Date Received 6/9/77

APT No. 12589

P.D.
T. C. No. 135-3[illegible]

Map Date _____

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 P.O. Box 25746 CHAR ZIP 28212

3) PHONE NO. Home _____ Office 545-6111

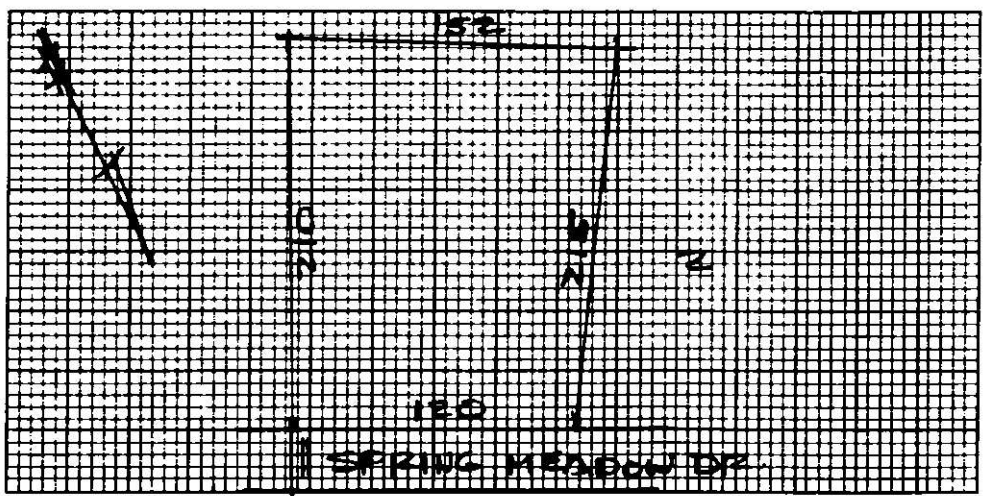
4) LOCATION OF PROPERTY SPRING MEADOW DR
(STREET OR COUNTY ROAD)

5) SUBDIVISION APPLE CREEK LOT NO. 1 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

Peter Lockel
OWNER

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

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation June 15, 1977 APT NO. 12589

Owner Bob McLemore & Co, Inc.

Location of Property Spring Meadow Dr. Lot No. 1 Block E

Soil Suitability Ratings Tax Code No. P.O. 135-36-01

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Coul-	Hlolonca		Hlolonca
2. Soil Slope	Intergradient suitable 2-6%			suitable 2-6%
3. Soil Depth	suitable >48=			suitable >48=
4. Soil Texture	provisionally suitable some silt clays			unsuitable dominantly 2:1 clays
5. Soil Structure	provisionally suitable blocky			unsuitable massive
6. Restrictive Horizons	—			—
7. Soil Drainage	suitable water table 26"			unsuitable perched high water table
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate slow			unsuitable very slow
9. Other	90 min/in.			>200 min/in.
10. Overall Rating	provisionally suitable			unsuitable

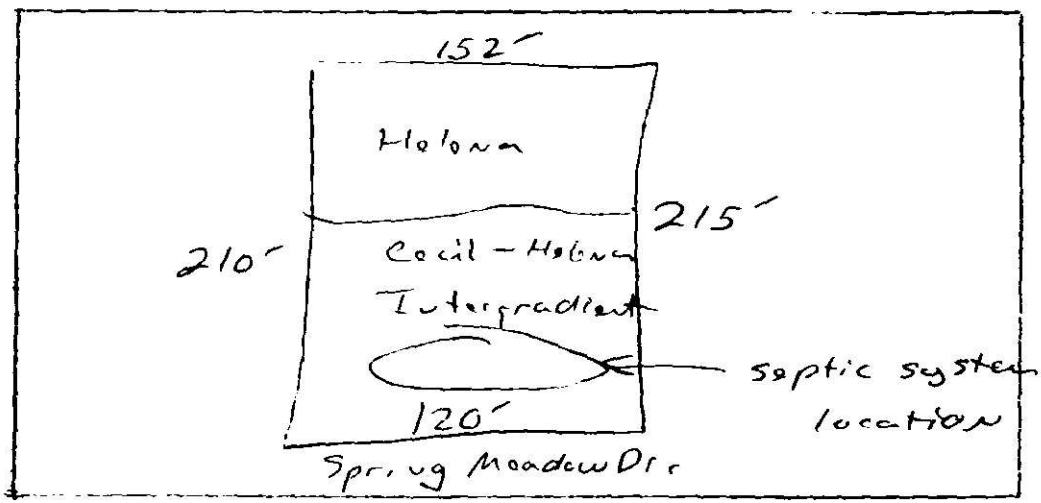
Recommendations Based on this investigation, the lot was found to have an adequate area of provisionally suitable soils for installation of a septic tank system. System design should be based on a percolation rate of 90 min/in. and should be placed in the area of intergradient soils.

See diagram on back

W. Edward Arnett
Soil Scientist

3/18/75
HHD 539

DIAGRAM OF PROPERTY



3/18/75
EHD 539

Serial No. 0946

PTR No. 12589

Date Issued June 20, 1977

T C. No. P.0.135-361-01

Map Date

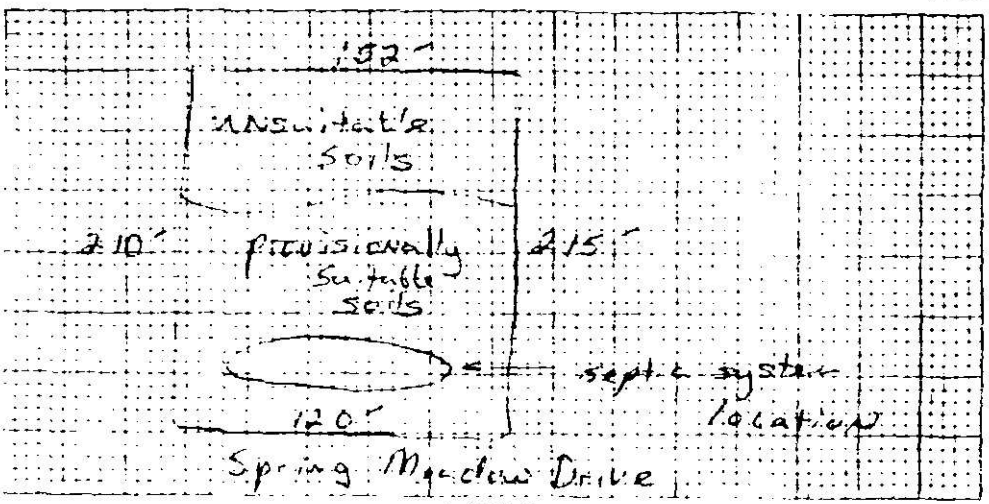
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Bob McLemore & Company, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P. O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF PROPERTY Spring Meadow Drive
STREET OR COUNTY ROAD

SUBDIVISION Apple Creek LOT NO 1 BLOCK NO E



PLOT PLAN

The [illegible] the Mecklenburg County [illegible] was conducted [illegible] and the above lot is **Provisionally Suitable** [illegible] The percolation test made by the investigator was **90 min/in.** The said lot is approved [illegible] for the installation of an individual septic tank wastewater treatment [illegible] together with subsurface soil absorption [illegible] effluent disposal subject to the following terms and conditions:

1. A complete set of plans [illegible] shall be submitted to the Mecklenburg County Department of Environmental Health [illegible] for wastewater treatment [illegible]
2. The [illegible] shall not exceed [illegible] which must be determined by the Mecklenburg County Department of Environmental Health [illegible] obtained above, or [illegible]
3. The approval [illegible] system installation [illegible] the above plat.
4. The approval [illegible] plat meet [illegible] the lot which [illegible] State has acceptable [illegible] system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future prior to 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.

W. Edward Everett
EHS-5-76 **Soil Scientist**

John R. Atkisson
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received

ICAR (S) Application No. 12589

T C No. 135-361-01

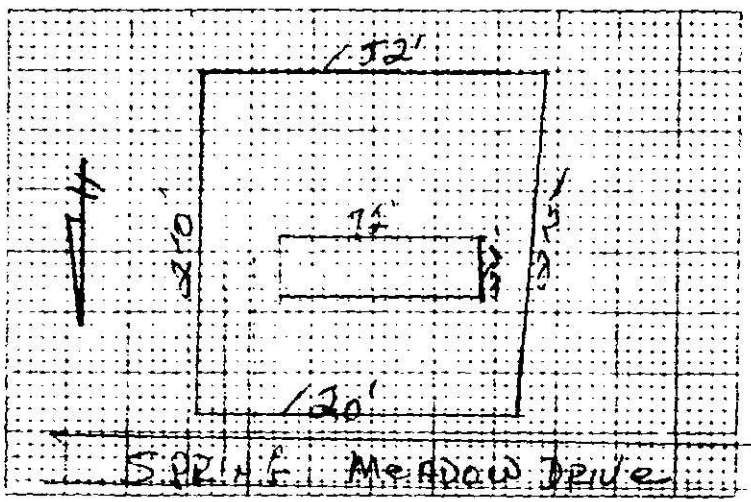
Map Date 12-27-79

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) ✓ 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 ✓ Yes ___ No
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 WATER CO
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 & G. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER P.O. Box 25746 Char- 28212

15) PHONE NO. Home ___ Office 545-6111

16) LOCATION OF SYSTEM SPRING MEADOW DR (STREET OR COUNTY ROAD)
(FARMWOOD See #16)

17) SUBDIVISION Apple Creek Lot No. 1 Block No. E

Map Book No. 18 Page No. 321

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 6-20-77

20) PTR NUMBER (See Instructions) 12589

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.

1-5-79
DATE OF APPLICATION

Tyrie Reynolds V.P.
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued Jan. 10, 1979

Serial No. 2593

LA No. 12589

T. C. No. po 135-361-01

Map Date 12/27/78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

EFFLUENT PERMIT

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

NAME OF OWNER Bob McLemore Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25746 ZIP

LOCATION OF LOT Spring Meadow Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Apple Creek LOT NO 1 BLOCK NO. E

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 12589. 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 permits 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.

Steve Wood
Environmentalist

John R Atkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

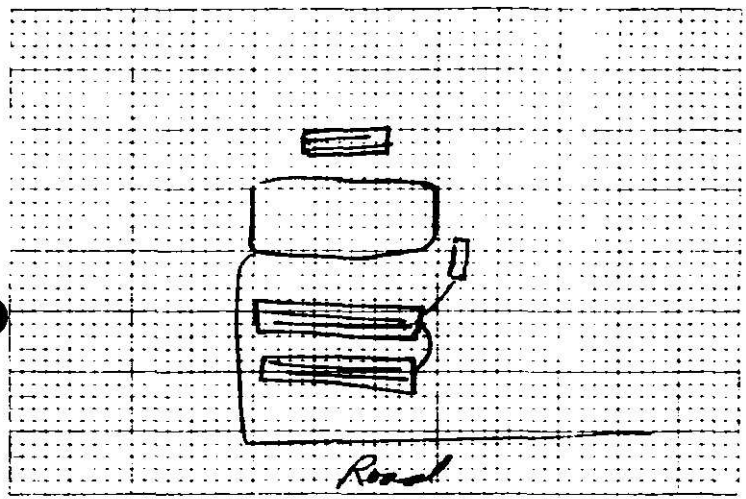
Date Issued 5 Apr. 79 Serial No. 2552 ICAR (S) Permit No. 12589

T C No 135-341-01

Map Date

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 12589 dated 1-5-79 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 5 May, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. Conc.

Absorption and or Nitrification Lines

Total Line Length 495' & 125'

Number of Lines (4;4) & (4)

Distance from House 10'

Distance from Property Line 10'

Distance from Well common

NAME OF OWNER Bob McLemore & Co.

LOCATION OF PROPERTY 10320 Spring Meadow 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 Director before any system can be covered up or otherwise rendered uninspectable or can be used.

THE ISSUANCE OF THIS PERMIT DOES NOT IN ANY WAY GUARANTEE THAT THE SYSTEM ANTICIPATED TO BE CONSTRUCTED HEREUNDER WILL 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.

Comments

2 beds (12'x63'x17" Stone)

W.M (12'x42'x17" Stone)

Steve Wood

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 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 20 Apr. 79 Serial No. 2523 C of A (s) No. 12589

T C No 135-361-01

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 Bob McLemore & Co Inc
(LAST) (FIRST) (MIDDLE)

Location of Property 10320 Springmeadow DR

Application Number 12589 Permit Number 12589

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material P.C. Conc

Total Length of Drain Tile 495' & 125' Number of Lines (4:4) & (4)

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Comm Distance from Water Source Comm

Excavation Inspected — (DATE) Tank Inspected 20 Apr. - 17 Apr. (DATE)

Nitrification Field Inspected 20 Apr. - 17 Apr. (DATE)

Washing Machine Line Inspected, If Applicable 20 Apr. - 17 Apr. (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 ~~Comm~~ Shed

Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 8/22/79

ICAR(S) Application No. 12589

T. C. No. 0135-361-01

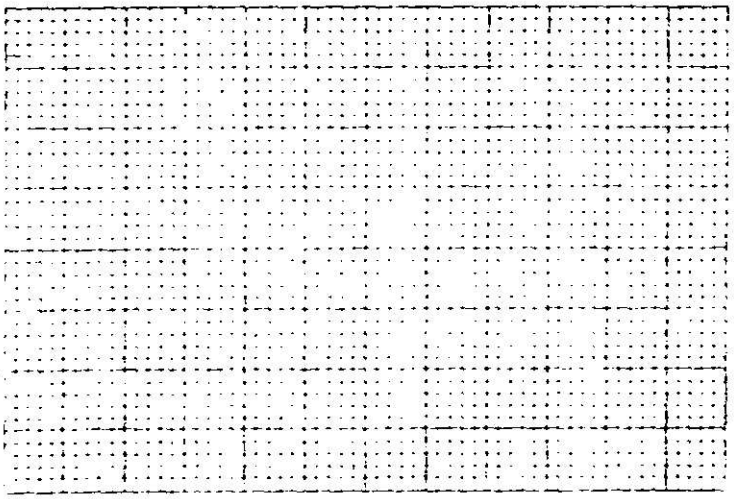
Map Date

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) 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 ✓ Yes ___ No
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. Water source WATER CO
2. Governmental source ___
10) Sewage System
Mobile located within 200 feet of public sewer ___ Yes ✓ No
Mobile located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER DEMARCO (LAST) ANGELO (FIRST) JOSEPH (MIDDLE)

14) ADDRESS OF OWNER 10320 SPRING MEADOW DR.

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM SAME AS ABOVE (STREET OR COUNTY ROAD)

17) SUBDIVISION FARMWOOD #16 Lot No. 1 Block No. E

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

DATE OF APPLICATION

X A. J. Angelo
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3466

ICAR(S) Permit No. 12589

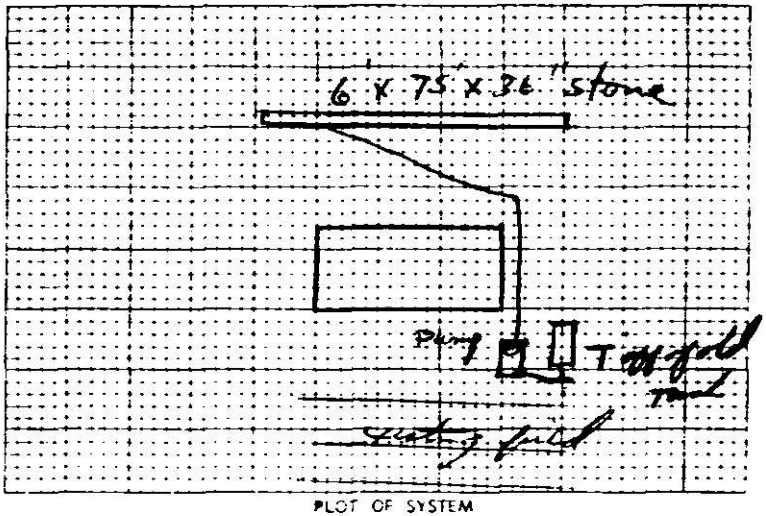
Date Issued 10 Dec 79

T C No 135-341-01

Map Date

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 12589, dated 8/22/79, 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 10 Jan 80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank 500 gal (S-T)

Tank Construction R.C. Conc.

Absorption and or Nitrification Lines

Total Line Length 300'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100' community

NAME OF OWNER Angelo J. DeMarco

LOCATION OF PROPERTY 10320 Springmeadow 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 Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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 Steve Wood

* 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 12 Dec 79 Serial 3339 C of A (s) No. 12589

T C No 135-361-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner DeMarco (LAST) Angelo (FIRST) J. (MIDDLE)

Location of Property 10320 Springmeadow Dr

Application Number _____ Permit Number 12589

Inspection Data:

Liquid Capacity of Tank 800 gal Tank Material R.C. Conc.

Total Length of Drain Tile 300' Number of Lines 2

Depth of Filter Material 36" Cover Depth 18"

Water Supply Source comm Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected 12 Dec (DATE)

Nitrification Field Inspected 12 Dec (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 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 _____

Steve Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy