Date Received 9/17/76

APT No. 6335

T. C. No. 001-297-11

Map Date 3-976

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mady Construction Company
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 3544 North Sharon Amity ZIP 28205

3) PHONE NO. Home _____ Office 568-7346

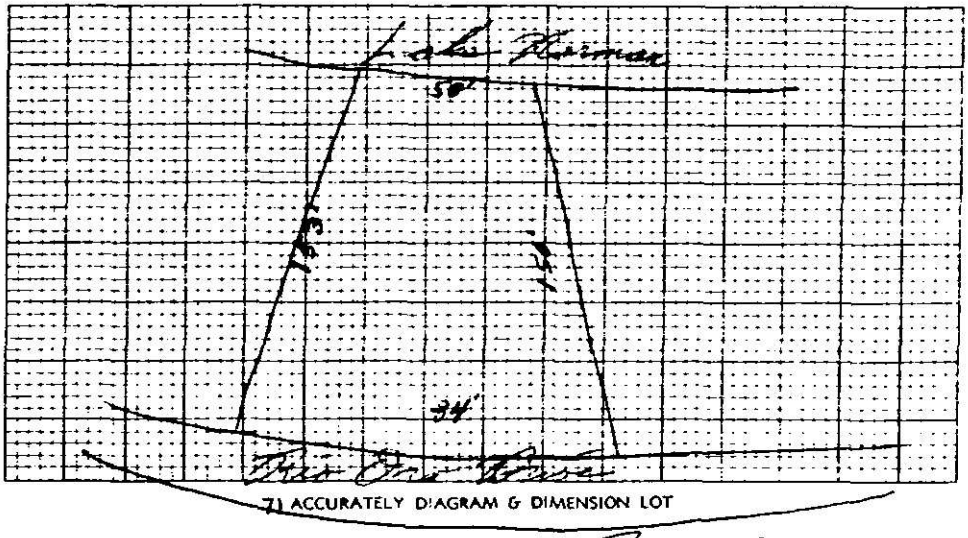
4) LOCATION OF PROPERTY Rio Vista Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Lake Bay LOT NO. 45 BLOCK NO. Sect #2

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

9-16-76

Donald E. Mays
OWNER

FORM NO EI-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation J. September 24, 1976 APT NO. 6335

Owner Mady Const. Co.

Location of Property Rio Oro lot No 45 TCN: 001-29 7-11

Soil Properties	Soil Suitability Ratings: Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	suitable 2-6%			
3. Soil Depth	suitable >48"			
4. Soil Texture	provisionally clay		suitable	
5. Soil Structure	provisionally blocky		suitable	
6. Restrictive Horizons	—			
7. Soil Drainage	suitable Water table > 6'			
8. Soil Permeability (Percolation Rate)	provisionally moderate 60min/in		suitable	
9. Other	—			
10. Overall Rating	provisionally		suitable	

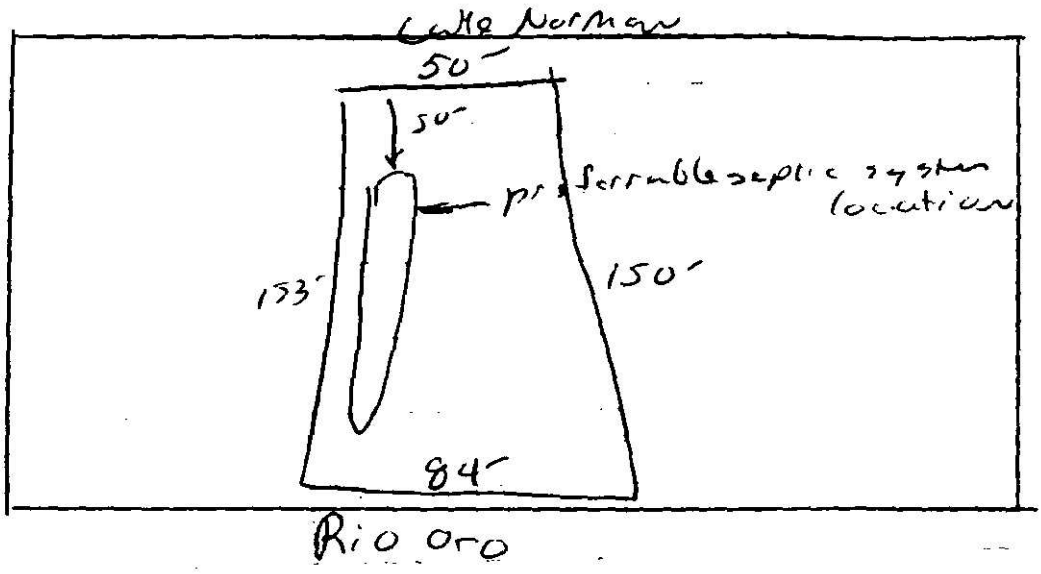
Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60min/in.

See diagram on back

W. Edward Conservant
Soil Scientist

3/18/75
KMD 539

DIAGRAM OF PROPERTY . . .



3/18/75

EM 339

Serial No. 172

PTR No. 6335

Date Issued June 5, 1973

T C No. 001-297-11

Map Date 4-27-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

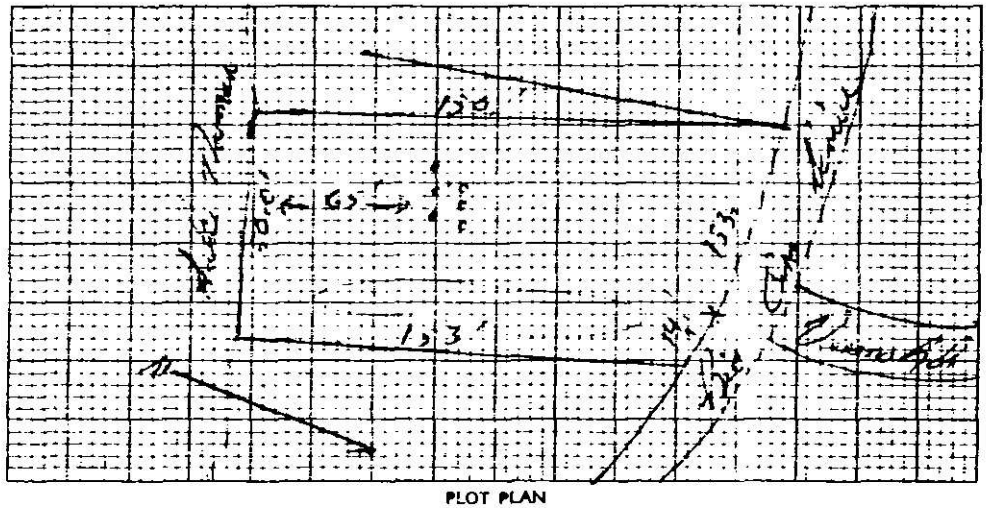
PERCOLATION TEST REPORT

NAME OF OWNER Anderson (LAST) Margaret (FIRST) P. (MIDDLE)

ADDRESS OF OWNER ~~6117 Colebrook Road~~ Rt. 1, Box 201, ZIP Matthews, N.C. 28105

LOCATION OF PROPERTY Rio Oro Road (STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay #II LOT NO. 45 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 R. Vinson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 10/4/76 — SEE INSTRUCTIONS ON BACK — ICARIS Application No 6335

T C No 001 397-11

Map Date 4-2773

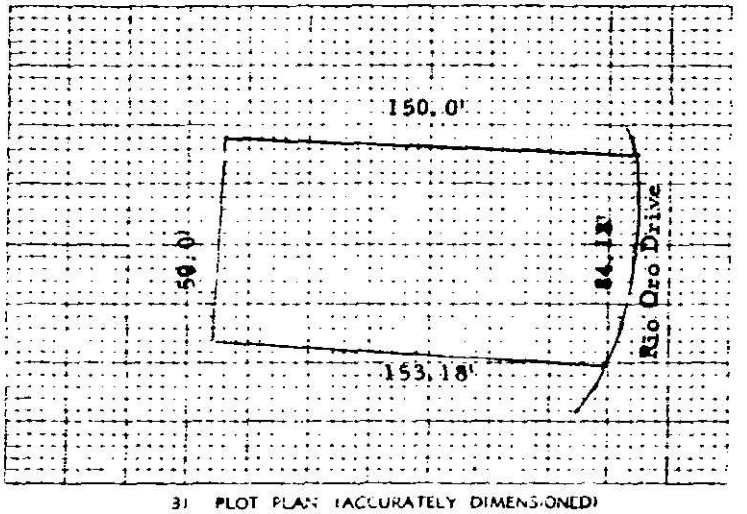
MECKLENBURG COUNTY COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED OCT 4 1976

