Date Received MECK. COUNTY DEPARTMENT OF

RECEIVED
OCT 13 1983
ENVIRONMENTAL HEALTH

SIR No. 20122

T.P.O. No. 195-141-04
5

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ty-Par Realty, Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER P.O. Box 763 Monroe, N.C. ZIP 28110

3) PHONE NO. Home _____ Office 372-0088

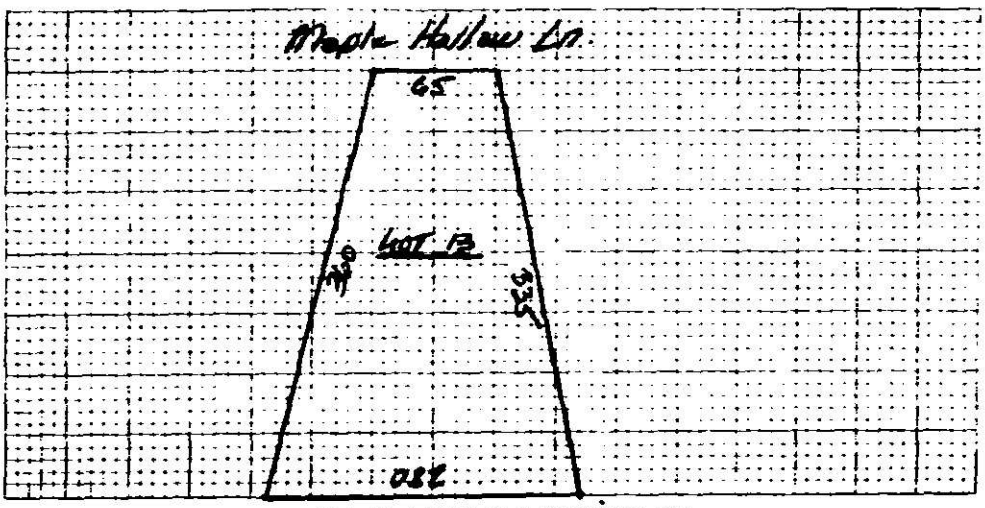
4) LOCATION OF PROPERTY 14201 Maple Hollow Ln.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Country Woods LOT NO 13 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4411 PAGE NO 46

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and/or 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

RS for Ty-Par Realty
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 5388

SIR No. 20122

T. C. No. PO 195-141-04

Date Issued 1-9-84

Map Date

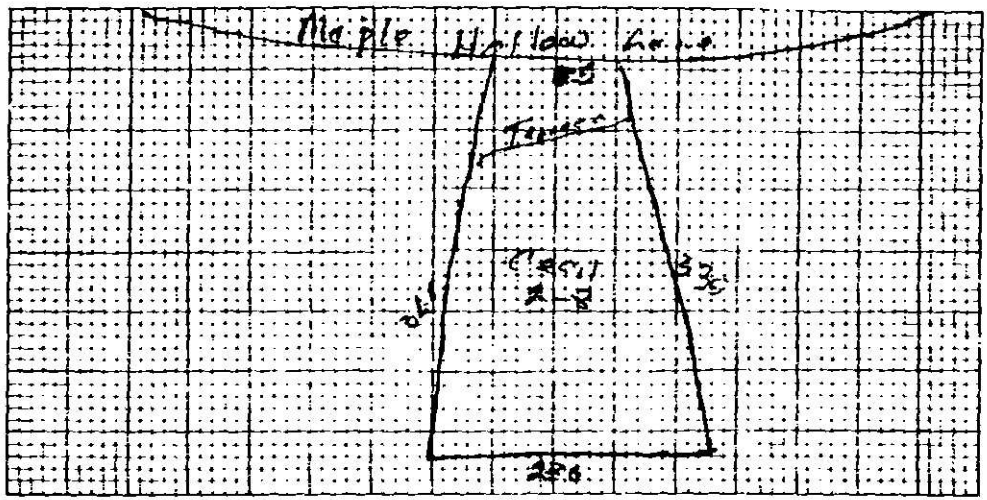
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ty-Par Realty, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 763, Monroe, NC ZIP 28110

LOCATION OF PROPERTY 14201 Maple Hollow Lane
STREET OR COUNTY ROAD

SUBDIVISION LOT NO 13 BLOCK NO.



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.

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20122

T.C. NO. PO 196-141-04

(Ground Absorption Sewage Disposal)

OWNER: TY-PAR REALITY, INC
ADDRESS: PO BOX 763 MONROE, N.C. 28110
PLAT NO:
LOT SIZE: 1.37A
LOCATION OF SITE: MAPLE HOLLOW LANE Lot 13

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-8	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 36-46"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIe			
9. SITE CLASSIFICATION	P. suitable			
10. SOIL SERIES	Cecil			

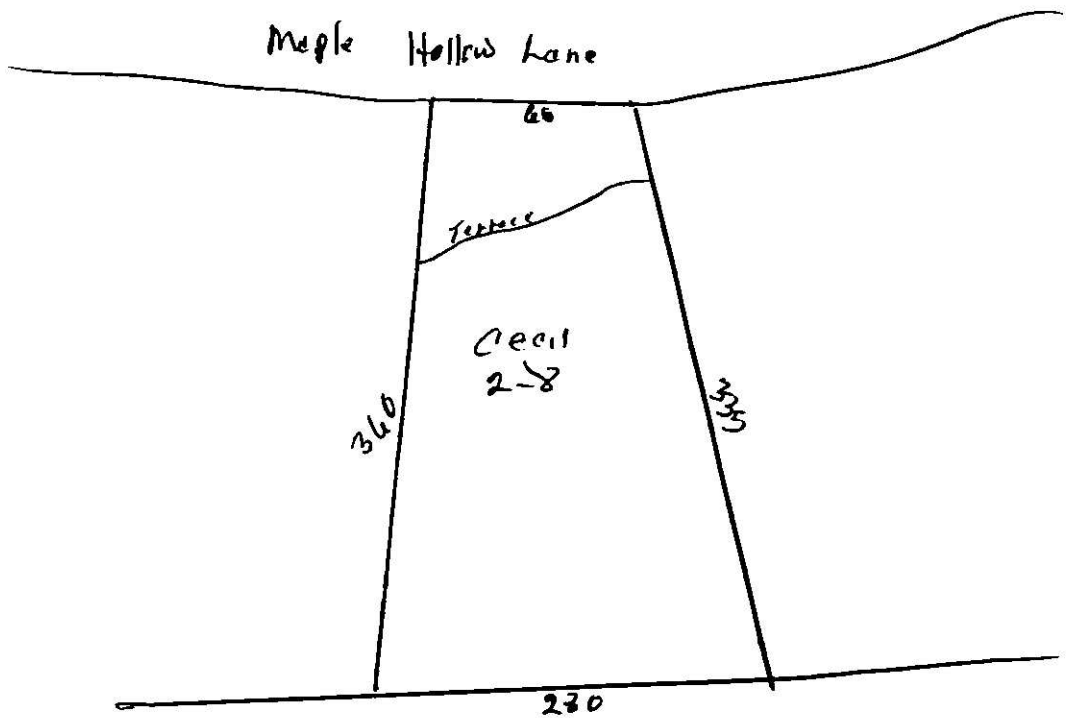
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Sanitarian

Date: 1-3-84


Maple Hollow Lane
66
Terrace
Cecil
2-8
360
330
230

Date Received 3-27-85

RECEIVED

ICAR(S) Application No. 20122

T. C. No. PO 195-141-04

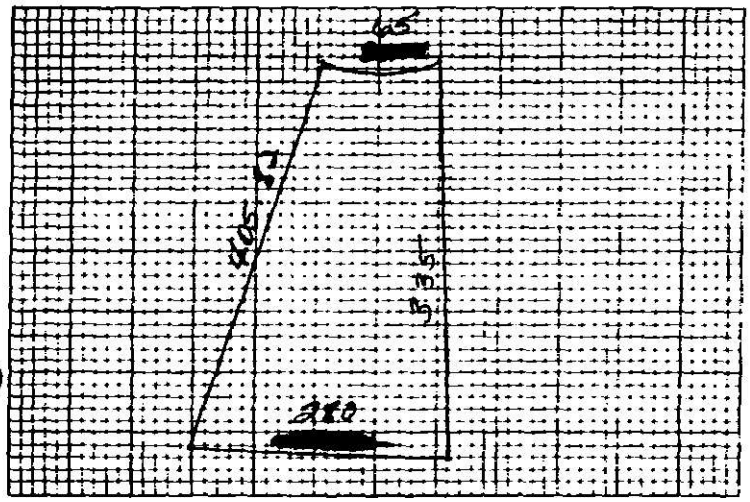
Map Date L

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) Y 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 3
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 X
B) Governmental System ___
C) Community System
1 Well source ___
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 [illegible] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER PO BOX 763 MONROE NC 28110

15) PHONE NO. Home ___ Office 372-0088

16) LOCATION OF SYSTEM 14201 MAPLE HOLLOW LANE (STREET OR COUNTY ROAD)

17) SUBDIVISION COUNTY WOODS Lot No. 13 Block No. ___

Map Book No. 20 Page No. 5

18) DEED REFERENCE — DEED BOOK 4411 AT PAGE 46

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X 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.

3-8-85
DATE OF APPLICATION

OWNER

BHB-5-76

Environmental Health Department's Copy

Date Issued 1-9-84

Serial No. 7111

SIR No. 20122

T. C. No. PO 195-141-04

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 Ty-Par Realty, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 763, Monroe, NC ZIP 28110

LOCATION OF LOT 14201 Maple Hollow Lane
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 13 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 20122. 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 on "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 MAY BE REQUIRED ***

Cynthia G Bass
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

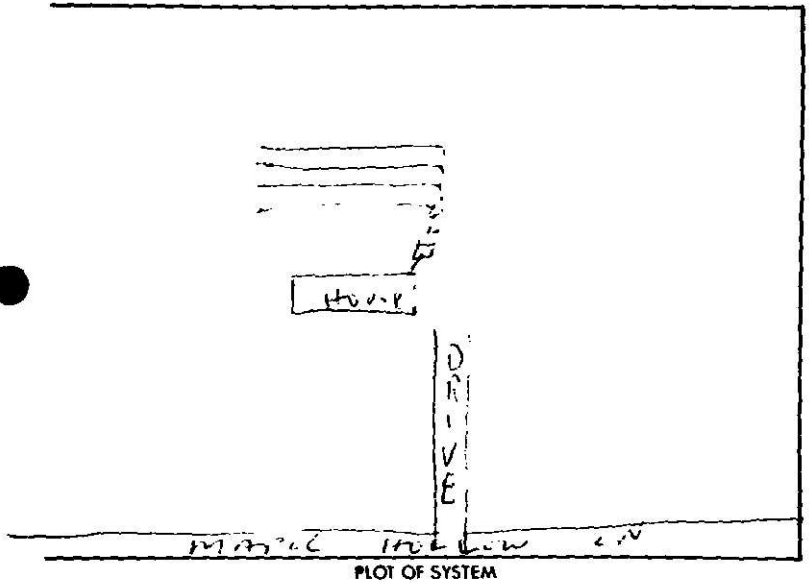
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20122 DATE: 9-11-86

TC: PO 195-141-04 ~~D~~ L

SERIAL № 10252

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 3-8-85. All work shall be completed on or before 10-11-86, 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 500' gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER TY-PAR REALTY INC

LOCATION OF PROPERTY 14201 MAPLE HOLLOW LN

Comments: 4 lines x 100' long x 3' wide x 12" stone

[signature]
Division or Section Head

[signature]
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

C of A (s) No. 20122

Date Issued 11-7-86 **Serial** 8992 T C No. PO 195-141-C

✓ OK

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner TY PAR REALTY INC
LAST FIRST MIDDLE

Location of Property 14201 MAPLE HOLLOW LN

Application Number 20122 Permit Number 20122

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400 Number of Lines 4

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source Well not in yet Distance from Water Source 1 [illegible] 100'

Excavation Inspected 11-7-86 DATE Tank Inspected 11-7-86 DATE

Nitrification Field Inspected 11-7-86 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, 1500 ST, CON, 1200 SFT, RG, CELIC

Kelly Rowell
Environmentalist

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 20182
TC: _____
SERIAL: № 16829
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 14201 Maple Hollow Ln (STREET NO / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 195-141-33
⑤ SUBDIVISION: County Woods ⑥ LOT: 13 ⑦ BLOCK: _____

OWNER

⑧ NAME: Clifford (FIRST) David (MIDDLE) Allen (LAST)
⑨ MAILING ADDRESS: Same
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) 554-5361 ⑭ (HOME) 545-4825

REQUEST

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Add Garage

DESIGN CRITERIA

System will serve:
⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 / 4
㉓ Maximum occupancy? _____
㉔ Type? _____
㉕ Maximum number of employees? _____
㉖ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Clifford Allen
Date: 8/31/88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 the Department.
... This permit is not transferable, and shall become null and void 5 months from the date of issuance.

Use Existing System

Environmentalist — Date 9-6-88
Director or Authorized Section Head — Date 9-6-88

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

PROPOSED PLOT PLAN

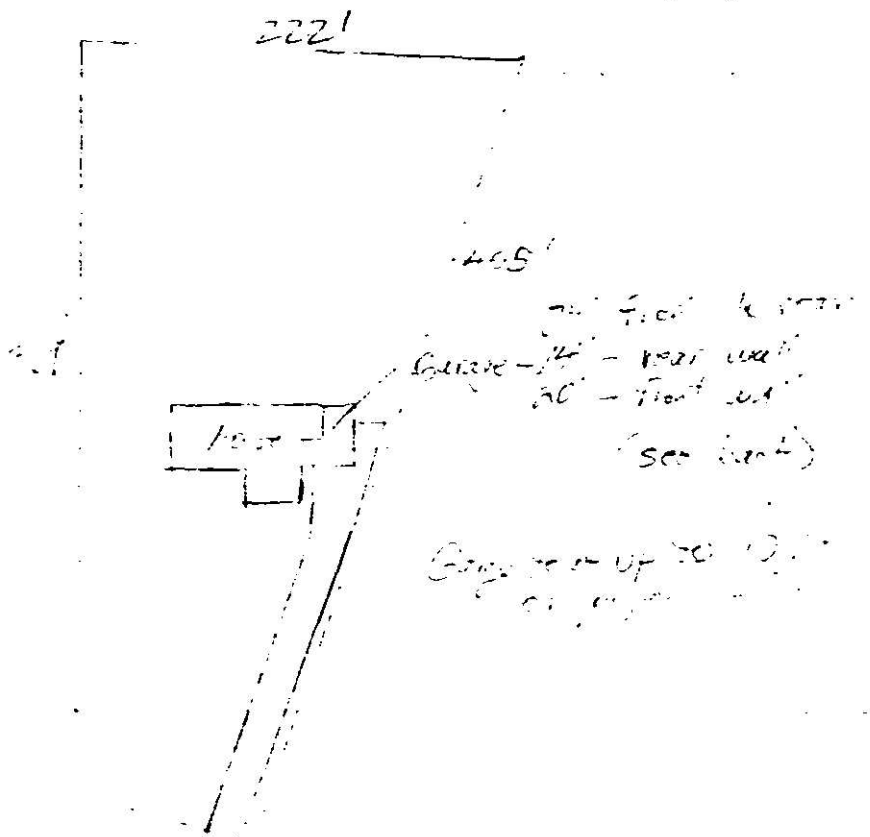
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 20122

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.



See backed copy of Survey for more details of boundries

Signed: Clifford Main

Date: 9/1/88

The garage is to be placed (attached). And will not extend beyond the back line of the house. Enclosed is a copy of the permit to construct the garage. As can be seen the septic system is entirely behind the house. Mr Nelly Randall came out last year and verified where my septic lines were. The garage I plan to build in no way comes close to the septic tank or lines. I've applied for a permit to build the garage. All I need is approval from you.

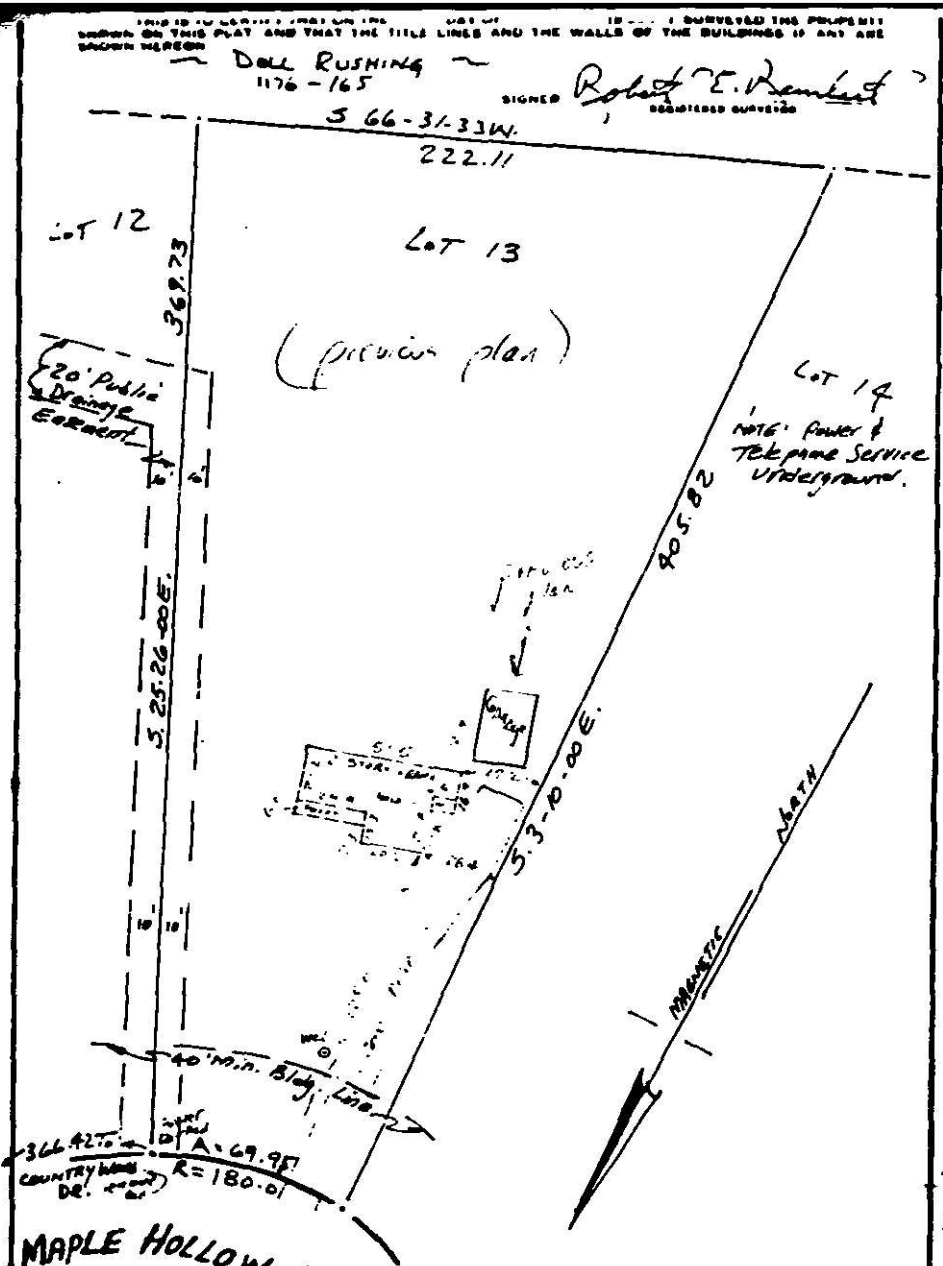
Thank you

Jeff Mann

THIS IS TO CERTIFY THAT ON THE DAY OF 19__ I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

~ DOLL RUSHING ~
1176 - 165

SIGNED Robert E. Bamhart
REGISTERED SURVEYOR



MAPLE HOLLOW LN.
60' R/W.

PHYSICAL SURVEY
OF
14201 MAPLE HOLLOW LANE, LOT 13 COUNTRY WOODS PHASE 2, MORNING STAR TWSP, MECK. Co., N.C.

SCALE 1" = 40'

THE PROPERTY OF CLIFFORD D. MAIN & AURA M. MAIN

MAP RECORDED IN BOOK 20 AT PAGE 472 DEED RECORDED IN BOOK PAGE

Previous
Garage plan
scraped because
of [illegible]
[illegible]

Proposed plan
is to bend
[illegible] to
[illegible] slab
not going beyond
back of House.

[illegible] permit
[illegible]
[illegible]