Date Received 7-30-23

APT No. 6757

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 PO Box 15813 Charlotte NC ZIP

3) PHONE NO Home Office 323-6876

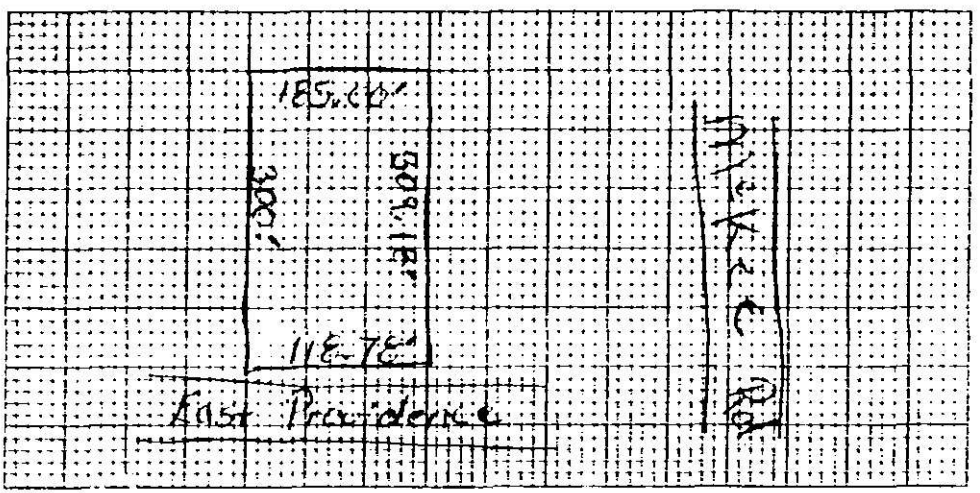
4) LOCATION OF PROPERTY 3800 East Providence Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION East Carolina Estate LOT NO E BLOCK NO. 4

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 on 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

Mike Key
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3476

PTR No. 6757

T C No 231-051-21

Date Issued August 15, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

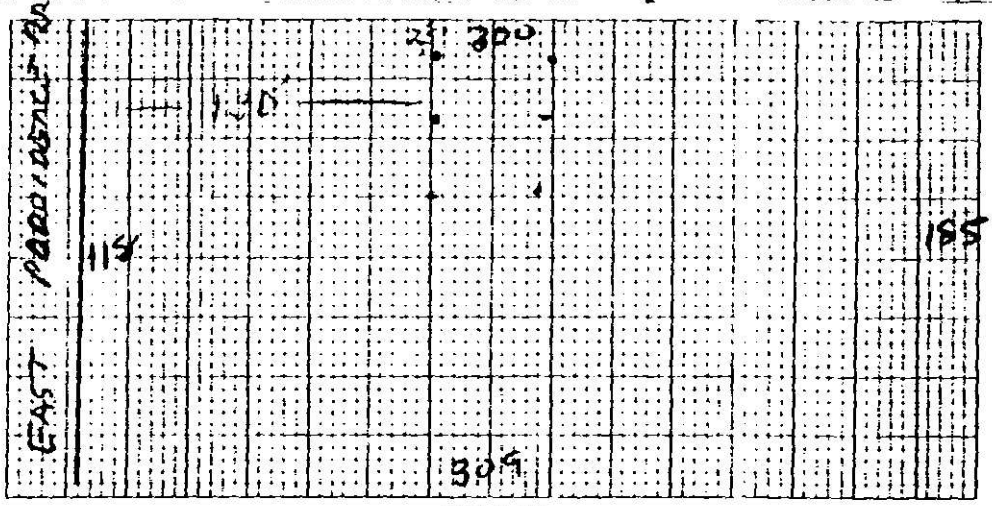
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P. O. Box 15813 ZIP

LOCATION OF PROPERTY 3800 East Providence Drive (STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO 8 BLOCK NO 4



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 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

Date Received 8-21-73

ICAR(S) Application No 6751

T C No 231-051 21

Map Date 2-14 23

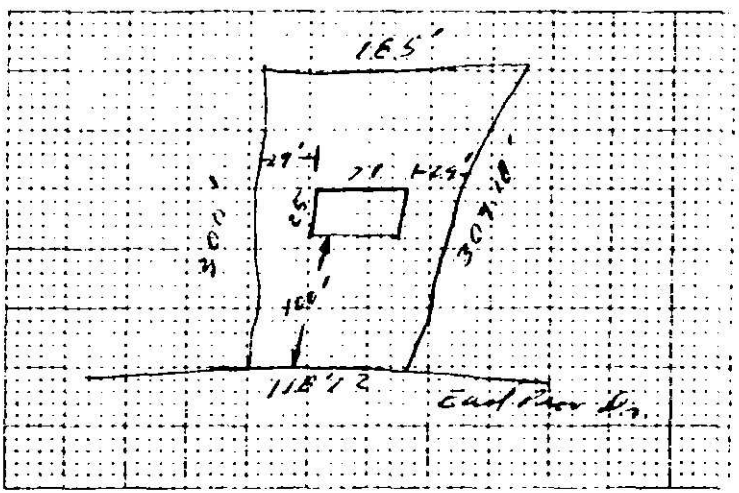
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) (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)

