Date Received 9-23-74

Application No. 6542

T. C. No. 025-102-23

Map Date 11-10-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER McGee (LAST) David (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 7921/2 Park rd. ext. ZIP 28210

PHONE NO. Home 364-6359 Office 527-4992

LOCATION OF PROPERTY FOREST DRIVE (STREET OR COUNTY ROAD)

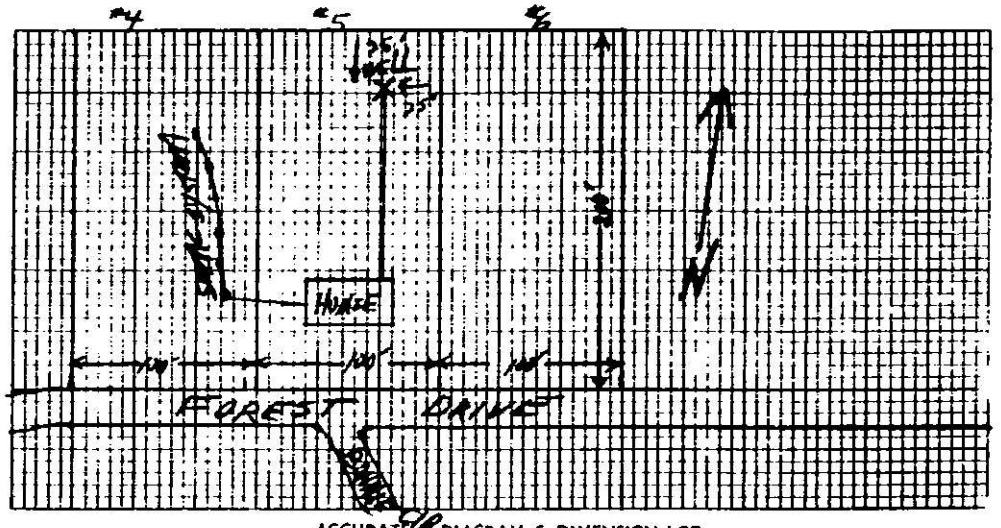
SUBDIVISION Forest Acres LOT NO. 4, 5, 6 BLOCK NO. D

MAP BOOK NO. 10 PAGE NO. 269

DEED REFERENCE: DEED BOOK 3604 PAGE NO. 958

WELL CONTRACTOR Expert Well Drilling LICENSE NO. 226

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

9-23-74
DATE OF APPLICATION

David Lee McGee
OWNER

Application approved and permit hereby granted

Permit No: 6542

8 Oct 74
Richard Houston
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6-27-73

APT No. 6542

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Craven (LAST) Minnie (FIRST) M. (MIDDLE)

2) ADDRESS OF OWNER Route 7, Box 685, Charlotte, N. C. ZIP 28213

3) PHONE NO. Home 596-1283 Office none

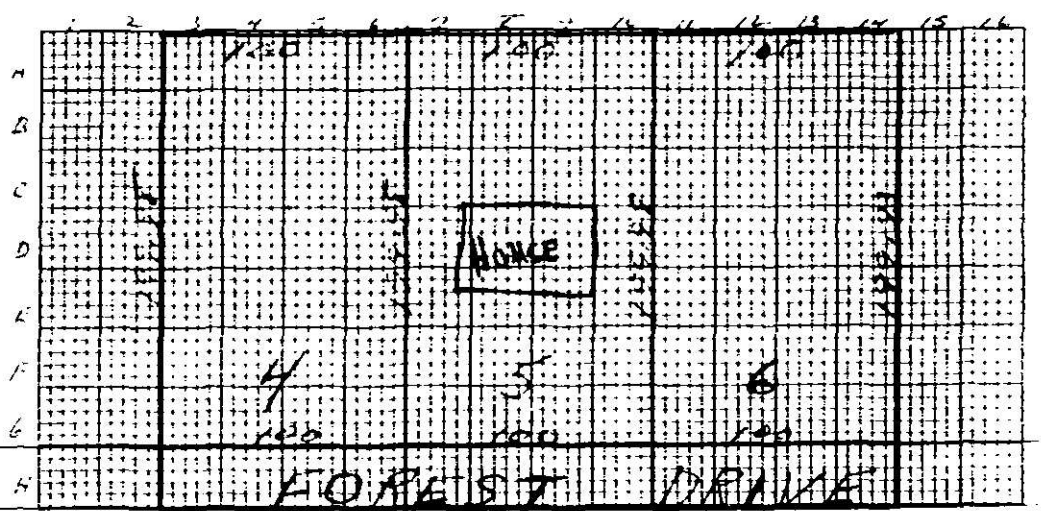
4) LOCATION OF PROPERTY Forest Drive, Long Creek Township (STREET OR COUNTY ROAD)

5) SUBDIVISION Forest Acres #2 LOT NO. 4, 5 & 6 BLOCK NO. "D"

MAP BOOK NO 10 PAGE NO. 269

6) DEED REFERENCE: DEED BOOK 2520 PAGE NO. 397

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

Please mail test results to:
Mr. David McGee
7921 Park Road Extension
Charlotte, N. C. 28210 and
Carolina Developers, Inc.
401 Johnston Bldg., Charlotte, NC

Minnie M. Craven
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3264

PTR No. 6542

Date Issued June 29, 1973

T. C. No. 025-102822

Map Date 11-10-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

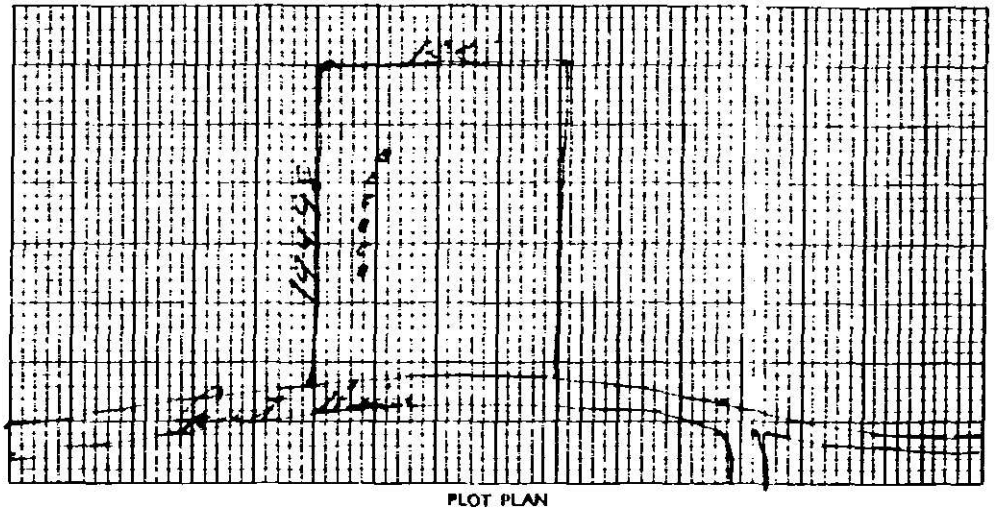
PERCOLATION TEST REPORT

NAME OF OWNER Craven (LAST) Minnie (FIRST) M. (MIDDLE)

ADDRESS OF OWNER Route 7, Box 685 ZIP

LOCATION OF PROPERTY Forest Drive (STREET OR COUNTY ROAD)

SUBDIVISION Forest Acres #2 LOT NO. 4 BLOCK NO. D



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 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.

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-23-74

ICAR(S) Application No 6542

T.C No 125-102-22

Map Date 11-10-72

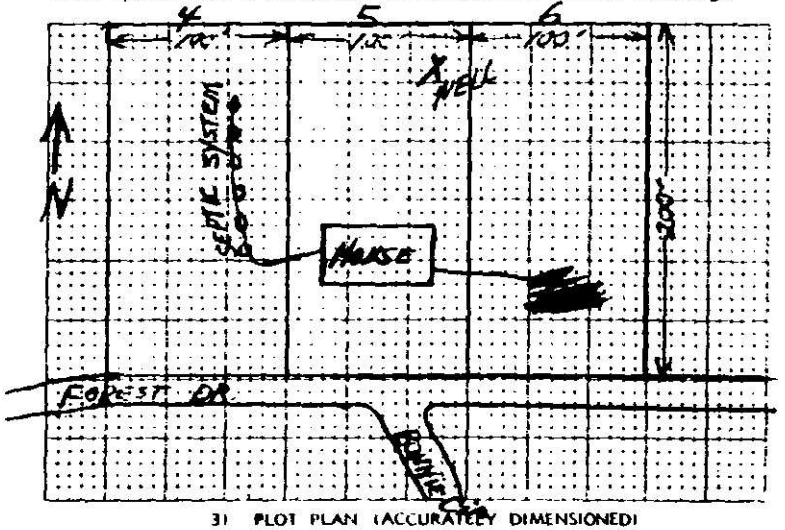
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

1) X 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 of Bedrooms 3

5) Business Use Max No Employees ____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply
A) Individual Well X
B) Governmental System ____
C) Community System ____
1 Well source ____
2 Government source ____

10) Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER McGee (LAST), David (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER 7921 Park rd. ext. Charlotte 33-NC

15) PHONE NO Home 364-6259 Office 527-4992

16) LOCATION OF SYSTEM Forest dr. – Forest Acres – Long Creek Twp. (STREET OR COUNTY ROAD)

17) SUBDIVISION Forest Acres Lot No 4,5,6 Block No D

Map Book No 10 Page No. 269

18) DEED REFERENCE — DEED BOOK 3608 AT PAGE 958

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 6-29-73 PR760

20) PTR NUMBER (See Instructions) 6542

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.

9-23-74
DATE OF APPLICATION

David L McGee
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-23-74

Serial No. 4451

IMPROVEMENTS PERMIT

LA No. 6542

T. C. No. 025-102-22

Map Date 11-10-72

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 McGee, David (LAST, FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 7921 Park Road Est. ZIP

LOCATION OF LOT Forest Drive (STREET OR COUNTY ROAD)

SUBDIVISION Forest Acres LOT NO. 4,5,6 BLOCK NO. D

MAP BOOK NO 10 PAGE NO. 269

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 6542. 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

Richard Hoskins
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2-6-75

Serial No. 6123

ICAR(S) Permit No. 6542

T C No. 025-164-22

Map Date 11-20-72

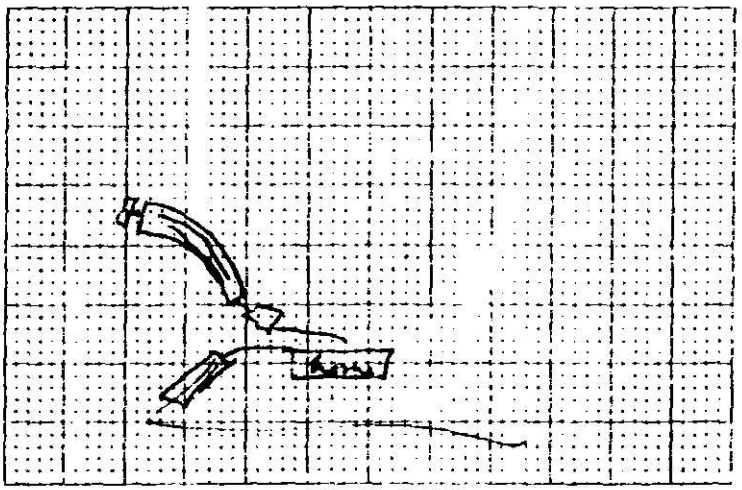
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 specified herein at the described location. This permit is granted based upon the information supplied in application 6542, dated 9-23-74 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 4-4-75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate GC

Liquid Capacity of Tank 1500 gal

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Lenght 600' 150'

Number of Lines 4 (15' x 100' x 12") 4 (6' x 3½' x 17')

Distance from House 20'

Distance from Property Line 10'

Distance from Well 75'+

NAME OF OWNER Mc Cox, Louis

LOCATION OF PROPERTY Forest Dr

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: Correction fee 3½ x 1' x 4' Stone Homeyard

Division or Section Head

Environmentalist Teckney Hawkins

* 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

E-5-9-1-72

YELLOW COPY

Date Issued 3-4-75 Serial No. 5634 C of A (s) No. 6542

T C. No. 025-102-22

Map Date 11-10-72

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 McGee, David S. (LAST, FIRST, MIDDLE)

Location of Property Forest Dr

Application Number 6542 Permit Number 6542

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 + 150 Number of Lines 5 (10' x 100' x 17") + (10' x 32½' x 17")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 75'+

Excavation Inspected 3-4-75 (DATE) Tank Inspected 3-4-75 (DATE)

Nitrification Field Inspected 3-4-75 (DATE)

Washing Machine Line Inspected, If Applicable 3-4-75 (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 Aeration pit 4½' x 7' x 4' 1 Ch
Honeycutt

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENTS CO. /