Date Received 2-9-73

APT No. 5600

T. C No 135-255-03

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Ed McLemore & Co
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 1129 LeBaron Rd ZIP

3) PHONE NO Home Office 545 4507

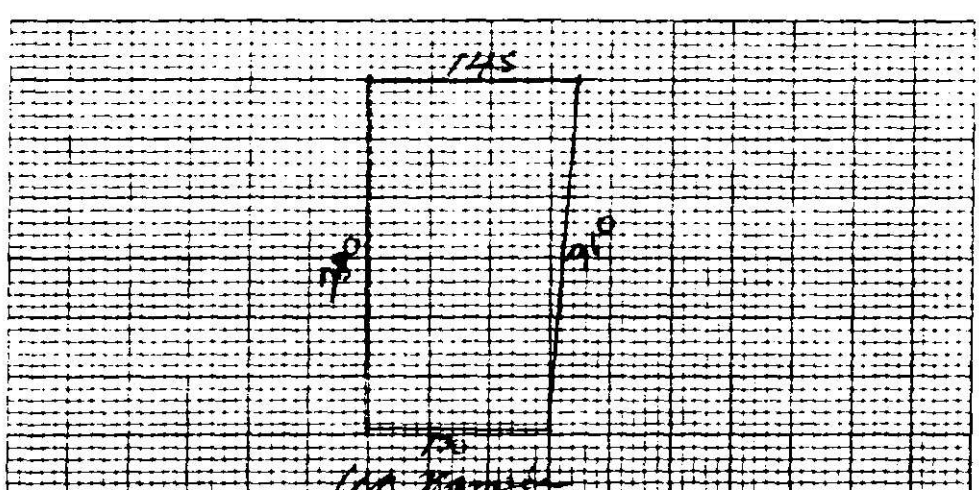
4) LOCATION OF PROPERTY Old Pineville
(STREET OR COUNTY ROAD)

5) SUBDIVISION Fairwood II LOT NO 22 BLOCK NO 4

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]

PTR No. 5600
T.O.
T C No 135-25[illegible]-0003

Date Issued February 22, 1973

Map Date 12-18-72
5-9-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

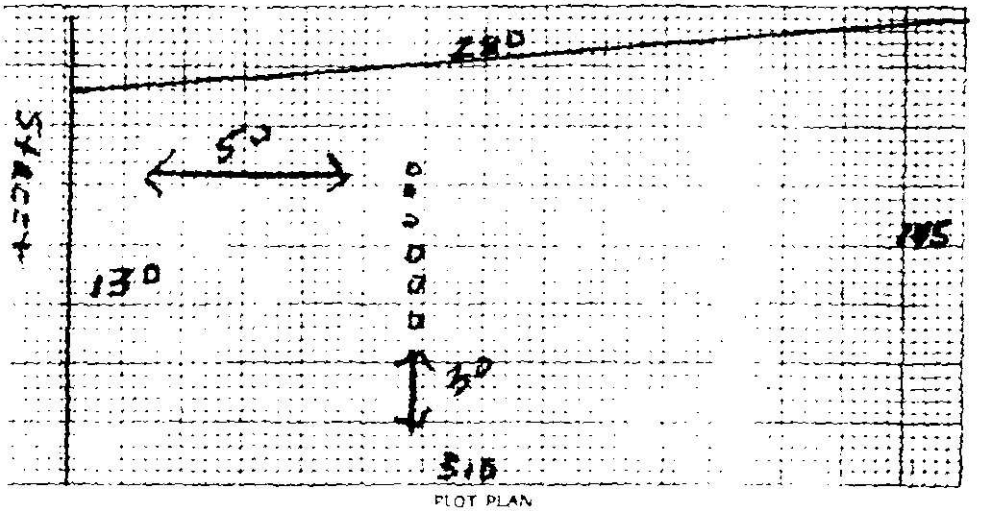
PERCOLATION TEST REPORT

NAME OF OWNER Bob McLemore & Company
LAST FIRST MIDDLE

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

LOCATION OF PROPERTY
STREET OR R.F.D. NO. ROAD

SUBDIVISION Farmwood II LOT NO 22 BLOCK NO II



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 [illegible] 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 resulting in the removal of soil 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 D. Robinson
Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 4-26-73

ICAR(S) Application No. 5600

T. C. No. 135-258-09

Map Date 12-15-72 5-7-73

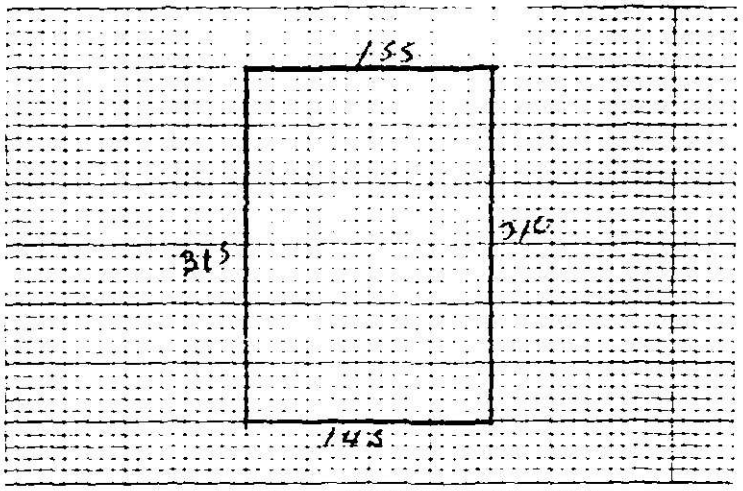
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3
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 source
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 Bob McLemore & Co., Inc. (LAST / FIRST / MIDDLE)
14. ADDRESS OF OWNER 6129 Lebanon Road
15. PHONE NO Home ___ Office 545-4507
16. LOCATION OF SYSTEM 7100 Canterway Drive (STREET OR COUNTY ROAD)
17. SUBDIVISION Fernwood 6 Lot No. 22-H Block No.
    Map Book No 17 Page No. 81
18. DEED REFERENCE — DEED BOOK ___ AT PAGE ___
19. HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 2-22-73 12-5
20. PTR NUMBER See Instructions 5600

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.

4-25-73
DATE OF APPLICATION

OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued April 26, 1973 Serial No. 2312

LA No. 5600

T C No 135-255-0003

Map Date ~~12-26-72~~ 5-9-74

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 Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT 7100 Canterway Drive (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 6 LOT NO 22 BLOCK NO H

MAP BOOK NO 17 PAGE NO 81

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 58 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 5600. This approval is subject to the following terms and conditions

1. That the installation shall 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, altered 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 which may 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 the valid Installation, Construction Alteration, and/or Repair Permit

Thomas R. Waid
Environmentalist

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

FORM NO E 3-4-1-7

HEALTH DEPARTMENT'S COPY

Serial No. 4452

Date Issued 10-5-73

ICAR(S) Permit No. 5600

T. C. No. 135-255-0003

Map Date 12-15-72 5-74

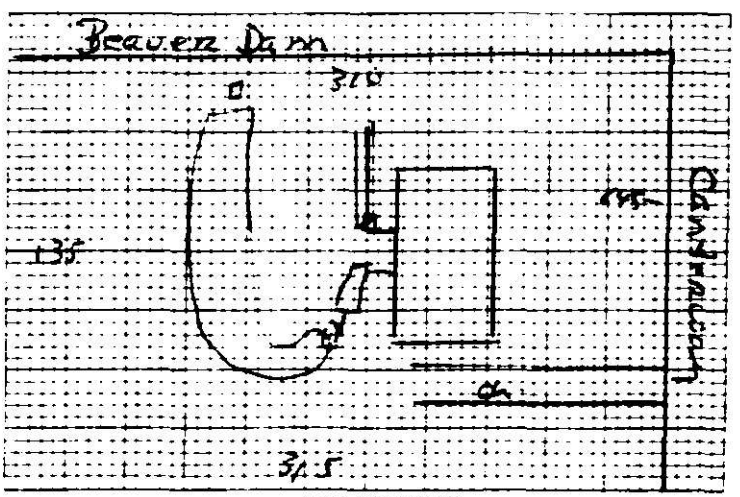
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 5600, dated [redacted] 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 11-5-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 600'

Number of Lines 6

Distance from House 20'

Distance from Property Line 20'

Distance from Well N/A

NAME OF OWNER Bob McBroom & Son

LOCATION OF PROPERTY 7100 Canterbury (22-H)

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: 15" x 100' - aerator unit
with 7'x5'
G. M. Clark & Son

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.

FORM NO E S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4056

C of A (s) No. 5600

Date Issued 10-12-73

T C No 135-25[illegible]03

Map Date 12-[illegible]-72 5-9-74

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 Bob McLamore & G. (LAST / FIRST / MIDDLE)

Location of Property 7100 Co Line Rd

Application Number 5600 Permit Number 5600

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Concrete

Total Length of Drain Tile 600' Number of Lines 6

Depth of Filter Material 17" Cover Depth 18'

Water Supply Source Comm. Water Distance from Water Source —

Excavation Inspected 10-12-73 (DATE) Tank Inspected 10-12-73 (DATE)

Nitrification Field Inspected 10-12-73 (DATE)

Washing Machine Line Inspected, If Applicable 10-12-73 (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: Installed by G. M. Shamel & Son

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY