Date Received 5-22-84

RECEIVED
P.O

SIR No. 21091
T. C. No. 139-151-06
Map Date 12/5/83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER (LAST, FIRST, MIDDLE) Clear Creek Estates, Inc.

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

3) PHONE NO Home _____ Office 372-2565

4) LOCATION OF PROPERTY Cobb Rd. approx ½ mi. from NC 24-27 (STREET OR COUNTY ROAD)

5) SUBDIVISION Clear Creek Estates LOT NO 25 BLOCK NO 1

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4738 PAGE NO 0571

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 plat

7) ACCURATELY DIAGRAM & DIMENSION LOT

J. P. Merriam
OWNER Agent

EHD-5-76

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21091

T.C. NO. 90 132-151-06

(Ground Absorption Sewage Disposal)

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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 28% 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 36-48" 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 >40" to ground water PS U	S Eroded Areas Channel runoff 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	[illegible]	[illegible]		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	[illegible]	Complex slopes		

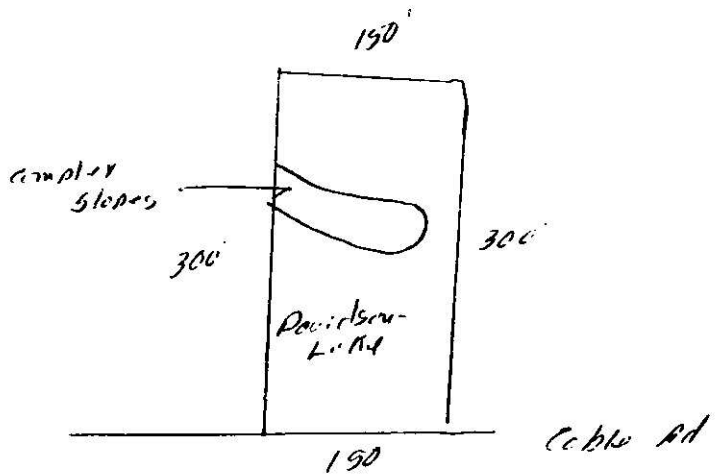
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: [illegible]
Title: [illegible]

Date: [illegible]


150'
complex slopes
300'
300'
Davidson-Lind
150
Cable Rd

Serial No. 5684

SIR No. 21091

T C No PO ~~193~~ 139-151-06

Date Issued 6-8-84

Map Date

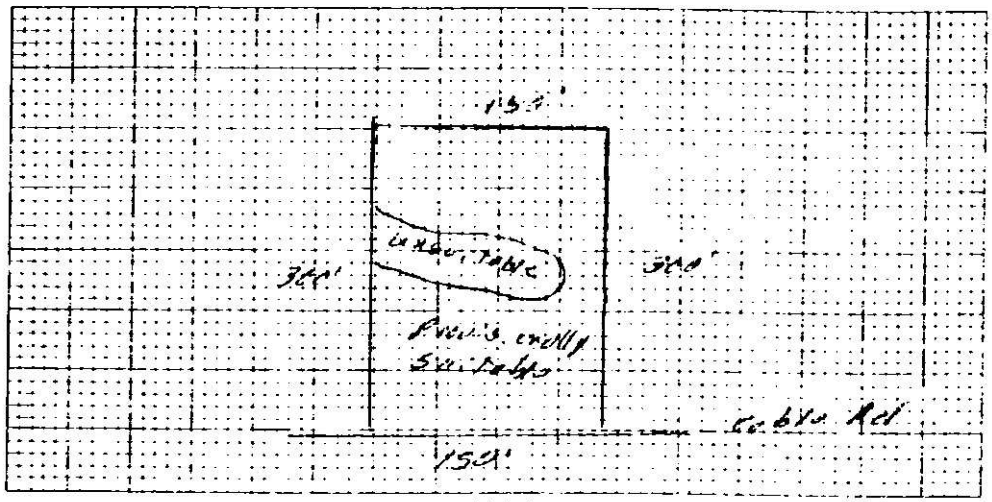
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Clear Creek Estates, Inc.
LAST FIRST MIDDLE

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

LOCATION OF PROPERTY Coble Road, Lot 5, Blk. 1
STREET OR COUNTY ROAD

SUBDIVISION LOT NO 5 BLOCK NO 1



PLOT PLAN

This is to certify that a soil investigation and [illegible] by the Mecklenburg County Department of Environmental Health [illegible] was conducted on that portion of the lot [illegible] in the above plot PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was [illegible] 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. [illegible] Mecklenburg County Department of Environmental Health [illegible] wastewater treatment system [illegible]
2. The size of the septic tank wastewater treatment system [illegible] determined by the Mecklenburg County Department of Environmental Health [illegible] the size of [illegible]
3. [illegible] in the above plot
4. [illegible] acceptable [illegible] system installation [illegible]

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 at 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. Marlin
Soil Scientist

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

EHD-5-76

SEE INSTRUCTIONS ON BACK

Date Received 11-31-84

ICAR(S) Application No 21091

T C No. PO ~~139~~-151-06

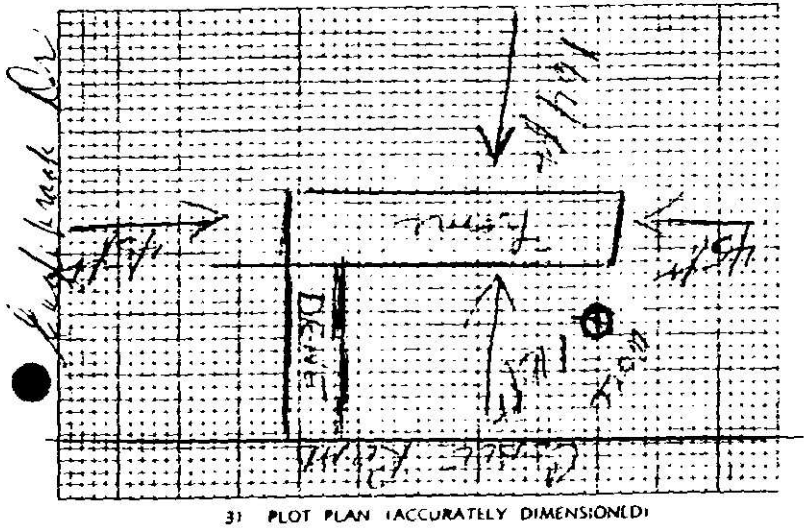
Map Date ~~193~~ 139 L

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) XXX 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 XX Yes ___ No
Residence XX Yes ___ No

4 No. of Bedrooms 3

5 Business Use — Max No Employees ___

6 Washing Machine XX Yes ___ No

7 Garbage Disposal XX Yes ___ No

8 Dishwasher XX Yes ___ No

9 Water Supply
A Individual Well XX
B Governmental System ___
Community System
1 Well source ___
2 Governmental source ___

10 Sewage System
House located within 200 feet of public sewer Yes XX No
House located within 200 feet of community sewer ___ Yes XX No

11 FHA Case No ___

12 VA Case No ___

13) NAME OF OWNER CLEAR CREEK ESTATES, INC.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 1740 E. INDEPENDENCE BLVD., CHARLOTTE, NC

15) PHONE NO Home 372-2565 Office ___

16) LOCATION OF SYSTEM 10901 COBLE ROAD, CHARLOTTE, NC
STREET OR COUNTY ROAD

17) SUBDIVISION CLEAR CREEK ESTATES Lot No. 5 Block No. 1

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

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

Oct 31, 1984
DATE OF APPLICATION

Shirley A. Thornton
OWNER

EHD-5-76

Date Issued 10-31-84

Serial No. 7953

SIR No. 21091

T. C. No. PO 139-151-06

Map Date ~ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPROVED [illegible]

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Clear Creek Estates, Inc.
(LAST / FIRST / MIDDLE)

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

LOCATION OF LOT 10901 Coble Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 5 BLOCK NO. 1

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 and 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 21091. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

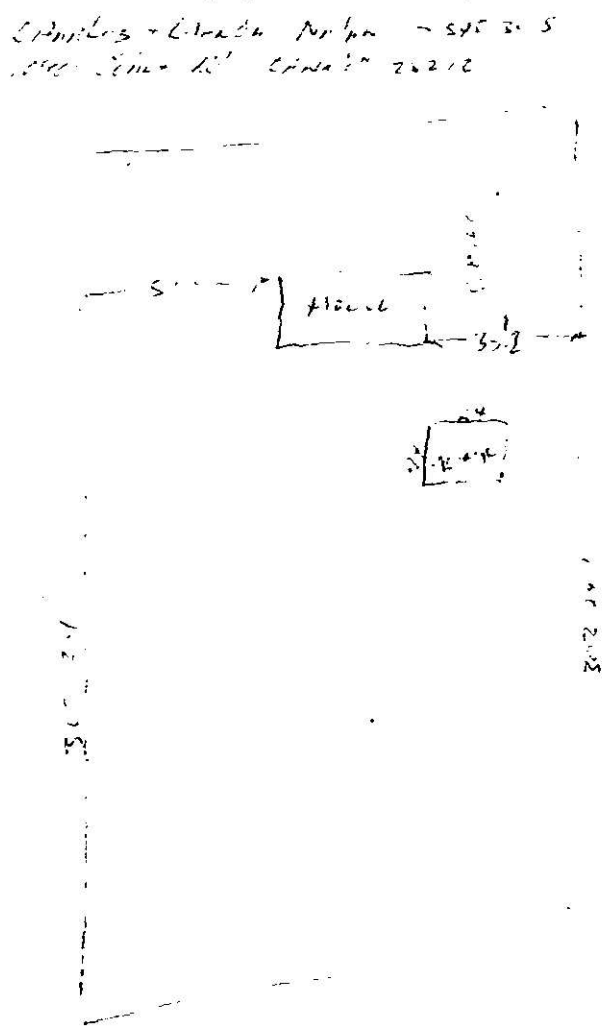
PROPOSED PLOT PLAN

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

FILE: 21091

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: _____

Date: 3/3/21

Paid 3/3/88 $150. Imp Permit 2nd

APPLICATION FOR AN IMPROVEMENT PERMIT

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

OFFICE USE ONLY
FILE: 21091
TC: 139-332-32
SERIAL Nº 15676
☐ DT ☐ CRT

JOB LOCATION

(1) ADDRESS: [illegible] (STREET NO) [illegible] (STREET) [illegible] 28212 (2) FILE
(3) JURISDICTION (4) TAX PARCEL NO.
(5) SUBDIVISION (6) LOT (7) BLOCK

OWNER

(8) NAME [illegible] (FIRST) (MI) (LAST)
(9) MAILING ADDRESS [illegible]
(10) CITY [illegible] (11) STATE NC (12) ZIP 28212
(13) PHONE: WORK [illegible] (14) HOME [illegible]

REQUEST

This request is for a(n)

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

DESIGN CRITERIA

System will serve

(19) ☒ Residence (21) ☐ Mobile home (21) ☐ Business or place of public assembly
(22) Number of bedrooms? 3 (22) Type?
(23) Maximum occupancy? (23) Maximum number of employees?
(24) Basement? ☐ yes ☒ no (24) 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: [signature]

Date: 3/3/88

IMPROVEMENT PERMIT

This [illegible] authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH certifies that the Department has received [illegible] contained in application [illegible] and has found it to be in the process of [illegible] Laws And Rules For Sewage Treatment And Disposal. In effect at the time of issuance, and subject to the following provisions:

No [illegible] of the septic tank system until an approval [illegible] and signed by an authorized agent of the Department.

Any [illegible] not installed as described on the approved site plan may void this permit.

Alternative system

P.K. Ferguson 3-4-88
Date

[illegible] 3-7-88
Date

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

Date Issued 12/26/84 Serial 7172 C of A (s) No 21091
PO
T C No 139-151-06
L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Clear Creek Estates
LAST FIRST MIDDLE

Location of Property 10901 Coble Road

Application Number 21091 Permit Number 21091

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4X100'

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 12/26/84 DATE Tank Inspected 12/26/84 DATE

Nitrification Field Inspected 12/26/84 DATE

Washing Machine Lines 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

EHD-5-76

Cynthia C. Bass
Environmentalist

Serial No. 07765

Date Issued 11/27/84

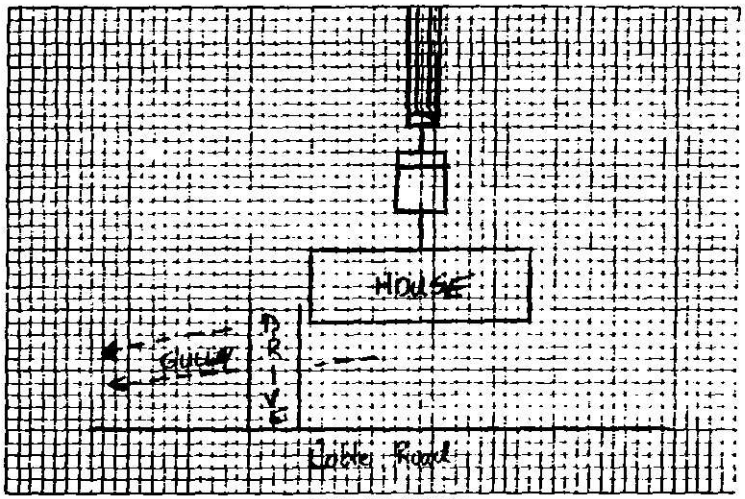
ICAR(S) Permit No. 21091

T C No. 90 139-151-06

Map Date L

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 21091, dated 10/31/84 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 12/27/84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVa

Liquid Capacity of Tank 1500gal

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 400'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Clear Creek Estates

LOCATION OF PROPERTY 10901 Coble Road

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.

4 Trenches x 3' x 100' x 12" stones with grudeboards and straw as cover

Comments:

B. Houdeston
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

Department Copy

Date Issued 12/26/84 **Serial** 7172 PO T C No 139-151-06 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Clear Creek Estates (LAST) (FIRST) (MIDDLE)

Location of Property 9921 Cable Road

Application Number 21931 Permit Number 21931

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4 x 100'

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 12/26/84 (DATE) Tank Inspected 12/26/84 (DATE)

Nitrification Field Inspected 12/26/84 (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 _____

Cynthia C. Bass
Environmentalist

EHD-S-76

Environmental Health Department's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: [illegible]-91

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

[illegible]

[illegible]

[illegible]

Fee: $ [illegible]

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

[illegible]
Completed by

[illegible]
Collected by

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: 21991

TC:

SERIAL: № 21866 ☐ L ☑ CRT

JOB LOCATION

(1) ADDRESS: 10901 Coble Road (STREET NO / STREET) (2) FILE:

(3) JURISDICTION: (4) TAX PARCEL NO.: 139-151-06

(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Glenda P. + Charles E. Nalan, Sr. (FIRST / MIDDLE / LAST)

(9) MAILING ADDRESS: 2133 Grierview Lane

(10) CITY: Charlotte, (11) STATE: N.C. (12) ZIP: 28213

(13) PHONE: (WORK) Glenda - 371-8347 (14) (HOME) Glenda - 598-1670

REQUEST

This request is for a(n):

(15) ☐ New permit

(16) ☐ Repair or alteration permit

(17) ☐ Authorization for mobile home exchange

(18) ☐ Other (specify) Already existing Pool + Deck

DESIGN CRITERIA

System will serve:

(19) ☐ Residence (20) ☑ Mobile home

(21) ☐ Business or place of public assembly

(22) Number of bedrooms? 3

(23) Maximum occupancy? 3

(24) Basement? ☐ yes ☑ no

(25) Type? Need to Clear

(26) Maximum number of employees?

(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: Glenda P. Nalan

Date: 5-2-91

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 this Department.

This permit is not transferable and shall become null and void 36 months from the date of issuance.

USE EXISTING / No Plans 60

[signature] 5-14-91
Environmentalist Date

[signature] 5-14-91
Director or Authorized Section Head Date

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