Date Received 2-19-73

APT No. 5599

T C No 215255-02

Map Date 5-9-74

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 6124 Lebanon Rd ZIP

3) PHONE NO Home Office 545-4507

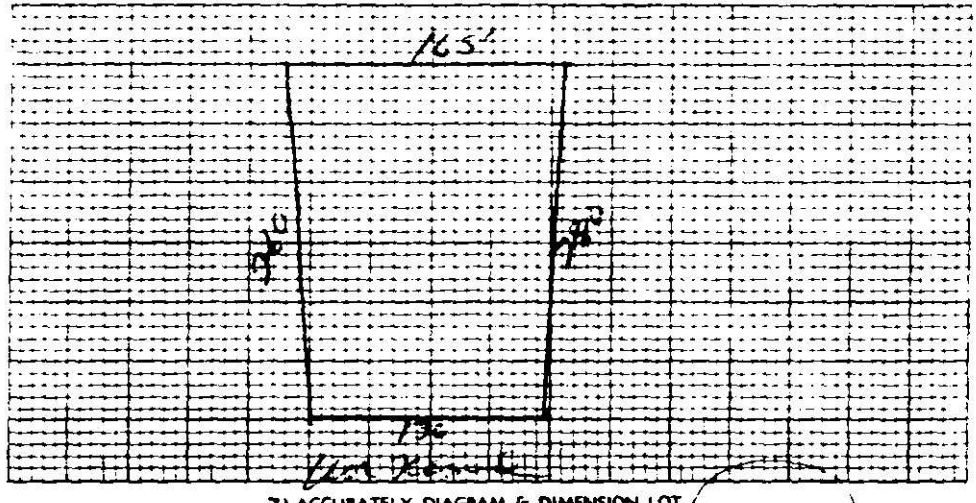
4) LOCATION OF PROPERTY W/S Mumford
(STREET OR COUNTY ROAD)

5) SUBDIVISION Edmund Ln LOT NO 2 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. [illegible]

PTR No. 5599

T C No 135-255-0002

Date Issued February 22, 1973

Map Date ~~12-15-72~~ 5-9-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

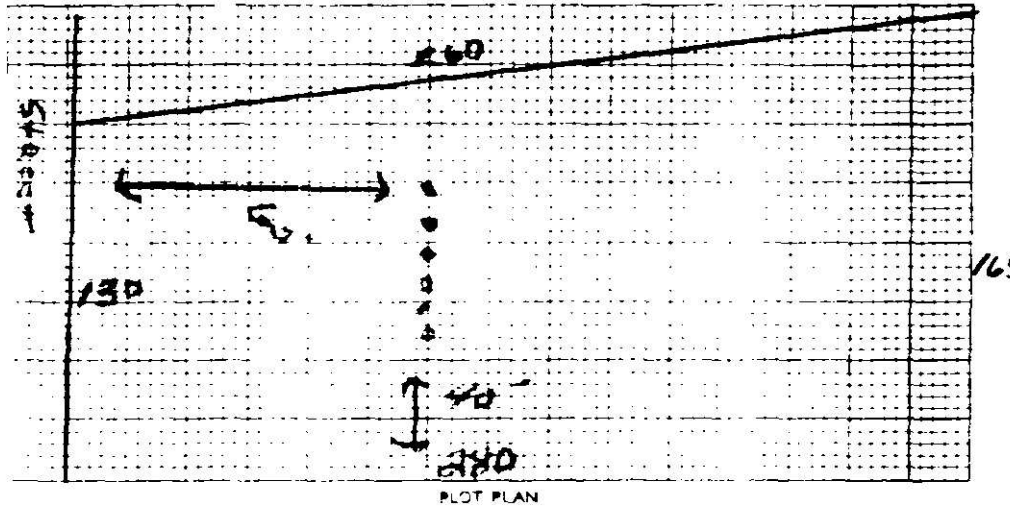
PERCOLATION TEST REPORT

NAME OF OWNER Bob McClemore & Company
LAST FIRST MIDDLE

ADDRESS OF OWNER 6139 Lebanon Road, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY
STREET OR COUNTY ROAD

SUBDIVISION Farmwood II LOT NO 21 BLOCK NO [illegible]



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 57 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. Abernathy

