Date Received 7-19-73

APT No. 6691

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER KEY Homes Inc. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P.O. Box 15815 Charlotte N.C. ZIP _____

3) PHONE NO Home _____ Office 525-6976

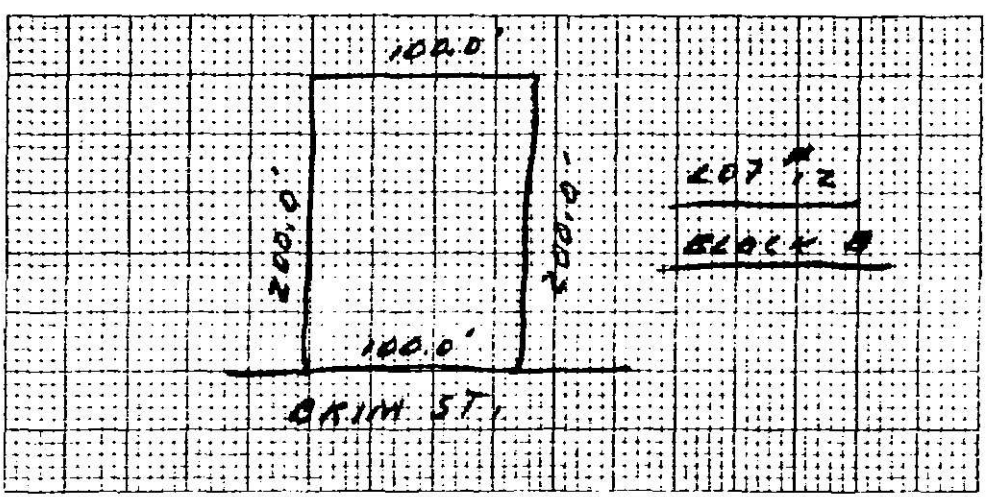
4) LOCATION OF PROPERTY 1604 Orim Street (STREET OR COUNTY ROAD)

5) SUBDIVISION Wilcrest LOT NO 12 BLOCK NO. 8

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 on 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 ~~OWNER~~ agent

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3357

PTR No. 6691

T C No. 055-209-04

Date Issued July 20, 1973

Map Date 2-23-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

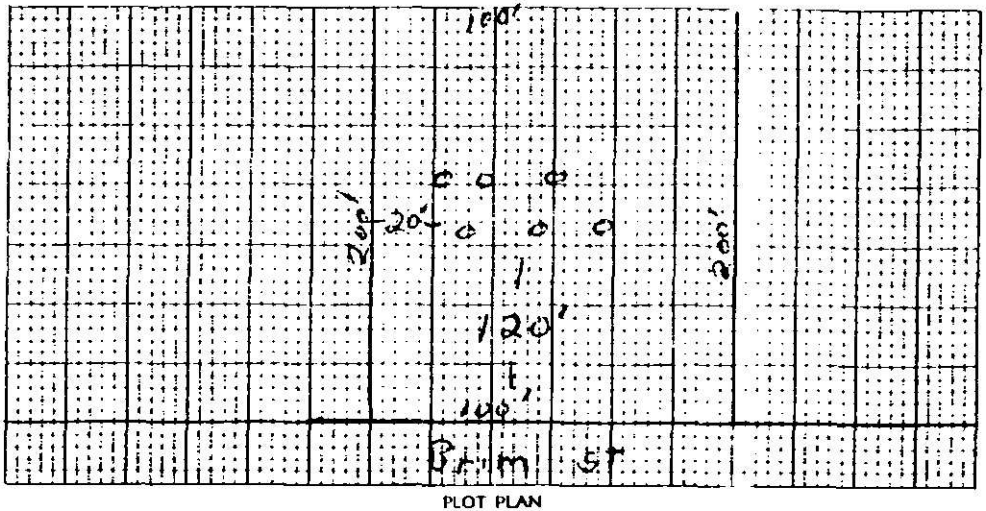
PERCOLATION TEST REPORT

NAME OF OWNER Key Homes, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Post Office Box 15813 ZIP

LOCATION OF PROPERTY ~~xx~~ 1804 Brim Street
(STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO 12 BLOCK NO B



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 46 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 teratment 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. K. Swanson