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) X 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) Mobile Home ____ Yes X No
Residence ____ Yes X No

4) No of Bedrooms 3

5) Business Use — Max No Employees ____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply
A) Individual Well ____
B) Governmental System ____
C) Community System X
1 Well source ____
2 Governmental source ____

10) Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER Mady Construction Company (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 3549 N. Sharon-Amity Road, Suite 202, Charlotte, NC 28205

15) PHONE NO. Home ____ Office 568-7740

16) LOCATION OF SYSTEM Rio Oro Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Bahia Bay #II Lot No. 45 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 6/5/73 → 6/3

20) PTR NUMBER (See Instructions) 6335

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.

October 1, 1976
DATE OF APPLICATION

Ronald Mady
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 10/5/76

Serial No. 0210

IMPROVEMENTS PERMIT

LA No. 6335

T. C. No. 001-297-11

Map Date 4-27-73

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Mady Construction Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 3549 North Sharon Amity Road, Suite ZIP 202.

LOCATION OF LOT Rio Oro Road
(STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay II LOT NO. 45 BLOCK NO. _____

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 6335. 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 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.

D.M. Reynolds
Environmentalist

M.B. Kirby
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

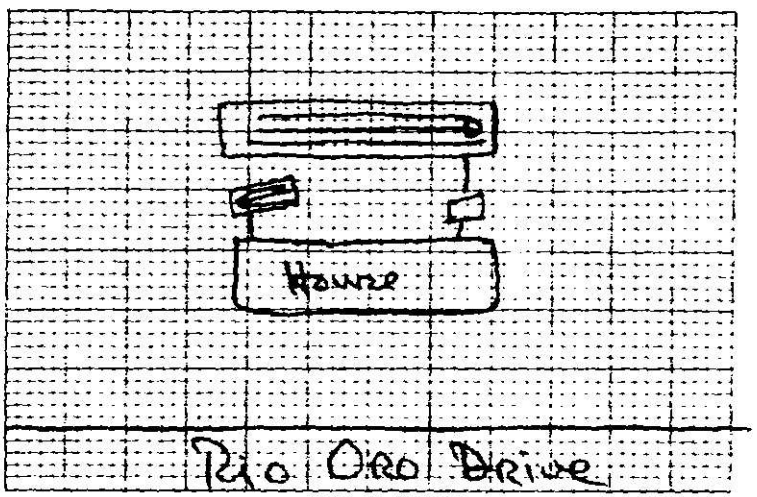
R

Date Issued 24 Feb 77 Serial No. 0524

ICAR(S) Permit No. 6335
T. C. No 001-297-11
Map Date 4-27-73

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 6335, dated 10 Oct 76 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 24 MAR 77 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and or Nitrification Lines.

Total Line Length 400' - 150'

Number of Lines 6 - 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER Mady Const. Co.

LOCATION OF PROPERTY 21600 Rio Oro Drive

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.

Comments: _____

Division or Section Head

A. 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 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 2 MAY 77

Serial No. 0512

C of A (s) No. 6335

T C No 001-297-11

CERTIFICATE OF COMPLETION

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 MHDY Const Co. (LAST / FIRST / MIDDLE)

Location of Property 21600 Rio Oso Dr

Application Number 6335 Permit Number 6335

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 400'-150' Number of Lines 6-3

Depth of Filter Material 34" Cover Depth 15"

Water Supply Source Community 2 MAY 77 Distance from Water Source 100'+

Excavation Inspected 2 MAY 77 (DATE) Tank Inspected 2 MAY 77 (DATE)

Nitrification Field Inspected 2 MAY 77 (DATE)

Washing Machine Line Inspected, If Applicable 2 MAY 77 (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 _____

R M Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy