in pen.

APT #1231

To City Hall
7/30/68

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RECORD

Location (St., Rd., Hwy.) Tuckaseegee Place off Wilkinson Blvd
Subdivision Tuckaseegee Pl.
Lot & Block No. Lot 10
FHA Case No. _____

Owner Bruce Kelly
Builder _____
No. Perc. Holes 6

6 Hole Average

1st. Perc. Rate	56	Min./In.	Date 5-8-68
2nd Perc. Rate	_____	Min./In.	Date _____
3rd. Perc. Rate	_____	Min./In.	Date _____
4th. Perc. Rate	_____	Min./In.	Date _____

Lowest Rate Above = Average Perc. Rate 56

No. Bedrooms 3 Baths 2
Washing Machine ✓ (Yes / No) Disposal ✓ (Yes / No)

Separate _____ (Yes / No) Separate _____ (Yes / No)

Tank Capacity _____ Gallons
Nitrification Line _____ Lin. Ft. _____ Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. _____ Urinals _____ Lavatories _____
Showers _____ Sinks _____ Other _____
No. of Employees _____

Check:
Approved ✓
Disapproved _____
Conditional _____ Agreement Card Signed _____

R. E. Tucker
Sanitarian - Engineer

SEE INSTRUCTIONS ON BACK

Date Received 11-15-73

[illegible] CAR (S) Application No. 7231

T. C. No. 107-192-46

[illegible] 5 1973

Map Date 9-1-70

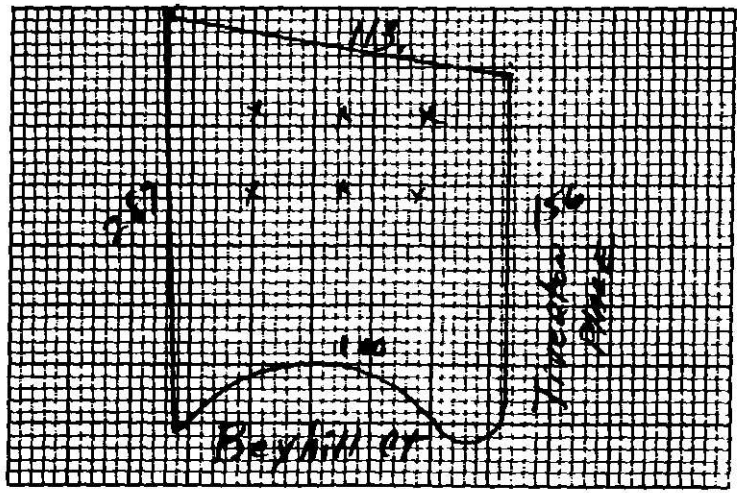
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

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) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. ?

12) VA Case No. ?

13) NAME OF OWNER Bettis (LAST) Ronald C. (FIRST) Ira (MIDDLE)

14) ADDRESS OF OWNER 1319 Communal Ave

15) PHONE NO. Home _____ Office 375-7112

16) LOCATION OF SYSTEM 3311 Juniston Place (STREET OR COUNTY ROAD)

17) SUBDIVISION Juniston Lot No. 10 Block No. 1

Map Book No. 346 Page No. 2654

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-30-68 Pk 56

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.

11-14-73
DATE OF APPLICATION

Bruce Bettis
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3621

LA No. 7231

Date Issued November 16, 1973

T. C. No. 107-192-46

IMPROVEMENTS PERMIT

Map Date 9-1-70

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 Gettys Construction Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1319 Commerical Avenue ZIP _____

LOCATION OF LOT 3311 Tiverton Place
(STREET OR COUNTY ROAD)

SUBDIVISION Tiverton LOT NO. 10 BLOCK NO. 1

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 56 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 7231. 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.

G. M Reynolds
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 26 May 74 ~~11-14-73~~ Serial No. 5020 ICAR(S) Permit No. 7231

T C No 107-197-46

Map Date 9-1-70

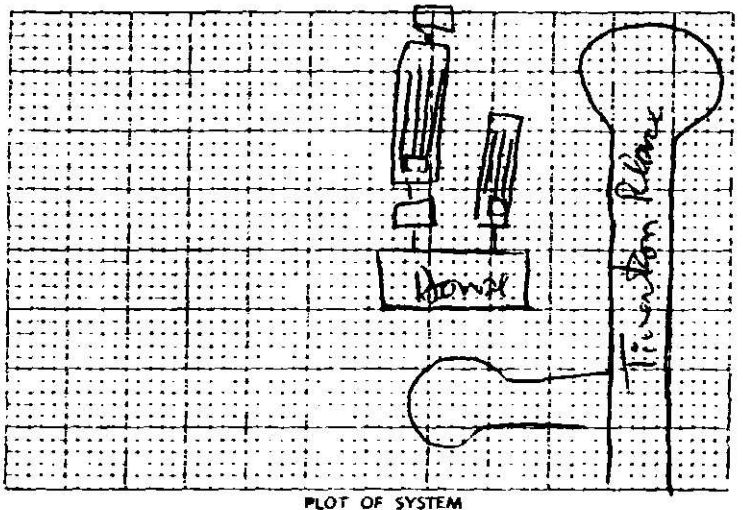
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7231, dated 11-14-73 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 26 May 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concr.

Absorption and/or Nitrification Lines

Total Line Lenght 400' & 150'

Number of Lines

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Gettys Const. Co. Inc.

LOCATION OF PROPERTY 3311 Tiverton Place

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: washer 7½'x5' / Aeration pit 2½'x7'x4' sks

Division or Section Head

E M Reynolds
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.

Rev. 5 E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 26 Mar 74 Serial 4557

C of A (s) No. 7231

T. C. No. 107-195-46

Map Date 9-1-70

John R Atkinson

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 Gethys Const Co. (LAST / FIRST / MIDDLE)

Location of Property 3311 Tiverton Place

Application Number 7231 Permit Number 7231

Inspection Data:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines (5) 13½' x 80'

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 26 Mar 74 (DATE) Tank Inspected 26 Mar 74 (DATE)

Nitrification Field Inspected 26 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 26 Mar 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

Inside

APT # 1 2

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Mallard Dr. South
Subdivision Pickard Farms
Lot No. & Block No. 2-A
FHA Case No. 6

Owner
Builder Earl Vaughn
No. Perc. Holes

6-Hole Average

1st. Perc. Rate 36 Min./In. Date 6/30/70
2nd. Perc. Rate Min./In. Date
3rd. Perc. Rate Min./In. Date
4th. Perc. Rate Min./In. Date

Lowest Rate Above = Average Perc. Rate

No. Bedrooms Baths
Washing Machine Yes No Disposal Yes No

Separate Yes No Separate Yes No

Tank Capacity Gallons
Nitrification Line Lin. Ft. Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Lavoratories
Showers Sinks Other

Check:
Approved ✓
Disapproved
Conditional Agreement Card Signed

Sanitarian - Engineer

EH: #85
9/1968