Date Received 6-7-23

APT No. 6439

T. C. No. 053-152-3

Map Date 4-22-23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mac Homes Inc
LAST FIRST MIDDLE

2) ADDRESS OF OWNER Box 2007 Gastonia N.C. ZIP 28053

3) PHONE NO Home _____ Office 919-273-2531

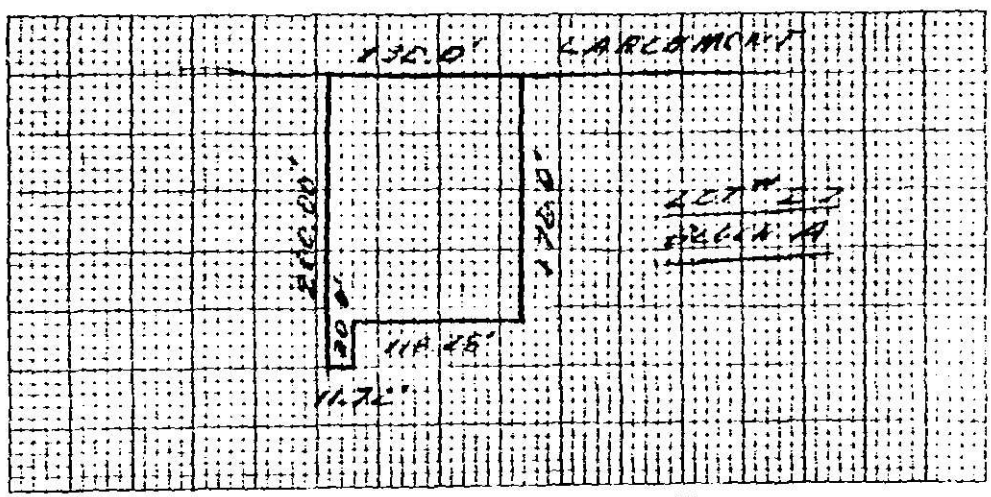
4) LOCATION OF PROPERTY 6213 Larchmont Circle
STREET OR COUNTY ROAD

5) SUBDIVISION Westmoreland LOT NO. 27 BLOCK NO. A

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

AGENT
OWNER Richard T. Kimmons
PH 525-1193

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. June [illegible] 73
2. _____
3. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

SDR No. [illegible]
T.C. No. 05[illegible]-152-36
4-27-73

NAME OF OWNER [illegible]

ADDRESS OF OWNER [illegible], N.C. ZIP [illegible]

LOCATION OF LOT [illegible] Lot 27-A

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
____	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

__X__ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) 6-5-73 - Topography and area are [illegible].

_____

_____

_____

_____
Environmentalist

(Stencil No.)
MHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 3445

PTR No. 6439

Date Issued August 10, 1973

T. C. No. 053-152-36

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

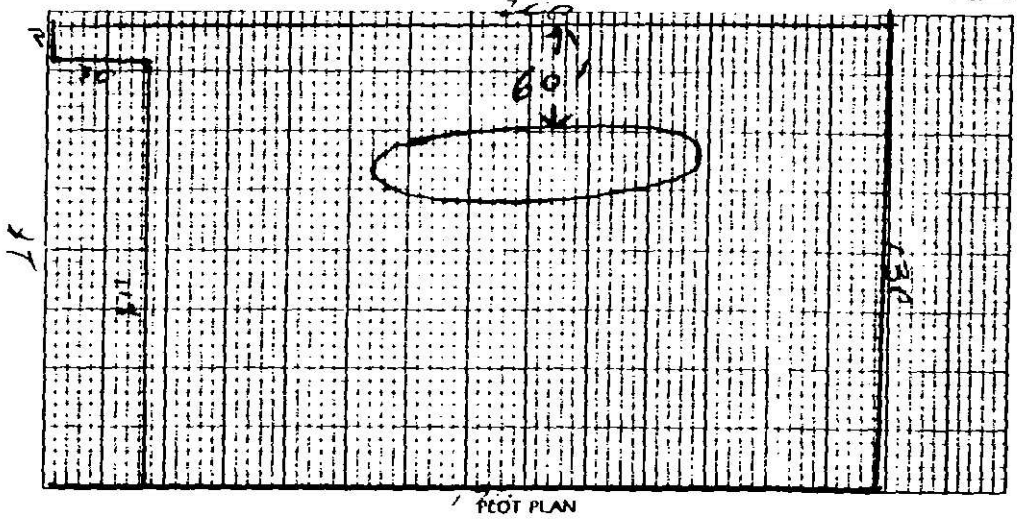
PERCOLATION TEST REPORT

NAME OF OWNER Key Homes, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 15813 ZIP

LOCATION OF PROPERTY 8913 Larchmont Circle (STREET OR COUNTY ROAD)

SUBDIVISION Westmoreland LOT NO 27 BLOCK NO A



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 45 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.

* Results based on soil analysis.