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-26-73

ICAR(S) Application No. 5599

T C No. 135-25-C2

Map Date 12-15-72

5994

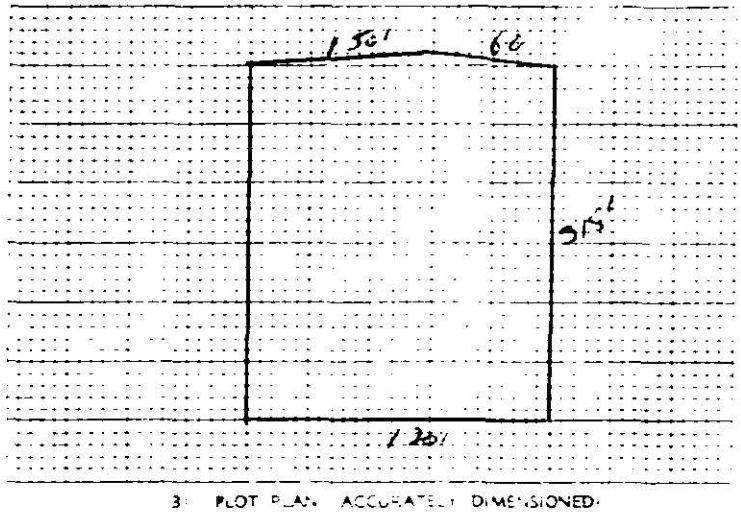
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 BEDROOMS

Water Supply: Yes

Sewage System: Yes

FHA Case No. ___

VA Case No. ___

3) PLOT PLAN ACCURATELY DIMENSIONED

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

14) ADDRESS OF OWNER 6129 Lebanon Road

15) PHONE NO Home ___ Office 545-4507

16) LOCATION OF SYSTEM 7110 Conger way Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Fernwood 6 Lot No. 21-H Block No. ___

Map Book No 17 Page No 81

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 2-22-73 12:57

20) PTR NUMBER (See Instructions) 5599

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.

4-25-73
DATE OF APPLICATION

OWNER

FORM NO. E-4-4(1-7)

HEALTH DEPARTMENT'S COPY

Serial No. 2811

LA No. 5599
P.O.
T. C No 135-255-0802

Date Issued April 26, 1973

Map Date ~~12-15-72~~ 5 9 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 Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT 7110 Canterway Drive (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 6 LOT NO 21 BLOCK NO H

MAP BOOK NO 17 PAGE NO 81

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 57 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 5599. 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 10-5-73

Serial No. 4451

ICAR(S) Permit No. 5599

T. C. No. 135-455-02

Map Date 5 9 74

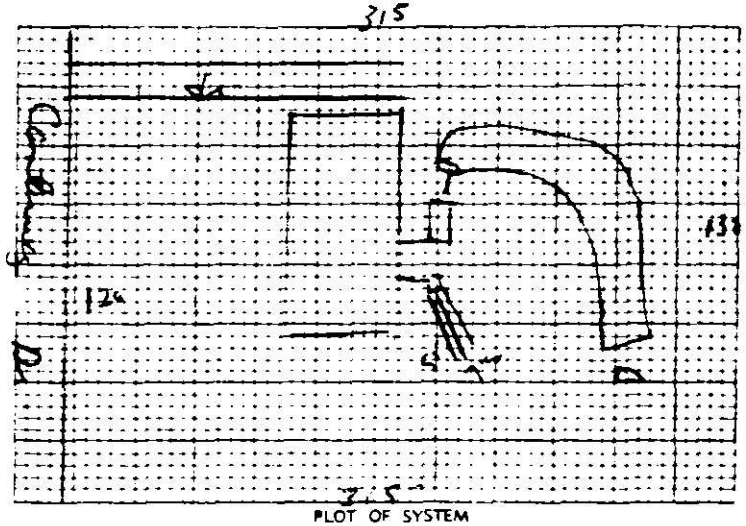
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 5599, dated 9-26-73 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 11-5-73, after which date this permit shall be null and void



Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction gal (concrete)

Absorption and/or Nitrification Lines:

Total Line Lenght 400

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Bob McConnell

LOCATION OF PROPERTY 7110 Centurion Dr. (21-H)

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: 15' x 100' - conventional

washed 24"-48"

G.A. Shamblin Const.

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 4057

C of A (s) No. 5599

Date Issued 10-12-73

T C No 135-255-CR

CERTIFICATE OF COMPLETION

Map Date ~~revised~~

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Bob McLemore & Co. (LAST, FIRST, MIDDLE)

Location of Property 7110 Century Dr.

Application Number 5599 Permit Number 5599

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Co.

Total Length of Drain Tile 600' Number of Lines 6

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Comm. well Distance from Water Source —

Excavation Inspected 10-12-73 (DATE) Tank Inspected 10-12-73 (DATE)

Nitrification Field Inspected 10-12-73 (DATE)

Washing Machine Line Inspected, If Applicable 10-12-73 (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 C. M. Sherrill & Son

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 5-12-77

Serial No. 0723

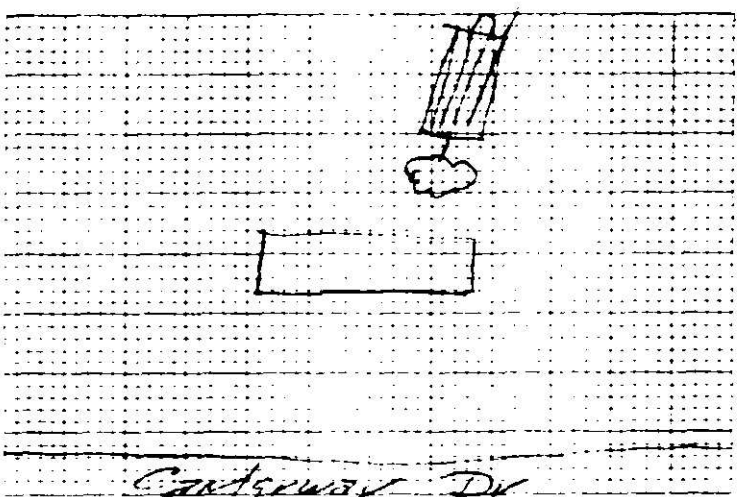
ICAR(S) Permit No. 5599

T C No. 135 255 -02

Map Date 5-9-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 5599 dated 3-10-77 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 8-12-77 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permit Issue Date

Liquid Capacity of Tank

Tank Construction Repair

Absorption Area - Square Feet or Lines

Trench Length 100'

Number of Lines 1

Distance from House 10'

Distance from Property Line 10

Distance from Well

NAME OF OWNER William D. Moody

LOCATION OF PROPERTY 710 Courtenay Dr

The system shall meet all the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments 10 x 25 x 12"

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 13 May 77 Serial No. 0687

C of A (s) No. 5599

T C No 135-255-08

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner MacDonald Wm D. (LAST FIRST MIDDLE)

Location of Property 7110 Camperway Dr

Application Number 5599 Permit Number 5599

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 Ft Number of Lines 3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 13 May 77 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 13 May 77 (DATE)

Washing Machine Line Inspected, If Applicable 13 May 77 (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 Health Commission 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

T. M. Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Issued 11 April 78

Serial No. 1511

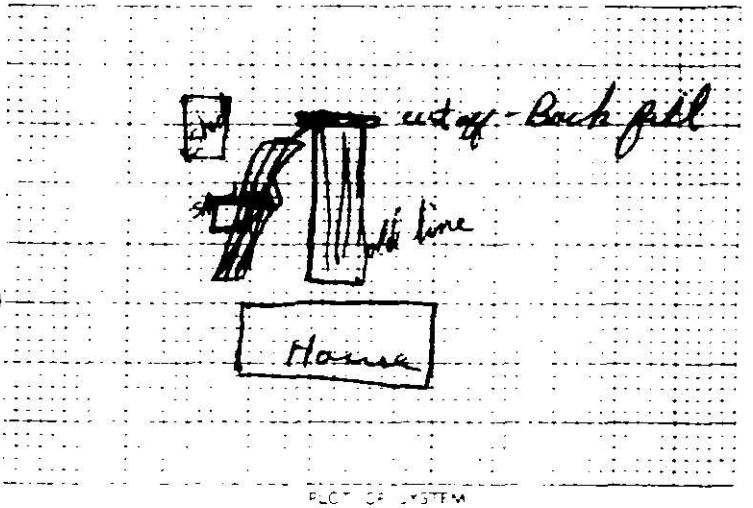
ICAR (S) Permit No. 5599

T C No 135-255-02

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 dated and shall be void and of no effect if the work authorized is not completed as provided in the application. All work shall be completed on or before 11 May after which date this permit shall be null and void.



PLOT OF SYSTEM

Repair

100'

2 : 4

10'

10'

N/A

NAME OF OWNER Wm D. Moody

LOCATION OF PROPERTY 7110 Canterbury DR

This system is approved subject to the requirements as set forth in the Regulations of the Mecklenburg County Board of Health in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered inspectable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments Work around obstructions - 2 (12' x 25')

Division or Section Head

Environmentalist Stephen J. Wood

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Date Issued 5 June 78 Serial No. 1603 C of A (s) No. 5599

T C No 135-255-02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Moody (LAST) William (FIRST) D (MIDDLE)

Location of Property 710 Canterbury

Application Number 5599 Permit Number 5599

Inspection Data:

Liquid Capacity of Tank ——— Tank Material Pipe

Total Length of Drain Tile 100' Number of Lines 4

Depth of Filter Material 17" Cover Depth 18-20"

Water Supply Source community Distance from Water Source N/A

Excavation Inspected 5 June 78 (DATE) Tank Inspected ——— (DATE)

Nitrification Field Inspected 5 June 78 (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 Health Commission 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 immediately filled with effluent — Installed as permitted —

Environmental Health Specialist

EHD-5-76

Environmental Health Department's Copy