Date Received 3-5-73

APT No 5699

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Alexander (LAST) Daisy (FIRST) N (MIDDLE)

2) ADDRESS OF OWNER 4123 Glory Street Charlotte, N. C. ZIP 28206

3) PHONE NO Home 596-2207 Office

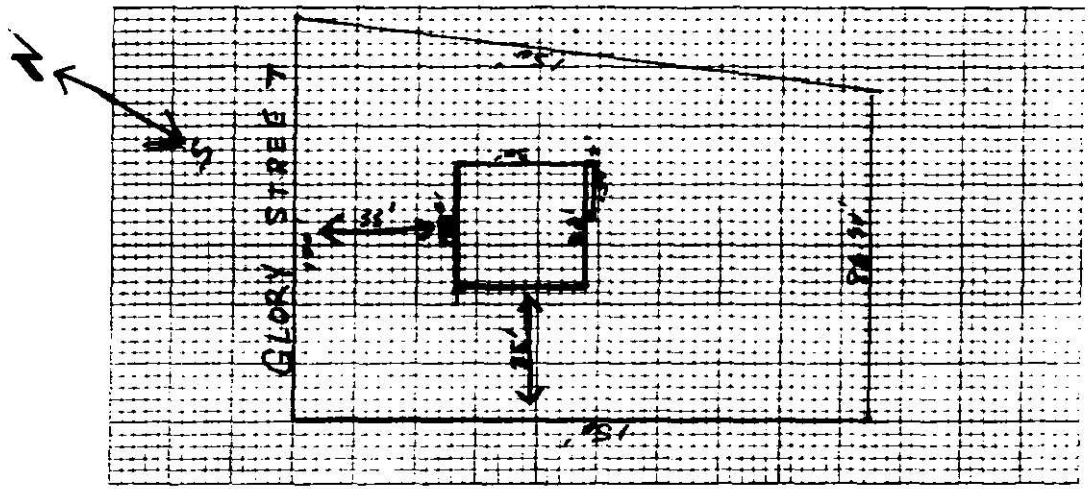
4) LOCATION OF PROPERTY Glory Street (4128) (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 1 BLOCK NO 11

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 430 PAGE NO 345

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

Daisy Alexander
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3 5 73

ICAR(S) Application No 5619

T. C No

Map Date

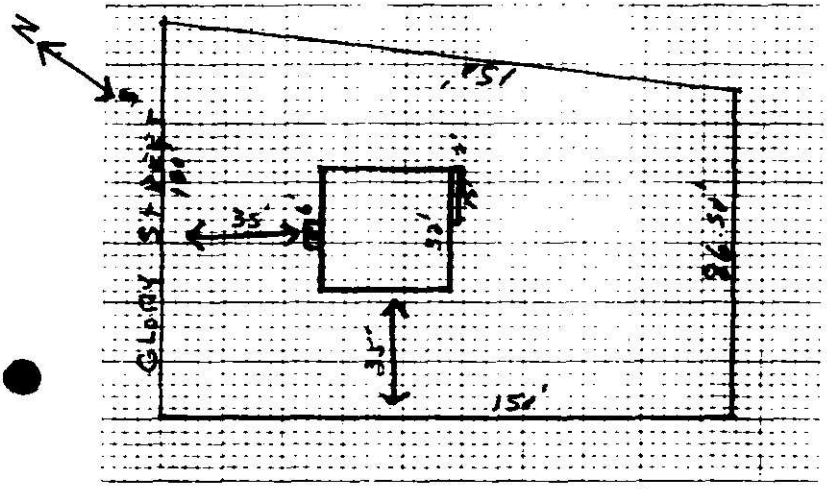
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or part 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)

2
Public or Community Water No
Employee
4) Washing Machine Yes X No
5) Garbage Disposal Yes X No
6) Dishwasher Yes X No
7) Water Supply
A Individual Well
B Government System X
C Community System
Well Source
Government Name
Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No
FHA Case No
VA Case No

13) NAME OF OWNER Alexander (LAST) Daisy (FIRST) NMN (MIDDLE)

14) ADDRESS OF OWNER 4123 Glory Street Charlotte, N.C. 28206

15) PHONE NO Home 596-2207 Office

16) LOCATION OF SYSTEM 4123 Glory Street (STREET OR COUNTY ROAD) Charlotte, N.C.

17) SUBDIVISION Lot No. 1 Block No 11

Map Book No Page No.

18) DEED REFERENCE -- DEED BOOK 430 AT PAGE 345

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.

March 5, 1973
DATE OF APPLICATION

Daisy Alexander
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5699

T C No 087-011-01

Date Issued March 16, 1973

Map Date 2-23-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

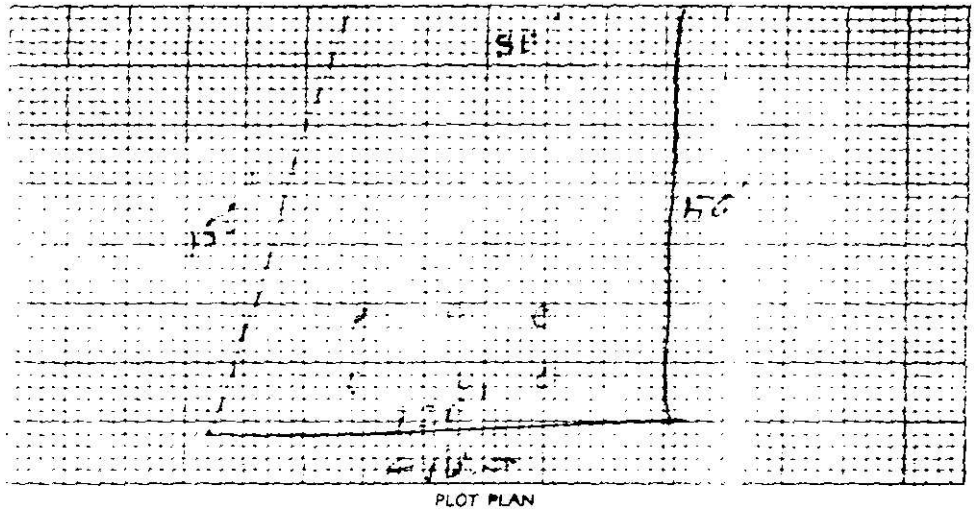
PERCOLATION TEST REPORT

NAME OF OWNER Alexander (LAST) Daisy (FIRST) (MIDDLE)

ADDRESS OF OWNER 4123 Glory Street ZIP 28206

LOCATION OF PROPERTY Glory Street (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.

D. E. McMillan

Director, Environmental Health Division or Authorized Section Head

PERM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued March 16, 1973

Serial No. 2620

LA No. 5699

T C No. 087-011-01

Map Date 2-23-72

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 Alexander (LAST) Daisy (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER 8123 Glory Street ZIP _____

LOCATION OF LOT Glory Street (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 5699. 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, altered, 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5th Nov 73 Serial No. 4687 ICAR (S) Permit No. 5699

T C No

Map Date

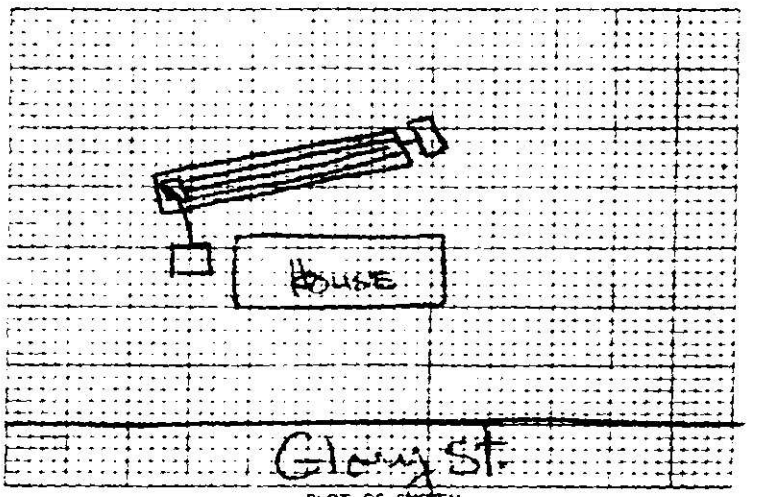
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 5699 dated 5 March 73 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 23 Dec 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 6C

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and or Distribution Lines

Total Line Length 300 ft

Number of Lines (5) 132 x 24"

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100' +

NAME OF OWNER Alexander, Daisy

LOCATION OF PROPERTY 4123 Glory St.

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: aeration pit 2½'x7'x4' stone

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.

FORM NO E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3 Dec 73 Serial 4267 C of A (s) No. 5699

John R Alexander T C No.

CERTIFICATE OF COMPLETION 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 Alexander, Daisy (LAST, FIRST, MIDDLE)

Location of Property 4123 Glory St

Application Number 5699 Permit Number 5699

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 300 ft Number of Lines (5) 12½' X 60'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source City Water Distance from Water Source 100 ft

Excavation Inspected 3 Dec 73 (DATE) Tank Inspected 3 Dec 73 (DATE)

Nitrification Field Inspected 3 Dec 73 (DATE)

Washing Machine Line Inspected, If Applicable ——— (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

SEE INSTRUCTIONS ON BACK

Date Received 3-10-22

ICAR (S) Application No. 5589

T C No. 135-265-02

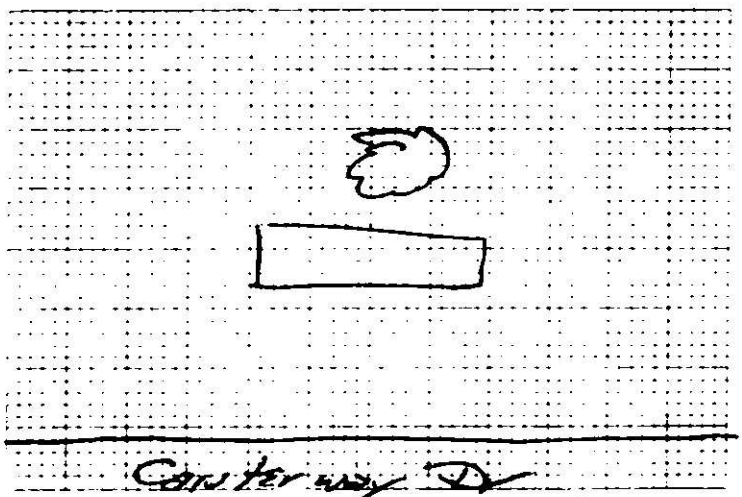
Map Date 5-9-24

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to

1 Install or Construct 2 Repair Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

- Mobile Home ___Yes ✓No
- Replacement ✓Yes ___No
- 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 ___
- Sewage System
  - Home located within 200 feet of public sewer ___Yes ✓No
  - Home located within 200 feet of community sewer ___Yes ✓No
- 11 FHA Case No. ___
- 12 VA Case No. ___

13) NAME OF OWNER Mosely (LAST) William (FIRST) D (MIDDLE)

14) ADDRESS OF OWNER 7110 Courtenay Dr (21-4)

15) PHONE NO Home 545-9026 Office 376-6486

16) LOCATION OF SYSTEM Same as above (STREET OR COUNTY ROAD)

17) SUBDIVISION Fernwood Lot No 21 Block No. H

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) 5589

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.

3-10-22
DATE OF APPLICATION

William D Mosely
OWNER

EHD-5-76

Environmental Health Department's Copy