Serial No. [illegible]51

SIR No. 21050

T C No. 137-151-09

Date Issued 5-22-84

Map Date L

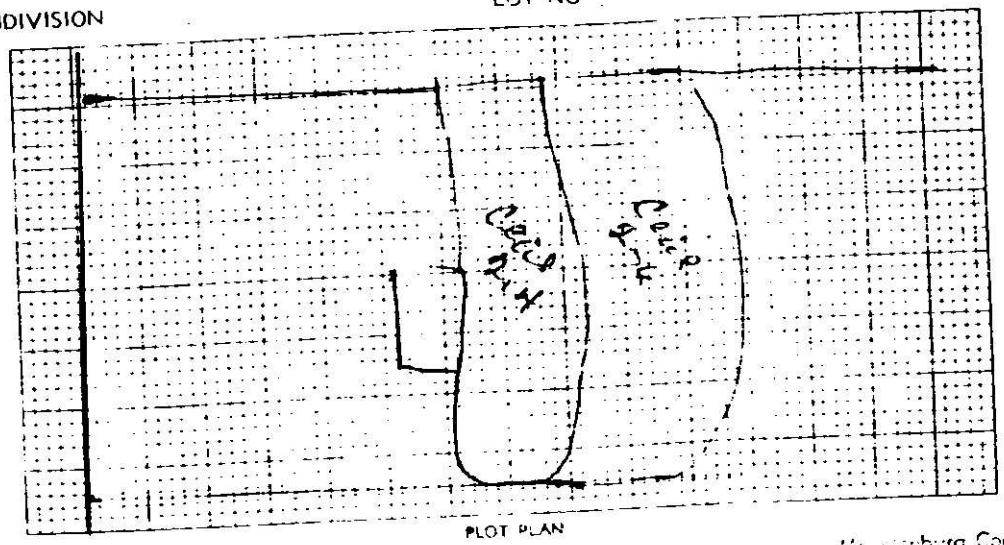
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Thompson, (LAST) Bobby (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 13126 Albemarle Rd., Charlotte, NC ZIP 28212

LOCATION OF PROPERTY 13134 Albemarle Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that [illegible] Mecklenburg County Department of Environmental Health [illegible] was conducted on that portion [illegible] PROVISIONALLY SUITABLE The said lot is approved The permeability rate determined [illegible] with subsurface, soil absorption effluent discharge subject [illegible] the Mecklenburg County Department [illegible] the wastewater treatment [illegible]

1. [illegible] the Mecklenburg [illegible]
2. [illegible]
3. [illegible]
4. [illegible]

The [illegible] and regulations [illegible] Services and the Mecklenburg County Health Commission [illegible] and is valid at any time in the future, prior to [illegible] are changed such that this approval would not have been granted had the [illegible] and regulations been in effect on the issue date.

Willard B. Ramsey
Soil Scientist

Bill D. Hardister Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Date Received 5-10 84

SIR No. 21050

T. C. No 137-151-09

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Thompson (LAST) Bobby (FIRST) Lee (MIDDLE)

2) ADDRESS OF OWNER 13126 Alb. Rd. Char. N.C ZIP 28212

3) PHONE NO Home 545-4205 Office

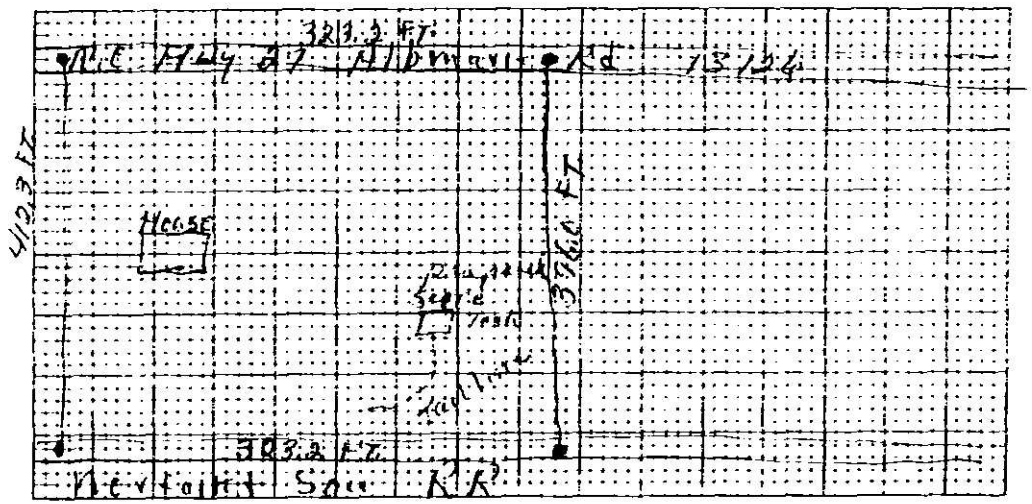
4) LOCATION OF PROPERTY 13134 Alb Rd NC 27 East (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO 3552 PAGE NO

6) DEED REFERENCE DEED BOOK 3559 PAGE NO 059

Application is hereb, 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

Bobbie Lee Thompson
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-10-84

ICAR(S) Application No 21050

T. C. No 137-151-09

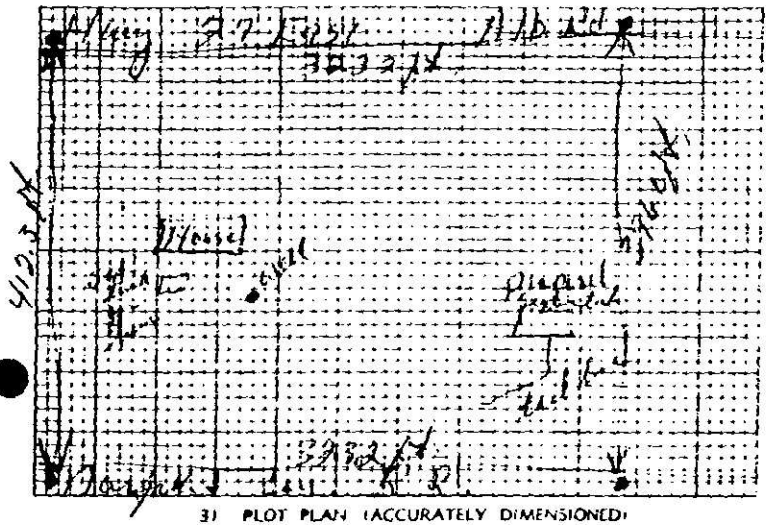
Map Date L

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 ____
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 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 Thompson (LAST) Bobby (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER 13126 Hillmore Rd Sharon N.C. 28212

15) PHONE NO Home 545-4205 Office ____

16) LOCATION OF SYSTEM 13134 Hillmore Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No ____ Block No. ____

Map Book No. ____ Page No. ____

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.

May 10 1984
DATE OF APPLICATION

Bobbie Lee Thompson
OWNER

EHD-5-76

Copy

Serial No. 7521

SIR No. 21050

Date Issued 5-22-84

T. C. No. 137-151-09

Map Date L CRT

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 Thompson, (LAST) Bobby (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER 13126 Albemarle Rd., Charlotte, NC ZIP 28212

LOCATION OF LOT 13134 Albemarle 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 21050. 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

Environmental Health Director, or Authorized Section Head

EHD-5-78

Environmental Health Department's Copy

C of A (s) No. 121050

Date Issued 6-11-84 **Serial** 6749 T. C. No. 137-151-09

V LRT

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 Thompson (LAST) Bobby (FIRST) Lee (MIDDLE)

Location of Property 13134 Kilmouth Rd.

Application Number 121050 Permit Number 121050

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material [illegible]

Total Length of Drain Tile 200' Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth 12"

Water Supply Source [illegible] Distance from Water Source

Excavation Inspected [illegible] (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected [illegible] (DATE)

Washing Machine Line Inspected If Applicable [illegible] (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 [illegible]

[illegible]

[illegible]
Environmentalist

EHD-5-76

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21050

T.C. NO. 137-151-09

(Ground Absorption Sewage Disposal)

OWNER: Bobby Thompson
ADDRESS: 13126 Albermarle Rd 28212
PLAT NO:
LOT SIZE: 3.5A

LOCATION OF SITE: Albemarle Rd At use car lot.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-4 U	S (PS) 2-6 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) Clayey U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 40-48 U	S (PS) 40-48 U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S (PS) None U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S (PS) Adequate 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	IVa	IVa		
9. SITE CLASSIFICATION	P. suitable	Prov. suitable		
10. SOIL SERIES	Cecil	Cecil		

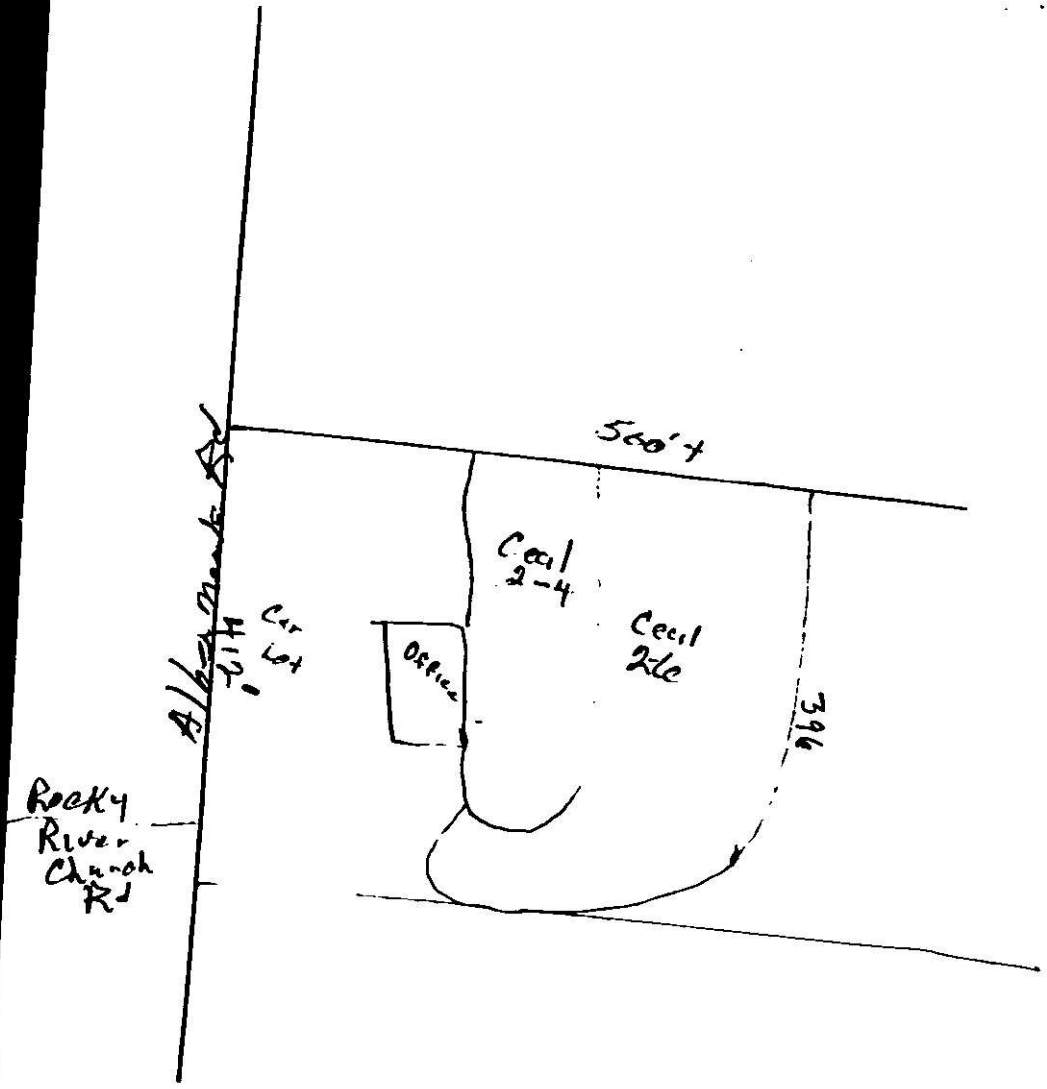
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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. Rammell
Title: Soil Scientist

Date: 5-21-24



500'+
Cecil 2-4
Cecil 2-6
Office
Car Lot
396
Rocky River Church Rd

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date

Name/Company

Sanitation
Vector Control
O.P.W.D.

Service:

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

MAY - 6 19

Fee: $

Completed by

Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date

Name/Company

Sanitation
Vector Control
O.P.W.D. /

Service:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 1969

CK # 530
$15.00

Fee: $

Completed by

Collected by

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: 21050
TC: _____
SERIAL: № 18365 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 13130 Albemarle Rd (STREET NO / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-152-09
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Bobby (FIRST) Lee (MIDDLE) Thompson (LAST)
⑨ MAILING ADDRESS: 13130 Albemarle Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) _____ ⑭ (HOME: 541-4265

REQUEST

This request is for a(n):
⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other specify: _____

DESIGN CRITERIA

System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? OFFICE
㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? 50
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: Eugene Whisnant, Agent
Date: 5-4-89

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.