W

Date Received 2-26-73 60

APT No 5650

T C No 20-042-17

Map Date 1-15-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Staries & Craig Construction Company
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 131 Providence Road Charlotte, NC ZIP 28207

3) PHONE NO. Home _____ Office 375 7731

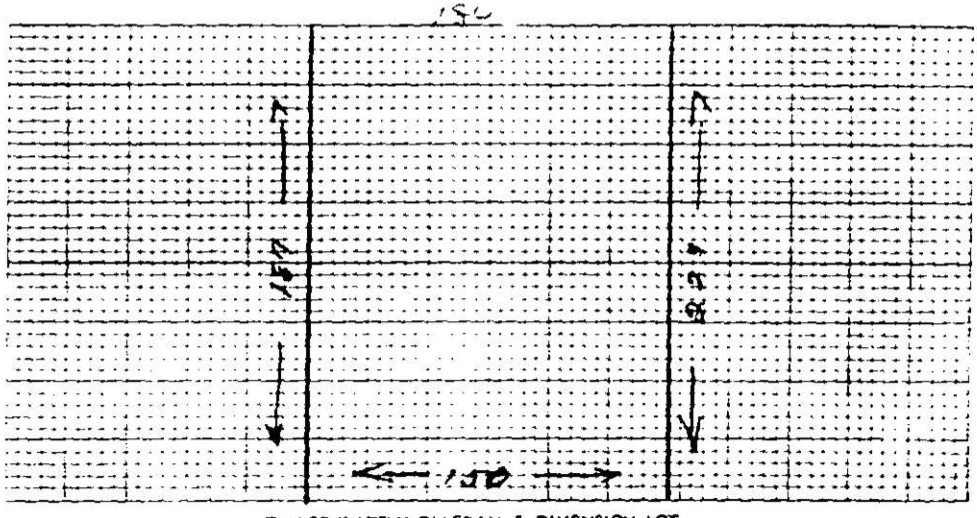
4) LOCATION OF PROPERTY 1316 Matthews Mill Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION Reverdy Woods LOT NO XX 9 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

STARIES & CRAIG CONSTRUCTION CO.

By _____
OWNER

FORM NO E-1-8-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203 Telephone 374-2113

Date Issued
1. March 22, 1973 SITE DISAPPROVAL REPORT SDR No. 5851
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. 227-042-17
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE 12-15-72

NAME OF OWNER Barnes and Crain Construction Company

ADDRESS OF OWNER 181 Providence Road ZIP 28207

LOCATION OF LOT 10th Matth Mt. Hill Sec, Lot 3

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
____	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

X ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) Percolation test holes were located in the area where the house is to be built. The holes must be located in the area where the absorption field is to be installed.

_____
Environmentalist

(Stencil No.)
EHD 398
8/70

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

Serial No. 2026

PTR No 5650

T C No. 227-042-17

Map Date 12-15-72

Date Issued April 13, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

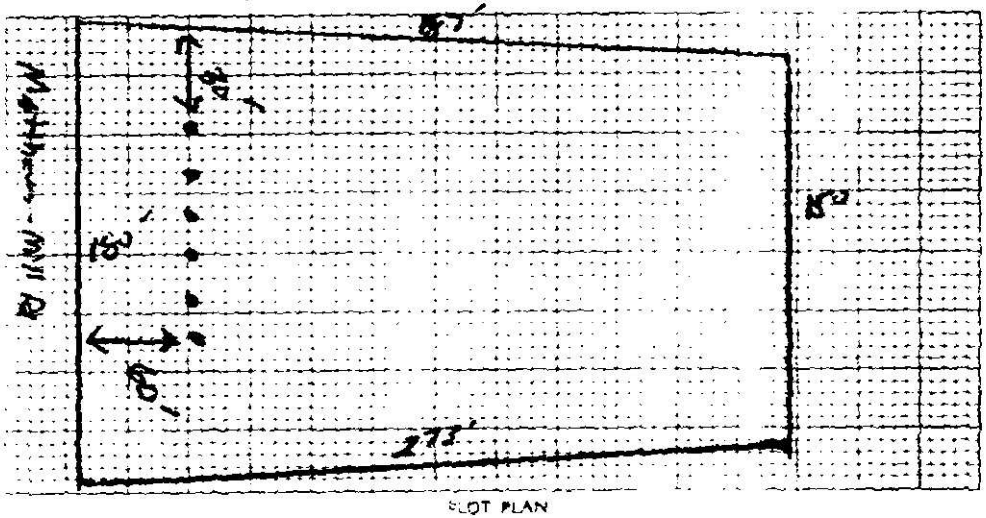
PERCOLATION TEST REPORT

NAME OF OWNER Starnes & Craig Construction Company (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP

LOCATION OF PROPERTY 1315 Matthews Mill Road (STREET OR COUNTY ROAD)

SUBDIVISION Beverly Woods LOT NO 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 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.

John R. Watson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 3-21-73

ICAR(S) Application No. 5650

T C No

Map Date

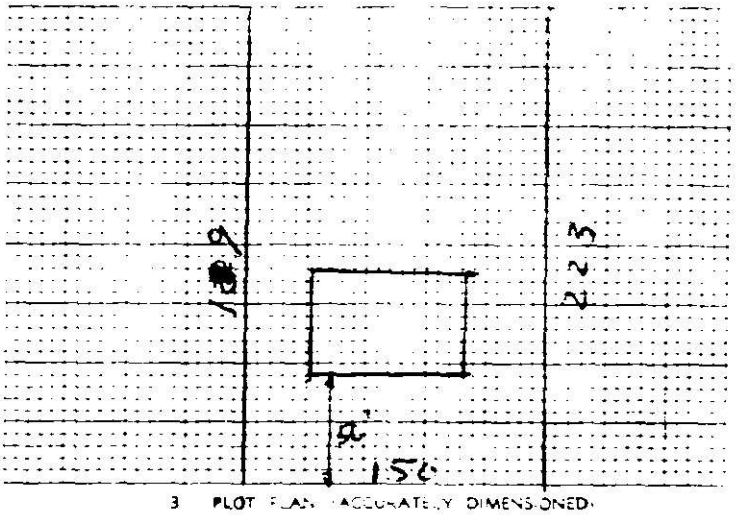
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3. PLOT PLAN (ACCURATELY DIMENSIONED)

4.
5. Water Supply: Yes / No
6. Garbage Disposal: Yes / No
7. Dishwasher: Yes / No
8. Water Supply:
9. Sewage System:
10. Sewage System:
11. Sewage System: Yes / No
12. FHA Case No.
13. VA Case No.

13) NAME OF OWNER STARNES ELEVATOR CO (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 131 Providence RD

15) PHONE NO Home 375 7731 Office

16) LOCATION OF SYSTEM 1316 MATTHEWS MILL RD (STREET OR COUNTY ROAD)

17 SUBDIVISION Kevenwoods Lot No. 9 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

DATE OF APPLICATION

OWNER

FORM NO. E-4-4...

HEALTH DEPARTMENT'S COPY

Date Issued April 19, 1973

Serial No. 2755

LA No 5650

T C No. 227-042-17

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 Starnes & Craig Construction Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP 28207

LOCATION OF LOT 1316 Matthews Mill Road
(STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO 9 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 5650. 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

Thomas R. Ward
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9-13-73

Serial No. 4366

ICAR (S) Permit No. 5650

T C No. 227-042-17

Map Date 12-15-72

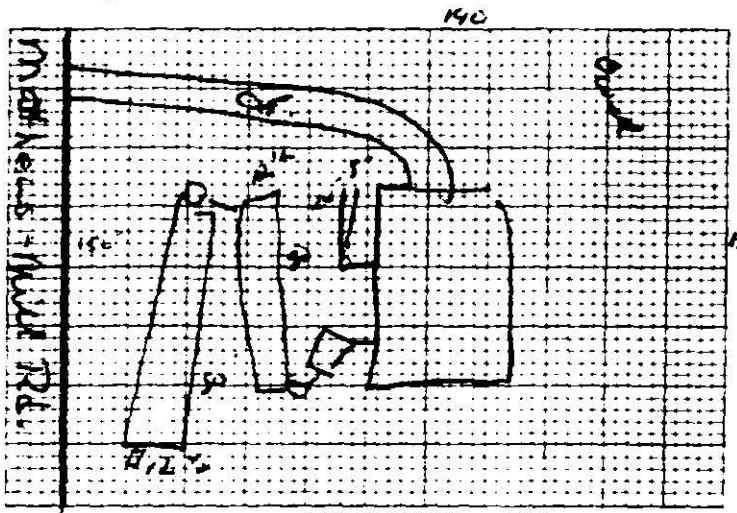
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 treating 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 5660, dated 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 9-13-73 after which date this permit shall be null and void.



PLOT OF SYSTEM 220'

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Con

Absorption and/or Nitrification Lines:

Total Line Lenght 795'

Number of Lines

Distance from House 10'

Distance from Property Line 10'

Distance from Well ~~100'~~ 70'

NAME OF OWNER Stevens & Craig Const. Co.

LOCATION OF PROPERTY 1316 Matthews Mint Rd (9)

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: 2 beds 12½x80' - aeration pit
washer 5-x24'x4' stone
Slagle + Winchester

Division or Section Head

Thomas R. Ward
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 4157

C of A (s) No. 5650

Date Issued 10-30-73

T C No 227-042-17

Map Date 12-15-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Starnes + Craig Const. Co
LAST FIRST MIDDLE

Location of Property 1316 Matthews Mill Rd

Application Number 5650 Permit Number 5650

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material concrete

Total Length of Drain Tile 795' Number of Lines 5

Depth of Filter Material 12" Cover Depth 5'

Water Supply Source Well Distance from Water Source 70'

Excavation Inspected 10-30-73 DATE Tank Inspected 10-30-73 DATE

Nitrification Field Inspected 10-30-73 DATE

Washing Machine Line Inspected, If Applicable 10-30-73 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: Installed by Slagel + Winchester

Environmentalist

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

HEALTH DEPARTMENT'S COPY