Date Received 6/3/74 Apx. No. (S) _____ Application No. (W) 7149

T. C. No. 139-416-10

Map Date 1-3-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Heafner (LAST) Douglas (FIRST) Ross (MIDDLE)

ADDRESS OF OWNER 308 Sunny Lane Indian Trail N.C. ZIP 28079

PHONE NO. Home 704-753-1778 Office _____

LOCATION OF PROPERTY Valmere Dr. (STREET OR COUNTY ROAD)

SUBDIVISION Rickwood Estates LOT NO. 17 BLOCK NO. _____

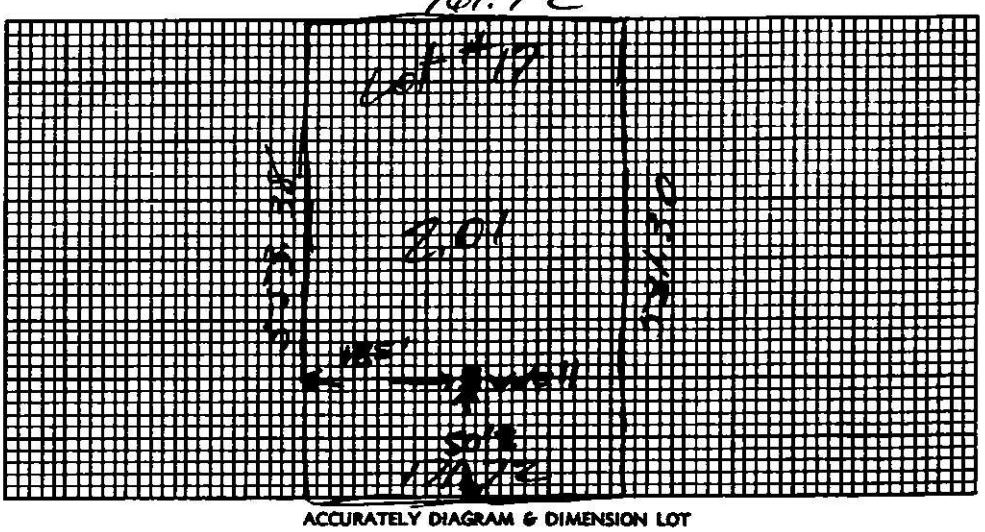
MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN ____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN ____

WELL CONTRACTOR Mullis Well Drillers LICENSE NO. 346

Rt 1 Box 422 Chor. 28212

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

_____ (DATE OF APPLICATION)

Douglas Heafner (OWNER)

Application approved and permit hereby granted

Permit No: 7149

L P Bridgeman (ENVIRONMENTALIST)

FORM NO. E-28-S-1-73

HEALTH DEPARTMENT'S COPY

Date Received 10-22-73

APT No. 7149

T. C. No. 135-112-02

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

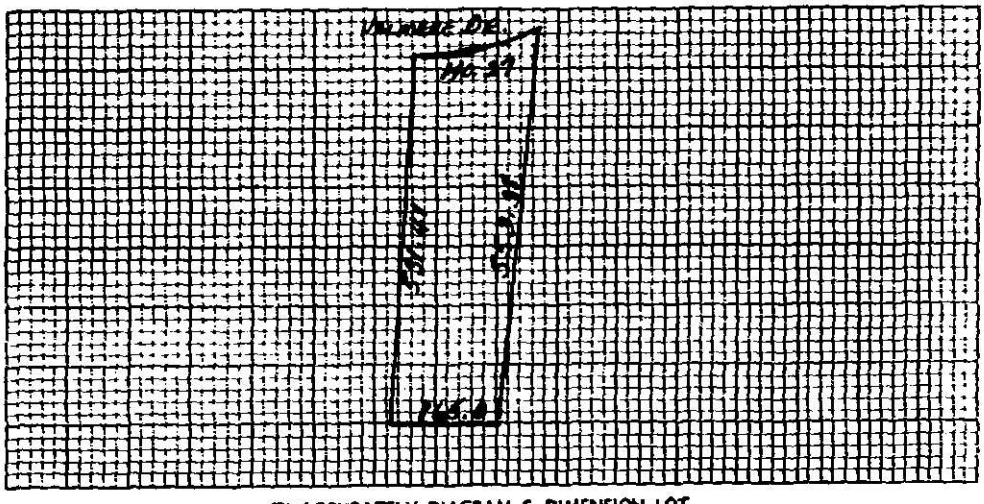
4) LOCATION OF PROPERTY Lot 67 - Valmere Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Eastside Estates Addition LOT NO. 67 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-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3745

PTR No. 7149
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

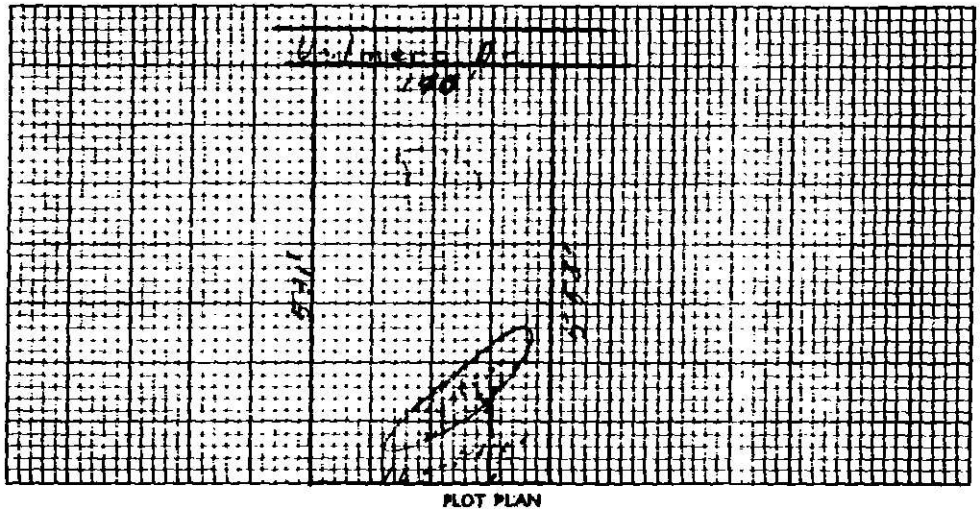
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 1740 East Independence Blvd. ZIP

LOCATION OF PROPERTY Valmere Drive (STREET OR COUNTY ROAD)

SUBDIVISION Eastside Estates LOT NO. 67 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. Everette Lyons, Jr. Soil Scientist

John Robinson
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 6/30/76

ICAR(S) Application No. 7149

T. C. No. 139-J16-10

Map Date 1-30-76

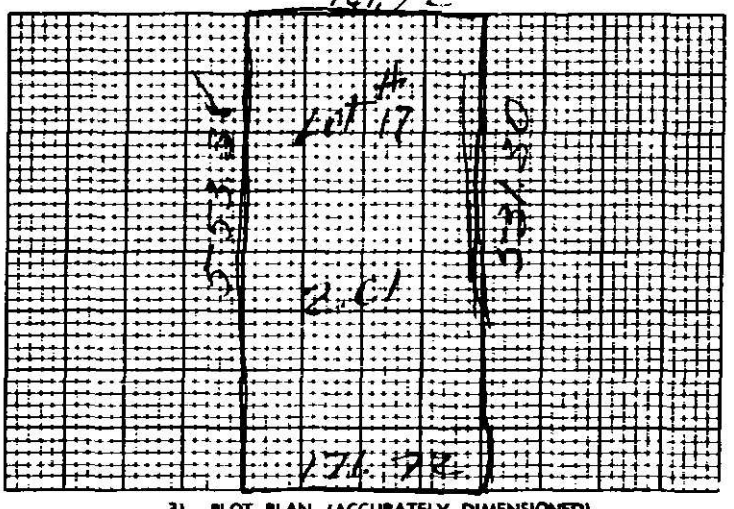
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 X
B) Governmental System ____
C) Community System:
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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home 704-[illegible] Office ____

16) LOCATION OF SYSTEM Valmere Dr. (STREET OR COUNTY ROAD)

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

Map Book No. 139 Page No. 11

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN 10-25-73

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 [illegible]
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 6/30/76

Serial No. 6049

IMPROVEMENTS PERMIT

LA No. 7149

T. C. No. 139-116-10

Map Date 1-30-76

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 Heafner (LAST) Douglas (FIRST) Ross (MIDDLE)

ADDRESS OF OWNER 308 Surry Lane, Indian Trail, N. C. ZIP _____

LOCATION OF LOT Valmere Drive (STREET OR COUNTY ROAD)

SUBDIVISION Ridgewood Estates LOT NO. 17 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 _____, 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 7149. 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.

L P Brisseman
Environmentalist

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

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 9-30-76

Serial No. 0256

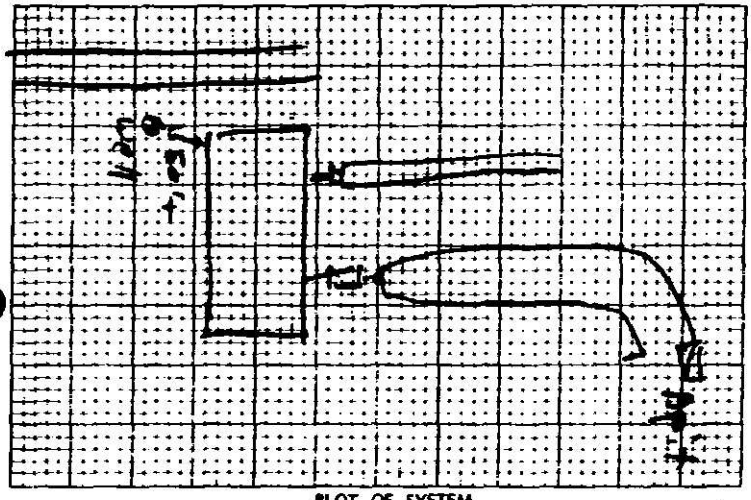
ICAR (S) Permit No. 7149

T. C. No. 139-116-10

Map Date 1-30-76

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 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 7149, dated 9-30-76 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 11/1/76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

OPTION-1500 gal

Liquid Capacity of Tank 1000

Tank Construction RC.

Absorption and/or Nitrification Lines ST W M

Total Line Length 400 x 2 150

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER DOUGLAS R. HEAFNER

LOCATION OF PROPERTY VALMERE 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.

Comments: OPTION 3 (7½' x 50' x 17"

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

Serial No. 0247

C of A (s) No. 139-116-10

Date Issued 10/4/76

T. C. No. 1-30-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

M.D.H.

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner HEAFNER (LAST) DOUGLAS (FIRST) F. (MIDDLE)

Location of Property VALMERE DR

Application Number 7149 Permit Number 7149

Inspection Data:

Liquid Capacity of Tank 1000 gal (ST) (WM) Tank Material PC

Total Length of Drain Tile 400 150 Number of Lines 3T 4 WM 2

Depth of Filter Material 17" Cover Depth 18" - 24"

Water Supply Source INDIV. Distance from Water Source 100+'

Excavation Inspected 10/4/76 (DATE) Tank Inspected 10/4/76 (DATE)

Nitrification Field Inspected 10/4/76 (DATE)

Washing Machine Line Inspected, If Applicable 10/4/76 (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 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: _____

H. WATT

R. B. Burgess

Environmentalist

EHD-5-76

Environmental Health Department's Copy