Date Received 7-30-73 APT No 6755

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Ray Thomas Lee (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER P.O. Box 5223 Charlotte NC ZIP

3) PHONE NO Home Office 537-6926

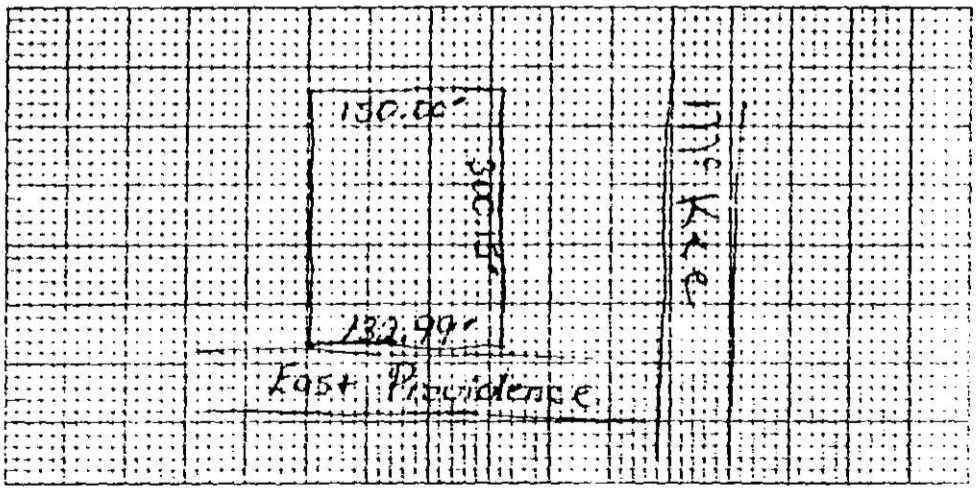
4) LOCATION OF PROPERTY 3700 East Providence Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION East Providence Estate LOT NO 5 BLOCK NO 4

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

Ray Thomas
OWNER
agent

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5474

PTR No. 6755

T C No. 231-051-24

Date Issued August 15, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST REPORT

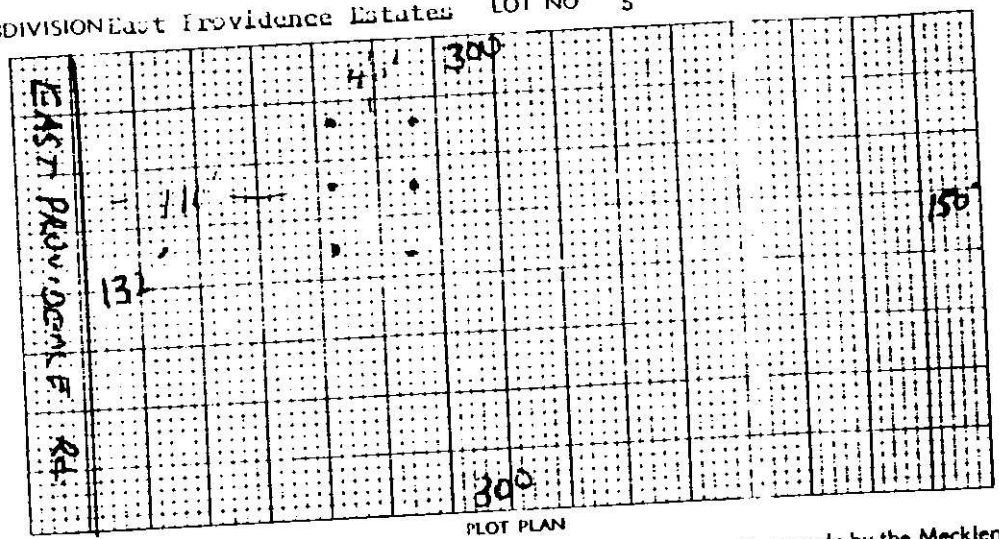
NAME OF OWNER Key Homes, Inc. (LAST / FIRST / MIDDLE)

ZIP

ADDRESS OF OWNER Post Office Box 15813

LOCATION OF PROPERTY 3700 East Providence Drive (STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO 5 BLOCK NO 4



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 plat

The percolation rate determined by the test was 5 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 Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 8-21-73

ICAR (S) Application No 6755

T C No 231-051-24

Map Date 21423

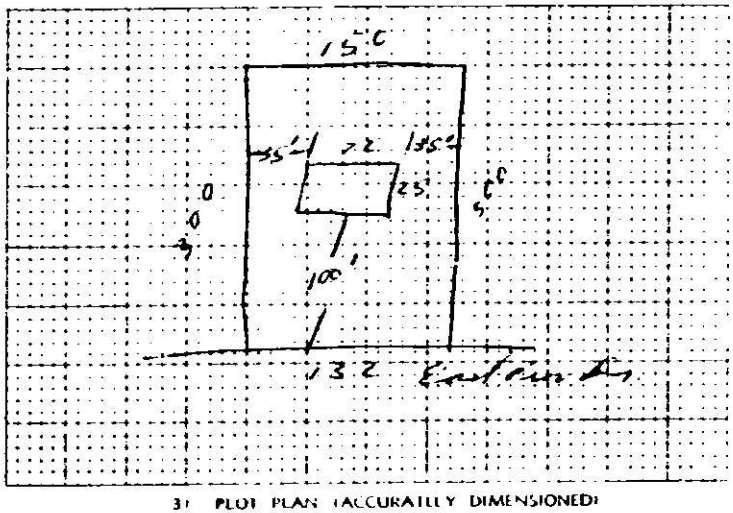
MECKLENBURG COUNTY HEALTH DEPARTMENT

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
C Community
1 Well
2 Government

(10) Sewage System
Has property been approved for use of public sewer (Yes) (No)
Has property been approved for use of community sewer Yes (No)

(11) FHA Case No

(12) VA Case No

(13) NAME OF OWNER Kay Hamilton (LAST) (FIRST) (MIDDLE)

(14) ADDRESS OF OWNER P.O. Box 15613 Charlotte

(15) PHONE NO Home Office 525-6276

(16) LOCATION OF SYSTEM 3200 East Providence Rd (STREET OR COUNTY ROAD)

(17) SUBDIVISION East Providence Estates Lot No 5 Block No 9

Map Book No Page No

(18) DEED REFERENCE -- DEED BOOK AT PAGE

(19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 8-14-73 KJ 45

(20) PTR NUMBER (See Instructions) 6755

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

8-21-73
DATE OF APPLICATION

OWNER agent

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 22, 1973

Serial No. 3331

LA No. 6755

T. C. No. 231-051-24

Map Date 2-14-73

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 3700 East Providence Drive
(STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO 5 BLOCK NO 4

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 45 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 6755. 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. Abusson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1 71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 12/17/76

ICAR(S) Application No 6755

T. C No 231-051 24

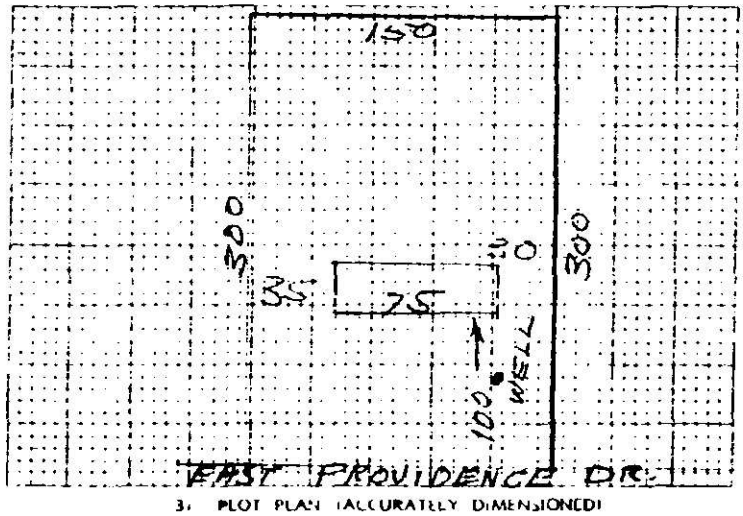
Map Date 2-14-73

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to

1) X 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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No of Bedrooms 4
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 Vaughn (LAST) Earl (FIRST) G (MIDDLE)

14) ADDRESS OF OWNER Rt 1, Box 155 Stanfield, NC

15) PHONE NO Home 735-4064 Office ___

16) LOCATION OF SYSTEM 3220 East Providence Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Rea Estates Lot No 5 Block No. 4

Map Book No 9 Page No. 357

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN ___

20) PTR NUMBER (See Instructions) 6755

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.

Dec 17, 76
DATE OF APPLICATION

Earl G Vaughn
OWNER

CHD-5-76

Environmental Health Department's Copy

Date Issued 12/17/76

Serial No. 0365

IMPROVEMENTS PERMIT

LA No. 6755

T. C. No. 231-051-24

Map Date 2-14-73

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Vaughn (LAST) Earl (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 135, Stanfield, N. C. ZIP _____

LOCATION OF LOT 3700 East Providence Drive (STREET OR COUNTY ROAD)

SUBDIVISION Providence Estates LOT NO. 5 BLOCK NO. 4

MAP BOOK NO. 9 PAGE NO. 357

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 _____ 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 soil investigation 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

John R Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 0692

ICAR(S) Permit No. 6755

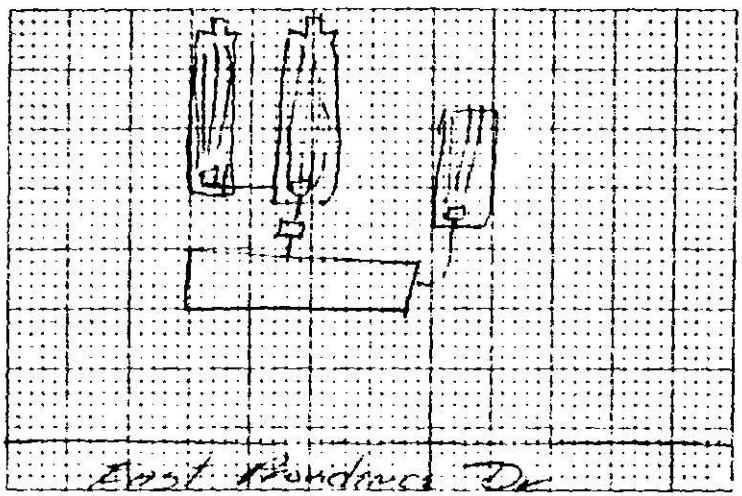
Date Issued 4-27-77

T C No. 231-051-21

Map Date 2-14-73

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 6755, dated 12-17-76 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 5-27-77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 45

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Length 225'-200'

Number of Lines 5 - 4

Distance from House 20'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Earl B. Vaughn

LOCATION OF PROPERTY ~~3700~~ East Providence Dr.

The system shall meet all of 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 2 Beds 225' x 30' x 12"

20' x 50' 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

Serial No. 0669

C of A (s) No. 6755

Date Issued 4-28-77

T C. No. 231-051-24

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Vaughn (LAST) Earl (FIRST) E. (MIDDLE)

Location of Property East Providence Dr

Application Number 6755 Permit Number

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 175' - 200' Number of Lines 4 - 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected ——— (DATE) Tank Inspected 4-28-77 (DATE)

Nitrification Field Inspected 4-28-77 (DATE)

Washing Machine Line Inspected, If Applicable 4-28-77 (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 2 beds 10'x100'x17' rather than 12½'x80'x11"

Locust Construction Co.

Environmentalist

EHD-5-76

Environmental Health Department's Copy