Date Received 12-11-73

APT No 7324

T. C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

MECK COUNTY HEALTH DEPT.
RECEIVED
DEC 11 1973
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

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

3) PHONE NO. Home Office

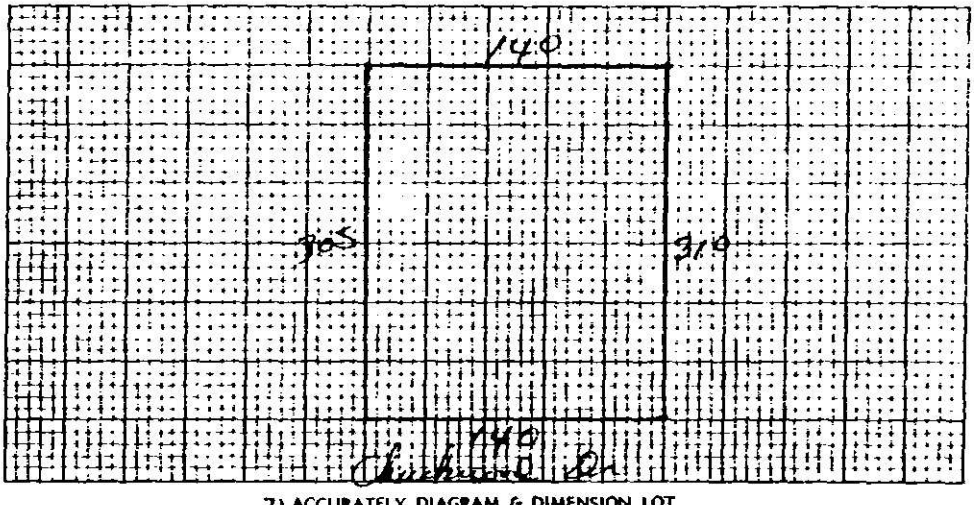
4) LOCATION OF PROPERTY Chuckwood Dr.
STREET OR COUNTY ROAD

5) SUBDIVISION FARMWOOD 2 LOT NO. 2 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

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

HEALTH DEPARTMENT'S COPY

Serial No. 3912

PTR No 7324
P.O.
T C No 135-351-01

Date Issued January 2, 1973

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

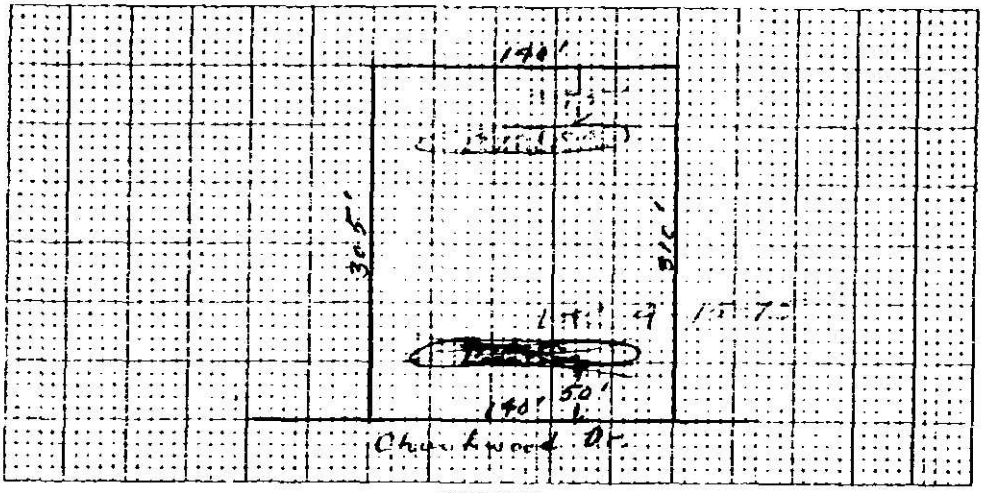
PERCOLATION TEST REPORT

NAME OF OWNER 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 2 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 45*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

***Results determined by soil analysis.**

W. Everette Rysavy Jr. — Soil Scientist

John R. Atkisson — 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 12/31/74

ICARUS Application No 7324

T C No 135-3501

Map Date 9 5 73

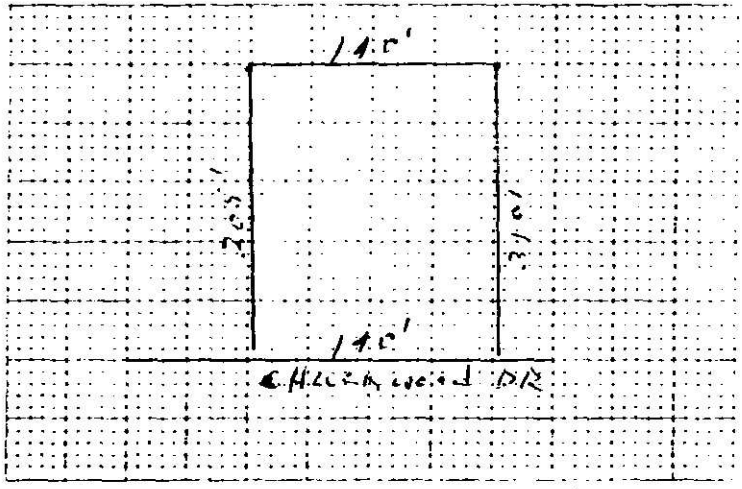
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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)

3
No
No
No
Yes No

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

14) ADDRESS OF OWNER P.O. 2574 CHAR N.C. 28212

15) PHONE NO Home ____ Office 568-6111

16) LOCATION OF SYSTEM Chuck Wood Dr.
STREET OR COUNTY ROAD

17) SUBDIVISION Fairwood #2 Lot No 2 Block No A

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN PRE 45

20) PTR NUMBER (See Instructions) 1324

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

Chas Smith Eng.
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Dec. 31, 1974

Serial No. 4607

IMPROVEMENTS PERMIT

LA No 7324
P. O.
T C No 135-351-01
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, Charlotte, N. C. ZIP 28212

LOCATION OF LOT Chuckwood Drive
STREET OR COUNTY ROAD

SUBDIVISION Farmwood LOT NO. 2 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 45Min./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 7324. 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

J. H. Buchanan
Environmentalist

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

FORM 40 E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4-10-75 Serial No. [illegible]3 ICAR(S)-Permit No 7324

JLC No 135-351-01

Map Date 9-5-75

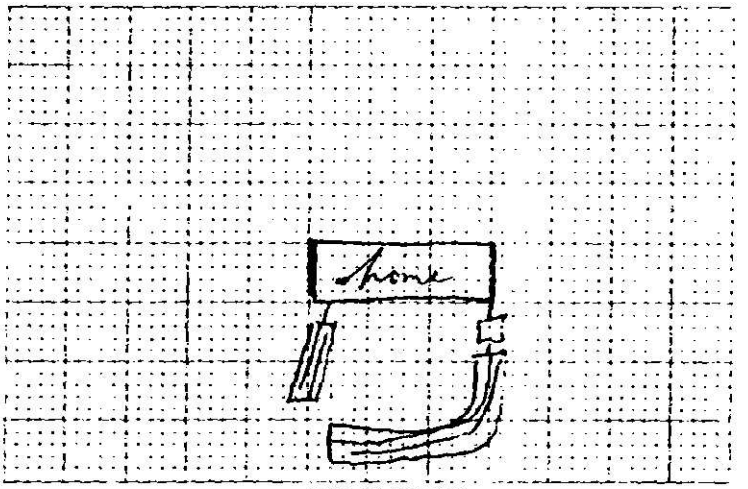
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7324 dated 12-31-74 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 5-10-75, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 45

Liquid Capacity of Tank 1500 Gal

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Length 600 & 150'

Number & Lines 6(15'x100'x2') 3(1½x50'x22")

Distance from House C

Distance from Property Line C

Distance from Well Comm

NAME OF OWNER Bob McClenny Co, Inc Z-K

LOCATION OF PROPERTY Chesterwood 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 aeration pit 2½'x7'x4' Store Sherrill

Division or Section Head

Environmentalist Ruben Stanton

If this permit 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

Form E-5-9-1-72

Date Issued 4-24-75 Serial No. 5892 C of A Ist No 7324

T C No 135-351-01

Map Date 9-5-73

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 Bob McPherson & Co. (LAST, FIRST, MIDDLE)

Location of Property Clerkwood Dr 2K

Application Number 7324 Permit Number 7524

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600'/150 Number of Lines 6(45'/100' x 17") 3(21½ x 50' x 17")

Depth of Filter Material 17" Cover Depth 15-18"

Water Supply Source Comm Distance from Water Source —

Excavation Inspected 4-24-75 (DATE) Tank Inspected 4-24-75 (DATE)

Nitrification Field Inspected 4-24-75 (DATE)

Washing Machine Line Inspected, If Applicable 4-24-75 (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 is 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 pit 2½ x 7' x 4' of Same Shared.

* Note System switched to rear of Property

Everette Lynn OK'd

Rachel Langston

Environmentalist

FORM NO E-6-9-1-72