Date Received 8-9-73

APT No. 6818

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 15013 Charlotte ZIP _____

3) PHONE NO Home _____ Office 525-6976

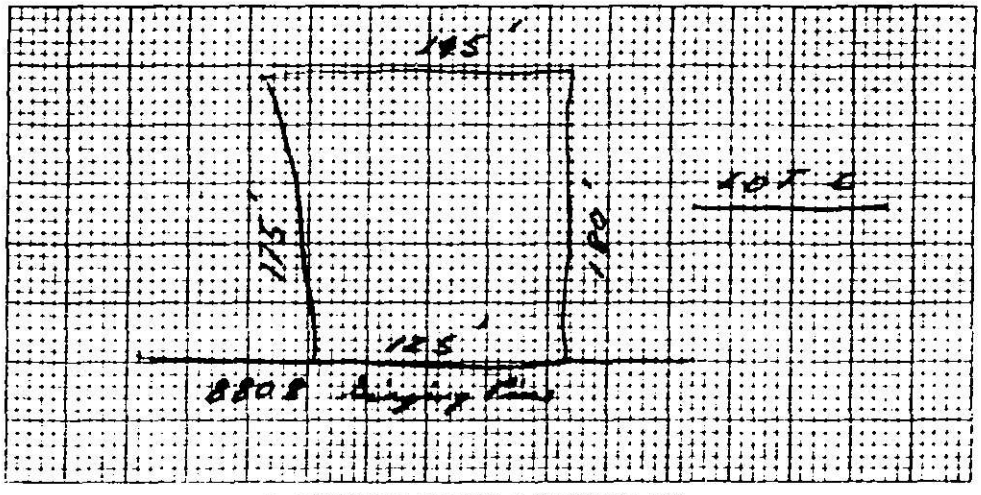
4) LOCATION OF PROPERTY 8808 Singing Pine Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Westminster LOT NO C BLOCK NO [redacted]

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

Kirk Simmons

OWNER

Agent

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3449

PTR No. 6816
P.O.
T C. No. 053-156-27

Date Issued August 10, 1973

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

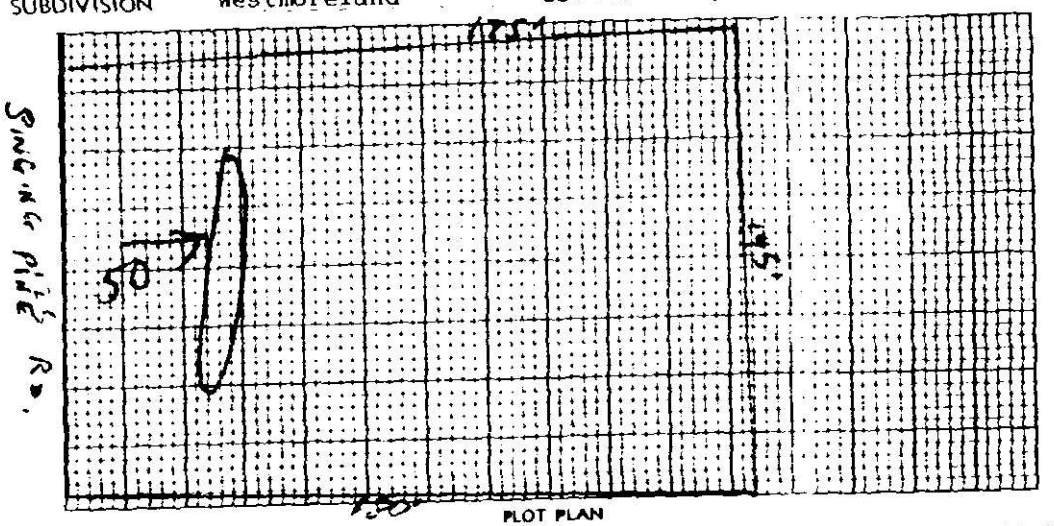
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER Post Office Box 15813 ZIP

LOCATION OF PROPERTY 8808 Singing Pines Road (STREET OR COUNTY ROAD)

SUBDIVISION Westmoreland LOT NO C 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 60 min/in The said lot , 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 A. Dickson

Director, Environmental Health Division or Authorized Section Head

FORM NO E 2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 8-21-73

ICAR (S) Application No 6818

T C No 053-156 27

Map Date 9-27-73

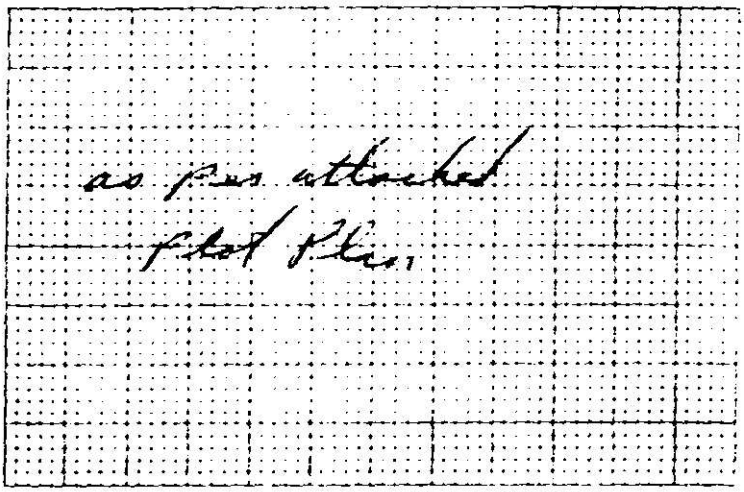
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Government System
C) Community System
1) Well Owned by the Owner
2) Government System

Is the system
Is public sewer available to the property? Yes No
Is the property located within 200 feet of a community sewer? Yes ✓ No

10) FHA Case No. _____

11) VA Case No. _____

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

14) ADDRESS OF OWNER P.O. Box 15813 Charlotte

15) PHONE NO Home _____ Office 525-6976

16) LOCATION OF SYSTEM 6606 Sardis Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Westmoreland Lot No C Block No Section 4 addition

Map Book No _____ Page No _____

18) DEED REFERENCE -- DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _ NO DATE RUN 8-23 PRIOR

20) PTR NUMBER (See Instructions) 6813

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

8/27/73
DATE OF APPLICATION

Key Homes Inc
OWNER
Applicant

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 22, 1973 Serial No. 3336

LA No. 6818
P.C.
T. C. No. 053-156-27

Map Date 4-27-73

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 Kay Homes, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P. O. Box 15813, Charlotte ZIP

LOCATION OF LOT 8808 Singingpine Road
STREET OR COUNTY ROAD

SUBDIVISION Westmoreland LOT NO. 6 BLOCK NO. Section 4 Addition

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 60 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 6818. 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 3/18/74 Serial No. 4915 ICAR (S) Permit No. 6818

T C No

Map Date

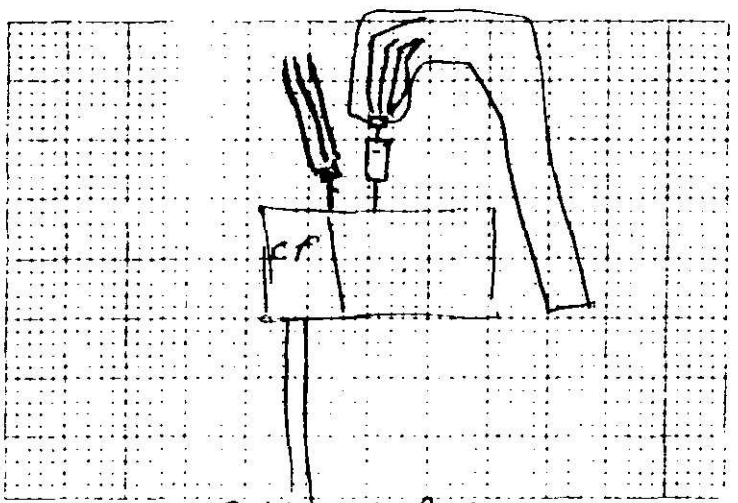
MECKLENBURG COUNTY HEALTH DEPARTMENT

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: 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 6818 dated 8/21/73 and this permit shall be void and of no effect if the information provided in the application is not correct as represented. All work shall be completed on or before 3/31/74, after which date this permit shall be null and void



Percolation Rate 60 SA

Liquid Capacity of Tank 1500gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600 150

Number of Lines 4 (10' x 150' X 17") 3 (2½ x 50' x 17")

Distance from House 10

Distance from Property Line 10'

Distance from Well COMM

NAME OF OWNER Key Homes Inc

LOCATION OF PROPERTY 8808 Singing Pines

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health as above cited 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

Division or Section Head SA/KPB

Environmentalist K P Brickeman

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

REV. 5 E-5-9-1-72

WHITE - Applicant's Copy

Date Issued 3/18/74 Serial 4530

C of A (s) No. 6818

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) (For Sale MIDDLE)

Location of Property 8808 SINGING PINES

Application Number 6818 Permit Number 6818

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600 Number of Lines 4

Depth of Filter Material 17" Cover Depth 35"

Water Supply Source COMM. Distance from Water Source

Excavation Inspected 3/18/74 (DATE) Tank Inspected 3/18/74 (DATE)

Nitrification Field Inspected 3/18/74 (DATE)

Washing Machine Line Inspected, If Applicable 3/18/74 (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: _____

R Oaks

Environmentalist

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

HEALTH DEPARTMENT'S COPY