Date Received 2-19-73

APT No. 5594

T C No. 135-255-04

Map Date 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 Rd ZIP

3) PHONE NO Home Office 545-4507

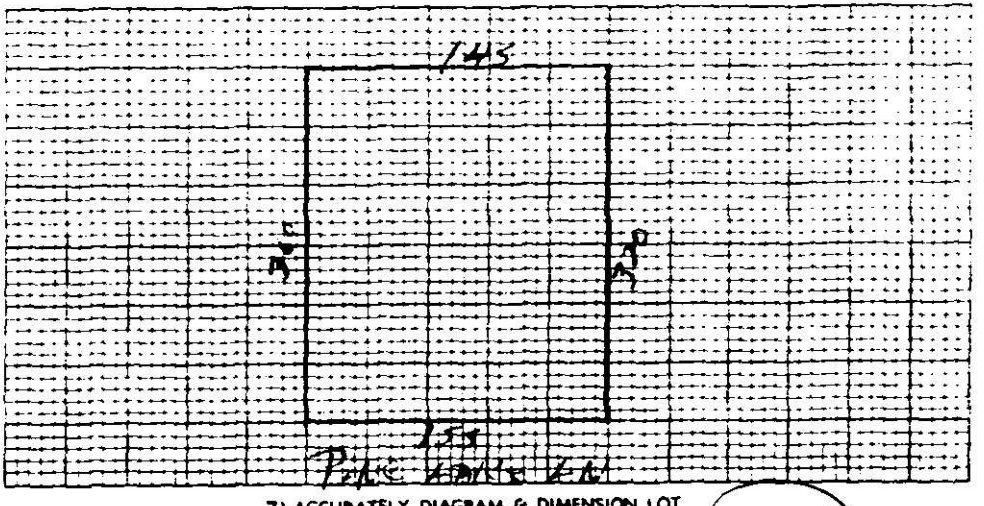
4) LOCATION OF PROPERTY PINE LAKE LANE
(STREET OR COUNTY ROAD)

5) SUBDIVISION FARMWOOD III LOT NO 7E BLOCK NO H

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. [redacted]

PTR No. 5594

Date Issued 2-23-73

T C No 135-255-0[redacted]
[redacted]
Map Date [redacted]

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

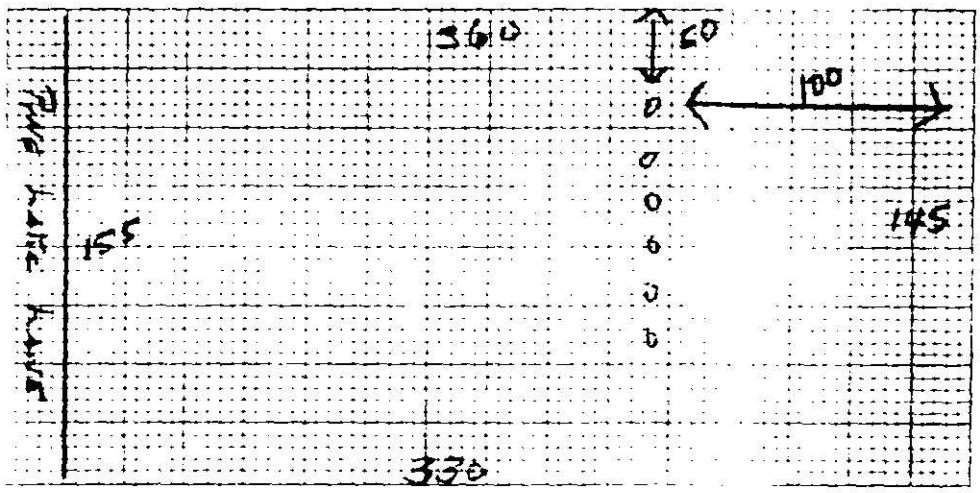
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 6128 Lebanon Road ZIP

LOCATION OF PROPERTY Pine Lake Lane Harrwood VI 16-H
STREET OR COUNTY ROAD

SUBDIVISION LOT NO 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 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 driving of automobiles) 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

Date Received 4-26-73

ICAR(S) Application No. 5594

T C No. 135-256-09

Map Date ~~4-25-73~~ 5-9-74

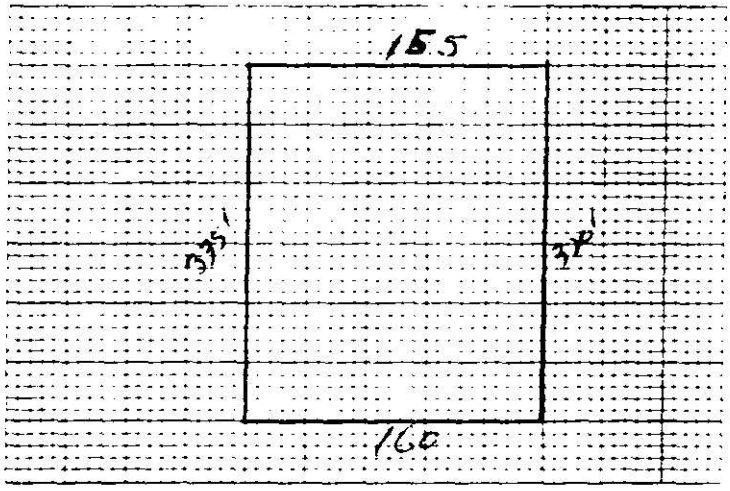
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. Employee ____

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 source ✓
2 Government 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 Bob McLemore & Co., Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6129 Lebanon Road

15) PHONE NO Home ____ Office 545-4507

16) LOCATION OF SYSTEM 7101 Pine Lake Lane
STREET OR COUNTY ROAD

17) SUBDIVISION Fernwood 6 Lot No. 16-H Block No. ____

Map Book No. 17 Page No. 81

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 3-5-73 ok 5-6-74

20) PTR NUMBER (See Instructions) 5594

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.

4-25-73
DATE OF APPLICATION

OWNER

FORM NO E-4-4-1-73

HEALTH DEPARTMENT'S COPY

Date Issued April 26, 1973

Serial No. 2303

LA No 5594
Rec.
T C No 135-255-09
Map Date 6-10-74 12-3-62

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, Inc.
LAST FIRST MIDDLE

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

LOCATION OF LOT 7101 Pine Lake Lane
STREET OR COUNTY ROAD

SUBDIVISION Farmwodd 6 LOT NO 16 BLOCK NO H

MAP BOOK NO 17 PAGE NO 81

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 5594. 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. Knox
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 10-11-73

Serial No. 4531

ICAR(S) Permit No. 5594 ✓

T. C. No. 135-253-4

Map Date 5-9-74

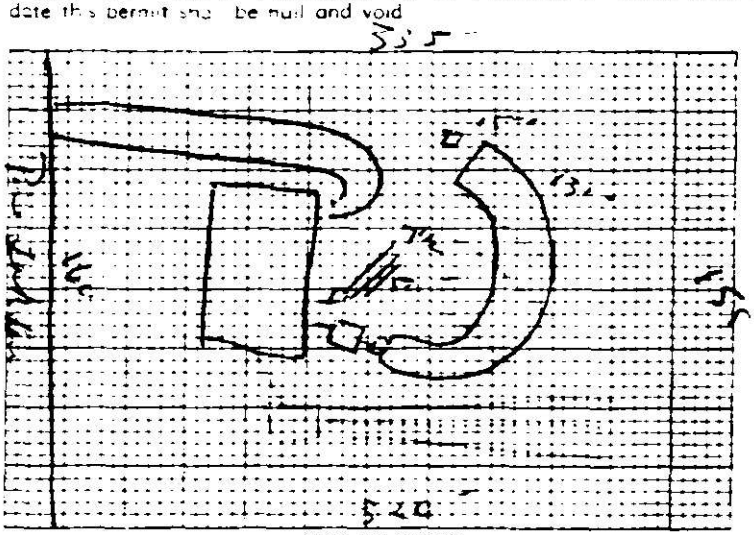
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given to ✓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 5594, dated 9-26-73 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 11-19-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 795'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Beth Haven Inc.

LOCATION OF PROPERTY 7161 Providence Lane

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: 15 x 132'

cut in 7" pipe

C M Shuman Sons

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 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 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 11-2-73

Serial 4179

C of A (s) No. 5594

T C No. 135-255.04

Map Date 6-10-74

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 Bob McLemore & Co. (LAST, FIRST, MIDDLE)

Location of Property 7101 Pine Lake Lane

Application Number 5594 Permit Number 5594

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material concrete

Total Length of Drain Tile 795' Number of Lines 6

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Comm. water Distance from Water Source —

Excavation Inspected 11-2-73 (DATE) Tank Inspected 11-2-73 (DATE)

Nitrification Field Inspected 11-2-73 (DATE)

Washing Machine Line Inspected, If Applicable 11-2-73 (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: Installed by C. M. Sherrill & Son

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 4/24/75

ICAR(S) Application No. 3594

T C No 135-2554

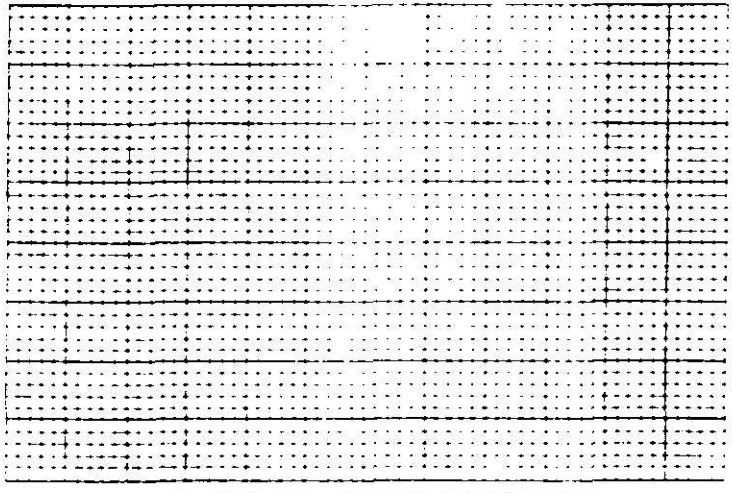
Map Date 5-9-74

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 XXX 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 X No

8) Dishwasher X Yes ___No

9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1) Well source XXX
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 ___No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Shields (LAST) Guy (FIRST) John (MIDDLE)

14) ADDRESS OF OWNER 7101 Pine Lake Lane, Charlotte, N. C.

15) PHONE NO Home 545-9503 Office ___

16) LOCATION OF SYSTEM 7101 Pine Lake Lane, Charlotte, N. C.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Farmwood Lot No. 16 Block No. H

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? X 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. **The undersigned person authorizes Bob McLemore & Co. to make repairs to above septic system.**

Gloria Shields
OWNER

DATE OF APPLICATION

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 2-27-75 Serial No. [illegible] ICARIS Permit No. 5894
T C No 133-255-04
Map Date 5-9-74

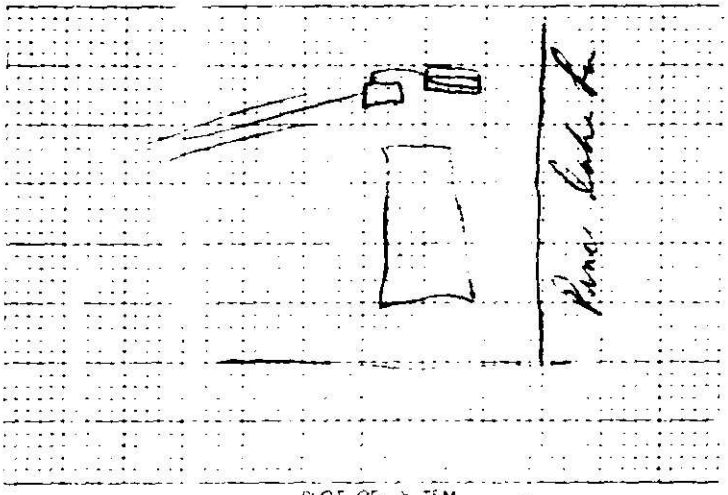
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 ___, dated ___ 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 5-23-75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Absorption Area Type Trench or Line ___

Total Line Length 40'

Number & Size 5 x 10 x 36"

Distance from Building 10'

Distance from Property Line 10'

Distance from Well Comm

NAME OF OWNER S. Shields Gary

LOCATION OF PROPERTY 7101 Pine Lake 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 Shields

New "T" in order 1/2" higher than original "T" or requested by agent

Division or Section Head

Environmentalist Richard Horstman

If this permit is for the installation or construction of a new system it must be signed by the division or 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 E-5-9-1-72

Date Issued 4-24-75 Serial No. [illegible]

C of A (s) No 5594

T C No 135255 04

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Shurill, Guy
LAST FIRST MIDDLE

Location of Property 7101 Pine Lake Ln

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank —— Tank Material ——

Total Length of Drain Tile 40' Number of Lines 2 (5 x 10 x 36")

Depth of Filter Material 36" Cover Depth 15"

Water Supply Source Comm Distance from Water Source ——

Excavation Inspected 4-24-75 (DATE) Tank Inspected —— (DATE)

Nitrification Field Inspected 4-24-75 (DATE)

Washing Machine Line Inspected If Applicable —— (DATE)

This building property has been inspected for the Individual Septic Tank System with subsurface soil absorption of effluent that has been installed on this land. It has been installed and constructed satisfactorily 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 is not a guarantee that the system will operate properly or relieve any person making or causing 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 which the permit has 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 Shurill

Richard Houston
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 9/8/75

ICAR(S) Application No. 5594

T C No 135.255.04

Map Date 5-974

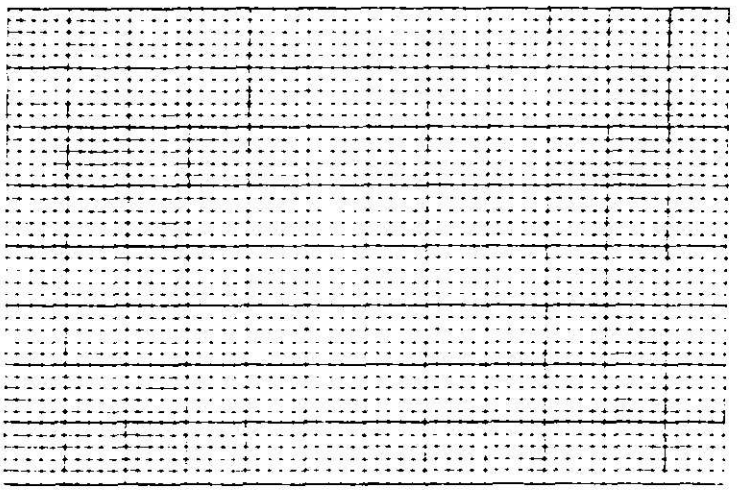
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 SHIELDS (LAST) Guy (FIRST) JOHN (MIDDLE)

14) ADDRESS OF OWNER 7101 PINE LAKE LANE

15) PHONE NO Home 545-9503 Office SAME

16) LOCATION OF SYSTEM BEAVER DAM OR PINE LAKE LN (STREET OR COUNTY ROAD)

17) SUBDIVISION FARMWOOD Lot No. 164 Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST 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.

