Date Received 4-2-73

APT No. 5866

T. C. No. _____

Map Date _____

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 Road ZIP _____

3) PHONE NO. Home _____ Office 545-4507

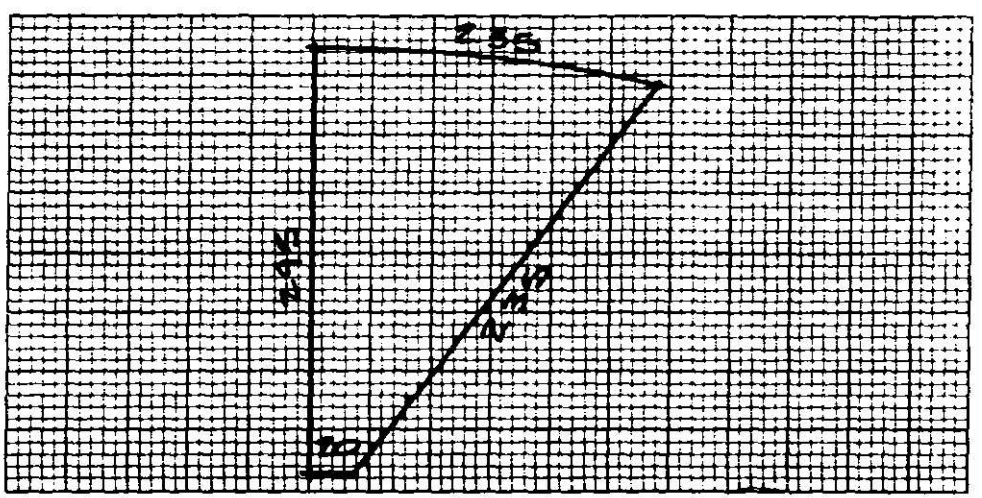
4) LOCATION OF PROPERTY Canterway Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood 10 LOT NO. 1 BLOCK NO. L

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. 2803

PTR No. 5866
P.O.
T C. No. 135-351-01

Date Issued April 9, 1973

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

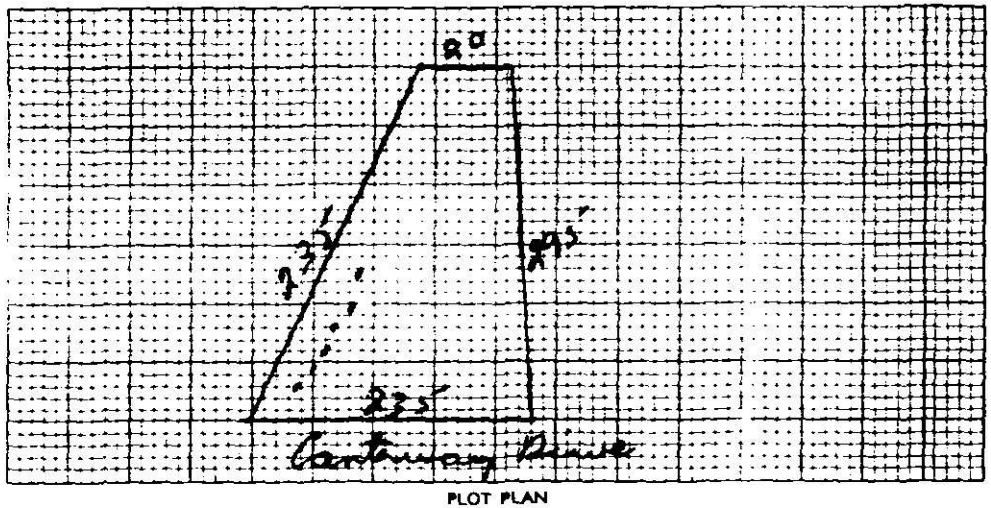
PERCOLATION TEST REPORT

NAME OF OWNER Bob McLemore & Company, Inc.
(LAST / FIRST / MIDDLE)

