Date Received 5/11/77

APT No. 1244

T. C. No. 23[illegible]

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BOB McLEMORE & CO, INC.
(LAST)

2) ADDRESS OF OWNER P.O. Box 25746 CHAR ZIP 28212
(FIRST) (MIDDLE)

3) PHONE NO. Home _____ Office 545-6111

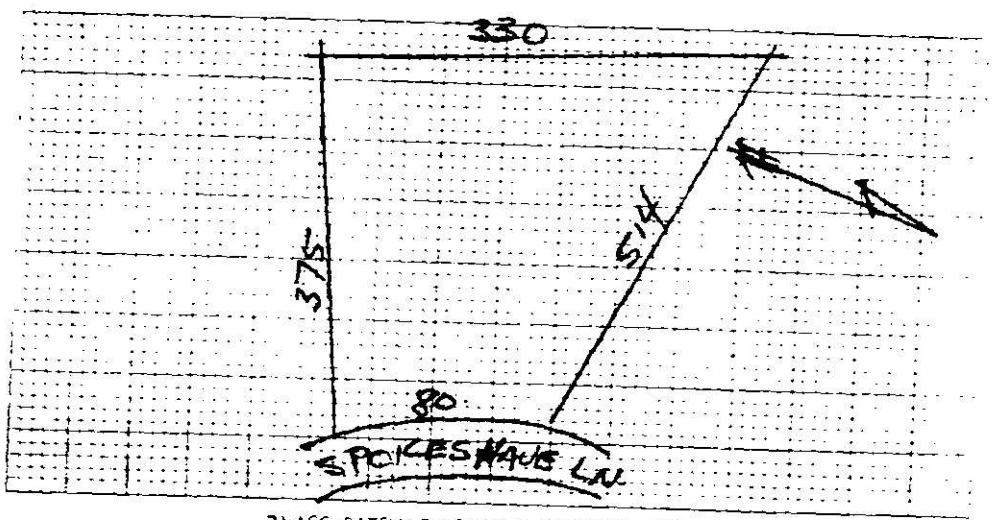
4) LOCATION OF PROPERTY SPOKESHAVE LN.
(STREET OR COUNTY ROAD)

5) SUBDIVISION PROVIDENCE RIDGE LOT NO 12 BLOCK NO. B

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

Peter L. Bobel
OWNER

FORM NO E[illegible]-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation May 18 1977 APT NO. 12441

Owner Bob McGovern & Co Inc.

Location of Property Spokane Loop Lot 12 Block B

Soil Suitability Ratings Tax Lot no. P.O. 231-101-01

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil		Helena	Chenoa
2. Soil Slope	suitable 3-8%		suitable 8-12%	—
3. Soil Depth	suitable >48"		suitable >48"	—
4. Soil Texture	provisionally suitable clay		unsuitable 2:1 expanding clay	—
5. Soil Structure	provisionally suitable blocky		unsuitable massive	—
6. Restrictive Horizons	—		—	—
7. Soil Drainage	suitable moderately well drained		unsuitable poorly drained	unsuitable poorly drained
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate		unsuitable too slow	unsuitable seasonal high water table
9. Other	low relief		unsuitable too slow	unsuitable floods
10. Overall Rating	provisionally suitable		unsuitable	unsuitable

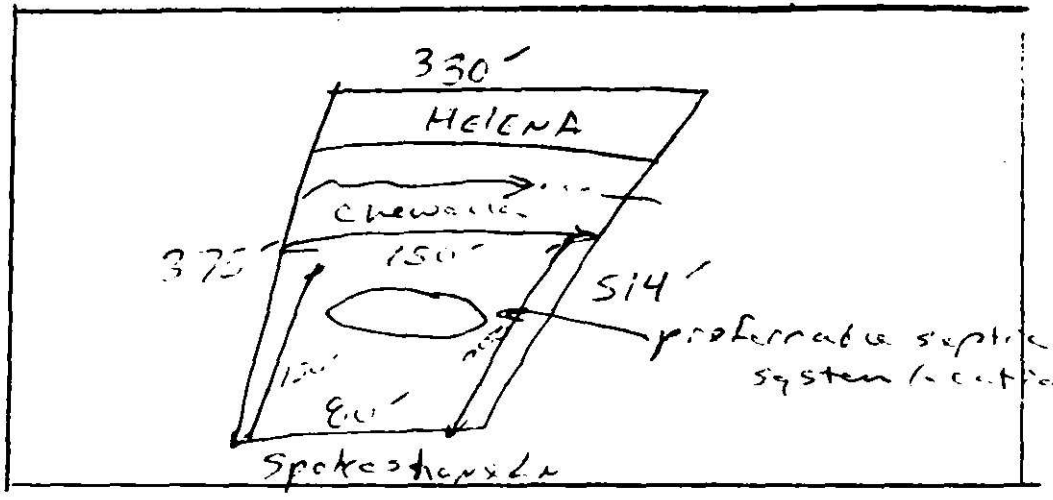
Recommendations Based on this investigation, a limited area of provisionally suitable soils was found for installation of a septic tank system (80' X 150' x 150' X 200'). System design should be based on a percolation rate of 60 min/in and should be placed on the areas of Cecil soils. Note - Building plans may be subject to additional assessment.

See diagram on back if necessary.

Soil Scientist

3/18/75
EMD 539

DIAGRAM OF PROPERTY



3/18/75

EHS 539

Serial No. 0778

PTR No. 12441

T C No P.O.231-101-01

Date Issued May 23, 1977

Map Date

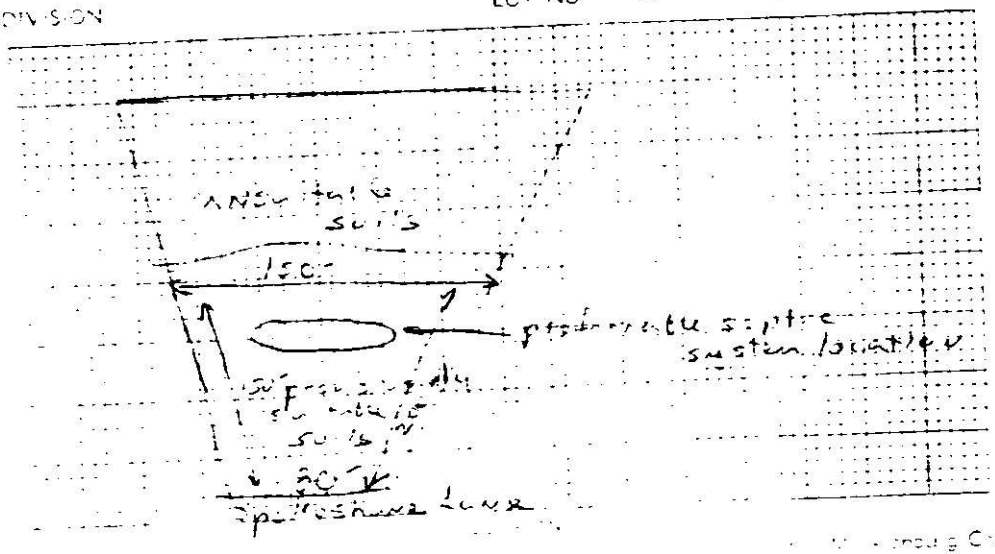
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

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

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF PROPERTY Spokeshave Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 12 BLOCK NO B



Provisionally Suitable
60 min in.

This [illegible] granted based on the laws of the State [illegible] Commission [illegible] Department [illegible] Services and the Mecklenburg County Board of Health Commission with [illegible] and is void if at any time the rules and regulations are changed such that [illegible] from these [illegible] or if the new rules and regulations been in effect on the issue date.

Soil Scientist

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 7/8/77

ICAR(S) Application No. 12441

T.P.C. No. 231-101-01

Map Date

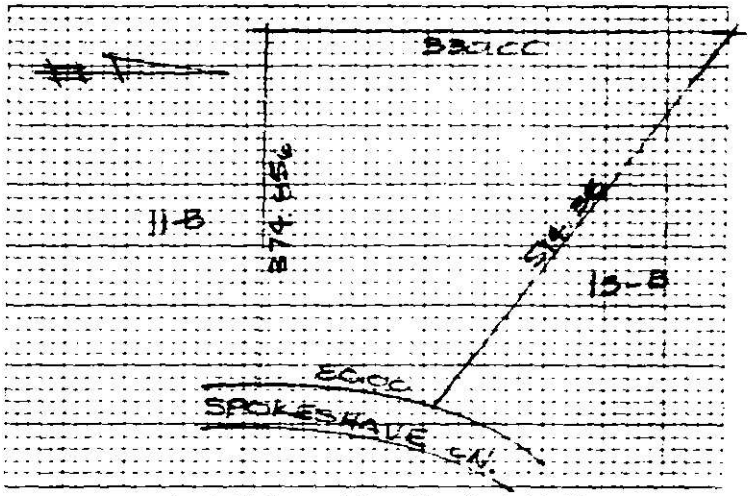
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 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 ___
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 BCB McLEMORE & CO, INC. (LAST, FIRST, MIDDLE)
14. ADDRESS OF OWNER P.O. Box 25746 CHARLOTTE 28212
15. PHONE NO. Home ___ Office 545-6111
16. LOCATION OF SYSTEM SPOKESHAVE LN. (STREET OR COUNTY ROAD)
17. SUBDIVISION PROVIDENCE RIDGE 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 5-23-77 → 60 MIN/IN.
20. PTR NUMBER (See Instructions) 12441

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.

7/06/77
DATE OF APPLICATION

Peter L. Corbel Asst. V.P.
OWNER

FORM NO. E-4-4/75

HEALTH DEPARTMENT'S COPY

Serial No. 0991

LA No. 12441

Date Issued July 8, 1977

T. C. No. P.O.231-101-01

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT
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 & Company, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF LOT Spokeshave Lane (STREET OR COUNTY ROAD)

SUBDIVISION Providence Ridge LOT NO 12 BLOCK NO B

MAP BOOK NO PAGE NO

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 12441. 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, altered 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

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

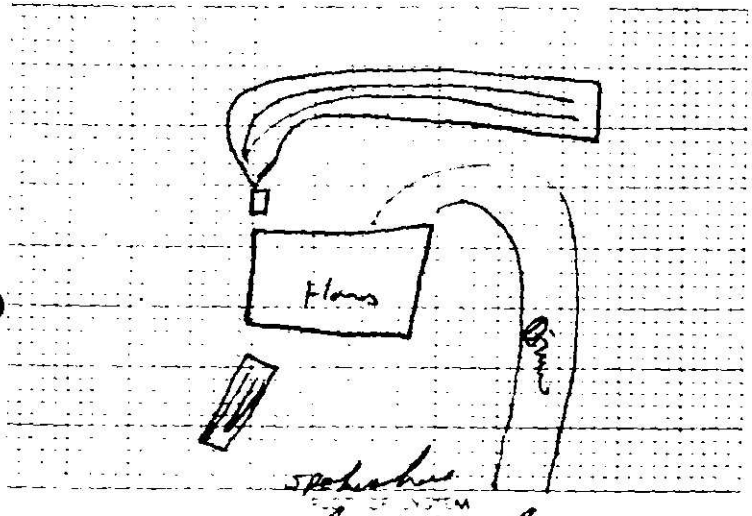
Date Issued 25 May 78 Serial No. 1646 ICAR(S) Permit No. 12441

T C No. 231-101-01

Map Date

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 granted to ✓ Install or Construct Alter or Repair the individual septic tank wastewater treatment and subsurface soil absorption effluent discharge system described herein at the described location. This permit is granted based upon the information supplied in application 12441, dated 7/8/77 and is void and of no effect if the proposed system is not completed as provided in the approved application. All work must be completed on or before 25 June after which date this permit shall be void and of no effect.



Permit No. PS.

Tank Capacity 1500 gal

Tank Description Precast

Absorption Area Required in Square Feet

Total Trench Length 660' & 167'

Number of Lines 5 & 4

Distance between Lines 10'

Distance from Lines to Property Lines 10'

Distance from Lines to Water Supply N/A

NAME OF OWNER John Meadows

LOCATION OF PROPERTY Lot 12B Spokeshire Ln.

This permit is issued in accordance with the requirements as set forth in the Regulations of the Mecklenburg County Board of Health in effect on the date of the granting of this permit. A certificate of satisfactory completion must be received by this department before any system may be used or otherwise rendered operable. Permit expires 6 months after issued.

Comments: The issuance of this permit does not in any way guarantee that the system anticipated ot 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.

(15'x132'x17" stone) 12'x42'x17" stone

Director or Section Head Environmentalist Stephen J Wood

* 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-6-76

Environmental Health Department's Copy

Date Issued 7 Jun 78 Serial No. 1605 C of A (s) No. 12441

T C No 23-101-01

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 Meadows (LAST) John (FIRST) (MIDDLE)

Location of Property 3625 Spokeshave Ln

Application Number 12441 Permit Number 12441

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast

Total Length of Drain Tile 660' & 167' Number of Lines 5 & 4

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Community Distance from Water Source N/A

Excavation Inspected 7 Jun (DATE) Tank Inspected 7 Jun 78 (DATE)

Nitrification Field Inspected 7 Jun (DATE)

Washing Machine Line Inspected If Applicable 7 Jun (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~installed~~ 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 or installing such system from any liability arising from the failure of the system to operate properly. This Certificate of Approval is issued subject to the restrictions and conditions and for the maximum number of bedrooms 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 Shrink-Remodeling Slightly

Environmentalist

EHD-S-76

Environmental Health Department's Copy