4) No. of Bedrooms 4

5) Estimated Max. No. Employees ___

6) Washing Machine (X) Yes ( ) No

7) Garbage Disposal (X) Yes ( ) No

8) Dishwasher (X) Yes ( ) No

9) Water Supply
A. (X) Individual Well
B. ( ) Government System ___
C. ( ) Community System
1. Well Location ___
2. Governmental Agency ___

10) Sewage System
If Public Sewer Available, How Far? ___ ( ) Yes (X) No
If Not Applicable, How Far? Over 1
Community System 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 15213 Charlotte

15) PHONE NO Home ___ Office 523-6276

16) LOCATION OF SYSTEM 3800 East Forest Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION East Forest Estates Lot No 8 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 8-14-73 JKS

20) PTR NUMBER (See Instructions) 6757

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 8/21/73

OWNER Dick Lucas

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 22, 1973

Serial No. 3333

LA No 6757

T C No 231-051-21

Map Date 2-14-73

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 Kay Homes, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P. O. Box 15813, Charlotte ZIP

LOCATION OF LOT 3800 East Providence Drive
STREET OR COUNTY ROAD

SUBDIVISION East Providence Estates LOT NO 8 BLOCK NO. 4

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 6757. 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 W. Atkisson
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 1-17-77

ICAR (S) Application No. 6757

T C No 231-051-21

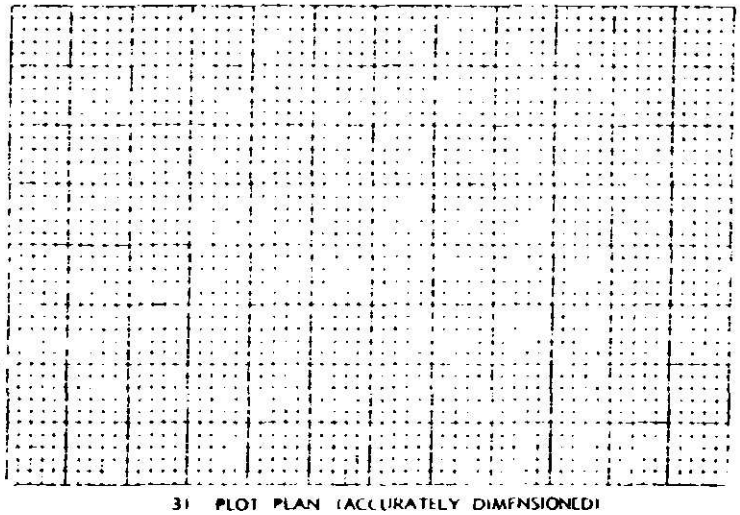
Map Date 2-1473

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) Business 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 ___ X No

House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No ___

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

14) ADDRESS OF OWNER 2011 BEVERLY DRIVE

15) PHONE NO. Home 373 1573 Office ___

16) LOCATION OF SYSTEM 3800 EAST PROV. DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION EAST PROV. ESTATES Lot No. 8 Block No. 4

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 2/15/73 → 6/5

20) PTR NUMBER (See Instructions) ___

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

David N. Lane
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 1/17/77

Serial No. 0396

LA No. 6757 a1

T. C. No. 231-051-12

Map Date 2-14-73

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 ZIP

LOCATION OF LOT 3800 East Providence Drive
(STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO 8 BLOCK NO 4

MAP BOOK NO PAGE NO

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 6757 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

John R. Hobusson
Environmental Health Director, or Authorized Section Head

EHD-5-78

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5/12/77

ICAR(S) Application No 6757

T. C No 231-051-21

Map Date 6-4-76

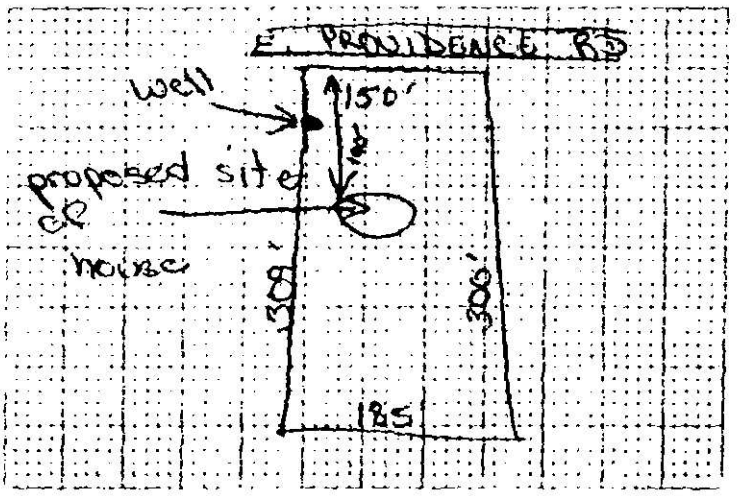
15000 sq ft
Lot size:
167

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 ____ No
Residence ✓ Yes ____ No

4) No. of Bedrooms 4

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) EHA Case No ____

12) VA Case No ____

13) NAME OF OWNER CARTER (LAST) ALBERT (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 2638 High Ridge RD. MATTHEWS N.C.

15) PHONE NO Home 847-4596 Office ____

16) LOCATION OF SYSTEM EAST PROVIDENCE DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No 8 Block No. 4

Map Book No 36 Page No. 587

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN ____

20) PTR NUMBER (See Instructions) 6757

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

5-12-77
DATE OF APPLICATION

Albert L. Carter
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued May 12, 1977

Serial No. 0770

LA No. 6757

T. C. No. 231-051-21

Map Date 6-4-76

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 Carter (LAST) Albert (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 2638 High Ridge Rd., Matthews, NC ZIP 28105

LOCATION OF LOT East Providence Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 8 BLOCK NO. 4

MAP BOOK NO _____ PAGE NO _____

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-5-76

Environmental Health Department's Copy

Date Issued 10/21/77

Serial No. 1177

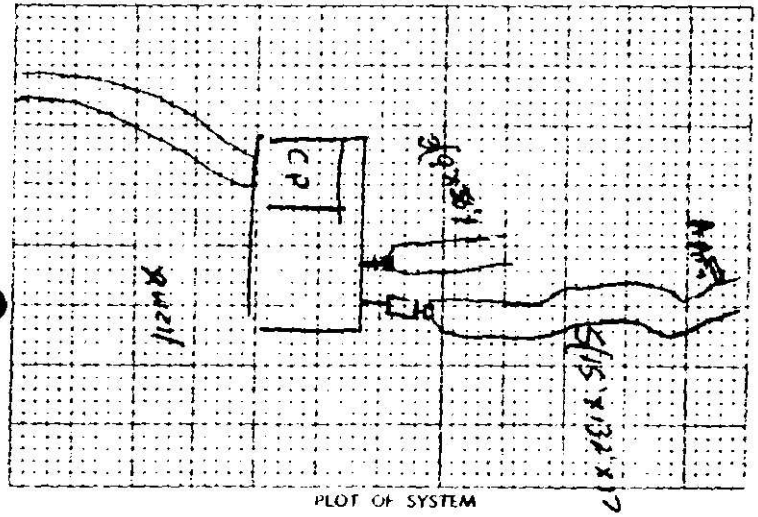
ICAR(S) Permit No. 6757

T C No 231-051-21

Map Date 6-4-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 6757 dated 5/12/77 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 11-15-77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Perc Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length	660	167
Number of Lines	5	4
Distance from House	10	
Distance from Property Line	10'	
Distance from Well	100'	

NAME OF OWNER A. L. CARTER

LOCATION OF PROPERTY 3800 E ast Providence Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered unavailable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments

H. Hyatt

Division or Section Head

L. P. Brinkman

Environmentalist

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 1 Nov 77 Serial No. 1164 C of A (s) No. 6757

T C No 231-051-21

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner CARTER (LAST) A. (FIRST) L. (MIDDLE)

Location of Property 3800 East Providence Rd.

Application Number 6757 Permit Number 6757

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast

Total Length of Drain Tile 660' ; 16' Number of Lines 5 ; 4

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 1 Nov 77 (DATE) Tank Inspected 1 Nov. 77 (DATE)

Nitrification Field Inspected 1 Nov 77 (DATE)

Washing Machine Line Inspected If Applicable 1 Nov 77 (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 Health Commission 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

/ Lot Rock
5 : 700 Lin ft.

Stephen J. Woock
Environmentalist

EHD-S-76

Environmental Health Department's Copy