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

LOCATION OF PROPERTY Canterway Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 10 LOT NO. 1 BLOCK NO. L



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 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. Robinson

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 1-14-74

ICAR(S) Application No 5866

T C No 135-351-01

Map Date

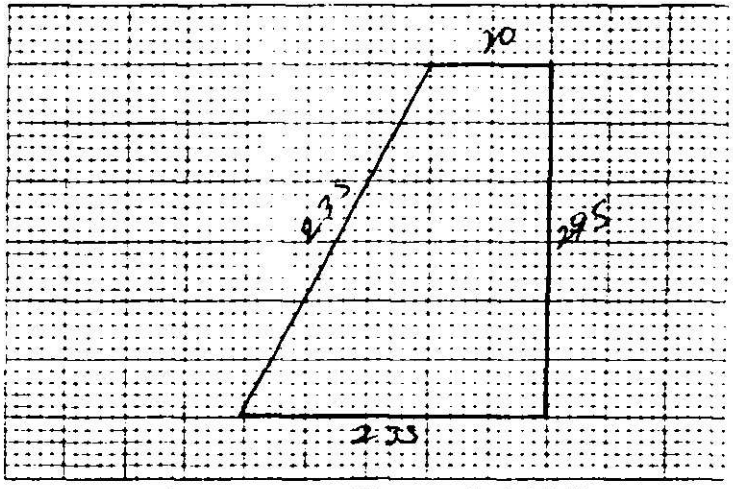
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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

Sewage System
House located within 200' of public sewer Yes ✓ No
House located within 200' of community sewer Yes No

11) FHA Case No.

12) VA Case No.

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

14) ADDRESS OF OWNER PO Box 25746, Charlotte NC 28212

15) PHONE NO. Home ___ Office 545-6111

16) LOCATION OF SYSTEM 7125 CAMTRWAY DR
(STREET OR COUNTY ROAD)

17) SUBDIVISION Fairwood 10 Lot No. 1 Block No. L

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-5-73 PR>60

20) PTR NUMBER (See Instructions) 5866

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.

DATE OF APPLICATION 5-11-74

OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3754

LA No. 5866
P.O.
T C No 135-351-01

Date Issued January 14, 1974

IMPROVEMENTS PERMIT

Map Date 8-9-72

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 & Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 25746 ZIP 28212

LOCATION OF LOT 7125 Canterway Drive
STREET OR COUNTY ROAD

SUBDIVISION Farmwood 10 LOT NO 1 BLOCK NO L

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 5866. 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

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/23/74 Serial No. [illegible] 2 ICAR(S) Permit No. 5866

T C No. PO 135 351-01

Map Date

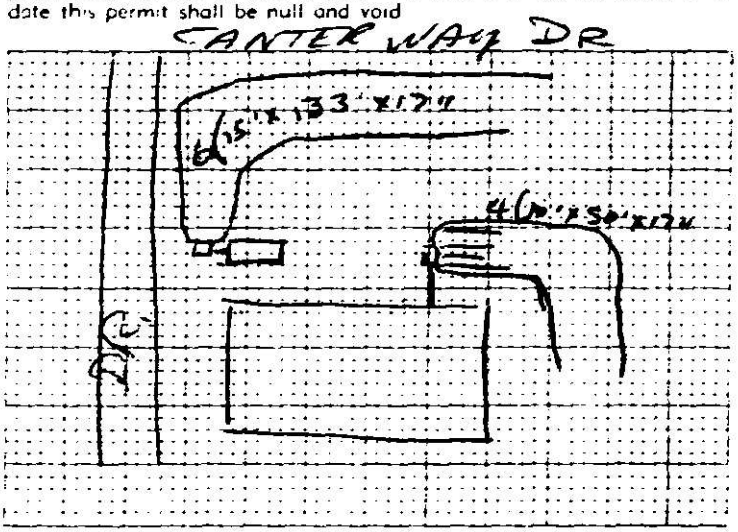
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5966, dated 1-14-74 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 10/15/74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines ST WM

Total Line Length 795 200

ST WM

Number of Lines 6 4

Distance from House 10'

Distance from Property Line 10'

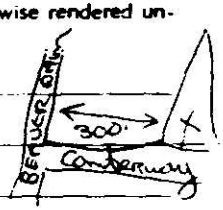
Distance from Well COMM

NAME OF OWNER BOB McLEMORE CO. INC.

LOCATION OF PROPERTY 7125 CANTERWAY DR. LOT 1-L

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



Division of Sanitation Head JA/PB

Environmentalist [signature]

If this permit is for the installation or construction of a new system, it must be signed by the division or a staff member of the Environmental Health Division in order to be valid. Only the signature of the Environmental Health Specialist is required where an existing system is being altered or repaired

Form E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 15 July 76 Serial No. 7092

C of A (s) No. 5866

T C No. P.O. 135-351-01

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 McLemore (LAST), Bob (FIRST) (MIDDLE)

Location of Property 7125 Canterway Dr. I-L

Application Number 5866 Permit Number 5866

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 795'-200' Number of Lines 6-4

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source Community Distance from Water Source 100'

Excavation Inspected Oct 74 (DATE) Tank Inspected 15 July 76 (DATE)

Nitrification Field Inspected Oct 74 (DATE)

Washing Machine Line Inspected, If Applicable Oct 74 (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: aeration O.K.

A. M. Reynolds
Environmentalist

FORM NO E-E-2M-6-75

HEALTH DEPARTMENT COPY

Date Received 4/28/77 | RECEIVED APR 2 8 1977 | CAR(S) Application No. 5866

T. C. No. 185259.8

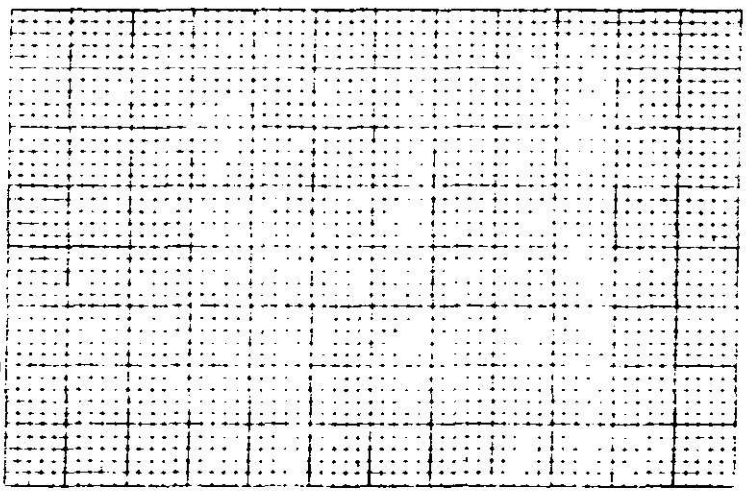
Map Date 6 2 76

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) Install or Construct 2) X 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 X Yes ___ No
4 No of Bedrooms 4
5 Business Use — Max No Employees ___
6 Washing Machine X Yes ___ No
7 Garbage Disposal X Yes ___ No
8 Dishwasher X Yes ___ No
9 Water Supply
A Individual Well ___
B Governmental System ___
C Community System
1 Well source X
2 Governmental source ___
10 Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11 FHA Case No ___
12 VA Case No ___

13) NAME OF OWNER Batchelor (LAST) Robert [redacted] (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 7125 Canterway Dr.

15) PHONE NO Home 545-9035 Office 377-8238

16) LOCATION OF SYSTEM ___ (STREET OR COUNTY ROAD)

17) SUBDIVISION Hunnwood Lot No. 1-L Block No. 6

Map Book No 47 Page No. 244

18) DEED REFERENCE — DEED BOOK 3863 AT PAGE 825

19) HAS A SOIL INVESTIGATION 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.

4-25-77
DATE OF APPLICATION

R H Batchelor
OWNER

EHD-5-76

Environmental Health Department's Copy