Date Received 9-6-23

APT No. 6953

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Steve Robinette
Sign Design Ass.
620 Atando Ave. 28206 376-1556
Ch.

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Robinette (LAST), Grayden (FIRST) Milas (MIDDLE)

2) ADDRESS OF OWNER 3301 Hubbard Rd ZIP 28213

3) PHONE NO. Home 596-5608 Office 377-4411 Ext 225

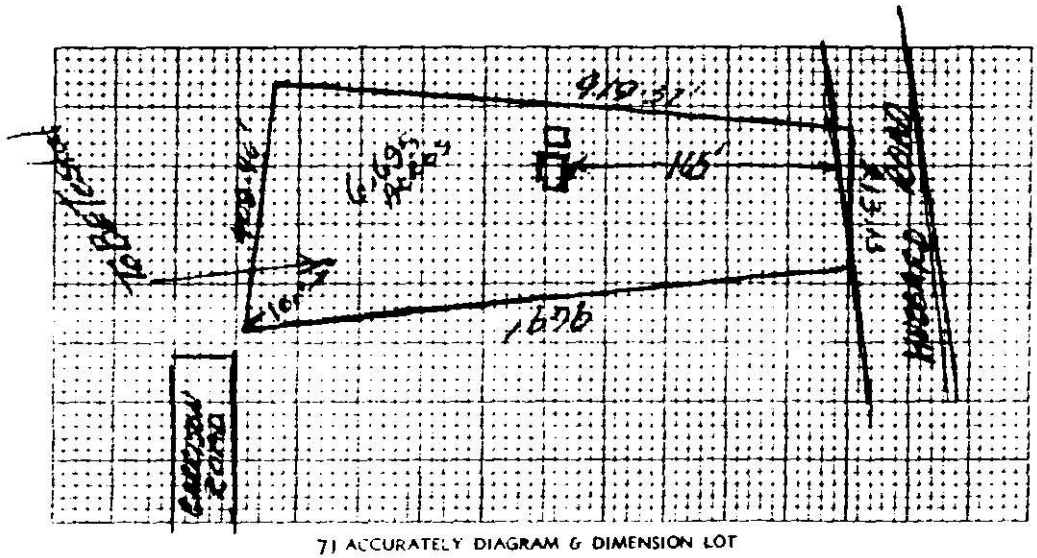
4) LOCATION OF PROPERTY Between the end of Garrison Rd and Hubbard Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. 2654 PAGE NO. 355

6) DEED REFERENCE DEED BOOK 2191 PAGE NO 303

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

Grayden Milas Robinette
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3583

PTR No. 6953

T C No. 043-016-11

Map Date 11-10-72

Date Issued September 10, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

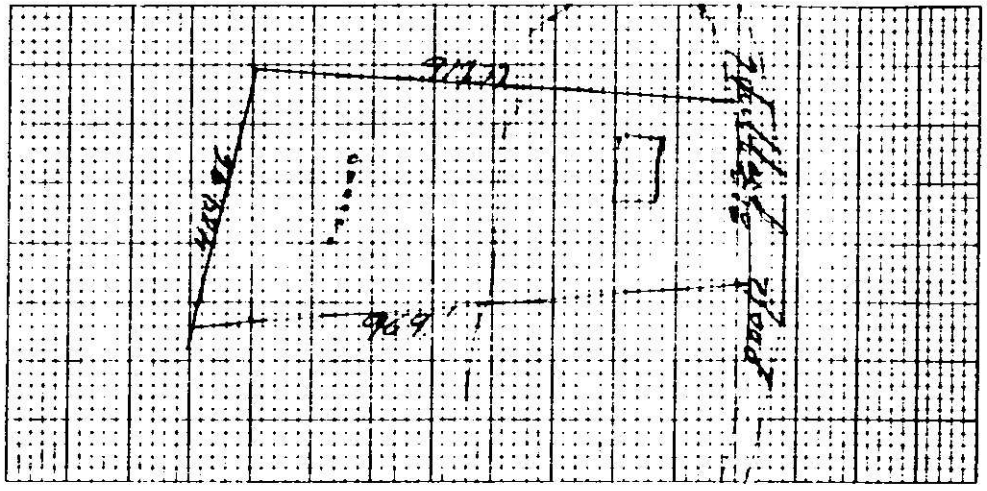
PERCOLATION TEST REPORT

NAME OF OWNER Robinette (LAST) Graydon (FIRST) Milas (MIDDLE)

ADDRESS OF OWNER 3301 Hubbard Road ZIP 28213

LOCATION OF PROPERTY Hubbard Road (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 30 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 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.

John R. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E 2 4 1 71

HEALTH DEPARTMENT COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-6-13

ICAR(S) Application No 6953

T C No

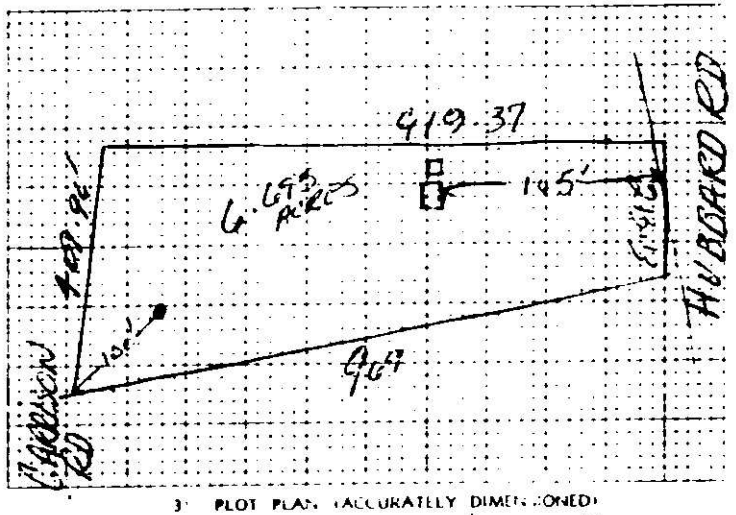
Map Date

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Building Use Main Emp. Sees N/A

6) Washing Machine ✓ 7) Garbage Disp. ✓ No

8) Dishwasher ✓ No

9) Water Supply ✓

Water Softener

Community Sewer Yes ✓ No

11) FHA Case No. N/A

12) VA Case No. N/A

13) NAME OF OWNER Robinette, Grayton Miles
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3301 Hubbard Rd

15) PHONE NO Home 588-5468 Office 377-4411 EXT 220

16) LOCATION OF SYSTEM between end of Clarkson Rd & Hubbard Rd.
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No Block No

Map Book No 2654 Page No 326

18) DEED REFERENCE — DEED BOOK 2191 AT PAGE 383

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 statement 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

Grayton Miles Robinette
OWNER

DATE OF APPLICATION

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

LA No. 6953

Serial No. 3394

Date Issued September 10, 1973

T. C. No. 043-016-11

Map Date 11-10-72

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 Robinette (LAST) Graydon (FIRST) Milas (MIDDLE)

ADDRESS OF OWNER 3301 Hubbard Road ZIP 28213

LOCATION OF LOT Hubbard Road (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 30 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 6953. 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 - 1-73

HEALTH DEPARTMENT'S COPY

Date Issued 29 July 74

Serial No. 5593

ICAR(S) Permit No 6953

T C No 043-016-11

Map Date 10 Nov 72

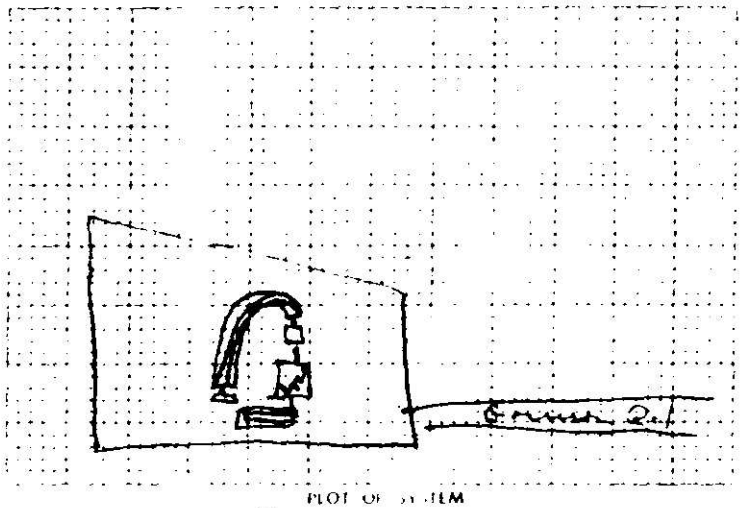
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 After or Repair the individual septic tank waste water treatment system with subsurface, soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied on application 6953 dated 9-6-73 and this permit shall be void and of no effect if the information provided in the application is not correct as submitted. All work shall be completed on or before 29 Aug 74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ———

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 400 5'150 sq ft

Number of Lines 4(100'x17')
3(72'x50'x7')

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Labenette, G. M.

LOCATION OF PROPERTY End of Garrison Rd

The undersigned agrees that this 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 aeration pit 2½'x7'x4' of Stone (Oaks)

Director or Section Head

Environmentalist

In the case of installation or construction of a new system it may not be signed by the division or a [illegible] 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 E-5-8-1-72

Serial No. 5114

C of A (s) No. 6953

Date Issued 30 July 74

T C No 043-016-11

Map Date 10 Nov 72

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 Robinette, G. M. (LAST, FIRST, MIDDLE)

Location of Property end of Harrison Rd

Application Number 6953 Permit Number 6953

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 600'/150' Number of Lines 4(90'x18"x11") 3(7½'x50'x17")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 30 July 74 (DATE) Tank Inspected 30 July 74 (DATE)

Nitrification Field Inspected 30 (DATE)

Washing Machine Line Inspected, If Applicable 30 July 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 is not in any way a guarantee that the system will operate properly or relieve any person now or hereafter owning or utilizing 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 in the permit and 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 2½'x7'x4'9" Stone

Richard Hartsman
Environmentalist

FORM NO E-6-9-1-72