Date Received 10 8 70

APT No. 362

T C No 135-231 J
5-11-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

ADDRESS OF OWNER W. 3 Matthews ZIP

PHONE NO Home 545-4571 Office 545-4507

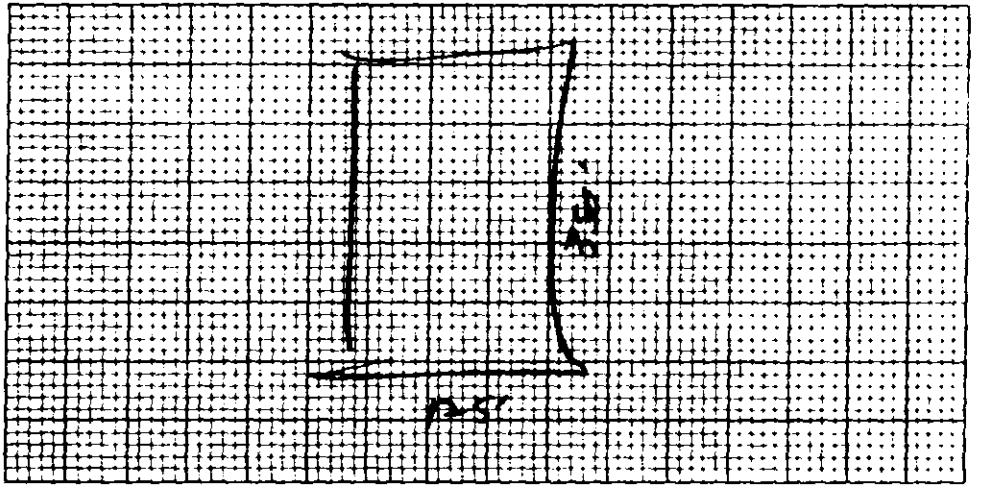
LOCATION OF PROPERTY Barnsdale Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood LOT NO 15 BLOCK NO

MAP BOOK NO PAGE NO

DEED REFERENCE DEED BOOK 3188 PAGE NO 152

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



ACCURATELY DIAGRAM & DIMENSION LOT

Robert V. McLemore
OWNER

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY

Serial N° 131 PTR No. 367

Date Issued 10-9-70 Portion of T C No 135-231-08 24

5-11-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

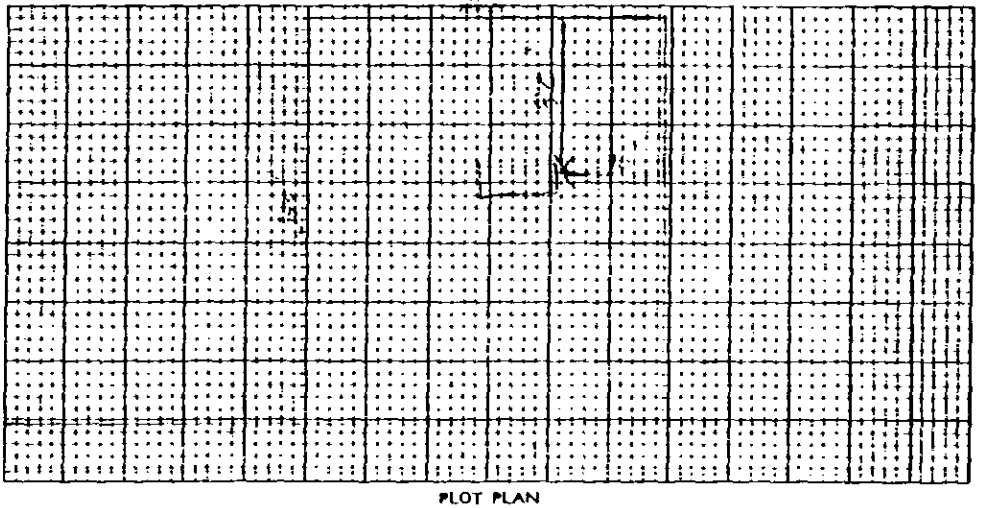
PERCOLATION TEST REPORT

NAME OF OWNER McLemore, (LAST) Bob (FIRST) and Co. (MIDDLE)

ADDRESS OF OWNER Rt. 3, Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY Barnsdale Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood LOT NO 15 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 **38 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.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-3-72

(CAR(S) Application No. 367

T C. No. 135-231-29
5-11-73

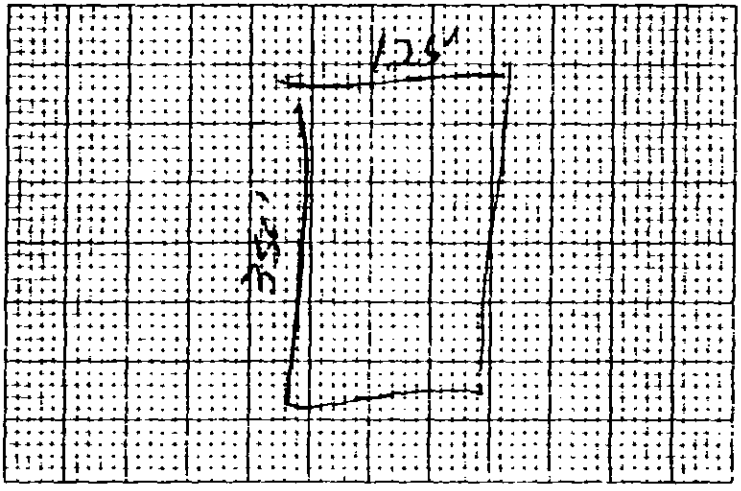
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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) 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 McKenzie (LAST) Bob (FIRST) S. G. (MIDDLE)

14) ADDRESS OF OWNER 613 Matthews

15) PHONE NO Home 545-5571 Office 545-4507

16) LOCATION OF SYSTEM Emerald Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Pawtucket Lot No. 15 Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3135 AT PAGE 152

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 9/78

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.

10/6/72
DATE OF APPLICATION

Robert S. McKenzie Pres.
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial N⁰ 100

Date Issued 10-9-70

LA No. 367
Portion of
T. C No. 135-231-02 29
5 11-73

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 McLemore (LAST) Bob (FIRST) and Co. (MIDDLE)

ADDRESS OF OWNER Rt. 3, Matthews, N. C. ZIP 28105

LOCATION OF LOT Barnsdale Lane (STREET OR COUNTY ROAD)

SUBDIVISION Fernwood LOT NO. 15 BLOCK NO.

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 38 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 367. 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.

D. C. Lotz
Environmentalist

R. F. McMillian
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 1113

ICAR(S) Permit No. 367

Date Issued 7-5-71

T C No 135-231-29

Map Date 5-11-73

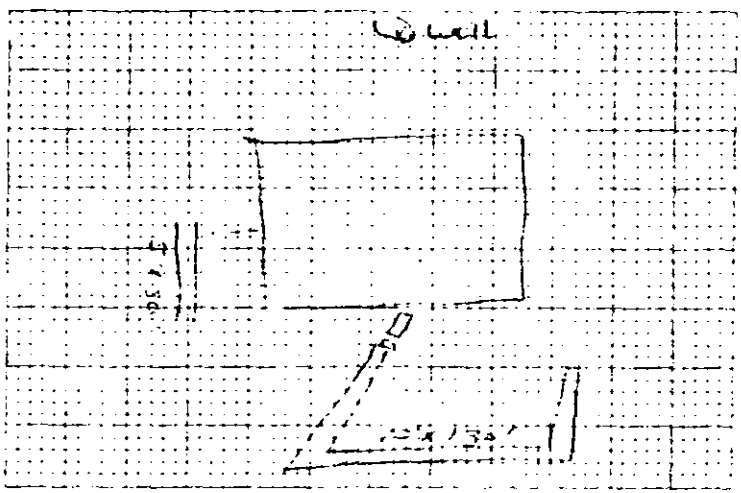
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 367, dated 6-5-71, 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 6-30-71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate .38

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length ~~570~~ 520'

Number of Lines 4 (10'x130')

Distance from House 20'

Distance from Property Line 20'+

Distance from Well 50'+

NAME OF OWNER [illegible]

LOCATION OF PROPERTY Lot # 15 [illegible] LN

The system shall meet all 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

K. E. Hamilton
Division or Section Head

D. C. Wall
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 SOIL 4-71-71

THIS [illegible] IS COPY

Date Issued 8/31/71 Serial No. 1028 C of A (s) No. 367

T. C. No. 135-231-39

Map Date 7-16-71 5-11-73

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 (LAST FIRST MIDDLE)

Location of Property Lot 15 Barnsdale

Application Number 367 Permit Number 367

Inspection Date:

Liquid Capacity of Tank 1500 gal. Tank Material precast conc.

Total Length of Drain Tile 510' Number of Lines 4

Depth of Filter Material 17" Cover Depth 6"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 8/31/71 (DATE) Tank Inspected 8/31/71 (DATE)

Nitrification Field Inspected 8/31/71 (DATE)

Washing Machine Line Inspected, If Applicable 8/31/71 (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 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 Installed by G. M. Sherrill & Son.

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY