Date Received 2-19-73

APT No. 5388

T. C No. 135-262-03

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Bob McLemore & Co (LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 6129 Lebanon Rd ZIP

3) PHONE NO Home Office 544-1567

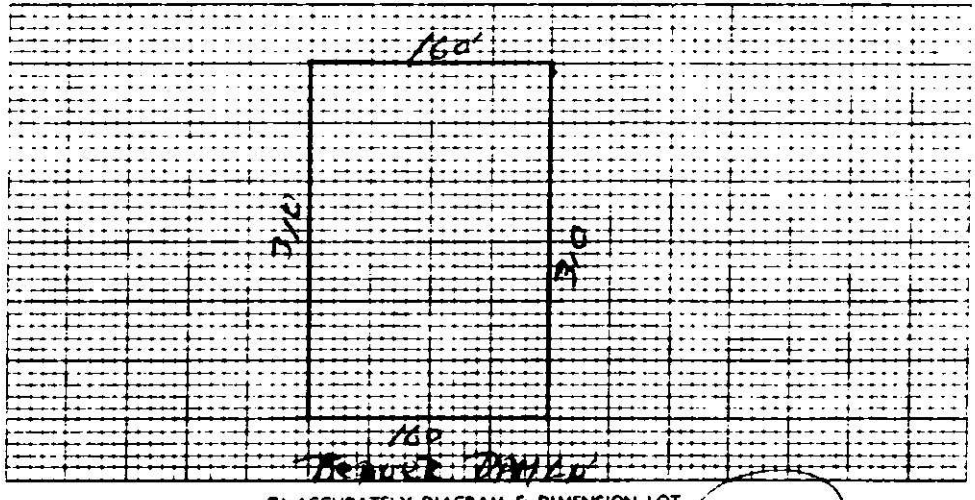
4) LOCATION OF PROPERTY Beaver Dam (STREET OR COUNTY ROAD)

5) SUBDIVISION Farmland III LOT NO 10 BLOCK NO. H

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

OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3

PTR No. 5588

T C No. 135-~~263~~-01

Map Date 6-10-74

Date Issued April 3, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

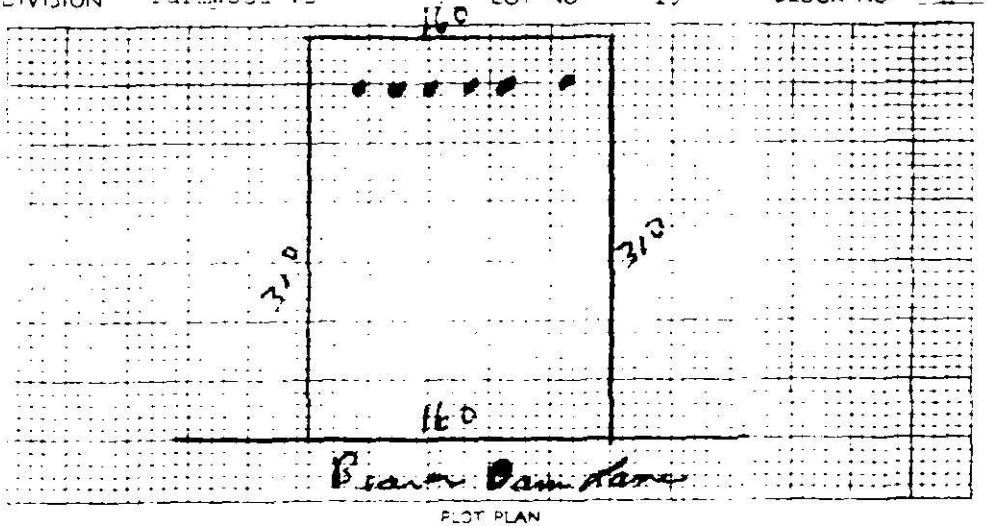
PERCOLATION TEST REPORT

NAME OF OWNER Bob McLemore & Company (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6129 Lebanon Road, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Beaver Dam Lane (STREET OR ROAD)

SUBDIVISION Farmwood #2 LOT NO 10 BLOCK NO E



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 plat.

The percolation rate determined by the test was 58 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 for the system as installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling or construction including the driving of wells 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 Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 8-29-73

SEE INSTRUCTIONS ON BACK
MECK. COUNTY HEALTH DEPT.
RECEIVED
AUG 29 1973

CARDS Application No 5588
T C No 135-[illegible]-93
Map Date 6-10-74

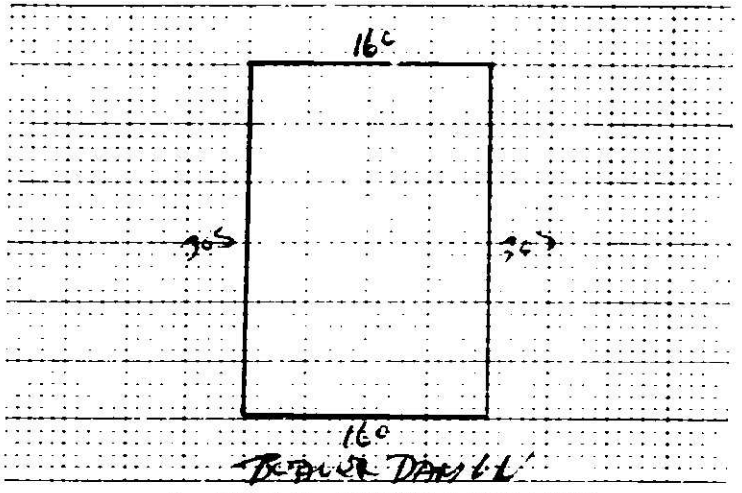
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereafter hereby applies to the Mecklenburg County Health Department for a permit to

✓ Install or Construct ☐ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

3

Emp
Water
No
Garbage D
No
Dishwasher
No
No
No

13 NAME OF OWNER Bob McLemore & Co, Inc
LAST FIRST MIDDLE

14 ADDRESS OF OWNER 6129 Lebanon Rd

15 PHONE NO Home _____ Office 545-4507

16 LOCATION OF SYSTEM 5801 Beaver Dam La
STREET OR COUNTY ROAD

17 SUBDIVISION Fairwood Lt Lot No 10 Block No H

Map Book No _____ Page No. _____

18 DEED REFERENCE — DEED BOOK _____ AT PAGE

19 HAS A PERCOLATION TEST BEEN RUN? ✓ YES ☐ NO DATE RUN 4-5-73 & 7-28

20 PTR NUMBER (See Instructions) 5588

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

8-28-73
DATE OF APPLICATION

OWNER

Form No E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 29, 1973 Serial No. 2360

LA No. 5588

T C No 135-[redacted]

Map Date 6-10-74

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 Bob McLemore & Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6129 Lebanon Rd., Matthews, N.C. ZIP 28105

LOCATION OF LOT 5801 Beaver Dam Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO 10 BLOCK NO H

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 58 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 5588. 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

Thomas R. Wall
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 25 Feb 74

Serial No. [illegible]

ICAR (S) Permit No. 6588

T C No 133-[illegible]

Map Date 6-10-74

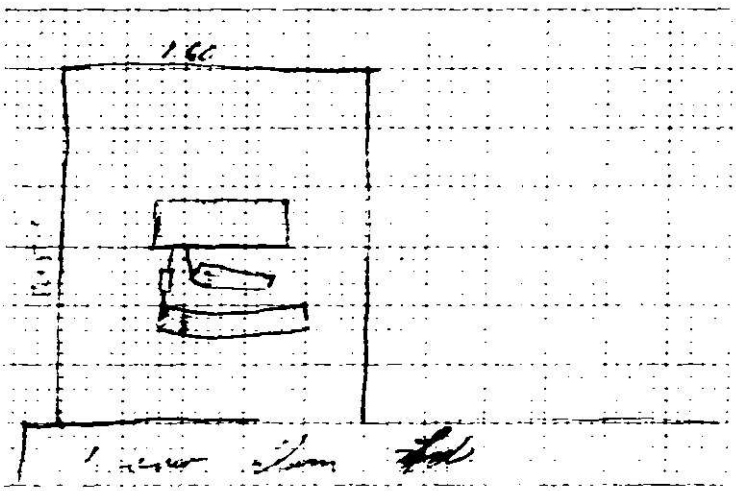
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, 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 6588 dated 20 Aug 73 and this permit shall be void and of no effect if the work is not done as provided in the application or if it is erroneous. All work shall be completed on or before 25 Mar 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Application Rate [illegible]

Liquid Capacity of Tank 1500

Tank Construction [illegible]

Absorption Area - Distribution Lines

Total Line Length 600' of 4" Well
3 Trench (150' each)

Number of Lines per Trench [illegible]

Distance Between Lines 10'

Distance from Property Lines 15'

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible] Lower Beam Road (Off 12-H)

This system will 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: Shown (Contd)

Director 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 E-5-9-1-72

Serial 4497

C of A (s) No. 5588

T C No 135-

Map Date

Date Issued 7 Mar 74

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 Bud McLemore & Co. Inc.
(LAST, FIRST, MIDDLE)

Location of Property 5801 Beam Glen Road (Lot 16-H)

Application Number 5588 Permit Number 5588

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600' + 150' Number of Lines 6 (75' x 100' x 12") 3 (72' x 50' x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Community Distance from Water Source NA

Excavation Inspected 7 Mar 74 (DATE) Tank Inspected 6 Mar 74 (DATE)

Nitrification Field Inspected 7 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 6 Mar 74 (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: Shovill (Cont.)

M. A. Kelly
Environmentalist

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

HEALTH DEPARTMENT'S COPY