W. Everette Lyon, Jr. Soil Scientist

John W. Gleason Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-9-73

ICAR (S) Application No 6439

T C No 053-152-36

Map Date 4-27-73

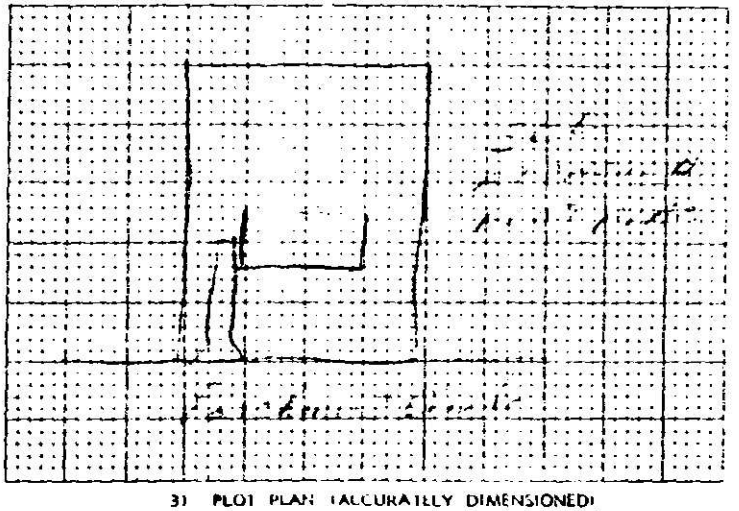
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

5) Business Use Max No Employees

6) Washing Machine ✓ Yes No

7) Garbage Disp ✓ Yes No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well
B) Government (City, Town, ...)
C) Community (City, Town, ...)
1 Well source MUD
2 Government (City, ...)

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 [illegible] LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home _____ Office [illegible]

16) LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. [illegible] Block No [illegible]

Map Book No [illegible] Page No. [illegible]

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

DATE OF APPLICATION

OWNER / agent [illegible]

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3267

LA No. 6439

Date Issued August 10, 1973

T C. No 053-152-36

Map Date 4-27-73

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 Key Homes, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Post Office Box 15813 ZIP

LOCATION OF LOT 8913 Larchmont Circle (STREET OR COUNTY ROAD)

SUBDIVISION Westmoreland LOT NO 27 BLOCK NO. A

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 45 *, 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 6439 [illegible]. 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

* Results based on soil analysis.

W. Everett Lyon, Jr. Soil Scientist

Environmentalist

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

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

HEALTH DEPARTMENT'S COPY

Date Issued 12/14/73

Serial No. 4712

ICAR (S) Permit No. 6439

T. C. No. _____

Map Date _____

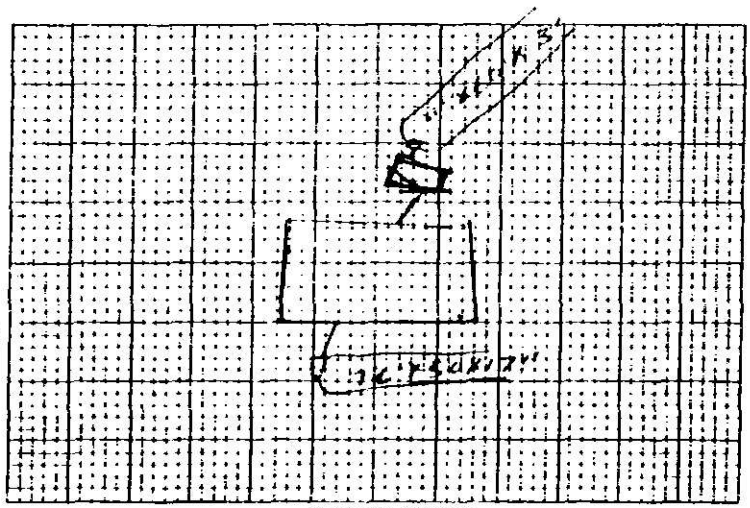
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 6434, dated 8-9-73 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 12/3/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ~~60~~ 45 mpi

Liquid Capacity of Tank 1500 ST WM

Tank Construction STC 15C

Absorption and/or Nitrification Lines:

Total Line Lenght PC

Number of Lines STC (11'x60'x3') WM 3 (7½'x50'x1')

Distance from House 10'

Distance from Property Line 10' min

Distance from Well City

NAME OF OWNER KEY HOMES INC.

LOCATION OF PROPERTY 8913 LARCHMONT CIR

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: R. Cuts

JAFD

Division or Section Head

L. D. Ingersoll

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

Serial 4375

C of A (s) No. 6439

Date Issued 1/15/74

T. C. No. _____

Map Date _____

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 Key Homes Inc. (For Sale) (LAST / FIRST / MIDDLE)

Location of Property 3913 LARCHMONT CIR

Application Number 6439 Permit Number 6439

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile ST 540 WM 150 Number of Lines ST 4(11'x60'x3') WM 3(24'x50'x12")

Depth of Filter Material WM 17" ST 36" Cover Depth 3'

Water Supply Source ~~[illegible]~~ CITY Distance from Water Source —

Excavation Inspected 1-15-74 (DATE) Tank Inspected 1-18-74 (DATE)

Nitrification Field Inspected 1-17-74 (DATE)

Washing Machine Line Inspected, If Applicable 1-18-74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: _____

Environmentalist

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

HEALTH DEPARTMENT'S COPY