Date Received 6-21-71

APT No. ~~6-24~~ 2026

T. C. No 135-362-25

Map Date 4-19-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 6129 Lebanon Rd., Matthews, N. C. ZIP 28105

3) PHONE NO Home _____ Office 545-4507

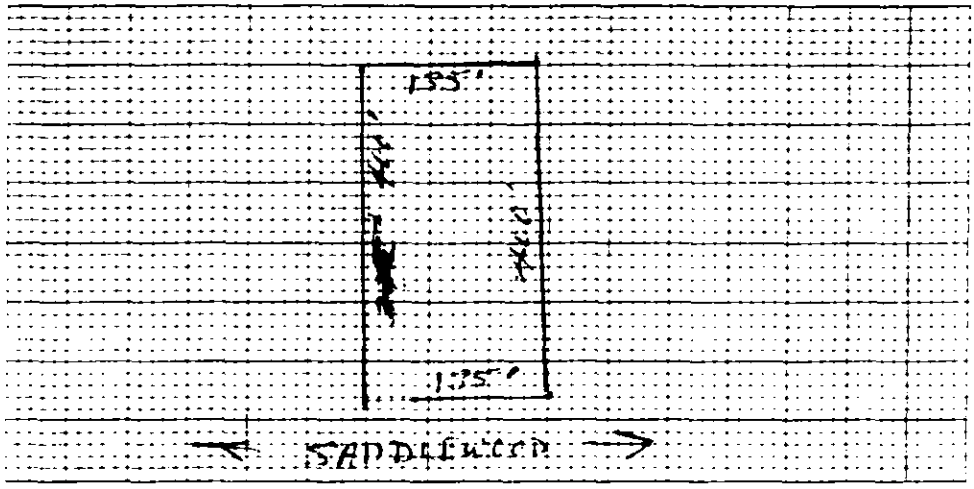
4) LOCATION OF PROPERTY 5400 Saddlewood, Matthews, N. C.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood Sec. two LOT NO [redacted] /6 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 2139 PAGE NO 318

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

Robert W. McLemore
OWNER

FORM NO E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 1304

PTR No. 2026

T C No 135-312-

Mor Date 4-24-71

Date Issued February 17, 1972

Do Not Issue A Building Permit Based On This Form:

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

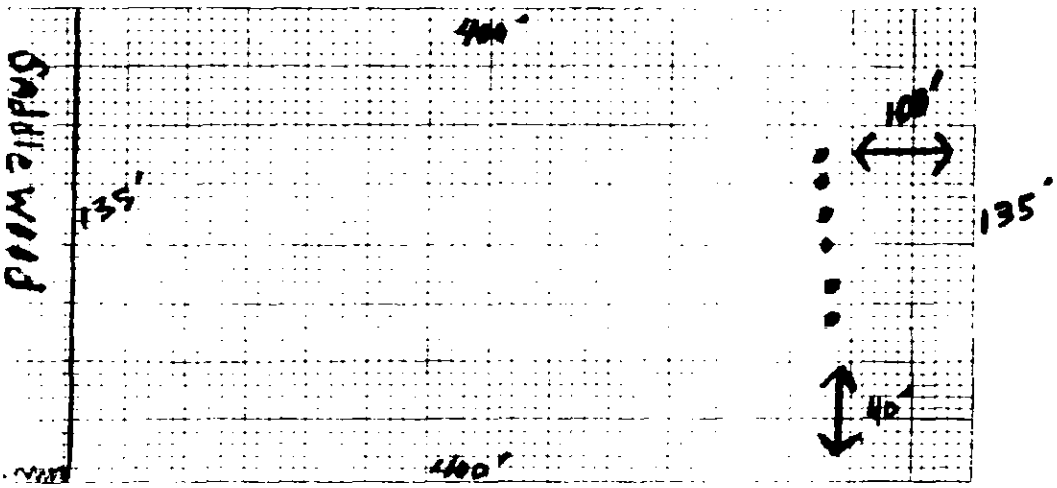
PERCOLATION TEST REPORT

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

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

LOCATION OF PROPERTY 5400 Saddlewood, Matthews, N.C.
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood Section Two LOT NO 16 BLOCK NO



PLOT PLAN

This [illegible] the Mecklenburg County Health Department in the [illegible] that portion of the lot indicated on the plot.

The percolation rate determined by the test was [illegible] min/in. and for the installation of a [illegible] septic tank wastewater treatment system with [illegible] absorption effluent discharge subject to the following terms and conditions:

[illegible] Mecklenburg County Health [illegible] system on the said lot [illegible] by the Health Department [illegible] type of building constructed thereon.

[illegible] on the lot which [illegible] for the installation.

This [illegible] 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 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 E. Wilkinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 2-16-72

ICAR(S) Application No. 2026 JS

T. C. No. 35-312

Map Date 4-19-74

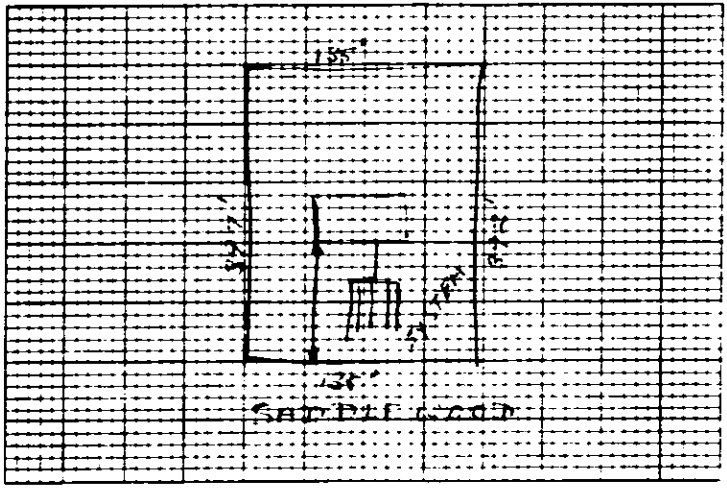
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

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.

2-16-72
DATE OF APPLICATION

Bob McClenahan & Co. Inc.
By W. F. Billings
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued February 17, 19[illegible] Serial No. 1332

LA No. 2026
[illegible] 25
T C. No. 135-312-[illegible]
4-19-74
Map Date 4/14/71

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 & Co., Inc.
LAST FIRST MIDDLE

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

LOCATION OF LOT 5400 Saddlewood, Matthews, N.C.
STREET OR COUNTY ROAD

SUBDIVISION Farmwood Section Two LOT NO 16 BLOCK NO

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 59 min/in on an on site inspection of the said lot and upon the information supplied by the Applicant for an Installation Construction Alteration and or Repair Permit number 2026 This approval is subject to the following terms and conditions

1. That any lot [illegible] for installation 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

[illegible] this approval [illegible] refuse and or withdraw approval if it is determined that the property [illegible] A Construction Alteration and or Repair Permit [illegible] existing installed system or [illegible] Construction Alteration and or Repair Permit

James R. Ward
Environmentalist

John R. Adkisson
Director Environmental Health Division or Authorized Section Head

FORM NO [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 5-24-72 Serial No. 2294 ICAR(S) Permit No. 2026 25

T C No 135-312-

Map Date 4-19-71 4-19-74

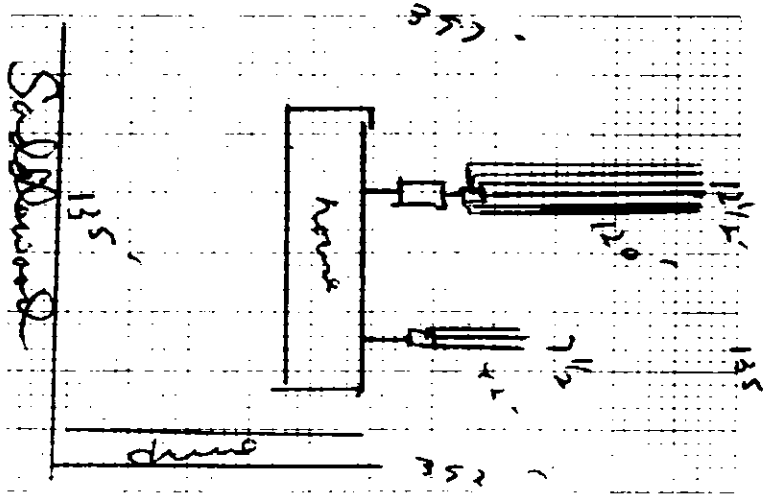
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ~~Install~~ Construct Alter or Repair the ~~and~~ dual septic tank wastewater treatment ~~and~~ subsurface soil absorption effluent discharge system described herein at the designated location. This permit is granted based upon the information supplied on application No. 2026, dated 2-16-72 and is valid for the effective period provided in the applicable rules. All work must be completed on or before 6-24-72 after which date this permit is void.



Pumping Rate 60

Tank Capacity 1500 gal

Tank Construction precast concrete

Absorption Lines

Total Length 600'

Number 5

Distance from Tank 10'

Spacing 10'

Distance from Well 100'

NAME OF OWNER Bob McSimon & Co.

LOCATION OF PROPERTY 5400 Saddlewood Lane (Lot 16)

This permit is issued subject to the conditions as set forth in the Regulations of the Mecklenburg County Board of Health governing the granting of this permit. A grant of approval does not imply that the system can be installed or will be rendered un-

Dimensions 12½' X 120' / 6 rows 7½' X 92'

Thomas R. Davis

Environmentalist

Date approved

This permit must be posted on the job site during 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.

APPLICANT'S COPY

ITS COPY

Date Issued 5-26-72 **Serial No.** 1985

C of A (s) No. 2026 35

T C. No. 135-312-08

Map Date 4-19-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Bob McLemore + Co
(LAST FIRST MIDDLE)

Location of Property 5400 Saddlewood Lane (Lot 16)

Application Number 2026 Permit Number 2026

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material pre cast con.

Total Length of Drain Tile 600' Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 5-26-72 (DATE) Tank Inspected 5-26-72 (DATE)

Nitrification Field Inspected 5-26-72 (DATE)

Washing Machine Line Inspected, If Applicable 5-26-72 (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 with only those restrictions and conditions shown on the permit, in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application or introduced at any additions are made to the property which would increase the requirements for said system.

Comments Installed by G.M. Sherrill & Sons

Thomas R. Ward
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY