Date Received 3-13-84

SIR No. 20783

T. C. No. P.O. 015-081-01

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER [illegible]
LAST FIRST MIDDLE

2) ADDRESS OF OWNER [illegible] ZIP 28205

3) PHONE NO Home _____ Office [illegible]

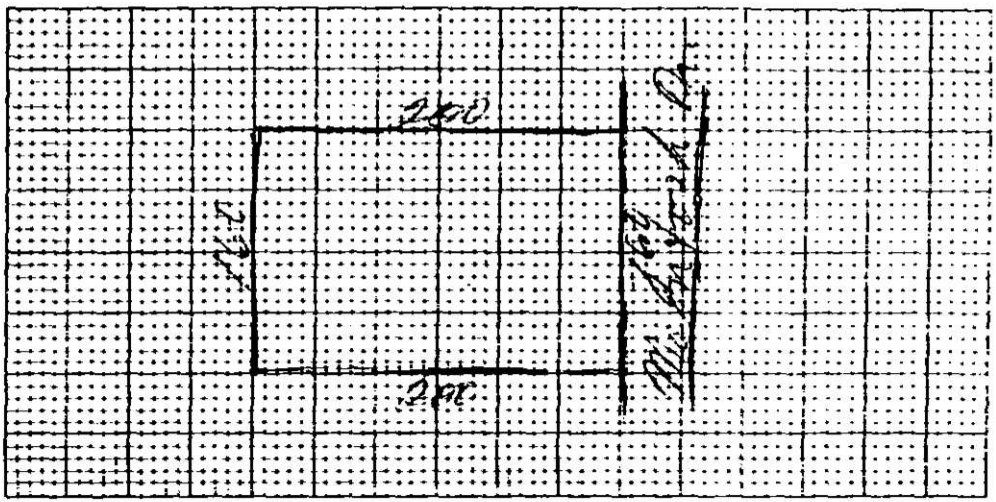
4) LOCATION OF PROPERTY [illegible] 11933 McIntosh Dr. Huntersville
STREET OR COUNTY ROAD

5) SUBDIVISION [illegible] LOT NO. 2 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

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

[illegible]
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20783

T.C. NO. PO 015-081-01

(Ground Absorption Sewage Disposal)

OWNER: DONCO PROPTIES, INC
ADDRESS: 1720 E. INDEPENDENCE CHARLOTTE 28205
PLAT NO:
LOT SIZE: 26,000 sq ft
LOCATION OF SITE: 11923 MCINTOSH DR. HUNTERSVILLE

LOT # 2

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-6 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) clayey 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) 40-48 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	P. suitable			
10. SOIL SERIES	Cecil			

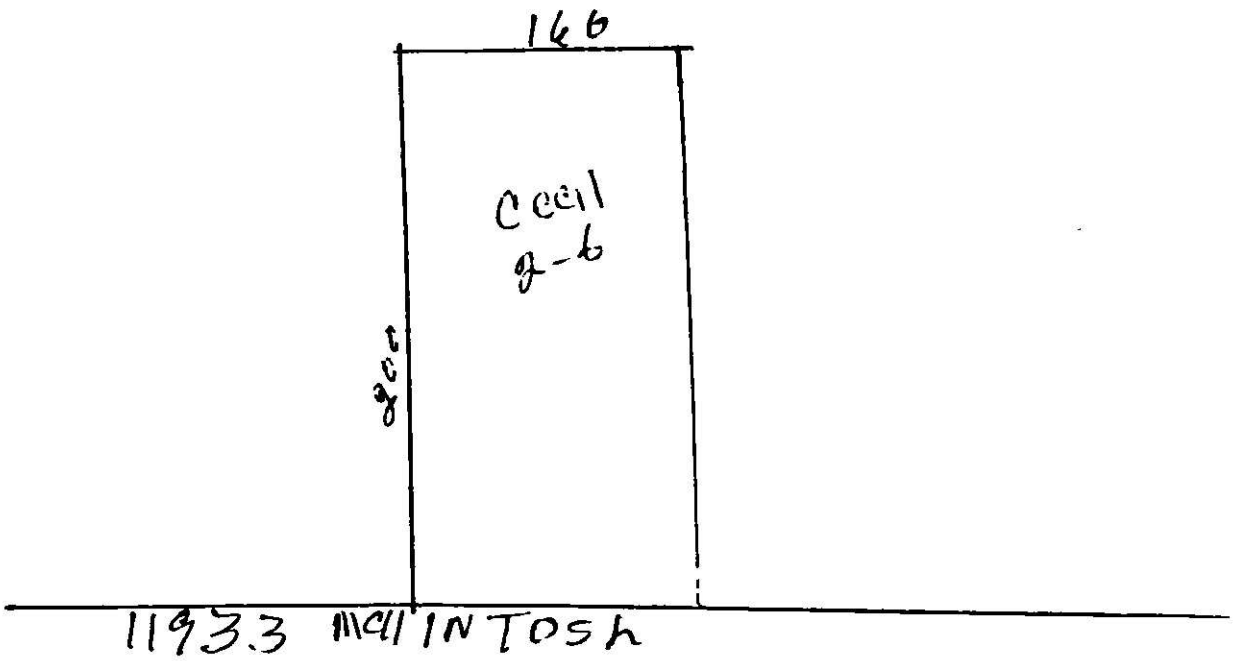
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: Willard Ramsey
Title: Soil Scientist

Date: 4-25-84


166
Cecil
2-6
200
1193.3 MCI INTOSH

Serial No. 5606

SIR No. 20783

T. C. No. PO 015-081-01

Date Issued 4-26-84

Map Date L

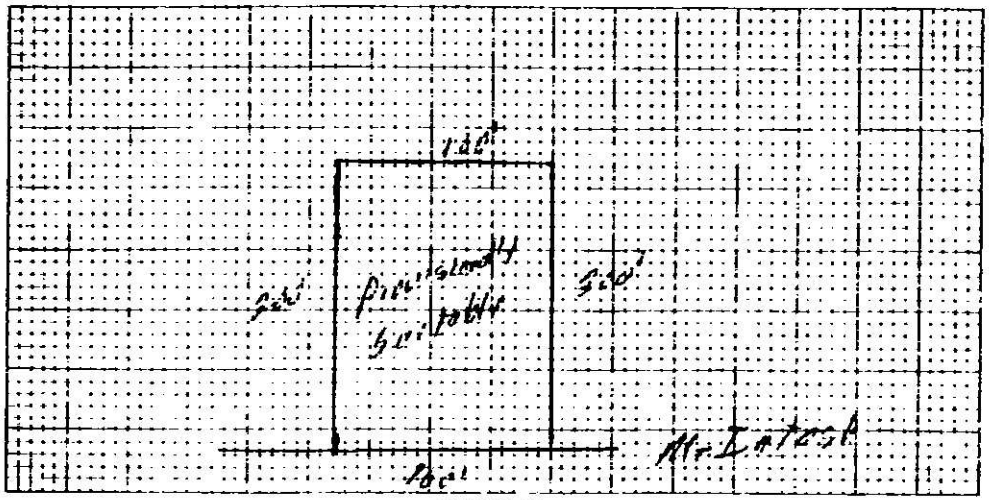
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Donco Properties, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 1720 E. Independence Blvd., Charolette, NC ZIP 28205

LOCATION OF PROPERTY 11933 McIntosh Drive
STREET OR COUNTY ROAD

SUBDIVISION Applewood LOT NO 2 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 soil 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 [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. A permit [illegible] the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the [illegible]
2. The [illegible] determined by the Mecklenburg County Department of Environmental Health [illegible] obtained above and on the [illegible]
3. [illegible]
4. [illegible] as acceptable for [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 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.

[signature] for [signature]
Soil Scientist

[signature]
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

11

Tim Erickson

Mecklenburg County

Department Of Building Standards And Code Enforcement

P. O. Box 31097

Charlotte, North Carolina 28231-1097

MECK COUNTY DEPARTMENT OF
RECEIVED
FEB 20 1985
ENVIRONMENTAL HEALTH

Environmental Health Department
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Attention: Mr. Sexton

Subject: Mobile Home Placement

Dear Mr. Sexton:

The parcel of land located at McILWAINE

and further identified by tax parcel number 018-081-01

is zoned RU (RURAL).

Permitted uses in this district include: Mobile Homes

LOTS MUST HAVE A MINIMUM of 15,000#

If this office can be of further assistance, please contact us.

Sincerely,

S. L. Shelton
Zoning Inspector

Form B-152 NS
59/bbb

Date Received 2-20-85

RECEIVED
SEE INSTRUCTIONS ON BACK
FEB 20 1985
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 20783

T. C. No. 10-015-081-01

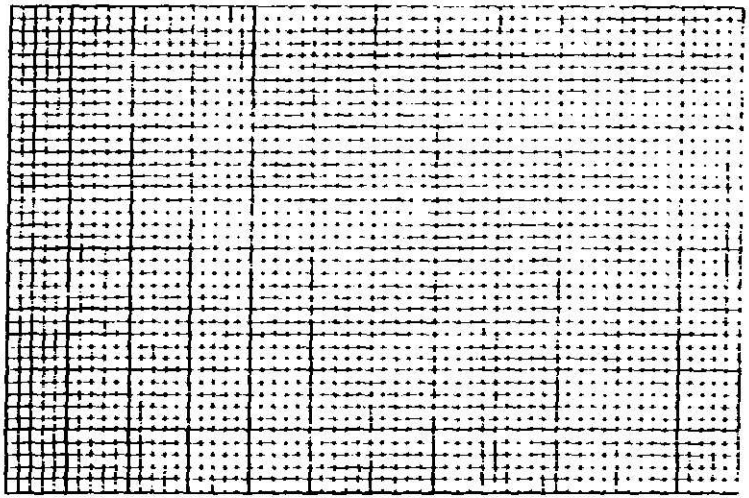
Map Date L

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 Employee ✓

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 Hunt (LAST) Bruce (FIRST)

14) ADDRESS OF OWNER 10400 John Price Rd Lot 8 (MIDDLE) Pineville NC

15) PHONE NO. Home 588-0847 Office 333-3136

16) LOCATION OF SYSTEM 11933 McIntosh Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 2 Block No. _____

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.

✓ 2-18-85
DATE OF APPLICATION

✓ Bruce Hunt
OWNER

EHD-5-76

Serial No. 8227

SIR No. 20783

Date Issued 2-21-85

T. C. No. PO 015-081-01

Map Date L CAT

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 Hunt, (LAST) Bruce (FIRST) (MIDDLE)

ADDRESS OF OWNER 10400 John Price Rd., Lot 8, Pineville, NC ZIP 28134

LOCATION OF LOT 11933 McIntosh Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ 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 ~~20783~~. 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

Date Issued 2-28-85

Serial No. 07921

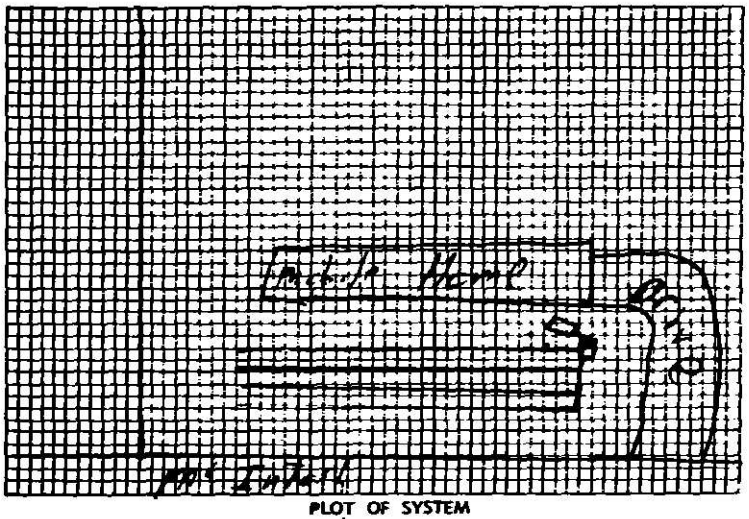
ICAR(S) Permit No. 20783

T. C. No 015-091/01

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 20783, dated 2-14-85 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 3-23-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate LV m

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Hunt, Bruce

LOCATION OF PROPERTY 11933 McIntosh 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.

Four Trenches 100'X3'X12" Stone

Comments: _____

Division or Section Head

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. 20783

Date Issued 3-1-85 **Serial** 7297 T. C. No 015-081-01

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 Hunt (LAST) Bruce (FIRST) (MIDDLE)

Location of Property 11933 McIntosh Dr

Application Number 20783 Permit Number 20783

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines Four

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source [illegible] Distance from Water Source 750'

Excavation Inspected 3-1-85 (DATE) Tank Inspected 3-1-85 (DATE)

Nitrification Field Inspected 3-1-85 (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

[signature]
Environmentalist

EHD-5-76

Environmental Health Copy

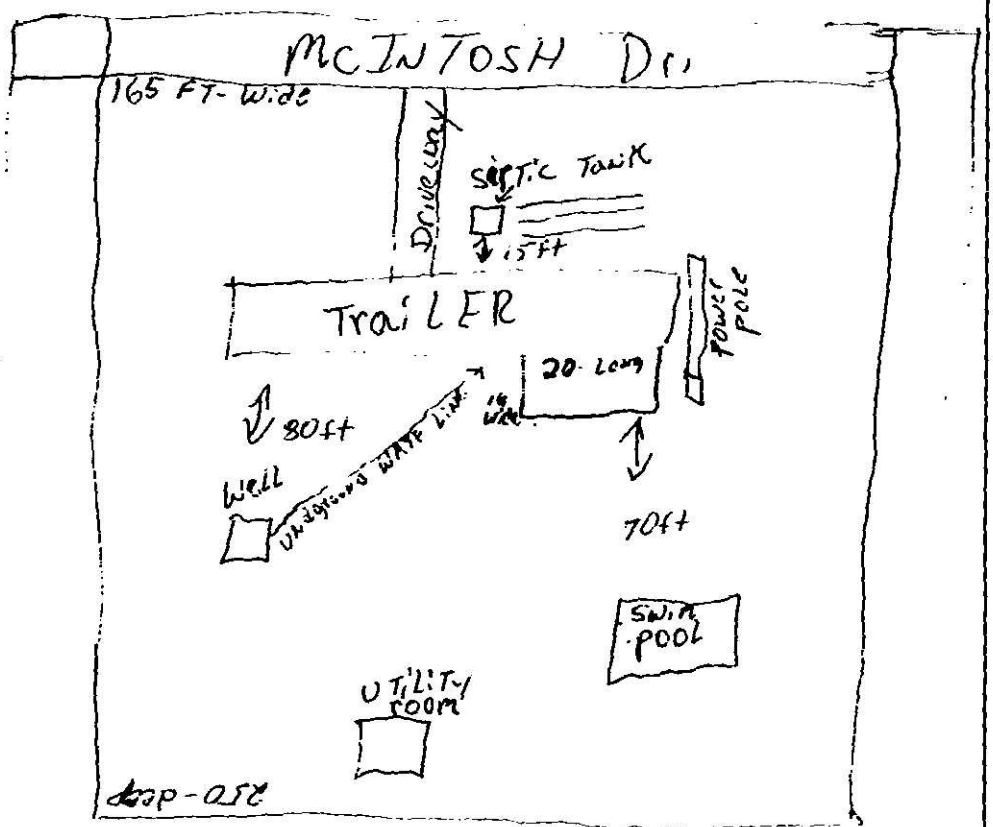
PROPOSED PLOT PLAN

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

FILE: 20783

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: Bruce Hunt

Date: 4-5-89

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 4/6/89

Name/Company [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

[illegible]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 6 1989

$20.00

Fee: $ 20 —

[illegible]

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: 20783
TC: 015-281-05
SERIAL: № 18074
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 11933 (STREET NO) McIntosh Drive (STREET) ② FILE:
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Apple Wood ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Bruce (FIRST) N.A. (MIDDLE) Hunt (LAST)
⑨ MAILING ADDRESS: 11933 McIntosh Drive
⑩ CITY: Cth. Huntersville ⑪ STATE: N.C ⑫ ZIP: 28078
⑬ PHONE: (WORK) 336-4261 ⑭ (HOME) 875-1593

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Othe: (specify) Add BR Remodel 1-BR. To Storage room

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? 5 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: Bruce Hunt
Date: 4-5-89

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.

Environmentalist — Date

Director or Authorized Section Head — Date 4-12-89

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