Date Received 7-30-73

APT No 6750

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 P.O. Box 15613 Charlotte ZIP

3) PHONE NO. Home Office 525-6976

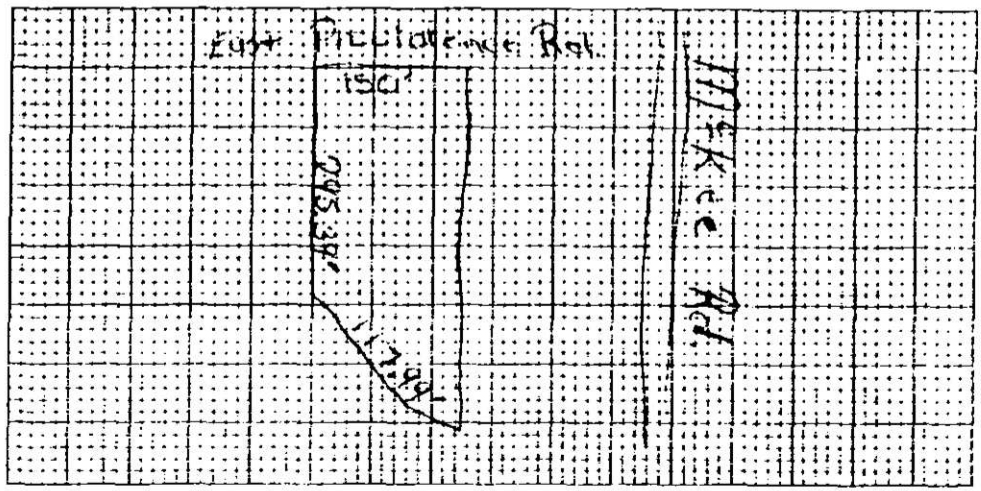
4) LOCATION OF PROPERTY 3627 East Providence Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION East Providence Estates LOT NO. 6 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

Rick Lemons
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 8-21-73

(CARIS) Application No 6750

T C No 231-06X-C6

Map Date 9-1-70

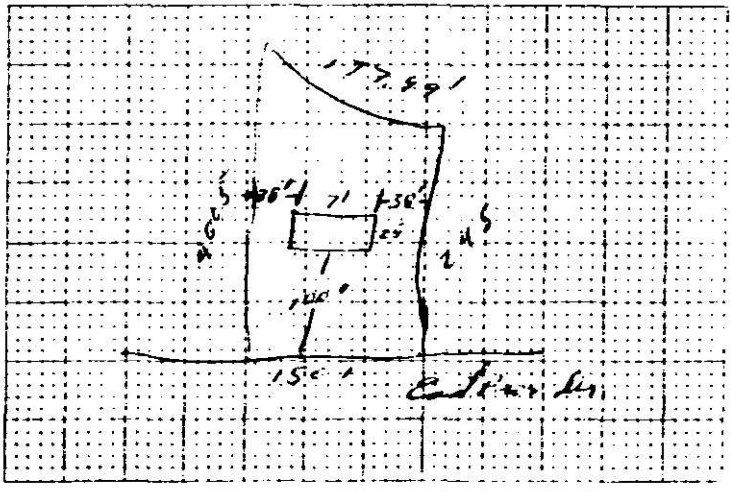
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 4 ___

5) Income 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) Government ___
C) Community ___
1) Well ___
2) Government ___

10) Sewage System
If not located within 200' of public sewer ___ Yes ✓ No
If not located within 1,000' of community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Kay Kennedy (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 15613 Charlotte

15) PHONE NO Home ___ Office 525-6976

16) LOCATION OF SYSTEM 3627 Coatbridge Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Coatbridge E.C. Lot No 6 Block No 1

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 8-14-73 KR

20) PTR NUMBER (See Instructions) 6150

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.

6/20/73
DATE OF APPLICATION

Kirk Lemon
OWNER - Agent

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 22, 1973

Serial No. 3330

LA No. 6750

T C. No. 231-062-06

Map Date 9-1-70

# 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 Kay Homes, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 15813, Charlotte ZIP

LOCATION OF LOT 3627 East Providence Drive
(STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO. 6 BLOCK NO. 1

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, 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 6750. 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. Ward
Environmentalist

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

FORM NO. E 3 4-1 71

BUILDING DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1/17/77

ICAR(S) Application No. 6750

T C No 231-162

Map Date 9-17-

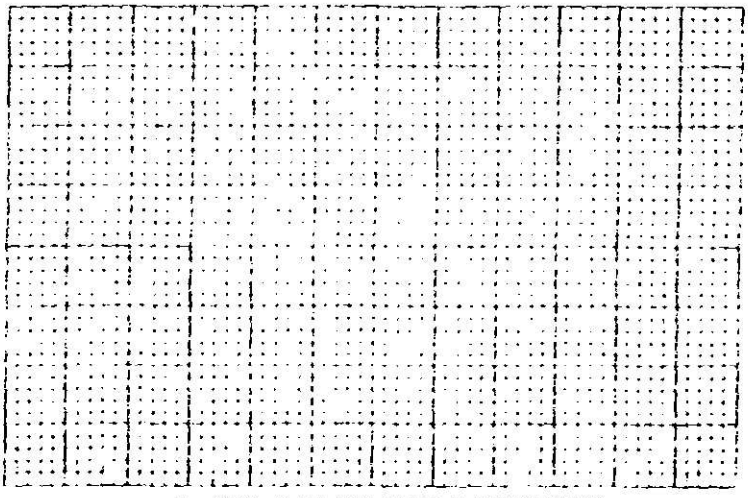
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 Department of Environmental Health 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) Mobile Home Yes X No
Residence X Yes ___ No

4) No. of Bedrooms 3

5) Business Use Max. No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher ___ Yes ___ No

9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental 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 LANE & ASSOC INC (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 2011 BEVERLY DRIVE CHARLOTTE 28207

15) PHONE NO Home 373 1573 Office ___

16) LOCATION OF SYSTEM 5621 EAST PROVIDENCE DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION EAST PROV. ESTATES Lot No. 6 Block No. 1

Map Book No 39 Page No. 357

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN 8/15/76

20) PTR NUMBER (See Instructions) 6750

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.

17 JAN 77
DATE OF APPLICATION

David N. Lane
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 1/17/77

Serial No. 0400

LA No. 6750

T. C. No. 231-062-06

Map Date 9-1-70

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Lane & Associates, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 2011 Beverly Drive, Charlotte, N. C. ZIP 28207

LOCATION OF LOT 3627 East Providence Drive
(STREET OR COUNTY ROAD)

SUBDIVISION East Providence Estates LOT NO 6 BLOCK NO 1

MAP BOOK NO 9 PAGE NO 357

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 6750 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 soil investigation 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

Environmentalist

John R Atkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

**Environmental Health Department's Copy**

Serial No. 3471

PTR No. 6750

T C No 2310062-06

Date Issued August 15, 1973

Map Date 9-1-70

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

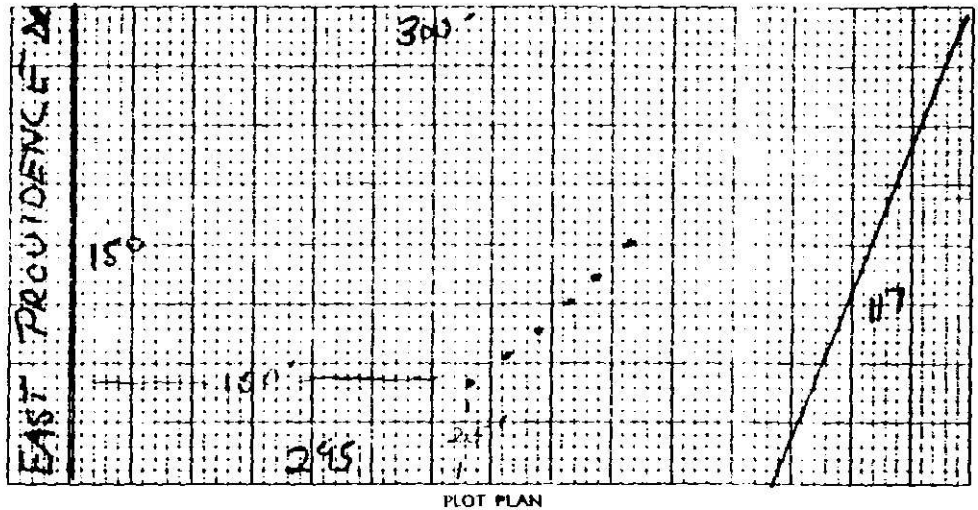
## PERCOLATION TEST REPORT

NAME OF OWNER Key Homes, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 15813 ZIP

LOCATION OF PROPERTY 3627 East Providence Drive
STREET OR COUNTY ROAD

SUBDIVISION East Providence Estates LOT NO 6 BLOCK NO. 1




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 treatment 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. Adamson

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 5/6/77

ICAR(S) Application No 6750

T C No. 231-06206

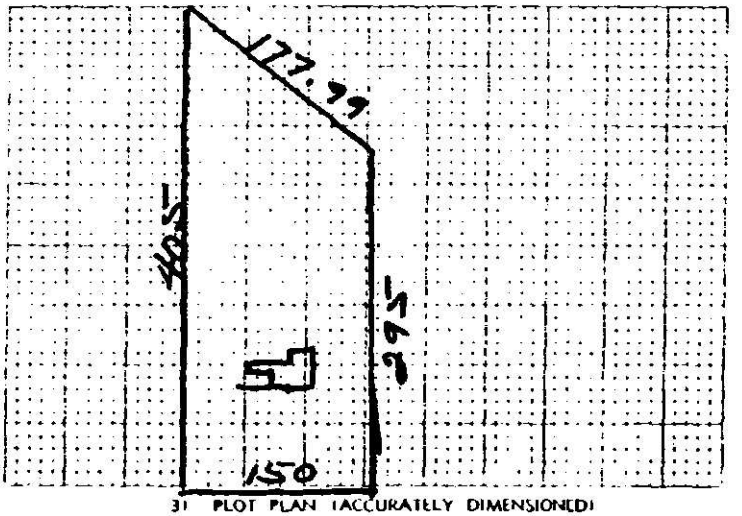
Map Date 9-1-70

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 Department of Environmental Health 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)

Mobile Home ____ Yes ____ No
Residence X Yes ____ No
4) No. of Bedrooms 4
5) Business Use Max No Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes ____ No
8) Dishwasher X Yes ____ No
9) Water Supply
a) Individual Well X
b) Governmental System ____
c) Community System
1 Well source ____
2 Governmental 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 NONE
12) VA Case No ____

13) NAME OF OWNER VAUGHN (LAST) EARL (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER Rt 1, Box 151

15) PHONE NO Home 485-4064 Office ____

16) LOCATION OF SYSTEM 1905 E. Prov. Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION E. Prov. Estates Lot No 6 Block No. 1

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ NO DATE RUN 4/5 → 6

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.

DATE OF APPLICATION ____ OWNER Earl B. Vaughn

EHD-5-76

**Environmental Health Department's Copy**

Date Issued 5/4/77

Serial No. 0732

LA No. 6750

T. C. No. 231-062-36

Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Vaughn (LAST) Earl (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 191, Stanfield N. C. ZIP

LOCATION OF LOT 1905 E. Prov. Drive (STREET OR COUNTY ROAD)

SUBDIVISION E. Providence Estates LOT NO 6 BLOCK NO. 1

MAP BOOK NO. PAGE NO

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 6750 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 soil investigation 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

Environmentalist

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

EHD-5-76

**Environmental Health Department's Copy**

Date Issued 3 Aug 1977

Serial No. 0939

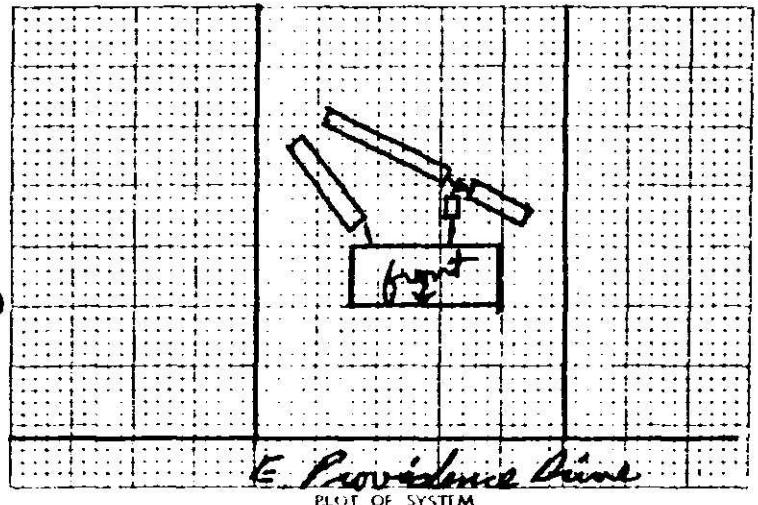
ICAR(S) Permit No. 6250

T C No 231-062-06

Map Date 9-1-70

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## 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 6250, dated 5-4-77 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 1 Sep 77, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate pre-suitable

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Length 660 & 167

Number of Lines 4 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Vaughn, Earl R.

LOCATION OF PROPERTY 1905 E. Providence Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Department before any system can be covered up or otherwise rendered unavailable for use.

Comments: The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

Division or Section Head

Environmentalist John R. Atkinson

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 9 Aug 1977 Serial No. 0946

C of A (s) No. 6750

T. C. No 231-062-06

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## ENVIRONMENTAL HEALTH DIVISION
## CERTIFICATE OF COMPLETION
## CERTIFICATE OF APPROVAL

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

Name of Owner Vaughn Earl R. (LAST, FIRST, MIDDLE)

Location of Property 1905 E. Providence Dr.

Application Number _____ Permit Number _____

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material precast

Total Length of Drain Tile 660 ft 167 Number of Lines 4 & 4

Depth of Filter Material 34" & 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected ✓ DATE Tank Inspected 8-9-77 DATE

Nitrification Field Inspected 8-9-77 DATE

Washing Machine Line Inspected, If Applicable 8-9-77 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 Health Commission 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 in bed 12x83x34" stone due to topography & trees.

Environmentalist

EHD-5-76

Environmental Health Department's Copy