B

Date Received 8-8-73

APT No. 6816

60

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Butt (LAST) Walter (FIRST) Mitchell (MIDDLE)

2) ADDRESS OF OWNER 3137 Little Rock Rd Charlotte ZIP 28217

3) PHONE NO. Home 392-2912 Office 324-7211

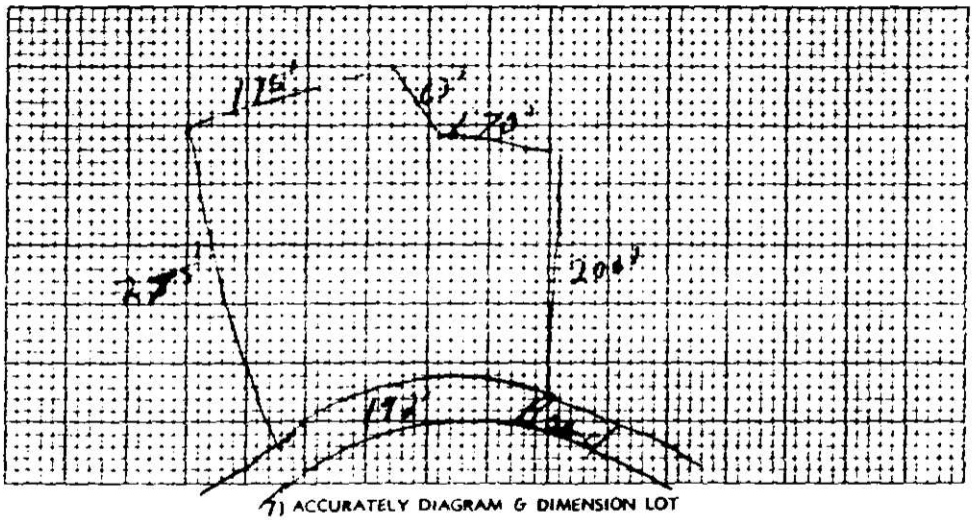
4) LOCATION OF PROPERTY West Charlotte - Mallard Creek (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. 15-16 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

Walter M. Butt
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3496

PTR No. 6816
27

Date Issued August 17, 1973

T. C. No. 113-125-28

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

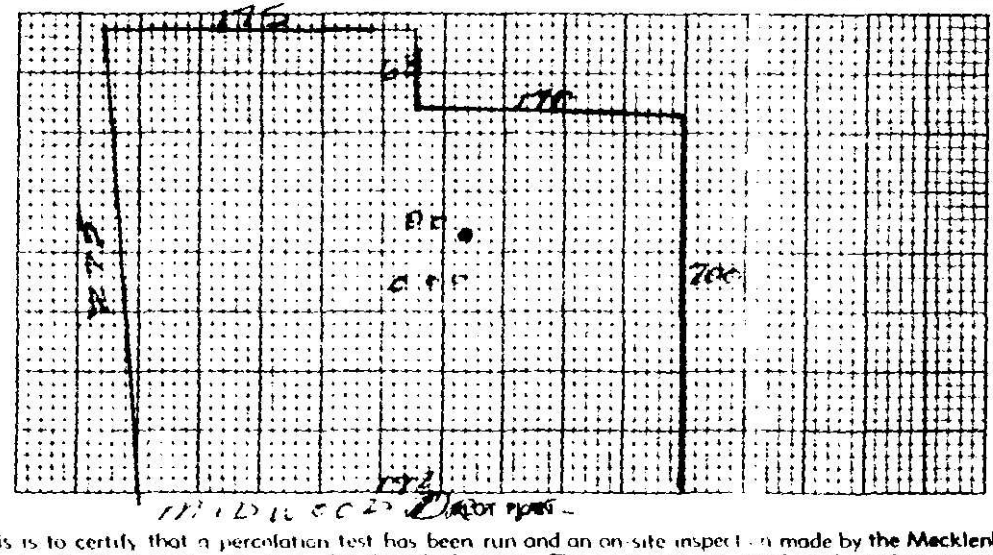
PERCOLATION TEST REPORT

NAME OF OWNER Britt (LAST) Walter (FIRST) Mitchell (MIDDLE)

ADDRESS OF OWNER 3137 Little Rock Road ZIP 28214

LOCATION OF PROPERTY Midwood Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 15 & 16 BLOCK NO.



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 60 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.

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 8-8-73

ICAR (S) Application No 6816

T C No

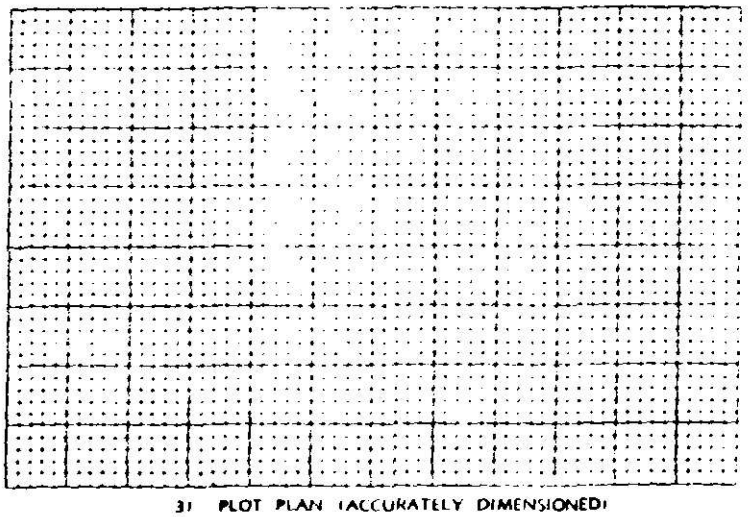
Map Date

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) X 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 ... No Employees ...

6) Washing Machine ✓ Yes ... No

7) Garbage Disposal ... Yes ... No

8) Dishwasher ✓ Yes ... No

9) Water Supply

A) Individual Well ✓

B) Government System ...

C) Community System ...

1) Well Owner ...

2) Governmental ...

Sewage System

How far is nearest public water ... Yes ... No

How far is nearest public sewer ... feet

Community sewer Yes ... No

11) FHA Case No ...

12) VA Case No ...

13) NAME OF OWNER Walter (FIRST) Mitchell (MIDDLE) Gill (LAST)

14) ADDRESS OF OWNER 5137 Little Rock Rd.

15) PHONE NO Home 399-1915 Office 394-2411

16) LOCATION OF SYSTEM West Smith, Mallard Wood (STREET OR COUNTY ROAD)

17) SUBDIVISION ... Lot No 15-16 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.

8-8-73
DATE OF APPLICATION

Walter M. Gill
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 17, 1973 **Serial No.** 3308

LA No. 6816
27
T. C. No 113-125-28

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 Britt (LAST) Walter (FIRST) Mitchell (MIDDLE)

ADDRESS OF OWNER 3137 Little Rock Road ZIP 28214

LOCATION OF LOT Midwood Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 15 & 16 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 60 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 6816. 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

L. C. Quinfemas
Environmentalist

John R. Abusson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3/7/74

Serial No. 4967

ICAR(S) Permit No 6816

T C No

Map Date

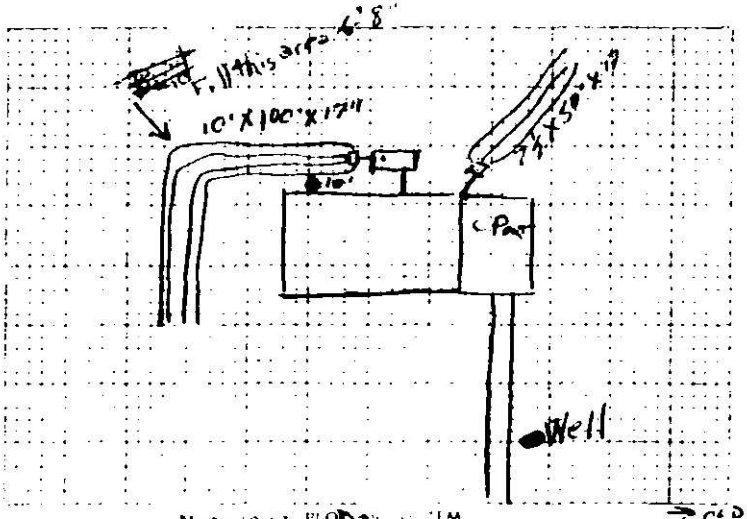
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct, Alter 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 in application 6816 dated 3/8/73 and this permit shall be void and of no effect if the information provided in the application is found to be erroneous. All work shall be completed on or before 4/1/74, after which date this permit shall be null and void.



Percolation Rate 60mpi

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length ST 400 LM
ST 460 (10'X100'X17")

Number of Lines 3(7½X50'X17")

Distance from House 10' Well

Distance from Property Line 10' Min

Distance from Well 50'+

NAME OF OWNER Walter M. Britt

LOCATION OF PROPERTY 3826 Midwood Dr.

This permit is issued subject to the following 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 before it can be used.

Comments

Division or Section Head JA/LRS

Environmentalist T. E. Brigman

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 E-5-9-1-72

(OVER)

Date Issued 4/12/74 Serial 4590 C of A (s) No. 6816

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 BRITT (LAST) WALTER (FIRST) M (MIDDLE)

Location of Property 8820 MIDWOOD DR.

Application Number 6816 Permit Number 6816

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 400' 150' Number of Lines 4 WM 3

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source IND WELL Distance from Water Source 100'

Excavation Inspected 4-12-74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 4-12-74 (DATE)

Washing Machine Line Inspected, If Applicable 4-12-74 (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: 50 ft.

L P Bridgeman

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY