Date Received 7-14-83

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 14 1983
ENVIRONMENTAL HEALTH

APT No. 19870
T.C. No. 231-031-25

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER HARRY (LAST) GRIMMER (FIRST) + Co. Inc (MIDDLE)

2) ADDRESS OF OWNER PO Box 898 MATTHEWS NC (ZIP) 28105

3) PHONE NO. Home N/A Office 847-8823

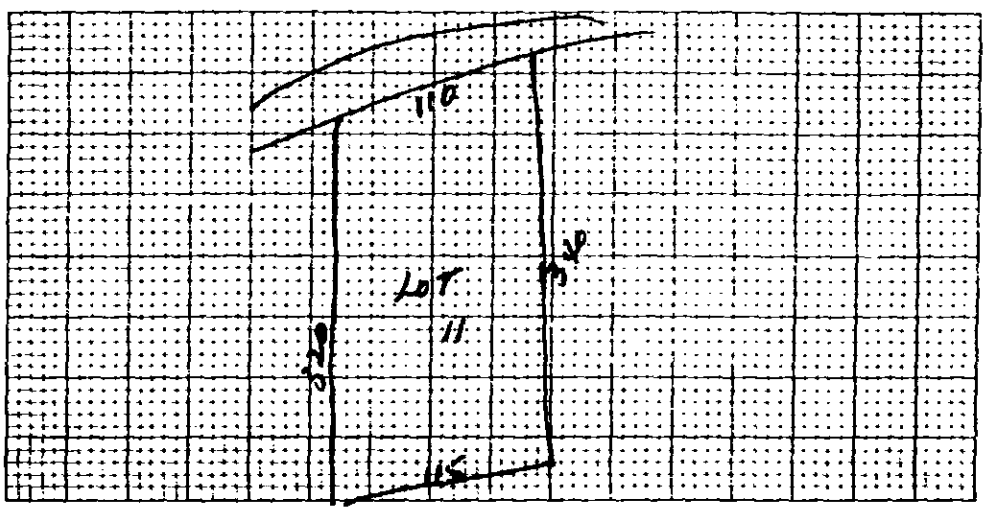
4) LOCATION OF PROPERTY 9918 PROVIDENCE FOREST LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 11 BLOCK NO C

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4637 4518 PAGE NO 111 602

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

Harry Grimmer
OWNER

EHD-5-74

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 12820

T.C. NO. PO 231-031-25,11

(Ground Absorption Sewage Disposal)

OWNER: Henry Simmons / Pendrell
ADDRESS: PO Box 686 Matthews NC 28105
PLAT NO: 211-C
LOT SIZE: Approx 32,000
LOCATION OF SITE: 7119 Pendrell Town Lane

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 0-8%	S (PS) U 2-10%	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 2-1 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) 30-39" U	S PS 24-36" (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S 36"+ (PS) to U Saprolite	S 24-36" PS (U)	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S ~30" to (PS) ground U water	S perched water PS table (U) 24-36"	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA	IIB		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cur. L. Ha	Helena L. Hf		

S - Suitable PS - Provisionally Suitable U - Unsuitable

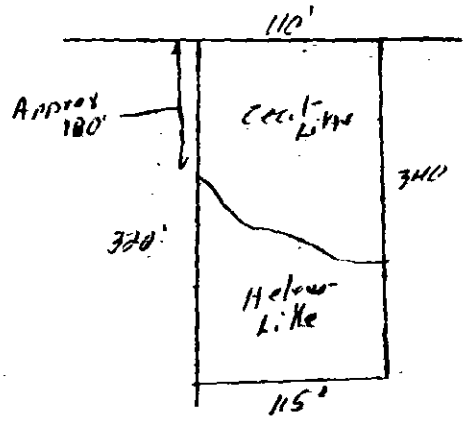
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William G. Martin
Title: Soil Scientist
Date: 8-4-83

EHD 539 (Revised: 6/82)

H



Boundary - Forest Zone

Serial No. 5146

SIR No. 19870

T. C. No. PO 231-031-25,11

Date Issued 8-5-83

Map Date

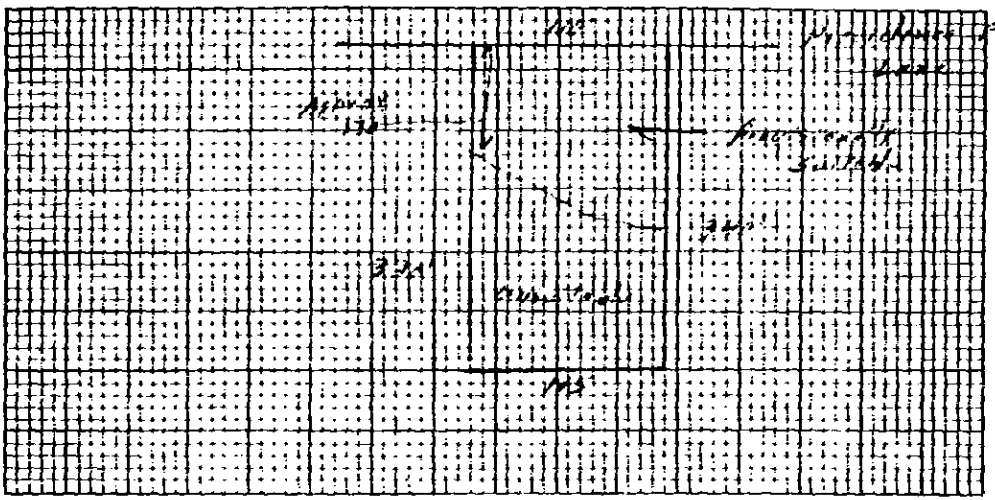
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Harry Grimmer & Co., Inc.
(LAST FIRST MIDDLE)

ADDRESS OF OWNER P.O. Box 898, Matthews, NC ZIP 28105

LOCATION OF PROPERTY 9918 Providence Forest Lane
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 11 BLOCK NO. C



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot **Provisionally Suitable**
The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction, including the drilling of a well, is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a 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 of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William A. Martin
EHD-S-74 Soil Scientist

Bill D. Hardister Jr.
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

Date Received 11-8-83

NOV 8 1983

ENVIRONMENTAL HEALTH

ICAR(S) Application No. 198870

T. C. RO 231-131-25, 11

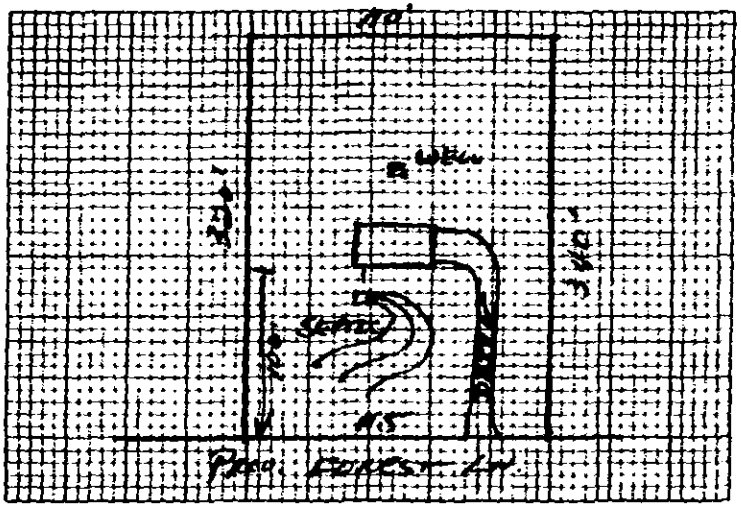
Map Date _____

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 Harry Corrimmen Co. Inc.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P.O Box 848 Matthews, N.C. 28106

15) PHONE NO. Home _____ Office 847-8823

16) LOCATION OF SYSTEM 9418 Providence Forest Ln.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Providence Forest Lot No. 11 Block No. C

Map Book No. 20 Page No. 425

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 8-5-83

20) PTR NUMBER (See Instructions) 19870

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.

11-4-83
DATE OF APPLICATION

OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BI-11-16-83

SIR No. 19870

Serial No. 6936

Date Issued 11-9-83

T. C. No. PO 231-131-25,11

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Harry Grimmer Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 898, Matthews, NC ZIP 28106

LOCATION OF LOT 9918 Providence Forest Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Providence Forest LOT NO. 11 BLOCK NO. C

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 ~~1987~~ 0. 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. LIFT STATION MAY BE NEEDED
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.

Ralph Miller
Environmentalist

Bill D. Hardister Jr.
Environmental Health Director, or Authorized Section Head

END-5-74

Environmental Health Department's Copy

Date Issued 2-3-84

Serial No. 6933

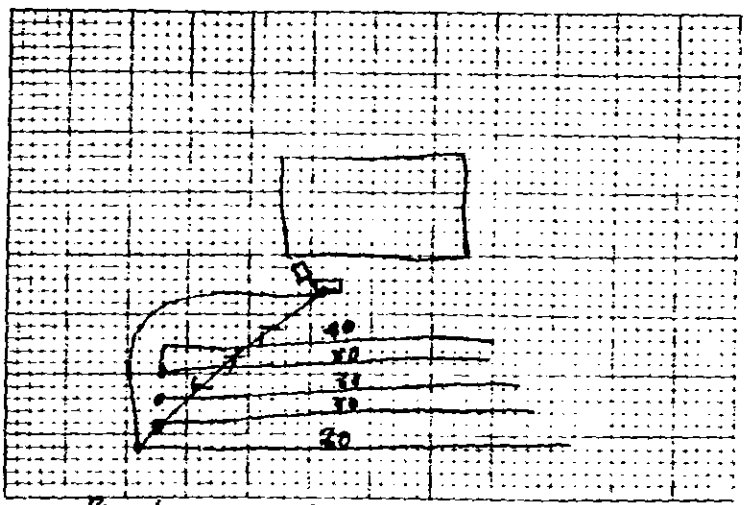
ICAR(S) Permit No. 19870

T. C. No. 80 231-121-25,11

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 19870, dated 11-4-83 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 Feb 20, 84, after which date this permit shall be null and void.



Providence Forest LOT OF SYSTEM Acres

Permeability Rate PS

Liquid Capacity of Tank 1500 + 1000 gal pump station

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines

Total Line Length 400

Number of Lines 5

Distance from House 100

Distance from Property Line 10

Distance from Well 150

NAME OF OWNER Harry Grimmer Co. INC

LOCATION OF PROPERTY 9918 Providence Forest Ln.

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: Rock 12" Stream & Grade Board.

B. Hamlett
Division or Section Head

W. B. Ramsey
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

BE 317-84

C of A (s) No. 19570

Date Issued 15 Feb 84 **Serial 6426** T C No. 231-131-27/11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT

V

CERTIFICATE OF APPROVAL

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

Name of Owner Vann Summer Co Inc
LAST FIRST MIDDLE

Location of Property 9918 Providence Forest Ln

Application Number 19570 Permit Number 19570

Inspection Data:

Liquid Capacity of Tank 1500 & 1000 Tank Material PC

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 15-18'

Water Supply Source Well Distance from Water Source >100'

Excavation Inspected 15 Feb 84 Tank Inspected 15 Feb 84
DATE DATE

Nitrification Field Inspected 15 Feb 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 _____

M. A. Isley
Environmentalist

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

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

(OFFICE USE ONLY)
FILE: 19870
TC: R 231 131 - 25 - 11
SERIAL: № 12644 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 7918 (STREET NO) PROVIDENCE FOREST LN (STREET) ② FILE: 19870

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: JAMES (FIRST) C (MIDDLE) LONON (LAST)

⑨ MAILING ADDRESS: SAME

⑩ CITY: ~~CH~~ MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) _____ ⑭ (HOME) 846 1314

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:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4 ㉕ Type? _____

㉓ Maximum occupancy? 4 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: Mr James C Lonon

Date: 3-13-87

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.

Environmentalist _____ / _____ Date

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.