W

Date Received 6-24-71

APT No. 2028

T C No. 135-312-23

Map Date 4-19-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Bob McLemore & Co., INc. (LAST / FIRST / MIDDLE)

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

3) PHONE NO Home _____ Office 545-4507

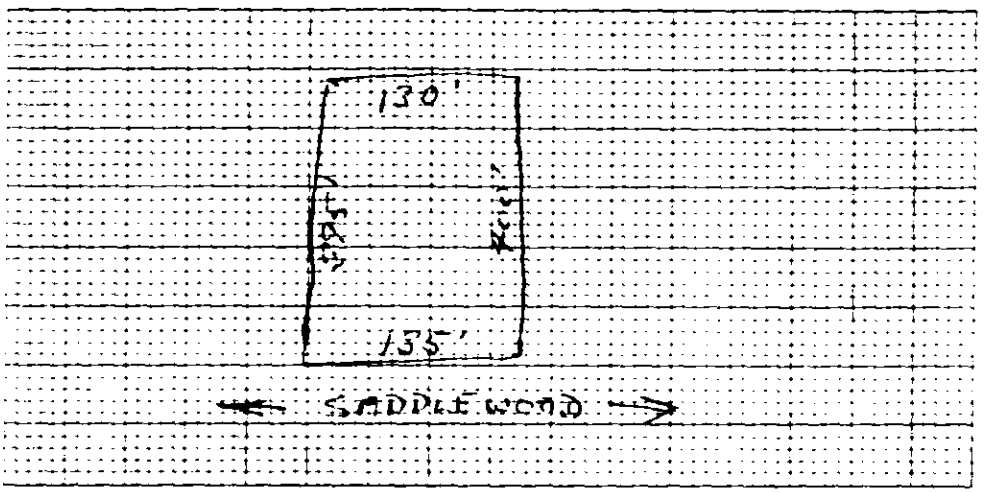
4) LOCATION OF PROPERTY 5420 Saddlewood, Matthews, N. C. (STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood Sec. two LOT NO 18 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 2139 PAGE NO 318

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

Robert U. McLemore
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 1406

PTR No. 2028

T C No 135-312-23

Map Date 4-19-74

Date Issued February 17, 1972

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

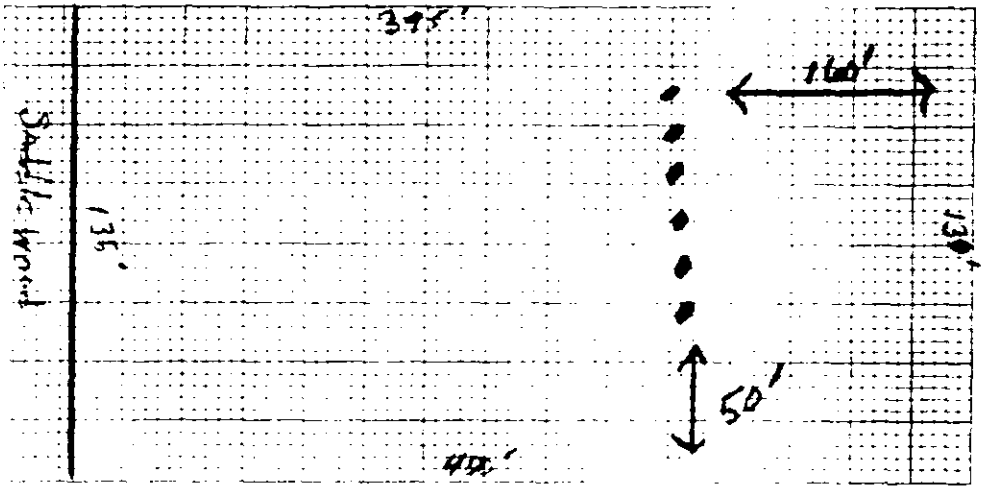
PERCOLATION TEST REPORT

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

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

LOCATION OF PROPERTY 5420 Saddlewood, Matthews, N.C.
STREET OR COUNTY ROAD

SUBDIVISION Farmwood Section Two LOT NO 28 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run on the property shown by the Mecklenburg County Health Department in the manner described above. The percolation test was conducted on that portion of the lot as indicated on above plot.

The rate of flow rate determined by the test was .40 Min./In. and is approved for the installation of a septic tank and subsurface absorption effluent disposal system subject to the following terms and conditions:

- A permit must be obtained from the Mecklenburg County Health Department before any part of the system on the said lot is covered.
- This approval is valid for a period of one year from the date of issuance and may be renewed by the Health Department upon request. Any change in the plan of the type of building to be constructed thereon.
- The location of the system as indicated on the plot plan upon which the percolation test was run.
- Any deviation from the plan approved by the Health Department must be performed on the lot which is the subject of this approval.
- The Health Department is not responsible for the installation, operation or repair of such system.

This approval is granted based on the laws of the State of North Carolina, 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 K. Atkisson
Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 2-16-72

ICAR(S) Application No. 2028

T. C. No. 135-312

Map Date 9-19-70

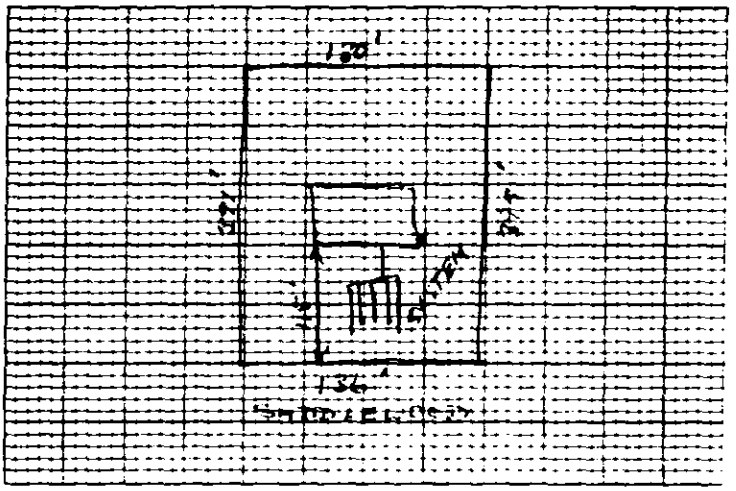
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bob McKenzie & Co., Inc.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 6121 Fairview Rd.

15) PHONE NO Home _____ Office 545-4501

16) LOCATION OF SYSTEM Lot Middlewood Lane
(STREET OR COUNTY ROAD)

17) SUBDIVISION Fairwood Sec. II Lot No 18 Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3132 AT PAGE 313

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.

2-16-72
DATE OF APPLICATION

Bob McKenzie & Co., Inc.
By W. K. Talkington
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued February 17, 1972 Serial No. 1334

LA No. 2028
T C. No. 135-312-00
Map Date 4-19-72

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

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

LOCATION OF LOT 5420 Saddlewood, Matthews, N.C.
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood Section 2 LOT NO 18 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 revealed a percolation rate of 60 min/in on an on site inspection of the said lot and upon the information furnished in the Application for an Installation Construction, Alteration and/or Repair Permit number 2028 This approval is subject to the following terms and conditions

1. That the trench 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 for the system to be installed constructed altered and/or repaired and that the system be installed in accordance with same.

[illegible] Permit

Thomas R. Ward
Environmentalist

John R Atkisson
Director Environmental Health Division or Authorized Section Head

FORM NO E 3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5-24-72

Serial No. 2293

ICAR(S) Permit No. 2026

T C No. 135-342

Map Date 4-19-74

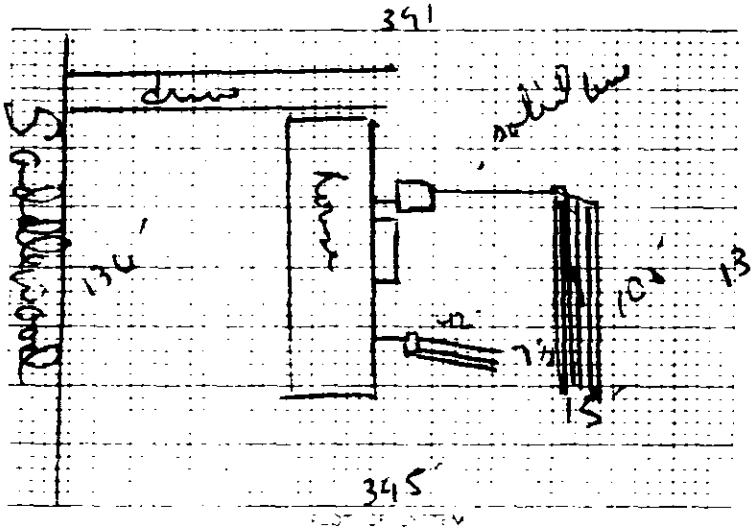
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 2-16-72 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 6-24-72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction precast concrete

Absorption Lines

Total 600'

No. 6

Dimensions 15'

Distance between lines 10'

Distance from house 100'

NAME OF OWNER Bob McDonald

LOCATION OF PROPERTY 5720 Scotland (Lot 18)

The installation shall meet the requirements as set forth in the Mecklenburg County Sanitary Code. This permit is valid for a period of one year from the date of the granting thereof, at the end of which time, if the work authorized by this permit has not been completed, application must be made for a renewal of this permit.

Comments 15' x 60' Trenches 7' - 14"

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 section head of the Environmental Health Division in order to be valid. Only the signature of the Environmental Specialist is required where an existing system is being altered or repaired.

FORM NO. E 3 4 1 2

APPLICANT'S COPY

Date Issued 6-1-72 **Serial No.** 2029

C of A (s) No. 2028

T C No. 135 312

4-19-74

Map Date

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 & Company
(LAST) (FIRST) (MIDDLE)

Location of Property 5420 Saddlewood (Lot 18)

Application Number 2028 Permit Number 2028

Inspection Data:

Liquid Capacity of Tank 1500 Gal. Tank Material Precast Con.

Total Length of Drain Tile 600' Number of Lines 6

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 6-1-72 (DATE) Tank Inspected 6-1-72 (DATE)

Nitrification Field Inspected 6-1-72 (DATE)

Washing Machine Line Inspected, If Applicable 6-1-72 (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 Installed by C. M. Shemwell Sons

Thomas R. Richard
Environmentalist

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

HEALTH DEPARTMENT'S COPY