Date Received 5 15 72

APT No. 3884

T. C. No. 215-161-11

Map Date 6 10 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

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

2) ADDRESS OF OWNER 6129 Lebanon Rd. ZIP 28105

3) PHONE NO Home _____ Office 545x40 545 4507

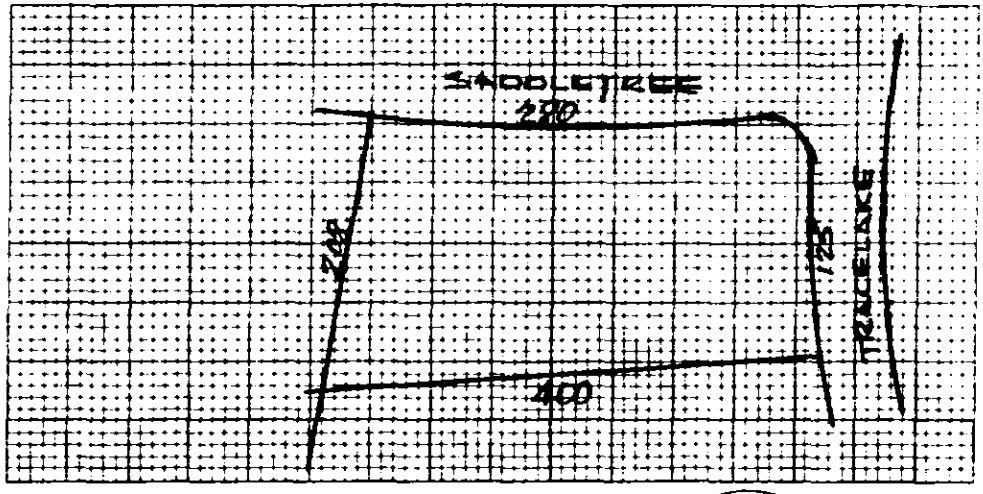
4) LOCATION OF PROPERTY Saddletree & Tracelake (STREET OR COUNTY ROAD)

5) SUBDIVISION Windrow Acres LOT NO 18 BLOCK NO. B

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. [illegible]06

PTR No. 3884
P.O.
T C No 215-161-01
Map Date 5/3/72
0'074

Date Issued May 31, 1972

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

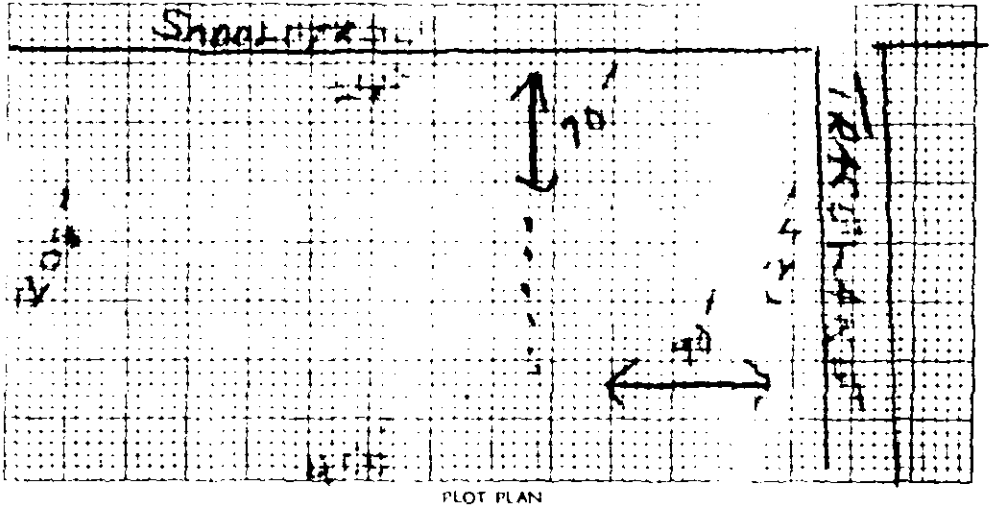
PERCOLATION TEST REPORT

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

ADDRESS OF OWNER 6129 Lebanon Road ZIP

LOCATION OF PROPERTY Saddletree & Tracelake
STREET OR COUNTY ROAD

SUBDIVISION Windrow Acres LOT NO 18 BLOCK NO B



PLOT PLAN

This is to certify that a percolation test has been run and in-situ [illegible] made by the Mecklenburg County Health Department on the lot described above. The said test was conducted in that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 59 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 is determined by the Health Department prior to installation based on the percolation rate obtained above and 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 driving of [illegible]) 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.

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 8-1-72

ICAR (S) Application No. 3884

T. C. No. 215-161-01

Map Date 5-3-72 6-D-74

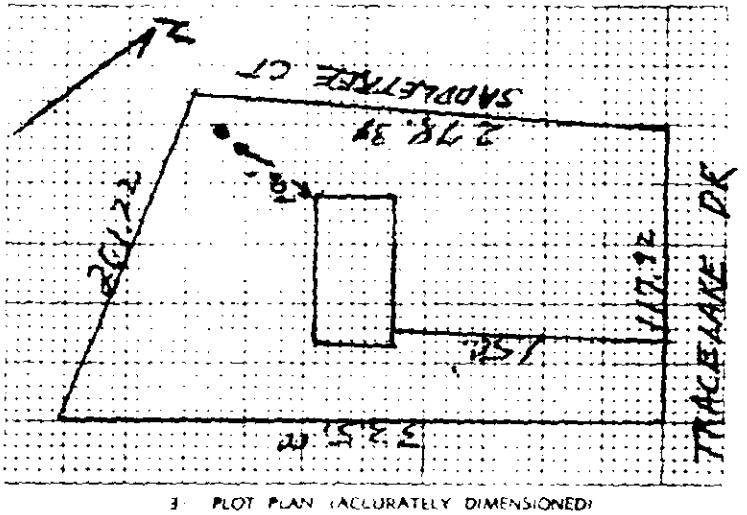
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1. ✓ Install a septic tank system on tract 2. Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



3. PLOT PLAN (ACCURATELY DIMENSIONED)

4. No. of Lots 3
5. Lot No. or Tract No.
Engineer
6. Within Mun. Limits ✓ Yes No
7. Within Sub. Dist. Yes ✓ No
8. Dedicated Yes ✓ No
9. Water Supply
A) Individual Well YES
B) Government System
C) Community System
1. Well source
2. Government 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. N/A
12. VA Case No.

13. NAME OF OWNER RALPH SQUIRES Co (LAST, FIRST, MIDDLE)
14. ADDRESS OF OWNER 2600 MILTON Rd.
15. PHONE NO. Home 537 9553 Office 537-9553
16. LOCATION OF SYSTEM 3347 TRACELAKE DR (STREET OR COUNTY ROAD)
17. SUBDIVISION WINJRAW ESTATES Lot No 18 Block No B
Map Book No 15 Page No 527
18. DEED REFERENCE - DEED BOOK 3438 AT PAGE 445
19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 5-30-72
20. PTR NUMBER (See Instructions) 3354

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.

7-31-72
DATE OF APPLICATION

Ralph Squires, Contractor
OWNER

FORM NO. E 4-4

HEALTH DEPARTMENT'S COPY

Date Issued August 1, 1972 **Serial No.** 1962

LA No. 3884
P.O.
T C No. 215-161-[illegible]
Map Date 6/10/71 ~~6/15/72~~

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 Ralph Squires Company
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 2600 Milton Road ZIP

LOCATION OF LOT 3347 Tracelake Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO. 18 BLOCK NO. B

MAP BOOK NO 15 PAGE NO 527

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 59 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 3884. 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

John Gibbon
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3477

ICAR(S) Permit No. 3884

Date Issued 4-3-73

T C No. 7815-164-41

Map Date 5-8-72

8479

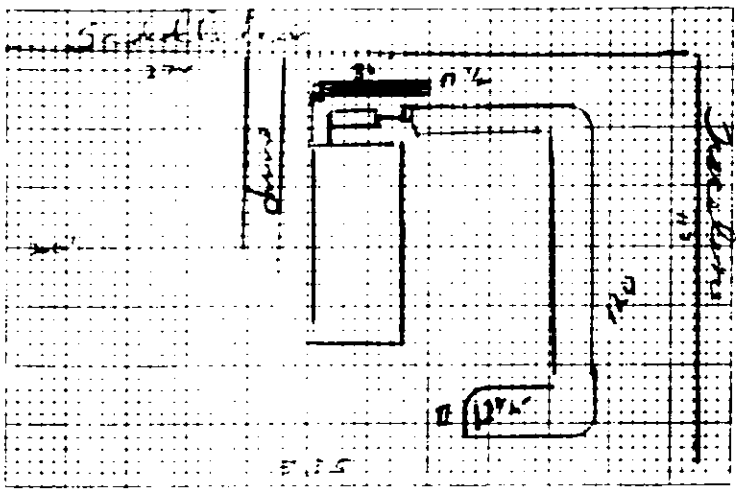
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ Install or Construct Alter or Repair the individual septic tank wastewater treatment [illegible] surface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 3884 dated 3-1-73 and this permit shall be void and of no effect if the information provided in the application [illegible] All work shall be completed on or before 5-3-73 after which date this permit [illegible] and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Distribution Lines

Total Line Length 375' 600

Number of Lines 5

Distance from [illegible] 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph Square Const. Co.

LOCATION OF PROPERTY 3347 Fiacla Lake Dr.

The [illegible] instruction requirements as set forth in the Regulations of the Mecklenburg County [illegible] in effect on the date of the granting of this permit. A certificate of approval [illegible] Health Director before any system can be covered up or otherwise rendered unacceptable [illegible]

Comments 12½ x 120'

Trench 7½ x 35'

Thomas R. Ward
Environmentalist

Division Section Head

If this permit [illegible] 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 NO. [illegible]

[illegible] CITY'S COPY

Serial No. 3211

C of A (s) No. 3864

Date Issued 4-24-73

T C No 79215-1161-H

Map Date 5-8-72 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF [redacted] INSPECTION

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

Name of Owner Ralph Squire Const. Co (LAST, FIRST, MIDDLE)

Location of Property 3347 Lacelake Dr.

Application Number 3864 Permit Number 3864

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material pre cast conc.

Total Length of Drain Tile 600' Number of Lines 5

Depth of Filter Material [redacted] 17" Cover Depth 4'

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 4-24-73 (DATE) Tank Inspected 4-24-73 (DATE)

Nitrification Field Inspected 4-24-73 (DATE)

Washing Machine Line Inspected, If Applicable 4-24-73 (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~~ Inspection 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~~ Inspection 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~~ Inspection 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 Installed by County Septic Tank Serv.

System ended up with 4' of cover — groundwater or springs have filled up the system. In my opinion this system will not operate properly however there was no other place to install system due to the location on the lot.

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 3884
TC:
SERIAL: Nº 13362

ELL ✓ CRT

JOB LOCATION

① ADDRESS: 3347 (STREET NO) TRACELAKE (STREET) DRIVE ② FILE:
③ JURISDICTION: MATTHEWS ④ TAX PARCEL NO.: 215-161-11
⑤ SUBDIVISION: WINDROW ⑥ LOT: 18 ⑦ BLOCK: B

OWNER

⑧ NAME: James (FIRST) William (MIDDLE) BOGAN (LAST)
⑨ MAILING ADDRESS: POST OFFICE BOX 1077
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28106
⑬ PHONE: (WORK) 847-1049 ⑭ (HOME) 847-7066

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) GARAGE & DECK ADDITION

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 3
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: James W. Bogan
Date: APRIL 30TH, 1987

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

This permit is not transferable, and shall become null and void 36 months from the date of issuance.

* FRENCH DRAINS UNDER HOUSE NEED TO BE RELOCATED *

Keeley H. Randall (Environmentalist) 5-4-87 (Date)

(Director or Authorized Section Head) 5-7-87 (Date)

This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

PROPOSED PLOT PLAN

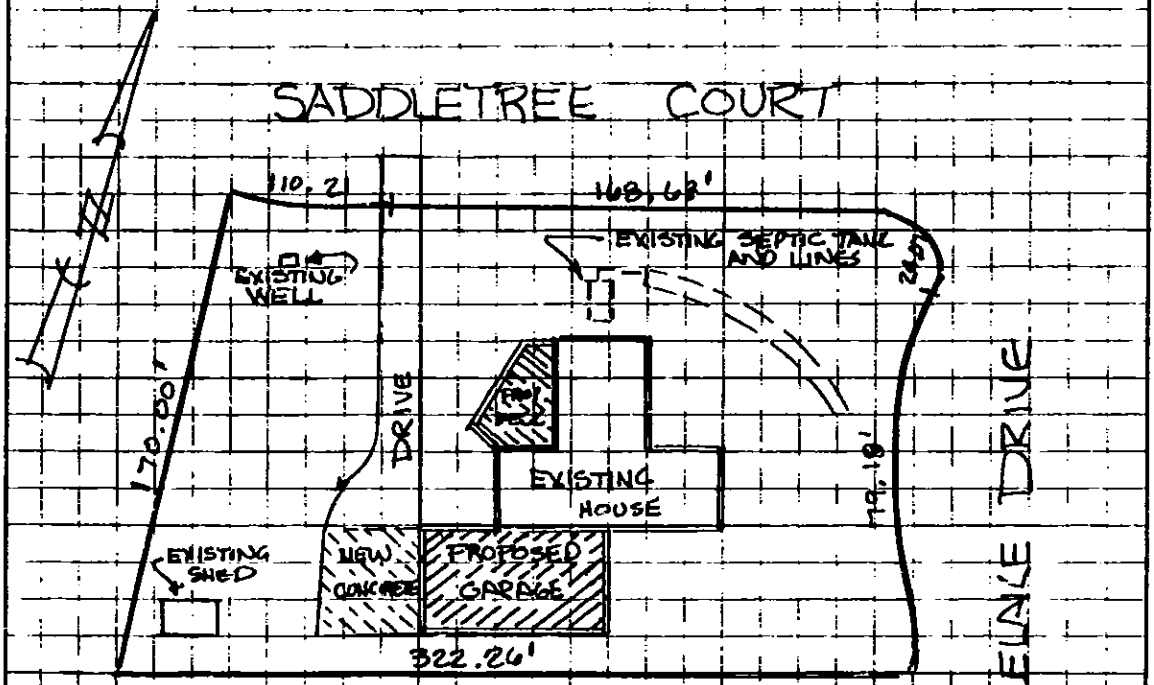
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3884

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



3347 TRACELAKE DRIVE
MATTHEWS, N.C
TPN 215-161-11
PROPERTY OF JAMES W. BOGAN
REQUEST IS FOR ADDITION OF DECK AND GARAGE ONLY

Signed: James William Bogan

Date: APRIL 30TH, 1987