Date Received 5/11/84

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 11 1984
ENVIRONMENTAL HEALTH

SIR No 21048
I.C. No 023-151-07
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

(1) NAME OF OWNER Leibeter, Betty H.
LAST FIRST MIDDLE

(2) ADDRESS OF OWNER 3812 MARGARET LANE, CHAR NC ZIP 28214

(3) PHONE NO. Home 374-8[illegible] Office Duke Power 323-4875

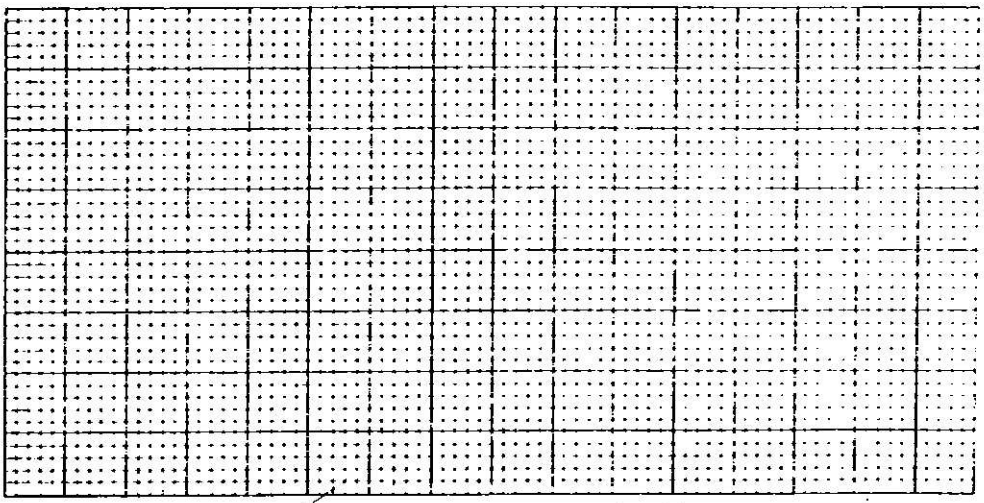
(4) LOCATION OF PROPERTY Coral Valley Road
STREET OR COUNTY ROAD

(5) SUBDIVISION Y-Ts Link Lake LOT NO 116 BLOCK NO

MAP BOOK NO PAGE NO

(6) DEED REFERENCE DEED BOOK # 18 PAGE NO 111

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

2 Maps attached

Betty H. Leibeter
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5704

SIR No. 21040

Date Issued 6-26-84

T C No. PC 023-151-07

Map Date L

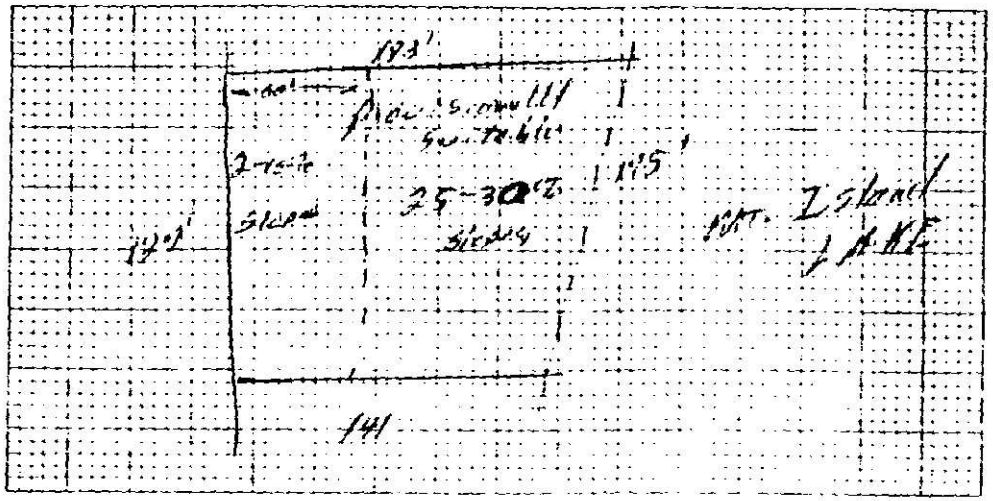
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER LeQuatter, Patty
LAST FIRST MIDDLE

ADDRESS OF OWNER 3010 Margaret Lane, Charlotte, NC ZIP 28214

LOCATION OF PROPERTY Coral Valley Road
STREET OR COUNTY ROAD

SUBDIVISION LOT NO 116 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation was made pursuant to Article 11 of the Mecklenburg County Department of Environmental Health Ordinance. The investigation was conducted on that portion of the lot as indicated on the above PROVISIONALLY SUITABLE
The permeability rate determined for the application was . The said lot is approved for the installation of a ... with subsurface soil absorption effluent disposal subject to the following requirements and limitations:

1. ... the Mecklenburg County Department ... wastewater treatment ... item in the ...
2. ... the Mecklenburg County Department ... and the ...
3. ... item ... of ...
4. ... of ... the ... item ... of ... installed at ... for ... 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 ... and is void if at any time in the future, prior to completion of the system these laws and ... are changed such that this approval would not have been granted had the new laws and regulations been in effect on the issue date.

William A. Mac ...
Soil Scientist

... D. Sanderlin, Jr.
Authorized Section Head

EHC 5-76

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. [illegible]

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
LOCATION OF SITE: [illegible]

PLAT NO: [illegible]
LOT SIZE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S / PS [illegible] / U	S / PS [illegible] / U	S / PS / U	S / PS / U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S / PS [illegible] / U	S / PS [illegible] / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12-36 inches)	S / PS [illegible] / U	S / PS [illegible] / U	S / PS / U	S / PS / U
4. SOIL DEPTH (inches)	S / PS [illegible] / U	S / PS [illegible] / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS [illegible] / U	S / PS [illegible] / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S / PS [illegible] / U	S / PS [illegible] / U	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS [illegible] / U	S / PS / U	S / PS / U	S / PS / U
8. SOIL GROUP	[illegible]			
9. SITE CLASSIFICATION	[illegible]	[illegible]		
10. SOIL SERIES	[illegible]	[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: System may need lift station depending on structure location & elevation

Described by: [illegible]
Title: [illegible]

Date: 6-18-91

4

C of A (s) No 21048

Date Issued 10-23-86 **Serial** 8967 T C No 023-151-58

L CC-T

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Ledbetter (LAST) Betty (FIRST) (MIDDLE)

Location of Property 2227 Coral Valley Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 270' Number of Lines 3

Depth of Filter Material 12" Cover Depth 12" - 18'

Water Supply Source well Distance from Water Source not known

Excavation Inspected 10-23-86 (DATE) Tank Inspected 10-23-86 (DATE)

Nitrification Field Inspected 10-23-86 (DATE)

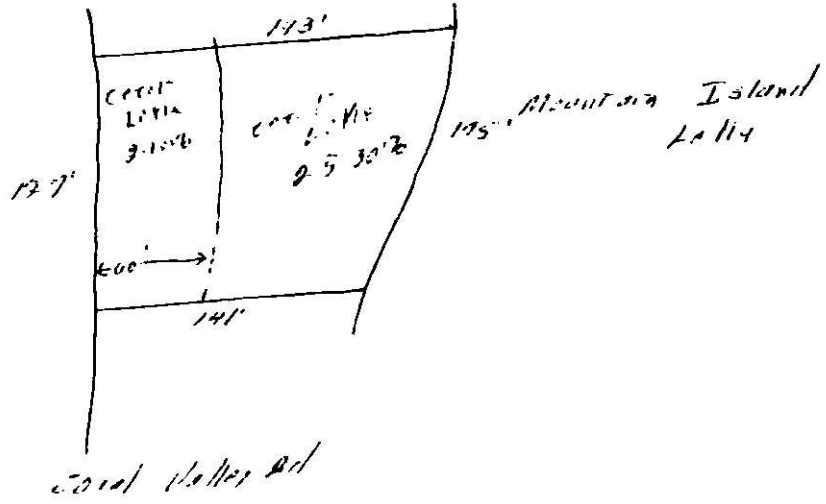
Washing Machine Line Inspected If Applicable — (DATE)

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 permits 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 1986, 1500ST, CON, 810SFT, 12", Cecil

B. R. Ferguson
Environmentalist

EHD-5-76


143'
Coral Valley Rd
600'
141'
195' Mountain
Island
Lake

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 21048
TC:
SERIAL: № 11474

☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 2229 (STREET NO.) Coral Valley Road (STREET) ② FILE:
③ JURISDICTION Meck ④ TAX PARCEL NO.: 023-151-58
⑤ SUBDIVISION ⑥ LOT: 116 ⑦ BLOCK:

OWNER

⑧ NAME: Betty (FIRST) M (MIDDLE) Ledbetter (LAST)
⑨ MAILING ADDRESS 1549 Brown Ave.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28205
⑬ PHONE: (WORK) 373-4875 ⑭ (HOME) 391 1549

REQUEST

This request is for a n:

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

DESIGN CRITERIA

System will serve:

⑰ ☐ Residence ⑲ ☒ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 JCH ㉕ Type?
㉓ Maximum occupancy? 3 JCH ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Betty M Ledbetter
Date: 9/22/86

IMPROVEMENT PERMIT

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

B.R. Ferguson (Environmental Health Specialist) 10-14-86 (Date)
(Director or Authorized Section Head) 10-15-86 (Date)

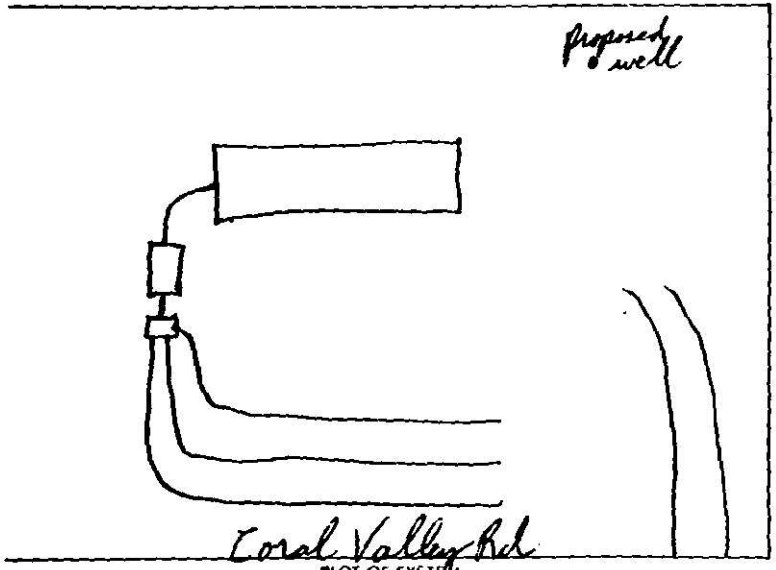
*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21048 DATE: 10-14-86
TC: 023-151-58 D1
SERIAL № 10429

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 9-22-86. All work shall be completed on or before 11-14-86, 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 Department of Environmental Health 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 1500 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction PCC

Absorption and or Nitrification Lines:
Trench Width 3 feet
Total Line Length 270' feet
Number of Lines 3
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well not in feet

NAME OF OWNER Betty Ledbetter
LOCATION OF PROPERTY 2227 Coral Valley Rd
Comments: 3 lines 3'X90'X12" stone

S. R. Swift, R.S.
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.

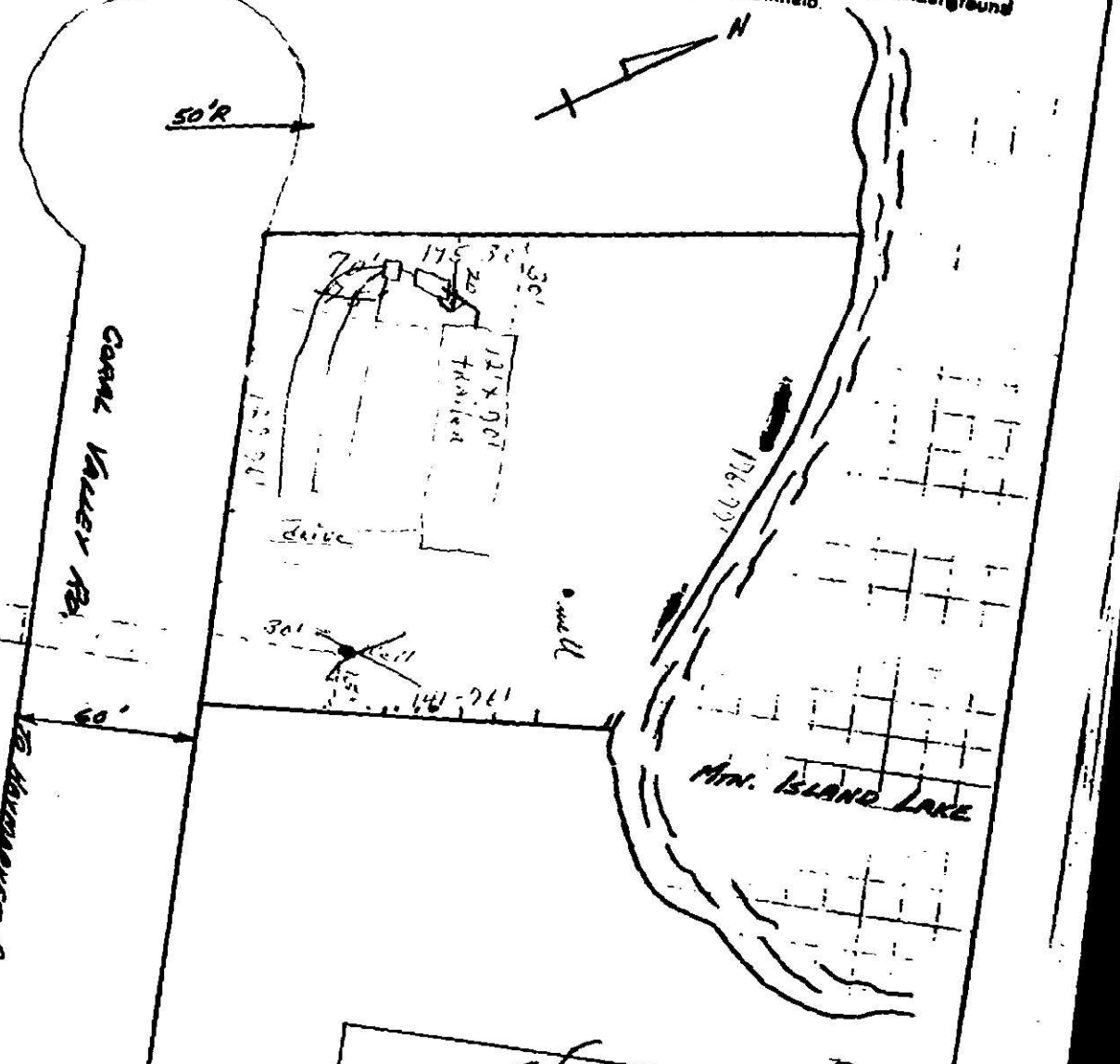
WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21648

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: Bobby McLeskey

Date: 9-22-86

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

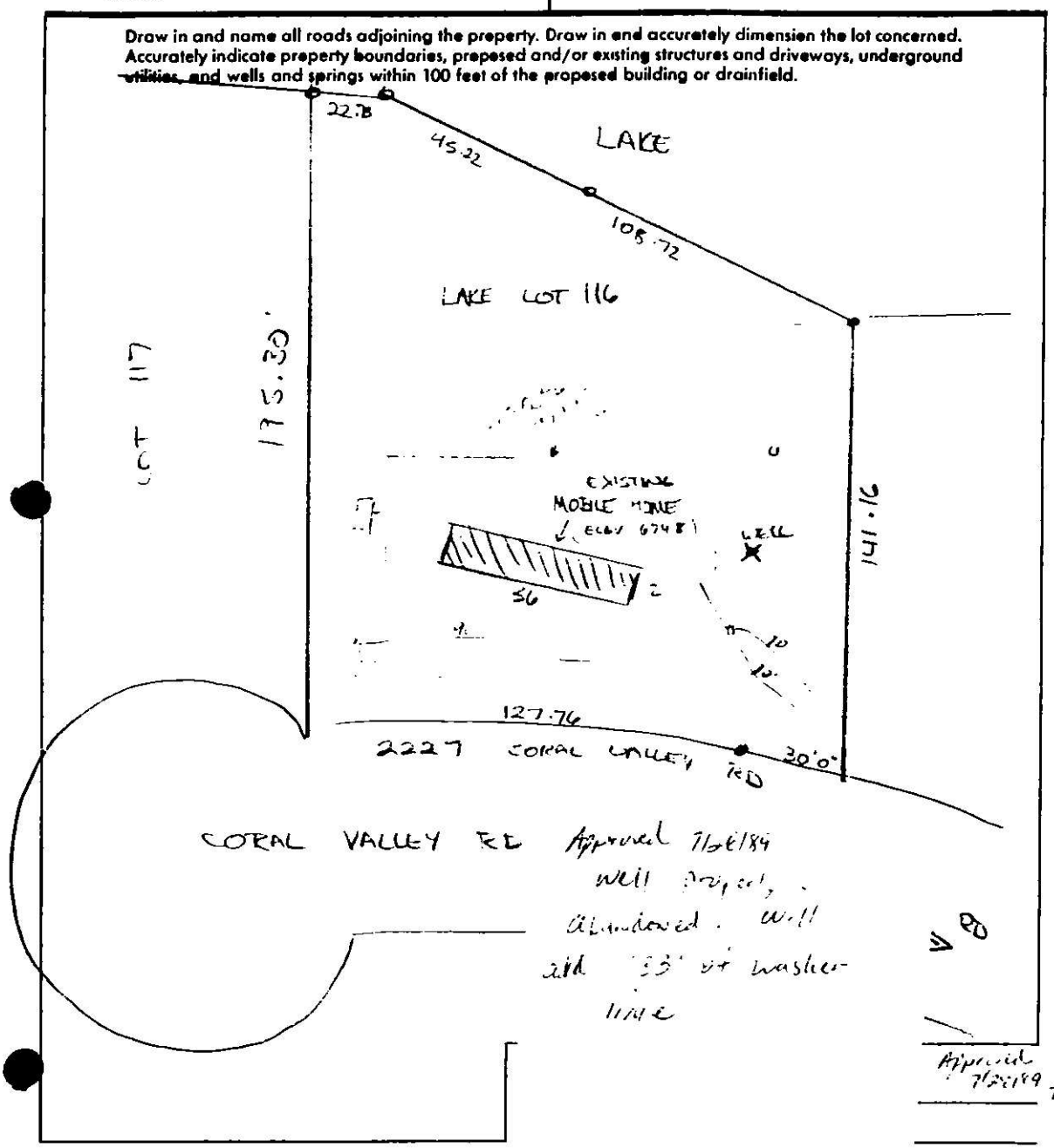
PROPOSED PLOT PLAN

LOT 116
MAP BOOK - 20
PAGE 585 MECK PUB REC.

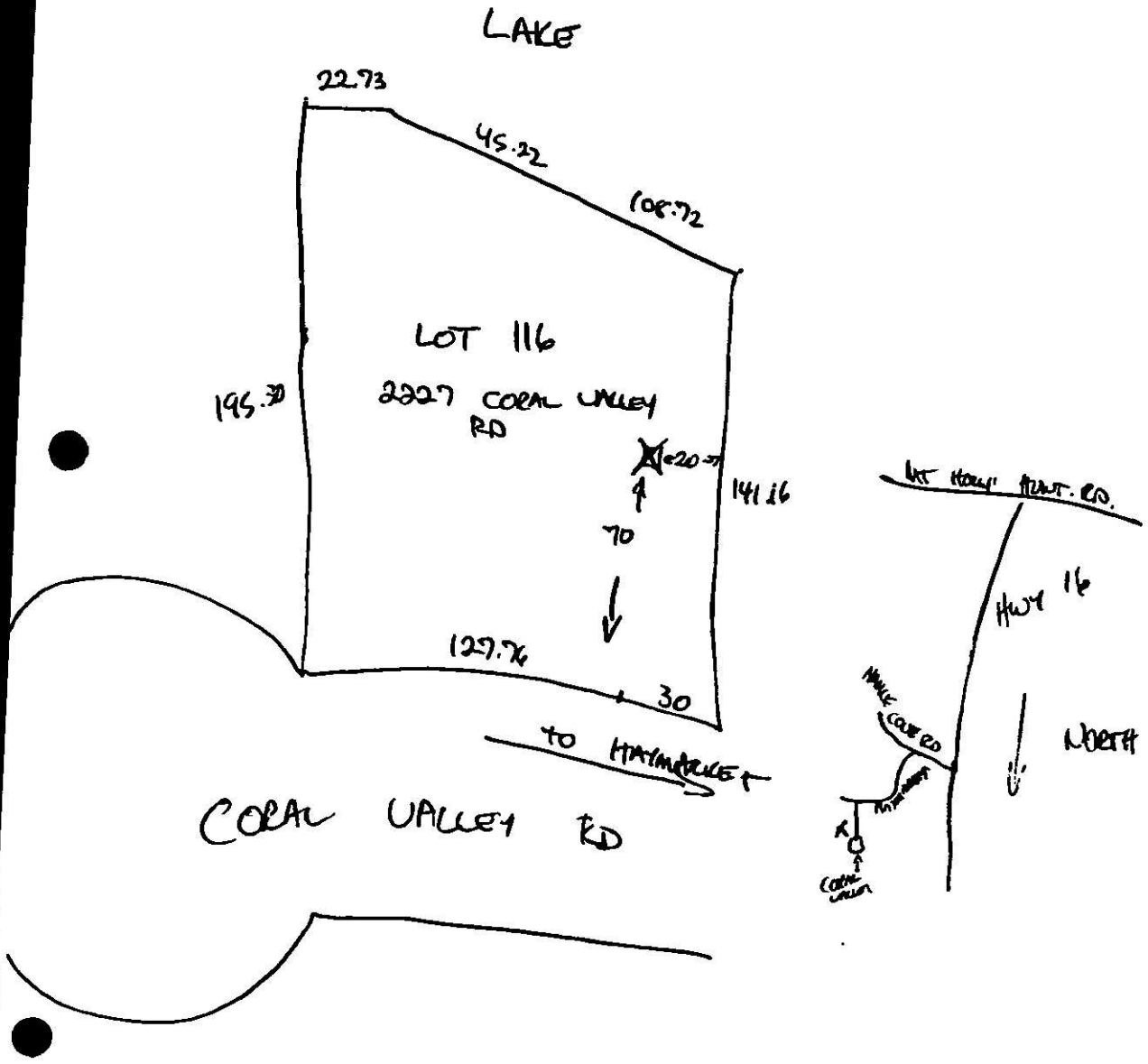
FILE: _____

TC: [illegible] 151-52

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.



North Carolina
Department of Natural Resources and Community Development
Division of Environmental Management
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR _____ REG. NO. _____

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: CHARLOTTE County MECKLENBURG

2227 CORAL VALLEY RD LOT 116 Quadrangle No. _____
(Road, Community, Subdivision, Lot No.)

2. OWNER: DEAN N. STROUPE

3. ADDRESS: 2227 CORAL VALLEY RD LOT 116

4. TOPOGRAPHY: draw, slope, hilltop, valley, flat

5. USE OF WELL: _____ DATE: 7/20/89

6. TOTAL DEPTH: 50' DIAMETER: 6'

7. CASING REMOVED:

feet	diameter

8. SEALING MATERIAL:

Neat cement
bags of cement ~~8~~
gals. of water ~~60~~

Sand cement
bags of cement 8
yds. of sand ~~1~~
gals. of water 6

Other
Type of material _____
Amount _____

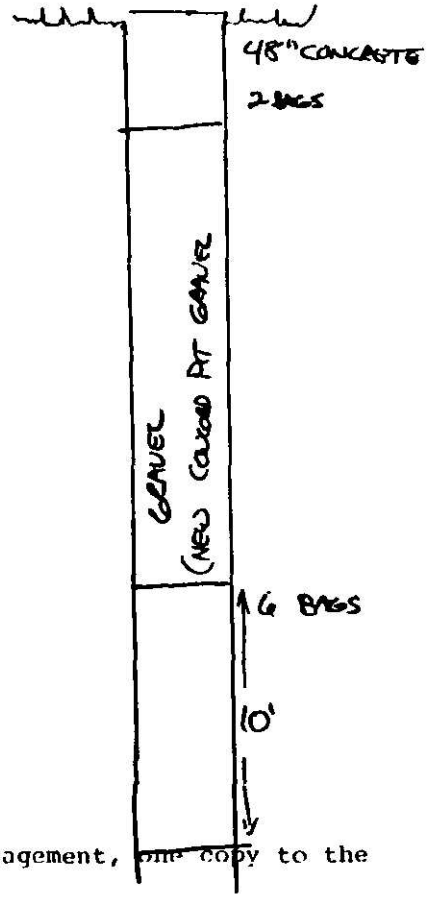
9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
REMOVED PUMP & WIRE
CLORINATE W/ 1 GALLON CLOROX
MIXED DRY MIXTURE SACRETE TO
SEAL BOTTOM - FILLED WITHIN 4'
FINISHED LAST 4' WITH SOLID CEMENT

I do hereby certify that this well abandonment record is true and exact.

[signature] 7/26/89
Signature of Contractor or Agent Date

LANDIS & SON CONST CO INC
NC # 5219

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11/89

NAME/COMPANY:

Sanitation ____

Vector Control ____

OPWD ✓

SERVICE:

AUG 3 1989

FEE: 40.00

Completed By

Collected By

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

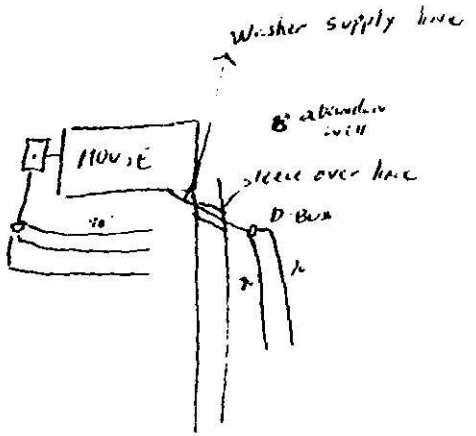
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21648 DATE: 8/11/89

TC: 023-151-58 ☐ L

SERIAL № 12904

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 8/16/89. All work shall be completed on or before 9/11/89, 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 Department of Environmental Health 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 —

Absorption and or Nitrification Lines

Trench Width 3 feet

Total Line Length 140 feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 150 feet

NAME OF OWNER Deann & Sharon Strouse

LOCATION OF PROPERTY 2227 Coral Valley Rd

Comments: 2 trenches x 70' x 3' x 12" - washer line

well properly Abandoned 7/26/89

Division or Section Head

Environmentalist Phil L. Walker

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

Mecklenburg County
Health Department

Basil G. Dellis, M.D., M.P.H.
Health Director

August 2, 1989

MEMORANDUM

TO: Lorraine Whitaker

FROM: Sylvia D. Daniel, R.S., Program Chief
On Premises Waste Disposal & Water Supply

Please issue a refund in the amount of $100.00 for an installation/final approval for file #21048. This was a duplicate payment. The refund should be made to the following:

Lanier & Sons Construction
2919 Oakdale Road
Charlotte, NC 28208

Thank you in advance for your prompt attention to this matter.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/2/81

NAME/COMPANY: _____

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: _____

1/4

_____

_____

_____

_____

AUG 2 1989

FEE: 1.-

_____ _____

Completed By Collected By

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: _____

NAME/COMPANY: _____

Sanitation _____

Vector Control _____

OPWD _____

SERVICE: _____

_____

_____

_____

_____

FEE: _____

_____ _____

Completed By Collected By

2081

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 1

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to race, color, sex, or disability.

OFFICE USE ONLY
FILE: 2104 8
TC:
SERIAL: No 10977

ENVIRONMENTAL HEALTH DIVISION ☐ L / ☐ CRT

JOB LOCATION

① ADDRESS: 2227 (STREET NO) Cain (STREET) ② FILE:
③ JURISDICTION: CHAR ④ TAX PARCEL NO.: 029-151-58
⑤ SUBDIVISION: ⑥ LOT: 116 ⑦ BLOCK:

OWNER

⑧ NAME: David (FIRST) E. (MIDDLE) Stargel (LAST)
⑨ MAILING ADDRESS: 11321 Kennedy Rd.
⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: WORK: 393-5137 ⑭ HOME: 295-5126

REQUEST

This request is for a n

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit →
⑰ ☐ Authorization for mobile home exchange EXISTING MOBILE HOME
⑱ ☑ Other specify: BUILDING NEW HOUSE

DESIGN CRITERIA

System will serve.

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉘ Type?
㉓ Maximum occupancy? 5 ㉙ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉚ Maximum number of seats?

WATER SUPPLY

㉕ Water supply from present or proposed:

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉖ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: David E. Stargel
Date: 6-16-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 provision:

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.

Peter A. Walker 7/20/89
Environmental Health Specialist — Date

5/21/89
Director or Authorized Section Head — Date

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

OIL POLLUTION

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21048 DATE: 8-16-89

TC: 023-151-58 ☐ L ☐ CRT

SERIAL № 12143

Name of Owner DEAN STROUPE Juris: 8

Address of Property 2227 Coral Valley Rd

Inspection Data:

Tank Material ____

Total Length of Drainfield 140

Number of Lines 2 @ 70

Cover Depth 12

Water Supply Source Well

Distance to Water Source 80

Excavation Inspected 8/16/89

Tank(s) Inspected NA

Wash Line Inspected 8/16/89

High Water Alarm Inspected ____

PLOT

Design: PS Conc CTR# ____

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: 420 S.F. T, Cap, 912, Repair Conc.

Willard B. Ramsey
Environmentalist

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