Date Received 7-1973

APT No 66096

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Key Homes Inc. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER PO Box 15813 Charlotte NC ZIP

3) PHONE NO Home Office 525-6976

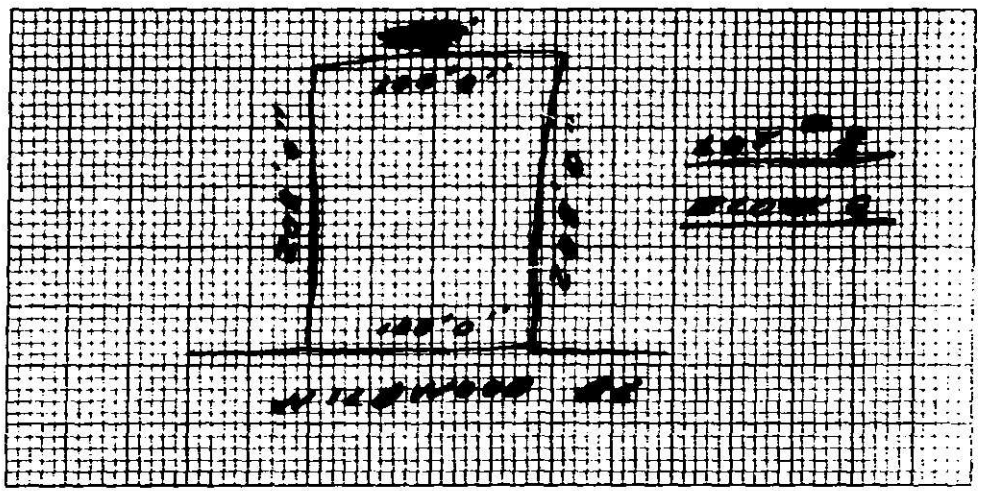
4) LOCATION OF PROPERTY 1913 Willowood Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Willowood LOT NO. 9 BLOCK NO. E

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 Rick Lemon
agent

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

HEALTH DEPARTMENT'S COPY

Serial No. 3370

PTR No 6696

Date Issued July 25, 1973

T C No 055-207-15

Map Date 2-23-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

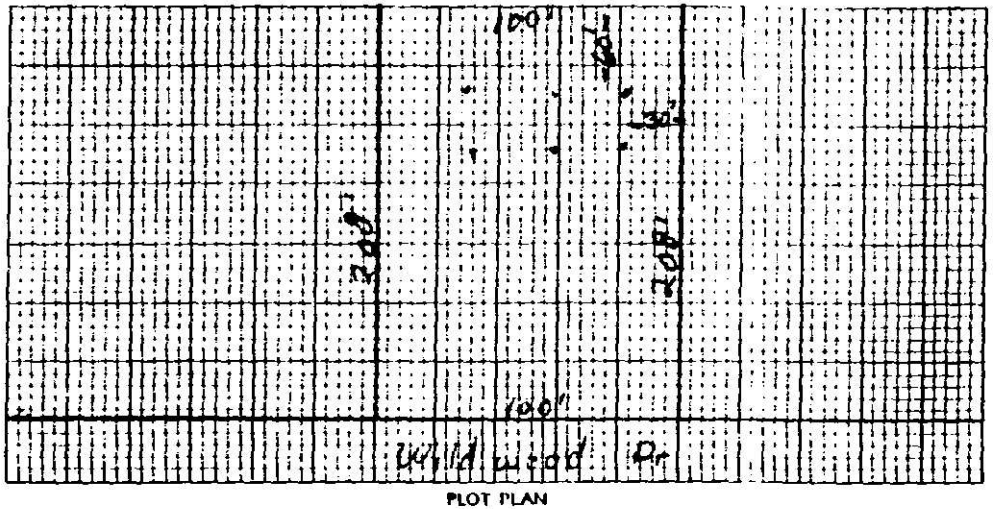
PERCOLATION TEST REPORT

NAME OF OWNER Key Homes, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF PROPERTY 1913 Wildwood Drive
STREET OR COUNTY ROAD

SUBDIVISION Wildwood LOT NO 9 BLOCK NO E



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 46 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

R

SEE INSTRUCTIONS ON BACK

Date Received 9-14-93

ICAR (S) Application No 6696

T C No 055-207-15

Map Date 2/13/72

150 c
55 x 97
150 x 100

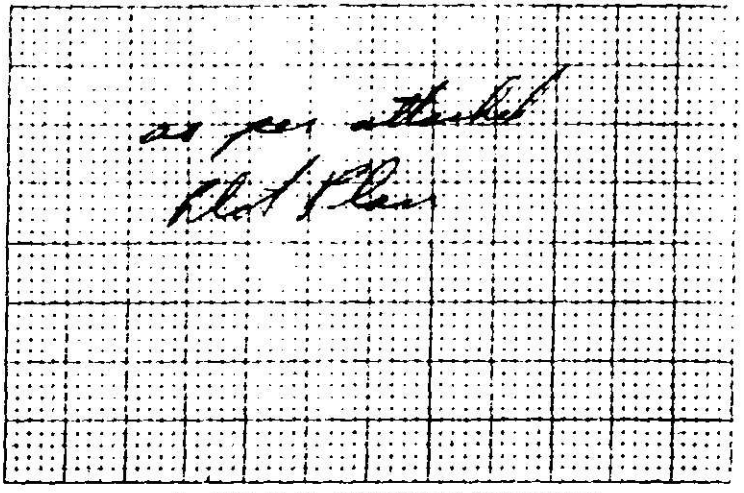
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms ✓ ___

5) Business Use 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 System ___
C) Community System ___
1) Well Source ___
2) Governmental System ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Key Homes, Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 15813

15) PHONE NO Home ___ Office 525-6976

16) LOCATION OF SYSTEM 1913 Wildwood Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Wildwood Lot No 9 Block No. E

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 7-21-93 ABG

20) PER NUMBER (See Instructions) 6696

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

9/6/93
DATE OF APPLICATION

OWNER/Agent Nick Simons

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued September 14, 1973

Serial No. 3424

LA No. 6696

T C No 055-207-15

Map Date 2-23-72

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 Key Homes, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF LOT 1913 Wildwood Drive (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO. 9 BLOCK NO. E

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 46 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 6696. 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

L R McLean
Environmentalist

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

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No 5158 ICARUS Permit No

Date Issued

T C No

Map Date

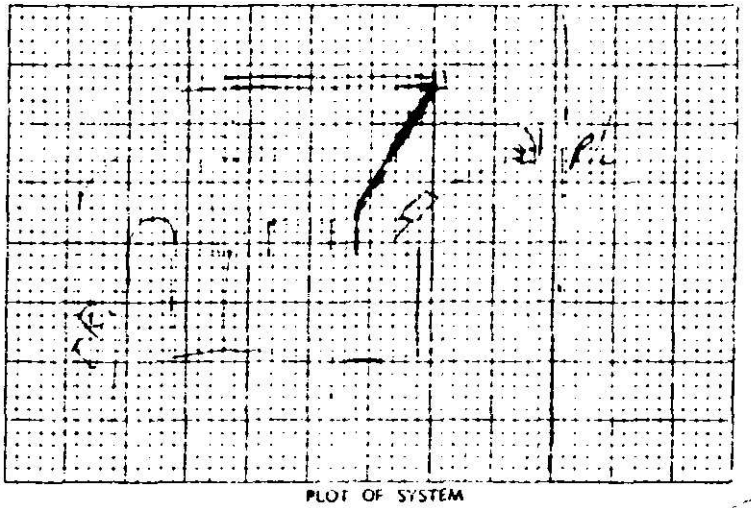
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

Liquid Capacity of Tank 1000

Tank Construction

Absorption and/or Nitrification Lines

Total Line Lenght 555

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. E-5-9-1-72

Serial 4801

C of A (s) No. 6696

Date Issued 5/14/24

T C No

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 KEY (LAST) Homes Inc (FIRST) (FOR SALE (MIDDLE)

Location of Property 1913 Winwood Dr

Application Number 6696 Permit Number 0696

Inspection Date:

Liquid Capacity of Tank 1500 ST Tank Material PC

Total Length of Drain Tile 555' Number of Lines 5

Depth of Filter Material 3' with 36" Cover Depth 30" ST

Water Supply Source 2nd Well Distance from Water Source 75'

Excavation Inspected 5/10/24 (DATE) Tank Inspected 5/14/24 (DATE)

Nitrification Field Inspected 5/14/24 (DATE)

Washing Machine Line Inspected, If Applicable 5/16/24 (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 (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: W. Wilkinson will pipe up filled over & prop. Cover

Environmentalist

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

HEALTH DEPARTMENT'S COPY