Date Received 12-11-73

RECEIVED
DEC 11 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 7357
T C No
Map Date

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 7204 Matthews-Mint Hill Rd., Matthews, N.C. ZIP 28105

3) PHONE NO Home _____ Office _____

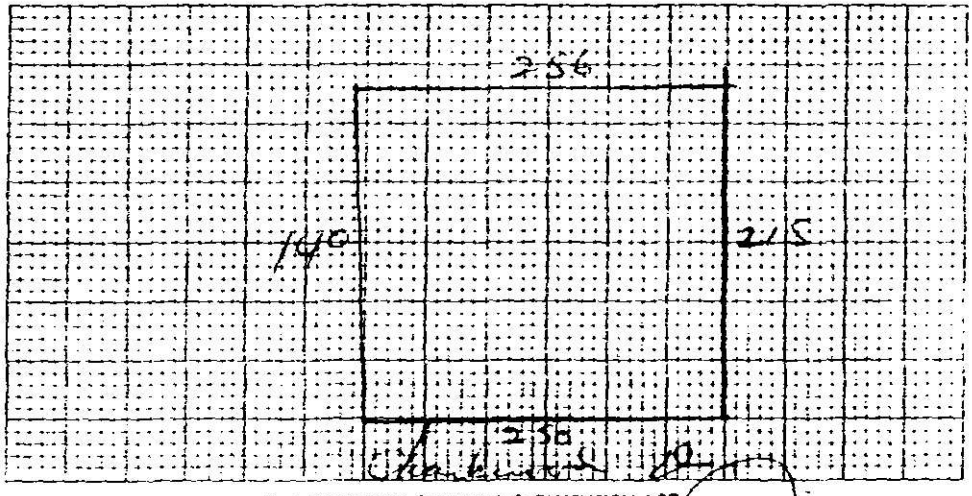
4) LOCATION OF PROPERTY CHUCKWOOD DRIVE
(STREET OR COUNTY ROAD)

5) SUBDIVISION FARMWOOD LOT NO 35 BLOCK NO. K

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-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3945

PTR No 7357
P.O.
T C No 135-351-01
Map Date 9-5-73

Date Issued January 4, 19[illegible]

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

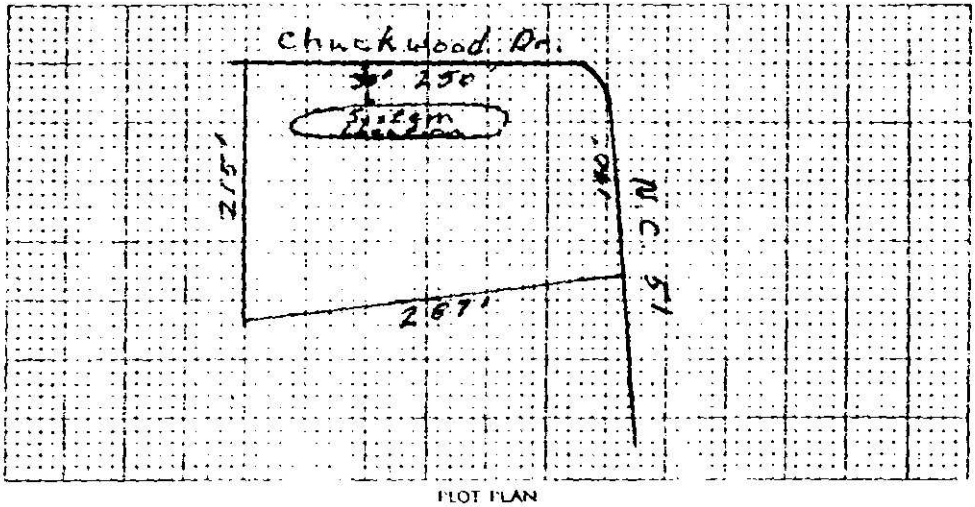
PERCOLATION TEST REPORT

NAME OF OWNER [illegible] Belmore & Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER [illegible] Matthews-Mint Hill Road ZIP 28105

LOCATION OF PROPERTY Chuckwood Drive
STREET OR COUNTY ROAD

SUBDIVISION [illegible] LOT NO 35 BLOCK NO K



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 site 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 site.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to issuance 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.

*Results determined by soil analysis.

W. Prentiss Lynaugh Jr. — Soil Scientist

John A. Hobson — Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 10/[illegible]/74

ICAR(S) Application No. 7357

T C No. [illegible]

Map Date [illegible]

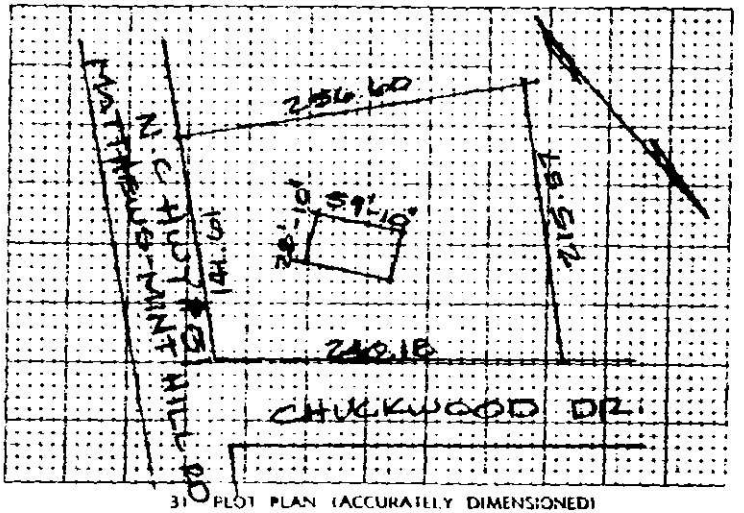
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 BOB McLEMORE & CO., INC.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 7204 MATTHEWS-MINT HILL RD.

15) PHONE NO Home _____ Office 545-6111

16) LOCATION OF SYSTEM 4301 CHUCKWOOD DR.
(STREET OR COUNTY ROAD)

17) SUBDIVISION FARMWOOD Lot No. 35 Block No. K

Map Book No 17 Page No. 299

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1/4/74

20) PTR NUMBER (See Instructions) 7357

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.

6/21/74
DATE OF APPLICATION

[signature]
OWNER

FORM NO E 4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued June 27, 1975

Serial No. 5078

IMPROVEMENTS PERMIT

LA No 7357

T C No 135-354-09

Map Date 9-5-75

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 & Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 7204 Matthews-Mint Hill Road ZIP

LOCATION OF LOT 4301 Chuckwood Drive
STREET OR COUNTY ROAD

SUBDIVISION Farmwood LOT NO 35 BLOCK NO K

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 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 7357. 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

G M Reynolds
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 14-Dec-15 **Serial No. 7013** ICAR(S) Permit No 7357

T C No

Map Date

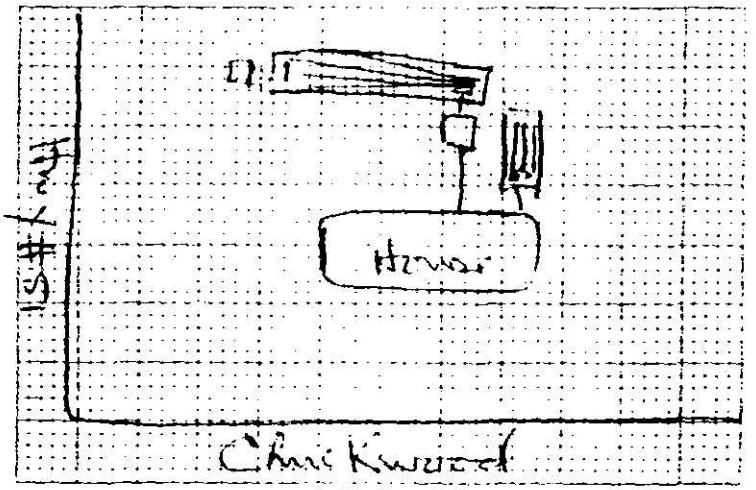
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7357, dated 6-15-15 and this permit shall be void and of no effect if the information provided in the application is in error or is omissive. All work shall be completed on or before 14Dec15 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 6C

Liquid Capacity of Tank 1500 gal. Precast Concrete

Absorption and/or Nitrification Lines

Total Linear Feet 600' & 150'

Number of Lines 6 @ 15' & 1 @ 15'

Distance from House 10'

Distance from Property Line 6'

Distance from Well 100' +

NAME OF OWNER Bob McKenzie

LOCATION OF PROPERTY 4301 Chuckwood 35K

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 1000 gal 7Yr pc
existing pt 24'x24'x4' stone

Division of Septic Tank Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division of septic tank 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 (Rev-6-73)

HEALTH DEPARTMENT COPY

Date Issued 19 Nov 1975 Serial No. 6422

C of A 1st No 7357

T C No 135-354-09

Map Date 9-5-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner LAST Bob FIRST McLemore MIDDLE

Location of Property 7301 Chuckwood 35-K

Application Number 7352 Permit Number 7357

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pre cast

Total Length of Drain Tile 600 ; 150 Number of Lines 6 3

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100' +

Excavation Inspected — DATE Tank Inspected 11-19-75 DATE

Nitrification Field Inspected 11-19-75 DATE

Washing Machine Line Inspected, If Applicable 11-19-75 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 at 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 in the permit for 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 as permitted

John R Hickerson

Environmentalist

FORM NO E-6-9-1-72