Date Received 4-10-73

APT No. 5922

T. C No. 135-251-910

Map Date 9-6-73 5-9-74

# 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 Road ZIP

3) PHONE NO. Home Office XXXXXXX 545-4507

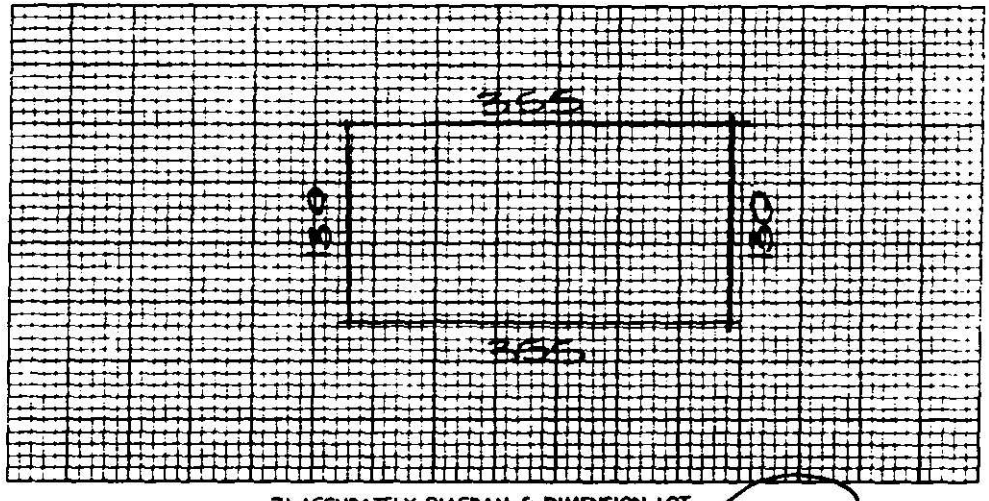
4) LOCATION OF PROPERTY Farm Oak Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood, # 11 LOT NO. 128 BLOCK NO.

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

# MECKLENBURG COUNTY
## Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. April 17, 1973 — SITE DISAPPROVAL REPORT — SDR No. 5972
2. _____ — INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, — T.C. No. _____
3. _____ — SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Bob McLemore & Company, Inc.

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

LOCATION OF LOT Farm Oak Drive, Lot 12-M

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

| | Test No. | Date of Test | Percolation Rate |
|---|---|---|---|
| X | 1. | 4-13-73 | 450 min/in |
| ____ | 2. | _____ | _____ min/in |
| ____ | 3. | _____ | _____ min/in |

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

John R Atkisson
Environmentalist

(Stencil No.)
MED 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 4060

PTR No 5972
P+O.
T C No 135-251-9810
Map Date 5-9-74

Date Issued February 28, 1974

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

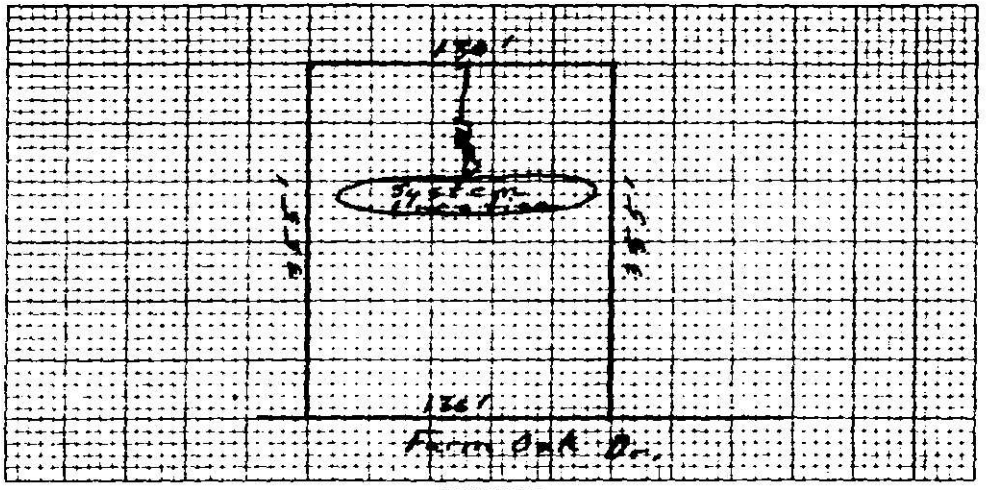
## PERCOLATION TEST REPORT

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

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

LOCATION OF PROPERTY Farm Oak Drive (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood, #11 LOT NO 12 BLOCK NO M




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 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.

*Results determined by soil analysis.

John R. Atkinson
Director, Environmental Health Division or Authorized Section Head

W. Everette Eppes, Jr.
Soil Scientist

FORM NO. E-2-5-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-14-74

ICAR (S) Application No 5912

T C No 135-251-12

Map Date 8-4-72 5-9-74

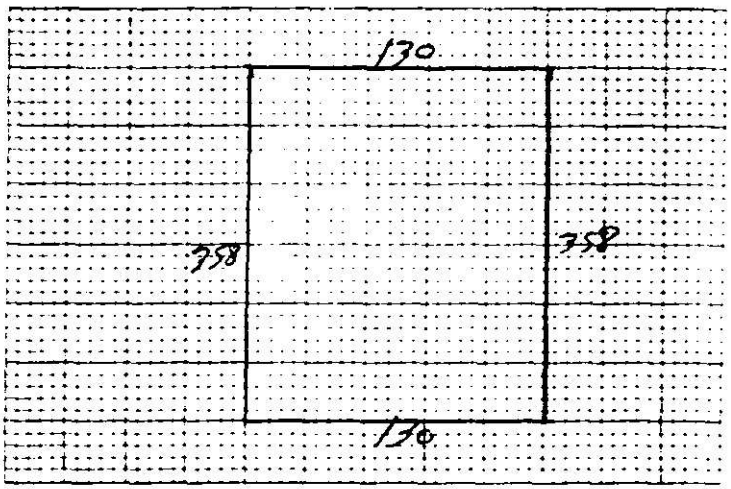
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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: ___
B. Government: ___
C. Community:
1. Well: ✓
2. Government: ___
Sewage System:
If public sewer: ___ Yes ✓ No
Is 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 P O Box 25746 Charlotte NC 28212

15) PHONE NO Home ___ Office 545-6111

16) LOCATION OF SYSTEM 5916 FARM OAK DR (STREET OR COUNTY ROAD)

17) SUBDIVISION FARMWOOD II Lot No. 12 Block No M

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN [redacted]

20) PTR NUMBER (See Instructions) [redacted]

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.

1-11-74
DATE OF APPLICATION

[signature] OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3865

LA No 5972

Date Issued February 28, 1974

P.O. 25140

T C No 135-~~361-01~~

IM PROVEMENTS PERMIT

Map Date ~~8-6-73~~ 5-9-74

# 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 &~~ Company
LAST FIRST MIDDLE

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

LOCATION OF LOT Farm Oak Drive
STREET OR COUNTY ROAD

SUBDIVISION Farmwood, #11 LOT NO 12 BLOCK NO M

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 5972. 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

M. A. Kirby
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 4/19/24 Serial No. b 34 ICAR(S) Permit No. 5922

T C No. 80 13351-01

Map Date 8-9-22

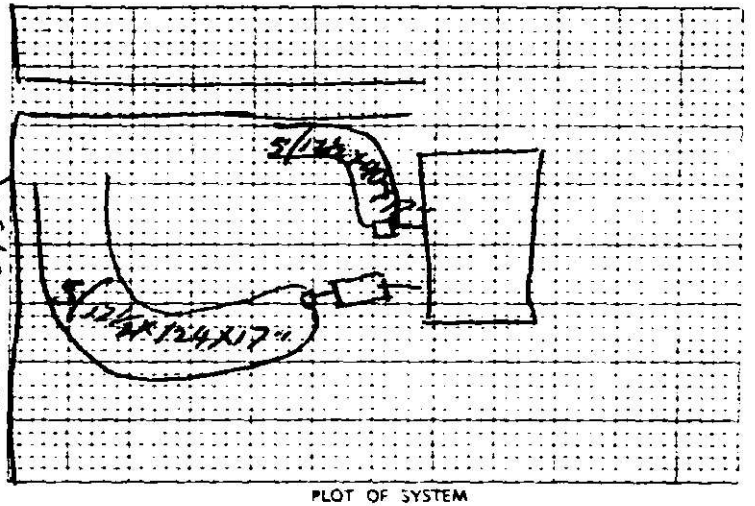
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 5722, dated 1-14-24 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 10/19/24, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines ST - 720

Total Line Length WM - 200

Number of Lines ST 5 WM - 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well COMM

NAME OF OWNER Bob McLemore & Co. Inc (FOR SALE)

LOCATION OF PROPERTY LOT 12 M 5910 FARM OAK DR.

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 or Section Head TA/LRB

Environmentalist KP Brigman Steve H

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.

Form No. E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 26 Sept 74 Serial No. 5999

C of A (s) No 5972

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

Map Date 8-9-72

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 McLENORE (LAST) Bob (FIRST) (MIDDLE)

Location of Property Lot 12 M 5910 FARM OAK DR.

Application Number 5972 Permit Number 5972

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material Precast concrete

Total Length of Drain Tile 720, 200 Number of Lines 5

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Community Distance from Water Source > 100'

Excavation Inspected 9/26/74 (DATE) Tank Inspected 9/26/74 (DATE)

Nitrification Field Inspected 9/26/74 (DATE)

Washing Machine Line Inspected, If Applicable 9/26/74 (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 pit OK.

R M Reynolds
Environmentalist

FORM NO E-6-8-1-72

HEALTH DEPARTMENT'S COPY