Date Received 6/6/78 Apt. No. (S) _____ Application No. (W) 4468

T. & R. No. 193 D11.5

Map Date 12-1375

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Allen (LAST) Neal (FIRST) Lewis (MIDDLE)

ADDRESS OF OWNER 5533 Sunfield Dr. (CITY) ZIP 28215

PHONE NO. Home 568-6906 Office 875-6547

LOCATION OF PROPERTY Margaret Wallace Rd. (STREET OR COUNTY ROAD)

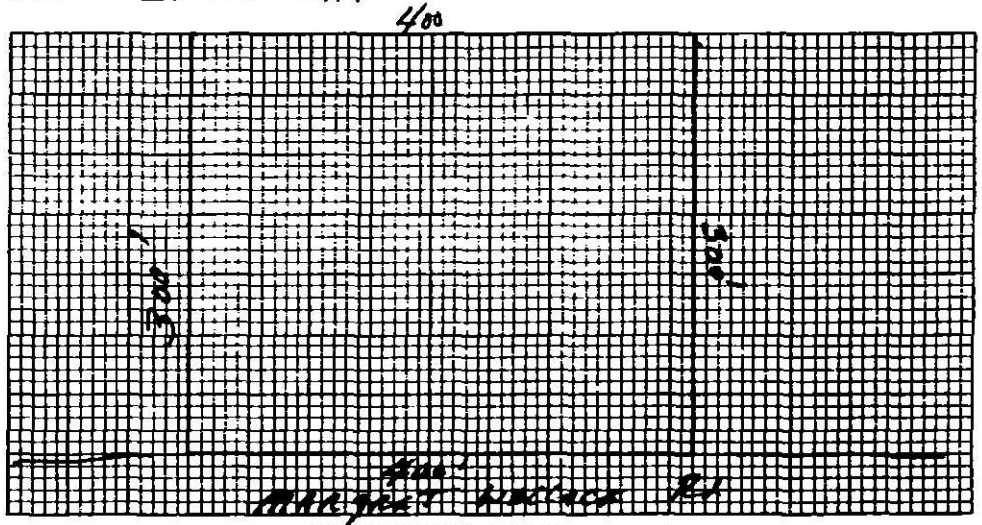
SUBDIVISION near Sam Newell Rd. LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____ VA LOAN _____

WELL CONTRACTOR D.L. Mullis LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

June 5 1978
DATE OF APPLICATION

Neal Lewis Allen
OWNER

Application approved and permit hereby granted

Permit No: _____

_____
ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

Date Received 10/6/78

APT No. 14168
P.O. P.C. No. 93-011-15
Map Date 12-13-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Allen (LAST) Neal (FIRST) Lewis (MIDDLE)

2) ADDRESS OF OWNER 5533 Sunfield Dr. (CITY) ZIP 28215

3) PHONE NO. Home 568-6906 Office 875-6547

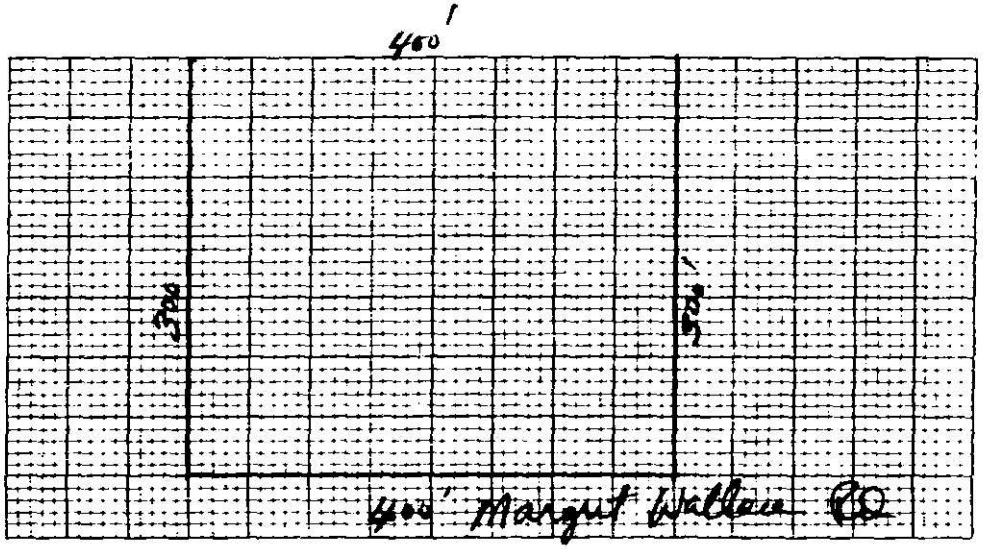
4) LOCATION OF PROPERTY Margaret Wallace Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Near Sam Newell Rd. LOT NO. _____ BLOCK NO. _____

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

Neal Lewis Allen Jr.
OWNER

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON REVERSE

Date Received 6/6/78

ICAR (S) Application No. 14468
P.C. No. 93-011.5
Map Date 12-13-75

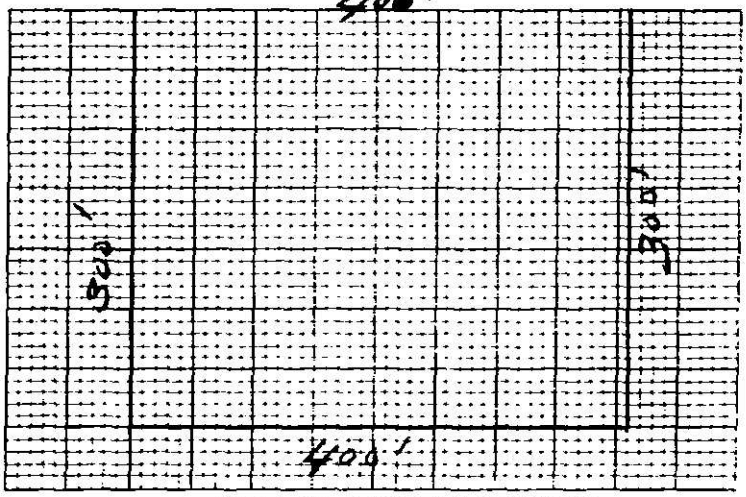
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3
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 yes
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 200 feet of community sewer ___ Yes ___ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER ALLEN (LAST) NEAL (FIRST) LEWIS (MIDDLE)

14) ADDRESS OF OWNER 5537 SUNFIELD DR CITY 28215

15) PHONE NO. Home 568-6906 Office 575-6547

16) LOCATION OF SYSTEM MARGARET WALLACE Rd. (STREET OR COUNTY ROAD)
Near SAM

17) SUBDIVISION KENECC Rd Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST 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.

June 5 1978
DATE OF APPLICATION

Neal Lewis Allen Jr.
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Apt. 14168

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Neal L Allgood
ADDRESS: 6533 Sunfield Dr.
COUNTY: Nash
LOCATION OF SITE: Margaret Walters Rd. off 97 - 64 05

DATE REQUESTED: 6/6/78
PLAT NO.:
LOT SIZE: ≥ 20,000 Sq. Ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 3-8% PS U	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S PS 2:1 Clays (U)	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS Massive (U)	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S ≥ 36" (PS) U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S None (PS) Noted U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) > 6' to PS water U table	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS Slow (U)	S PS U	S PS U	S PS U
8. OTHER (Specify)	(S) Area PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Unsuitable			
SOIL SERIES	—			

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments: _____

Described By: Steve Wood

Title: Environmentalist Date: 14 June '78

DHS Form 2601 (2/77)
Sanitation

400'
300'
300'
400'
Margaret Wallace Rd

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE NORTH CAHOLINA 28203

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SIR.NO. 14168
T. C.NO. P.O. 193-011-05
MAP DATE 12-13-75
DATE 6-15-78

NAME OF OWNER Allen, Neal Lewis

ADDRESS OF OWNER 5533 Sunfield Dr. Charlotte NC 28215

LOCATION OF LOT Margaret Wallace Road

At your request and pursuant to Section. 1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Health Services, Subchapter 10A, a site evaluation has been made for an on premises ground absorption sewage disposal system on the property designated above and the following conditions were found:

Soil Structure Massive
Soil Permeability Slow
Site Classification Unsuitable

Section 10 of the North Carolina Administrative Code 10A, .1910 of these regulations states "Sites originally classified as unsuitable may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soils studies indicate to the local agency that a suitable alternate system can reasonably be expected to function satisfactorily.

Section 10, North Carolina Administrative Code 10A, .1916 states that "The design, construction, and maintenance of ground absorption sewage systems, whether septic tank systems or alternate systems shall be the responsibility of the owner, developer. installer, and user of the system as applicable in the circumstances."

We would also advise you that according to Regulation 10, North Carolina Administrative Code 10A, . 1916(b), "Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect compliance with the provisions of this section shall in no way be taken as a guarantee that sewage disposal systems approved and permitted will function in a satisfactory manner for any given period of time or that such employees assume any liability for damages, consequential or direct, which are caused or which may be caused, by a malfunction of such system.

These regulations became effective July 1, 1977. Since that time the second sentence of Section .1910(c) has been found to be nugatory. For this reason, if you desire to file for permission to install an "alternate" system you should present this office with your proposals in the form of plans and specifications. These would be reviewed and if it is found that the system may reasonably be expected to function satisfactorily approval may be given on the execution by you of a "Septic Tank Agreement Form" available in this office.

John R. Adkisson

John R. Adkisson, Environmentalist

EHD #584

R

Date Received _____

ICAR(S) Application No. 14168

T. C. No. 193-011-05

Map Date _____

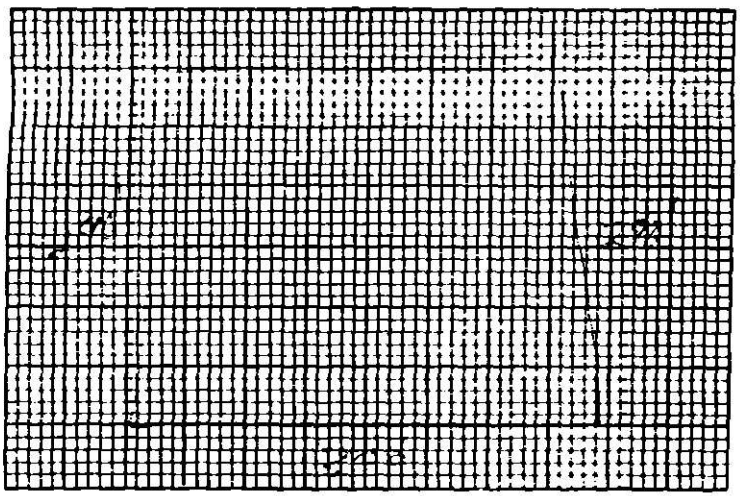
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____
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 200 feet of community sewer ____Yes ____No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER _____
LAST FIRST MIDDLE

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN Alternate System

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.

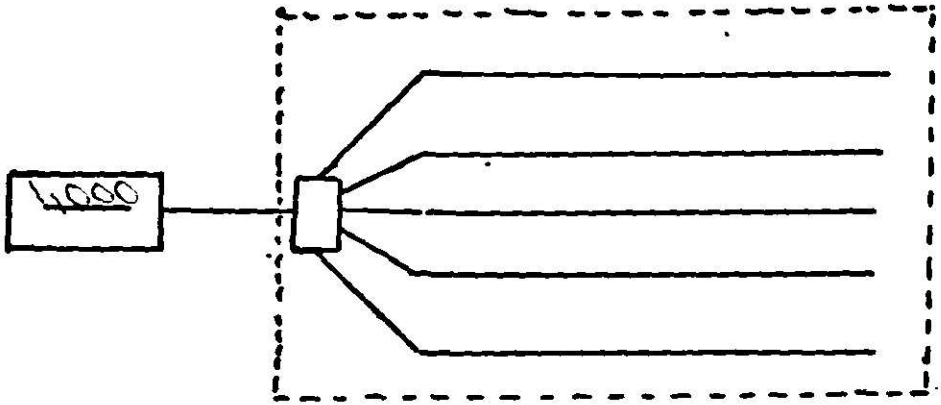
_____ DATE OF APPLICATION

_____ OWNER

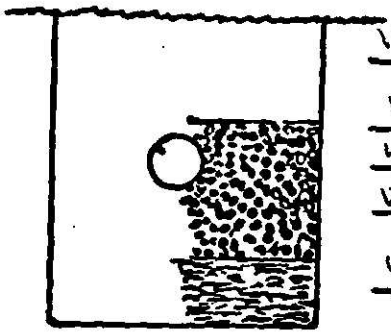
FORM NO E-4-4-1-71

OWNER'S COPY (To Be Retained By Owner)

#1416P



4 drain pipe 82.5' long 3' on center
990 sq foot bottom area.



Submitted for consideration and approval:

Margaret Wallace Rd.
Property Location

Shirley B. Allen
Owner's Signature

Bed System

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

COPY

SEPTIC TANK AGREEMENT 14168

The undersigned, Neal Lewis Allen, Jr. & Shirley B. Allen (wife) owner of property located at Margaret-Wallace Road, ("the site") and described in instrument recorded in Book 1581 at Page 144, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time, or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused, by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the names or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns, that he shall idemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure, of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 14th day of July, 1978.

Neal Lewis Allen Jr. (Seal)
Shirley B. Allen (Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Lillie F Butcher, a Notary Public for said County and State, do hereby certify that Neal Lewis Allen, Shirley B., personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notoarial seal, this 14th day of July, 1978.

Lillie F Butcher
Notary Public
My Commission Expires: My Commission Expires Jan. 10, 1979

PRESENTED FOR REGISTRATION
1978 JUL 14 AM 8 12
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, , a Notary Public for said County and State, do hereby certify that personally came before me this day and acknowledged that he is of ,and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its , sealed with its corporate seal and attested by as its .

WITNESS my hand and notarial seal, this day of , 19 .

Notary Public
My Commission Expires:

Date Issued July 14, 1978

Serial No. 2031

LA No. 14168

T. C. No. p.o. 193-011-05

Map Date 12/13/75

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 Allen (LAST) Neal (FIRST) Lewis (MIDDLE)

ADDRESS OF OWNER Sunfield Drive, Charlotte, N.C. ZIP 28215

LOCATION OF LOT Margaret Wallace Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

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_____. This approval is subject to the following terms and conditions: AGREEMENT CARDS HAVE BEEN PRESENTED

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, 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.

Stephen J. Wood
Environmentalist

O. M. Reynolds
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 1977

Date Issued 21 September 78

ICAR(S) Permit No. 14168

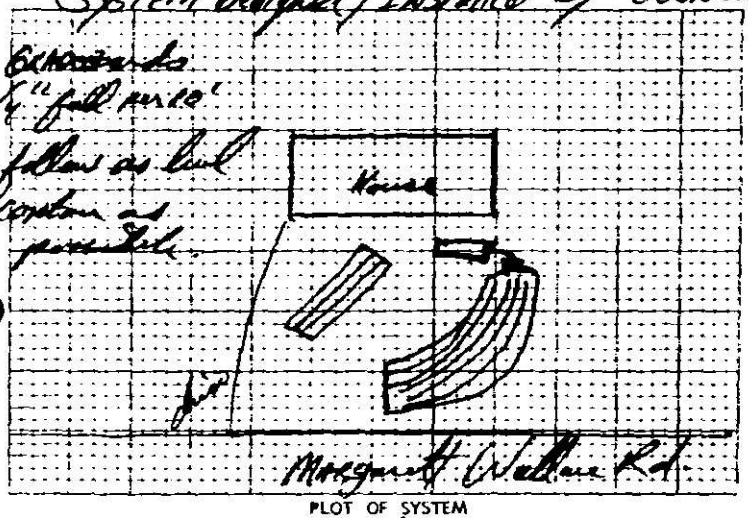
T. C. No. 193-011-05

Map Date

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 14168, dated 6/6/78 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 21 October, after which date this permit shall be null and void.

SYSTEM Designed/Installed By OWNER.



PLOT OF SYSTEM

Permeability Rate AGREEMENT CARDS ALTERNATE SYSTEM BY OWNER

Liquid Capacity of Tank 1000 gal

Tank Construction P.C. Concrete

Absorption and/or Nitrification Lines

Total Line Length 330' & 125'

Number of Lines 4 & 4 ft

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Shirley B. Allen

LOCATION OF PROPERTY 3804 Margaret Wallace Rd.

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** Comments **now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.** W.M. (12' x 32' x 17" Stone) (9 x 42 x 17" Stone)*

S.T. System - (12' x 82.5 x 17" Stone over 6" SAND)

Division or Section Head

Environmentalist Steve Wood

* 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.

EHD-5-76

Environmental Health Department's Copy

Date Issued 2 October 78 Serial No. 1941

C of A (s) No. 14168

T. C. No 193-011-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Allen (LAST) Shirley (FIRST) B (MIDDLE)

Location of Property 3801 Margaret Wallace Rd.

Application Number 14168 Permit Number 14168

Inspection Data:

Liquid Capacity of Tank 500 gal Tank Material P.C. Concrete

Total Length of Drain Tile 330' & 105' Number of Lines 4 (3) 4

Depth of Filter Material 17" stone and 6" sand Cover Depth 20"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected _____ (DATE) Tank Inspected 29 Sept (DATE)

Nitrification Field Inspected 20 Oct 78 (DATE)

Washing Machine Line Inspected, If Applicable 2 Oct (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 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 Agreement Card Signed – Alternate system designed by owner.

Stephen J. Woods
Environmentalist

EHD-5-76

Environmental Health Department's Copy