Date Received 5/26/78

APT No. 14155

T. C. No. 217-232-31 B

Map Date 11-9-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GRUBB (LAST) FRANK (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 9230 Marks Wood Rd ZIP 28208

3) PHONE NO. Home 5883442 Office 3997435

4) LOCATION OF PROPERTY Lake Wyle Strollway Rd (STREET OR COUNTY ROAD) 8AM TO 5PM

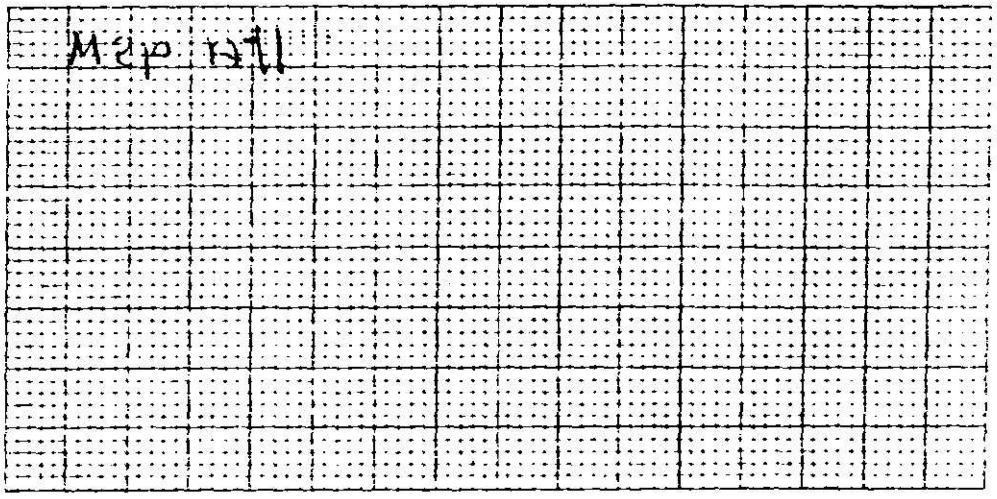
5) SUBDIVISION Crescent Land & Timber LOT NO. 81 BLOCK NO.

MAP BOOK NO Deed Book 1346 PAGE NO. 165

6) DEED REFERENCE DEED BOOK 3146 PAGE NO. 165

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

Map Att



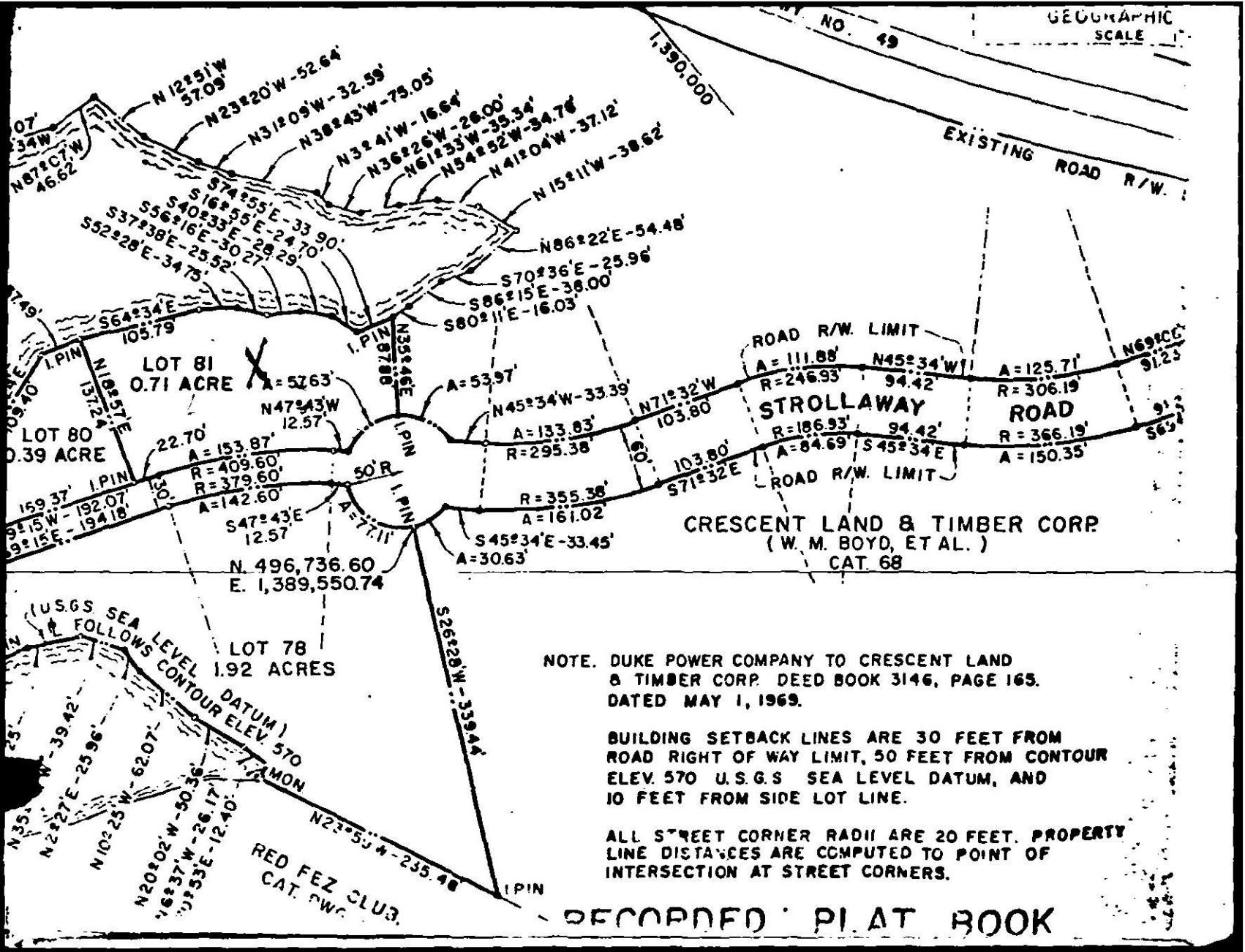
7) ACCURATELY DIAGRAM & DIMENSION LOT

Frank Grubb

OWNER

EHD-5-76

Environmental Health Department's Copy



NOTE. DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 3146, PAGE 165. DATED MAY 1, 1969.

BUILDING SETBACK LINES ARE 30 FEET FROM ROAD RIGHT OF WAY LIMIT, 50 FEET FROM CONTOUR ELEV. 570 U.S.G.S SEA LEVEL DATUM, AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

RECORDED PLAT BOOK

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

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Gaulle Frank
ADDRESS: 9230 Marlwood Rd
COUNTY: –
LOCATION OF SITE: Holloway Rd

DATE REQUESTED: 5-26-78
PLAT NO.: 217-232-31-B
LOT SIZE: 30,000 +

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS >35% 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 clay 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 PS >36" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S PS none noted U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S PS good U	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 PS adequate area U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	unsuitable			
SOIL SERIES				

S - Suitable PS - Provisionally Suitable U - Unsuitable

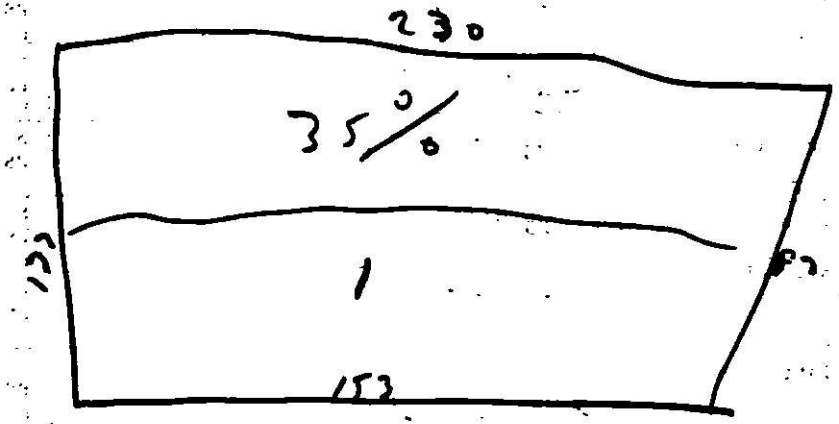
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: [signature]

Title: JUN 9 1978 Date: 9 June 1978

DHS Form 2601 (2/77)
Sanitation


230
35%
1
153

Date Received 11/8/83 ICAR(S) Application No. 14155

(Ronnie Oaks, contractor) T. C. No.

Map Date

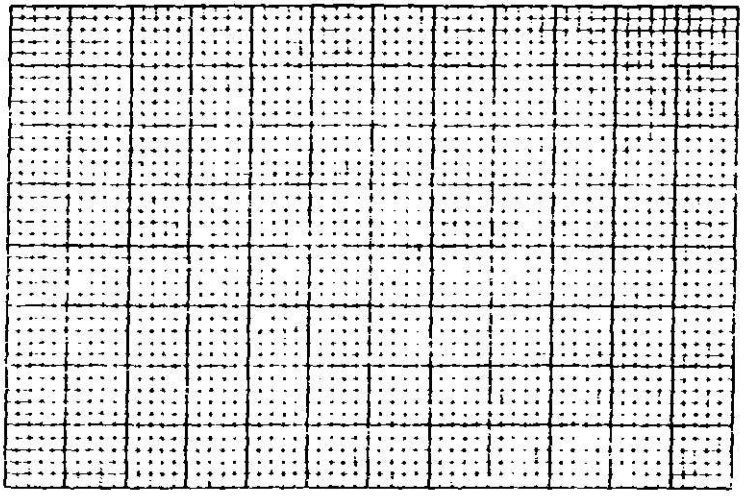
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface Soil Absorption, Effluent Discharge)

PINK Copy

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) ___ 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 ___Yes___No

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 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.

DATE OF APPLICATION ___ OWNER ___

EHD-5-76

Owner's Copy

PLEASE TYPE OR PRINT

Date Received

1) Check block 1) if the application is for a permit to install or construct a new system

2) Check block 2) if the application is for a permit to alter or repair an existing system.

3) Draw in and dimension the lot concerned. Draw in and name all roads adjoining the property and indicate which direction is north. Accurately diagram the house which is located or is to be located on the lot. Show the location or proposed location of all water lines and wells. If application is made to alter or repair an existing system also indicate the location of the existing system.

4) Indicate the number of bedrooms in the building. Include all rooms which are to be used as bedrooms or might later be furnished or converted to bedroom use and any contemplated additional bedrooms to be constructed in the future.

5) If building is to be used for business purposes, indicate the maximum number of employees to be employed and attach a seperate sheet giving a brief description of the nature and purpose of the business.

6) Indicate whether a washing machine has been or ever will be installed in the building.

7) Indicate whether a garbage disposal has been or ever will be installed in the building.

8) Indicate whether a dishwasher has been or ever will be installed in the building.

9) Indicate what kind of water supply is serving or will serve the building.

Check A if the water supply for the building will be a well which is located on the lot described herein and if the building will be occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used or to be used in a food product.

Check B is the water supply for the building will be furnished by a City, County, Town or other governmental authority.

Check one of the blanks under C if the water supply for the building will be furnished by a private owned system other than an individual well as specified under 9A. Check 1 if the water source of the community system is a well or wells. Check 2 if the water source of the community distribution system is a city, county, town, or other governmental authority.

10) Indicate whether the building is located within 200 feet of a public (city or county) sewer line or within 200 feet of a privately owned sewer line.

11) If financing is to be provided by an FHA loan, indicate the FHA case number.

12) If financing is to be provided by a VA loan, indicate the VA case number.

13) Fill in full name of owner.

14) Fill in address of owner.

15) Self explanatory.

16) Indicate location of property on which system is to be installed, constructed, altered or repaired. Give street address, county road number, etc.

17) Name of subdivision (if applicable) in which the lot on which the system is to be built is located or name shown on recorded plat plan showing said lot. Lot and block number of lot on which application is being made to install or repair system. Book and page number where map is recorded in the Mecklenburg County Register of Deeds Office. This information is usually contained in the deed description.

18) Book and page number where deed to current owner is recorded in the Mecklenburg County Register of Deeds Office (see deed).

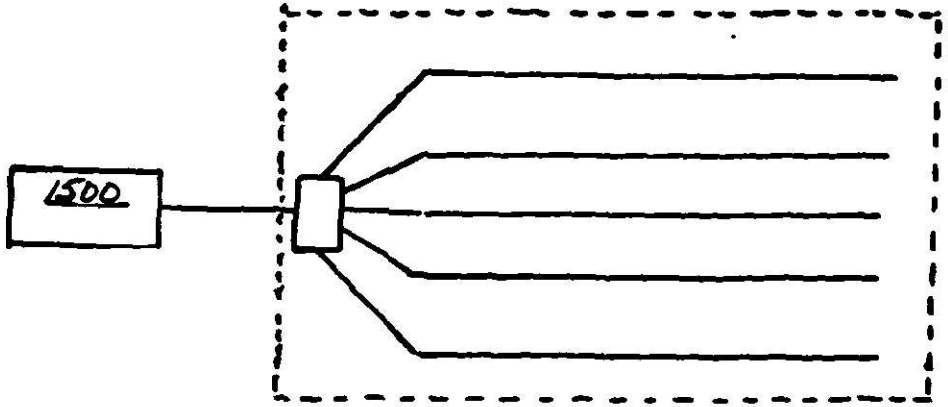
19) Indicate whether a soil investigation has been run by the Mecklenburg County Department of Environmental Health and if so, the approximate date it was run.

20) If a soil investigation was run on the lot after Sept. 1, 1970, a soil investigation report was sent to the owner indicating the results of the test. The number in the upper right hand corner of that report should be entered here.

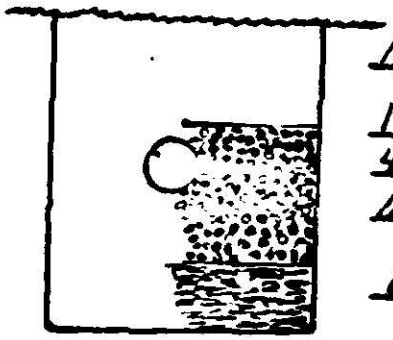
This application must be signed by the owner of the property or by the President or Vice-President or other proper official of a corporation if the property is owned by a corporation and the corporate seal affixed. The signature on an agent of the owner will be accepted only if accompanied by a specific letter of authorization or a recorded power of attorney authorizing same.

The owner is to tear off and retain the last copy of this application (marked Owner's Copy) for his records. The original and all other copies should be sent to the Mecklenburg County Department of Environmental Health, 1200 Blythe Boulevard, Charlotte, North Carolina 28203.

14155



5 drain pipe 66' long 3' on center
990 sq foot bottom area.



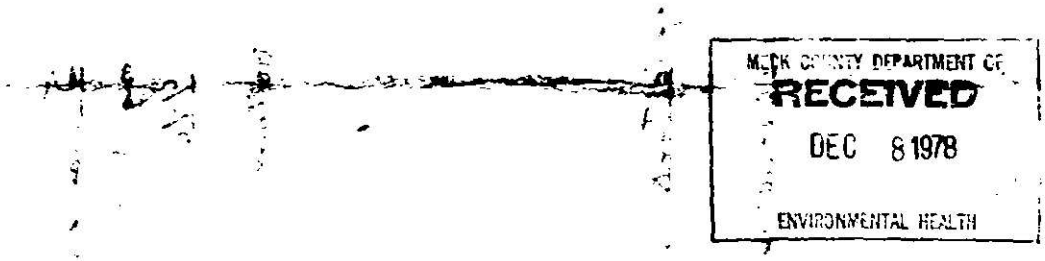
18" minimum cover
1" stone over pipe
4" drain pipe
12" under pipe
6" sand

Proposed septic Tank system submitted for consideration and approval

Bed System

App. No. 14155
T.C. No. 217-232-31B




MECK COUNTY DEPARTMENT OF
RECEIVED
DEC 8 1978
ENVIRONMENTAL HEALTH

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

4130 0120 A

REGISTRATION

'78 Dec 13 PM 1 57

14155

'73

The undersigned, Frank Grubb, owner of property located at Lake Wylie Strollway Road, Lot 81 (T.C. 217-232-318), Registrate Owned, described in instrument recorded in Book _____ at Page _____, 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 UNSUITABLE 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 name 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 22nd day of November, 1978

Frank Grubb (Seal)

_____ (Seal)

STATE OF NORTH CAROLINA,
COUNTY OF MECKLENBURG

I, Margaret L. Scales, a Notary Public for said County and State, do hereby certify that Frank Grubb, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 22 day of Nov, 1978.

Margaret L. Scales
Notary Public
My Commission Expires: Feb. 8, 1980

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 ___.

Drawn By mail to: City County Health Dept. 1200 Blythe Blvd.

_____
Notary Public
My Commission Expires _____

PRESENTED FOR REGISTRATION
'78 Dec 13 PM 4:57
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Margaret L. Scales,

a Notary Public of said County and State
is certified to be correct. This 13 day of December 1978
Charles E. Crowder, Register of Deeds, By: Yolanda B. Adams
DEPUTY

1.00
3.00
4.00

MECK COUNTY DEPARTMENT OF
RECEIVED
DEC 8 1978
ENVIRONMENTAL HEALTH

Date Received 12/18/78

RECEIVED
DEC 8 1978
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 14155

T. C No. 217-232-31B

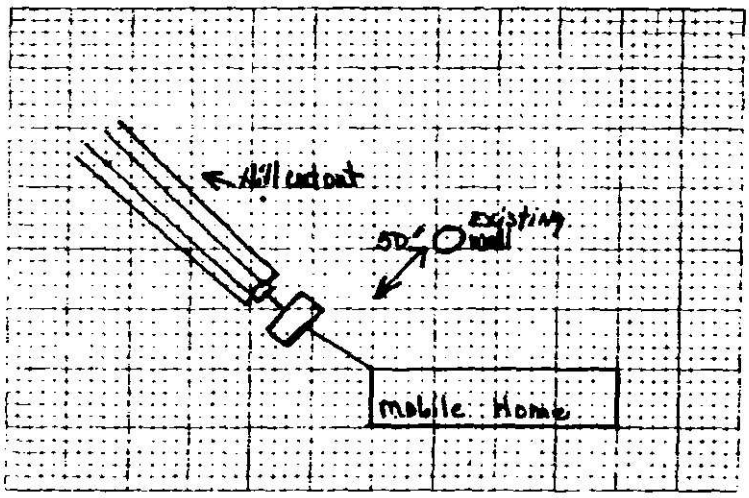
Map Date 11-9-77

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) _____ 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 ___ Yes ___ No

4) No of Bedrooms 2
5) Business Use -- Max No Employees NONE
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 Grubb (LAST) FRANK (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 9230 Markswood Rd

15) PHONE NO. Home 5883942 Office 3997435

16) LOCATION OF SYSTEM STROLLAWAY Rd (Lake Wiley) (STREET OR COUNTY ROAD)

17) SUBDIVISION Crescent Land & Timber Lot No. 81 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

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.

DATE OF APPLICATION ___ OWNER Frank Grubb

EHD-5-76

Environmental Health Department's Copy

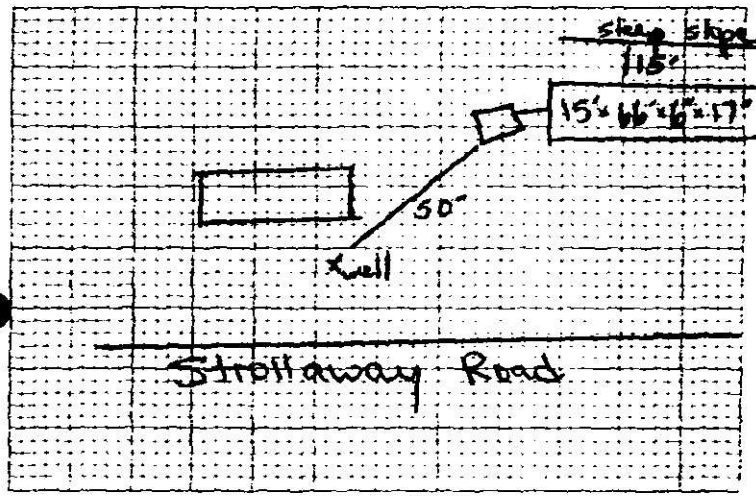
Date Issued December 22, 1978 Serial No. 2281 ICAR(S) Permit No. 14155

T. C No. 217-232-31 B

Map Date 11-9-77

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 14155, dated 12-18-78 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 1-22-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate unsuitable

Liquid Capacity of Tank 1500 gallons

Tank Construction precast concrete

Absorption and/or Nitrification Lines

Total Line Length 330'

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Grubb, Frank

LOCATION OF PROPERTY Strollaway Road

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.**

Install in accordance with alternate system on file at health department

15' x 66' x 6" sand x 17" stone stay 15' off the steep slope

Division or Section Head

Michael A. Sexton
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.

EHD-5-76

Environmental Health **Department's Copy**

Date Issued Jan. 17, 1979 Serial No. 2206 C of A (s) No. 14155 L

T. C. No. 217-232-31B

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 Grubb (LAST) Frank (FIRST) (MIDDLE)

Location of Property Strollaway Road

Application Number 14155 Permit Number 14155

Inspection Data:

Liquid Capacity of Tank 1500 gallons Tank Material precast concrete

Total Length of Drain Tile 330' Number of Lines 5

Depth of Filter Material 6" sand + 17" stone Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected Jan. 17, 1979 (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 ✓ 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 extremely poor soil. Installed in accordance with alternate system on file at the health dept. — agreement card signed.

Michael A. Sexton
Environmentalist

EHD-5-76

Environmental Health Department's Copy