Date Received _____

RECEIVED
AUG 2[illegible] 1984
[illegible]

SIR No. 2375
T. C. No. 029-273-07
Map Date 1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Barrett, Harry L. (Jr.)
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 701 Museum Drive, Charlotte, N. C. ZIP 28207

3) PHONE NO. Home 375-1115 Office _____

4) LOCATION OF PROPERTY 12900 Maple Drive
STREET OR COUNTY ROAD

5) SUBDIVISION Ridgewood Acres LOT NO. 6 & 7 BLOCK NO. BB

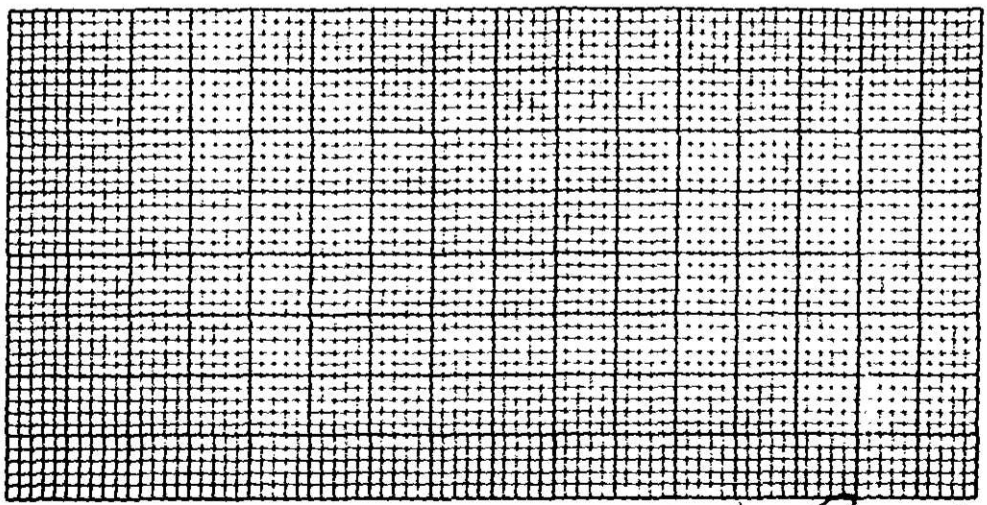
MAP BOOK NO. M9 PAGE NO. 93

6) DEED REFERENCE: DEED BOOK 2577 PAGE NO. 457

For clarification, tax billings are as follows: L6&7 BB M9 93.

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.

NOTE: Please see attached map for specific site location.....-.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Harry L Barrett
OWNER

BHB-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21375

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: Harry T. Barrett, Jr.
ADDRESS: 901 Museum Dr.
Charlotte, N.C. 28207
LOCATION OF SITE: 12966 Maple Dr.

PLAT NO:
LOT SIZE: Approx 49000 mv. .92 (4 sites)

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 2-10% PS 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 U 2-1 Clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS U Block 1	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS U 10-28"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS U <36"	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U [illegible] to ground water	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 WB

9. SITE CLASSIFICATION unsuitable

10. SOIL SERIES Iredell Mecklenburg

S - Suitable PS - Provisionally Suitable U - Unsuitable

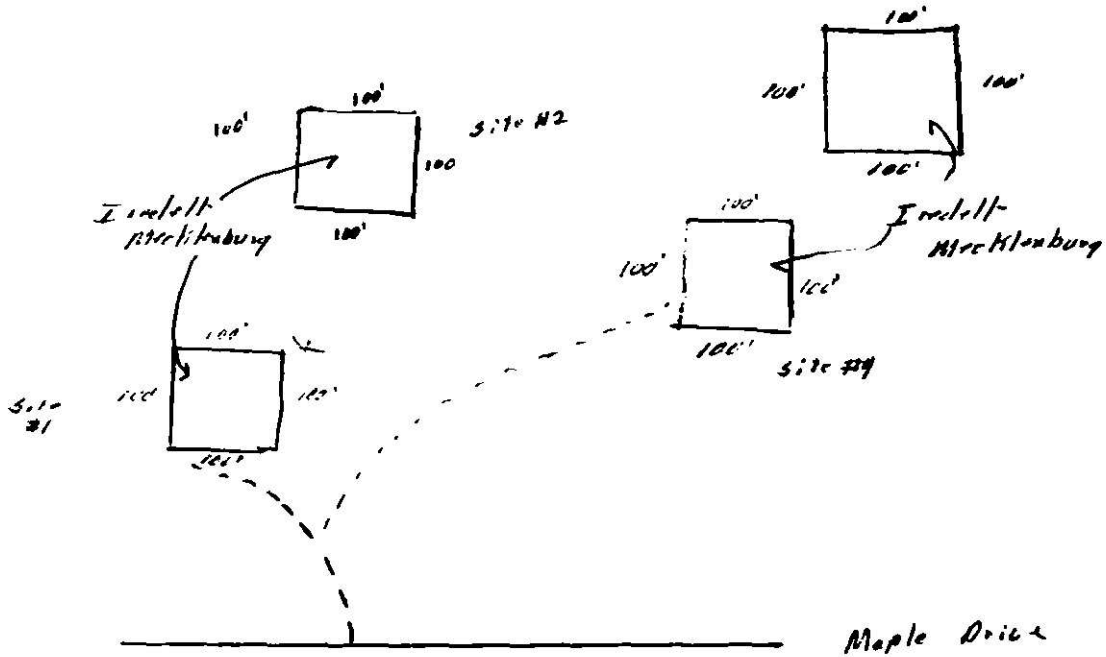
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William E. Martin
Title: Soil Scientist

Date: 9-6-84

2+


100'
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Site #2
Iredell
Mecklenburg
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100'
Site #1
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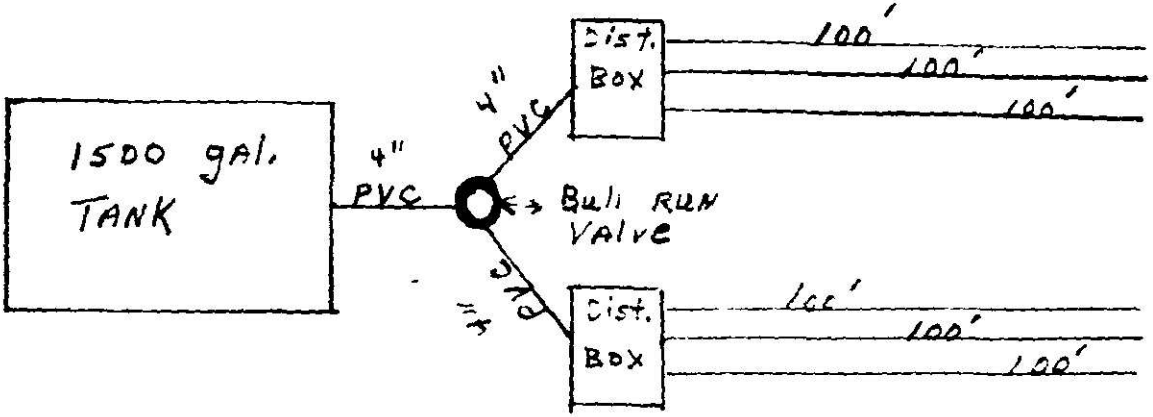
100'
100'
100'
100'
100'
Iredell
Mecklenburg
Site #4
Maple Drive

RE: File # 21375
S.I.R # 21375
T.C. No PO 029273 07

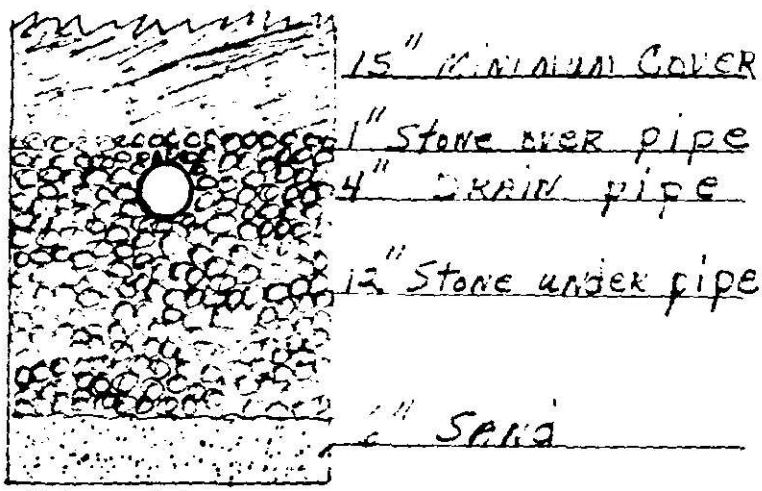


4" DRAIN Pipe 100 LONG
9' ~~3~~ Ft ON CENTERS
1800 sq. Ft. Bottom AREA

Submitted for Consideration
and APPROVAL:

12900 Maple Drive
PROPERTY LOCATION

Harry L. Barrett Jr. 19/16/84
OWNER'S SIGNATURE DATE



MECKLENBURG COUNTY
Department of Environmental Health

FILE NO. 21375

DATE 9-6-84

Harry L. Barnett, Jr.
701 Museum Drive
Charlotte, N. C. 28207

Re: Property located at 12900 Maple Drive

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation, showed the site to be classified **unsuitable** for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

North Carolina General Statute 130A-335 and 10 NCAC 10A .1948 (c) provides that:

> Sites originally classified as **UNSUITABLE** may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soil studies indicate to the local health department that a suitable septic tank system or a suitable alternate system can reasonably be expected to function satisfactorily. Such sites may be reclassified as **PROVISIONALLY SUITABLE** upon submission to the local health department and when requested by the local health department to the state agency of the following:
>
> (1) Adequate substantiating data to indicate that a ground absorption system can be installed so that the effluent will receive adequate treatment;
>
> (2) Adequate substantiating data to indicate that the effluent will not contaminate any drinking water supply, ground water used for drinking water, or any surface water;
>
> (3) Adequate substantiating data to indicate that the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

Upon receipt of a request for reclassification as provided for above, the submission of plans and specifications for an applicable sewerage treatment system, and the approval of such system as submitted, the department will issue the appropriate permits.

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

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor
On Premises Waste Disposal Section

BDH/sce

Enclosure

SEE INSTRUCTIONS ON BACK

Date Received 9-17-84

CAR(S) Application No. 21375

T. C. No. 20 079-293-07

Map Date 1

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
5) Residence ✓ Yes ____ No
6) No of Bedrooms 3
7) Business Use — Max No Employees 100
8) Washing Machine ✓ Yes ____ No
9) Garbage Disposal ____ Yes ✓ No
10) Dishwasher ✓ Yes ____ No
11) Water Supply:
   A) Individual Well ✓
   B) Governmental System ____
   C) Community System:
      1 Well source ____
      2 Governmental source ____
12) Sewage System:
   House located within 200 feet of public sewer ____ Yes ✓ No
   House located within 200 feet of community sewer ____ Yes ✓ No
13) FHA Case No. ____
14) VA Case No. ____

13) NAME OF OWNER Best, Kenneth W. (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER P. O. Box 26786, Charlotte, N. C.

15) PHONE NO. Home 875-1895 Office 596-8694

16) LOCATION OF SYSTEM 12900 Maple Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Ridgewood Acres Lot No. 6 & 7 Block No. BB

Map Book No. 59 Page No. 93

18) DEED REFERENCE — DEED BOOK 2577 AT PAGE 457

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.

9-17-84
DATE OF APPLICATION

OWNER

BHD-5-76

Environmental Health Department's Copy

Prepared by & mail to: Dept. of Environmental Health, 2845 N. McDowell Street, Charlotte, NC 28205 Attn: Bill Constangy, Constangy, Laws offices, P.O. Box 1270

BOOK 4914 PAGE 0466

FOR REGISTRATION

Oct 9 1 23 PM '84

CHARLES E CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

FILE NO. 21375

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1949(c)

The undersigned, Kenneth W. Best and wife, Ann C. Best

owner of property located at Maple Drive, Charlotte, NC, known as Lots 6 and 7, Block B, of Ridgewood Acres ("the site") and described in an instrument recorded in Book ____ at Page ____, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services at 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1949(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1949(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation 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 any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, 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.

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 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 names 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.

This 9th day of October, 19 84.

Kenneth W. Best (SEAL)

Ann C. Best (SEAL)

FEE 5.00
(illegible) 1.00
PUSH 5.00
15:25 #3763 000
10/09/84

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Judy Manos, a Notary Public for said County and State, do hereby certify that Kenneth W. Best and wife, Ann C. Best personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of October, 1984.

JUDY MANOS NOTARY PUBLIC GUILFORD COUNTY

Judy Manos
Notary Public Guilford County, N.C.

My Commission Expires: September 23, 1986

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 _____, 1984.

RECEIVED

Notary Public

My Commission Expires: _____

4914 0467

State of North Carolina, County of Mecklenburg
The foregoing certificate of Judi Llanos

a Notary (~~Notaries~~) Public of Guilford County and State of North Carolina
is certified to be correct. This 9 day of October 19 84
Charles E. Crowder, Register of Deeds By Mary H. Posey Deputy

Date Issued 10-10-84 Serial No. 7915

SIR No. 21375

T. C. No. PO 029-293-07

Map Date L CCT

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 Best, (LAST) Kenneth (FIRST) W. (MIDDLE)

ADDRESS OF OWNER P. O. Box 26786, Charlotte, NC ZIP _____

LOCATION OF LOT 12900 Maple 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 21375. 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 TILE ***

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Site reclassified Provisionally Suitable pursuant to 10 NCAC 10A .1940(a) and Departmental policy regarding alternate septic tank system installation.

Environmental Health Department's Copy

C of A (s) No. 21375

Date Issued 9-26-86 **Serial** 8919 T. C. No. 029-273-05

V CKT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Best (LAST) Kenneth (FIRST) W. (MIDDLE)

Location of Property 12900 Maple Dr.

Application Number 21375 Permit Number 21375

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 600' Number of Lines 5, 4

Depth of Filter Material 12" stone 6" Sand Cover Depth 12"

Water Supply Source well Distance from Water Source 2100'

Excavation Inspected — (DATE) Tank Inspected 9-26-86 (DATE)

Nitrification Field Inspected 9-25-86 (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 1986, 1500 ST, DV, mod 1800 SFT, 126, 63,

Jim Ericson
Environmentalist

BHD-5-76

Environmental Health Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

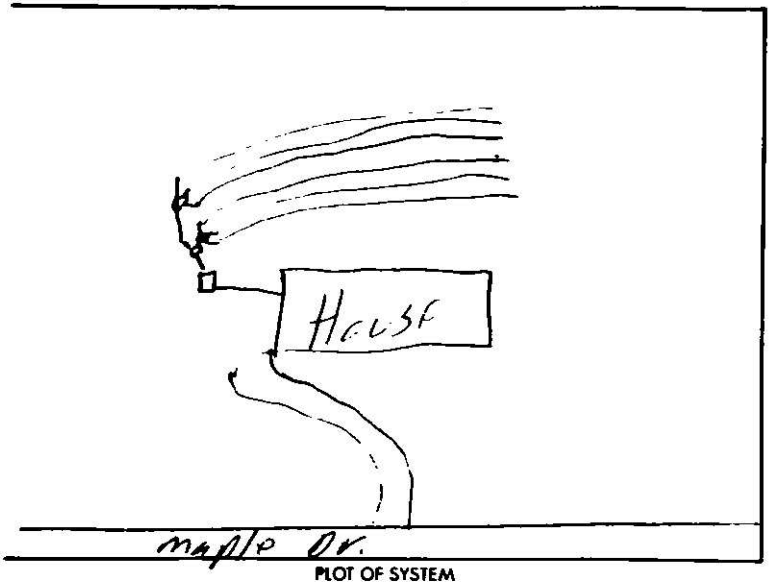
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21375 DATE: 9-22-86

TC: 029-273-07 ⌀ L

SERIAL № 10356

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 9-17-86. All work shall be completed on or before 10-22-86, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 600' feet

Number of Lines Six

Depth of Stone 12 stone 6" sand inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

NAME OF OWNER Best, Kenneth W.

LOCATION OF PROPERTY 12900 Maple Drive

Comments: Six Trenches 100'X3'X12" Stone 6" Stone; Diversion Valve

[signature]
Division or Section Head

[signature]
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.

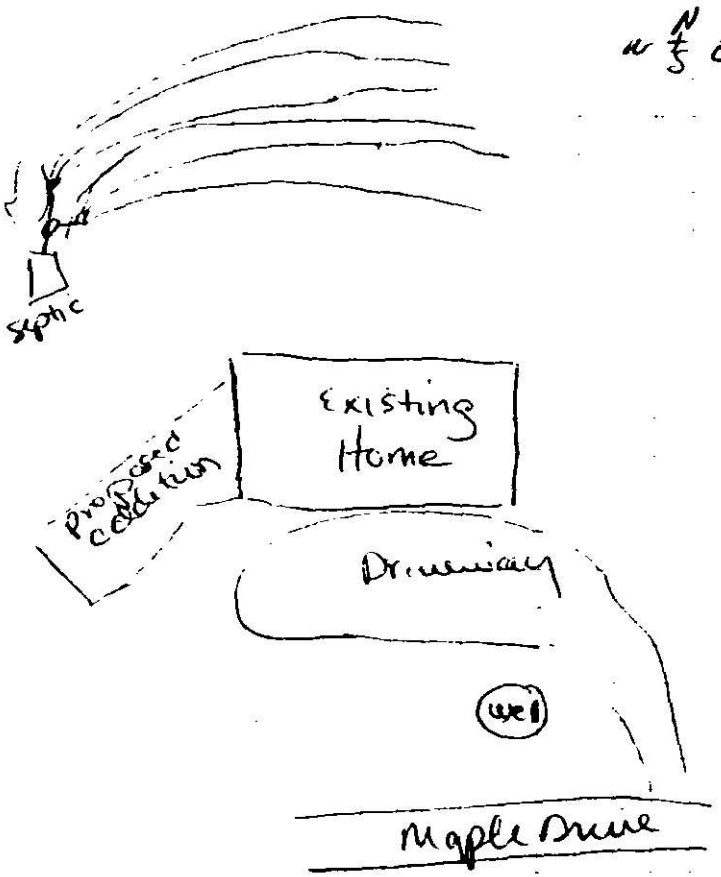
WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4803

FILE: 21375
TC: 029 27.3 C7

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.



APPROVAL DATE 4/29/19

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid

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: 21375
TC:
SERIAL: No 21926

04/24/91
ck#3208
$25.00
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12900 (STREET NO) Maple Dr Rt 28 (STREET) Charlotte NC 28269 ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 039 273 07
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Kenneth (FIRST) whitten (MIDDLE) Best (LAST)
⑨ MAILING ADDRESS: 12900 Maple Dr Rt 28
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28269
⑬ PHONE: (WORK) 596 8694; 547-1551 ⑭ (HOME) 875 3259

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) garage / deck addition

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 4
㉔ Type?
㉕ Maximum number of employees?
㉖ 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: [signature]
Date: 4-24-91

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 60 months from the date of issuance.

Use existing system

Environmentalist [signature] 4/29/91 Date

Director or Authorized Section Head [signature] 4-30-91 Date

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