Date Received 2-19-73

APT No. 5002

T C. No. 135-254-15

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Bob McLemore & Co.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 6129 Lenalin Rd ZIP

3) PHONE NO Home Office 545-4507

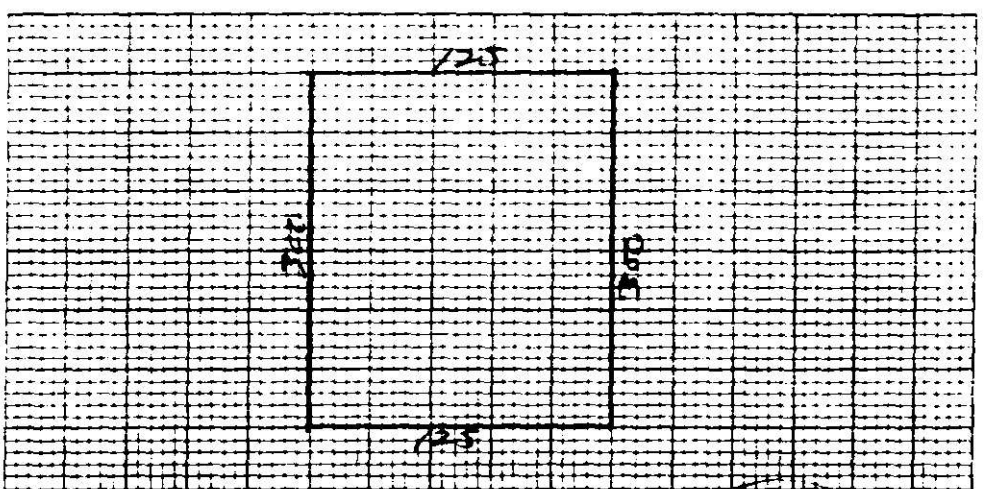
4) LOCATION OF PROPERTY Beaver Dam Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood II LOT NO. 34 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. [illegible]

PTR No. 5602

T C No 135-[illegible]

Date Issued April 9, 1973

Map Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

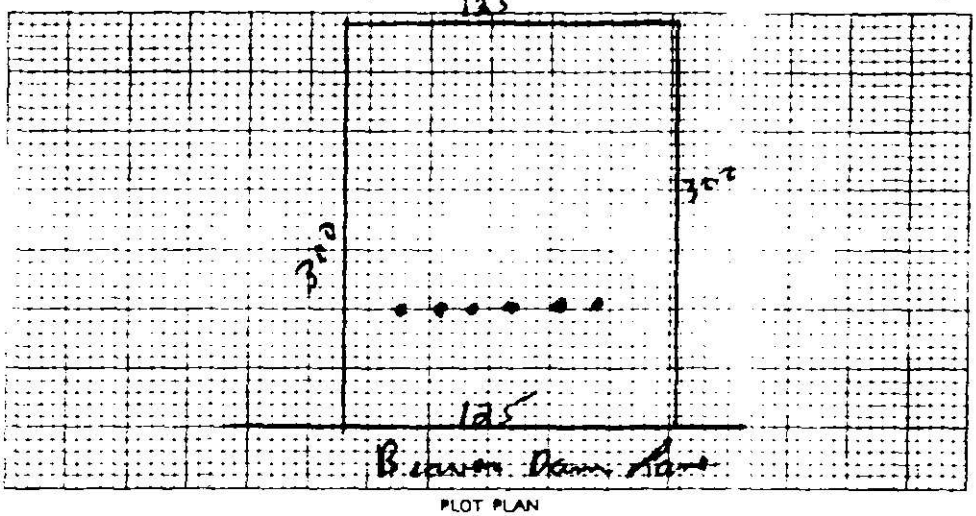
PERCOLATION TEST REPORT

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

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

LOCATION OF PROPERTY Beaver Dam Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO 24 BLOCK NO. H



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 54 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 wells) 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. Abercrombie

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. 5602

T. C. No. 135-~~BSW-R~~

Map Date 6-10-74

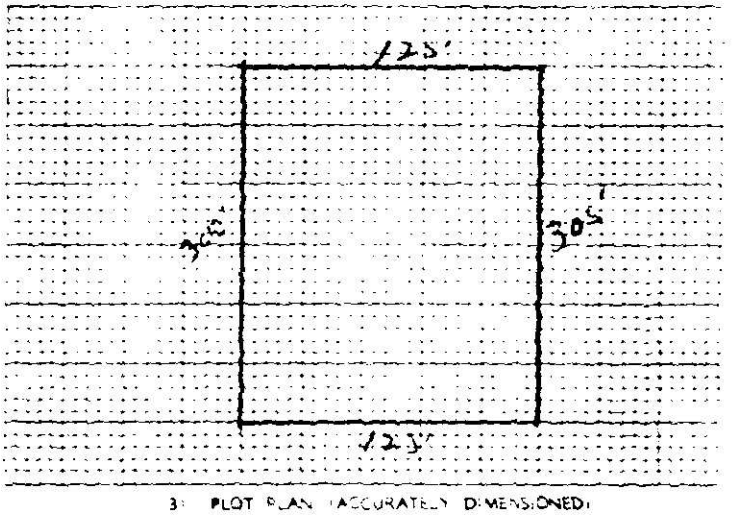
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 subsurface soil absorption, effluent discharge



4

4	Water Meter	Yes	No
7	Garbage Disposal	Yes	No
8	Dishwasher	Yes	No
9	Water Supply		
	B Government System		
	C Community System		
	Well	✓	
	Sewage System		
	Public Sewer	Yes	No
	FHA Case No.		
	VA Case No.		

3) PLOT PLAN (ACCURATELY DIMENSIONED)

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 6020 Beaver Dam
(STREET OR COUNTY ROAD)

17) SUBDIVISION Farmwood 6 Lot No. 24-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 4-12-73

20) PTR NUMBER (See Instructions) 5602

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-4-4-1-7

HEALTH DEPARTMENT'S COPY

Date Issued April 26, 1973

Serial No. 2814

LA No. 5602

T. C. No. 135-

Map Date 6-10-74

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, Inc. (LAST / FIRST / MIDDLE)

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

LOCATION OF LOT 6020 Beaver Dam Road (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 6 LOT NO 24 BLOCK NO H

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 54 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 5602. 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. Robinson
Director Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Serial No. 7

Date Issued 6 Apr 74

ICAR(S) Permit No 5662

T C No 125-525-05

Map Date 6-10-74

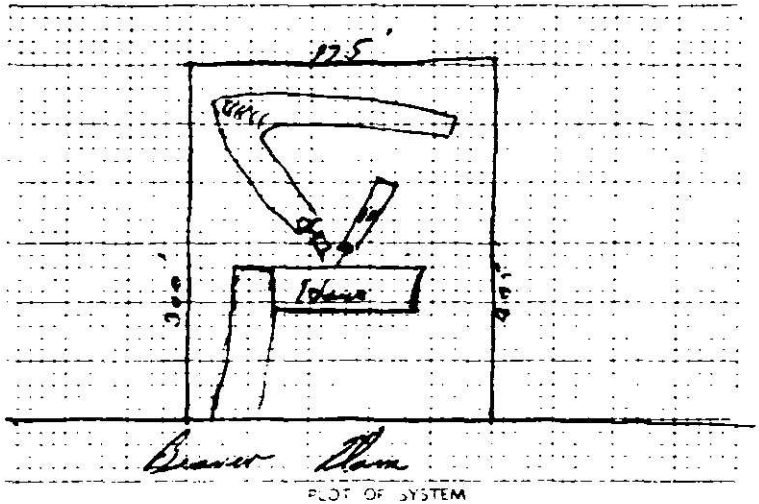
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ✓ Install or Construct, Alter or Repair the individual septic tank waste-water treatment system with subsurface soil absorption effluent discharge as described herein at the described location. This permit is granted based upon the information supplied in application 5662, dated 26 Apr 73 and this permit shall be void and of no effect if the construction is not provided in the application (or plot plan) or otherwise varied. All work shall be completed on or before 18 May 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption Lines

Total Line Length 795' + 150' (WM 3 runs x 50' x 17")

Number of Lines 6 C's 3 133' x 2'

Distance from Well 10'

Distance from Property Lines 10'

Distance from Water County

NAME OF OWNER Carl McLemore & E. Lee

LOCATION OF PROPERTY 6020 Beaver Dam (Ormond G) (Lot 24-A)

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 Shirrill (Tanks)

Division or Section Head

Environmentalist M. L. Kirby

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

WHITE DEPARTMENT'S COPY

Serial 4703

C of A (s) No. 8662
135-354-75

T C No. ~~121-951-04~~

Date Issued 19 Apr 74

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 J.C. Inc
LAST FIRST MIDDLE

Location of Property 6620 Beaver Dam Crossroad (Rt 24-H)

Application Number 8662 Permit Number 8662

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PE

Total Length of Drain Tile 295 + 150 WM Number of Lines 3 (75' x 150' x 17") 2 (75' x 133' x 12")

Depth of Filter Material 17" Cover Depth 12"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 19 Apr 74 DATE Tank Inspected 19 Apr 74 DATE

Nitrification Field Inspected 19 Apr 74 DATE

Washing Machine Line Inspected, If Applicable 19 Apr 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: Install (Tank)

Environmentalist

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

HEALTH DEPARTMENT'S COPY