Date Received 10-10-83

MECK C[illegible]Y DEPARTMENT OF
RE[illegible]EIVED
OCT 10 1983
ENVIRONMENTAL HEALTH

SIR No. 2010

T. C. No. 097-012-22

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Byrd (LAST) Bobby (FIRST) Wayne (MIDDLE)

2) ADDRESS OF OWNER 11408 Timber Ridge Rd ZIP 28213

3) PHONE NO. Home 598-0245 Office 364-4224

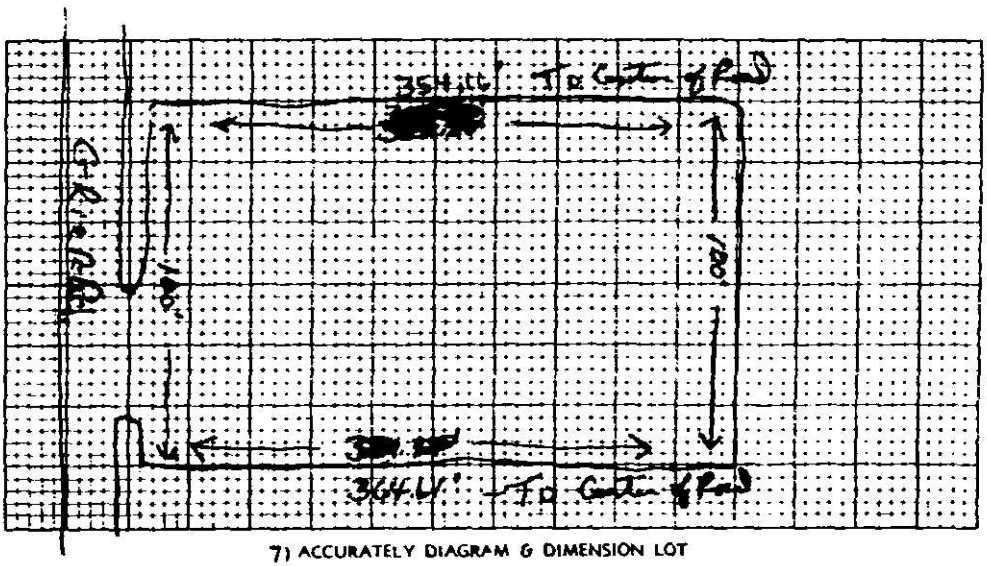
4) LOCATION OF PROPERTY 7509 Grier Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. 4389 PAGE NO 269

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

Bobby W. Byrd
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20110

T.C. NO. 097-012-22

(Ground Absorption Sewage Disposal)

OWNER: Bobby Wayne Bryant
ADDRESS: 11400 Timber Ridge Rd
Charlotte, N.C. 28213
LOCATION OF SITE: 7509 Grier Rd

PLAT NO:
LOT SIZE: Approx 15,000 inc

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS U 2-8%	S PS U 2-8%	S PS U 2-8%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS U clay	S PS U clay	S PS U 2-1 clay	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS U Blocky	S PS U Blocky	S PS U Blocky	S PS U
4. SOIL DEPTH (inches)	S PS U cut-20-24"	S PS U 30-40"	S PS U 30-40"	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS U <30"	S PS U >30"	S PS U >30"	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U >30" to ground water	S PS U >30" to ground water	S PS U perched water table 18-30"	S PS U
7. OTHER (Specify)	S PS U	S PS U Restricted Area	S PS U	S PS U
8. SOIL GROUP	IVA	IVA	IVB	
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil-like (cut)	Cecil-Like	Helena Like	

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: Building permit (issued 9-2-83) no 233229 present on property @ time of soil investigation

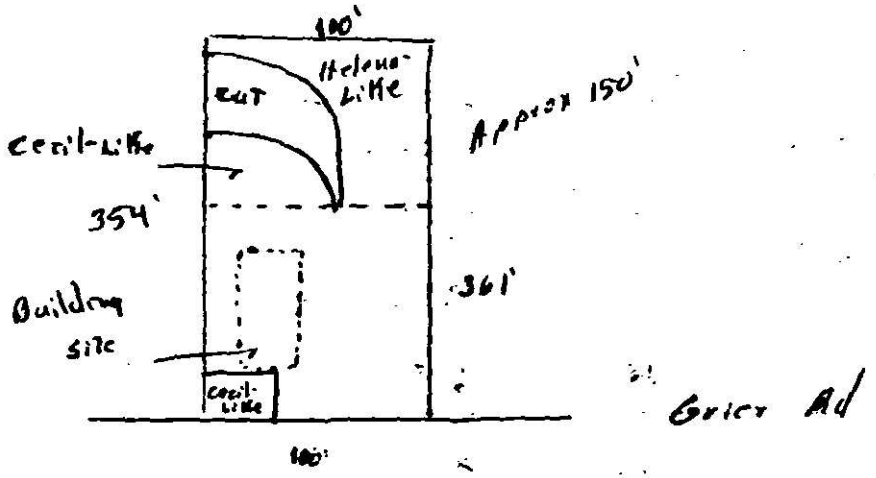
Described by William A. Martin
Title: Soil Scientist

Date: 10-13-83

EHD 539 (Revised: 6/82)

additional area checked 10-18-83 see sketch on back.
[illegible]

2d



Approx 60'x60' Area of

Cecil-Lime Material on left

front corner. checked 10-18-83 W.A.M.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE NORTH CAROLINA 28203

SIR. NO. 20110
T.C. NO. 097-012-22
DATE: 10-14-83

Bobby W. Byrd
11408 Timber Ridge Road
Charlotte, NC 28213

RE: Property located at 7509 Grier Road

Dear Mr. Byrd:

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 disposal 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, plans and specifications prepared by a person with a demonstrated knowledge of ground absorption sewage treatment disposal systems, soil and rock characteristics, groundwater hydrology and drainage systems should be submitted 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 Agreemnt Form" provided by this office.

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

Sincerely,

Bill D. Hardister, Jr.

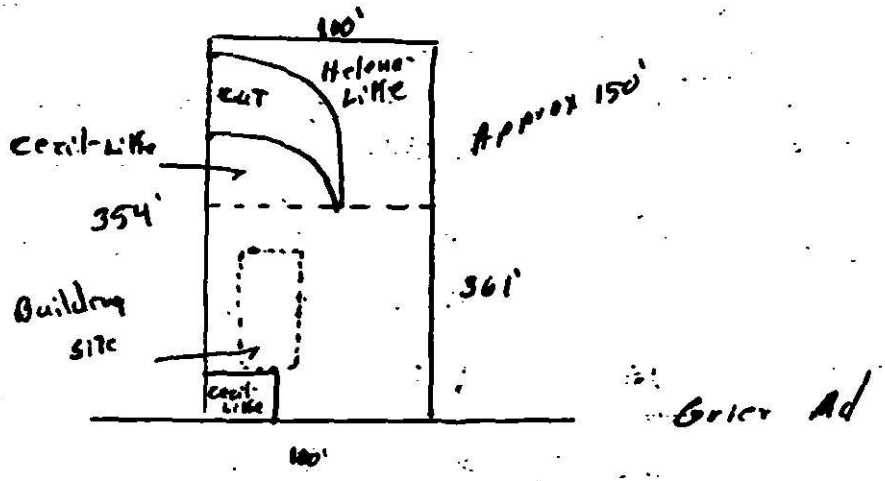
Bill D. Hardister, Jr,
Environmental Health Supervisor

BDH/kbg

Enclosure

20110

09-012-22



Approx 60'x60' Area of

Cecil-Lillie Material on left

front corner checked 10-10-03 W.A.M.

Date Received 10-10-83

RECEIVED
OCT 10 1983
MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20110

T. C. No. 99-062-12

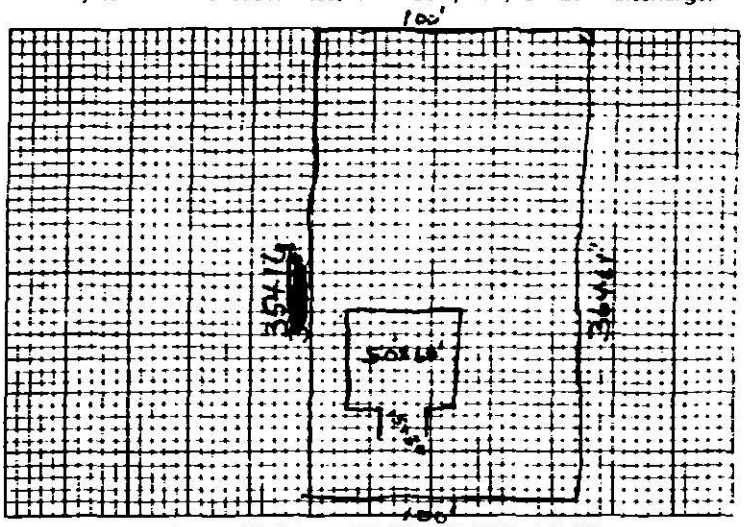
Map Date _____

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)

Mobile Home ___Yes ___No
Residence ___Yes ___No

4) No of Bedrooms _____
5) Business Use — Max No Employees 3
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 Byrd (LAST) Bobby (FIRST) Wayne (MIDDLE)

14) ADDRESS OF OWNER 11408 Timber Ridge Rd

15) PHONE NO. Home 598-0245 Office 364-4224
Pager 379-8012

16) LOCATION OF SYSTEM 7509 Grier Rd (STREET OR COUNTY ROAD)

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

Map Book No. 4389 Page No. 269

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.

10-10-83
DATE OF APPLICATION

Bobby W. Byrd
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

SEPTIC TANK AGREEMENT 20110

The undersigned, Bobby W. Byrd, owner of property located at 7509 Grier Rd, ("the site") and described in instrument recorded in Book 4389 at Page 269, 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 at 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 3rd day of November, 1983.

Bobby W. Byrd (Seal)
(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Wise, a Notary Public for said County and State, do hereby certify that Bobby W Byrd personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 3rd day of November, 1983.

Marlene Wise
Notary Public
My Commission Expires: 3-15-88

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: _____

NO I-P issued - Bldg is already up-

Serial No. 6745

Date Issued 11-3-83

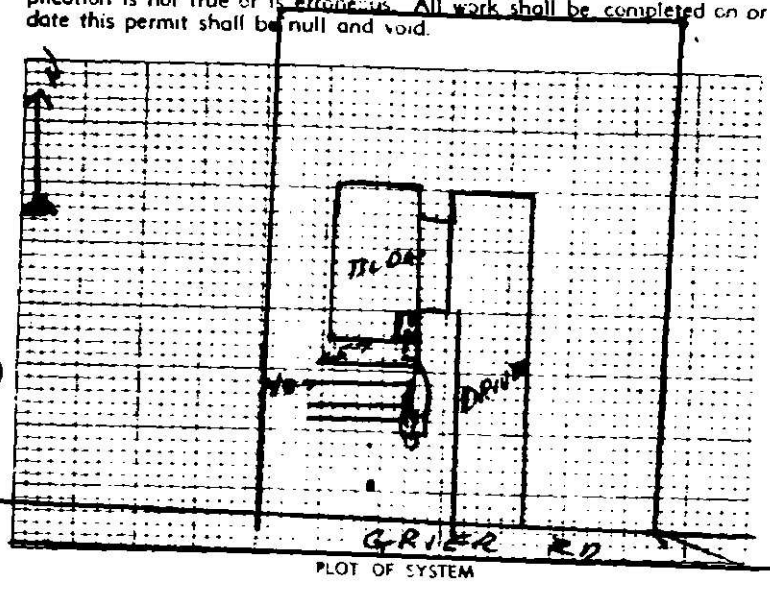
ICAR(S) Permit No. 20110

T C No. 097-012-22

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 20110, dated 10-10-83 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 NOV 30 1983, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS EVA

Liquid Capacity of Tank 1500 gal.

Tank Construction Pre Cast Concrete

Absorption and or Nitrification Lines

Total Line Length 300 Lin FT

Number of Lines FOUR

Distance from Bldg 5FT

Distance from Property Line 10 FT

Distance from Well MUNICIPAL

NAME OF OWNER BYRD, BOBBY

LOCATION OF PROPERTY 7509 GRIER RD.

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: FOUR TRENCHES TO BE 50 FT x 3 FT x 12 inches. STONE - bayou STONE COVER - grade RD - KEEP SYSTEM SHALLOW - REF

Division or Section Head

Environmentalist Ralph Mills

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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'S COPY

BF 11-22-83

C of A (s) No. 20110

Date Issued 11-22-83 **Serial** 6293 T. C. No. 097-012-22

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 BYRD, BOBBY
LAST FIRST MIDDLE

Location of Property 7509 GRIER ROAD

Application Number 20110 Permit Number 20110

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 200 LIN FT. Number of Lines Four

Depth of Filter Material 12 inches Cover Depth ~~Four~~ FEET

Water Supply Source City Distance from Water Source City Source

Excavation Inspected 11-22-83 (DATE) Tank Inspected 11-22-83 (DATE)

Nitrification Field Inspected 11-22-83 (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 X 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 Nitles
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: 20110
TC: 067-012-22
SERIAL: № 20392
☐ L ☐ CR

JOB LOCATION

① ADDRESS: 7509 Grier Rd. (STREET NO / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Byrd's Lawn + Landscaping, Inc. (Bobby W. Byrd) (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 7509 Grier Rd
⑩ CITY: Char. ⑪ STATE ⑫ ZIP: 28213
⑬ PHONE: (WORK) 596-7748 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Mobile Office

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type?
㉖ Maximum number of employees? 2
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: Bobby W. Byrd
Date: 1-22-90

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 years from the date of issuance. Use existing system

No plumbing to be connected.

B.R. Ferguson 1-23-90
Environmentalist Date

Director or Authorized Section Head 1-23-90 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: 1-22-90

Name/Company: Byrd's Lawn & Landscaping

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applied for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

File 20110

JAN 22 1990

CR# 5530
$25.00

Fee: $ 25.00

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

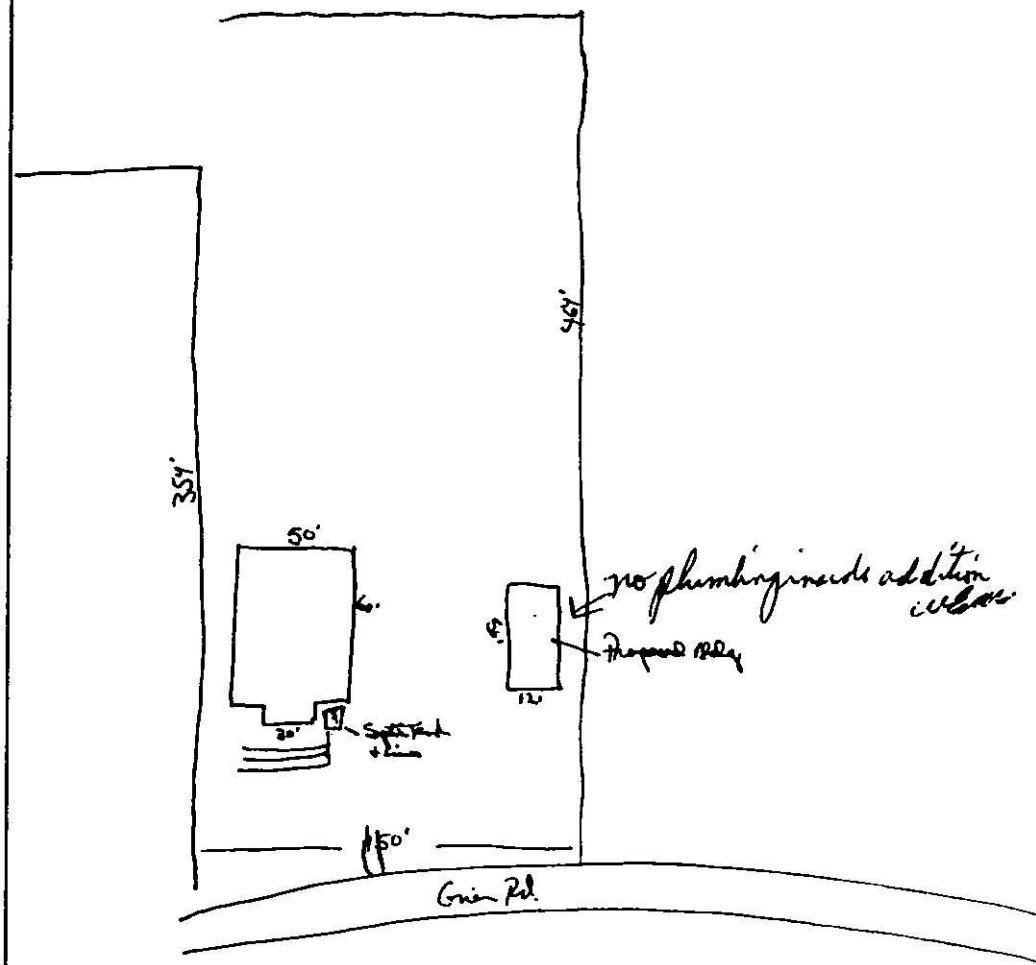
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20110

TC: 097-012-22

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: Bobby W. Byrd

Date: 1-22-90