Date Received 7-30-73

APT No. 6752

T. C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

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

3) PHONE NO Home _____ Office 525-6876

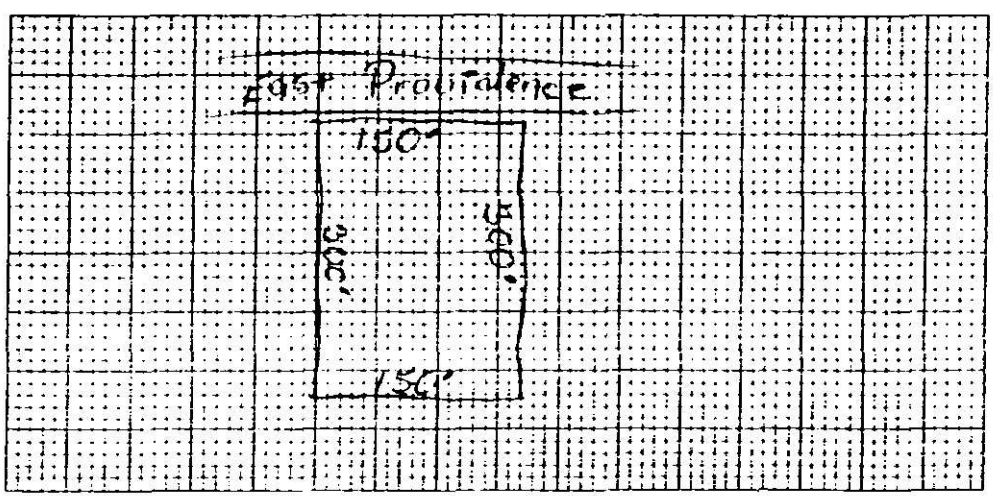
4) LOCATION OF PROPERTY 4033 East Providence Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION East Providence Estate LOT NO 3 BLOCK NO. 2

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 King Homes Inc.
Agent

FORM NO E-1-9-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 5472

PTR No. 6752

T C No 231-062-17

Date Issued August 15, 1973

Map Date 9-1-70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

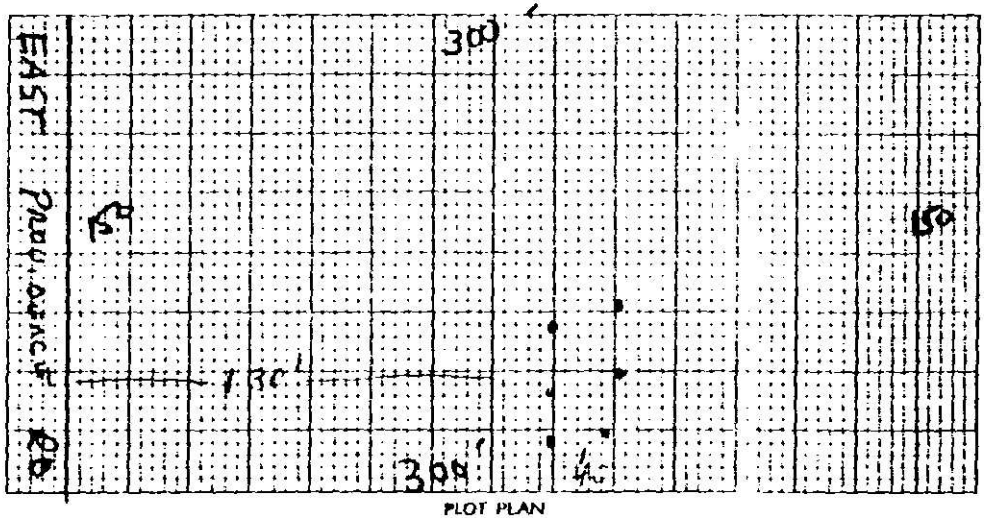
PERCOLATION TEST REPORT

NAME OF OWNER Key Homes, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF PROPERTY 4033 East Providence Drive
STREET OR COUNTY ROAD

SUBDIVISION East Providence Estates LOT NO 3 BLOCK NO 2



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 50 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. Atkinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 8 21 73

ICAR (S) Application No 6752

T C No 231-06217

Map Date

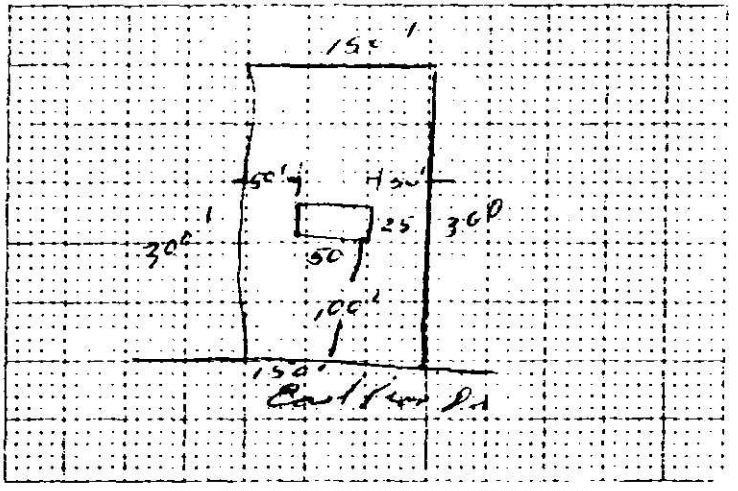
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 (s) that (or parts 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) Building Use Min No
Emp (see)

6) Washing Machine ✓ Yes No

7) Garbage Disposal ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply
A Individual Supply ✓
B Government (Public)
C Community (Private)
1 Well
2 Community

Sewage System
Have (Has) property been approved for use of public sewer ✓ Yes No
Has (Is) property located within 200' of community sewer Yes ✓ No

11) FHA Case No

12) VA Case No

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

14) ADDRESS OF OWNER P.O. Box 15613 Charlotte

15) PHONE NO Home _____ Office 525-6916

16) LOCATION OF SYSTEM 9C 3.3 East Fairview Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION East Fairview Estate Lot No 3 Block No 2

Map Book No _____ Page No _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 8-14-73 PK→ SO

20) PTR NUMBER (See Instructions) 6752

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 8/20/73

OWNER Key Homes
agent

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 22, 1973 Serial No. 3329

LA No 6752

T. C. No 231-062-17

Map Date

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. Box 15813, Charlotte ZIP

LOCATION OF LOT 4033 East Providence Drive
STREET OR COUNTY ROAD

SUBDIVISION East Providence Estates LOT NO 3 BLOCK NO. 2

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 50 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 6752. 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. Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11/17/77

ICAR(S) Application No 6752

T C No 231.062-18

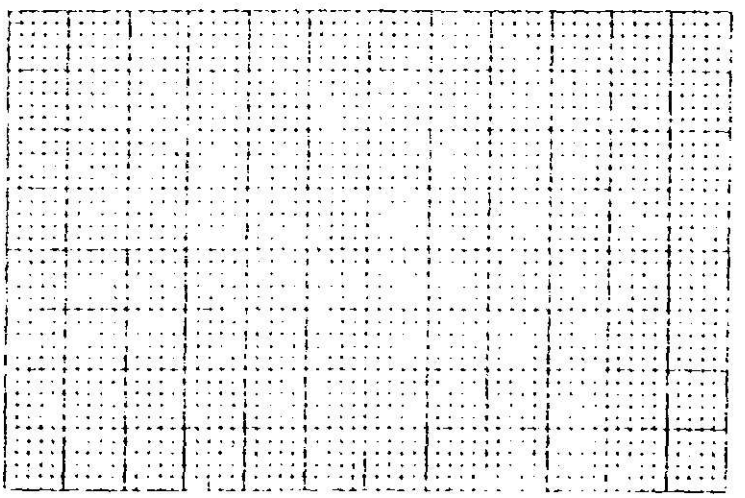
Map Date 9-1-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to

1) X 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)

Mobile Home Yes X No
Residence X Yes ___ No

4) No. of Bedrooms 3
5) Nonres. Use Max No. Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well X
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 X
If not located within 200 feet of community sewer ___ Yes ___ No X
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER LANE & ASSOC. INC
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2011 BEVERLY DR CHARLOTTE, N.C. 28207

15) PHONE NO Home 373 1573 Office ___

16) LOCATION OF SYSTEM 4033 EAST PROV. DR.
STREET OR COUNTY ROAD

17) SUBDIVISION EAST PROV ESTATES Lot No. 3 Block No. 2

Map Book No 9 Page No. 357

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN? 11/15/73 → 5

20) PTR NUMBER (See Instructions) 6752

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.

17 JAN 77
DATE OF APPLICATION

Donald K Lane
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 1/17/77

Serial No. 0399

LA No. 6752

T. C. No. 231-062-18

Map Date 9-1-70

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Lane & Associates, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 2011 Beverly Drive, Charlotte, N. C. ZIP 28207

LOCATION OF LOT 4033 East Providence Dri-ve
(STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO 3 BLOCK NO. 2

MAP BOOK NO. 9 PAGE NO 357

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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
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 soil investigation 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

Environmental Health Director, or Authorized Section Head

EHD-S 76

Environmental Health Department's Copy