Date Received 8·30·73

APT No. 6929

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Pegram (LAST) William (FIRST) Wirt (MIDDLE)

2) ADDRESS OF OWNER Rt. 3, Box 230 Charlotte, NC ZIP 28012

3) PHONE NO Home 588-1071 Office

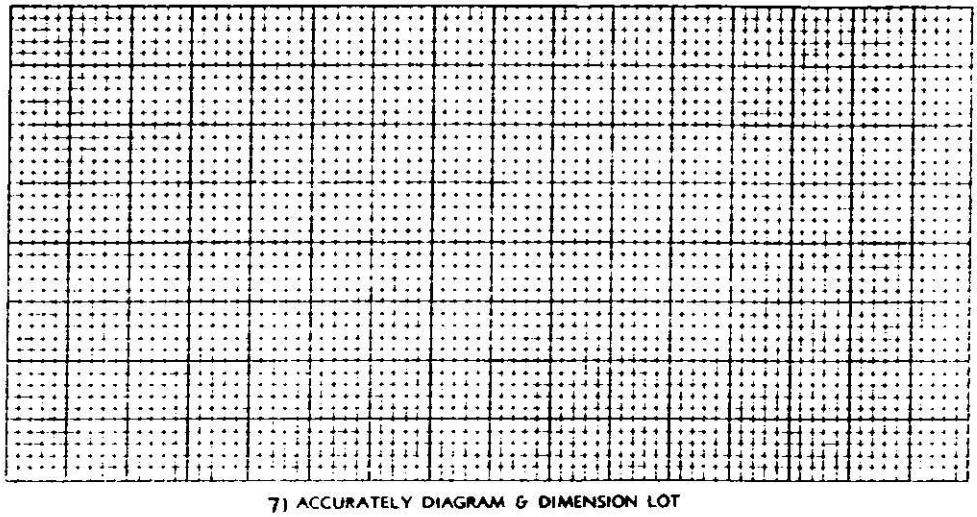
4) LOCATION OF PROPERTY Shopton Rd. West (STREET OR COUNTY ROAD)

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

W. W. Pegram by
OWNER
Effie B. Dawing
(daughter)

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: September 10, 1973

TO: Luther Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr. W. E. L.
Soil Scientist

SUBJECT: APT #6929 (Pegram)
September 5, 1973
Shopton Road West

Most of the soils were found to be of the Mecklenburg, Wilkes and Iredell series. These soils have very plastic and sticky clay subsoils which contain swelling clay minerals. The Wilkes soils are also shallow to impervious weathered rock material. The Iredell soils may have a perched high water table during periods of high rainfall. These factors result in inadequately slow perc. and permeability.

An area of soils intergradient between the Appling and Mecklenburg series. These soils have good drainage, good aeration and moderate permeability. A perc. test was also conducted in this area and yielded a perc. rate of 60 min./in.

It is recommended that the lot be granted approval with the system located in the area of soils intergradient between Appling and Mecklenburg. Design should be based on a 60 min./in. perc. rate.

Serial No. 3576

PTR No. 6929

Date Issued September 7, 1973

T C No. 190-212-14

Map Date 9-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

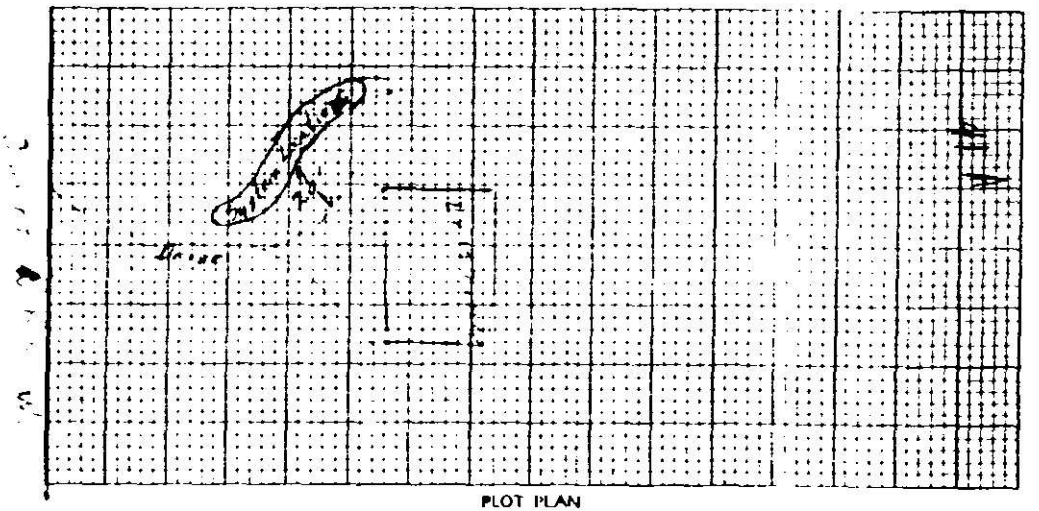
PERCOLATION TEST REPORT

NAME OF OWNER Pegram (LAST) William (FIRST) Wirt (MIDDLE)

ADDRESS OF OWNER Route 3, Box 230 ZIP

LOCATION OF PROPERTY Shopton Road West (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 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.

* Results determined by soil analysis.

W. Everette Lyman Jr. Soil Scientist

FORM NO. E-2 4-71

Director, Environmental Health Division or Authorized Section Head

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-23

ICAR(S) Application No 6929

T C No 190-21214

Map Date 4-27-73

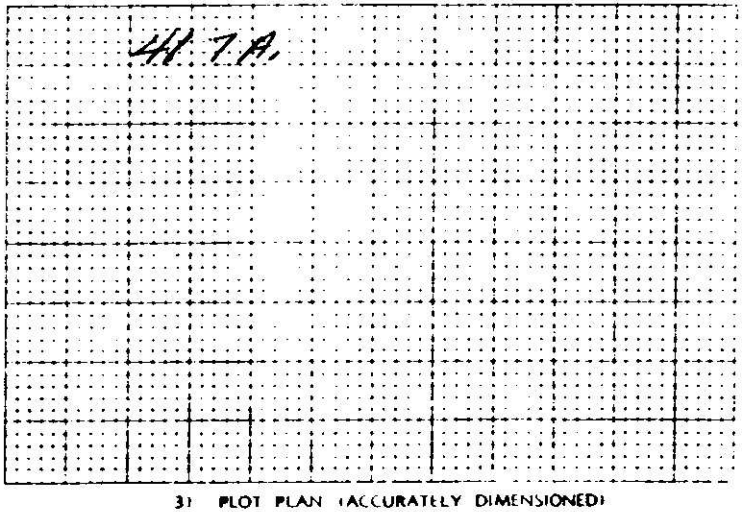
MECKLENBURG COUNTY HEALTH DEPARTMENT

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~~ 2

5) Income / Use Max No Employees —

6) Washing Machine X Yes _ No _

7) Garbage Disposal _ Yes X No

8) Dishwasher _ Yes X No

9) Water Supply
A) Individual Well X
B) Government _ Yes _ No
C) Community _ Yes _ No
1) Well _
2) Government _
Sewage Facilities
Have public sewer _ Yes X No
Have public sewer within 1 mile
community sewer Yes X No

11) FHA Case No —

12) VA Case No —

13) NAME OF OWNER Pegram (LAST) William (FIRST) Wirt (MIDDLE)

14) ADDRESS OF OWNER Rt. 3, Box 230, Charlotte, NC, 28212

15) PHONE NO Home 588-4071 Office

16) LOCATION OF SYSTEM Shopton Rd (STREET OR COUNTY ROAD) W. 200 YDS. N OF Eubanks Rd.

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

9/12/73
DATE OF APPLICATION

William Wirt
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3388

LA No. 6929

Date Issued September 7, 1973

T. C. No. 190-212-14

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 Pegram (LAST) William (FIRST) Wirt (MIDDLE)

ADDRESS OF OWNER Route 3, Box 230 ZIP _____

LOCATION OF LOT Shopton Road West (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 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 6929. 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 Divisen or Authorized Section Head

FORM NO E-3-4-1 71

HEALTH DEPARTMENT'S COPY

Date Issued 9/28/73 **Serial No. 4427** ICAR(S) Permit No. 6929

T. C. No.

Map Date

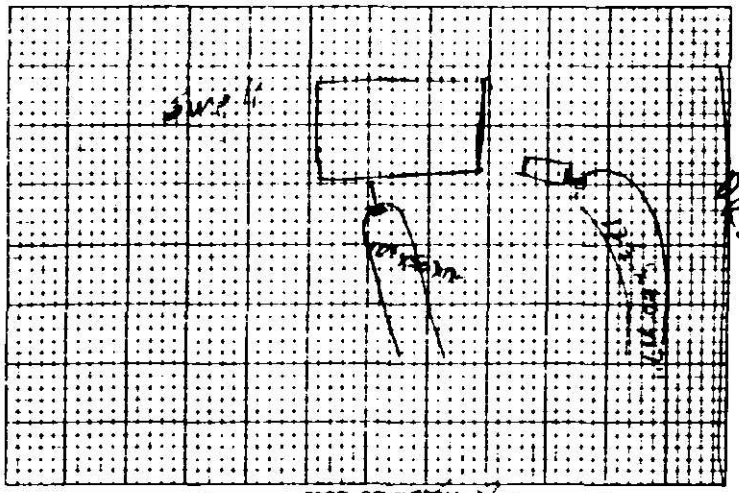
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6929, dated 9-6-73 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 10/15/73, after which date this permit shall be null and void.



Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines: ST WM

Total Line Lenght 300 150

Number of Lines 5 3

Distance from House 10

Distance from Property Line 10'+

Distance from Well 100 ~~50~~

NAME OF OWNER W. W. PEGRAM

LOCATION OF PROPERTY 3 SHOPTON RD. W.

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:

Division or Section Head

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

Date Issued 10/1/73 **Serial 3926** C of A (s) No. 6929

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner PEGRAM (LAST) WM. (FIRST) WIRT (MIDDLE)

Location of Property SHELTON RD W.

Application Number 6929 Permit Number 6929

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile NM 150 ST 300 Number of Lines ST 5 WM 3

Depth of Filter Material 17" Cover Depth 31"

Water Supply Source WELL SHARED Distance from Water Source 100

Excavation Inspected 10/1/73 (DATE) Tank Inspected 10/1/73 (DATE)

Nitrification Field Inspected 10/1/73 (DATE)

Washing Machine Line Inspected, If Applicable 10/1/73 (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: SOIL DOESN'T APPEAR TOO GOOD

R. B. Sloan

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY