Date Received 12/19/75

APT No. 1035

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

Map Date ———

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER P.O. Box 26746 7204 MATTHEWS-MINT HILL RD. ZIP 28212

3) PHONE NO. Home _____ Office 545-6111

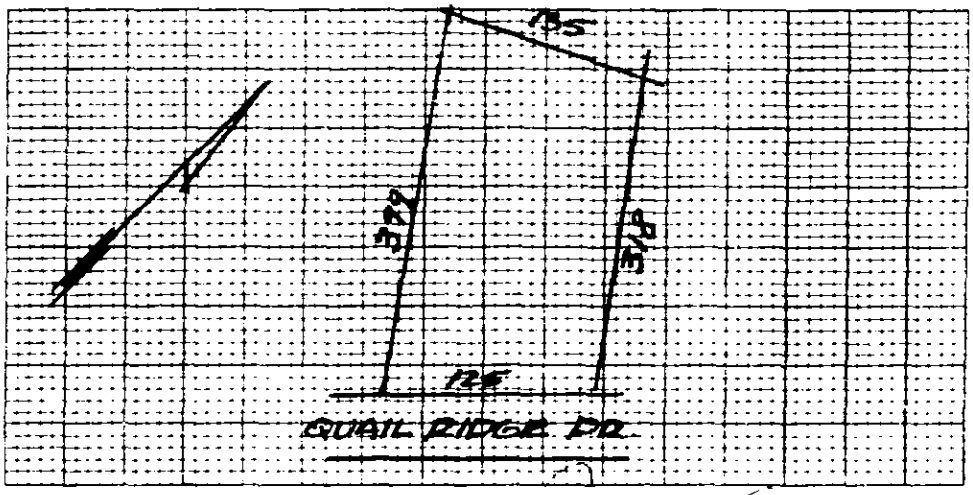
4) LOCATION OF PROPERTY QUAIL RIDGE DR.
(STREET OR COUNTY ROAD)

5) SUBDIVISION FARMWOOD #8 LOT NO. 36 BLOCK NO. J

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. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

Serial No. 5894

PTR No. 10351

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

Date Issued 12/22/75

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

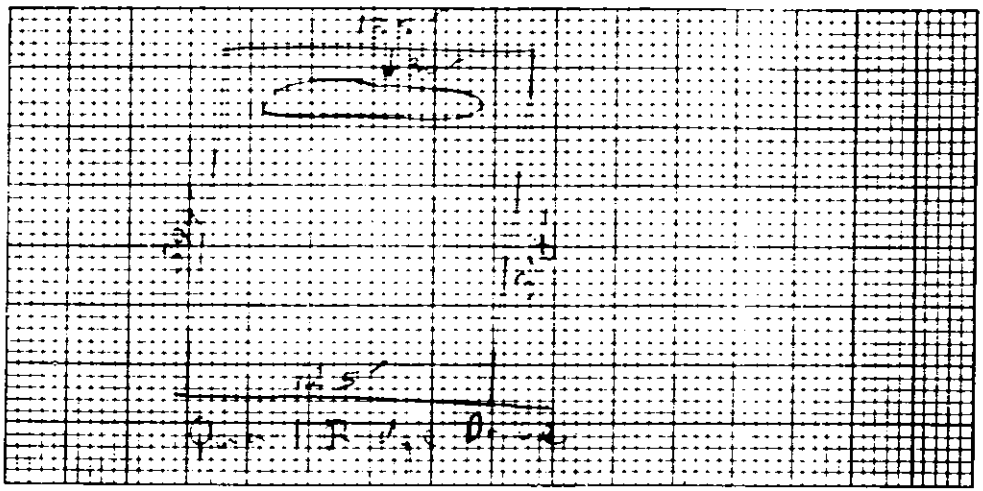
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER P. O. Box 25746, Charlotte, N. C. ZIP 28212

LOCATION OF PROPERTY Quail Ridge Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood #8 LOT NO 36 BLOCK NO J



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 *60Min./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. Edward Lyon, Jr.
Soil Scientist

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 2-5-76

ICAR(S) Application No. 10351

P.O.T.C No. 135-251-01

Map Date 1-30-76

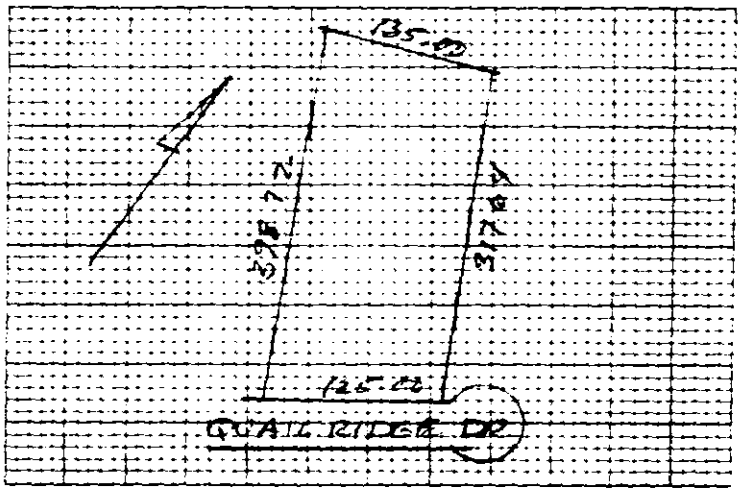
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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 230 feet of community sewer ____ Yes ✓ No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER Bob McLEMORE & CO., INC.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P.O. Box 25746 7204 MATTHEWS-MINT HILL RD.

15) PHONE NO Home ____ Office 545-6111

16) LOCATION OF SYSTEM QUAIL RIDGE DR.
(STREET OR COUNTY ROAD)

17) SUBDIVISION FARMWOOD #8 Lot No. 36 Block No. J

Map Book No. 17 Page No. 486

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 12/22/75

20) PTR NUMBER (See Instructions) 10351

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.

2-4-76
DATE OF APPLICATION

Billy E Coggins
OWNER

FORM NO E-4.4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued Feb. 5, 1976

Serial No. 5593

LA No 10351
P.O.
T C No 135-351-01

IMPROVEMENTS PERMIT

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 Bob McLemore & Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 25746 7206 Matthews-Mint Hill Rd.

LOCATION OF LOT Quail Ridge Drive
STREET OR COUNTY ROAD

SUBDIVISION Fernwood #6 LOT NO 36 BLOCK NO J

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 10351. 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

A.M. Reynolds
Environmentalist

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

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2 Jun 76 Serial No. 7583 ICAR(S) Permit No 10351
T & C No PA: 135-39101
Map Date 1-30-76

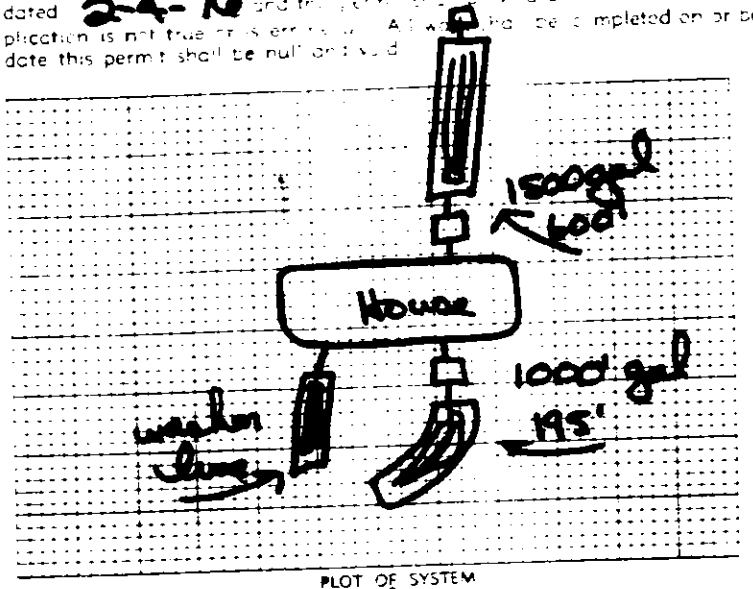
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 on the information supplied in application 10351 dated 2-4-76 and this permit is based upon the fact of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2 July 76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Perc	60
Liquid Capacity of Tank	1000 & 1500 gal
Tank Construction	Precast Concrete
Absorption Area	
Total Length of Trench	195'-200'
Number of Trenches	6-4
Distance from Building	10'
Distance from Property Line	10'
Distance from Well	100'+

NAME OF OWNER Bob McLemore

LOCATION OF PROPERTY Quail Ridge Dr. 36-J

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

R. M. Reynolds
Environmentalist

Division or Section Head

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 NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Serial No. 7077

C of A (s) No. 10351

Date Issued 24 June 76

T C No 135-351 01

Map Date

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 McLemore (LAST) Bob (FIRST) (MIDDLE)

Location of Property Quail Ridge 36-J

Application Number 10351 Permit Number 10351

Inspection Data:

Liquid Capacity of Tank 1000 gals & 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 795' - 200' Number of Lines 6-4-4

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source Community Distance from Water Source 100'+

Excavation Inspected 24 June 76 (DATE) Tank Inspected 24 June 76 (DATE)

Nitrification Field Inspected 24 June 76 (DATE)

Washing Machine Line Inspected, If Applicable 24 June 76 (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 issued 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 O.K.

Q. M. Reynolds
Environmentalist

FORM NO. E-5-2M-6-75

HEALTH DEPARTMENT COPY

Date Received 3/30/77

RECEIVED

ICAR (S) Application No. 10351

T C No 35-357 34

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to

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

3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No

Residence X Yes ___ No

4) Number of Bedrooms 4

5) Source of Water Well Public

Fixtures

6) Washing Machine X Yes ___ No

Garbage Disposal ___ Yes X No

7) Dishwasher X Yes ___ No

8) Water Supply

A. Individual Well ___

B. Governmental System ___

C. Community System

Well source ___

2. Governmental source ___

9) 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 Tolson, (LAST) Buster (FIRST) (nmi) (MIDDLE)

14) ADDRESS OF OWNER 5325 Quail Ridge Drive

15) PHONE NO. Home 545-3198 Office 375-5528

16) LOCATION OF SYSTEM FARMWOOD 5325 Quail Ridge Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No ___

Map Book No 116 Page No. 214

18) DEED REFERENCE — DEED BOOK 3869 AT PAGE 843

19) HAS A SOIL INVESTIGATION BEEN RUN? 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.

March 29, 1977
DATE OF APPLICATION

Buster Tolson
OWNER

EHO-S-76

Environmental Health Department's Copy