Date Received 6-13-82

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 23 1982
ENVIRONMENTAL HEALTH

Job # 933

SIR No. 19202

T. C. No. 223-201-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER William Trotter Company
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P. O. Box 35269 Charlotte, N. C. ZIP 28235

3) PHONE NO. Home _____ Office 333-8804

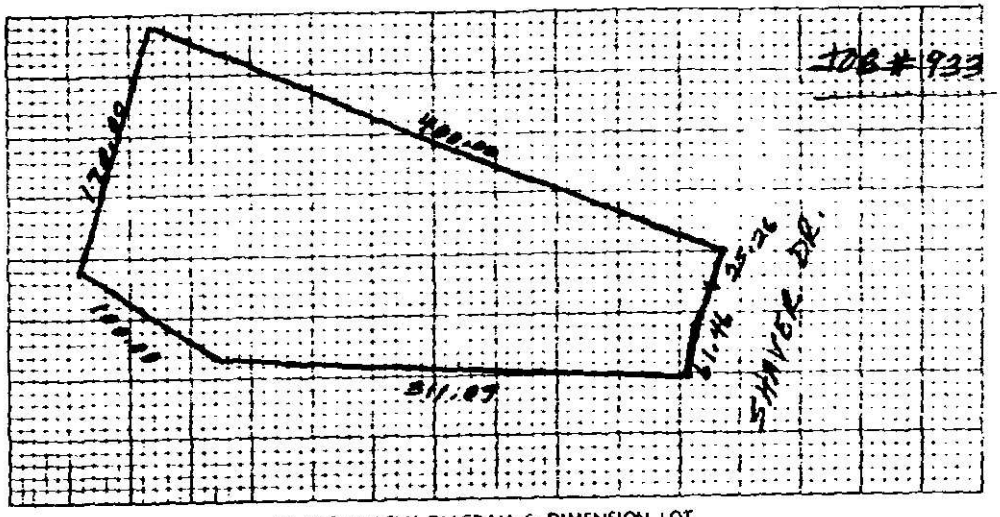
4) LOCATION OF PROPERTY Off Providence Road West
(STREET OR COUNTY ROAD)

5) SUBDIVISION Providence West LOT NO. 1 BLOCK NO. 3

MAP BOOK NO. _____ PAGE NO. _____ Address: 8800 Shaver Drive

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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

By: Robert R. Brayton
OWNER William Trotter Company

EHD-5-76

Environmental Health Department's Copy

Serial No. 5154

SIR No. 19802

Date Issued 8-8-83

T C. No. PO 223-201-17

Map Date

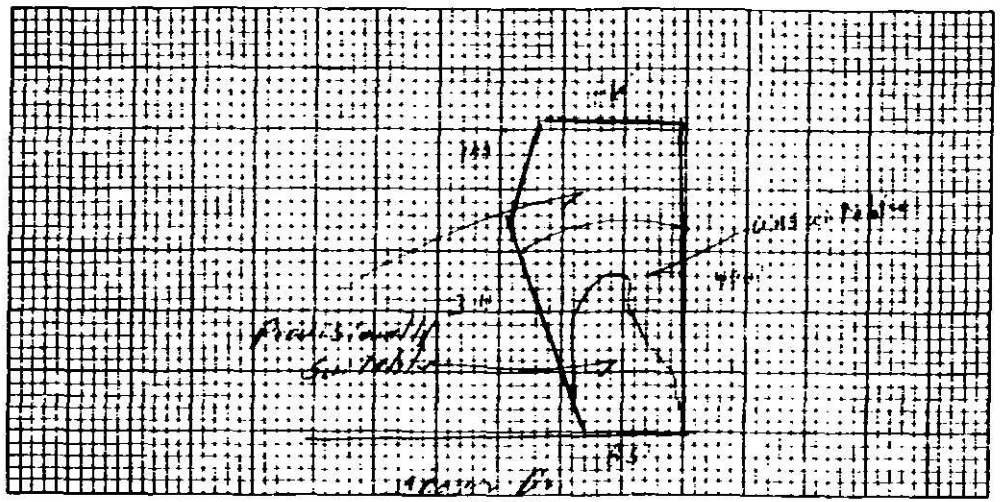
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER William Trotter Company
LAST FIRST MIDDLE

ADDRESS OF OWNER PO Box 35269 Charlotte, NC ZIP 28235

LOCATION OF PROPERTY 8800 Shaver Drive
STREET OR COUNTY ROAD

SUBDIVISION Providence West LOT NO 1 BLOCK NO. 3



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was Provisionally Suitable. 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 Department of Environmental Health 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 Mecklenburg County Department of Environmental Health prior to installation based on the permeability 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 indicated as acceptable for system installation on the above plot.
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 Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for 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 Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to 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.

William F. Martin
EHD-3-76
Soil Scientist

Bill D. Harlister, Jr.
Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19802

T.C. NO. PO 223-201-17

(Ground Absorption Sewage Disposal)

OWNER: William Trotter Co.
ADDRESS: PO Box 35261
Charlotte, N.C. 22235
LOCATION OF SITE: [illegible]

PLAT NO: 21-3
LOT SIZE: Approx 50,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 6-15% U	S PS Complex U Slopes	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS Clay U	S PS Clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 36-40 U	S PS Depth [illegible] U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS 36"+ U	S PS <36" U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS >[illegible] ground water U	S PS Eroded Areas U [illegible]	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	10A	10A		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	[illegible]	Complex [illegible]		

S - Suitable PS - Provisionally Suitable U - Unsuitable

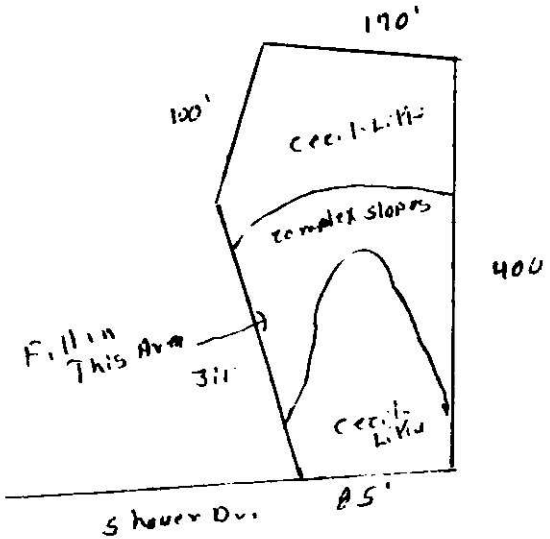
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William R. Martin
Title: Soil Scientist

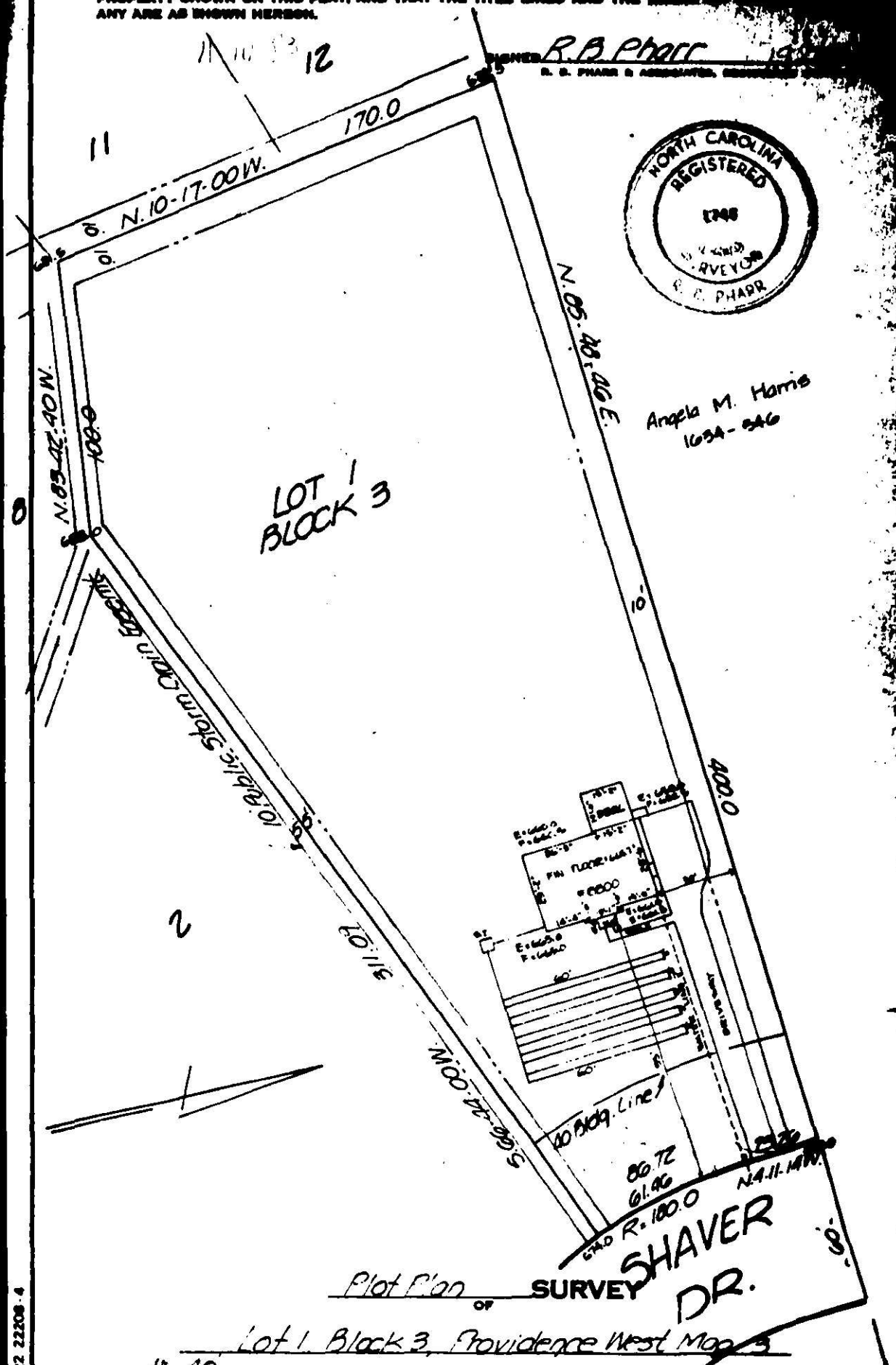
Date: 5-5-83

EHD 539 (Revised: 6/82)


170'
100'
Cecil Little
complex slopes
400
Fill in This Area
311
Cecil Little
Shower Dr.
85'

THIS IS TO CERTIFY THAT ON THE 8th DAY OF Nov
PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE
ANY ARE AS SHOWN HEREON.

SIGNED R.B. Pharr
R. B. PHARR & ASSOCIATES, REGISTERED



Plot Plan OF SURVEY

Lot 1, Block 3, Providence West Map 3

SCALE 1" = 40'

CHARLOTTE, N. C.

THE PROPERTY OF William Trotter Co.

MAP RECORDED IN BOOK 20 AT PAGE 323 DEED RECORDED IN BOOK ____ PAGE ____

BRUNING 40-22 22208-4

JOB # 9

SEE INSTRUCTIONS ON BACK

Job # 933

Date Received 11-14-83

CAR(S) Application No. 19802

T. C. No. PO 223-201-17

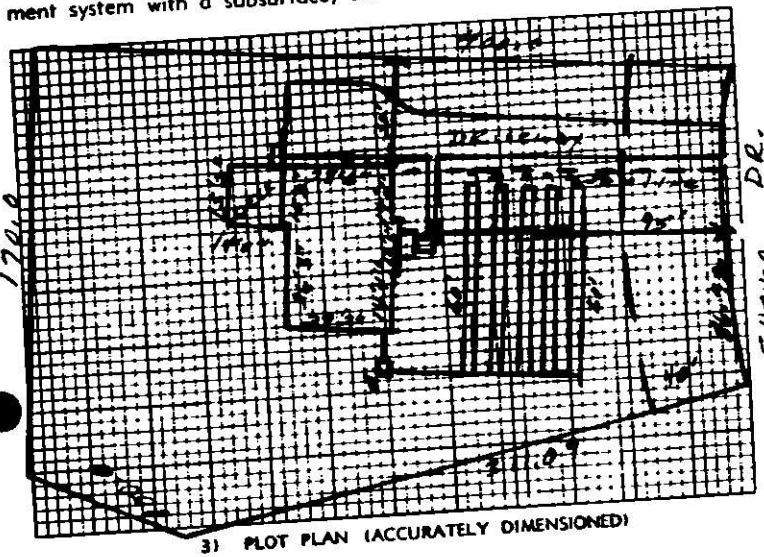
Map Date

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) 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)

Mobile Home ___Yes___No
Residence X Yes ___No

4) No of Bedrooms 3

5) Business Use — Max No Employees

6) Washing Machine X Yes ___No

7) Garbage Disposal X Yes ___No

8) Dishwasher X Yes ___No

9) Water Supply
A) Individual Well
B) Governmental System
C) Community System:
1. Well source X
2 Governmental source

10) Sewage System:
House located within 200 feet of public sewer ___Yes X No
House located within 200 feet of community sewer ___Yes X No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER William Trotter Company (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P. O. Box 38269, Charlotte, N. C. 28235

15) PHONE NO. Home NA Office 333-8804

16) LOCATION OF SYSTEM 8800 Shaver Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence West Lot No. 1 Block No. 3

Map Book No. 20 Page No. 323

18) DEED REFERENCE — DEED BOOK NA AT PAGE NA

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 8/8/83

20) PTR NUMBER (See Instructions) 19802

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.

November 14, 1983
DATE OF APPLICATION

OWNER William Trotter Company

BHD-5-74

BS 11-23-83

SIR No. 19802

Serial No. 6958

Date Issued 11-15-83

T. C. No. PO 223-201-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER William Trotter Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 35269, Charlotte, NC ZIP 28235

LOCATION OF LOT 8800 Shaver Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Providence West LOT NO. 1 BLOCK NO. 3

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 19802. 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 soil investigation 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(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.

*** MAY REQUIRE LIFT STATION ***

Randy C Poole R.S.
Environmentalist

Billie D. Hardister, Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

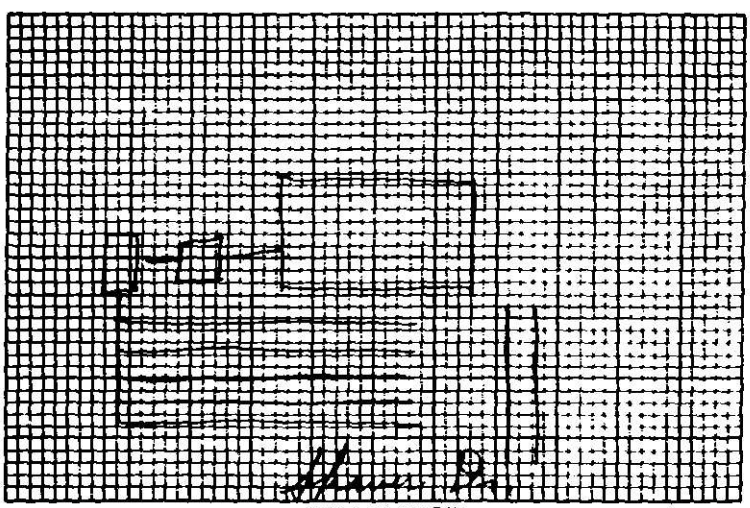
Date Issued 6-4-84

Serial No. 07186

ICAR(S) Permit No. 19802
P.C. No. 223-201-17
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 19802, dated 11-14-83 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 7-4-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Pb

Liquid Capacity of Tank 1500 + 1000

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well comm. well

NAME OF OWNER William Trotter Co.

LOCATION OF PROPERTY 8800 Shaver Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

5 trenches 3'X60'X12" stone, straw cover, grade bds. Wire alarm separately. 9' centers

Comments:

B. [illegible]
Division or Section Head

B. R. Ferguson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19802

Date Issued 6-7-84 **Serial 6654** P O T. C. No 223-201-17

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

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

Name of Owner Trotter Jo Wilson
LAST FIRST MIDDLE

Location of Property 8800 Shaver Dr.

Application Number 19802 Permit Number 19802

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material PCC

Total Length of Drain Tile 300' Number of Lines 5

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Comm. well Distance from Water Source —

Excavation Inspected 6-7-84 DATE Tank Inspected 6-7-84 DATE

Nitrification Field Inspected 6-7-84 DATE

Washing Machine Line Inspected, If Applicable — DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been L installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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

B. R. Ferguson
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 17802
TC: 223.294-117
SERIAL: № 19256 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8800 (STREET NO) Shaven Dr (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Clarence (FIRST) Marvin (MIDDLE) Mefford (LAST)
⑨ MAILING ADDRESS: 8800 Shaven Dr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) ⑭ (HOME) 704-542-9996

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? —
㉓ Maximum occupancy? 2
㉔ Basement? ☐ yes ☐ no
㉕ Type?
㉖ Maximum number of employees?
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: C M Marvin

Date:

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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.

Environmentalist / Date

Director or Authorized Section Head / Date

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

Mecklenburg County
Health Department

February 12, 1990

Clarence Martin Mefford
8800 Shaver Dr.
Charlotte, NC 28226

Dear Mr. Mefford:

At your request, an investigation was made of the septic tank system on the property located at 8800 Shaver Dr., Charlotte , North Carolina on March 12, 1990.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by Mecklenburg County Board of County Commissioners.

You are hereby given notice to correct this situation by March 12, 1990. Failure to comply with this notice will result in legal action being taken against you.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 376-4603 between 4:00-5:00 p.m.

Sincerely,

Judy J. Kiser, R.S.
On Premises Waste Disposal & Water Supply Section

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

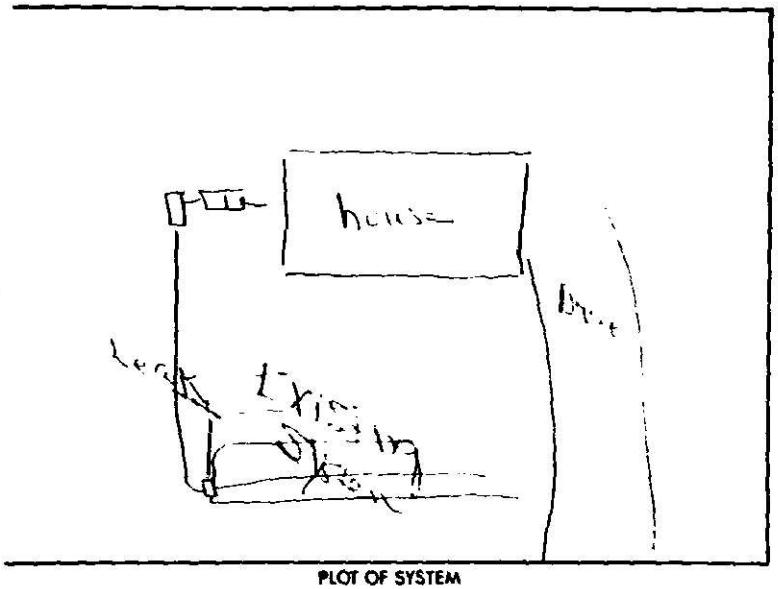
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19802 DATE: 2/27/90

TC: 223 294-01 01

SERIAL № 14543

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 the application dated 2/27/90. All work shall be completed on or before [illegible], after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Repair

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: [illegible]

[signature] Division or Section Head

[signature] 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19802 DATE: 9/9/90

TC: _____ ☐ L ☐ CRT

SERIAL № 13201

Name of Owner McFord, Clarence M Juris.: _____

Address of Property 8800 Shaver Dr.

Inspection Data:

Tank Material PVC

Total Length of Drainfield 120'

Number of Lines 2 @ 60'

Cover Depth 12" - 18"

Water Supply Source Community

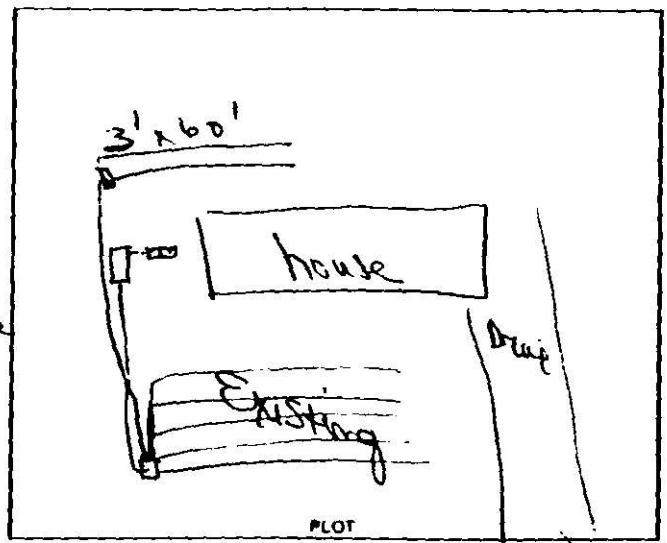
Distance to Water Source > 10' line

Excavation Inspected 3/7/90

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected _____



PLOT

Design: 1990 Repair CTR# 65 Autry

The undersigned has Inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: New D Box Set to replace Broken box, & New Trenches installed for repair to malfunctioning line.

Env. Judy J. Kwan R.S.
Environmentalist

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