Date Received 4-29-74

Application No. 5405

T. C. No. 035-177-05

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Starcrest Development Co
LAST FIRST MIDDLE

ADDRESS OF OWNER 6725 Old Providence ZIP 28211

PHONE NO. Home _____ Office 366-2243

LOCATION OF PROPERTY Fairview Crest Drive
STREET OR COUNTY ROAD

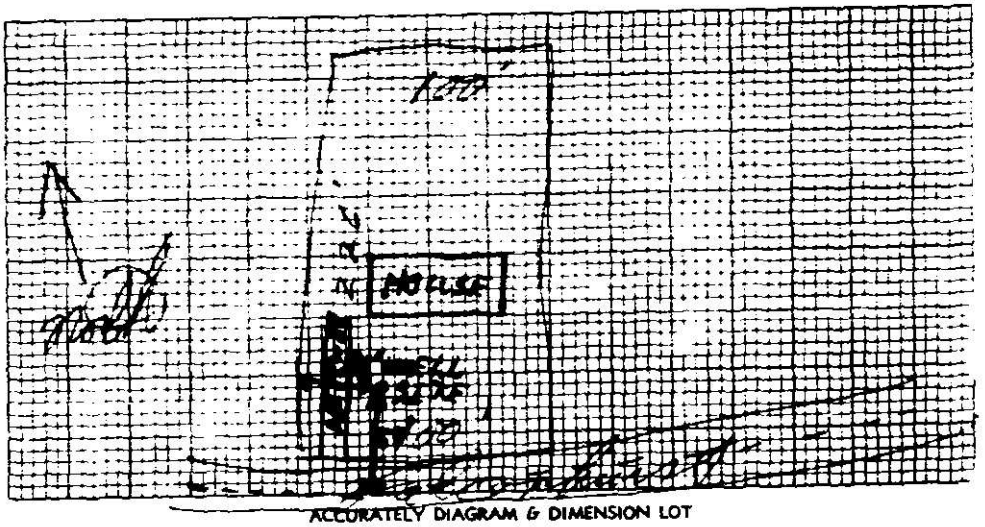
SUBDIVISION Westchester LOT NO. 10 BLOCK NO. 3

MAP BOOK NO. 9 PAGE NO. 325

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Hart Well Drilling LICENSE NO. _____

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

4-29-74
DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 5405

ENVIRONMENTALIST

HEALTH DEPARTMENT'S COPY

FORM NO. E-20-8-1-72

Date Received 1-2-73

APT No. 5405

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Charlotte Development Company
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 6725 Old Providence Road, Charlotte, N. C. ZIP 28211

3) PHONE NO Home 525-4121 Office 366-2283

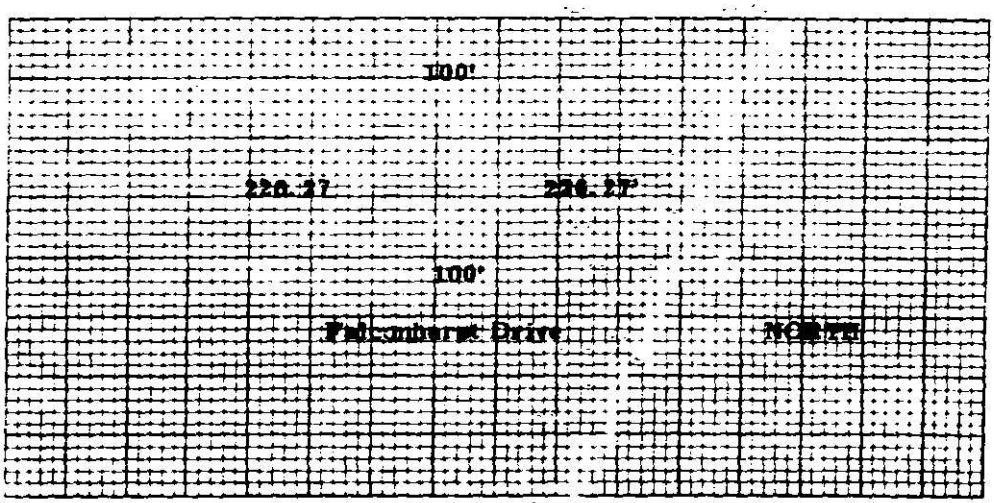
4) LOCATION OF PROPERTY Falconhurst Drive
(STREET OR COUNTY ROAD)

5) SUBDIVISION Westbourne LOT NO. 10 BLOCK NO. 2

MAP BOOK NO. 9 PAGE NO. 325

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

CHARLOTTE DEVELOPMENT CO.

OWNER

12-29-72

FORM NO. 8-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]86

PTR No. 5405

T C No. 035-177-05

Date Issued April 27, 1973

Map Date 8-9-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

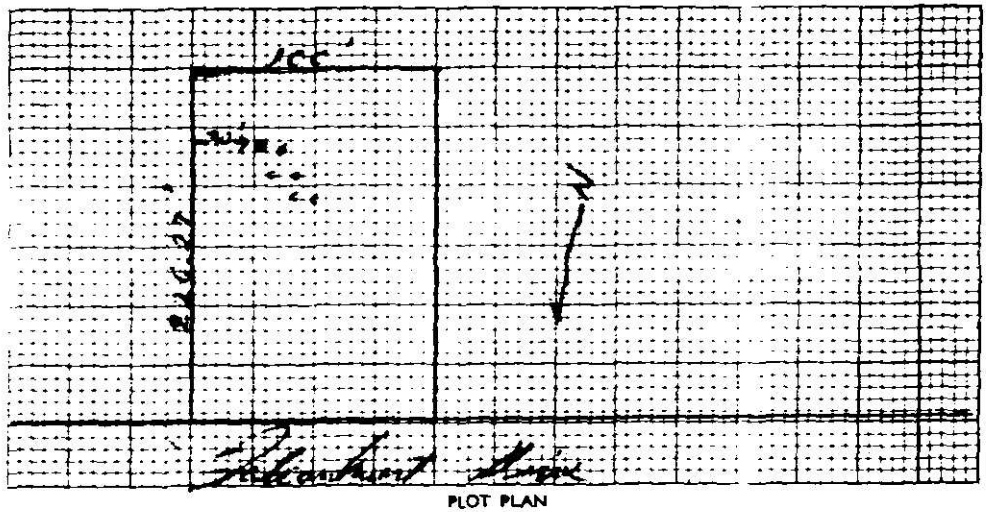
PERCOLATION TEST REPORT

NAME OF OWNER Charlotte Development Company (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6725 Old Providence Road ZIP 28211

LOCATION OF PROPERTY Falconhurst Drive (STREET OR COUNTY ROAD)

SUBDIVISION Westbourne LOT NO 10 BLOCK NO 2



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.

John R Atkinson

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 5-2 73

ICAR(S) Application No 5405

T C No 035-177-05

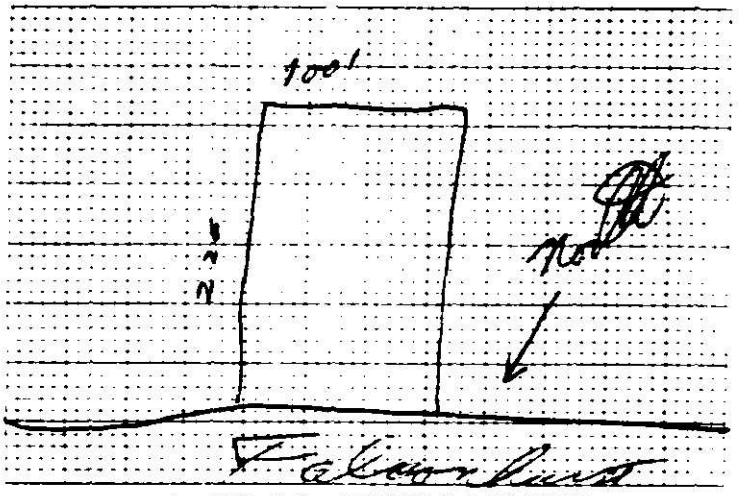
Map Date 8 72

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 or part 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



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No of Bedrooms 3

5 Business Use Water Employees

6 Washing Machine Yes No

7 Garbage Disposer Yes No

8 Dishwasher Yes No

9 Water Softener

A Regeneration

B Garbage

C Commercial

Water

Yes

No

(10) NAME OF OWNER Charlotte Development Co.
LAST FIRST MIDDLE

(11) ADDRESS OF OWNER 6725 Old Providence

(12) PHONE NO Home 525-4121 Office 366-2283

(13) LOCATION OF SYSTEM Falconhurst Drive
STREET OR COUNTY ROAD

(14) SUBDIVISION Westborne Lot No 10 Block No 2

Map Book No ____ Page No. ____

(15) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

(16) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 4-26-73 RD GC

(17) PTR NUMBER (See Instructions) 5405

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 hereunder shall be revoked and of no effect if any of the above facts are not true.

5-2-73
DATE OF APPLICATION

Charlotte Development Co
P O Mayes V-P
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 3, 1973

Serial No. 2877

LA No. 5405

T. C. No. 035-177-05

Map Date 8-9-72

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 Charlotte Development Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6725 Old Providence Road ZIP

LOCATION OF LOT Falconhurst Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Westbourne LOT NO 10 BLOCK NO 2

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 5405. 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-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 25 April 74 Serial No. [illegible]24 ICAR(S)-Permit No. 5405

T C No. 35-177-05

Map Date 8-9-72

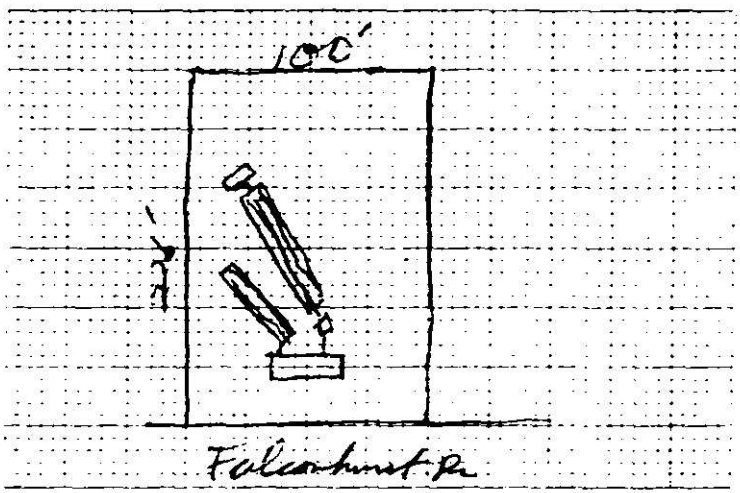
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 following septic tank wastewater treatment system with subsurface soil absorption effluent discharge on the land herein at the described location. This permit is granted based upon the information supplied in application dated 5-3-74 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 25 May 74 after which date this permit shall be null and void



PLOT OF SYSTEM

Perc. Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 400' & 150 lin ft (12½ x 60' x 17") 3 (7½ x 50' x 17")

Depth from House 10'+

Depth from Footing 6'+

Distance from Well 65'+

NAME OF OWNER Charlotte Development Co

LOCATION OF PROPERTY Falconhurst Dr

This 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 unserviceable or can be used

Comments Aeration pit 2½' x 7' x 4' Steel

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.

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

HEALTH DEPARTMENT'S COPY

Serial 4753

C of A (s) No. 5405

T. C. No 235 177-05

Map Date 8-1-72

Date Issued 10 May 74

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 CHARLOTTE LEE HOFMEYER COMPANY
(LAST, FIRST, MIDDLE)

Location of Property FALCONHURST DRIVE

Application Number 5405 Permit Number 5405

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material FC

Total Length of Drain Tile 400' + 150' ~~+~~ Number of Lines 5(1x1½x80'x17") ~~3(1½x56'x17")~~

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Individual Well Distance from Water Source 55'

Excavation Inspected 8 May 74 (DATE) Tank Inspected 8 May 74 (DATE)

Nitrification Field Inspected 8 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 8 May 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: AERATION REQ. CMU (CONT.)

Jerry Burleson
Environmentalist

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

HEALTH DEPARTMENT'S COPY