Date Received 7-18-84

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 18 1984

SIR No. 21247
T. C. No. PO 21-163-06
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER SUMMEY BUILDING SYSTEMS INC.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER P.O. BOX 497, DALLAS, N.C. ZIP 28034

3) PHONE NO. Home _____ Office 704-372-8411

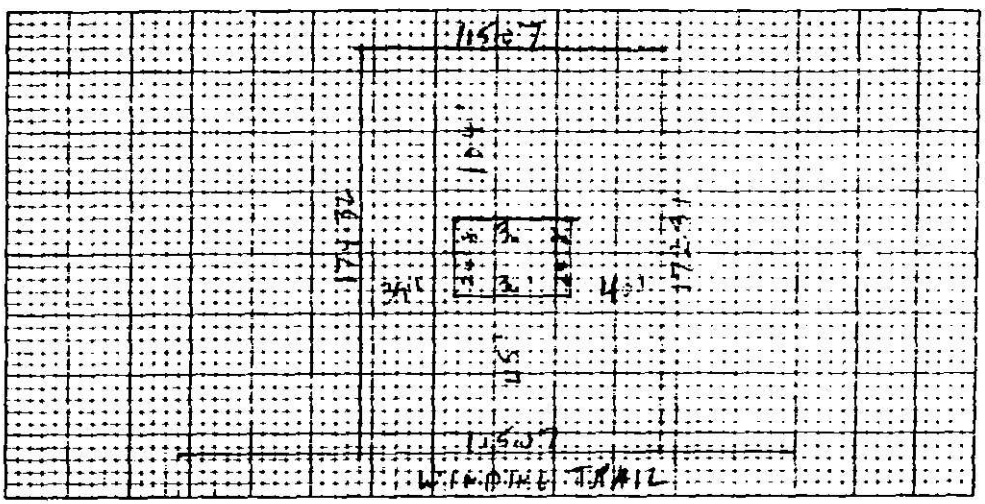
4) LOCATION OF PROPERTY 5019 WINDING TRAIL
(STREET OR COUNTY ROAD)

5) SUBDIVISION SADDLEBROOK LOT NO. 15 BLOCK NO. A

MAP BOOK NO 20 PAGE NO 480

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

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

SUMMEY BUILDING SYSTEMS INC.
By: Sterling H. Summey
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21247

T.C. NO. P.6 215-163-06

(Ground Absorption Sewage Disposal)

OWNER: Summey Building Systems PLAT NO:
ADDRESS: P.O. Box 497 Davidson, NC 28036 LOT SIZE: 24,010 .96

LOCATION OF SITE: 2017 Winding Trail

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-4 U	S PS 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 U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	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 IVa

9. SITE CLASSIFICATION Provisionally Suitable

10. SOIL SERIES Cecil

S - Suitable PS - Provisionally Suitable U - Unsuitable

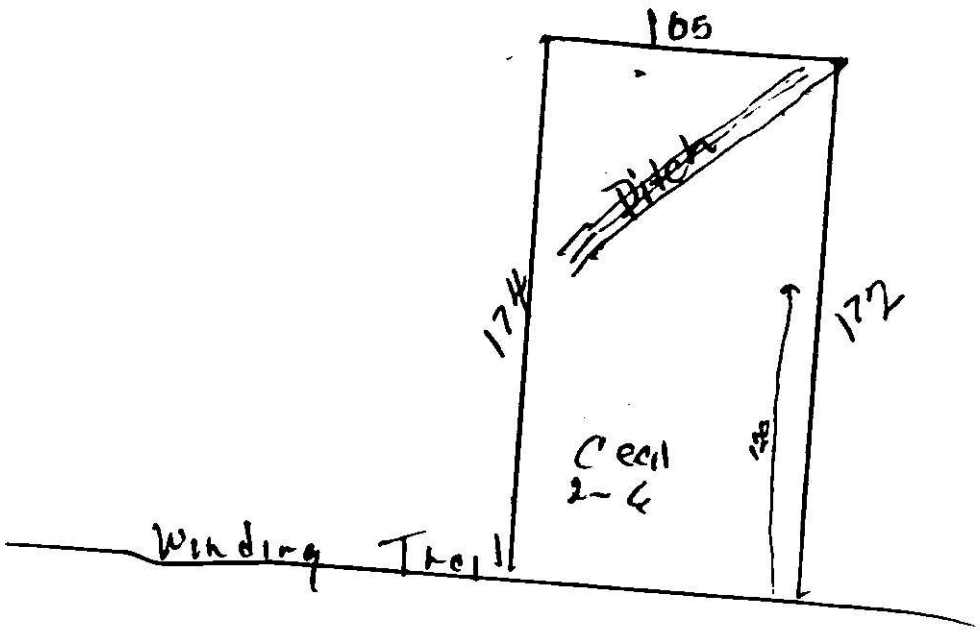
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: May Not Be Able To Reach The Best Soil Without A Pump.

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 7-25-84

H


105
Ditch
172
Cecil
2-4
Winding Trail

Serial No. 5786

SIR No. 21247

Date Issued 7-26-94

T C No. PP 215-103-06

Map Date

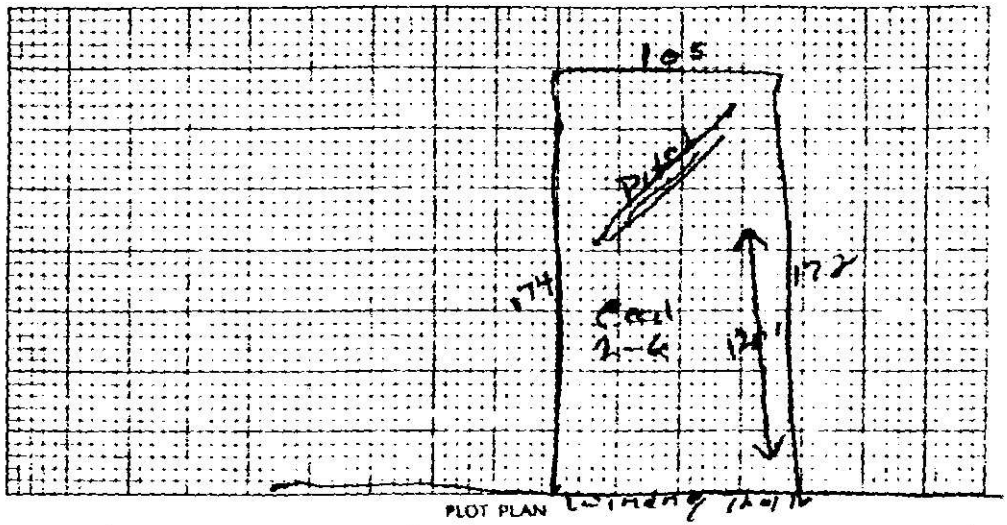
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Sunmey Building Systems, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P. O. Box 407, Dallas, NC ZIP 28036

LOCATION OF PROPERTY 3019 Winding Trail
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 15 BLOCK NO 4



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 the wastewater treatment system must be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of installation 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 the issuance of the permit, utilizing the information stated on the permit application, the above plot, and on the site and type of building constructed thereon.
3. This approval shall be void if the system is installed on the above lot and is found unacceptable for system installation on the above lot.
4. This approval is granted based on the rules and regulations 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 B. Ramsey
Soil Scientist

EHD-5-76

W. B. Ramsey
Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

Date Received 7-18-84

RECEIVED
JUL 18 1984

ICAR (S) Application No 21242

T C No. PO 217-163-06

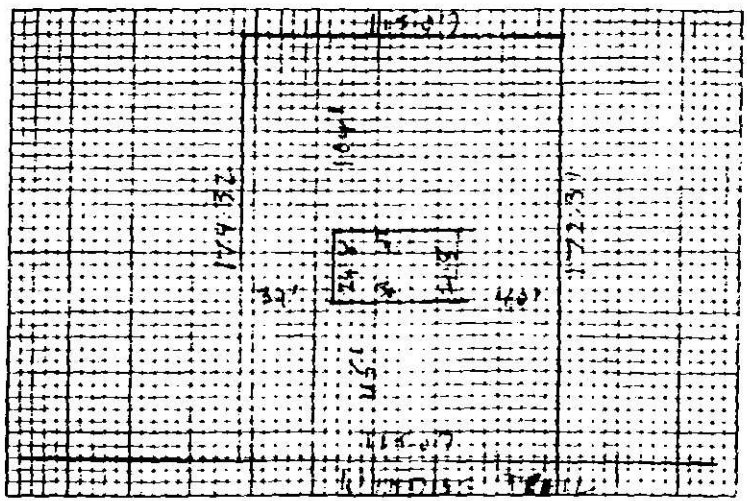
Map Date L

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) ✓ 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 3
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 SUMMEY BUILDING SYSTEMS INC. (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P O Box [illegible] DALLAS, N.C. 28034

15) PHONE NO. Home ___ Office 704-372-8411

16) LOCATION OF SYSTEM 5019 [illegible] TRAIL (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 15 Block No. A

Map Book No 2[illegible] Page No. [illegible]

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.

SUMMEY BUILDING SYSTEMS INC.
By: Phillip L. Summey

DATE OF APPLICATION ___ OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 7-26-84

Serial No. 7713

SIR No. 21247

T. C. No. PO 215-163-06

Map Date L CRT

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 Summey Building Systems, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 497, Dallas, NC ZIP 28034

LOCATION OF LOT 3019 Winding Trail
(STREET OR COUNTY ROAD)

SUBDIVISION Saddlebrook LOT NO. 15 BLOCK NO. A

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 21247
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

10-26-94

C of A (s) No 21247

Date Issued 10-26-94 **Serial** 7036 T C No 8U215-163-06

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 SUMMET (LAST) BUILDING (FIRST) SYSTEMS (MIDDLE)

Location of Property 3019 WINDING TRAIL

Application Number 21247 Permit Number 21247

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 300' Number of Lines 3 x 100'

Depth of Filter Material 12" Cover Depth 1-2'

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 10-26-94 (DATE) Tank Inspected 10-26-94 (DATE)

Nitrification Field Inspected 10-26-94 (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 _____

Kelly Randall
Environmentalist

EHD-5-76

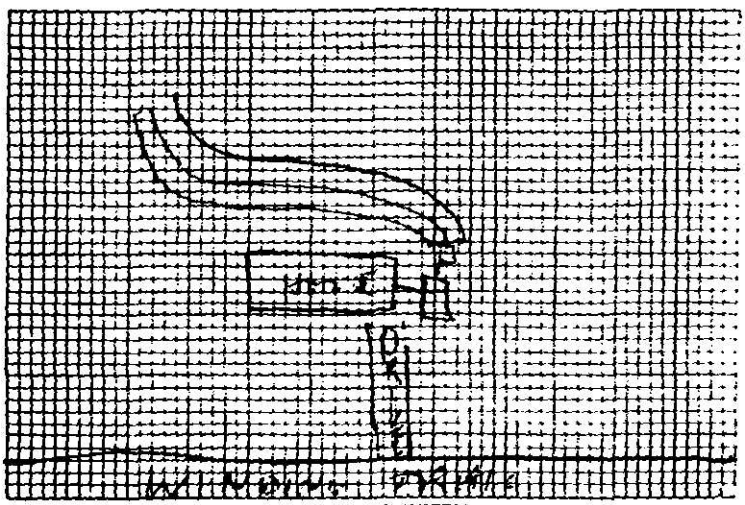
Date Issued 9-18-84 Serial No. 07561 ICAR(S) Permit No. 21247

T. C No. P025163-06

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 21247, dated 7-18-84 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 10-18-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and or Nitrification Lines.

Total Line Length 300'

Number of Lines 3 x 100'

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Summit Building Systems Inc

LOCATION OF PROPERTY 3009 Windsor Trail

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.

3 lines x 100' long x 3 wide x 12" stone

Comments: _____

Division or Section Head

Environmentalist Kelly Kimball

* 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's Copy

WK

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-8-90

Name/Company: Jeffrey Thomas Lipa

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 3019 Winding Trail
Apt Imp Permit - Hill

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 8 1990

01247

CC# 0421

Fee: $ 25.00 $11.25

NOTICE:

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

Completed by

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: 21347
TC: 215-163-06
SERIAL: № 19915
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: _____ (STREET NO) _____ (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 215-191-18 215-163-06
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: _____ (FIRST) _____ (MIDDLE) _____ (LAST)
⑨ MAILING ADDRESS: _____
⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____
⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

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? 3 ㉕ Type? _____
㉓ Maximum occupancy? _____ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____
Date: _____

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 plan

Environmentalist _____ Date 5/7/91

Director or Authorized Section Head _____ Date 5-7-91

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