Date Received 1-19-23

APT No 5492

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER TAUGEM (LAST) GARY (FIRST)

2) ADDRESS OF OWNER 3634 S. DRESDEN DRIVE COLEMAN (MIDDLE) ZIP 28205

3) PHONE NO Home 537-2303 Office 546-3220

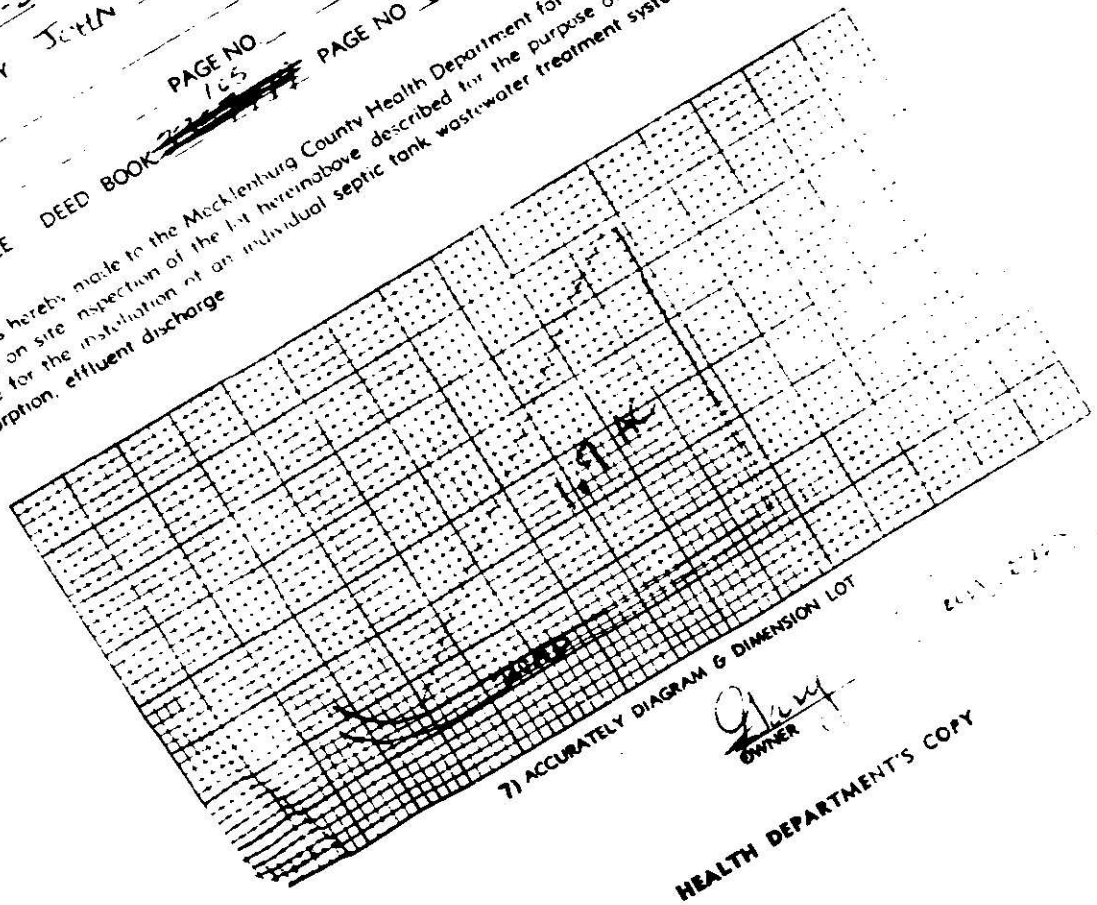
4) LOCATION OF PROPERTY JOHN RUSSELL ROAD (NEAR [illegible]) (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 65 BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 165 PAGE NO 632

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

OWNER

HEALTH DEPARTMENT'S COPY

3 Date Received 1-19 23 APT No 5442

T. C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BANCOM (LAST) GARY (FIRST) CLAYMAN (MIDDLE)

2) ADDRESS OF OWNER 3634-C DRESDEN DRIVE ZIP 28205

3) PHONE NO Home 537-2303 Office 546-3220

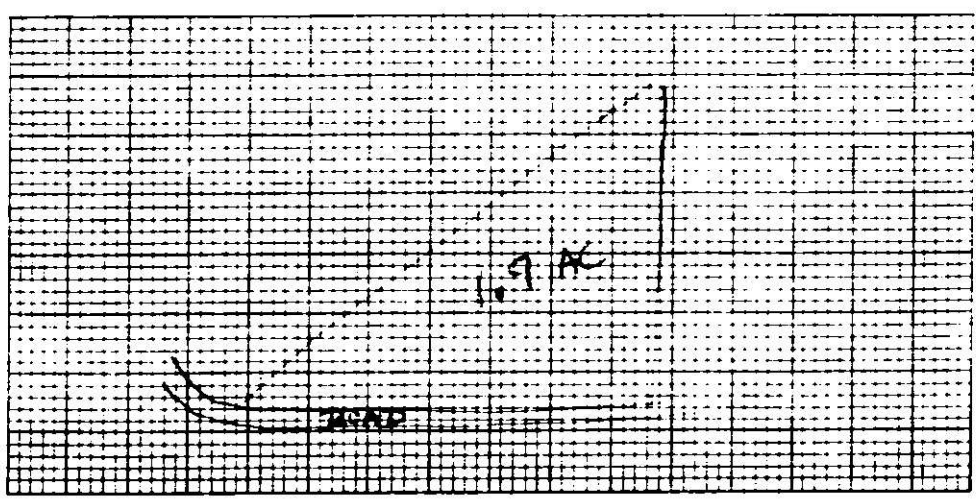
4) LOCATION OF PROPERTY JOHN RUSSELL ROAD (NEAR NEWELL ...) (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 05 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 105 PAGE NO 032

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

Gary C. Bancom
OWNER

FORM NO. 5-1-11-1-70

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

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

Date Issued
1. March 15, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 5442
T.C. No. _____

NAME OF OWNER Baucom, Gary Coleman

ADDRESS OF OWNER 3534-C Dresden Drive ZIP 28205

LOCATION OF LOT John Russell 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.	3-14-73	17? min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

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

Environmentalist

(Stencil No.)
BHD 398
8/70

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

Serial No. [illegible]

PTR No. 5442

Date Issued ~~[illegible]~~ April 17, 1973

T C. No. 105-032-05

Map Date 6-30-71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

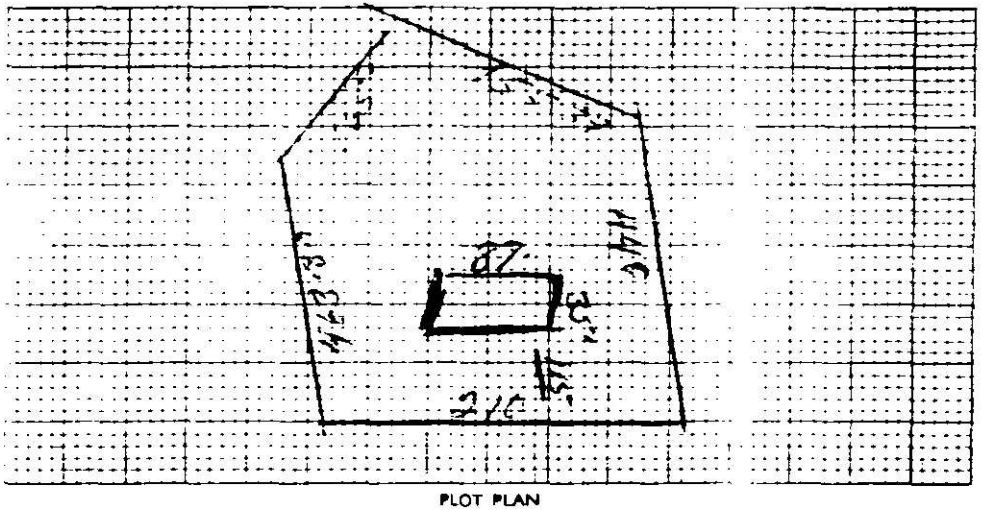
PERCOLATION TEST REPORT

NAME OF OWNER Baucom (LAST) Gary (FIRST) Coleman (MIDDLE)

ADDRESS OF OWNER 3634-C Dresden Drive ZIP 28205

LOCATION OF PROPERTY John Russell Road (STREET OR COUNTY ROAD)

SUBDIVISION Cecil Cochran LOT NO 105 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 after, 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. Robinson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ( ) BACK

Date Received 4-19-73

ICAR (S) Application No 5442

T C No 105-032-05

Map Date

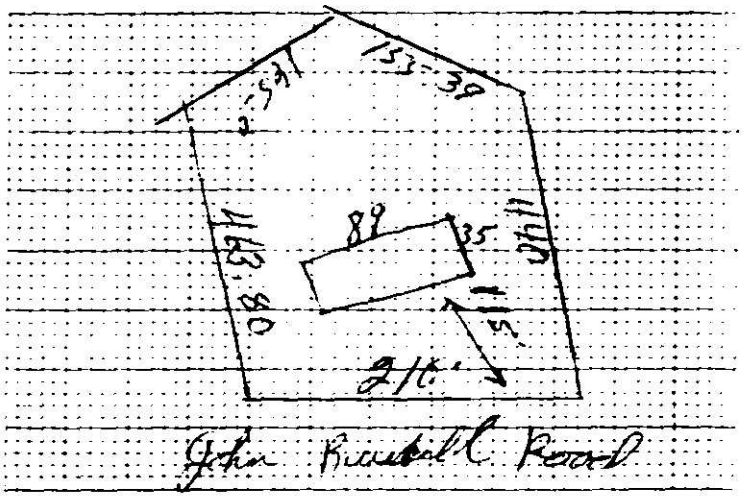
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

13) NAME OF OWNER Bauson (LAST) Gary (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER 3634 C Quarter Drive

15) PHONE NO Home 537 2303 Office 596 3220

16) LOCATION OF SYSTEM Back of House - John Russell Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Carb Orchard Lot No 5 Block No

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK 3113 AT PAGE 357

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 4-16-73 iR>60

20) PTR NUMBER (See Instructions) 5442

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

4-17-73
DATE OF APPLICATION

Gary C. Bauson
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 19, 1973

Serial No. 2750

LA No. 5442

T C. No 105-032-05

Map Date

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 Baucom (LAST) Gary (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 3634-C Dresden Drive ZIP

LOCATION OF LOT John Russell 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 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 5442. 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 5 July 73 **Serial No. 3984** ICAR(S) Permit No. 5442

T C No 105-032-05

Map Date ____

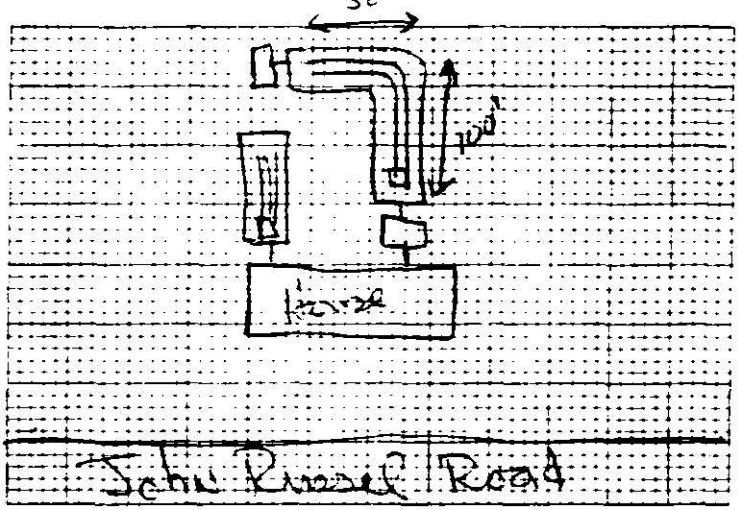
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given * ✓ 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 5442 dated 4-17-73 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 5 Aug 73 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600 +ft ± 150'

Number of Lines (4) 10'x150'

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Balcom, Gary C

LOCATION OF PROPERTY John Russel 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: Washer line 7½'x50'
Aeration pit 2½'x10'x4' stone

____ R. M. Reynolds

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

Serial No. 3541

C of A (s) No. 5442

Date Issued 12 July 1973

T C No. 105-032-05

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 Baucom (LAST) Gary (FIRST) C. (MIDDLE)

Location of Property John Russell Road

Application Number 5442 Permit Number 5442

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines 4 (10' x 150')

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 12 July 1973 (DATE) Tank Inspected 12 July 1973 (DATE)

Nitrification Field Inspected 12 July 1973 (DATE)

Washing Machine Line Inspected, If Applicable 12 July 1973 (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 2½' x 7' x 4' stone

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY