Date Received 5-2-73

APT No. 6133

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Phifer (LAST) Earl Alfred (FIRST) C. Dale (MIDDLE)

2) ADDRESS OF OWNER 3745 South Interstate 85, Charlotte, N. C. ZIP 28208

3) PHONE NO. Home _____ Office 392-8333

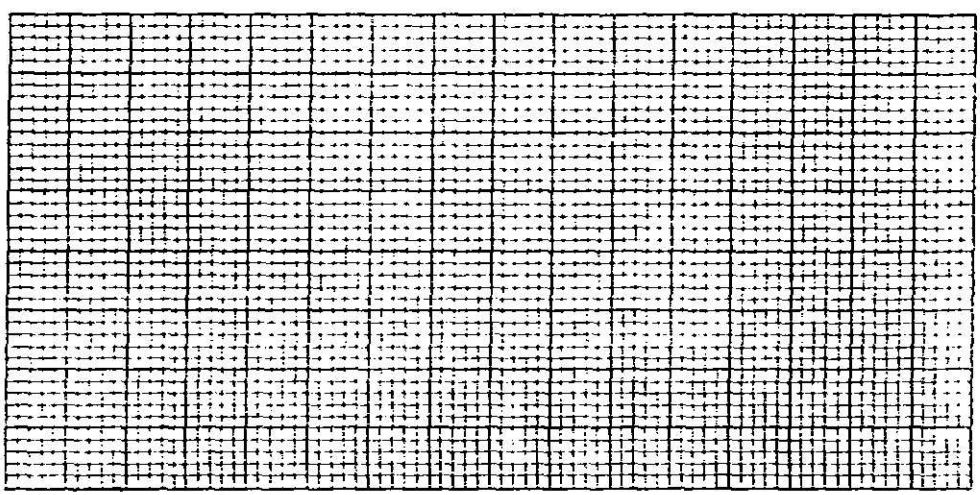
4) LOCATION OF PROPERTY 5320 North Graham Street - Derita Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 1, 2 & 3 BLOCK NO. _____

MAP BOOK NO. #4 #5 21== PAGE NO. 175

6) DEED REFERENCE: DEED BOOK 45 PAGE NO. 09

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.

Earl L. Phifer

Dale Faulton

OWNER

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

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. June 20, 1973 — SITE DISAPPROVAL REPORT — SDR No. 6133
2. _____ — INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, — T.C. No. 045-091-07
3. _____ — SOIL ABSORPTION, EFFLUENT DISCHARGE — 12-15-72

NAME OF OWNER Phifer, Earl C.
Tarlton, Alfred Dale

ADDRESS OF OWNER 3745 South Interstate 85 ZIP 28208

LOCATION OF LOT 5320 North Graham Street - Derita Road

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	6-14-73	infinity min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

G. M. Reynolds
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 3369

PTR No. 6133

T C. No. 045-091-07

Date Issued July 11, 1973

Map Date 12-15-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

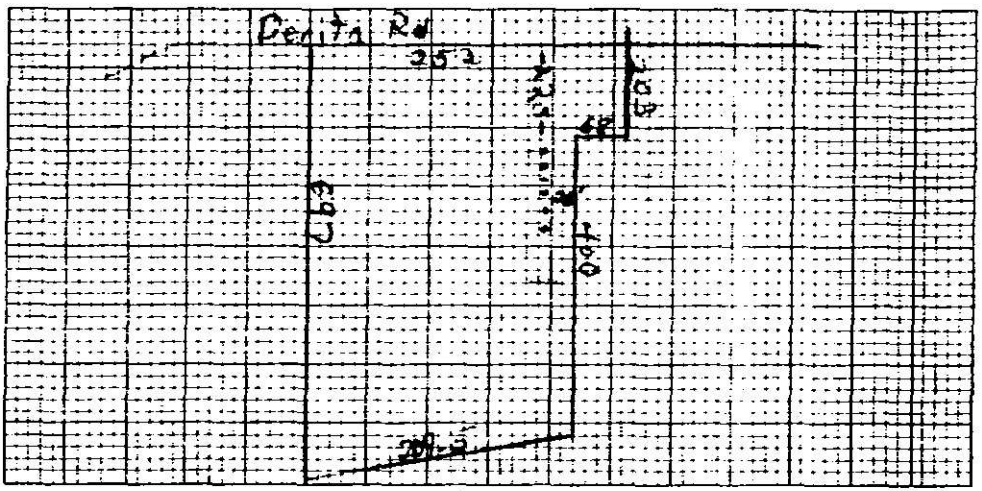
PERCOLATION TEST REPORT

NAME OF OWNER Phifer (LAST) Earl (FIRST) C. (MIDDLE)
Tarlton Alfred Dale

ADDRESS OF OWNER 3745 South I-85, Charlotte ZIP 28208
5320

LOCATION OF PROPERTY North Graham Street - Derita Road
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO. 1, 2, & 3 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. 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 teretment 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 M. Hobgood

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 5-23-73 ICAR(S) Application No 6133

T C No

Map Date

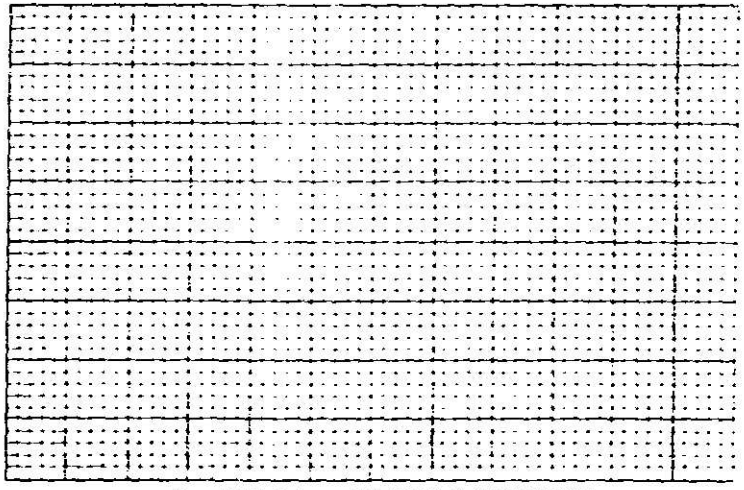
10000 sq ft
400 ft

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 ___

5) Business Use Max No Employees 14

6) Washing Machine ___ Yes ___ No

7) Garbage Disposal ___ Yes ___ No

8) Dishwasher ___ Yes ___ No

9) Water Supply
A) Individual Well XX
B) Government System ___
C) Community System
1) Well source ___
2) Government source ___

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

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Phifer Earl C., and wife Velma T. and Tarlton A. Dale, and wife Jean E.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3745 South Interstate 85, Charlotte, N. C.

15) PHONE NO Home 704-888-2665 (Phifer) 704-272-4611 (Tarlton) 5320 Office 392-8333

16) LOCATION OF SYSTEM North Graham Street - Derita Road
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. 1, 2 & 3 Block No. ___

Map Book No 4 5 Page No. 21 175

18) DEED REFERENCE — DEED BOOK 45 AT PAGE 09

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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.

Earl C Phifer
Dale Tarlton

DATE OF APPLICATION ___ OWNER ___

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued July 11, 1973 **Serial No. 3157**

LA No. 6133

T. C No. 045-091-07

Map Date 12-15-72

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 Phifer (LAST) Tarlton Earl (FIRST) Alfred C. (MIDDLE) Dale

ADDRESS OF OWNER 3745 South Interstate 85, Charlotte ZIP 28208

LOCATION OF LOT 5320 North Graham Street - Derita Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 1,2, & 3 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 6133. 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.

R. M Reynolds
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 4 Aug 73

Serial No. 4461

ICAR(S) Permit No. 6133

T. C. No. _____

Map Date _____

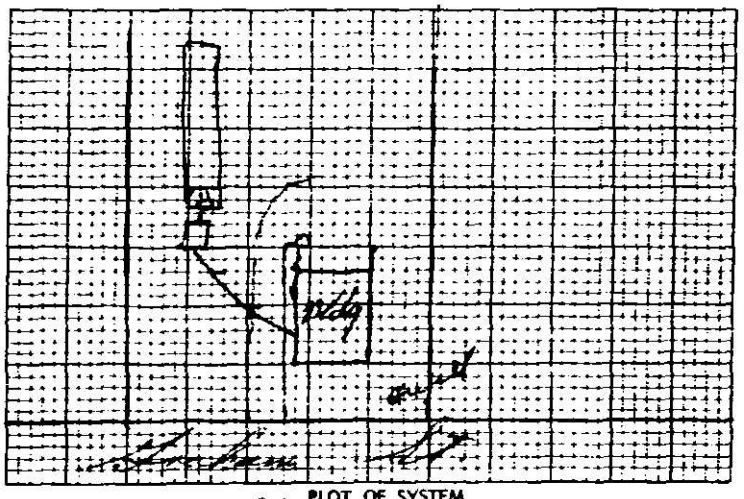
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 6133 dated 2 May 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 9 Nov 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 400'

Number of Lines 3 (125'x80'x12")

Distance from House 40'

Distance from Property Line 40'

Distance from Well _____

NAME OF OWNER Taylor, Earl A
Taylor, A Dale

LOCATION OF PROPERTY W. Graham St. (Vista Road).

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: Soil Bradford (Coastal)

_____
Division or Section Head

M. A. Kirby
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

Serial 4093

C of A (s) No. 6133

Date Issued 2 2 Oct 73

T. C. No.

John R. Adkisson

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: Shifer Earl A. (Shifer, Earl A. Mrs.) (LAST, FIRST, MIDDLE)

Location of Property: N. Graham St. (Clarita Road)

Application Number 6133 Permit Number 6133

Inspection Data:

Liquid Capacity of Tank 150 G Tank Material FC

Total Length of Drain Tile 400' Number of Lines 5 (125' 180' X 12")

Depth of Filter Material 17 Cover Depth 24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 22 Oct 73 (DATE) Tank Inspected 22 Oct 73 (DATE)

Nitrification Field Inspected 22 Oct 73 (DATE)

Washing Machine Line Inspected, If Applicable N.A. (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: Bill Buckford (Cont.)

W. O. Kirby

Environmentalist

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

HEALTH DEPARTMENT'S COPY