Date Received 4.2.73

APT No. 5897

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 6129 Lebanon Road ZIP _____

3) PHONE NO. Home _____ Office 545-4507

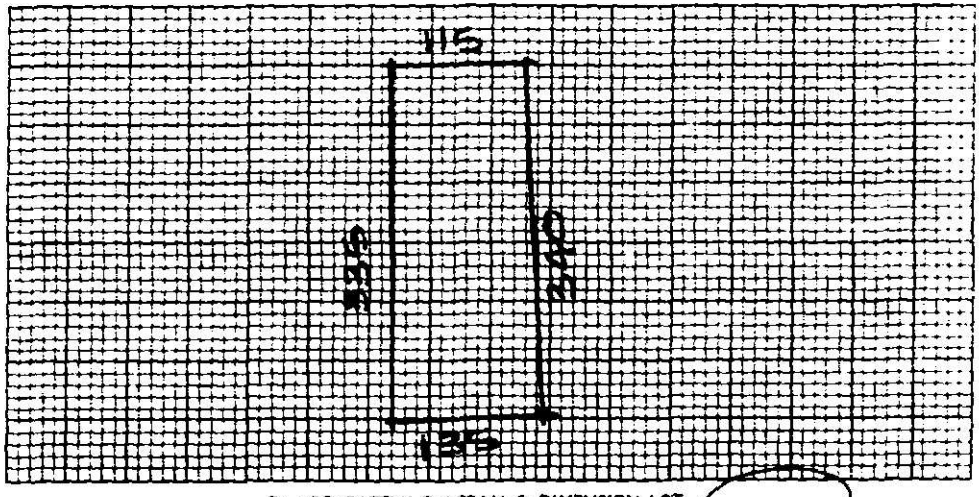
4) LOCATION OF PROPERTY Farm Oak Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood 10 LOT NO. 12 BLOCK NO. 1

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. [illegible]2

PTR No. 5877
P.O.
T C No. 135-351-01

Date Issued April 9, 1973

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

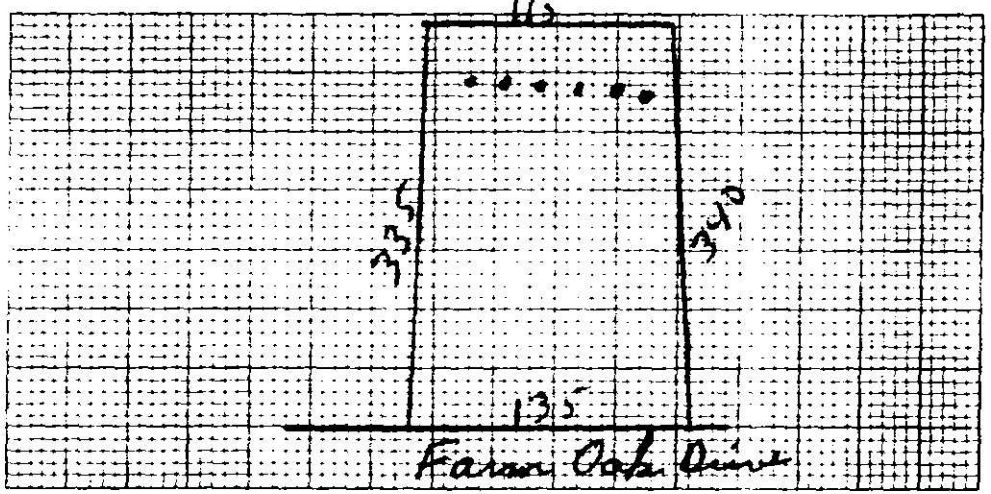
PERCOLATION TEST REPORT

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

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

LOCATION OF PROPERTY Farm Oak Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 10 LOT NO 12 BLOCK NO L



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 50 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 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. Robinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 1-14-74

ICARIS Application No 5877

T C No 135-351-01

Map Date

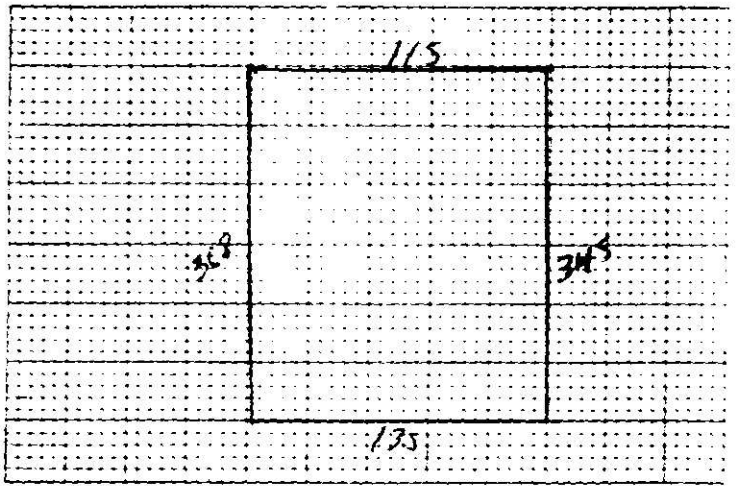
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4 No. of Bedrooms 4

5 Business (Use Only) 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 ___

C Community System ___

Well ✓

Z Other ___

___ Shared Sewer Line ___

___ Public Sewer Line ✓

___ Public Water Line ___

Community Sewer Yes ___ No ✓

11 FmHA Case No. ___

12 VA Case No. ___

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Bob McLemore & Co, Inc
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC 28212

15) PHONE NO Home ___ Office 545-6111

16) LOCATION OF SYSTEM 6020 FARM OAK DR
(STREET OR COUNTY ROAD)

17) SUBDIVISION Farmwood 10 Lot No 12 Block No L

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 PR 50

20) PTR NUMBER (See Instructions) 5877

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 1-11-74

OWNER [signature] VP

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3764

LA No 5877
P.O.
T. C. No 135-351-01

Date Issued January 14, 1974

IMPROVEMENTS PERMIT

Map Date 8-9-72

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 P.O. Box 25746 ZIP 28212

LOCATION OF LOT 6020 Farm Oak Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 10 LOT NO 12 BLOCK NO L

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 50 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 5877. 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

John A. Atkinson
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5578 ICAR (S) Permit No.

Date Issued

T C No

Map Date

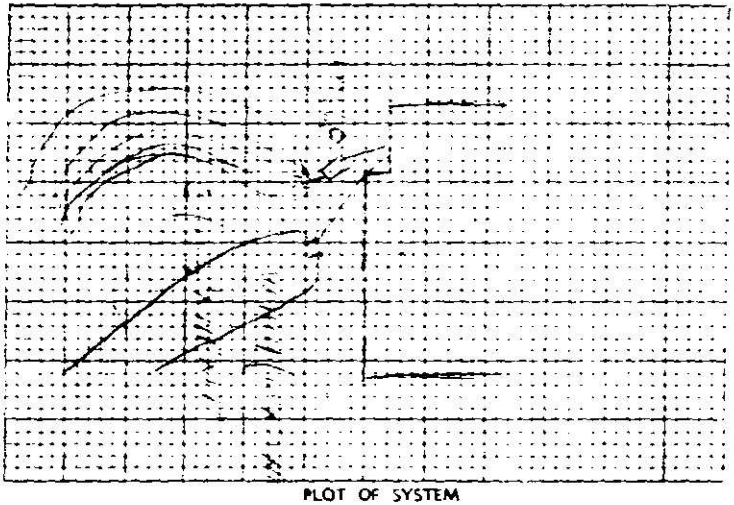
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 , dated 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 , after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Lenght

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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

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 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.

REV. 5-1 E-5-9-1-72

DEPARTMENT'S COPY

Date Issued 10/24/74 Serial No. 5419 C of A (s) No. 5877

T C. No 10 135-351-01

CERTIFICATE OF COMPLETION Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner B & B McLEMORE & Co, INC.
(LAST FIRST MIDDLE)

Location of Property 6020 FARM OAK DR Lot 12C

Application Number 5877 Permit Number 5877

Inspection Data:

Liquid Capacity of Tank 1500 gal ST / WM Tank Material PC ST / WM

Total Length of Drain Tile 555/1670 200 Number of Lines 5/5 200

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source COMM Distance from Water Source —

Excavation Inspected 10/24/74 (DATE) Tank Inspected 10/24/74 (DATE)

Nitrification Field Inspected 10/24/74 (DATE)

Washing Machine Line Inspected, If Applicable 10/24/74 (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 as well as 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

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY