Date Received 1-20-84

RECEIVED
JAN 17 1984
ENVIRONMENTAL HEALTH

SIR No. 20537
TAC No. 195-141-04

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER (LAST, FIRST, MIDDLE) TG-PAC Realty INC.

2) ADDRESS OF OWNER P.O. Box 763 MONROE, NC ZIP 28110

3) PHONE NO. Home _____ Office 372-0088

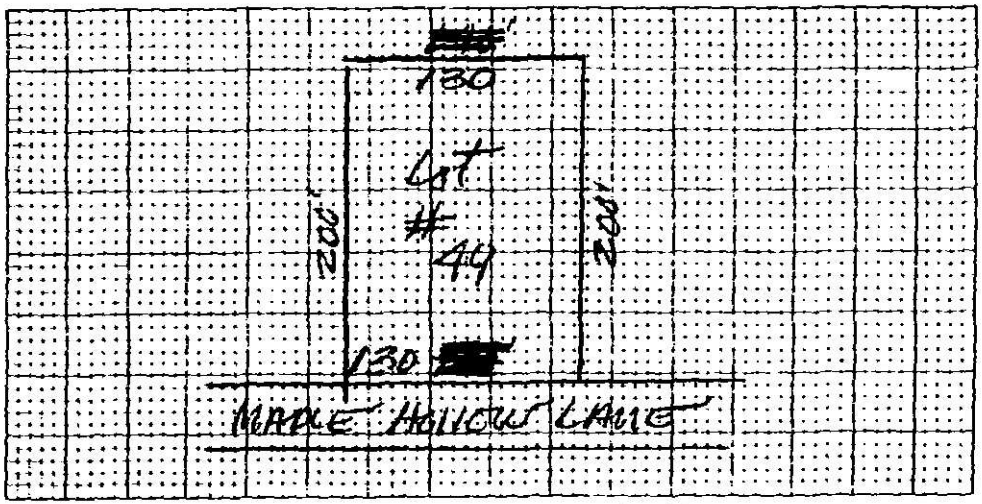
4) LOCATION OF PROPERTY 13955 MAPLE HOLLOW LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION COUNTRY WOODS LOT NO 49 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4411 PAGE NO. 46

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

DW PAC-TY-PAC REALTY
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20537

T.C. NO. P.O 195-141-04

(Ground Absorption Sewage Disposal)

OWNER: Ty-Par Realty Inc
ADDRESS: P.O Box 966 Monroe 28110
PLAT NO:
LOT SIZE: 36,000 .60
LOCATION OF SITE: Maple Hollow Lane Lot 43

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) 36-45 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 IVc

9. SITE CLASSIFICATION Provisionally Suitable

10. SOIL SERIES Cecil

S - Suitable PS - Provisionally Suitable U - Unsuitable

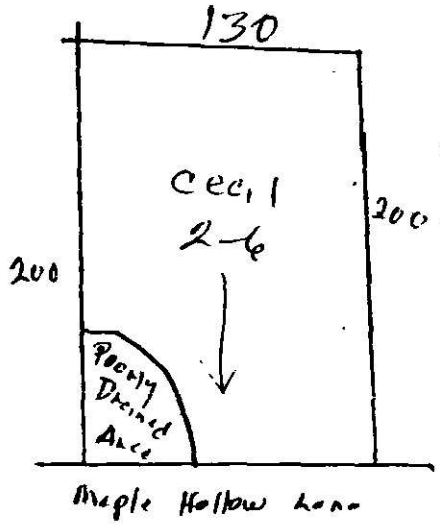
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

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

Date: 2-20-84

EHD 539 (Revised: 6/82)


130
Cecil
2-6
200
200
Poorly Drained Area
Maple Hollow Lane

Serial No. 5484

SIR No. 20537

T. C. No. PO 195-141-04

Date Issued 2-23-84

Map Date

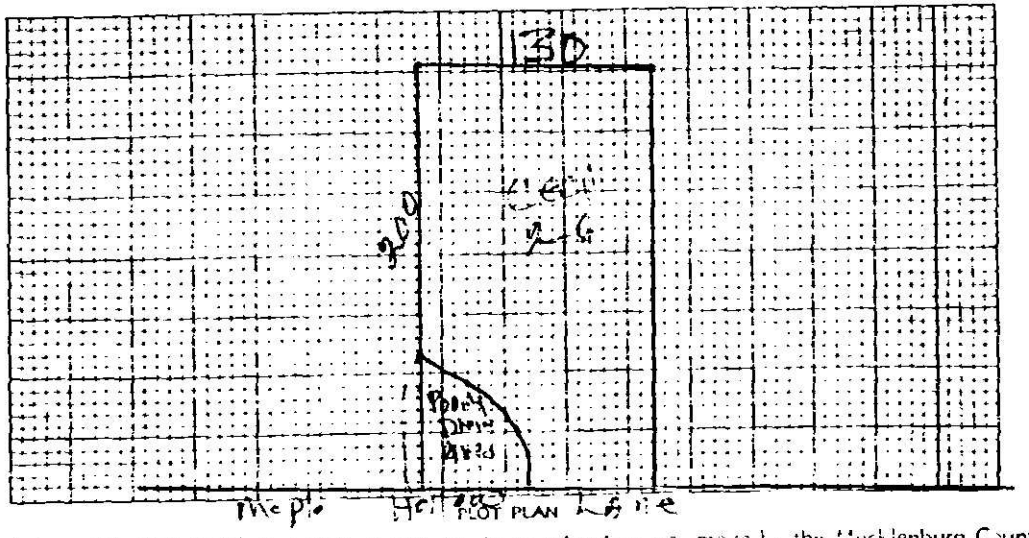
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ty-Par Realty, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 763, Monroe, NC ZIP 28110

LOCATION OF PROPERTY 13935 Maple Hollow Lane
STREET OR COUNTY ROAD

SUBDIVISION Country Woods LOT NO 49 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 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 [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 to install [illegible] the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the said lot
2. The [illegible] determined by the Mecklenburg County Department of Environmental Health [illegible] the permeability rate obtained above and on the size and type [illegible]
3. This approval [illegible] acceptable for system installation on the above plot
4. This approval [illegible] performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation [illegible] construction [illegible] repair of such a system

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

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental [illegible] Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)
FILE: 20537
TC: 195-141-0400
SERIAL: No 12704

MECK COUNTY DEPARTMENT OF
RECEIVED
MAR 31 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 13935 (STREET NO) Maple Hollow Ln (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Country Woods ⑥ LOT: 49 ⑦ BLOCK:

OWNER

⑧ NAME: John (FIRST) (MIDDLE) Hunter (LAST)
⑨ MAILING ADDRESS: 13935 Maple Hollow Ln
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) ⑭ (HOME) 545-3203

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: John Hunter

Date: 3-30-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH 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.

Environmental Health Specialist — Date

Director or Authorized Section Head — Date

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

SEE INSTRUCTIONS ON BACK

Date Received 2-7-85

ICAR(S) Application No. 20537

T C Rec. No. 195-141-04

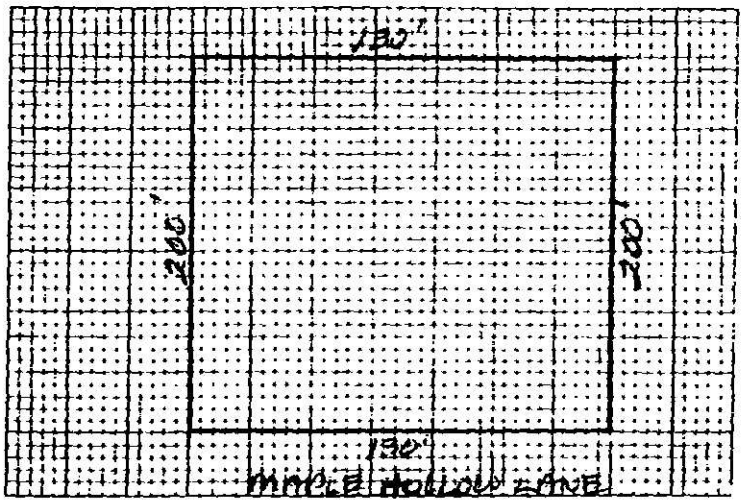
Map Date L

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 Use ✓
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 Ty-Por Realty, Inc (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P.O. Box 763, Monroe, N.C. 28110

15) PHONE NO. Home ____ Office 372-0088

16) LOCATION OF SYSTEM 13935 Maple Hollow Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Country Woods Lot No. 49 Block No. —

Map Book No 20 Page No. 5

18) DEED REFERENCE — DEED BOOK 4411 AT PAGE 46

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.

2-6-85
DATE OF APPLICATION

OWNER for Ty-Por Realty, Inc

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 07760

Date Issued 2/6/85

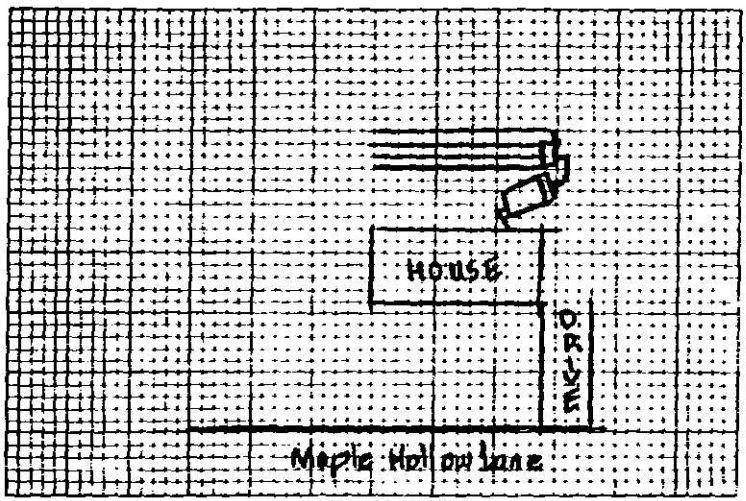
ICAR(S) Permit No. 20537 PO

T. C. No. 195-141-04

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 ✓ 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 20537, dated _____ 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 2/6/85, 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 400'

Number of Lines 4X100

Distance from House 5'

Distance from Property Line 10'

Distance from Well 70'

NAME OF OWNER Ty-Par Realty

LOCATION OF PROPERTY 13935 Maple Hollow Lane

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'x100'x 12" stone with gradeboards and straw as cover

Comments: Do not install until ground dries out

_____ 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 c 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

Environmental Health Department Copy

C of A (s) No. 20537

Date Issued 6/19/85 **Serial** 7641 PO T. C. No. 195-141-04

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 Ty-Par Realty (LAST) (FIRST) (MIDDLE)

Location of Property 13935 Maple Hollow Lane

Application Number 20537 Permit Number 20537

Inspection Date:

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 2'

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 6/19/85 (DATE) Tank Inspected 6/19/85 (DATE)

Nitrification Field Inspected 6/19/85 (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 1500ST, CON, 1200SFT, 12G, CECIL

Cynthia G. Bass
Environmentalist

EHD-5-76

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

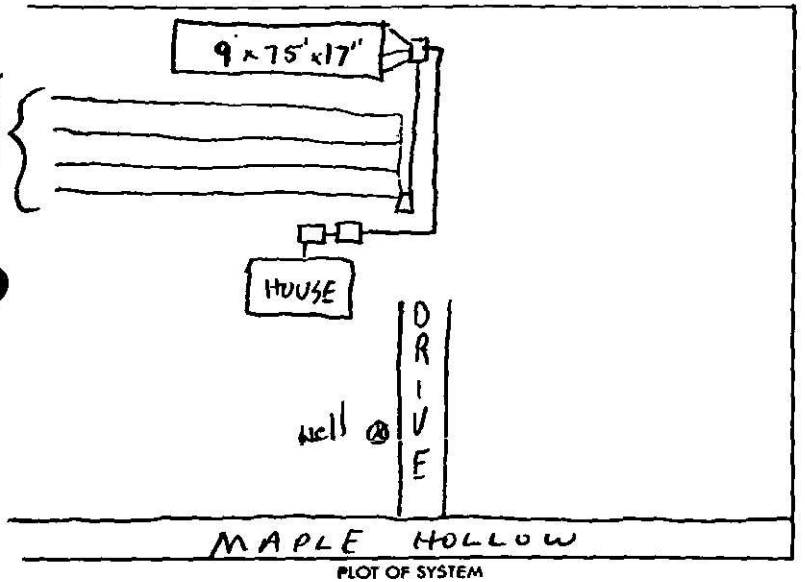
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20537 DATE: 4-8-87

TC: 195-141-04 01

SERIAL Nº 10790

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 the application dated 3-30-87. All work shall be completed on or before 5-8-87, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

REPAIR

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and or Nitrification Lines:

Trench Width 9'x75'x17" feet

Total Line Length 150 feet

Number of Lines 3

Depth of Stone 17" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER HUNTER, JOHN

LOCATION OF PROPERTY 13935 MAPLE HOLLOW LN

Comments: INSTALL 1000 gallon dosing tank - pump to 4 hole d-box - 3 lines in 9'x75'x17" bed - 1 line back to original system

Division or Section Head

Environmentalist Kelly Rudd

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20537 DATE: 5-29-87

TC: 195-141-04 ☑ L ☐ CRT

SERIAL № 10.99

Name of Owner HUNTER JOHN Juris.:

Address of Property 13935 MAPLE HOLLOW LN

Inspection Data:

Tank Material PCC

Total Length of Drainfield 150

Number of Lines 3 @

Cover Depth 1'

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 5-29-87

Tank(s) Inspected 5-29-87

Wash Line Inspected —

High Water Alarm Inspected 5-29-87

PLOT

Design: 1982 REPAIR CTR# 113

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.