L.

Serial N? 148 PTR No 386

Portion of

Date Issued 10-9-70 T C No 135-231-0209

5-11-73

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

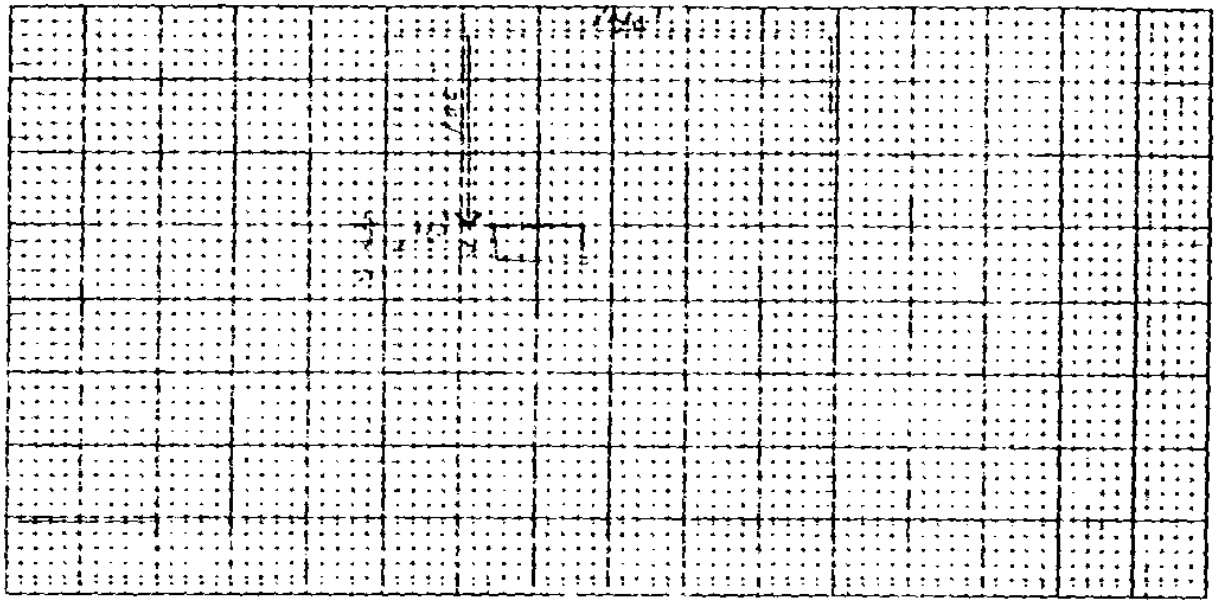
## PERCOLATION TEST REPORT

NAME OF OWNER McLemore (LAST) Bob (FIRST) and Co. (MIDDLE)

ADDRESS OF OWNER Rt. 3, Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY Farmlake Dr. (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood LOT NO 16 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 **56 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 building(s) 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 cutting of trees 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.

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR(S) Application No. 386

T C. No. 135-231-04 5-11-73

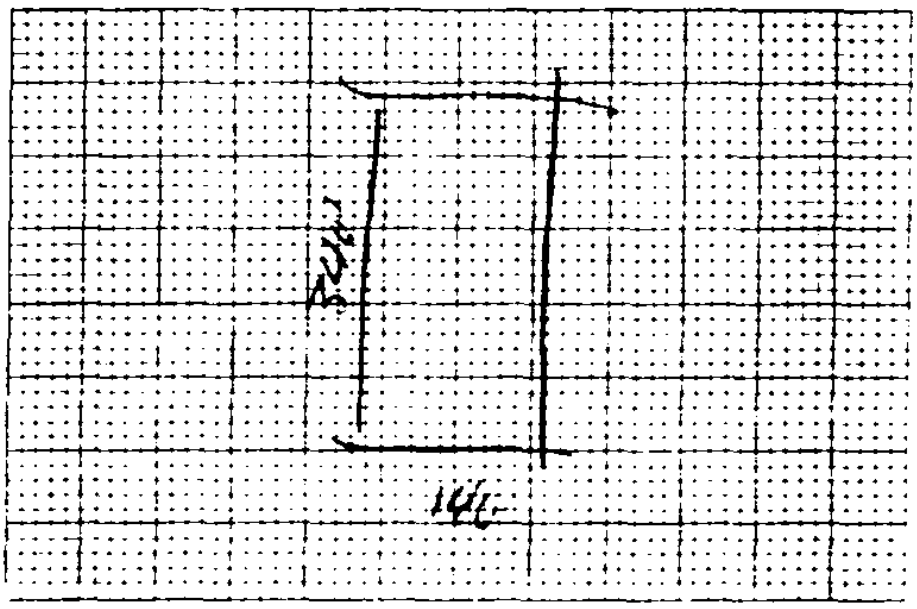
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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)

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 ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. _____
12) VA Case No _____

13) NAME OF OWNER McKinney (LAST) Earl (FIRST) G. (MIDDLE)
14) ADDRESS OF OWNER 11 S Kathleen
15) PHONE NO Home 525-1511 Office
16) LOCATION OF SYSTEM Dairydale Dr (STREET OR COUNTY ROAD)
17) SUBDIVISION Dairydale Lot No 16 Block No ___
Map Book No ___ Page No ___
18) DEED REFERENCE -- DEED BOOK 3153 AT PAGE 152
19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 9/26

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.

10/6/72
DATE OF APPLICATION

Robert V. McKinney, Pres.
OWNER

FORM NO E-4-7-1-72

**HEALTH DEPARTMENT'S COPY**

Serial N? 117

Date Issued 10-9-70

LA No 386
~~Portion of~~
T C No 135-231-02 ~~10~~ 01
5 11 73

# 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 McLemore (LAST) Bob and Co. (FIRST) (MIDDLE)

ADDRESS OF OWNER Rt. 3, Matthews, N. C. ZIP 28105

LOCATION OF LOT Parklake Dr. (STREET OR COUNTY ROAD)

SUBDIVISION Parkwood LOT NO 16 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 56 min/in. or 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 386. 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

D. C. Lee
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 7/15/72

Serial N° 996

ICAR(S) Permit No. 340 CY

T C No. 35-231

5-11-73

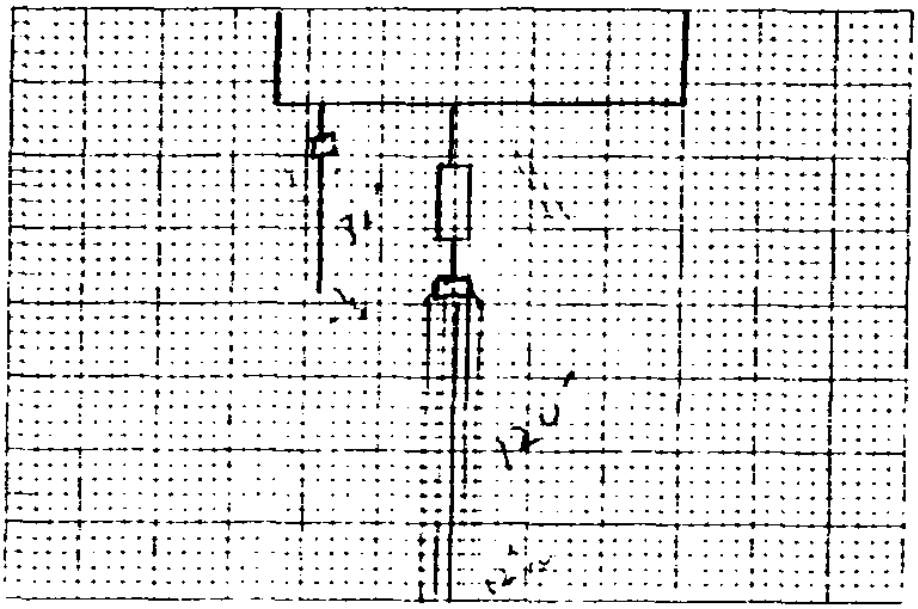
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 356, dated 6/5/72 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 5/15/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 56

Liquid Capacity of Tank 1500 gal

Tank Construction Concrete

Absorption and/or Nitrification Lines

Total Line Lenght 600'

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Ed McDonald

LOCATION OF PROPERTY Lot 16 Kimlake

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 unrespectable or can be used.

Comments 12" x 20'

E. L. McMillan, Jr.
Division or Section Head

Thomas R. Wade
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-5-7-1-70

HEALTH DEPARTMENT'S COPY

Serial N° 982

Date Issued 9 5 71

C of A (s) No. 386

T. C No. 73-231-09
5-11-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Mcclamrock Lee B
LAST FIRST MIDDLE

Location of Property Lot # 16 Fairmont D.

Application Number 386 Permit Number 71

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 200'/100 Number of Lines 3 (1 = 2 + 100)

Depth of Filter Material 17" Cover Depth 15

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 9 3 71 Tank Inspected 9 3 71
DATE DATE

Nitrification Field Inspected 9 3 71
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 200' Lines on Left Side of Tank

D. C. Cole
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BA

Date Received 8-3-72

ICAR (S) Application No. 386 B

T C No 135-231-02

Map Date 5-11-73

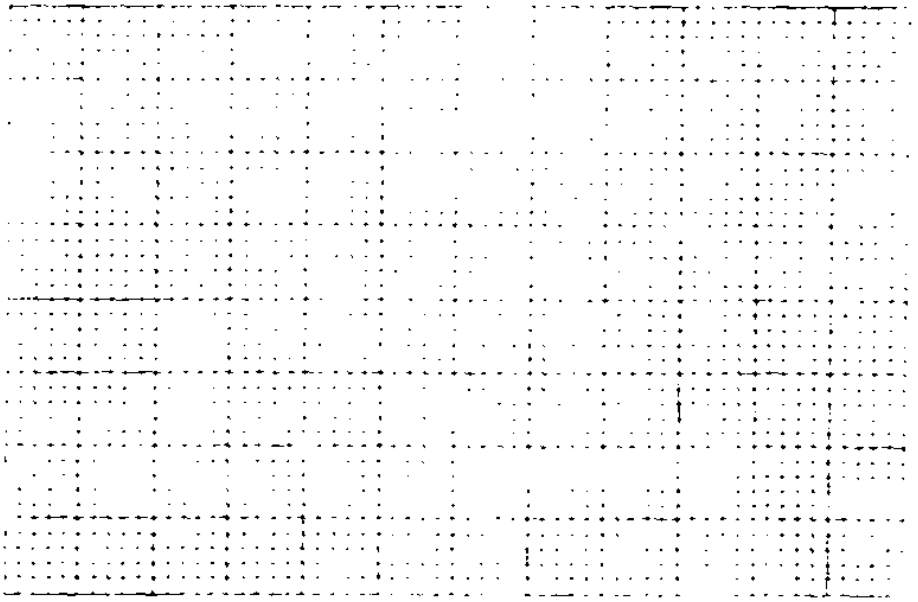
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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

( ) 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)

5

Yes ✓ No

Yes ✓ No

Yes ✓ No

13) NAME OF OWNER _____ LAST _____ FIRST _____ MIDDLE

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office

16) LOCATION OF SYSTEM _____ STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No 164 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 10 9 70 PR356

20) PTR NUMBER (See Instructions) 386

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

Mrs Donald C Vanderbilt
OWNER

FORM NO. E 4 4

**HEALTH DEPARTMENT'S COPY**

Date Issued 8-4-72 Serial No. 2601 ICARIS Permit No 3.86 09

T C No 135 231 02

Map Date 5-11-78

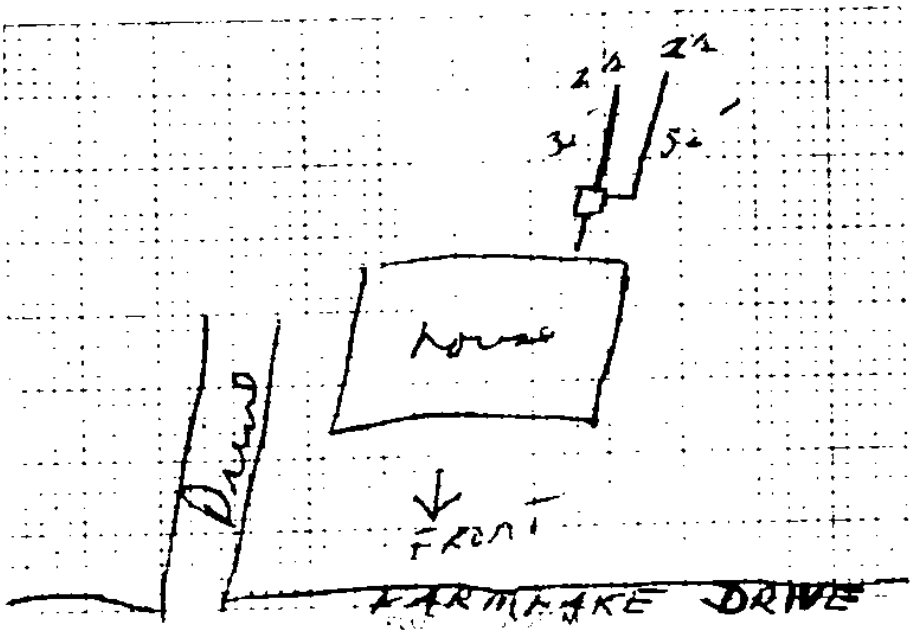
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ... 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 386 dated 8-3-72 and this permit shall be void and of no effect if the information provided in the application is not true or correct. All work shall be completed on or before 9-4-72 after which date this permit shall be null and void.




Percolation Rate —

Liquid Capacity of Tank —

Tank Size —

Absorption Area Per Bedroom —

Total Length —

No. Lines —

Distance from Cut —

Distance from Cut —

Distance from Property Lines —

Distance from Well —

NAME OF OWNER Donald A Vanderlaske

LOCATION OF PROPERTY 6309 Farmlake Dr.

This permit is subject to all the 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 will be issued by the Health Department before any system can be covered, upon which sewage can be discharged or can be used.

Comments 2½ x 32 ¼' stone

Thomas R. Ward

Environmentalist

Date of Approval

If this permit is for the installation or construction of a new system it must be signed by the division or district 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.

New 10-71

Date Issued 8-4-72

Serial No. 2302

C of A (s) No. 386 09

T C No 135-221-5-11-73

Map Date 9-2570

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner VanderBeek, Donald G
LAST FIRST MIDDLE

Location of Property 6309 Fawnlake Dr.

Application Number 386 Permit Number 386

**Inspection Date:**

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile ____ Number of Lines ____

Depth of Filter Material ____ Cover Depth ____

Water Supply Source ____ Distance from Water Source ____

Excavation Inspected ____ DATE Tank Inspected ____ DATE

Nitrification Field Inspected ____ DATE

Washing Machine Line Inspected, If Applicable 8-4-72 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 issued 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 Repair by G. M. Shamblin Sons

Thomas R. Ward
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT COPY