Date Received 2-19-73

APT No. 5591

T. C No. 135-256-03

Map Date 5-4-74

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 1129 Leprade Rd ZIP

3) PHONE NO. Home Office

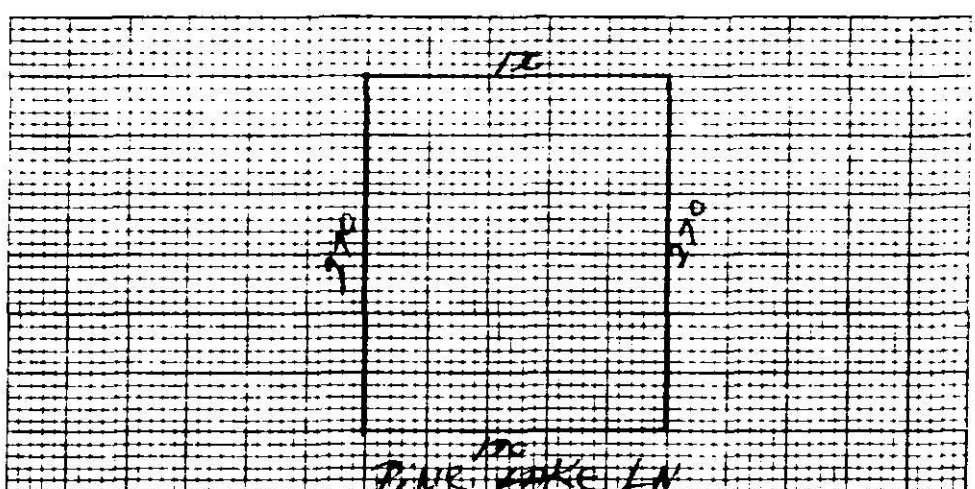
4) LOCATION OF PROPERTY Pine Lake Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood II LOT NO 13 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-1-11-1-78

HEALTH DEPARTMENT'S COPY

Serial No. 2425

PTR No. 5591

T C No. 135-25

Map Date 5-9-74

Date Issued April 9, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

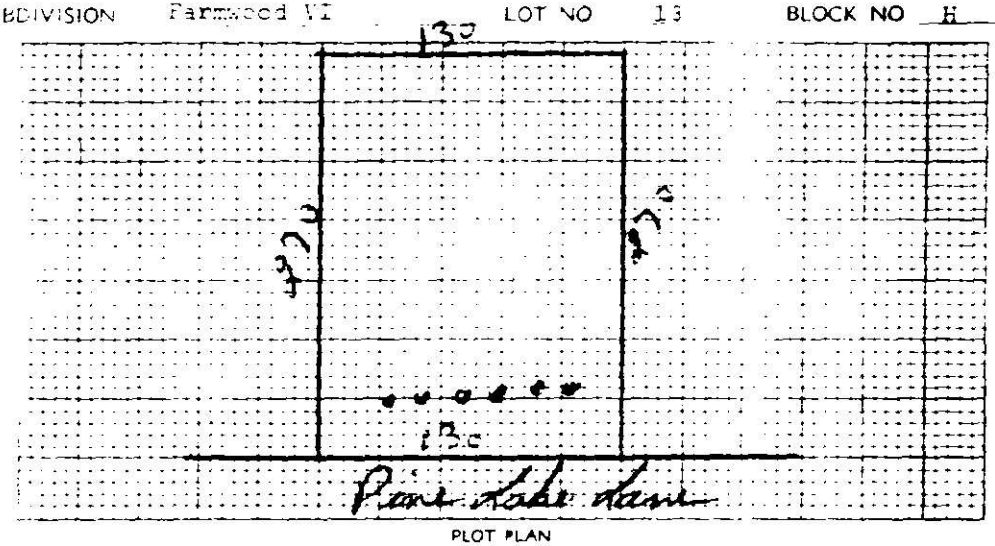
PERCOLATION TEST REPORT

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

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

LOCATION OF PROPERTY Pine Lake Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO 13 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 teratment 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 Adkisson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 10-26-73

RECEIVED
OCT 26 1973

ICAR (S) Application No 5591

T C No 135-256 03

Map Date 5-9-72

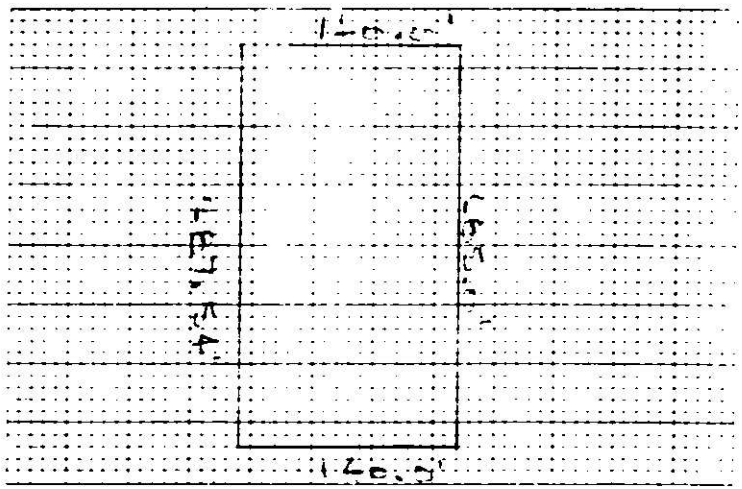
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

✓ Install or Construct ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER [illegible] LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No [illegible] Block No [illegible]

Map Book No [illegible] Page No [illegible]

18) DEED REFERENCE — DEED BOOK _____ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 4-6-73 PR > 60

20) PTR NUMBER (See Instructions) 5591

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.

10-24-73
DATE OF APPLICATION

[signature] OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 26, 1973

Serial No. 3560

IMPROVEMENTS PERMIT

LA No. 5591

T C No 135-25[illegible]03

Map Date 5-9-74 [illegible]72

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 Rd., Matthews, N.C. ZIP 28105

LOCATION OF LOT 7120 Pine Lake Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO. 13 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 5591. 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.

Nona R. Ward
Environmentalist

John M. Alkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4 1-71

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued 27 May 74

ICAR(S) Permit No 5591

T C No

Map Dat 5-4-74

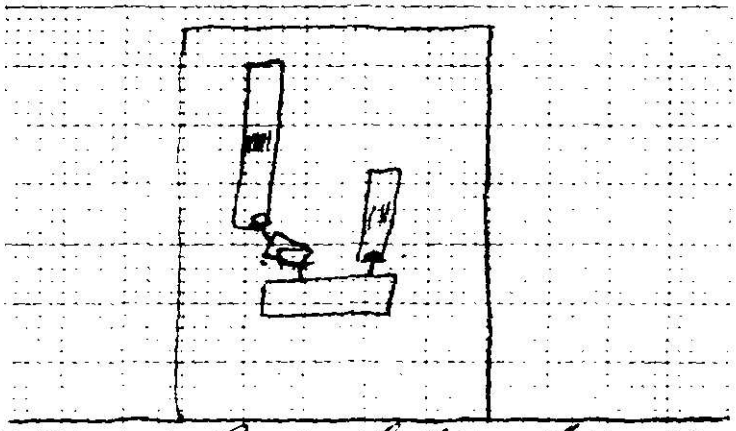
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 statements contained in application 5591 dated 26 Oct 73 and this permit shall be void and of no effect if there is any variation from the application or these specifications. All work shall be done strictly in accordance with the application dated 29 Jan 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Acres in Lot 60

Liquid Capacity of Tank 1500

Tank Constructed of PC

Absorption Field or Subsurface Area

Total Length 600' ± 150 LIN (3 (75 ± 1 x 3' x 11")

Number of Lines 6 (15' x 100 x 12")

Distance from House 50'

Distance from Property Lines 15'

Distance from Well Community

NAME OF OWNER Bob McEwen & Co. Inc.

LOCATION OF PROPERTY 7120 Pine Lake Lane (03-H)

This 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. It can be used

Comments Shared (Route)

Division of Sanitation Head

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a supervisor 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 E-S-S-1-72

Serial No. 4892

C of A (s) No 5591
135-356-03
T C No
5-9-74
Map Date

Date Issued 27 June 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 McLemore & Co. Inc.
LAST FIRST MIDDLE

Location of Property 7120 Lin Lake Lane

Application Number 5591 Permit Number 5591

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material AC

Total Length of Drain Tile 600'+120'=720' Number of Lines 3 (75'x2)+6(15'x2)+6(10'x2)=720'

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Community Distance from Water Source

Excavation Inspected 6 June 74 Tank Inspected 6 June 74
DATE DATE

Nitrification Field Inspected 6 June 74
DATE

Washing Machine Line Inspected If Applicable 7 June 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 and constructed 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 is not to be construed as a guarantee that the system will operate properly or relieve any person now or hereafter owning, occupying, 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 and 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 Shared (Cable)

M. L. Eudy
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY