 28212

15) PHONE NO Home 545-4993 Office Home

16) LOCATION OF SYSTEM 3812 Riggs Rd. (STREET OR SECONDARY ROAD)

17) SUBDIVISION W.F. Hames (Sec.) Lot No 14 Block No A

Map Book No 17 Page No 252

18) DEED REFERENCE — DEED BOOK 3513 AT PAGE 526

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ( ) NO DATE RUN SB-60 3-11-74

20) PTR NUMBER (See Instructions) 7597

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

Nov. 28, 1977
DATE OF APPLICATION

W. P. Wilkerson
OWNER

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 1376

LA No. 7587

Date Issued November 29, 1977

T C No. P.0.195-041-22

Map Date 12-14-73

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 4901 Melissa Lane, Charlotte, NC ZIP 28212

LOCATION OF LOT 3812 Peggy Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 14 BLOCK NO A

MAP BOOK NO 17 PAGE NO 252

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 7587 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 soil investigation 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, altered 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

Environmental Health Director or Authorized Section Head

EHD 5-76

Environmental Health Department's Copy

Date Issued 26 May

Serial No. 1648

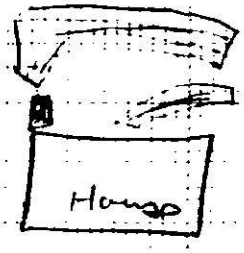
ICAR/S Permit No 7587

T C No 195-04122

Map Page

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted to Install or Construct, Alter or Repair the following described septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as described herein at the described location. This permit is granted based upon the information supplied in application No. 7587, dated 11/29/77 and shall be void and of no effect if the system is not installed in the applicant's name. All work shall be completed on or before 26 Jun after which date this permit is revoked.



Peggy Ln

SYSTEM

NAME OF OWNER William P. Thomas

LOCATION OF PROPERTY 3812 Peggy Ln

This permit is granted subject to the conditions set forth in the Regulations of the Mecklenburg County Board of Health governing the granting of this permit. A certificate of approval must be obtained from the Health Department before any system is covered up or otherwise rendered unavailable for inspection.

The issuance of this permit does not in any way guarantee that tne system anticipated to be contructed 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.

Comments

(12 x 12 4 x 12 3 bdrm.) (12 x 8 2 x 12 3 bdrm.)

OS-
1500 gal Pre Cast
495' & 125'
4 & 4
10'
10'
50' +

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 30 May 1978 Serial No. 1568 C of A (s) No 7587

T C No 195-041-71

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Thomas, Wm P.
LAST FIRST MIDDLE

Location of Property 3812 Peggy Lane

Application Number ____ Permit Number 7587

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pre cast

Total Length of Drain Tile 495 ± 125 Number of Lines 5 ± 4

Depth of Filter Material 17" Cover Depth 18" ±

Water Supply Source well Distance from Water Source 50' ±

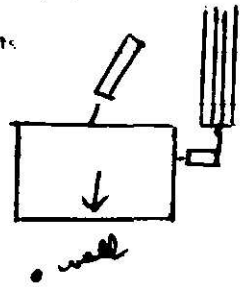
Excavation Inspected ✓ Tank Inspected 5/30/78
DATE

Nitrification Field Inspected 5/30/78
DATE

Washing Machine Line Inspected If Applicable 5/30/78
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption of effluent discharge as described above and it has been ✓ installed constructed altered in compliance with the permit issued and the regulations of the Mecklenburg County Health Department governing the disposal of sewage. This Certificate of Approval does not in any way guarantee that the system will operate properly nor does it relieve any person now or hereafter owning, controlling or using such system from any liability for the failure of the system to operate properly. This Certificate of Approval is issued subject to the restrictions and conditions shown on the permit and 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



John R Atkisson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Received 3-7-74 APT No. 1000

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Thomas (LAST) William (FIRST) P. (MIDDLE)

2) ADDRESS OF OWNER 4721 Melissa Ln. Matthews ZIP 28105

3) PHONE NO Home 5454913 Office 5459393

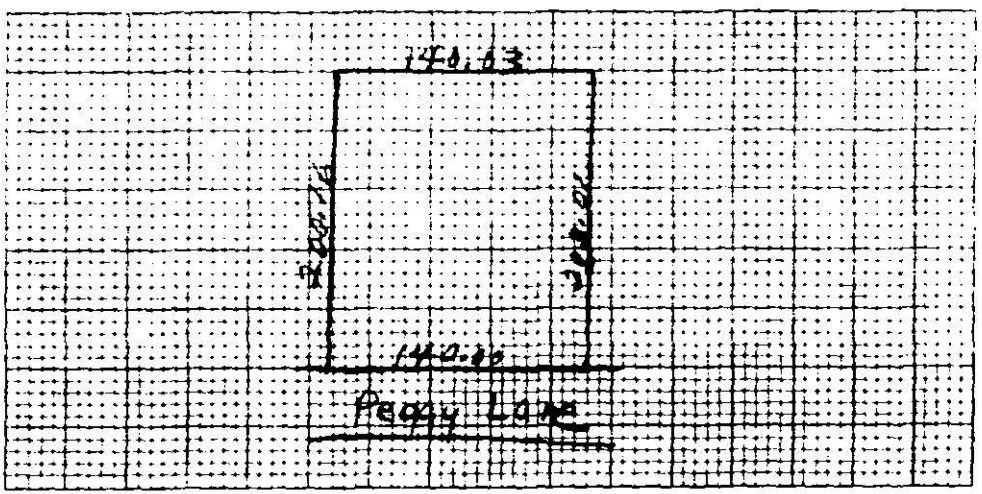
4) LOCATION OF PROPERTY 3811 Peggy Lane (STREET OR COUNTY ROAD) Matthews

5) SUBDIVISION W.P. Thomas Property LOT NO 15 BLOCK NO A

MAP BOOK NO 17 PAGE NO 252

6) DEED REFERENCE DEED BOOK 3513 PAGE NO 526

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7) ACCURATELY DIAGRAM & DIMENSION LOT

W. P. Thomas
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY