Date Received 11-29-83

SEE INSTRUCTIONS ON BACK
NOV 28 1983
ENVIRONMENTAL

ICAR(S) Application No. 20341

T. C. No. PO 135-211-22

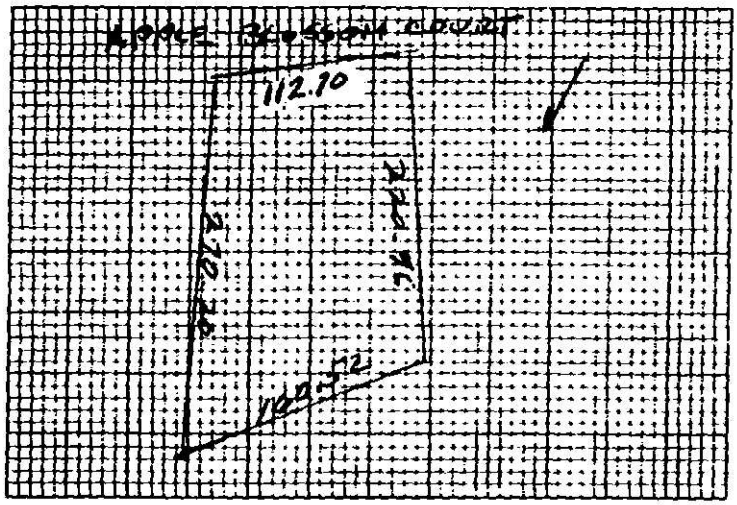
Map Date _____

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) ✓ 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 4

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 BOB McLEMORE CO.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER PO BOX 25746 CHARLOTTE NC 28212

15) PHONE NO. Home ___ — ___ Office 545-6111

16) LOCATION OF SYSTEM 5319 APPLE BLOSSOM COURT
STREET OR COUNTY ROAD

17) SUBDIVISION FAIRWOOD SEC 20 Lot No. 55 Block No. W

Map Book No. 20 Page No. 417

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.

11-16-83
DATE OF APPLICATION

OWNER BOB McLEMORE CO.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20341

T.C. NO. 135-211-22

(Ground Absorption Sewage Disposal)

OWNER: Carl McLemore Co.
ADDRESS: P.O. Box 25-786 Charlotte, N.C. 28213
PLAT NO: 45-5-10
LOT SIZE: 94,000
LOCATION OF SITE: 5319 Eagle Blossom Trail

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-6%	S (PS) U 2-6%	S (PS) U Some rounded stones	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U clay	S (PS) U clay	S (PS) U some 2-1 clay	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-40"	S PS (U) 20-36"	S (PS) U 30-40"	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36"	S PS (U) 24-36" To Saprolite	S (PS) U >30"	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U >36" to ground water	S (PS) U >36" to ground water	S Colluvial soil surface run off (U) seepage	S PS U
7. OTHER (Specify)	S PS (U) Restricted Area	S PS U	S PS U Highwater	S PS U
8. SOIL GROUP	IV B	IV B	IV B	
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil Clay	Pacolet Clay	Organic Drainageway	

S - Suitable PS - Provisionally Suitable U - Unsuitable

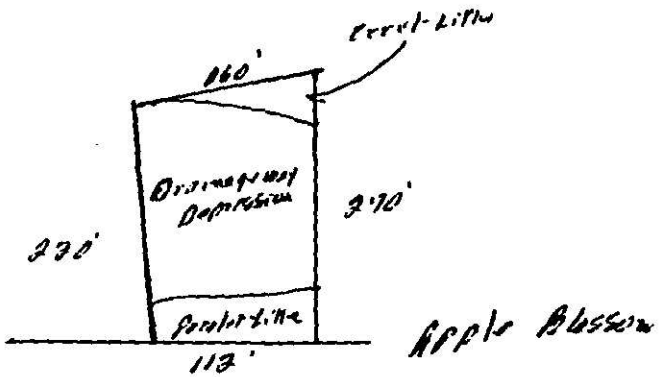
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William R. Rankin
Title: Soil Scientist

Date: 4-16-84

2H


Gravel-Hills
160'
Drainageway Depression
270'
330'
Pasture Line
Apple Blossom
113'

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

SIR. NO. 20341 L
T.C. NO. PO 135-211-22
DATE: April 17, 1984

Bob McLemore Company
P. O. Box 25746
Charlotte, NC 28212

RE: Property located at 5319 Apple Blossom Court

Dear Sir:

At your request, a field investigation was conducted on the property designated above and was classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Sites classified as unsuitable may be utilized for soil absorption disposal systems provided engineering, hydrogeologic, soil and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be reasonably expected to function satisfactorily.

Should you desire to file for permission to install an alternate system, plans and specifications prepared by a person with a demonstrated knowledge of ground absorption sewage treatment disposal systems, soil and rock characteristics, groundwater hydrology and drainage systems should be submitted to this office. They will be reviewed and if it is found that the system may be reasonably expected to function satisfactorily, approval will be given upon the execution by you of "Septic Tank Agreement Form" provided by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

SEE INSTRUCTIONS ON BACK

Date Received 3-13-84

[illegible] ICAR (S) Application No. 20341

[illegible] HEALTH

T. C. No. P# 135-21-22 & 25

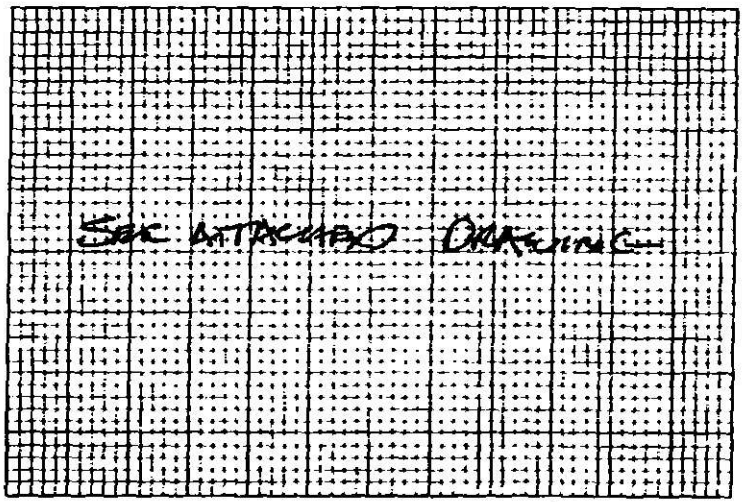
Map Date _____

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) ✓ 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 X No
Residence X Yes ___ No

4) No of Bedrooms 4

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X 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 BOB McLEMORE Co.
(LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER PO BOX 25746 CHARLOTTE 28212

15) PHONE NO. Home _____ Office 545-6111

16) LOCATION OF SYSTEM 5319 APPLE BLOSSOM CT
(STREET OR COUNTY ROAD)

17) SUBDIVISION Fairwood SEC #20 Lot No. 55 Block No. W

Map Book No. 20 Page No. 417

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.

3-6-84
DATE OF APPLICATION

BOB McLEMORE Co.
OWNER

Nathaniel S. Lloyd

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

REAL ESTATE BOOK PAGE

4836 0284

SEPTIC TANK AGREEMENT

The undersigned, Bob McLemore & Co., Inc., owner of property located at LOT 55 5317 APPLE BLOSSOM CT, ("the site") and described in instrument recorded in Book 4647 at Page 933, 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 accordance 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.

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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 indemnify 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.

16:47 #6218 000
05-09-84 5.00
CASH

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

SEAL

This 9th day of May, 1984.

Bob McLemore & Co., Inc. (Seal)
By: [signature] Pres. (Seal)

ASST SECRETARY
ATTESTED BY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG UNION

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

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

_____
Notary Public
My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG UNION

I, Kristy McLemore (Carriker), a Notary Public for said County and State, do hereby certify that Robert V. McLemore personally came before me this day and acknowledged that he is President of Bob McLemore & Co., Inc. 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 President, sealed with its corporate seal and attested by Billy E. Coggins, Asst. Sec.

WITNESS my hand and notarial seal, this 9th day of May, 1984.

Kristy McLemore (Carriker)
Notary Public
My Commission Expires: 12/08/87

REAL ESTATE
BOOK PAGE
4836 0285

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Kristy McLemore (Carriker),

a Notary Public of Union County and State of North Carolina
is certified to be correct. This 9 day of May 19 84
Charles E. Crowder, Register of Deeds, By DEPUTY

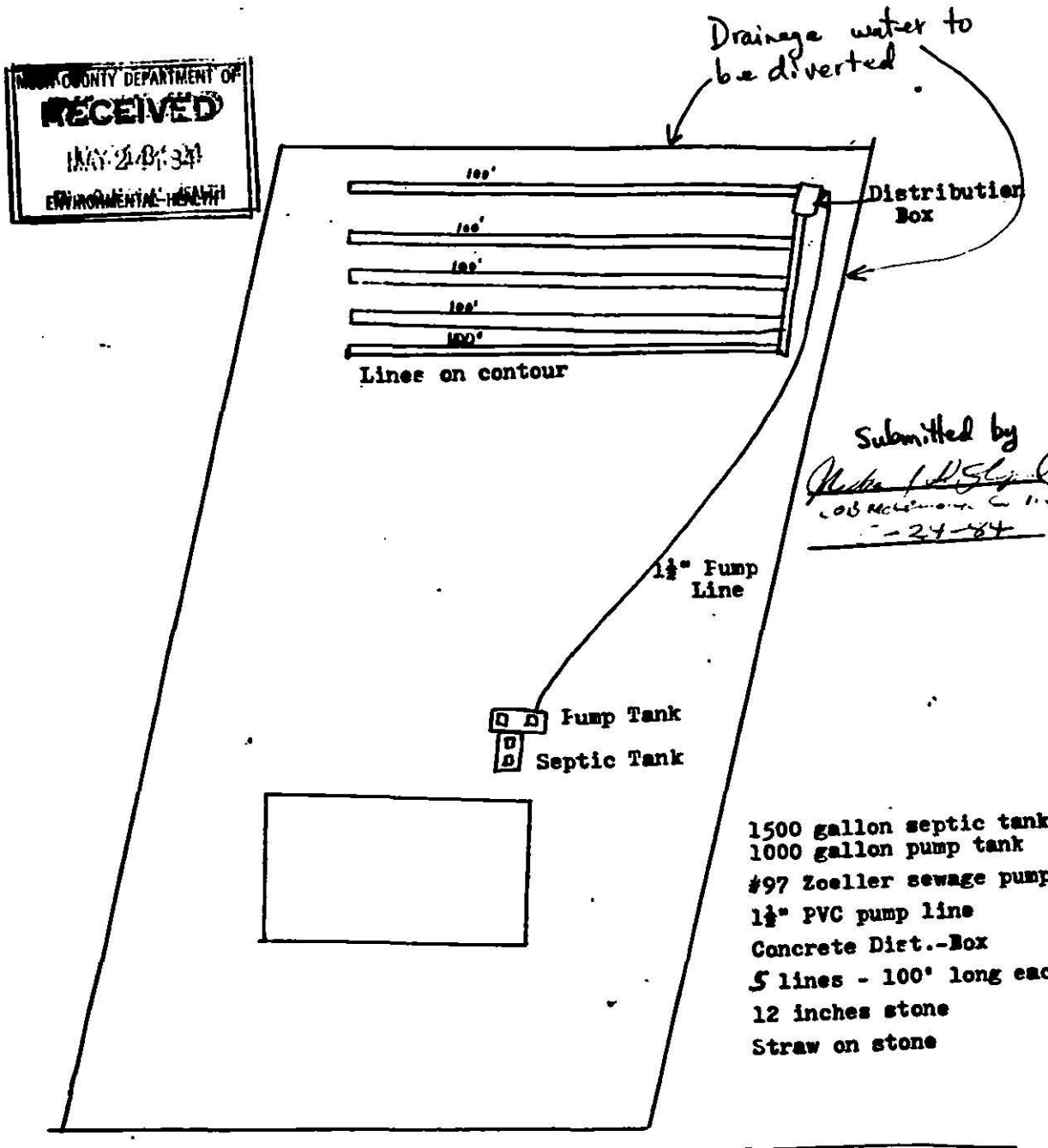
Drawn By & Mail to: Environmental Health Dep't.

PRESENTED FOR REGISTRATION
MAY 9 2 27 PM '84
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 23 1984
ENVIRONMENTAL HEALTH

SIR 20341

Bob McLemore Company Lot 55-W Apple Blossom Ct.



Apple Blossom Ct.

D 5123

Date Issued 5-24-84

Serial No. 7525

SIR No. 20341

T. C. No. PO 135-211-22,25

Map Date L CRT

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 Bob McLemore Co.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF LOT 5319 Apple Blossom Court
(STREET OR COUNTY ROAD)

SUBDIVISION Farmwood Sec. 20 LOT NO 55 BLOCK NO. W

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 dischorge 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 20341. 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.

*** AGREEMENT FORM ON FILE ***

Environmentalist

Environmental Health Director, or Authorized Section Head

END-5-76

Environmental Health Department's Copy

Date Issued 7/12/84

Serial No. 07353

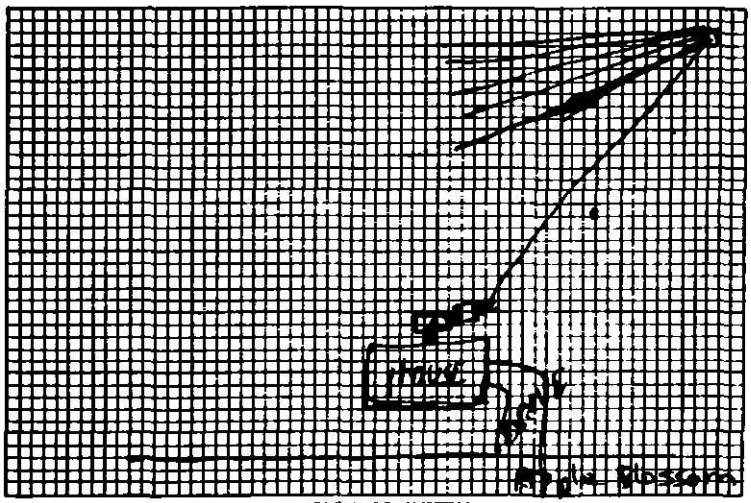
ICAR(S) Permit No. 20341

T. C. No. Po 135211 22

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 20341, dated _____ 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 8/12/84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal ST + 1000 gal PT

Tank Construction pcc

Absorption and/or Nitrification Lines:

Total Line Length 500'

Number of Lines 5 x 100

Distance from House 5' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Bob McLemore Co.

LOCATION OF PROPERTY 5319 Apple Blossom Ct

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.

Comments: 5 lines x 100' Long x 3' wide with 12" Stone with Straw cover with grade boards with Step downs as needed

B. Hardesh
Division or Section Head

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-S-76

Environmental Health Department's Copy

C of A (s) No. 20341

Date Issued 10-1-84 Serial 7031 T. C. No. PO 135-211-22 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 BOB McLEMORE HOMES (LAST FIRST MIDDLE)

Location of Property 5319 APPLE BLOSSOM CT

Application Number 20341 Permit Number 20341

Inspection Data: ST PT

Liquid Capacity of Tank 1500 + 1000 Tank Material P.C.C.

Total Length of Drain Tile 400' Number of Lines 4 x 100

Depth of Filter Material 12" Cover Depth 12" - 24"

Water Supply Source Comm. well Distance from Water Source 50' +

Excavation Inspected 10-1-84 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 10-1-84 (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 ~~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 _____

Environmentalist

EHD-5-76

Environmental Health Department's Copy