Date Received 12-11-73

APT No. 7333
P.O.

T. C. No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

RECEIVED
DEC 1 1973
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BOB McLEMORE & CO., INC.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 7204 Matthews-Mint Hill Rd., Matthews, N.C. ZIP 28105

3) PHONE NO. Home _____ Office _____

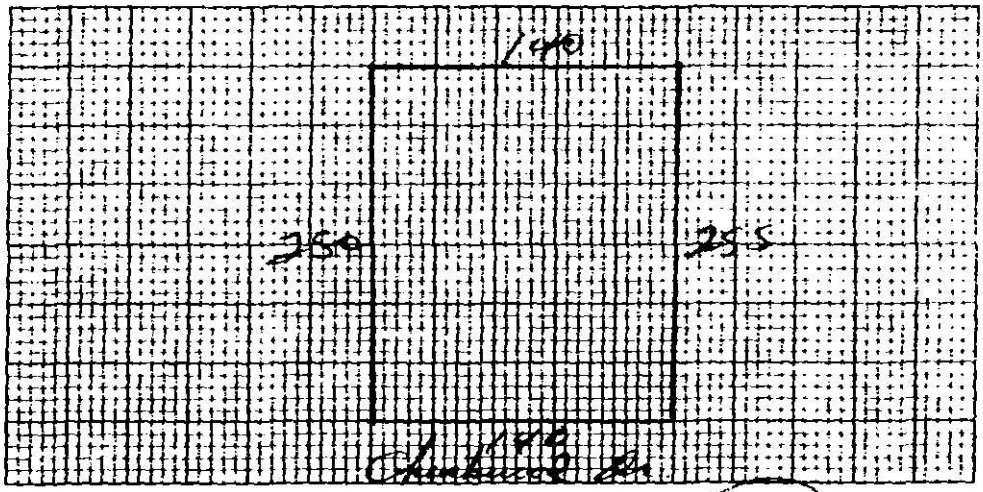
4) LOCATION OF PROPERTY CHUCKWOOD DRIVE
(STREET OR COUNTY ROAD)

5) SUBDIVISION FARMWOOD 9 LOT NO. 11 BLOCK NO. K

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

OWNER [signature]

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3921

PTR No 7333
P.O.
T C No 135-351-01

Date Issued January 2, 1974

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

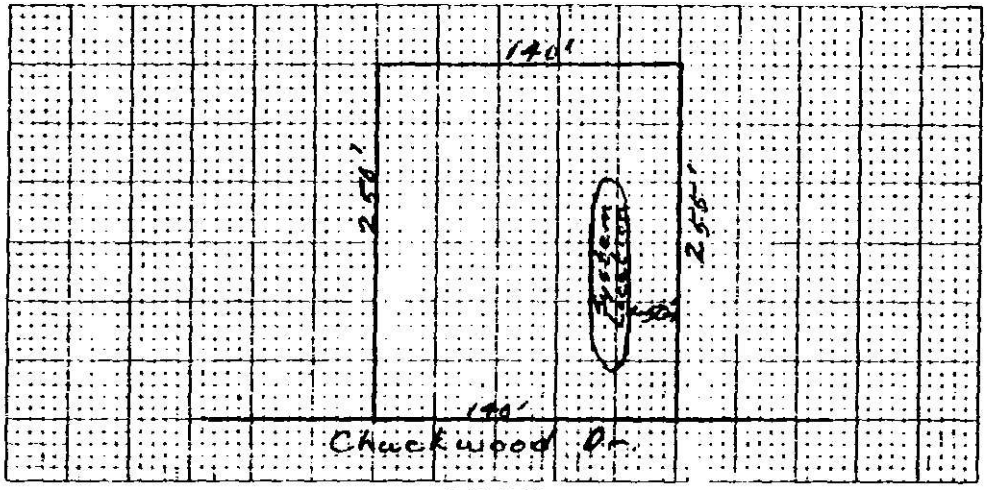
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 7204 Matthews-Mint Hill Rd. ZIP 28105

LOCATION OF PROPERTY Chuckwood Drive
STREET OR COUNTY ROAD

SUBDIVISION Farmwood 9 LOT NO 11 BLOCK NO K



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 sub surface, 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 determined by soil analysis.**

W. Everette Crumpton
Soil Scientist

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

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6-26-74

ICAR(S) Application No 7333

T C No 135-35-01

Map Date 1-5-73

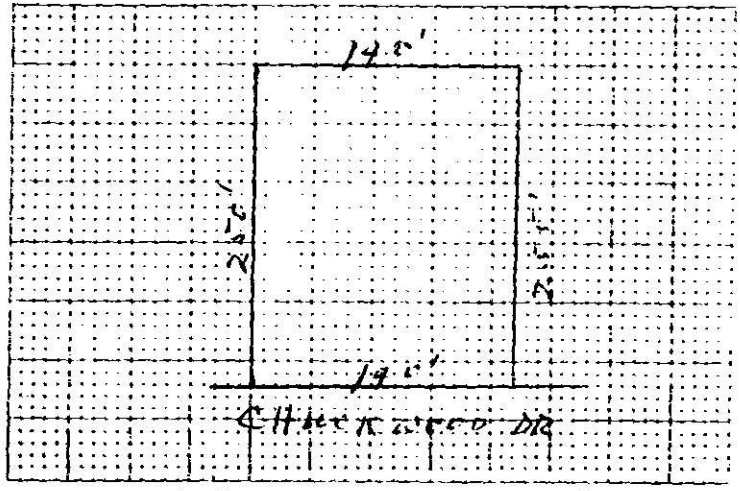
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 Bedrooms 3

5) Is the Use Seasonal No
Explain

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water supply
A) Individual dug
B) Government
C) Community System
1) Well
2) Government

Sewage System
Has property been approved for use of public sewer Yes No
Does location of house permit future connection to community sewer Yes No

10) FHA Case No.

11) VA Case No.

13) NAME OF OWNER Bob Mangum - ACC Inc
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. 2546 Char, N.C. 28212

15) PHONE NO Home Office 545-4111

16) LOCATION OF SYSTEM 4546 Chuckwood Dr.
STREET OR COUNTY ROAD

17) SUBDIVISION Parkwood - 9 Lot No 11 Block No K

Map Book No. Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN SB 7-7-60

20) PTR NUMBER (See Instructions) 7333

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.

6-26-74
DATE OF APPLICATION

OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 27, 1974

Serial No. 4217

LA No 7333
P.O.
T C No 135-351-01

IMPROVEMENTS PERMIT

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 Bob McLemore & Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 25746 ZIP 28212

LOCATION OF LOT 4546 Chuckwood Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 9 LOT NO 11 BLOCK NO K

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 7333. 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-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued [illegible]

Serial No. 5855

ICAR(S) Permit No. 7333

T C No [illegible]

Map Date [illegible]

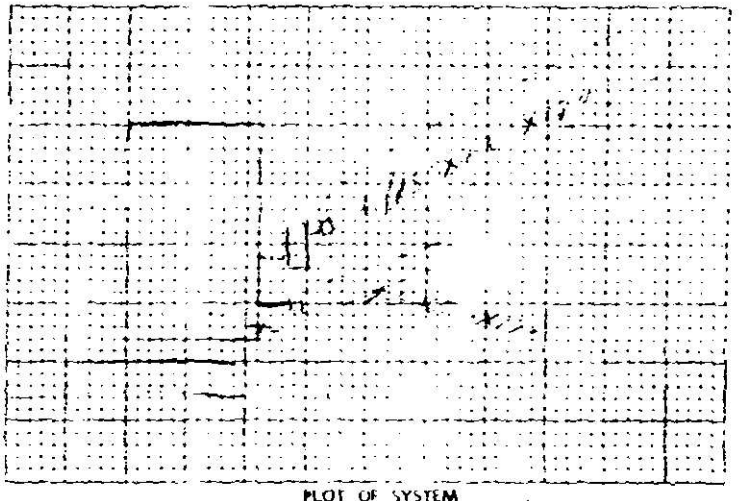
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [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 [illegible] dated [illegible] 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 [illegible]

Division or Section Head [illegible]

Environmentalist [illegible]

* 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.

REV. 5-5-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5366

C of A (s) No. 233

Date Issued 4/15/74

T.C No 1C 134 30-C

Map Date 1/1

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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Date:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected 10/15/74 (DATE)

Nitrification Field Inspected 10/15/74 (DATE)

Washing Machine Line Inspected, If Applicable 10/15/74 (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: _____

_____

_____

_____

_____

Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY