Date Received APRIL 29, 1975

Application No. 7144
P.O. T. C. No. 139-112-02
Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER KIMLICK (LAST) WAYNE (FIRST) J. (MIDDLE)

ADDRESS OF OWNER PLAZA ROAD ZIP

PHONE NO. Home 536-5899 Office

LOCATION OF PROPERTY VALMERE DRIVE (STREET OR COUNTY ROAD)

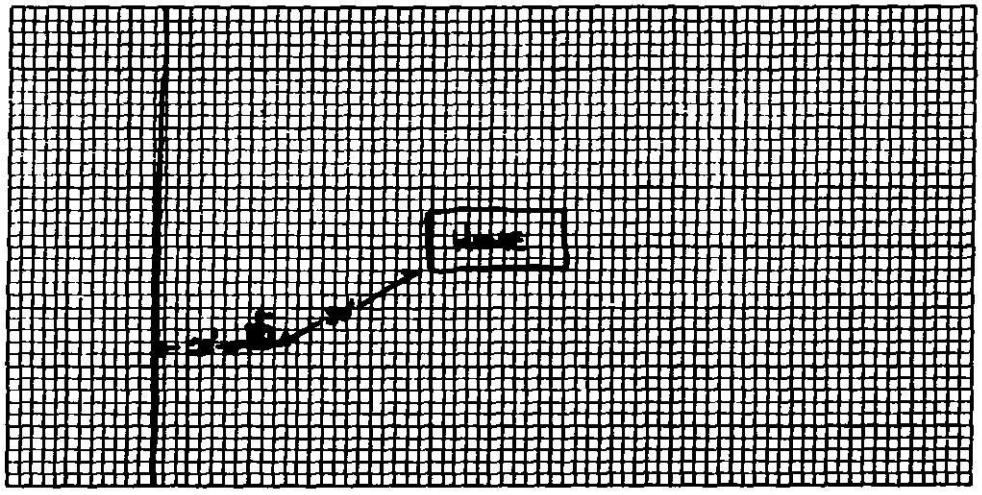
SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

DEED REFERENCE: DEED BOOK PAGE NO.

WELL CONTRACTOR CRAWFORD LICENSE NO. 232

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

April 29, 1975
DATE OF APPLICATION

Wayne Kimlick W.J. Crosby Con—
OWNER

Application approved and permit hereby granted

Permit No:

Paul A. Kiefer
ENVIRONMENTALIST

FORM NO. E-59-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 10-22-73

APT No. 7144
L.O.
T. C. No. 139-112-02

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Investment Land Sales
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 1740 E. Independence Blvd. ZIP 28205

3) PHONE NO. Home _____ Office 333-5492

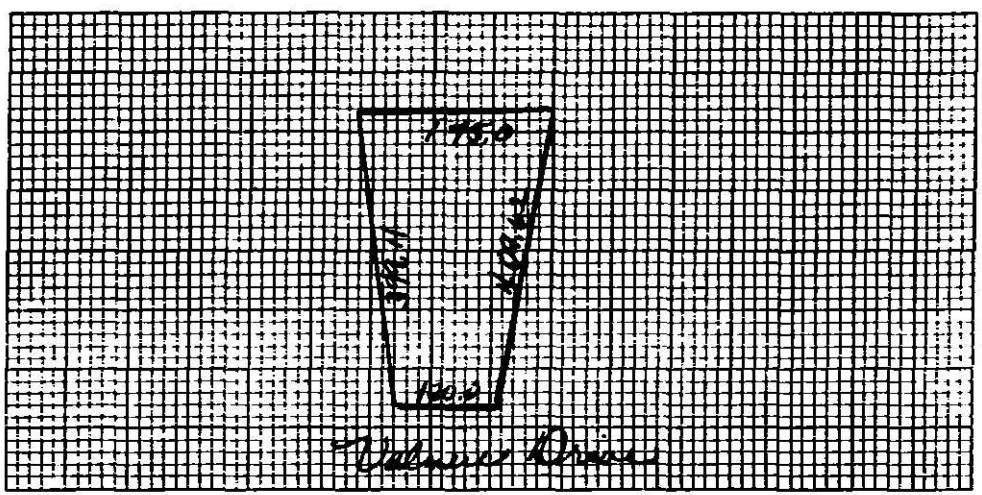
4) LOCATION OF PROPERTY Lot 62 - Valmere Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Eastside Estates LOT NO. 62 BLOCK NO. _____

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

October 19, 1973

Investment Land Sales

OWNER Vice President

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3740

PTR No. 7144
P.O.
T. C. No. 139-112-02

Date Issued October 25, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

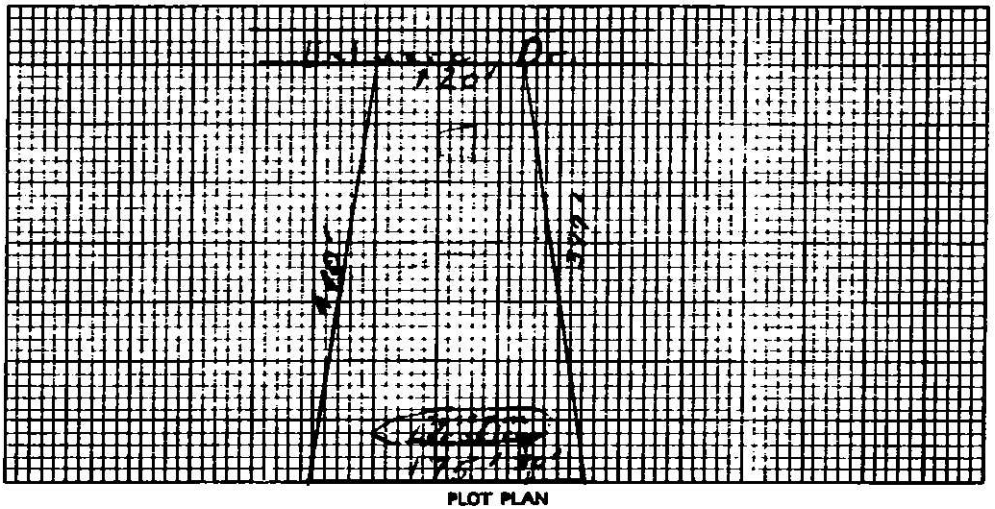
PERCOLATION TEST REPORT

NAME OF OWNER Investment Land Sales
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 1740 East Independence Blvd. ZIP 28205

LOCATION OF PROPERTY Valmere Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Eastside Estates LOT NO. 62 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 teratment 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.

*Results determined by soil analysis

W. Everett Lyons Jr. — Soil Scientist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4/22/75

ICAR(S) Application No 7144

T C No 139-02-02

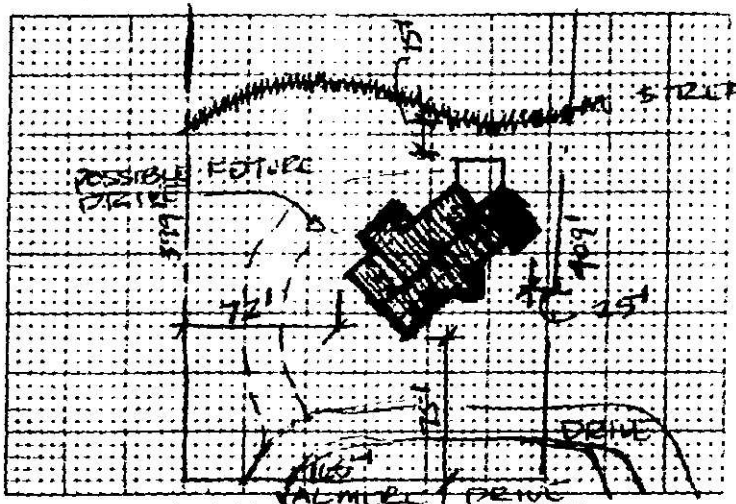
Map Date 9.573

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 Bedroom 3
5) Business Use — No Employees
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Government System
C) Community System
1 Well source
2 Government 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 Kimlick (LAST) Wayne (FIRST) V (MIDDLE)

14) ADDRESS OF OWNER 6414 Cove Creek Dr. Charlotte N.C.

15) PHONE NO. Home 536-5899 Office —

16) LOCATION OF SYSTEM 11206 Valmere Drive (STREET OR COUNTY ROAD) Charlotte N.C.

17) SUBDIVISION Ridgewood Estates Lot No. 62 (12) Block No.
Deed Map Book No. 3670 405 Page No. 0407

18) DEED REFERENCE — DEED BOOK 139 AT PAGE 117

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 10-23-73 PR760

20) PTR NUMBER (See Instructions) 7144

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.

LOT 12

DATE OF APPLICATION April 22, 1975

OWNER Wayne V. Kimlick

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 22, 1975 **Serial No. 4823**
IMPROVEMENTS PERMIT

LA No. 7144
P.O.
T. C. No. 139-112-02
Map Date 9-5-73

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 Kimlick (LAST) Wayne (FIRST) V. (MIDDLE)

ADDRESS OF OWNER 6414 Cove Creek Drive, Charlotte, N. C. ZIP

LOCATION OF LOT 11206 Valmere Drive, Charlotte, N. C.
(STREET OR COUNTY ROAD)

SUBDIVISION Ridgewood Estates LOT NO 62 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 60Min./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 7144. 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-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3 Oct 75 **Serial No. 6901** ICAR(S) Permit No. 7144

T. C. No. ____

Map Date ____

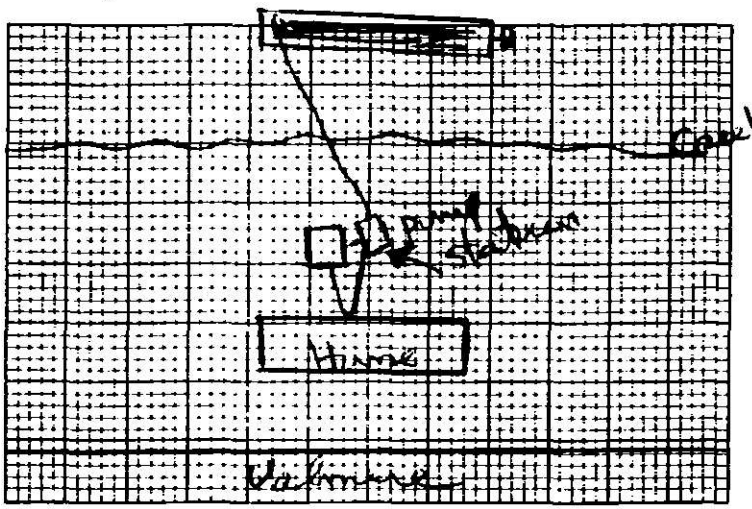
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 7144 dated 23 Sept 75 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 3 Nov 75, 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 750'

Number of Lines (6) 15' X 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER Kimlick, Wayne

LOCATION OF PROPERTY Valmerie DR.

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: (1) ** Just 13½ ft of bed 34" stone

(2) Plumb washer waste pump station

(3) pump station capacity between 250-300 gallons per cycle.

Division or Section Head

G. M. Reynolds
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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 7036

C of A (s) No. 7144

Date Issued 14 Jun 76

T. C. No. P.O. 139-11-07

John R. Adkinson

Map Date 9-5-73

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 Kimlick, Wayne (LAST, FIRST, MIDDLE)

Location of Property Valmere Dr.

Application Number 7144 Permit Number 7144

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 750 Number of Lines 6

Depth of Filter Material 17" & 34" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected Oct 75 (DATE) Tank Inspected Oct 75 (DATE)

Nitrification Field Inspected Oct 75 (DATE)

Washing Machine Line Inspected, If Applicable Oct 75 (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 O.K.

J. M. Reynolds

Environmentalist

FORM NO. E-6-2M-6-75

HEALTH DEPARTMENT COPY