Date Received 7-1973

APT No 6692

T. C No _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER P.O. Box 15813 Charlotte N.C. ZIP _____

3) PHONE NO Home _____ Office 525-6976

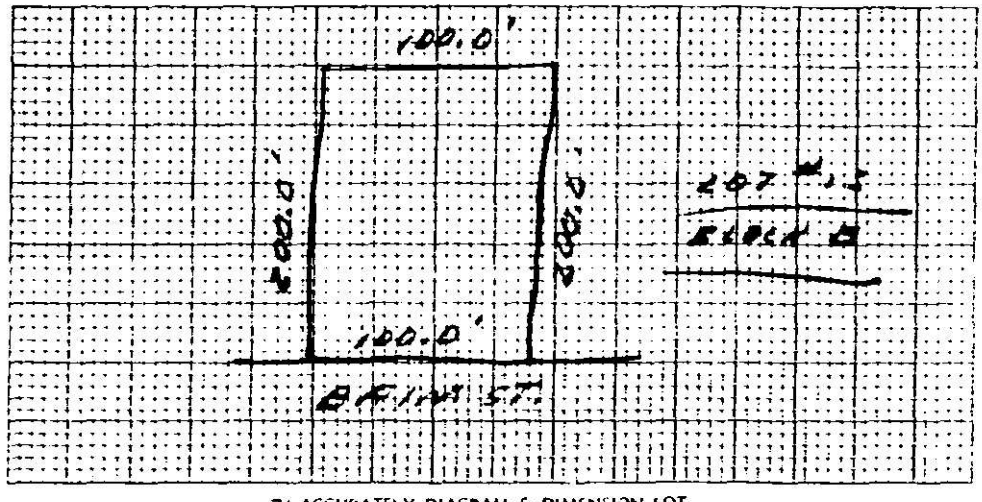
4) LOCATION OF PROPERTY 1730 Baum Street (STREET OR COUNTY ROAD)

5) SUBDIVISION Wildwood 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

OWNER / agent

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3358

PTR No. 6692

T C No 055-209-05

Date Issued July 23, 1973

Map Date 2-23-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

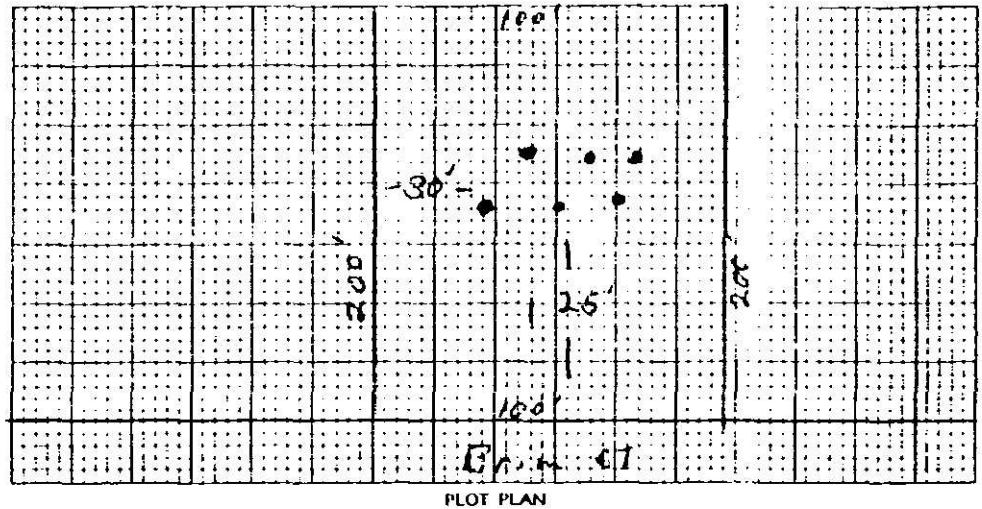
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF PROPERTY 1730 Brim Street (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO 13 BLOCK NO. B



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 46 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. Atkisson

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 9/19/73

ICAR(S) Application No 6692

T C No 055-209-05

Map Date 2 23 72

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

as per attached
plat plan

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. ___

10) Sewage System

Is the property within 200 feet of a public sewer? Yes ✓ No

Is it possible to install a gravity sewer line to the property? ___

Community sewer Yes ✓ No

11) FHA Case No. ___

12) VA Case No. ___

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER [illegible] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 6655 813 Charlotte

15) PHONE NO. Home ___ ___ Office 525-0976

16) LOCATION OF SYSTEM 1730 Eliot St. (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No 15 Block No 4

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7 20 73, 8 24

20) PTR NUMBER (See Instructions) 6692

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 9/6/73

OWNER [signature]

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3428

Date Issued September 14, 1973

LA No. 6692

T. C No. 055-209-05

Map Date 22 2-23-72

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 Key Homes, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. 15813 ZIP

LOCATION OF LOT 1730 Brim Street (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO. 13 BLOCK NO. B

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 46 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 6692. 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

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 2/18/74 Serial No. 4896 ICAR(S)-Permit No 6692
T C No
Map Date

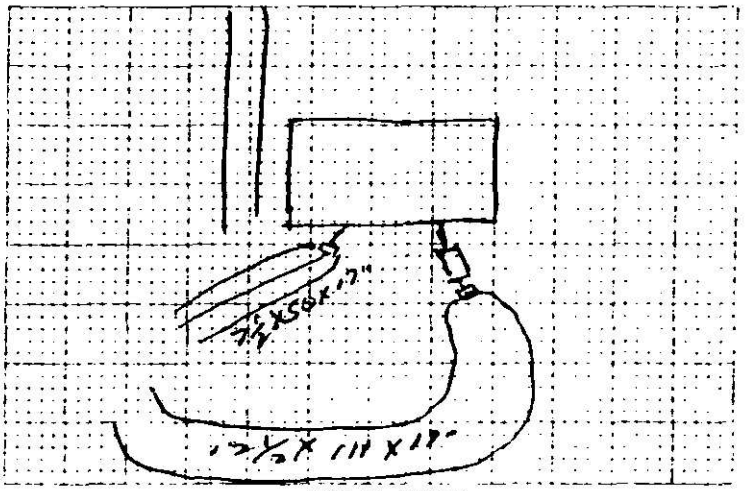
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6692, dated 9/14/73 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 3/25/74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 46 mpi
Liquid Capacity of Tank 1500 gal
Tank Construction FC
Absorption and/or Nitrification Lines
Total Line Length 150' min
Number of Lines 5 3
Distance from House 10'
Distance from Property Line 10
Distance from Well 50'+

NAME OF OWNER KEY HOMES INC.
LOCATION OF PROPERTY 1730 Beam St

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 R Bldg

Division or Section Head JM Kirb

Environmentalist L H Bryson

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 E-5-9-1-72

Date Issued 6/12/74 Serial No. 4908 C of A (s) No. 6692

T C No

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 KEY HOMES (LAST) INC. (FIRST) (FOR SALE) (MIDDLE)

Location of Property 1730 BRIM ST.

Application Number 6692 Permit Number 6692

Inspection Data:

Liquid Capacity of Tank 1500 gal (S) (M) Tank Material FC

Total Length of Drain Tile 555' 150' Number of Lines 5

Depth of Filter Material 12" Cover Depth 3'

Water Supply Source IND WELL Distance from Water Source 60'+

Excavation Inspected 3/24/74 (DATE) Tank Inspected 3/28/74 (DATE)

Nitrification Field Inspected 3/24/74 (DATE)

Washing Machine Line Inspected, If Applicable 3/29/74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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 or installing 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 as 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 GRADING FOR DRAINAGE COMPLETED

Environmentalist

FORM NO E-6-9-1-72