Date Received 11-9-82

SIR No. 19091

Lot 9

T. C. No. 63-091-33

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER CONTINENTAL INVESTORS (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 3900 FREEDOM DR. ZIP 28208

3) PHONE NO. Home _____ Office 392-9224

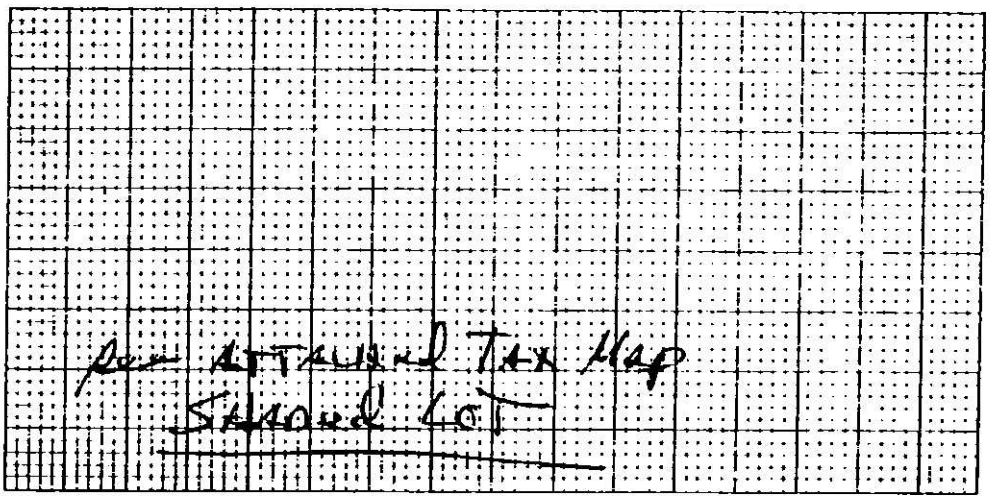
4) LOCATION OF PROPERTY FORSYTHIA CIRCLE (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 3 BLOCK NO. 2

MAP BOOK NO 57 PAGE NO. 455

6) DEED REFERENCE DEED BOOK 3845 PAGE NO 843

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

CONTINENTAL INVESTORS
OWNER
By: Dana Rutledge

EHD-5-76

Environmental Health Department's Copy

Serial No. 4764

PTR No. 19091

T. C. No. 063-091-33

Date Issued 11-30-82

Map Date

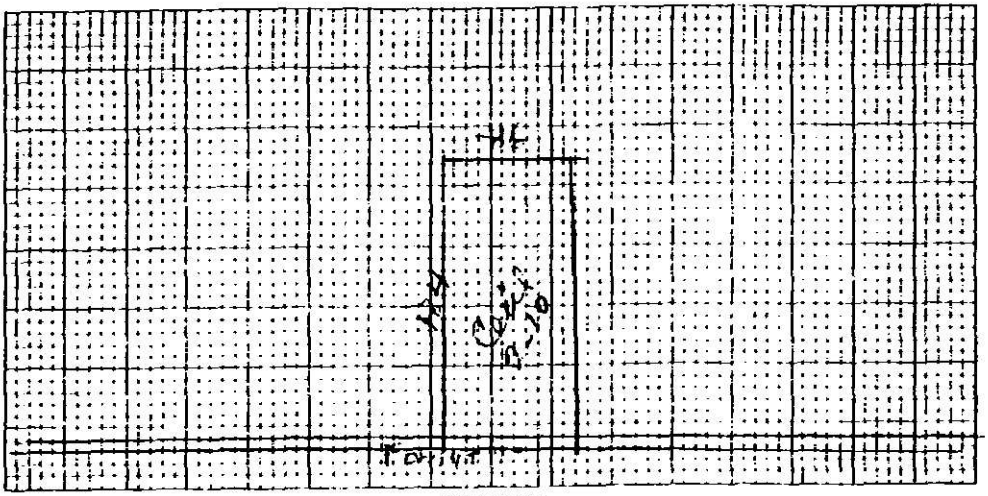
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Continental Investors (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 3900 Freedom Dr., Charlotte, NC ZIP 28208

LOCATION OF PROPERTY 1626 Forsythia Cr. (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 3 BLOCK NO. 2



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. The permeability rate determined by the investigation was **Provisionally Suitable**. 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 or construct alter or repair the [illegible] system for the [illegible] on the Mecklenburg County Department of Environmental Health prior to the beginning of the construction of any part of the wastewater treatment system on the said lot.
2. The size of the septic tank and wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health [illegible] investigation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only in the [illegible] set on the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, [illegible] is including the [illegible] well is 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 unsuitable for installation, construction activities must not [illegible] 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.

William H. Spencer
Soil Scientist

Mike Sexton
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19091

T.C. NO. 063-091-33

(Ground Absorption Sewage Disposal)

OWNER: Continental Investors PLAT NO:
ADDRESS: 5400 Freedom Dr. LOT SIZE: 17280
28262
LOCATION OF SITE: Forsythia Circle

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(PS) 2-10	PS	PS	PS
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	(PS) Loamy	PS	PS	PS
3. SOIL STRUCTURE (12-36 inches)	(PS) Blocky	PS	PS	PS
4. SOIL DEPTH (inches)	(S) PS 42	PS	PS	PS
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(PS) None	PS	PS	PS
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(PS) Adequate	PS	PS	PS
7. OTHER (Specify) Lot Landscape	PS	PS	PS	PS
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	Suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

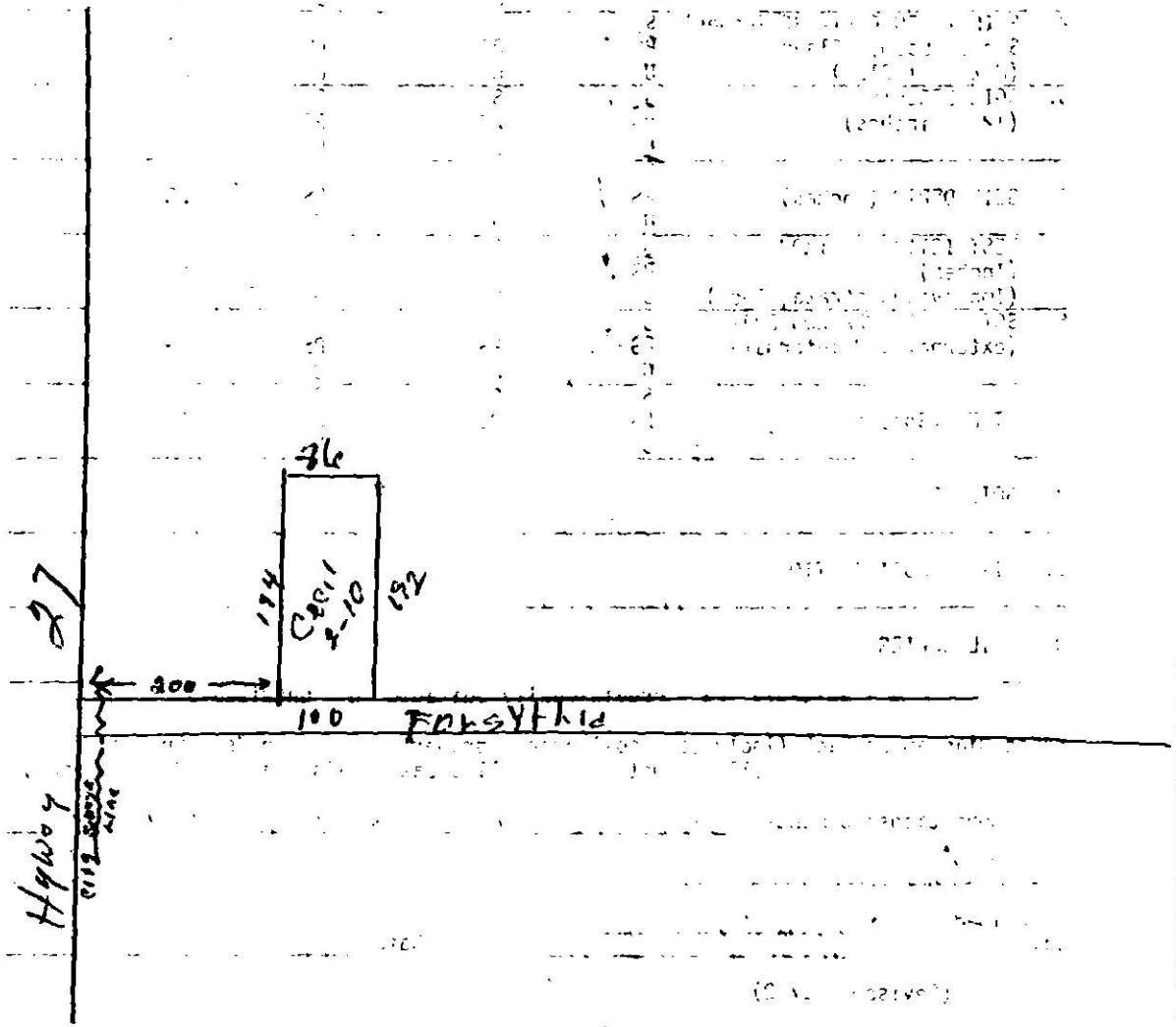
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Sewage line 200 feet From lot All Below Lot.

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

Date: 11-15-82

EHD 539 (Revised: 6/82)


36
Cecil
4-10
132
134
300
100
Highway 27

SEE INSTRUCTIONS ON BACK

Date Received 11-9-82

ICAR (S) Application No. 19091

T. C. No. 063-091-33

9

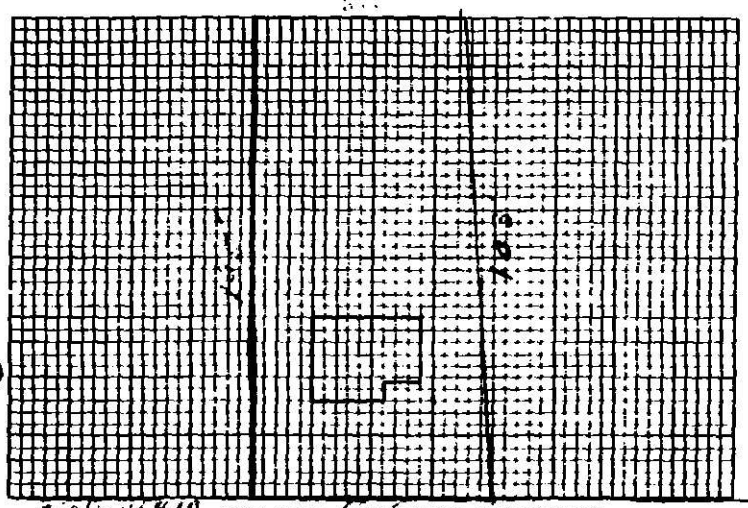
Map Date _____

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) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



Lot #3 PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence X Yes ___ No

4) No. of Bedrooms 2
5) Business Use — Max No. Employees N/A
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply:
A) Individual Well ___
B) Governmental System X
C) Community System:
1. Well source ___
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. N/A
12) VA Case No. N/A

13) NAME OF OWNER CONTINENTAL INVESTORS
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3400 FREEDOM Dr

15) PHONE NO. Home _____ Office 392-9224

16) LOCATION OF SYSTEM 1626 FORSYTHIA Circle
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. 3 Block No. 2

Map Book No. 7 Page No. 455

18) DEED REFERENCE — DEED BOOK 3945 AT PAGE 843

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.

11-9-82
DATE OF APPLICATION

Continental Investors
OWNER By David Pickleton

EHD-5-76

Serial No. 6061

SIR No. 19091

Date Issued 11-30-82

T. C. No. 063-091-33

Map Date

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 Continental Investors
LAST FIRST MIDDLE

ADDRESS OF OWNER 3900 Freedom Drive, Charlotte, NC ZIP 28208

LOCATION OF LOT 1626 Forsythia Circle
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO 3 BLOCK NO. 2

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 19091. 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

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

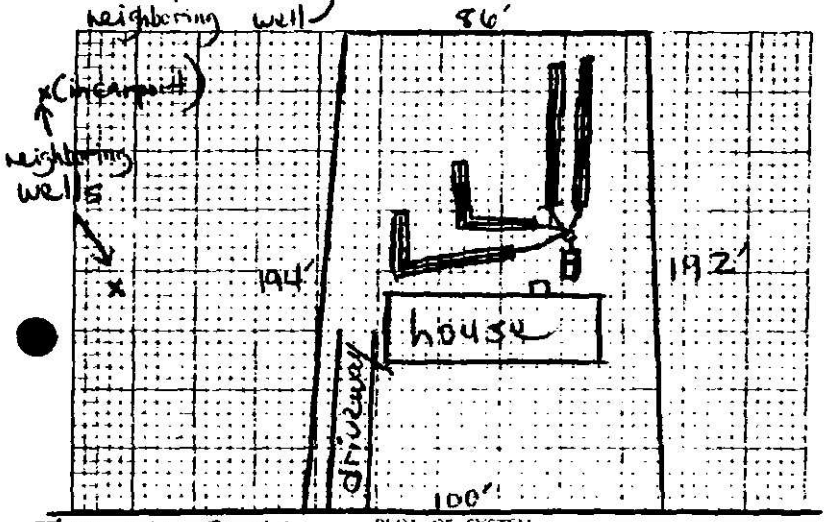
Date Issued 1-18-83 Serial No. 5989 ICAR(S) Permit No. 19091

T. C. No. 063-091-33

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 19091, dated 11-9-82 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 2-18-83, after which date this permit shall be null and void.



Forsythia Circle PLOT OF SYSTEM

Permeability Rate p&s

Liquid Capacity of Tank 1500 gallons

Tank Construction precast concrete

Absorption and or Nitrification Line

Total Line Length 200'

Number of Lines 4

Distance from House >5'

Distance from Property Line >5'

Distance from Well >50'

NAME OF OWNER Continental Investors

LOCATION OF PROPERTY 1626 Forsythia Circle

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 lines - 3' wide x 50' long x 12" of stone

Comments: grade to drain all surface water

Division or Section Head

Mike Sexton
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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BF-1-21-83,

C of A (s) No. 19091

Date Issued 1-19-83 Serial 5548 T. C. No. 063-091-33

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 Continental Investors
(LAST FIRST MIDDLE)

Location of Property 1626 Forsythia Circle

Application Number 19091 Permit Number 19091

Inspection Date:

Liquid Capacity of Tank 1500 gallons Tank Material precast concrete

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 12" of stone Cover Depth 12" to 24"

Water Supply Source city Distance from Water Source ~75'

Excavation Inspected — (DATE) Tank Inspected 1-19-83 (DATE)

Nitrification Field Inspected 1-19-83 (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 ✓ 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

Grade to drain all surface water

Mike Sexton
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: 1981
TC: _____
SERIAL: № 17983 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1626 (STREET NO) Forsythia Circle (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 163-091-33
⑤ SUBDIVISION: _____ ⑥ LOT: 3 ⑦ BLOCK: 2

OWNER

⑧ NAME: Charles & Deborah (FIRST) Edward (MIDDLE) Smith (LAST)
⑨ MAILING ADDRESS: 1626 Forsythia Circle
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28208
⑬ PHONE: (WORK) 393-9032 ⑭ (HOME) 393-0049

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? 4 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: Deborah J. Smith
Date: 3-21-89

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

*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

Basil G. Dellis, M.D., M.P.H.
Health Director

April 7, 1989

Charles E. & Deborah Jane Smith
1626 Forsythia Circle
Charlotte, NC 28208

Dear Mr. & Mrs. Smith:

During a recent investigation of your property at 1626 Forsythia Circle, North Carolina, it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground, creating a public health hazard. This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations adopted by the Mecklenburg County Board of County Commissioners.

You are hereby given notice to arrange for connection to the Charlotte Mecklenburg Utility Department Sewage System by May 7, 1989. You must submit a copy of the tap on fee receipt as proof you have initiated corrective action. Failure to comply with this procedure will result in legal action being taken against you.

If you have any questions concerning this matter, please contact me at 376-4603 between 4:00-5:00 p.m.

Sincerely,

Judy J. Kiser, R.S.
On Premises Waste Disposal & Water Supply Section