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 9 14 73

ICAR(S) Application No 6691

T C No 055-209-04

Map Date 2 23 72

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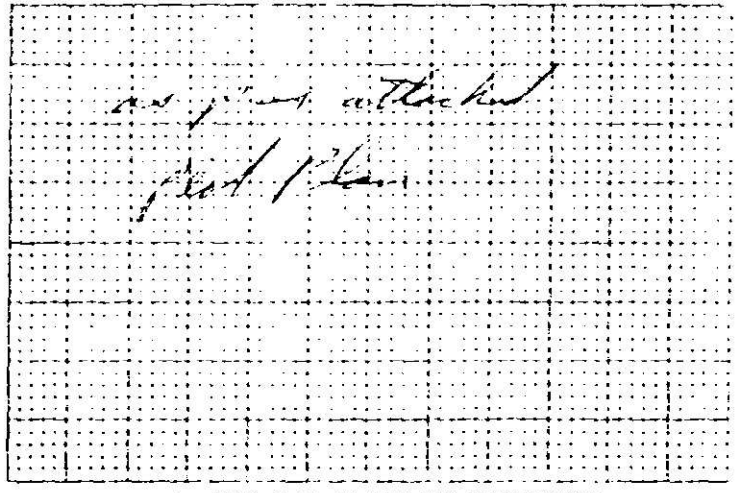
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 sub-surface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of bedrooms 3

5) Bathrooms: Full ___ Half ___
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 ___
2) Governmental ___

Public System:
Is property located within 300 feet of public water? Yes ___ No ___
Is property located within 2000 feet of public water? Yes ___ No ___

Community Sewer: Yes ___ No ✓

11) FmHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Key Homes, Inc.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. Box 15813

15) PHONE NO. Home ___ Office 525-6976

16) LOCATION OF SYSTEM 1604 Brim Street
(STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Lot No 12 Block No B

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7-20-73 & 7-30

20) PER NUMBER (See Instructions) 6691

The undersigned person hereby agrees that he has read the foregoing application and that the statements 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 9/6/73

OWNER ~~Agent~~ [signature]

Form No. E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3420

LA No. 6691

Date Issued September 14, 1973

T. C No. 055-209-04

Map Date 2-23-72

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 Key Homes, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF LOT 1804 Brim Street (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO 12 BLOCK NO B

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 46 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 6691. 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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E 3 4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 1-15-74

Serial No. 4774

ICAR(S) Permit No. 6691

T. C No. ____

Map Date ____

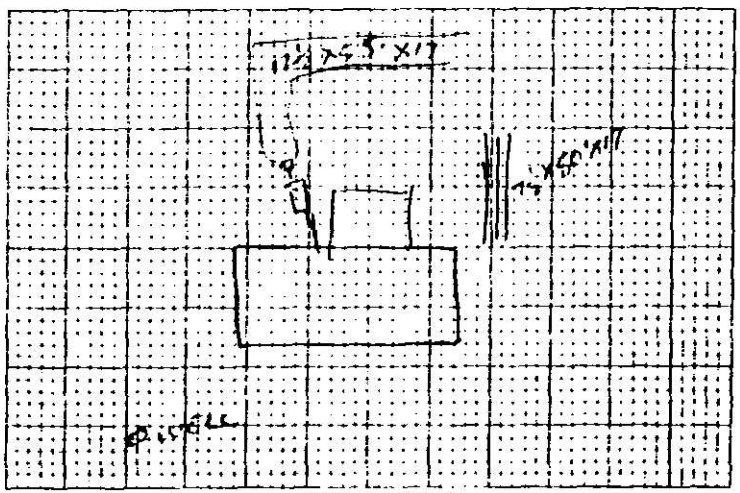
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given 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 6691, dated ____ 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 1-31-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 46 MPI

Liquid Capacity of Tank 500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght ST 555 WM 150'

Number of Lines ST 5 (12½ x 111' x 17") WM 3 (7½ x 50 x 17")

Distance from House 10' min

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Key Homes Inc.

LOCATION OF PROPERTY 1564 Brown St Lot 12 (Wildwood)

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: Cats

Division or Section Head

L. P. Dickerman
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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 4370

C of A (s) No. 6691

Date Issued 2/22/74

T C. No.

Map Date

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 KEY HOMES INC. (LAST, FIRST, MIDDLE)

Location of Property 1804 Birm St.

Application Number ~~6691~~ Permit Number 6691

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 3T 555' WM 150 Number of Lines ST 5 WM 3

Depth of Filter Material 17" Cover Depth 34"

Water Supply Source 2ND WELL Distance from Water Source 65'+

Excavation Inspected 2/20/74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 2/20 & 22/74 (DATE)

Washing Machine Line Inspected, If Applicable 2/20/74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: Mr. R. Lemon (Property mgr.?) informed that systems installed along this street would probably not function properly unless adequate storm drainage was provided.

R. Oates

R A Buchanan
Environmentalist

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

HEALTH DEPARTMENT'S COPY