Date Received 5-5-83 MAY 5 1983
ENVIRONMENTAL HEALTH

SIR No. 19635

T. C. No 019-262-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Hubbard (LAST) Thomas (FIRST) Scott (MIDDLE)

2) ADDRESS OF OWNER RT. 1 Box 512 Huntersville, N.C. ZIP 28078

3) PHONE NO. Home 596 7016 Office 875-6021

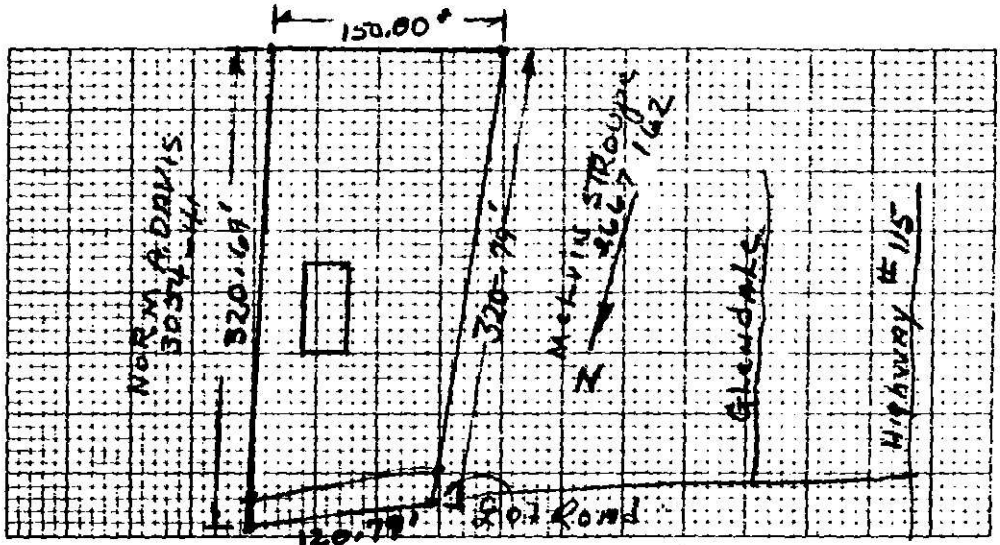
4) LOCATION OF PROPERTY 11904 Rama Church Road #2439 (Address # 11904 Rama Church Road) (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 17 BLOCK NO. 07 (Portion 07)

MAP BOOK NO 019 PAGE NO. 262

6) DEED REFERENCE DEED BOOK 4607 PAGE NO. 0582

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

Thomas S Hubbard
OWNER

EHD-S-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 Blythe Boulevard
Charlotte, North Carolina 28203

SIR. NO. 19635
T.C. NO. 019-262-17
DATE: 5-23-1983

Mr. Thomas S. Hubbard
Route 1, Box 512
Huntersville, N.C. 28078

RE: Property located at 11904 Rama Road

Dear Mr. Hubbard:

At your request, a field investigation was conducted on the property designated above and was classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Sites classified as unsuitable may be utilized for soil absorption sewage systems provided engineering, hydrogeologic, soil and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be reasonably expected to function satisfactorily.

Should you desire to file for permission to install an alternate system, please submit your proposals, in the form of plans and specifications, to this office. They will be reviewed and if it is found that the system may be reasonably expected to function satisfactorily, approval will be given upon the execution by you of "Septic Tank Agreement Form" provided by this office.

If I may be assistance, please feel free to call.

Sincerely,

John R. Adkisson
John R. Adkisson
Consumer Services Programs Manager

JRA:kgg

Enclosure

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19635

T.C. NO. 019-262-17

(Ground Absorption Sewage Disposal)

OWNER: Thomas S. Hubbard PLAT NO:
ADDRESS: R-1 Box 512 Huntersville LOT SIZE: 1A
LOCATION OF SITE: Rama Church Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U Fill Area	S (PS) U 2-4	S (S) U 2-4	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS U	S PS (U) mixed clay	S (S) U Clayey	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS U	S PS (U) weak structure	S (S) U Blocky	S PS U
4. SOIL DEPTH (inches)	S PS U	S (PS) U 36-40	S (S) U 40-45	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS U	S PS (U) clay	S (S) U None	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U	S PS (U) slow	S (S) U Adequate	S PS U
7. OTHER (Specify)	S PS U	S PS (U)	S (PS) U Inadequate Area	S PS U
8. SOIL GROUP		IIIb	IVc	
9. SITE CLASSIFICATION		Unsuitable	Unsuitable	Unsuitable
10. SOIL SERIES		Soil Bank Pushed up	Shallow layer of Cullen over Enon & Iredell	Cullen

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)

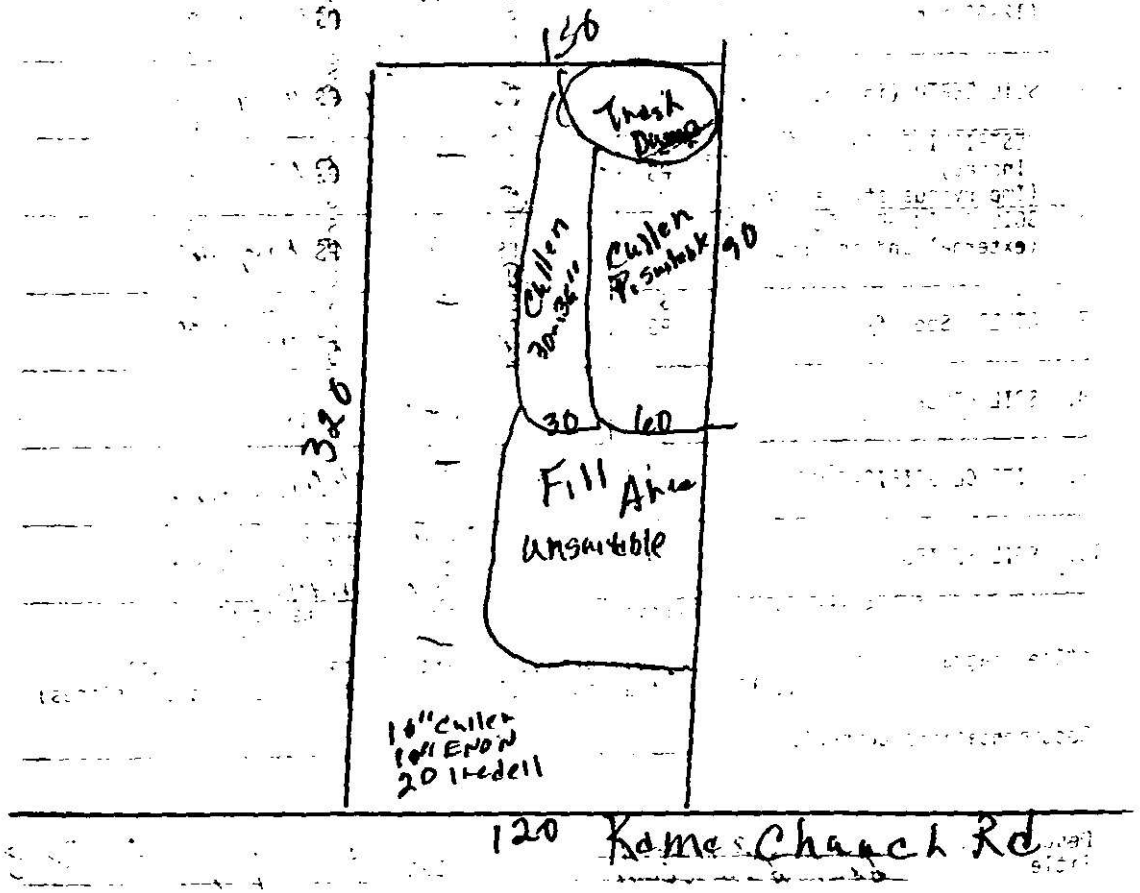
Recommendations/Comments:

Described by: W. B. Ramsey
Title: Sanitarian

Date: 5-17-83

EHD 539 (Revised: 6/82)

2


150
Trash Dump
Cullen
Cullen
90
320
30
120
Fill Area
unsuitable
16" Cullen
full END'N
20 Inedell
120 Kames Church Rd

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

COPY

SEPTIC TANK AGREEMENT 19635

The undersigned, Thomas S. & Linda Hubbard owner of property located at 11904 Kenmark Church Rd, ("the site") and described in instrument recorded in Book 4607 at Page 581, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as unsuitable and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction, and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation operation, or failure of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 18 day of July, 1985

Thomas S. Hubbard (Seal)
(Seal)

PRESENTED FOR REGISTRATION
2:49 PM '85
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Kathleen C. Harrison, a Notary Public for said County and State, do hereby certify that Thomas S. Hubbard personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18th day of July, 1985

Kathleen C. Harrison
Notary Public
My Commission Expires: June 6, 1988

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19___.

Notary Public
My Commission Expires: _____

RECEIVED

Date Received 5-5-83

ENVIRONMENTAL HEALTH

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 19635

T. C. No. 019-262-17

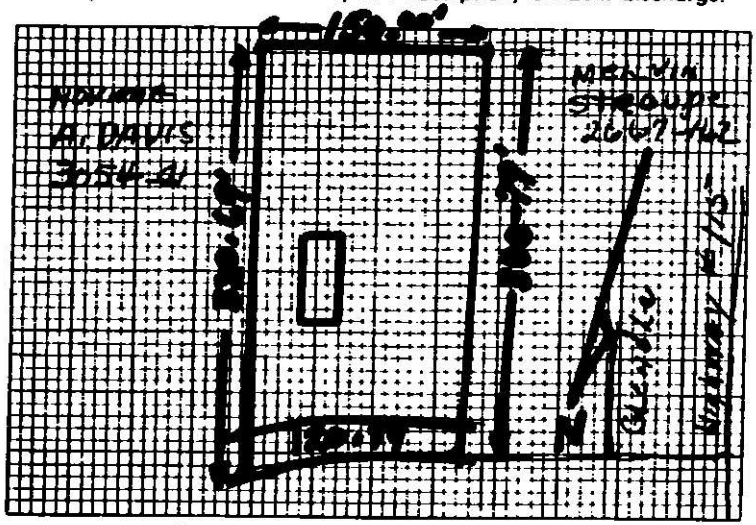
Map Date _____

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)

4) Mobile Home ____Yes____No
Residence ____Yes____No

4) No. of Bedrooms _____

5) Business Use X Max No Employees 2

6) Washing Machine ____Yes ____No

7) Garbage Disposal ____Yes ____No

8) Dishwasher ____Yes ____No

9) Water Supply:
A) Individual Well To be Drilled
B) Governmental System _____
C) Community System:
1. Well source X [redacted]
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 Hubbard (LAST) Thomas (FIRST) Scott (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 512 Huntersville, NC. 28078

15) PHONE NO. Home 596-7016 Office 875-6021

16) LOCATION OF SYSTEM Ramah Church Road ~~2439~~ (Address # 11904 Huntersville, N.C.)
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. 17 Block No. 07 (Portion 07)

Map Book No. 019 Page No. 262

18) DEED REFERENCE — DEED BOOK 4607 AT PAGE 0582

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.

5-4-83
DATE OF APPLICATION

Thomas S Hubbard
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BT 7-21-83

Serial No. 6603

SIR No. 19635

Date Issued 7-19-83

T. C. No. 019-262-17

Map Date

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 Hubbard, (LAST) Thomas (FIRST) Scott (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 512, Huntersville, NC ZIP 28078

LOCATION OF LOT 11904 Ramah Church Road (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 19635 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.

*** AGREEMENT FORM ON FILE ***

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

Serial No. 6882

ICAR(S) Permit No. 19635

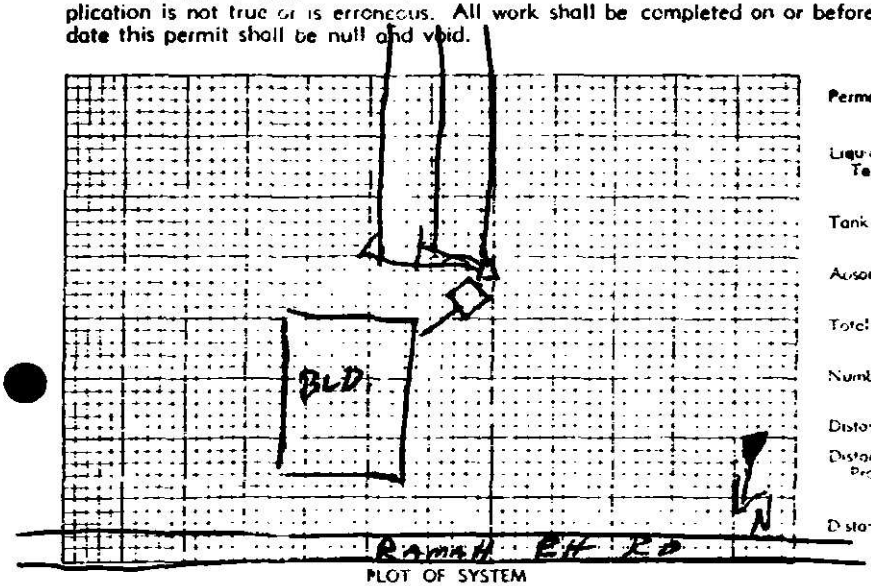
Date Issued 1-10-1984

T. C. No. 019-262-17

Map Date _____

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 X 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 19635, dated 5-4-83 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 FEB 9 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate U IUB

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and or Nitrification Lines

Total Line Length 200 LIN FT.

Number of Lines Three

Distance from Bldg. 10 FT

Distance from Property Line 15 FT.

Distance from Well 100 FT

NAME OF OWNER HUBBARD, THOMAS

LOCATION OF PROPERTY 11904 RAMAH CHURCH 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

Comments: THREE Trenches to be 68FT X 3FT X 12 inches stone bed on stone COVER, grade bds

B. Hawkins
Division or Section Head

Ralph Hulles
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-S-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

AL-1-35-84

C of A (s) No. 19635

Date Issued 1-23-84 Serial 6386

T. C. No 019-262-17

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 HUBBARD, THOMAS
(LAST, FIRST, MIDDLE)

Location of Property 11904 RAMAH CHURCH RD

Application Number 19635 Permit Number 19635

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 200 Lin FT. Number of Lines Three

Depth of Filter Material 12 inches Cover Depth 2 FT

Water Supply Source Well Distance from Water Source 120 FT

Excavation Inspected 1-23-84 (DATE) Tank Inspected 1-23-84 (DATE)

Nitrification Field Inspected 1-23-84 (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 ~~_~~ M ~~_~~ 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 _____

Ralph Miller
Environmentalist

EHD-S-74

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: 19635
TC: _____
SERIAL: № 17917 ☑L ☑CRT

JOB LOCATION

① ADDRESS: 11904 (STREET NO.) Ramah Ch Road (STREET) - ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 019-281-02,
⑤ SUBDIVISION: _____ ⑥ LOT: #6 ⑦ BLOCK: _____

OWNER

⑧ NAME: Thomas (FIRST) S. (MIDDLE) Hubbard (LAST)
⑨ MAILING ADDRESS: 11904 Ramah Ch. Road
⑩ CITY: Huntersville, ⑪ STATE: N.C ⑫ ZIP: 28078
⑬ PHONE: (WORK) 875 6021 ⑭ (HOME) 827-7283

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Autherization for mobile home exchange
⑱ ☒ Other (specify) Storage Building

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms? _____
㉕ Type? Cabinet Shop Storage
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 0

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: Thomas S Hubbard
Date: Mar - 10 - 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.

Use Existing System

[signature] 3-28-89
Environmentalist Date

[signature] RS 3/29/89
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/13/89

Name/Company Hubbards Cupboards

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: Wrap Exhibition
#14635

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 13 1989

Fee: $ 20 - Sch 4420 $20.00

Completed by

Collected by

PROPOSED PLOT PLAN

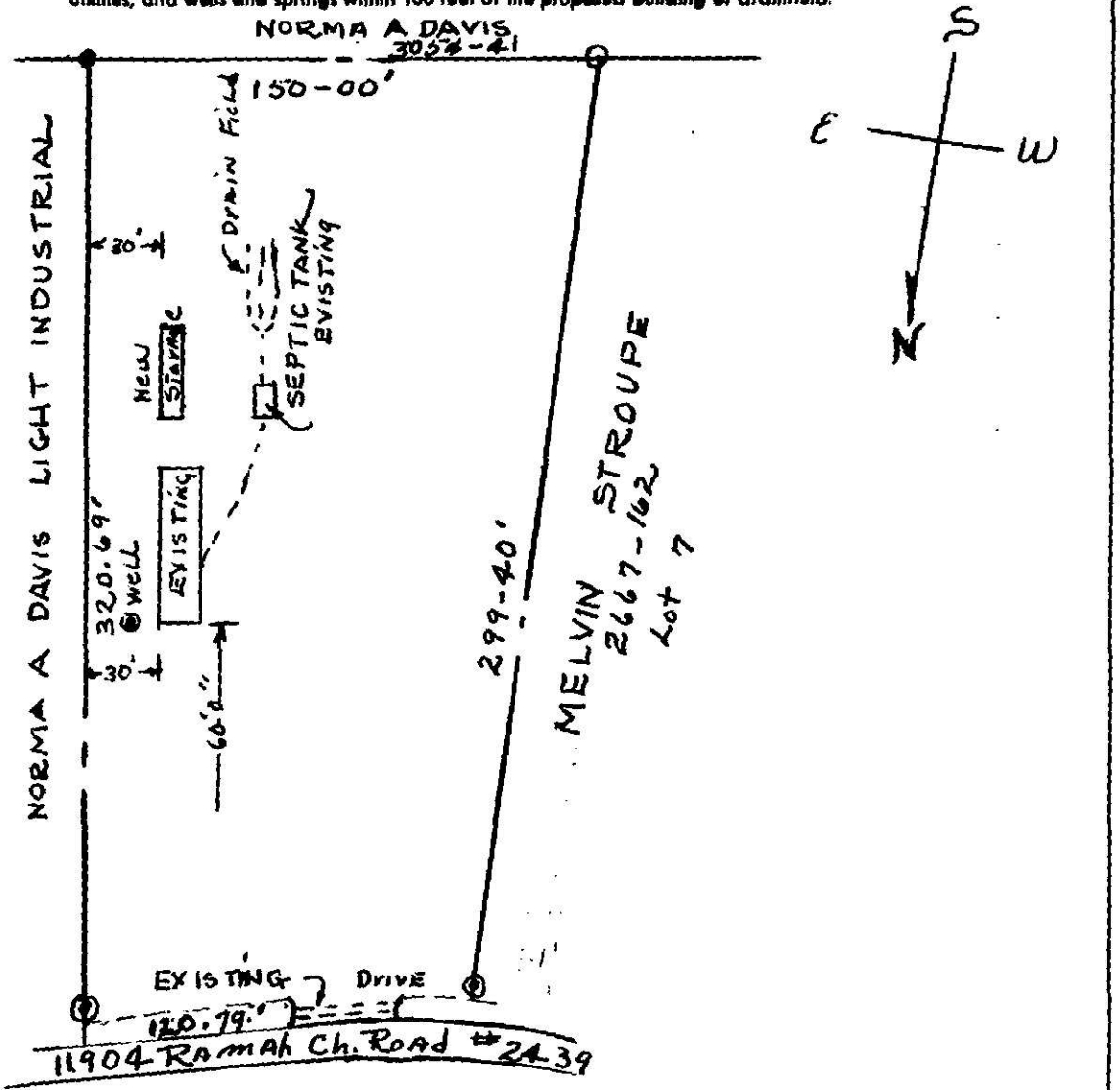
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 19635

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: Thomas S Hubbard

Date: Mar. 10 1989

Mecklenburg County

Department Of Building Standards
and Code Enforcement

P. O. Box 31037

Charlotte, North Carolina 28231

May 5, 1983

To: ENVIRONMENTAL HEALTH DEPARTMENT
BLYTH BLVD.
MECKLENBURG COUNTY
CHARLOTTE, N.C.

Reference: MOBILE HOME PLACEMENT

Dear MR. SEXTON,

The parcel of land located at 8700 US 29 HY

and further identified by tax parcel number 049-311-08

is zoned INST. (INSTITUTIONAL).

Permitted uses in this district include: CONSTRUCTION OFFICE TRAILER FOR CONST. PROJECT

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

Very truly yours,

Robert Caddell
Zoning Inspector