Date Received 6-8-73

11:17 pd 6/11/73

APT No. 6455

T. C. No. 053-154-12

Map Date 4/3 - 1/8

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Key Homes Inc (Lucky Lucas Co.)
LAST FIRST MIDDLE

2) ADDRESS OF OWNER Box 2111 Gastonia N.C. ZIP 28052

3) PHONE NO. Home [redacted] Office 919-215-2561

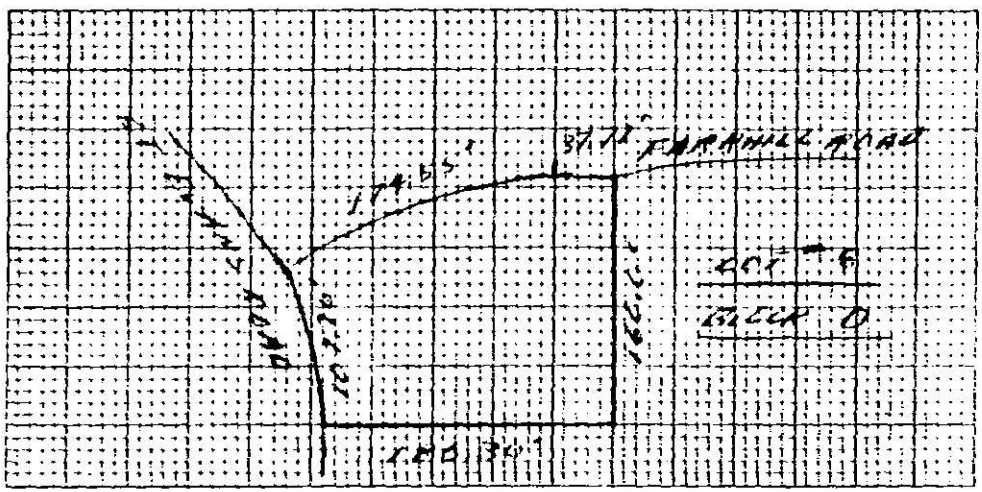
4) LOCATION OF PROPERTY 3412 Fairhill Road
STREET OR COUNTY ROAD

5) SUBDIVISION Westchester LOT NO 8 BLOCK NO. D

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

Agent Richard Stevens
OWNER

525-1193

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 10-10-73

APT No 6455

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 P.O. Box 15813 ZIP

3) PHONE NO. Home Office 525-6976

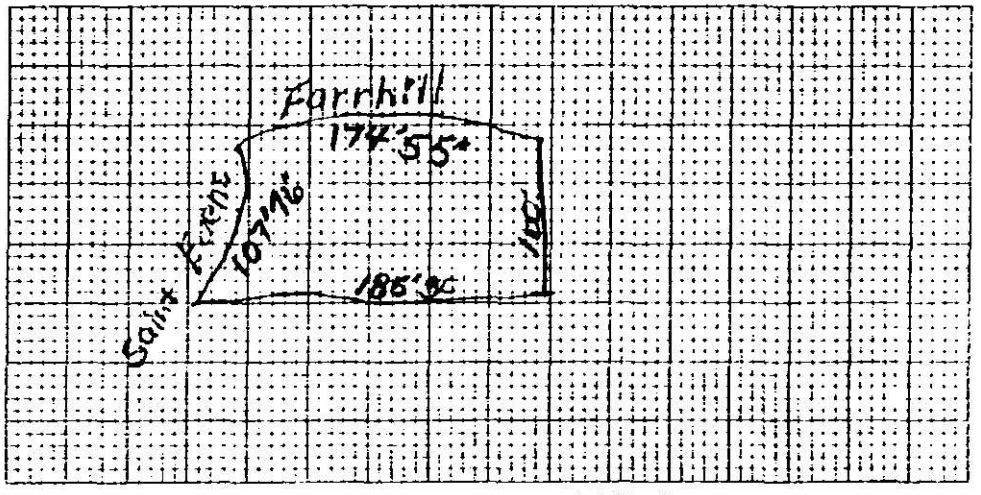
4) LOCATION OF PROPERTY 3412 Farrhill Road (STREET OR COUNTY ROAD)

5) SUBDIVISION Westmoreland LOT NO. 8 BLOCK NO. D

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 agent

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S Copy

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. June 8, 1973
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. 6455
T.C. No. 053-154-12
4-27-73

NAME OF OWNER [illegible], Inc.

ADDRESS OF OWNER Box 20207, Greensboro, N.C. ZIP 27420

LOCATION OF LOT 3412 Farmhill Road, Lot 8-D

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	6-4-73	111 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

_____
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 0669

PTR No. 6455

Date Issued October 12, 1973

T. C. No. 053-154-12

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

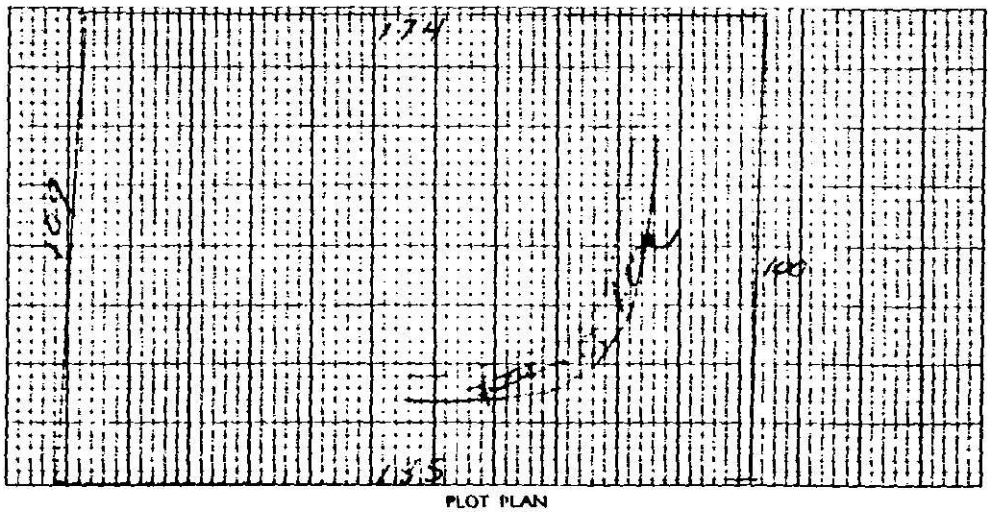
PERCOLATION TEST REPORT

NAME OF OWNER Key Homes, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF PROPERTY 3412 Farrhill Road
STREET OR COUNTY ROAD

SUBDIVISION Westmoreland LOT NO 8 BLOCK NO D



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.

* Results determined by soil analysis.

Director, Environmental Health Division or Authorized Section Head

FORM NO 1241-H Soil Scientist

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-13 73

ICARIS Application No 6455

T C No 053-151-12

Map Date

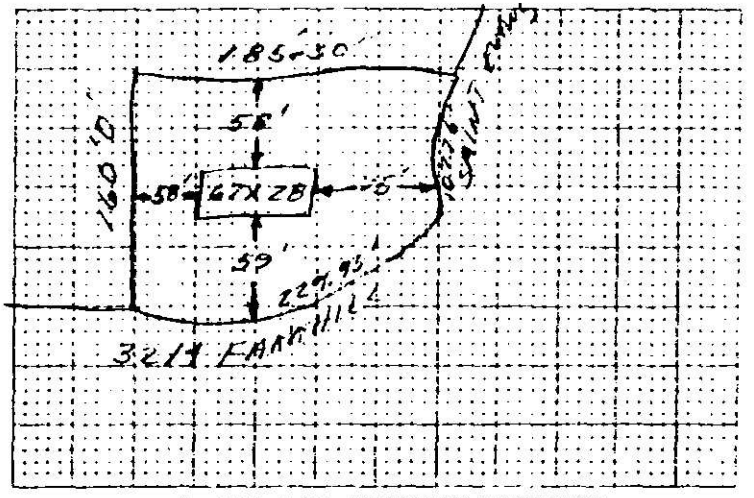
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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) Rooms / Unit Max No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disp ✓ Yes ___ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual
B) Government
C) Community System
1) Well
2) Government

Sewage System
House located within ___ feet of public sewer ___ Yes ___ No
House located ___ feet from community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Kay Homes of Charlotte (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P.O. Box 15815 Charlotte, N.C.

15) PHONE NO Home ___ Office 525-6976

16) LOCATION OF SYSTEM 3412 Fairhill Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Westmoreland Lot No 8 Block No. D

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10-4-72 AM 6.0

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

DATE OF APPLICATION ___

[redacted] Agent Richard Kaiser

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3615

LA No. 6455

Date Issued November 14, 1973

T C. No. 053-151-12

IMPROVEMENTS PERMIT

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 Of Charlotte
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 15813 ZIP

LOCATION OF LOT 3412 Farrhill Road
(STREET OR COUNTY ROAD)

SUBDIVISION Westmoreland LOT NO 8 BLOCK NO. D

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 6455. 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

L C Bruneman
Environmentalist

John R Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5/16/74 Serial No. 5241 ICAR(S) Permit No 6455

T C No

Map Date

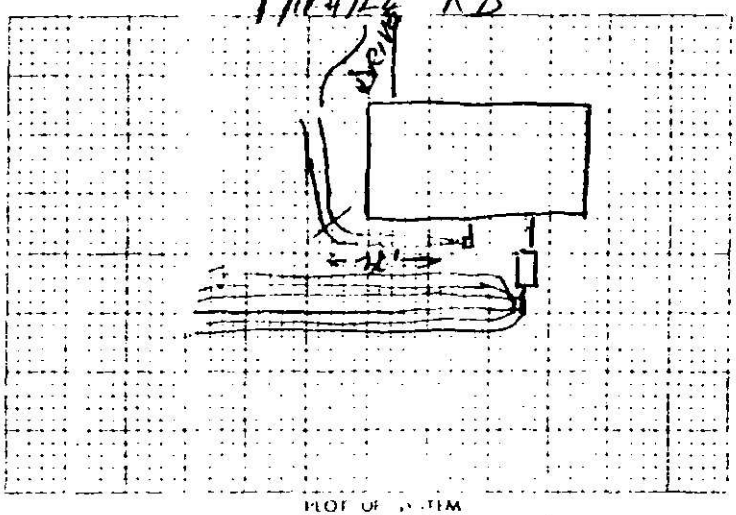
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct, Alter or Repair the individual septic tank waste water 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 6455 dated 5/13/74 and this permit shall be void and of no effect if the information provided in the application is proven erroneous. All work shall be completed on or before 6/1/74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines ST WM CSL

Total Line Length 600

Number of Lines 6/15'X68'X26" WM 36'+5'X58'X17"

Distance from House 10'

Distance from Property Line 10'

Distance from Well CITY

NAME OF OWNER KEY HOMES INC.

LOCATION OF PROPERTY 3412 FARHILL RD.

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

Division or Section Head JAH/KRB

Environmentalist LPD McGehee

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 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

E-5-9-1-72

Date Issued 5/21/74 Serial 4772

C of A (s) No. 6455

T. C. No. _____

Map Date _____

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 KEY HOMES INC. (FOR SALE)
LAST FIRST MIDDLE

Location of Property 3412 FARHILL RD.

Application Number 6455 Permit Number 6455

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile ST 600' WM 150' Number of Lines ST 6 WM 3

Depth of Filter Material ST 36" WM 17" Cover Depth 18"

Water Supply Source C.W. Distance from Water Source —

Excavation Inspected 5/21/74 DATE Tank Inspected 5/21/74 DATE

Nitrification Field Inspected 5/21/74 DATE

Washing Machine Line Inspected, If Applicable 5/21/74 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: R.O.W.

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY