Date Received 2-A-13

APT No. 5586

T C. No. 135-262-01

Map Date 6-10-74

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 6121 Lebanon Rd ZIP

3) PHONE NO Home Office 541 [illegible]

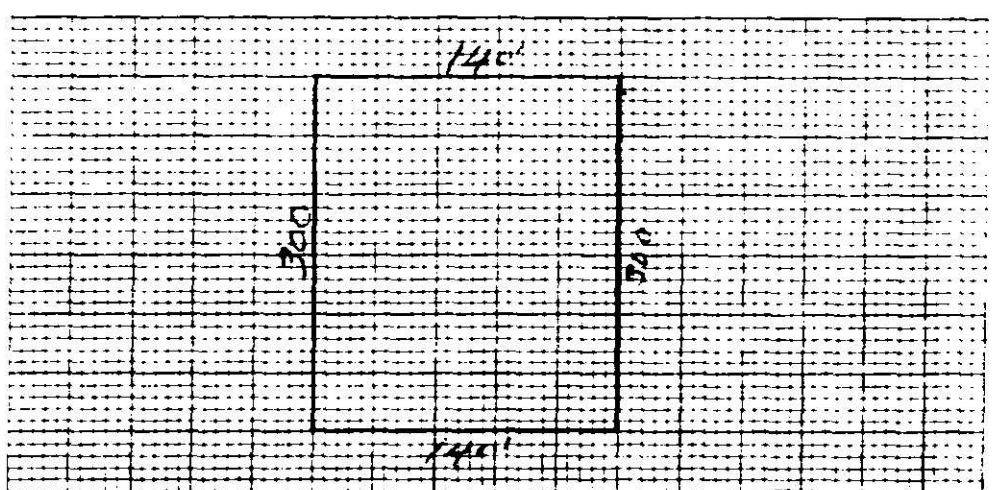
4) LOCATION OF PROPERTY Beaver Dam Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmland II LOT NO 8 BLOCK NO. H

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-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 2

PTR No. 5586

T C No 135-3[illegible]-01

Date Issued April 9, 1973

Map Date 6-10-74

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

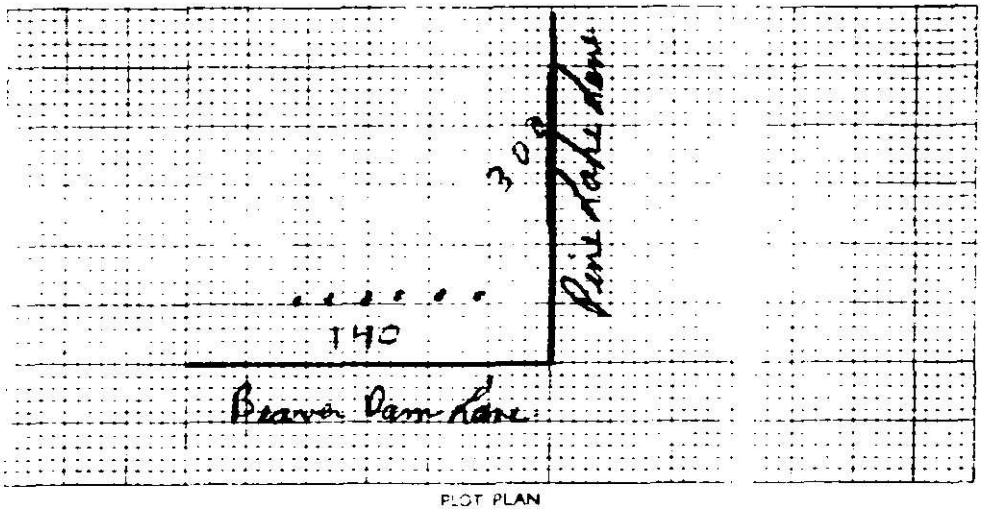
## PERCOLATION TEST REPORT

NAME OF OWNER Bob McLemore & Company, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6129 Lebanon Road, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Beaver Dam Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO 8 BLOCK NO H




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 wells) 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. Adamson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 8-29-73

MECK COUNTY HEALTH DEPT (illegible) RECEIVED 1973

Application No 5586

T C No 135-

Map Date 6-10-74

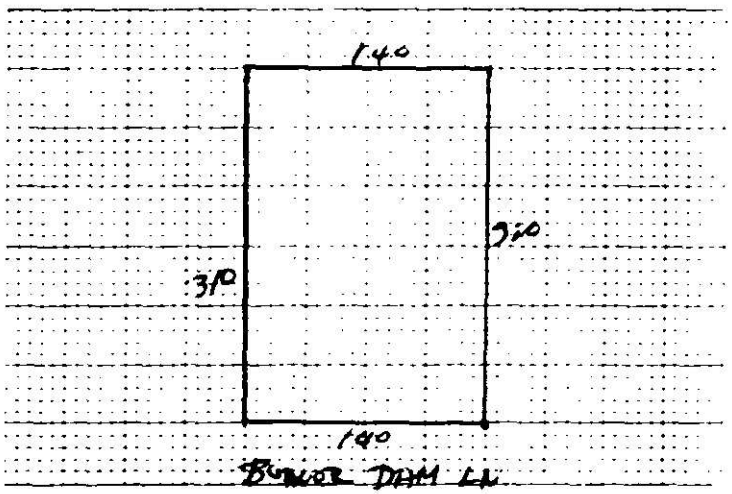
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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

___ ✓ ___

___ ✓ ___

___ ✓ No

13. NAME OF OWNER Bob McLemore & Co Inc

14. ADDRESS OF OWNER 6125 Lebanon Rd

15. PHONE NO Home ___ Office 545-4507

16. LOCATION OF SYSTEM 5825 Butler Dam Ln
STREET OR COUNTY ROAD

17. SUBDIVISION Farmwood II Lot No 8 Block No H

Map Book No ___ Page No ___

18. DEED REFERENCE — DEED BOOK ___ AT PAGE

19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-6-73 AM 6-0

20. PTR NUMBER See Instructions 5586

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 hereunder shall be considered of no effect if any of the above facts are not true.

8-28-73
DATE OF APPLICATION

Bob McLemore, VP
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3358

LA No. 5586

T C. No. 135-

Date Issued August 29, 1973

Map Date 6-10-74

# 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 & Company, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6129 Lebanon Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT 5825 Beaver Dam Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO 8 BLOCK NO H

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 5586. 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, altered 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. Wood
Environmentalist

John R. Albisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 15 Feb 1974 Serial No. [illegible] ICAR(S) Permit No 5586

T C No 135-[illegible]

Map Date 6-10-74

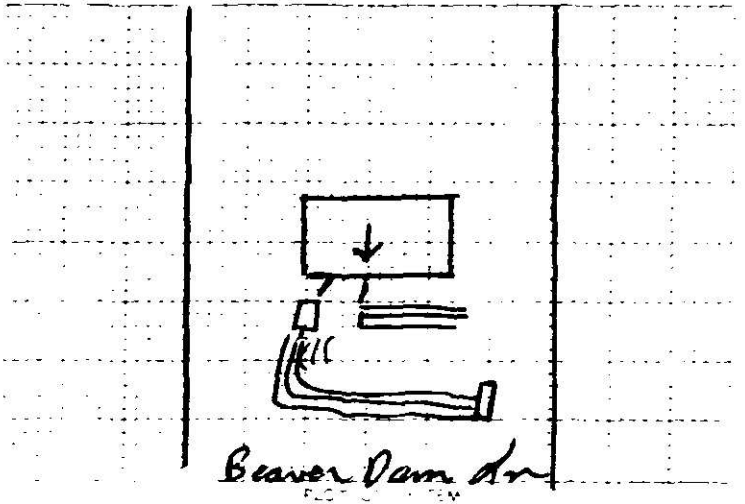
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 described herein at the described location. This permit is granted based upon the information supplied in application No 5586 dated 8-28-73 and this permit shall be void and of no effect if the work authorized is not completed within 90 days after the date this permit is issued unless extended as provided by law. Any work shall be completed in strict accordance with the rules governing such work after which date this permit shall be null and void.




PLOT PLAN OF SYSTEM

Proposed Septic Tank 60

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption System Type of Lines Laid Parallel to Contour

Total Length 795 ft excavation ft

No. of Lines 6 (12x133)

Distance Between Lines 10

Distance from Lines to Nearest Water Supply 10

Distance from Lines to Nearest Property Line NA

NAME OF OWNER Bob McLemore + Co

LOCATION OF PROPERTY 5875 Beaver Dam 8-14

This permit is issued subject to the 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 inaccessible or can be used.

Comments wash line in bed 7½x50 -

John R Addison

Director of Service Held Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or a duly authorized Environmental Health Director in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired

Form E-5-9-1-72

[illegible] COPY

Serial 4454

C of A (s) No. 5586

Date Issued 21 Feb 74

T C No 135-262-01

John R Atkisson

Map Date 6-10-74

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 Bob McLaurin & Co (LAST, FIRST, MIDDLE)

Location of Property 5525 Beaver Dam (Lot 5-H)

Application Number 5586 Permit Number 5586

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 295+150' Lat Number of Lines 6 (5'x133'x12") 3 (7½'x50'x12")

Depth of Filter Material 12" Cover Depth 18-24"

Water Supply Source Community Distance from Water Source 200'

Excavation Inspected 21 Feb 74 (DATE) Tank Inspected 21 Feb 74 (DATE)

Nitrification Field Inspected 21 Feb 74 (DATE)

Washing Machine Line Inspected, If Applicable 21 Feb 74 (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(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: Shrill (Cont.)

M. L. Eudy

Environmentalist

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

HEALTH DEPARTMENT'S COPY