9-8-75
DATE OF APPLICATION

OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9-9-75 Serial No. ICAR(S) Permit No. 5594

T C No

Map Date

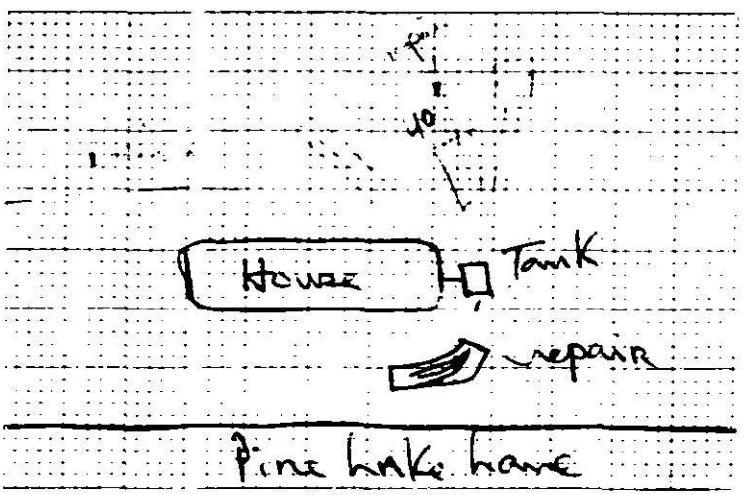
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 5594 dated 9-9-75 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 Oct 9, 75 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ✓

Liquid Capacity of Tank

Tank Construction

Absorption and/or Irrigation Lines

Total Line Length 100ft

Number of Lines ③ 7½'x33'

Distance from Line 10'

Distance from Property Lines 10'

Distance from Well 100'

NAME OF OWNER Shields, Guy

LOCATION OF PROPERTY 7101 Pine Lake Ln.

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 may add additional footage.

Division or Section Head

R. M. Reynolds
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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 E-5-8-1-72

Mecklenburg County Health Dept.

Date Received 9/18/75

APT No. 5594

T. C. No. 35.255 .04

Map Date ———

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SHIELDS (LAST) Guy (FIRST) JOHN (MIDDLE)

2) ADDRESS OF OWNER 7101 PINE LAKE LN ZIP 28212

3) PHONE NO. Home 545-9503 Office SAME

4) LOCATION OF PROPERTY CARVER DAM & PINE LAKE (STREET OR COUNTY ROAD)

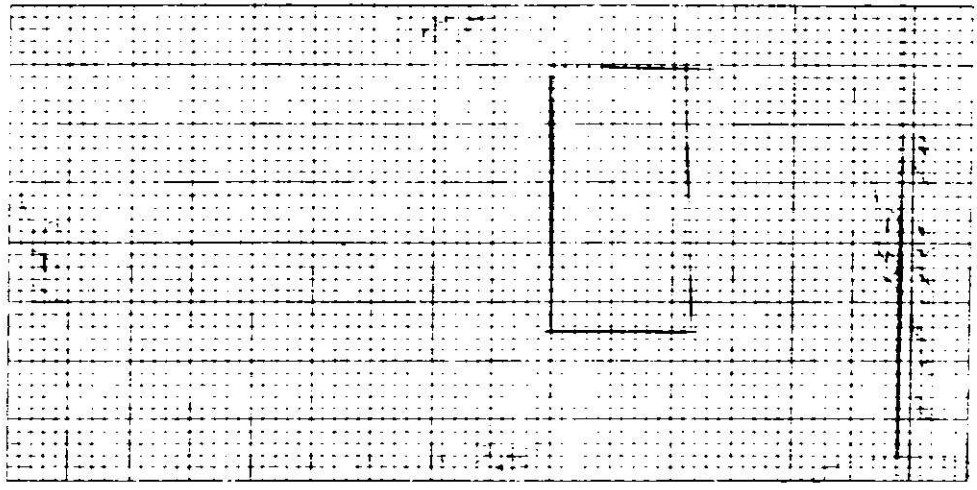
5) SUBDIVISION FARMWOOD LOT NO 67H BLOCK NO. ———

MAP BOOK NO. ——— PAGE NO. ———

6) DEED REFERENCE DEED BOOK ——— PAGE NO ———

Applicat on 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

Call Him before going out.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY