Date Received 2-19-73

APT No. 5593

T. C. No. 135-25A-05

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Bob McLemore + Co (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 1129 Reddick Rd ZIP

3) PHONE NO Home Office 525-4507

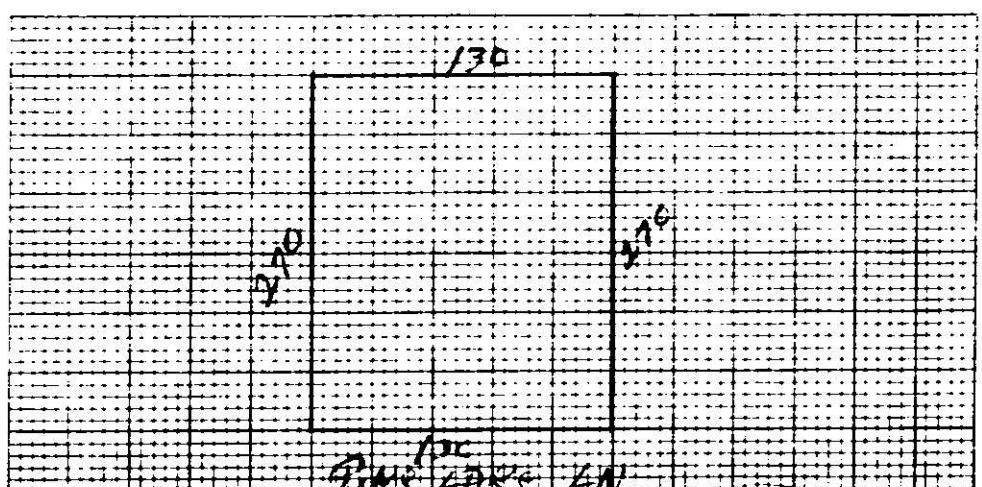
4) LOCATION OF PROPERTY Pine Lake Lane (STREET OR COUNTY ROAD)

5) SUBDIVISION Fairwood VI LOT NO 15 BLOCK NO. H

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

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

HEALTH DEPARTMENT'S COPY

Serial No.

PTR No. 5593

T C No 135-25-06

Map Date 12-15-72 5-9-74

Date Issued April 9, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

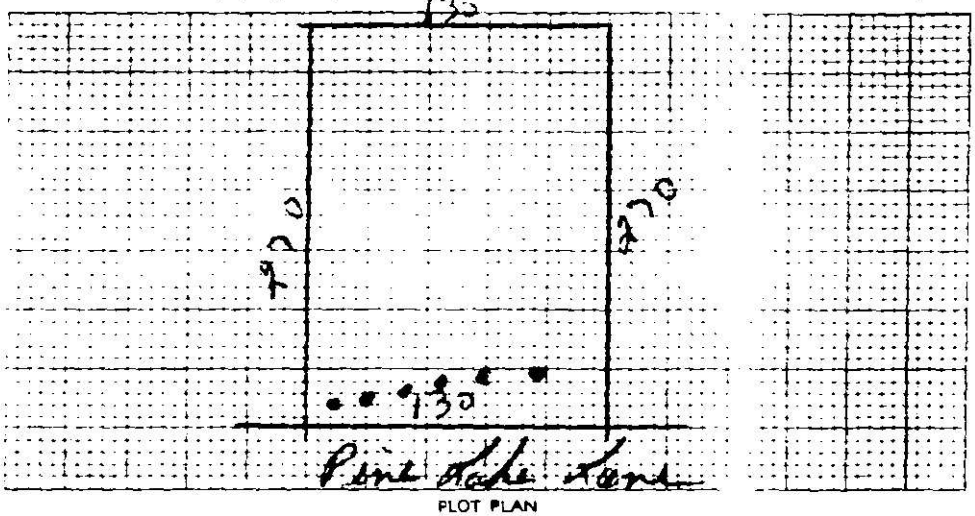
PERCOLATION TEST REPORT

NAME OF OWNER Bob McLemore & Company, Inc.
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 6123 Lebanon Road, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Pine Lake Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood II LOT NO 15 BLOCK NO. H



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. Henson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 10-26-73

RECEIVED ICARIS Application No 5593

T C No 135-25[illegible]06

Map Date ~~3-1-70~~ 3-1-70

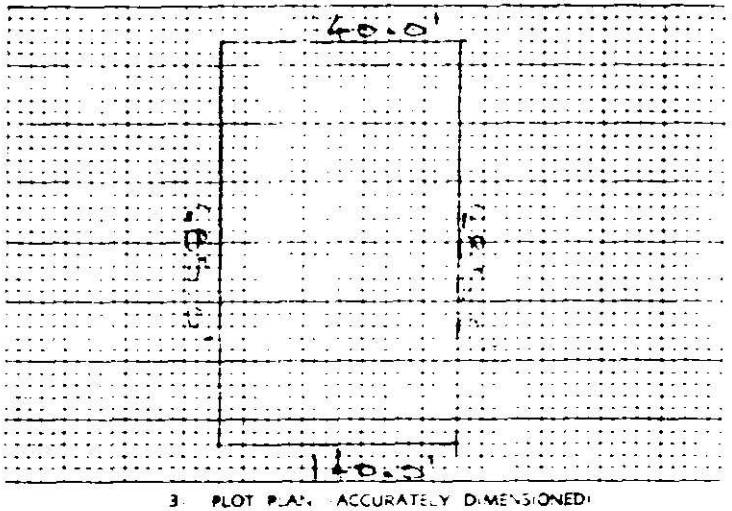
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible]

B [illegible]

C [illegible]

We [illegible]

2 [illegible]

[illegible]

[illegible]

[illegible]

[illegible] Yes ___ No

FHA Case No. ___

VA Case No. ___

13) NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] LAKE [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 [illegible] AT PAGE [illegible]

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 9-6-73 SR 760

20) PTR NUMBER (See Instructions) 5593

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.

10-24-73
DATE OF APPLICATION

[signature] V.P.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 26, 1973

Serial No. 3562

IMPROVEMENTS PERMIT

LA No. 5593

T. C. No 135-29~~4~~-05

Map Date 5-9-74 ~~12-16-72~~

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 & Company, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6129 Lebanon Rd., Matthews, N.C. ZIP 28105

LOCATION OF LOT 7212 Pine Lake Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood VI LOT NO 15 BLOCK NO H

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/inch 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 5593. 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

Thomas R. Ward
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]7

ICAR (S) Permit No 5593

Date Issued 25 Feb 74

T C No 135-25-06

Map Date 5-1-74

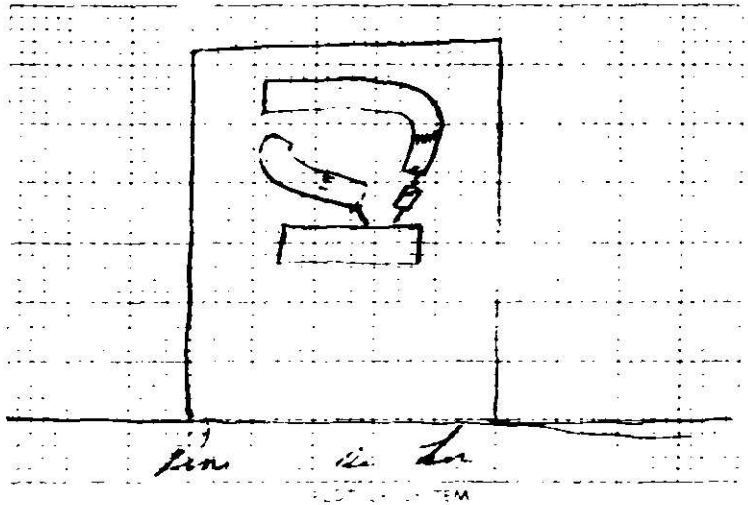
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to [illegible] Install or Construct Alter or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as specified herein at the location described on the permit is granted based upon the information supplied in application [illegible] dated 2/22/74 and this permit shall be void and of no effect if the work is not completed in the manner described in the application and in accordance with the regulations governing same. All work shall be completed on or before 25 Feb 74 after which date this permit shall be null and void.



Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Type Construction PC

Absorption Area Provided

Trench Length 600 ft (15 lines 4 ft wide 3 ft 4 in wide with 3 ft 4 in)

Number of Lines 15 (15 lines 4 ft wide with 3 ft 4 in)

Distribution House 10

Distribution Box

Relief Line 12

Distribution Method

PLOT PLAN OF SYSTEM

NAME OF OWNER Mr. & Mrs. Lonnie L. G. Lee

LOCATION OF PROPERTY 7212 Kim Lake Lane (Lot 15 Blk H)

This approval is subject to 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 unapproachable or can be used.

Comments Lonnie Lee

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 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 E-5-B-1-72

HEALTH DEPARTMENT'S COPY

Serial 4490

C of A (s) No. 5593

Date Issued 1 Mar 74

T C No. 135-25 5-9-74

Map Date 1-15-72

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

Location of Property 9212 Lone Tree Lane (Lot 15-H)

Application Number 5593 Permit Number 5593

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC (3 @ 4' x 50' x 17")

Total Length of Drain Tile 600' + 150' Wm Number of Lines 6 (5 @ 100' x 17")

Depth of Filter Material 12" Cover Depth 18

Water Supply Source Community Distance from Water Source

Excavation Inspected 1 Mar 74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 1 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable 1 Mar 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: Shared (Cont.)

M. A. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 4/24/75

ICAR(S) Application No. 5543

T. C. No. 35-254-05

Map Date 5-9-74

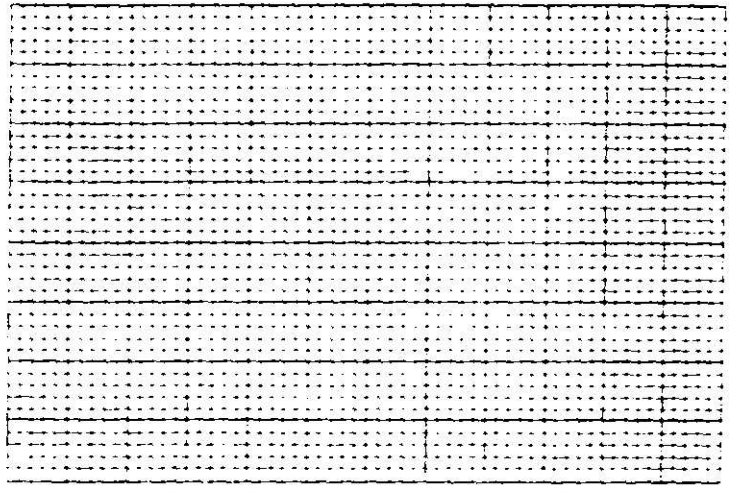
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) XXX 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 4

5) Business Use - Max No Employees ___

6) Washing Machine ___Yes ___No

7) Garbage Disposal ___Yes X No

8) Dishwasher X Yes ___No

9) Water Supply
- A) Individual Well ___
- B) Governmental System ___
- C) Community System
  - 1) Well source XXX
  - 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 ___No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Hefferman (LAST) Patrick (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER 7212 Pine Lake Lane, Charlotte, N. C.

15) PHONE NO Home 545-5875 Office ___

16) LOCATION OF SYSTEM 7212 Pine Lake Lane, Charlotte, N. C. (STREET OR COUNTY ROAD)

17 SUBDIVISION Fernwood Lot No. 15 Block No. H

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19 HAS A PERCOLATION TEST BEEN RUN? X 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. **The undersigned person authorizes Bob McLemore & Co. to make repairs to above septic system.**

DATE OF APPLICATION

OWNER Mrs. P. J. Hefferman

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

HEALTH DEPARTMENT'S COPY

Date Issued 4-23-75 Serial No. ICAR (S) Permit No. 5593

T C No 135-29405

Map Date 5-9-74

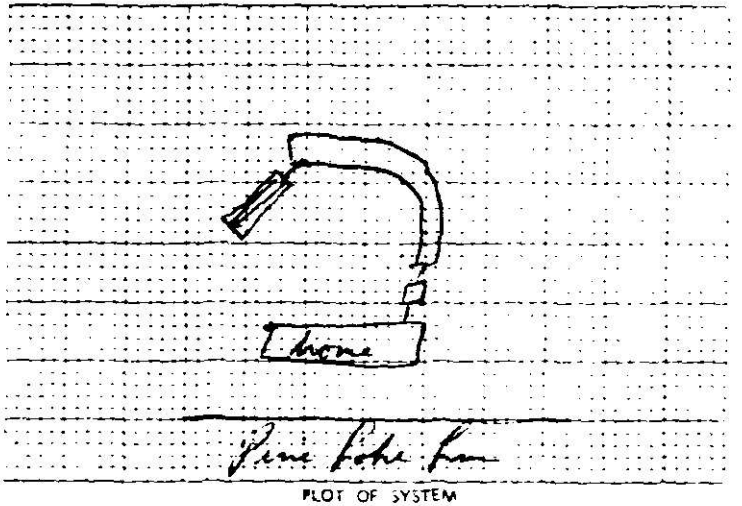
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ dated ___ 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 5-23-75 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 40'

Number of Lines 2 (5 x 10 x 36")

Distance from House 10

Distance from Property Line 10

Distance from Well Comm

NAME OF OWNER Jefferson, P. J.

LOCATION OF PROPERTY 7212 Pine Lake Ln

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 Shared

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 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-5-8-1-72

Date Issued 5-7-75 **Serial No.** C of A (s) No 5593

T C No 135-254-05

Map Date 5-9-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Heffernon P J (LAST, FIRST, MIDDLE)

Location of Property 7212 Pine Lake

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 40' Number of Lines 2(5 x 10' x 36")

Depth of Filter Material 36" Cover Depth 15"

Water Supply Source Comm Distance from Water Source _____

Excavation Inspected 5-7-75 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 5-7-75 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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 replaced 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 shall in no 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 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 Sherrill

Environmentalist

FORM NO E-6-9-1-72

...LTH DEPARTMENT'S COPY