Date Received 1-10-74

MECK COUNTY HEALTH DEPT.
RECEIVED
JAN 1974
ENVIRONMENTAL HEALTH DIVISION

APT No. 7414
T. C. No. 485-112-01
Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Office Properties, Inc.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 4705 Park Rd., Charlotte, N. C. ZIP 28209

3) PHONE NO. Home _____ Office 523-2818

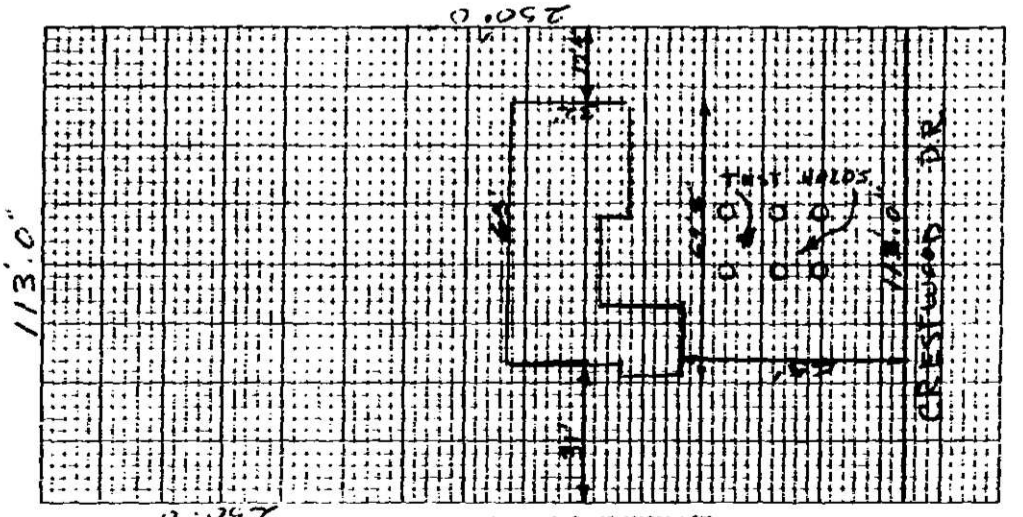
4) LOCATION OF PROPERTY 10031 Crestwood Drive, Matthews, N. C.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Lake Providence Estates LOT NO. 16 BLOCK NO. 1

MAP BOOK NO none PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 3451 PAGE NO. 569

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

Office Properties, Inc.
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 4003

PTR No 7414
P.O.
T C No 225-112-01

Date Issued January 18, 1974

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

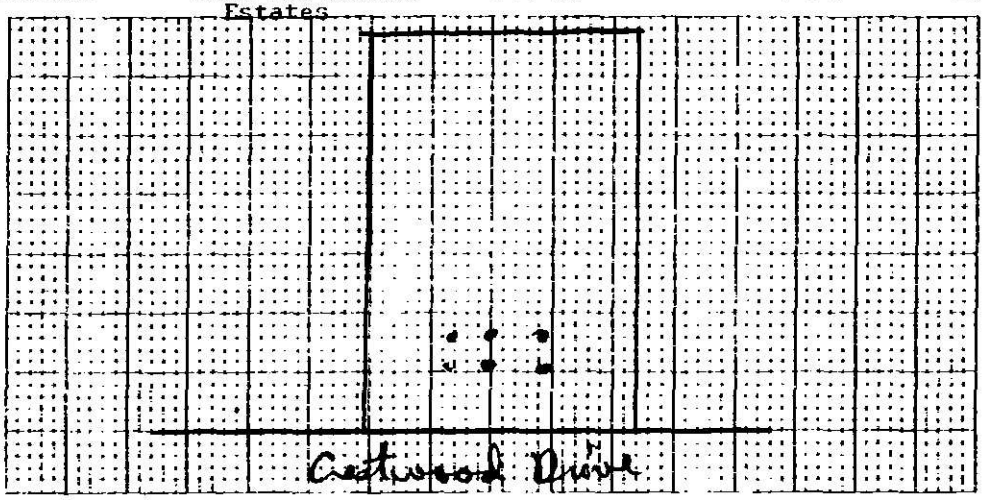
PERCOLATION TEST REPORT

NAME OF OWNER Office Properties, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 4705 Park Road ZIP 28209

LOCATION OF PROPERTY 10031 Crestwood Drive, Matthews, N. C. 28105
(STREET OR COUNTY ROAD)

SUBDIVISION Lake Providence Estates LOT NO 16 BLOCK NO 1



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 water 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 Adkisson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-22-74

ICAR(S) Application No 7414

T C No 225-112-01

Map Date 12-14-73

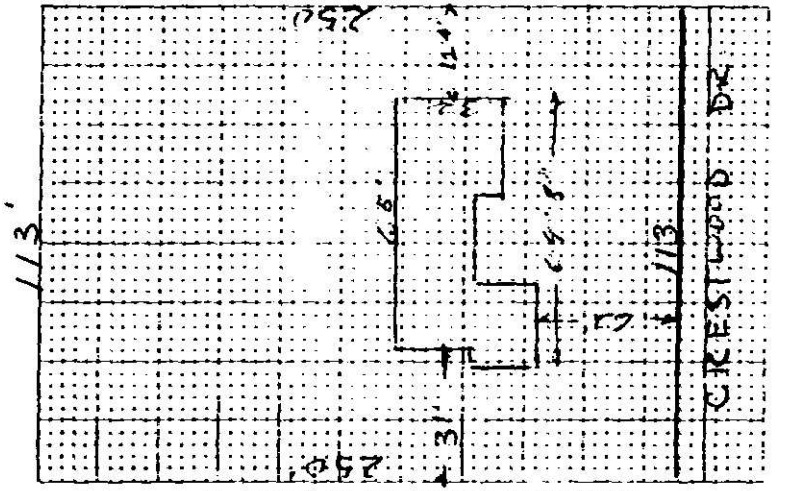
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use Max No. Employees

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher X Yes No

9) Water Supply
A) Individual Well yes
B) Government System
C) Community System
1) Well System
2) Government System
Private System
Distance from nearest source of public water Yes X No
House Sewer to nearest community sewer Yes X No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Office Properties, Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 4705 Park Road, Charlotte, N. C. 28209

15) PHONE NO Home ____ Office 523-2818

16) LOCATION OF SYSTEM 10031 Crestwood Drive, Matthews, N. C.
STREET OR COUNTY ROAD

17) SUBDIVISION Lake Providence Est. Lot No 16 Block No 1

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 3451 AT PAGE 569

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 1-17-74 PR 60

20) PTR NUMBER (See Instructions) 7414

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.

January 21, 1974
DATE OF APPLICATION

Office Properties, Inc.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3799

LA No. 7414

P.O.

Date Issued January 23, 1974

T C. No. 225-112-01

IMPROVEMENTS PERMIT

Map Date 12-14-73

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 Office Properties, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 4705 Park Road ZIP 28209

LOCATION OF LOT 10031 Crestwood Drive, Matthews, N.C.
(STREET OR COUNTY ROAD)

SUBDIVISION Lake Providence Estates LOT NO 16 BLOCK NO. 1

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 7414. 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

John R Atkesson

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4-24-75 Serial No. 3213 ICAR(S) Permit No. 7414

T C No. 225-112-01

Map Date 12-14-73

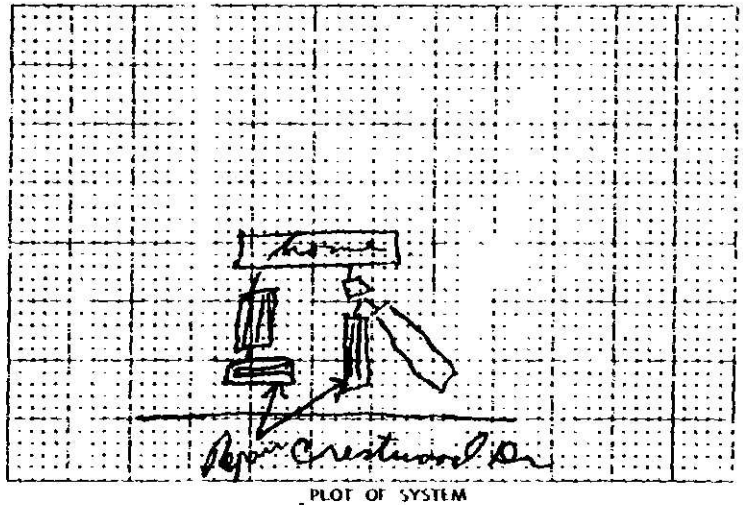
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 hereinafter at the described location. This permit is granted based upon the information supplied in application 2914, dated 4-14-75 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 5-24-75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Length 100'+50' 150 Sq. Ft. 2(5'x16'x36") Trn

Number of Lines 4(10'x3½'x7")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Jim Wells

LOCATION OF PROPERTY 10031 Crestwood 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: Staple

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 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. 5-1 E-5-8-1-72

Assistant Director

Date Issued 3 June 75 **Serial No.** 5944 C of A (s) No. 7414

T C No 225-16-01

Map Date 12-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Wells, Jim (LAST, FIRST, MIDDLE)

Location of Property 10031 Creatwood Dr.

Application Number 7414 Permit Number 7414

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' & 150' Number of Lines (2) & (4)

Depth of Filter Material 36" & 17" Cover Depth 48"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 3 June 75 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3 June 75 (DATE)

Washing Machine Line Inspected, If Applicable 3 June 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

E. McReynolds
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT

Date Issued 5 Jan 74

Serial No. 5300

ICAR(S) Permit No. 7414

P.O T C No 225-112-01

Map Date 14 Dec 73

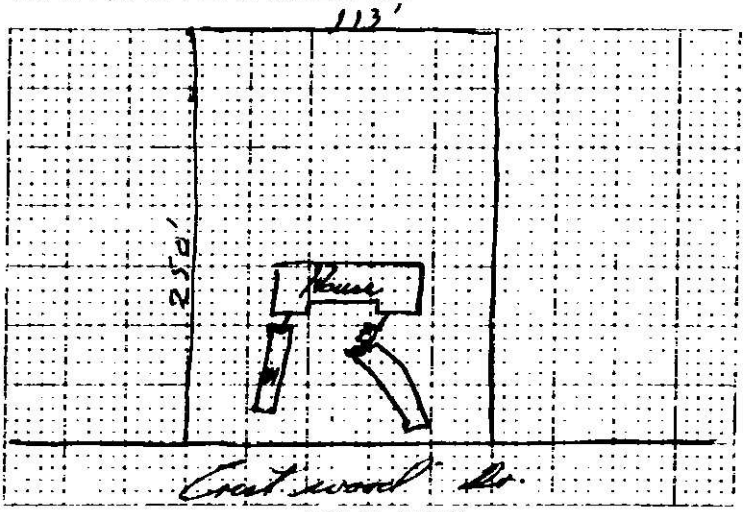
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7414 dated 21 Jan 74 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 5 July 74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600' + 150' WM
C10½ x 18" x 18"

Number of Lines 6 (25' x 50' x 36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Office Properties, Inc.

LOCATION OF PROPERTY 10031 Coatesdale Drive

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 Staple (Control)

Division or Section Head

Environmentalist W. A. Busby

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

E-5-9-1-72

Serial No. 4975

C of A (s) No 7414

Date Issued 21 June 74

T C No 225-112-01

Map Date 14 Jun 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 LAST Office Properties, Inc. FIRST MIDDLE

Location of Property 10031 East Broad Drive

Application Number 7414 Permit Number 7414

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600' + 150' Lines Number of Lines 4 (10' x 37' x 17") 6 (15' x 50' x 36")

Depth of Filter Material 17" + 36" Cover Depth 18-24"

Water Supply Source Land Well Distance from Water Source 60'

Excavation Inspected 21 June 74 DATE Tank Inspected 21 June 74 DATE

Nitrification Field Inspected 21 June 74 DATE

Washing Machine Line Inspected, If Applicable 21 June 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 or controlling 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 as well as 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 Maple (Cleate)

M. A. Beaty
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT 5 COPY

Date Received 4/1/75 | RECEIVED | CAR(S) Application No. 7414

T. C No. 225-112-01

Map Date 12-14-73

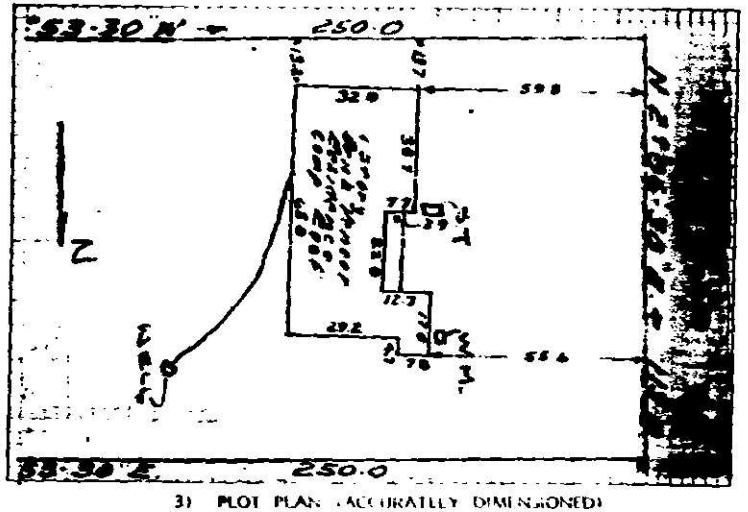
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ✓
- B) Governmental System ____
- C) Community System:
  - 1 Well source ____
  - 2 Governmental 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 [illegible] JAMES DONALD (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER [illegible] TWOOD DR

15) PHONE NO Home 8-4 [illegible] Office 803-547-2201

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

17) SUBDIVISION [illegible] Lot No 16 Block No. 1

Map Book No [illegible] Page No ____ ATTACHED - 2 COPIES & SURVEY

18) DEED REFERENCE -- DEED BOOK 3620 AT PAGE 0447

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1-18-74

20) PTR NUMBER (See Instructions) 7414 - (MAP DATE - 12-14-73)

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: ____

[signature] OWNER

FORM NO. E 4 4[illegible]

HEALTH DEPARTMENT'S COPY