Date Received 3-1-84

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 20677
PO
T.C. No. 231-111-04
Map Date 8/83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Providence Woods, Inc.
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 1740 E. Independence Blvd, Charlotte, NC 28205
ZIP

3) PHONE NO Home — Office 704-372-2565

4) LOCATION OF PROPERTY Amanda Dr.
STREET OR COUNTY ROAD

5) SUBDIVISION Providence Woods LOT NO 3 BLOCK NO V

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4571 PAGE NO 693-694

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

Please see attached map

7) ACCURATELY DIAGRAM & DIMENSION LOT

F. P. Newman
OWNER Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. [illegible]

T.C. NO. B [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 2-10% / U	S / PS Complex slopes / U	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 variable 2-36" / U	S / PS / U —	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS 2-36" / U	S / PS 2-36" / U	S / PS — / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S 2-40" to ground water / PS / U	S Eroded Areas channel [illegible] / PS / U	S / PS Drainage Easement / U	S / PS / U
7. OTHER (Specify)	S / PS Somewhat Limited Area / U	S / PS / U	S / PS / U	S / PS / U
8. SOIL GROUP	11 A	11 A	—	
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable	unsuitable	
10. SOIL SERIES	Creek Lake	complex slopes	Drainage Easement	

S - Suitable PS - Provisionally Suitable U - Unsuitable

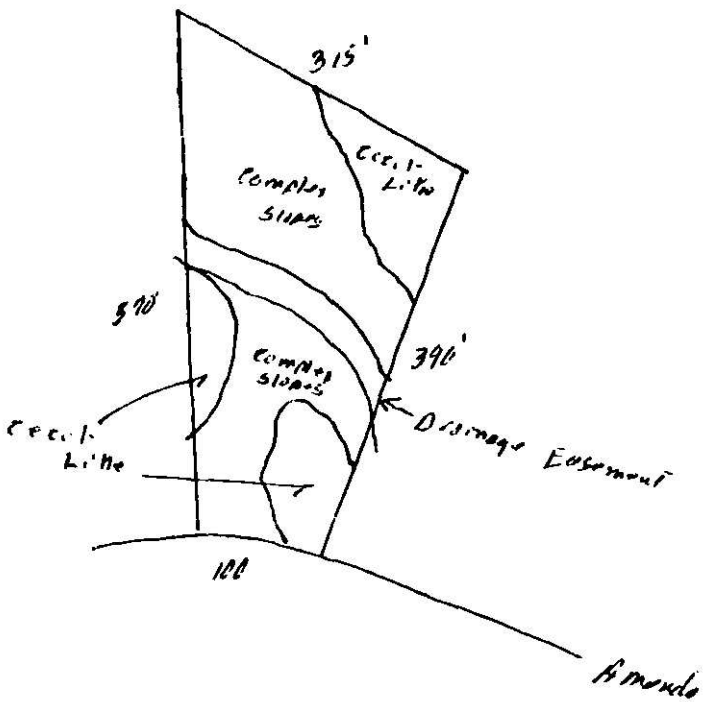
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Recommend plans for house, system & well locations

Described by: [illegible]
Title: [illegible]

Date: 4-27-81

18


315'
Cecil-
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MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20677
T.C. NO. PO 231-111-04
DATE: 5-1-84

Providence Woods, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Amanda Drive, Lot 3, Blk. 5

Dear Sirs:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

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

Sincerely,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Being process. (20677) 20677

Date Received _____

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 4 1985

SIR No. ~~[illegible]~~

T. C. No. 020-005-03

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Cox (LAST) Jill (FIRST) Casley (MIDDLE)
COX STEPHEN MICHAEL

2) ADDRESS OF OWNER 14001 Millhouse Dr, Matthews, NC ZIP 28105

3) PHONE NO. Home 847-5657 Office 554-3357

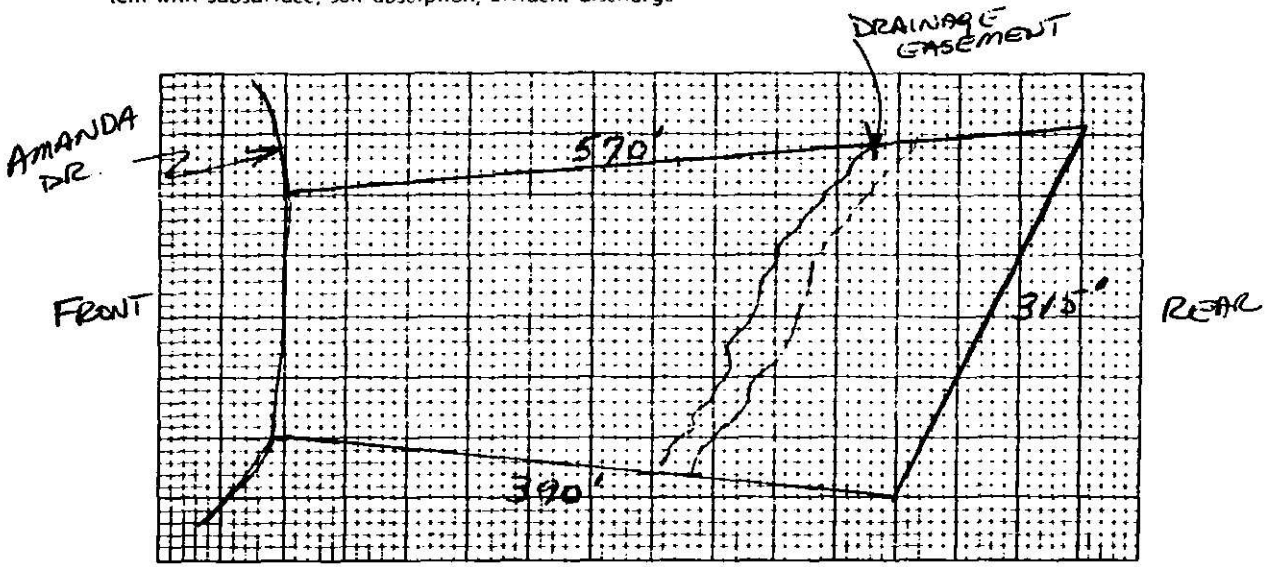
4) LOCATION OF PROPERTY AMANDA DR. (STREET OR COUNTY ROAD)

5) SUBDIVISION PROVIDENCE WOODS LOT NO. 3 BLOCK NO. 5

MAP BOOK NO 20 PAGE NO 776

6) DEED REFERENCE DEED BOOK 5003 PAGE NO. 0149

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

Stephen Michael Cox 6/3/85
OWNER Jill Casley Cox 6/3/85

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 20677
TC: PC 231-111-04
L

CRT [signature] 8/22/85

JOB LOCATION

① ADDRESS: 717 (STREET NO) Amanda DR (STREET) ② FILE:
③ CITY: ④ TAX PARCEL NO:
⑤ SUBDIVISION: Providence WOODS ⑥ LOT 3 ⑦ BLOCK:

OWNER

⑧ NAME: Stephen (FIRST) Michael Cox + Jill (MIDDLE) Hogsett Cox (LAST) (BUILDER DONALD S PARKER) [signature]
⑨ MAILING ADDRESS: 5318 WALNUT GROVE LN
⑩ CITY: CHARLOTTE, NC ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 335-3059 ⑭ (HOME) 567-2841

REQUEST

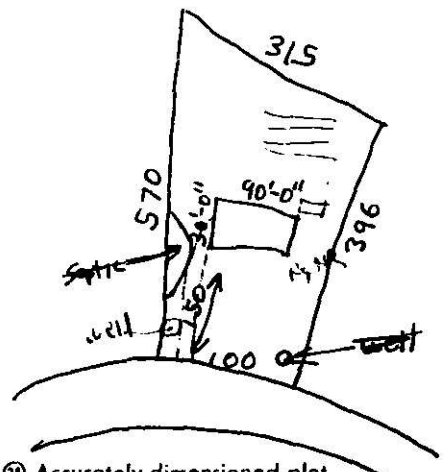
This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

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

㉚ 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: [signature] Builder

Date: 8-8-85

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

Date Issued August 22, 1985

Serial No. 8825

SIR No. 20677

T. C. No. PO 231 111 04

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 Cox (LAST) Stephen/Jill (FIRST) M/H (MIDDLE)

ADDRESS OF OWNER 5318 Walnut Grove Ln. Charlotte, N.C. 28212 (ZIP)

LOCATION OF LOT 717 Amanda Dr. (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:

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.

"Lift Station Required"

Cynthia G Bass
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

Serial No. 08800

Date Issued 12/27/85

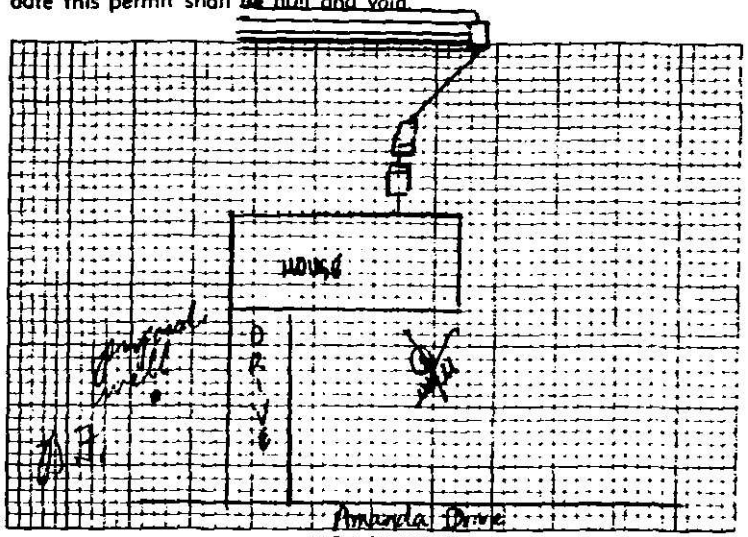
ICAR(S) Permit No. 20677

T C PO No. 231-111-04

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 20677, dated 8/8/85 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 1/27/86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500+1000

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 535'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100' not in B.F.

NAME OF OWNER Cox Stephen Michael

LOCATION OF PROPERTY 717 Amanda Drive

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 Tranches 3'x107'x12" stone with grade boards, straw as cover

Comments:

[signature] Division or Section Head

Cynthia G. Bass 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 Dept. [illegible]

C of A (s) No. 20677

Date Issued 12-31-85 **Serial** 8141 T C No. 231-111-04

✓ 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 Cox (LAST) Stephen (FIRST) _____ (MIDDLE)

Location of Property 717 Amanda Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material PCC

Total Length of Drain Tile 535' Number of Lines 5

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

Water Supply Source well Distance from Water Source not in

Excavation Inspected 12-31-85 (DATE) Tank Inspected 12-31-85 (DATE)

Nitrification Field Inspected 12-31-85 (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 1985, 1500 ST, 1000 DT, [illegible], 1655 FT, 12 G, [illegible]

D. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy