Date Received 3-1-84

RECEIVED
DEPARTMENT OF ENVIRONMENTAL HEALTH

SIB No 20690
T. C. No 231-111-04
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

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

2) ADDRESS OF OWNER 710 E. Independence Blvd [redacted] ZIP Charlotte, NC 28205

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

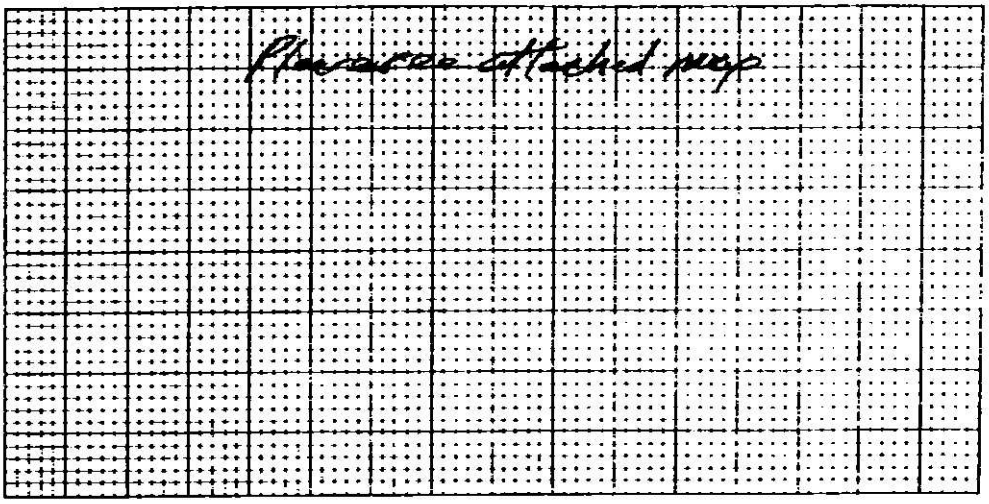
4) LOCATION OF PROPERTY Amanda Dr.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Woods LOT NO 16 BLOCK NO 4

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

J. P. Neuman
OWNER Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20690

T.C. NO. PO 231-111-24

(Ground Absorption Sewage Disposal)

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

PLAT NO: 116 B V
LOT SIZE: Approx 56,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S / PS / U 2-10%	S / PS / U complex slopes sallied	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 30-48" / U	S / PS <36" / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS >36" / U	S / PS <36" / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S / PS >48" to ground water / U	S / PS Eroded Areas channel runoff / U	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS Limited Area see [illegible] / U	S / PS / U	S / PS / U	S / PS / U
8. SOIL GROUP	IVA	IVA		
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable		
10. SOIL SERIES	Cerrito Lake	Eroded complex slopes		

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)

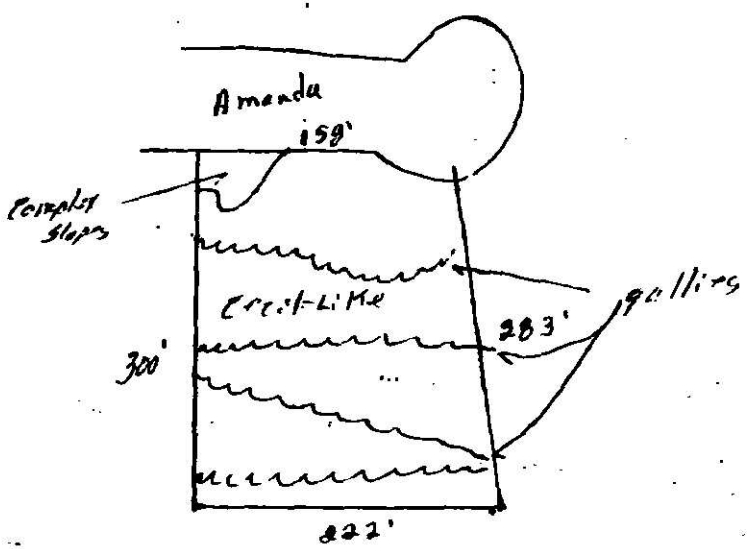
Recommendations/Comments: Limited Area of provisionally suitable soils recommend plans for house system & well locations be submitted.

Described by: William [illegible]
Title: [illegible]

Date: 3-14-84

EHD 539 (Revised: 6/82)

14


Amanda
159'
Complex slopes
Crest-Like
gullies
283'
300'
222'

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

SIR. NO. 20690
T.C. NO. PO 231-111-04
DATE: 3-15-84

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

RE: Property located at Amanda Drive, Lot 16, 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.
Environmental Health Supervisor

BDH/kbg

Enclosure

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 20690 ~~6-85A~~

TC: 31-111-04

L

JOB LOCATION

① ADDRESS: 900 AMANDA DRIVE (STREET NO / STREET) ② FILE:

③ CITY: MATTHEWS NC ④ TAX PARCEL NO.:

⑤ SUBDIVISION: PROVIDENCE WOODS PHASE 5 ⑥ LOT: 16 ⑦ BLOCK:

OWNER

⑧ NAME: EMIL H AND VIRGINIA G. HANSEN (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 4112 11 PROVIDENCE ROAD

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 527-0565 ⑭ (HOME) 364-6269

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

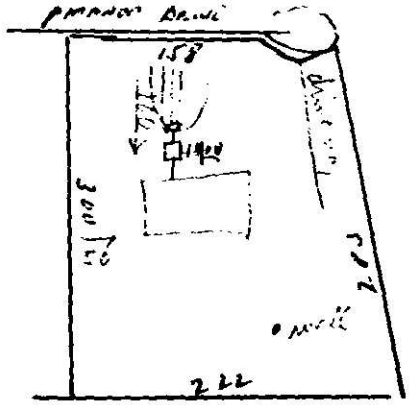
System will serve:

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

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 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]

Date: JULY 15, 1985

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

Date Issued 7-19-85

Serial No. 8740

SIR No. 20690

T. C. No. 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 Hanson, (LAST) Emil (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 411L-H Providence Road Charlotte, NC ZIP 28105

LOCATION OF LOT 900 Amanda Drive (STREET OR COUNTY ROAD)

SUBDIVISION Providence Woods Phase 5 LOT NO 16 BLOCK NO. V

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.

D. R. Ferguson
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 4-14-86

Serial No. 09130

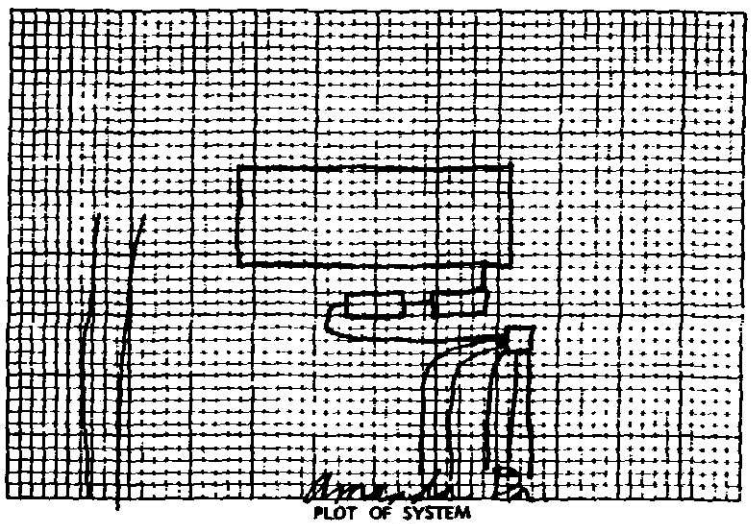
ICAR(S) Permit No. 20690

T C No. 231-111-04

Map Date V

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 20690, dated 7-15-85 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 5-14-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PA

Liquid Capacity of Tank 1500 + 1000

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well not in def 100' from septic

NAME OF OWNER Emil Hansen

LOCATION OF PROPERTY 900 Amanda Dr.

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 lines 3 X 80' X 12" stone

Comments: _____

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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No 20690

Date Issued 4-16-86 **Serial** 8453 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 Hansen (LAST) Emil (FIRST) (MIDDLE)

Location of Property 900 Amanda Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 5

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

Water Supply Source well Distance from Water Source not in yet

Excavation Inspected 4-16-86 (DATE) Tank Inspected 4-16-86 (DATE)

Nitrification Field Inspected 4-16-86 (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 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 1986, 1500ST, 1000DT, Pl, con, 1200SFT, 12-6, Cecil

D. R. Ferguson
Environmentalist

EHD-S-76

Environmental Health Department's Copy