Date Issued 15 Jun 73

Serial No. 3447

C of A (s) No. 5412

T. C. No. 065-021-05

Map Date 25 May 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Westmoreland (LAST) Nathan (FIRST) Neil (MIDDLE)

Location of Property Lyday 73

Application Number 5412 Permit Number 5412

Inspection Data: Satisfactory

Liquid Capacity of Tank 1000 Tank Material —

Total Length of Drain Tile 120' Number of Lines 3

Depth of Filter Material 0 Cover Depth 18"

Water Supply Source Drilled Distance from Water Source 100'

Excavation Inspected 17 Jun 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 17 Jun 73 (DATE)

Washing Machine Line Inspected, If Applicable 25 June 73 (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: Hardin Homes (Lot 7)

W. A. Gilley
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 1-3-73

APT No 5413

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [redacted] EXXON COMPANY, U.S.A.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P.O. BOX 420, CHARLOTTE, N.C. ZIP 28210

3) PHONE NO Home _____ Office J.A. 32211

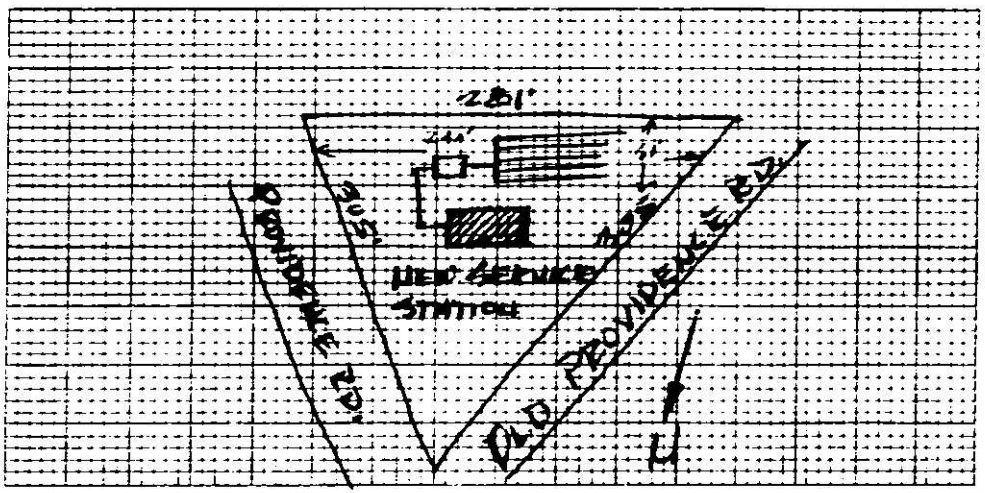
4) LOCATION OF PROPERTY 5701 OLD PROVIDENCE RD., CHARLOTTE, N.C.
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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

EXXON COMPANY, U.S.A.
OWNER
By: Wm R. Morris - GENERAL CONTRACTOR

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. January 5, 1973
2. _____
3. _____

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

SDR No. 5413
T.C. No. _____

NAME OF OWNER Kramm Company, U.S.A.

ADDRESS OF OWNER Post Office Box 420 ZIP _____

LOCATION OF LOT 5701 Old Providence Road

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.	1-5-73	300 min/in
X	2.	1-26-73	400 min/in
____	3.	_____	_____ min/in

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

John B Atkisson
Environmentalist

(Stencil No.)
BMD 398
8/70

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

SEE INSTRUCTIONS (1)

Date Received 1/3/73

ICAR (S) Application No. 5413

T. C No

Map Date

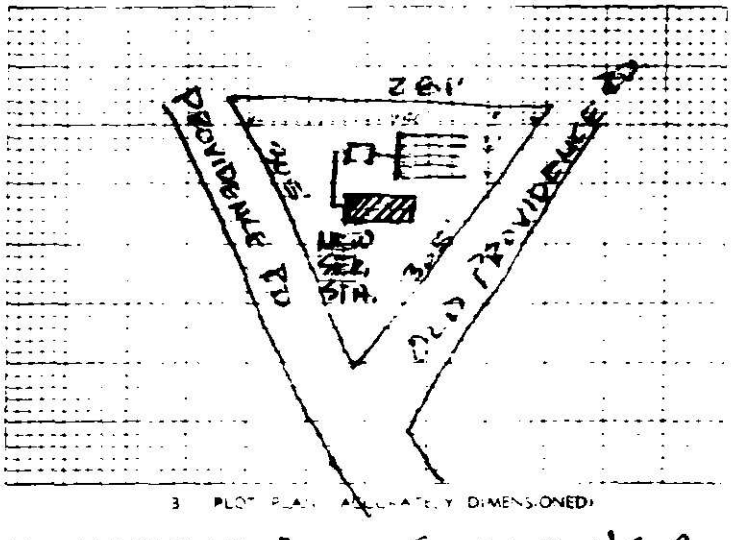
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X Install or Construct 2 Alter or Repair an individual septic tank wastewater treatment system with a soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of Bedrooms
5 Business Use Max No Employees 3
6 Washing Machine Yes X No
7 Garbage Disposal Yes X No
8 Dishwasher Yes X No
9 Water Supply
A Individual Well
B Governmental System X
C Community System
Well source
D Governmental source
Sewage system
House located within 200 feet of such sewer Yes X No
House located within 200 feet of community sewer X Yes No
SHA Case No
VA Case No

13) NAME OF OWNER EXXON COMPANY, U.S.A. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P.O. Box 420, CHARLOTTE, N.C. 28210

15) PHONE NO Home Office JA 32211

16) LOCATION OF SYSTEM 5701 OLD PROVIDENCE RD, CHARLOTTE, N.C. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES X NO DATE RUN

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.

1-3-73
DATE OF APPLICATION

Edward Tetlow
EXXON COMPANY, U.S.A.
OWNER
By: W. P. Morris, GENERAL CONTRACTOR

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY