Date Received 3-823

APT No 5718

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Spartanburg Concrete Co. now Metromont Mfls Corp
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER P O Box 1292 Spartanburg, SC ZIP 29301

3) PHONE NO Home 269-9664 Office

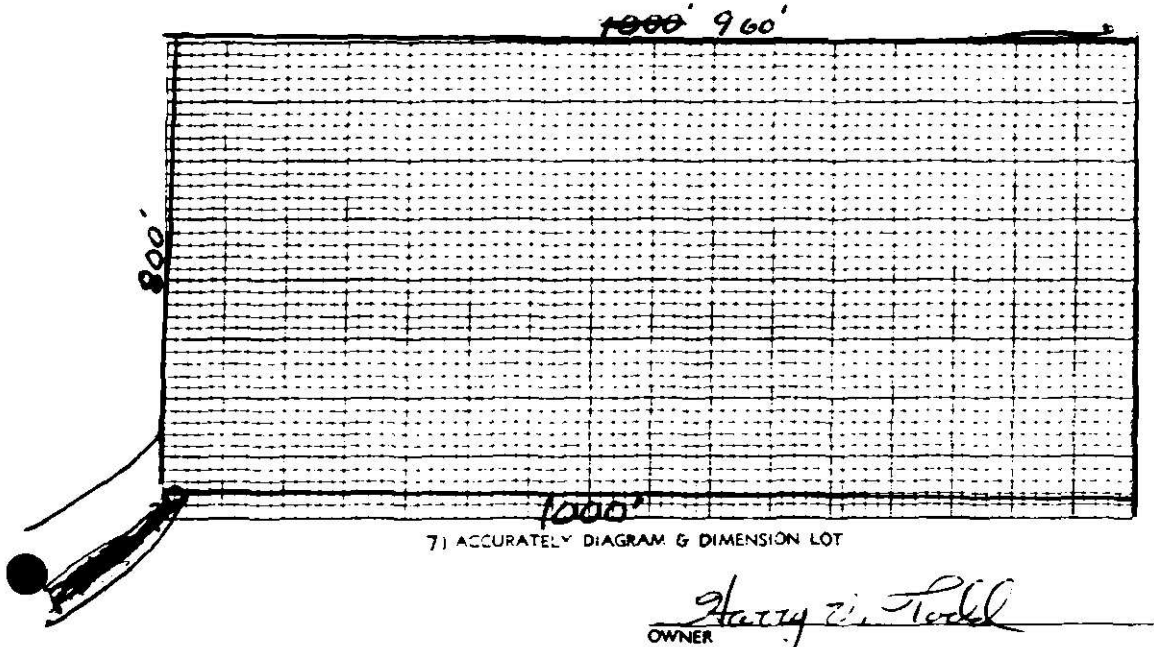
4) LOCATION OF PROPERTY off Reames Rd
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO Tax Code 25-31 - Portion lot 1 PAGE NO

6) DEED REFERENCE DEED BOOK 3032 PAGE NO 518

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 here nabove 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

Harry E. Todd
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2745

PTR No. 5718
P.O.
T C No. 025-031-01
Map Date 2-23-72

Date Issued April 24, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

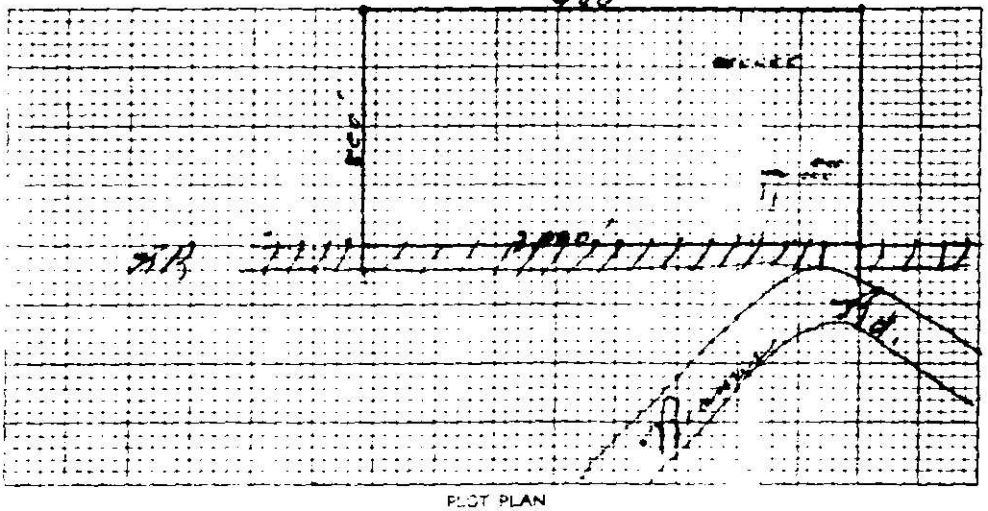
PERCOLATION TEST REPORT

NAME OF OWNER Spartanburg Concrete Company
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Post Office Box 1292, Spartanburg, S.C.

LOCATION OF PROPERTY off Reames Road
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 966 BLOCK NO



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 O. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4 1-71

HEALTH DEPARTMENT'S COPY

Date Received 5-30-73

ICAR(S) Application No 5718

T C No 225C 31-C1

Map Date 2/5/73

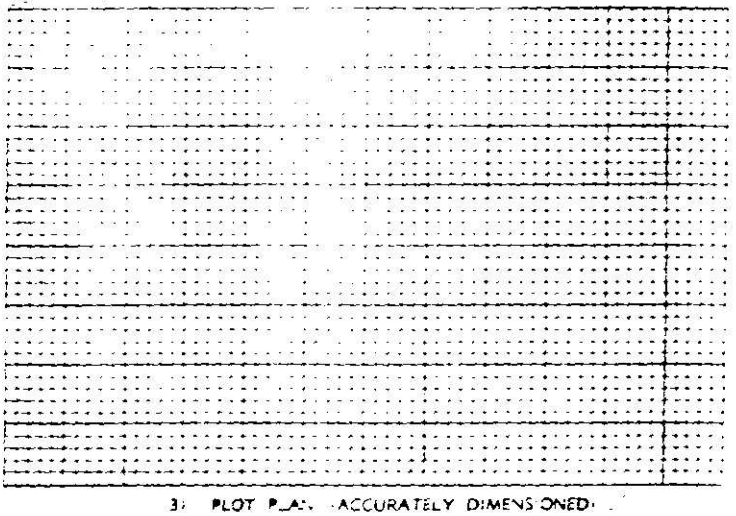
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 propert, 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 25

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
Well source ___
D) 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 ___ (LAST) ___ (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER ___

15) PHONE NO Home ___ Office ___

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

17) SUBDIVISION None Lot No None Block No None

Tax Code 25-31 - Part of Lot 1

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3032 AT PAGE 518 6?

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.

5-29-73
DATE OF APPLICATION

Harold T. Cook
OWNER
(Mrs. Mgr.)

FORM NO E-4-A-1-73

HEALTH DEPARTMENT'S COPY

Date Issued May 30, 1973

Serial No. 2992

LA No. 5718

T C No 025-031-01

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 Metromont Metlas Corp.
LAST FIRST MIDDLE

ADDRESS OF OWNER Post Office Box 16262 ZIP

LOCATION OF LOT Reams Road
STREET OR COUNTY ROAD

SUBDIVISION LOT NO. 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 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 5718. 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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Issued 12 Apr 73

Serial No. 4359

ICAR (S) Permit No. 5718

T. C. No. 025-031-01

Map Date 23 3[illegible] 22

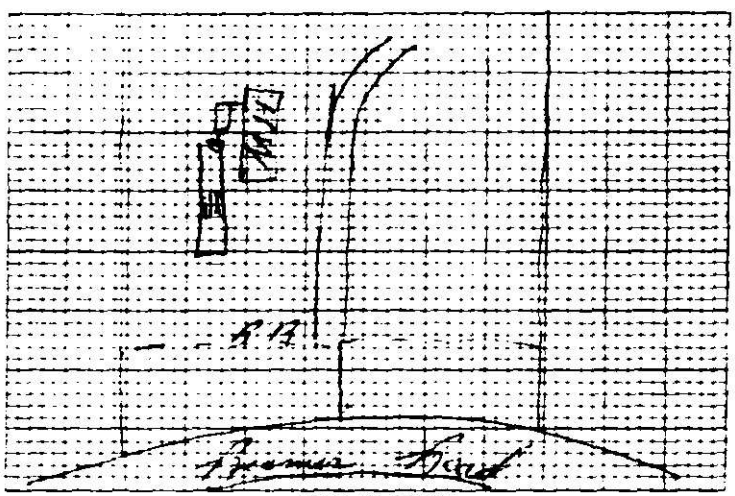
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5718, dated 30 May 73 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 Oct 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of (2) Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300' + 300

Number of Lines 5 (12 x 6' x 1')

Distance from House 10'

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Metromont Materials Corp

LOCATION OF PROPERTY Thomas Ford

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: Thomas Lake (Trailer)

(System #1) from pipe

[illegible]

Division or Section Head

W. D. Finley
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-5-4-1-71

HEALTH DEPARTMENT'S COPY

#1

Date Issued 19 Sept 73

Serial 3934

C of A (s) No. 5718

T C No. 025-031-91

Map Date 23 Feb 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner McLaurent (LAST) Malcolm (FIRST) Leroy (MIDDLE)

Location of Property Simmons Road

Application Number 5718 Permit Number 3934

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PE

Total Length of Drain Tile 300' Number of Lines 5 (2½ x 100' x 17")

Depth of Filter Material 17" Cover Depth 15"-24"

Water Supply Source Lee Well Distance from Water Source 100'

Excavation Inspected 19 Sept 73 (DATE) Tank Inspected 19 Sept 73 (DATE)

Nitrification Field Inspected 19 Sept 73 (DATE)

Washing Machine Line Inspected, If Applicable ____ (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: Grass Cover (Conto)

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 11 Sept 1975

ICAR(S) Application No. 5278

T C No. 125 031 1

Map Date 2/23/72

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

Adding Oggie Trailer - 10x50'

4) ~~No. of Bedrooms~~ 2 rooms

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. ____

3) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Metromont Mtls Corp (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER Reames Rd Charlotte NC 26036 28213 (St. / City / Zip)

15) PHONE NO. Home 545-5788 Office 597-8255

16) LOCATION OF SYSTEM Reames Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION None Lot No. None Block No None
Tax Code 25-31 - Part of Lot 1
Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 3032 AT PAGE 518

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN 4/72

20) PTR NUMBER (See Instructions) S-113

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.

Sept. 11, 1975
DATE OF APPLICATION

Metromont Mtls Corp
OWNER
Harry D. Todd (for myself)

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

HEALTH DEPARTMENT'S COPY

Date Issued September 11, 1975 Serial No. 5293

LA No 5718

T C No 025-031-01

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 Metromont Materials Corp.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Reames Road, Box 26036, Charlotte ZIP 28213

LOCATION OF LOT Reames Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 * 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 5718. 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

*May use existing system

Environmentalist

John R Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

ICAR(S) Permit No 5718

Date Issued 5 Sep 73

T C No 025-031-01

Map Date 23 Feb 72

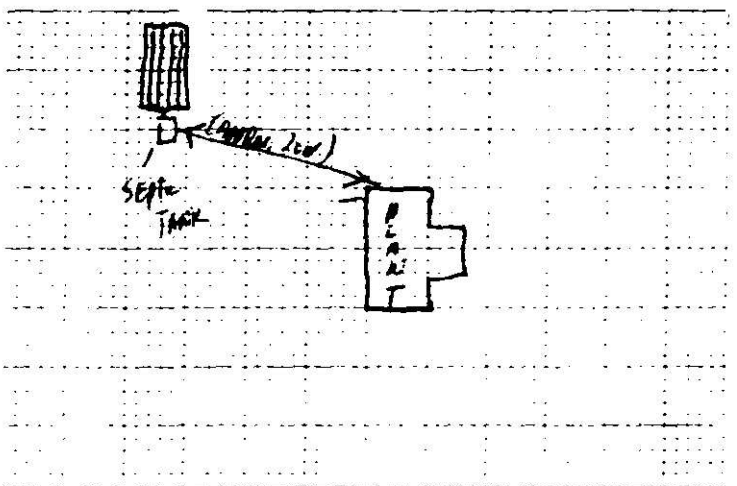
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water treatment system with subsurface soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information submitted in application # 5718 dated 30 May 73 and this permit shall be void and of no effect if the information provided in the application is not correct or is erroneous. All work shall be completed on or before 5 April 74 after which date this permit shall be null and void.



PLOT PLAN

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption Lateral Lines

Total Line Length 300'

Number of Lines 4 (10' x 75' x 17" stone)

Distance from Tank 10'+

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER Metromont Mtls. Corp.

LOCATION OF PROPERTY Reams Rd Charlotte, N.C. P.O. Box 16262 Char

This 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 (System #2) from plant. Line from plant to tank 4" cast iron pipe (with 3 clean out)

Division or Section Head

Environmentalist Richard Hartman

If this permit is for the installation or construction of a new system, it must be signed by the division or 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 E-5-9-1-72

HEALTH DEPARTMENT'S COPY

#2

Date Issued 27 Mar 74

Serial 4539

C of A (s) No. 5718

T C No 025-031-01

Map Date 23 Feb 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Metromont Mtls. Corp. (LAST / FIRST / MIDDLE)

Location of Property Reames Rd P.O Box 16262

Application Number 5718 Permit Number 5718

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 (10' x 75' x 17" stone)

Depth of Filter Material 17" Cover Depth 15" +

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 27 Mar 74 (DATE) Tank Inspected 27 Mar 74 (DATE)

Nitrification Field Inspected 27 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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' stone - 2 clean outs on tank

Richard Gardner
Environmentalist

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

HEALTH DEPARTMENT'S COPY