Date Received 2-19-13

APT No. 5585

T. C. No 135-261-46

Map Date 6-10-74

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 6129 LEBANON RD ZIP

3) PHONE NO Home Office 545 4507

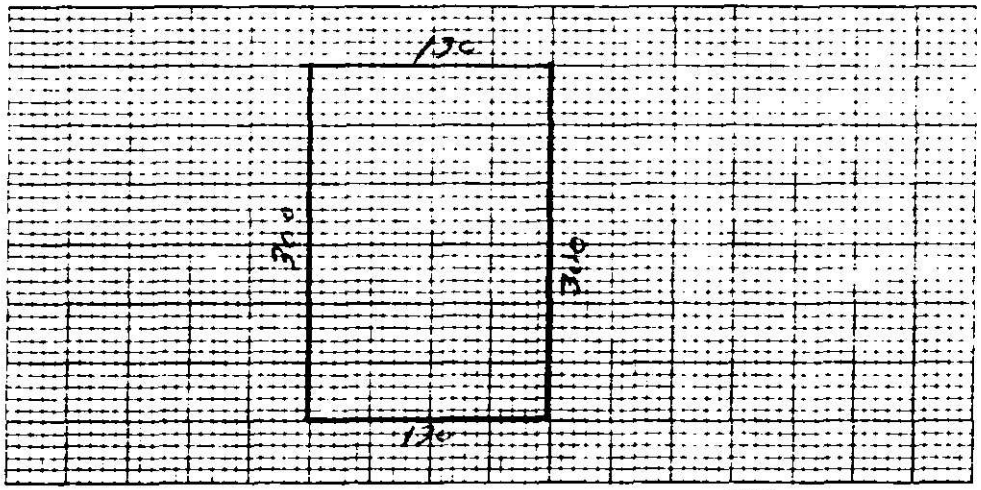
4) LOCATION OF PROPERTY BEDLER DR (STREET OR COUNTY ROAD)

5) SUBDIVISION FARMWOOD III LOT NO 7 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 on 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. 2196

PTR No. 5585

T C No 135-[redacted]

Date Issued April 9, 1973

Map Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

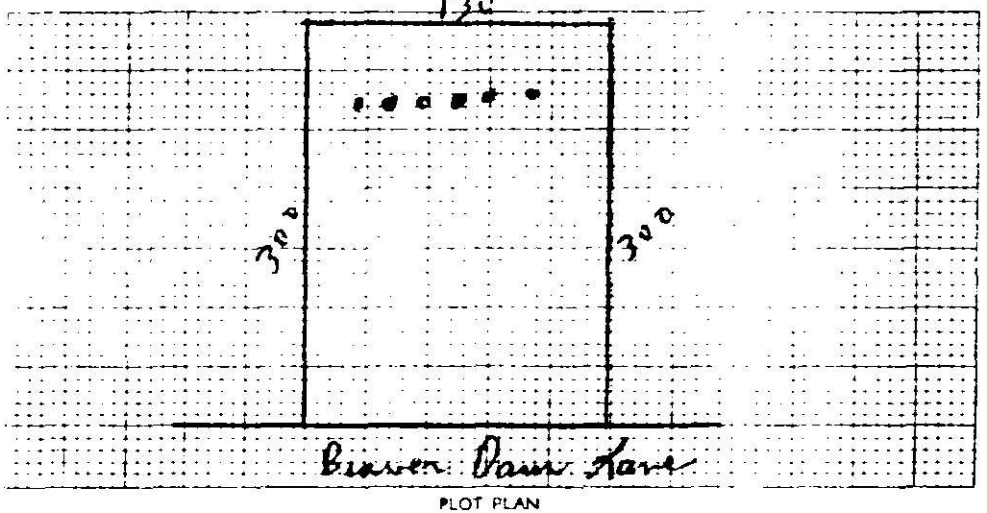
PERCOLATION TEST REPORT

NAME OF OWNER Bob McLemore & Company (LAST / FIRST / MIDDLE)

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

LOCATION OF PROPERTY Beaver Dam Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood II LOT NO 7 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 48 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 wells) 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 M. Atkinson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON [illegible]

Date Received 4-24 73

ICAR(S) Application No 5585

T C No 135 [illegible]

Map Date 6-10-74

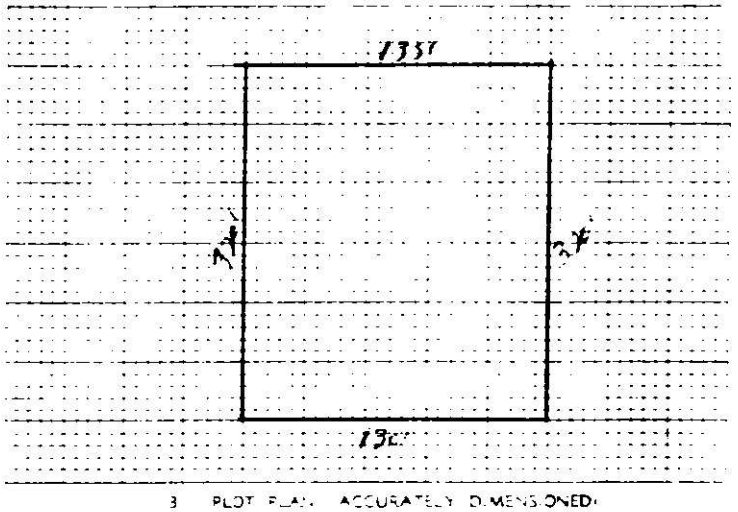
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

✓ Install or Construct ☐ Alter or Repair an individual septic tank wastewater treatment [illegible] for the disposal of [illegible] effluent discharge



4

Single [illegible] ✓

Water Main Yes No

Garbage Disposal Yes ✓ No

Dishwasher ✓ Yes No

Automatic Washer [illegible]

[illegible]

Separate Laundry [illegible]

Sump Pump [illegible]

Private Water [illegible]

Public Water [illegible] Yes ✓ No

[illegible]

3 PLOT PLAN ACCURATELY DIMENSIONED

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

14) ADDRESS OF OWNER 6129 Lebanon Road

15) PHONE NO Home [illegible] Office 545-4507

16) LOCATION OF SYSTEM 5901 Beaver Dam
STREET OR COUNTY ROAD

17) SUBDIVISION Farmwood 6 Lot No 7-H Block No. [illegible]

Map Book No 17 Page No 81

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? × YES ____ NO DATE RUN 4-1-73 [illegible]

20) PTR NUMBER (See instructions) 5585

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.

4-25-73
DATE OF APPLICATION

[signature] [illegible]
OWNER

FORM NO. E 4-4 [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued April 26, 1973

Serial No. 2808

LA No. 5585

T.C No 135-[illegible]

Map Date 6-10-74

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 Road, Matthews, N.C. ZIP 28105

LOCATION OF LOT 5901 Beaver Dam (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood 6 LOT NO 7 BLOCK NO H

MAP BOOK NO 17 PAGE NO 81

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 48 min/in and on the inspection of the said lot and upon the information supplied in the Application for an Installation Construction, Alteration and/or Repair Permit number 5585. This approval is subject to the following terms and conditions:

1. That the installation 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 altered 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 at which may have been issued to authorize construction in the said lot if at any time it is determined that any of the facts contained in the Application for an Installation Construction, Alteration, and/or Repair Permit are not correct or is untrue or that the septic tank system is not being installed, constructed, altered and or repaired in accordance with the valid Installation Construction, Alteration, and or Repair Permit.

Thomas R. Ward — John R Atkinson

Environmentalist — Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9-26-73

Serial No. 4393

ICAR(S) Permit No. 5586

T.C. No. 135

Map Date 6-10-74

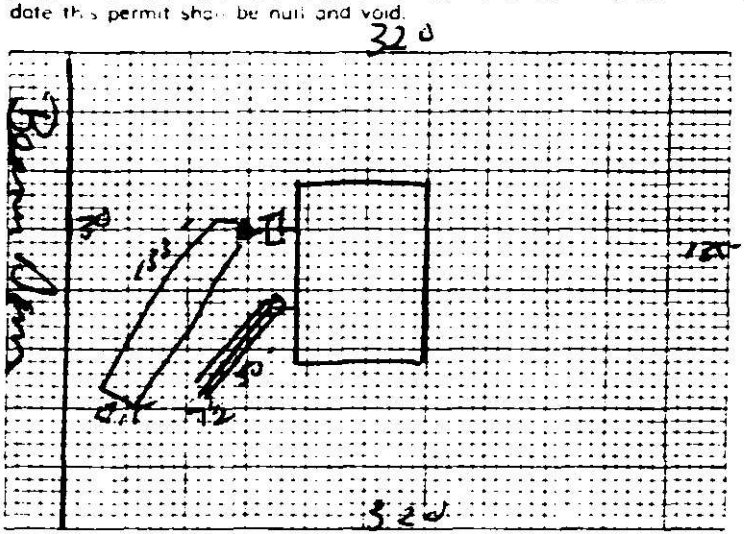
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 5580, dated 4-26-73 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 10-26-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction pre coated

Absorption and/or Nitrification Lines

Total Line Lenght 795'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Bob McSwain & Co.

LOCATION OF PROPERTY 5904 Beaver Dam (7-H)

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: 15 x 133' - aerator pit

Wooden 7½ x 50'

G M Shamill & Son

Division or Section Head

Thomas R. Ward
Environmentalist

* If this permit is 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 NO E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4022

C of A (s) No. 5555

Date Issued 10-5-73

T C No 135 241-16 6-10-74

Map Date

John R Atkisson
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 McBroom & Co. (LAST, FIRST, MIDDLE)

Location of Property 5501 Beaver Dam (7-H)

Application Number 5555 Permit Number 5555

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material concrete

Total Length of Drain Tile 795' Number of Lines 6

Depth of Filter Material 17" Cover Depth 18

Water Supply Source Community Distance from Water Source NA

Excavation Inspected 10-5-73 (DATE) Tank Inspected 10-5-73 (DATE)

Nitrification Field Inspected 10-5-73 (DATE)

Washing Machine Line Inspected, If Applicable 10-5-73 (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 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: Installed by G. M. Shamel & Son

Tina R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY