[redacted]

1380A Horseman Cove
Lot 87, Blk III

C of A (s) No. 1380-A

Date Issued 7-11-86 **Serial** 8750 T. C. No. 231-141-02

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner GREEN (LAST) GERALD (FIRST) (MIDDLE)

Location of Property 102 HORSEMAN COVE

Application Number 1380-A Permit Number 1380-A

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 535' Number of Lines 5

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 7-11-86 (DATE) Tank Inspected 7-11-86 (DATE)

Nitrification Field Inspected 7-11-86 (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, CON. 1605 SFT, 12G, CECIC

Environmentalist

EHD-5-76

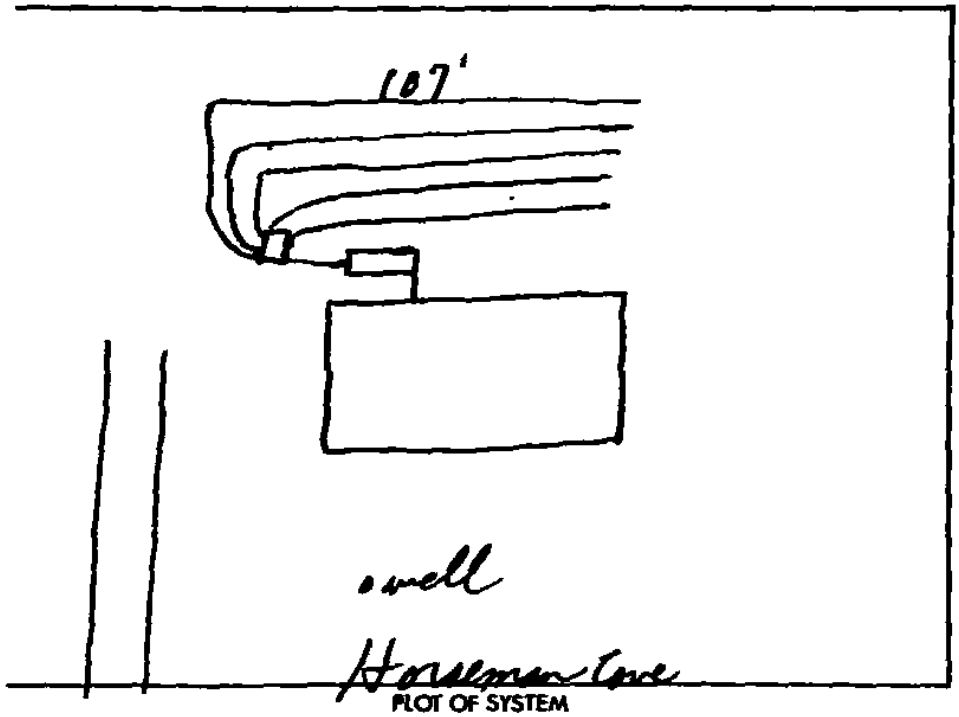
Environmental Health Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 1380-A DATE: 6-17-86
PO
TC: 231-141-02 4/L
SERIAL Nº 10040

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 2-24-86. All work shall be completed on or before 7-19-86, 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 Rcc

Absorption and/or Nitrification Lines:
Trench Width 3' feet
Total Line Length 535' feet
Number of Lines 5
Depth of Stone 12" inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well 100' feet

NAME OF OWNER Gerald Green
LOCATION OF PROPERTY 102 Horseman Cove
Comments: 5 lines 3'X107'X12" stone

B Henderson
Division or Section Head

B.R. Ferguson
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

Date Issued 4/14/86

Serial No. 9376

SIR No. 1380A

T. C. No. 231-141-02 PO

Map Date L QT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Green, Gerald Leland
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 7405 Crowflock St. ZIP 28105

LOCATION OF LOT 102 Horsemand Coue
(STREET OR COUNTY ROAD)

SUBDIVISION Providence Woods LOT NO 87 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 1380A. 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.

B. R. Ferguson
Environmentalist

Bill D. Henderson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

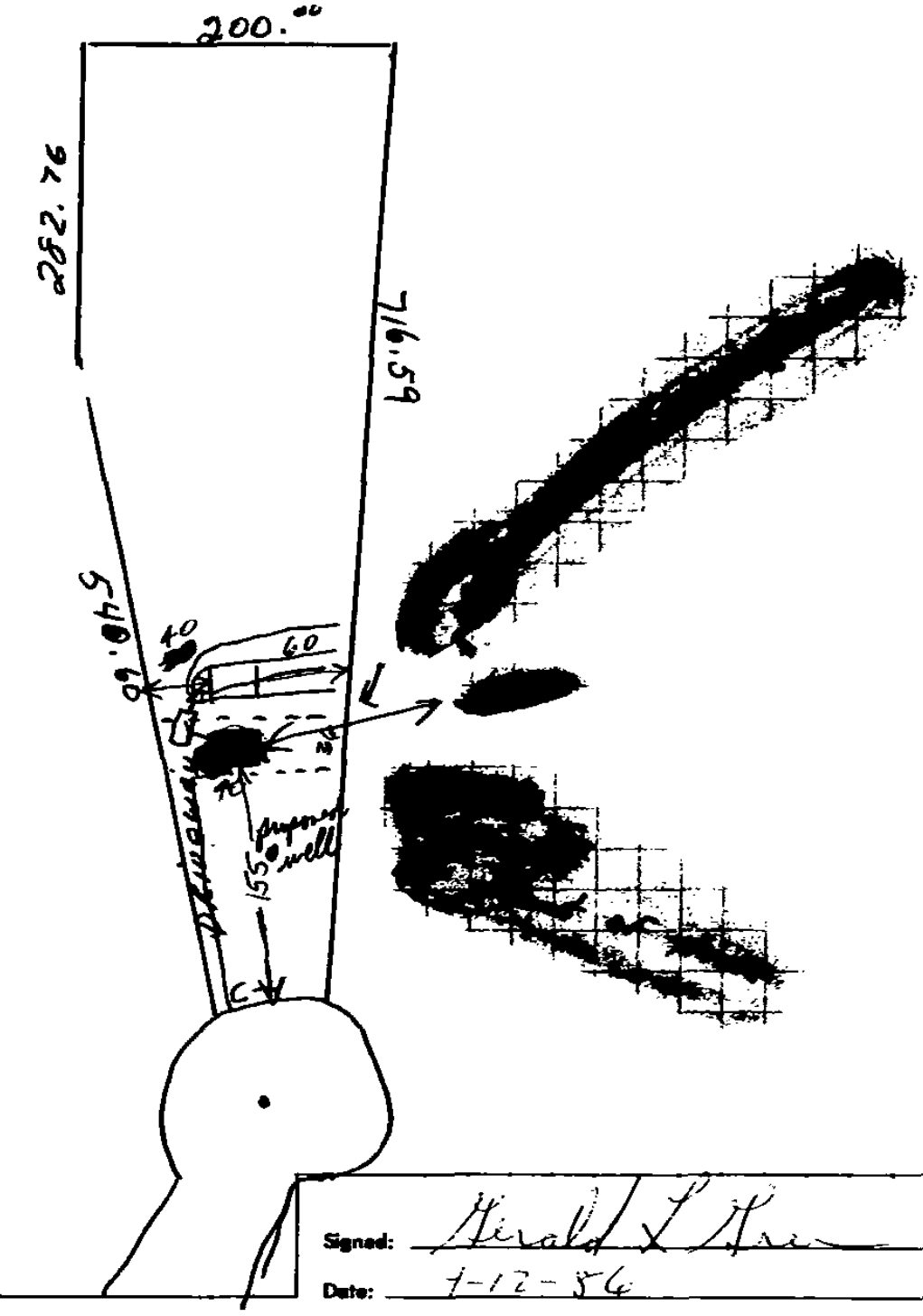
PROPOSED PLOT PLAN

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 1380-A
PO TC: 231-141-02

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: Gerald L Hess

Date: 1-12-56

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

RECEIVED
FEB 21 1986
ENVIRONMENTAL HEALTH

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: 1380A

TC: 231-141-02 Po.

JOB LOCATION

① ADDRESS: #102 (STREET NO.) Horseman (STREET) Cove ② FILE: 1380A

③ CITY: N/A ④ TAX PARCEL NO.: PO 231-141-02

⑤ SUBDIVISION: Providence Wood South ⑥ LOT: 87 ⑦ BLOCK: III

OWNER

⑧ NAME: Gerald (FIRST) L. (MIDDLE) Green (LAST)

⑨ MAILING ADDRESS: 7405 Crowflock Ct

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 373-6119 ⑭ (HOME) 364-2015

REQUEST

This request is for a(n):

⑮ ☒ New installation 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? 4

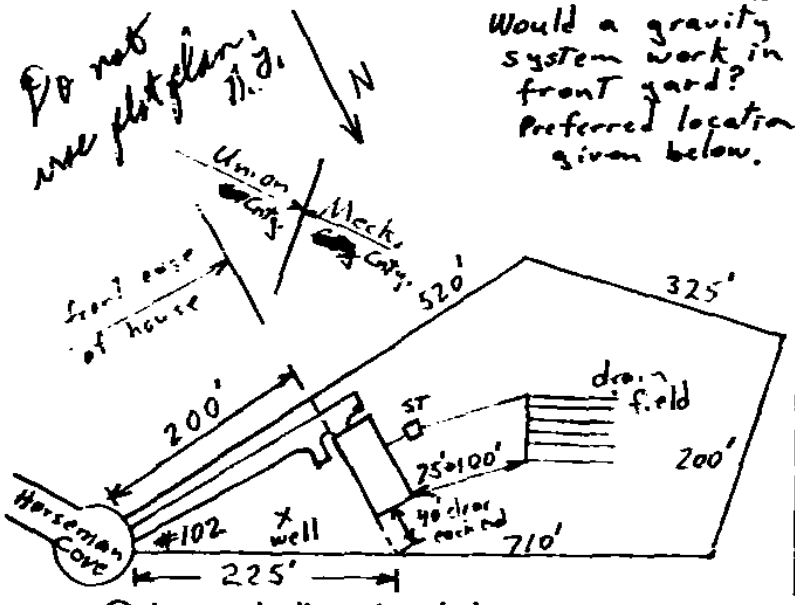
㉕ Type? _____

㉓ Maximum occupancy? 4

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats? _____



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ 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: Gerald L Green

Date: 2-24-86

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

MECKLENBURG COUNTY
Department of Environmental Health

February 18th, 1986

Providence Woods South
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Horseman Cove L87 BIII
FILE: 1380A
PARCEL: 23114102 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 10418) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10418

File: 1380 A

Action 1W

Parcel: PO 231-141-02

PC

Location: Horseman Cove

Subdivision:

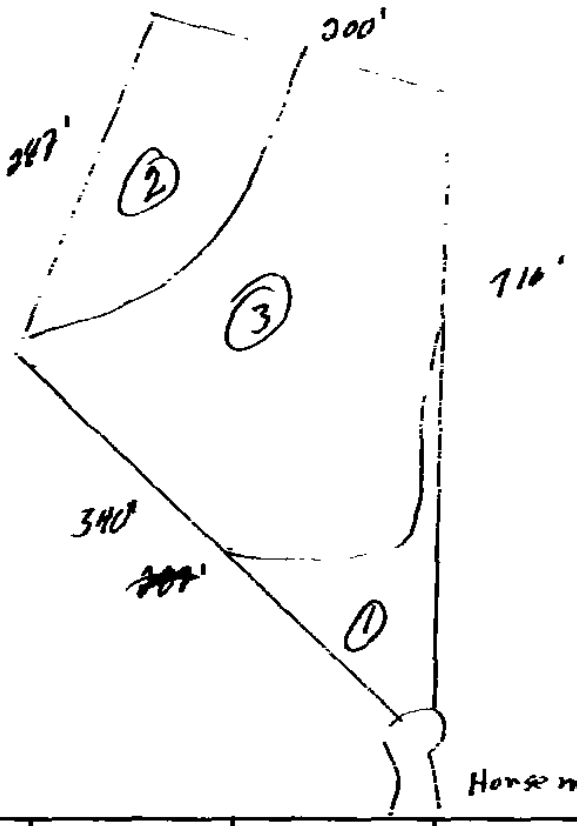
Lot: 87 Block: III Acres: 3.07

Owner: Providence Woods South
Address: 1740 E. Independence Blvd.
Charlotte, NC 28205

Comments: limited area - may need pump

Described by: William R. Merlin

Date: 2-17-86



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-12%	(S) PS U 2-6%	(S) PS U 2-12%	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS (U) 2-1 clay	S PS (U) 3 Clay @ 24"	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS (U) perched water 12-24"	S (PS) U >36" to water	S PS U	S PS U	S PS U
Depth	S (PS) ● 36" +	S PS (U) 24-36"	S PS (U) 24-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS (U) 36" or less	S PS (U) 24-36"	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited Area	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Cecil-Like IVA	IVB Iredell-like	IV B Mecklenburg			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

SEE INSTRUCTIONS ON BACK

Date [redacted] DEPARTMENT OF

RECEIVED
FEB 20 1986
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 1380A

T. C. No. 231-141-02PD

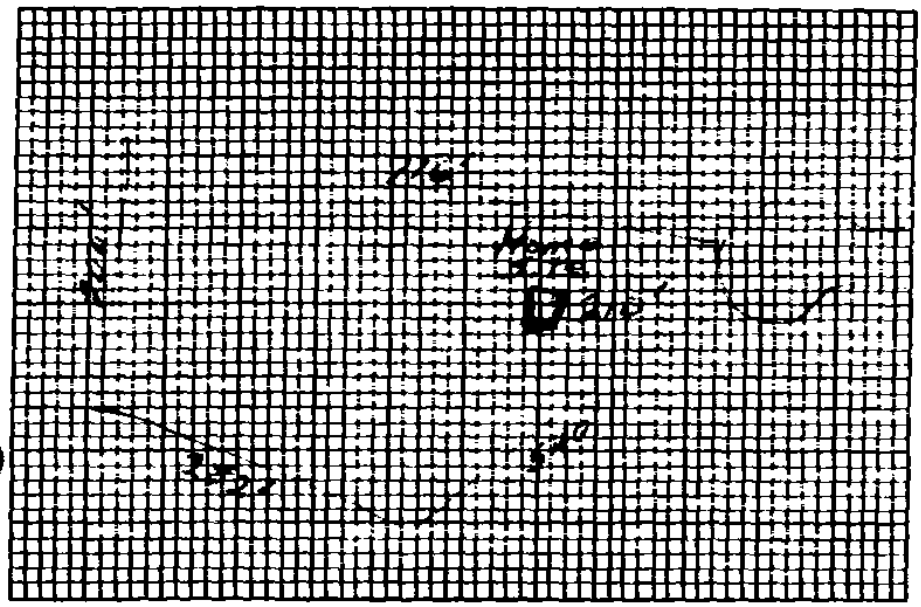
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MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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 4

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 Green (LAST) Gerald (FIRST) Leland (MIDDLE)

14) ADDRESS OF OWNER 7405 Cowlick Ct Char. N.C 28215

15) PHONE NO. Home 364 2615 Office _____

16) LOCATION OF SYSTEM 102 Horseman Cove (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence Woods South Lot No. 97 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.

Feb 12, 1986
DATE OF APPLICATION

[redacted]
OWNER

EHD-S-76

Environmental Health Department's Copy

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 1380A

TC: P0231-14-02

V

JOB LOCATION

① ADDRESS: Herman Cove Rd. & Co. Line off McAlpine-Waddington Rd.

② SUBDIVISION: Providence Woods South ③ LOT: 87 ④ BLOCK: III

⑤ PARCEL REFERENCE: BOOK NO.: Pg 231 PAGE NO.: 141 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

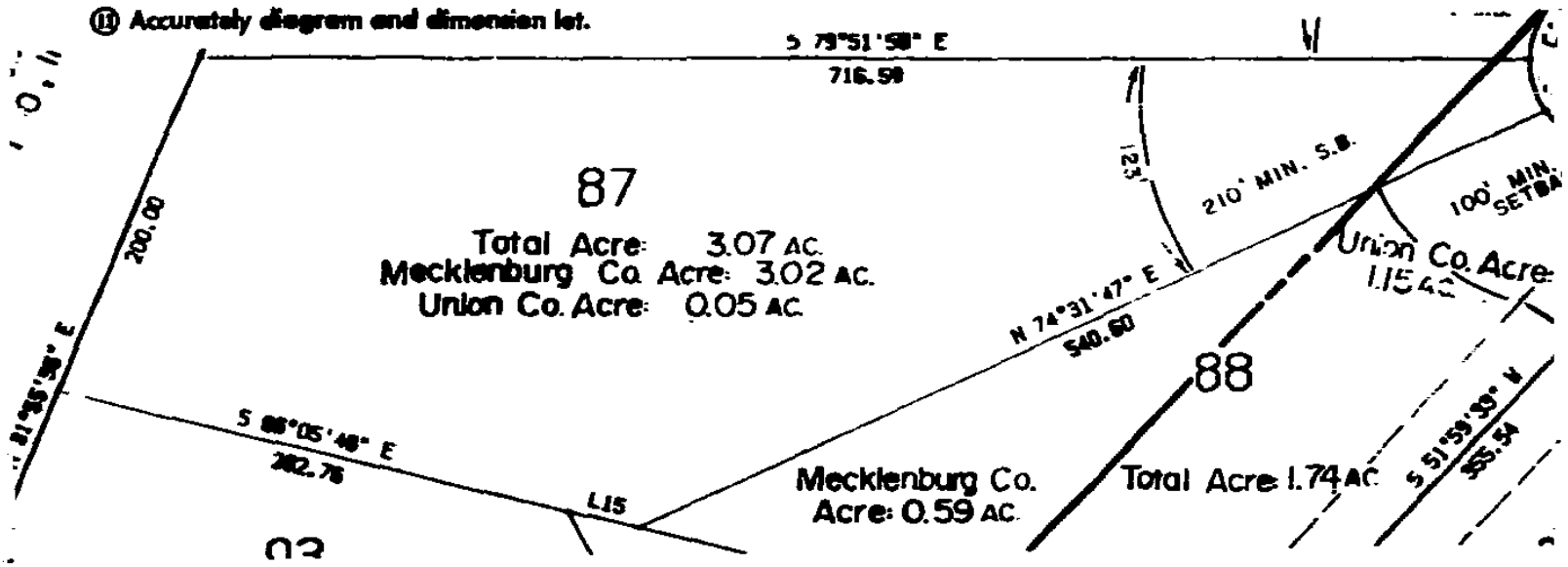
⑦ NAME: Providence Woods South Number Two, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28205

⑫ PHONE: (WORK) 704-372-2805 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ 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: T. H. Herman Agent

Date: 1/23/86

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