Serial No. [illegible]72

PTR No. 5597

T C No 135-251-06 255-07

Map Date 12-15-72 5-9-74

Date Issued 2-23-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

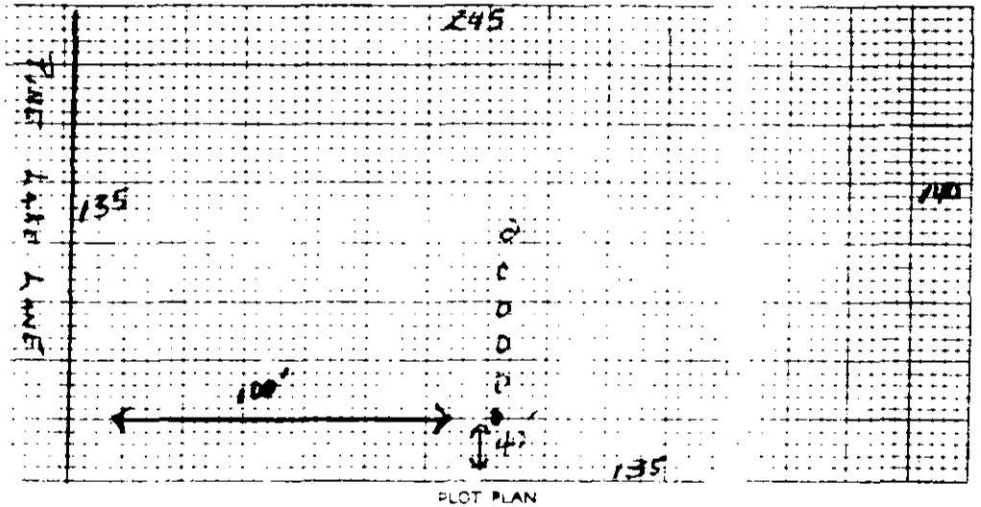
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 6129 [illegible] Lebanon Road ZIP

LOCATION OF PROPERTY Pine Lake Lane Farmwood VI I--II (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that a percolation test has been run and an onsite 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 M. Thuson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 10 26 73

ICAR(S) Application No. 5597

T. C No. 135-2960

Map Date

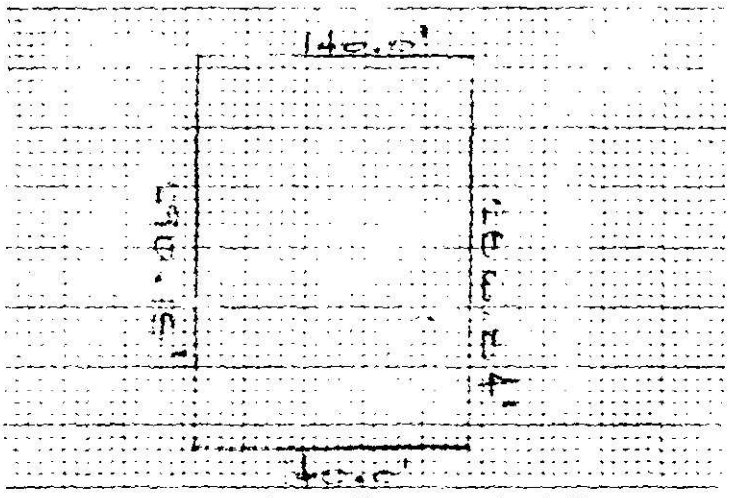
MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 26 1973
ENVIRONMENTAL HEALTH DIVISION

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 [illegible] that property described hereafter hereby applies to the Mecklenburg County Health Department for a permit to

[illegible] Install or Construct [illegible] Alter or Repair an individual septic tank wastewater treatment [illegible] subsurface soil absorption, effluent discharge



3) PLOT PLAN ACCURATELY DIMENSIONED

[illegible]
Yes No
[illegible]
Yes No

13) NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] 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 [illegible] AT PAGE [illegible]

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 9-22-73 PR>60

20) PTR NUMBER (See Instructions) 5597

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.

10-26-73
DATE OF APPLICATION

[illegible]
OWNER

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued October 26, 1973 Serial No. 3564

LA No. 5597
P.O.
T. C No. 135-255-09
Map Date 5-9-74

IMPROVEMENTS PERMIT

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. ZIP

LOCATION OF LOT 7213 Pine Lake Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO 19 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 and 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 5597. 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

Thomas R. Wade
Environmentalist

John A. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E 3-4-1-71

HEALTH DEPARTMENTS COPY

5597

Serial No.

ICAR(S) Permit No

Date Issued 20 Apr 74

T C No 135-255-07

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

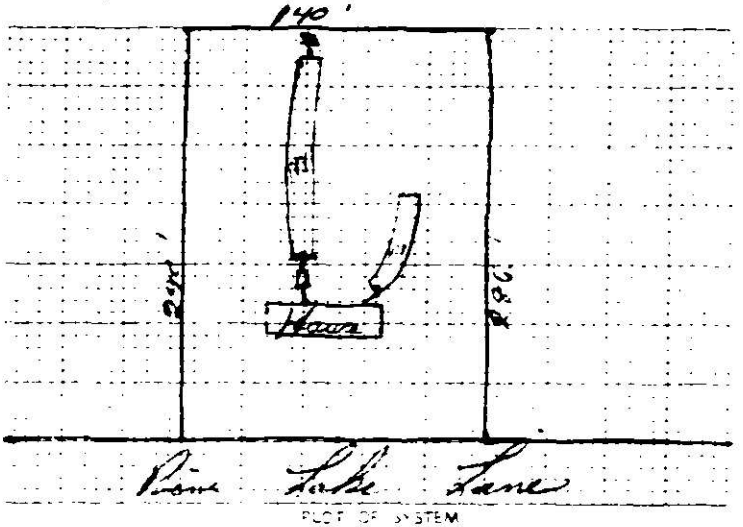
ENVIRONMENTAL HEALTH DIVISION

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 waste water treatment system with subsurface soil absorption effluent discharge as described herein at the designated location. This permit is granted based upon the statements made in the application dated 4 Apr 74 and this permit shall be void if the work authorized is not completed in accordance with the regulations governing such work as provided in the applicable rules and regulations. All work shall be performed and completed on or before 20 May 74 after which date this permit shall be null and void

5597



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption Trench or Bed Trench Lines

Total Line Length 775' (125 LF in 3 @ 75' x 50' x 17')

Number of Trenches or Beds 6 (5 x 133' x 12')

Distance from Tank to Trench 10'

Distance from Tank to Property Line 10'

Distance from Well Community

NAME OF OWNER Bob McLemore & Co. Inc.

LOCATION OF PROPERTY 7213 Pine Lake Lane (Lot 19-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 unavailable for use

Comments: Shovell (Lot)

Director of 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 designated agent 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-5-9-1-72

HEALTH DEPARTMENTS COPY

Serial 4737

C of A (s) No. 5597

Date Issued 2 May 72

T. C. No. 135 255-07 5-9-74

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 Ed McLemore & Co. Inc
(LAST FIRST MIDDLE)

Location of Property 7213 Lone Tree Lane

Application Number 5597 Permit Number 5597

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC 3 (7' x 5' x 17")

Total Length of Drain Tile ~~600'~~ 295' + 150' = 445' Number of Lines 6 (15' x 133' x 12")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 2 May 74 (DATE) Tank Inspected 2 May 74 (DATE)

Nitrification Field Inspected 2 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 2 May 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: Shared (Cont.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY