Date Received 10-3-83

RECEIVED
[illegible] 3 1983
ENVIRONMENTAL HEALTH

SIR No. 20088

T. C. No 193-335-39

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER THREATT (LAST) RALPH (FIRST) C (MIDDLE)

2) ADDRESS OF OWNER 2414 KNICKERBOCKER DR ZIP 28212

3) PHONE NO. Home 537-2837 Office ——

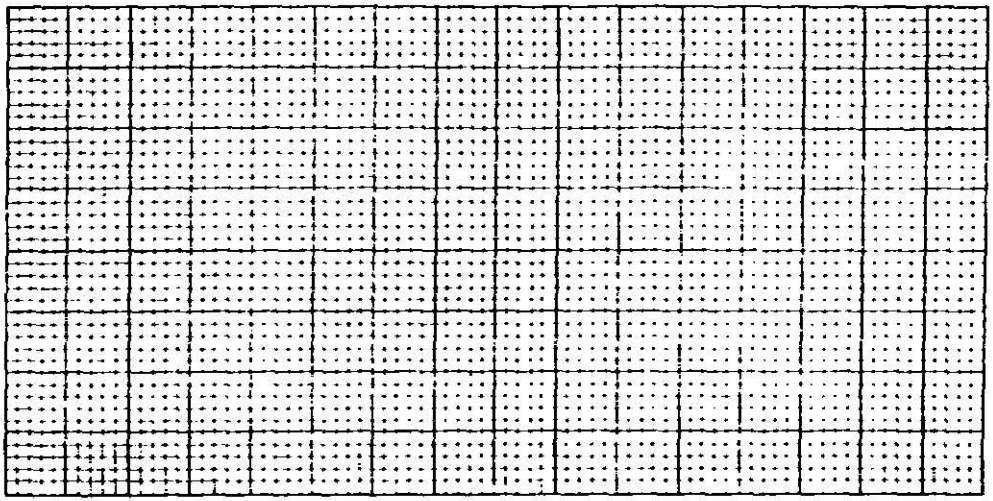
4) LOCATION OF PROPERTY 2237 ~~[illegible]~~ L-MATTHEWS ~~[illegible]~~ Mint Hill Rd. - MATTHEWS, N.C.
STREET OR COUNTY ROAD

5) SUBDIVISION _____ LOT NO. 39 BLOCK NO. _____

MAP BOOK NO 193 PAGE NO. 335

6) DEED REFERENCE DEED BOOK 4376 PAGE NO 0325

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

Ralph C. Threatt
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20038

T.C. NO. 193-335-39

(Ground Absorption Sewage Disposal)

OWNER: RALPH THREATT PLAT NO:
ADDRESS: 214 KNICKERBOCKER D LOT SIZE: 4A
28212
LOCATION OF SITE: MATTHEWS - MINT HILL R

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-4 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (More 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) 45-48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) NINE 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	IIa			
9. SITE CLASSIFICATION	P 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:

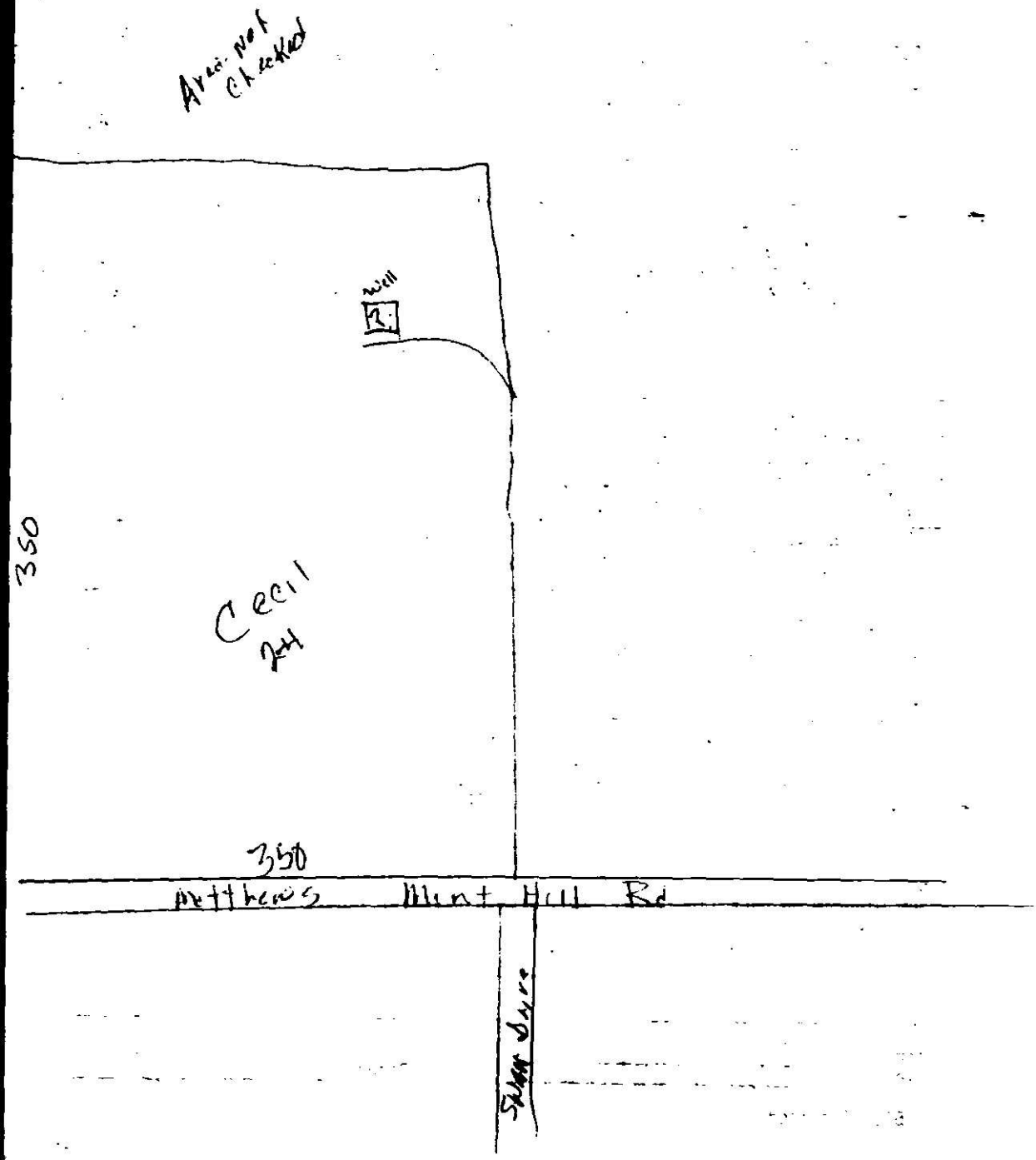
Described by: W. B. Ramsey
Title: Sanitarian

Date: 10-5-83

EHD 539 (Revised: 6/82)

20088

19 3 335 39



Serial No. 5227

SIR No. 20086

T C. No. 193-335-39

Date Issued 10-6-83

Map Date

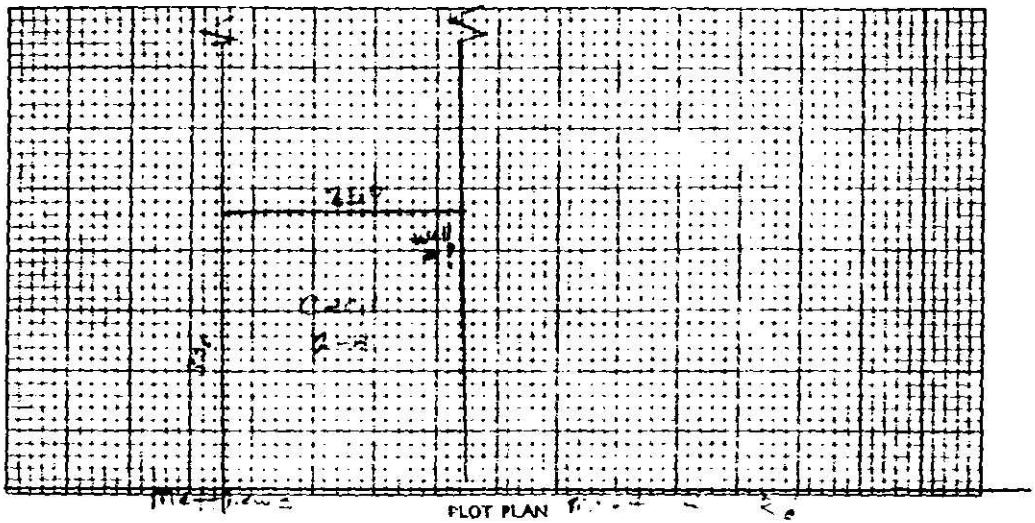
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Threatt, (LAST) Ralph (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 2414 Knickerbocker Dr., Charlotte, NC ZIP 28212

LOCATION OF PROPERTY 2237 Matthews-Mint Hill Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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. The said lot is approved **Provisionally Suitable**
The permeability rate determined by the investigation was 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 construct alter or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings for the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health pursuant to rules adopted by the permeability rate obtained above and on the size and type of building to be located thereon.
3. This approval of the soil for system installation is limited to the immediate vicinity of the indicated acceptable for system installation on the above plot.
4. This approval is granted only for the conditions existing at the time of the investigation performed on the lot at which in the opinion of the Mecklenburg County Department of Environmental Health the soil is indicated as acceptable for system installation and is not to be interpreted as an approval for any proposed 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.

W. B. Ramsey
Soil Scientist

Eric D. Gardner Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 16 SEP 1983 Application No. 20088

T C. No. 193-335-39

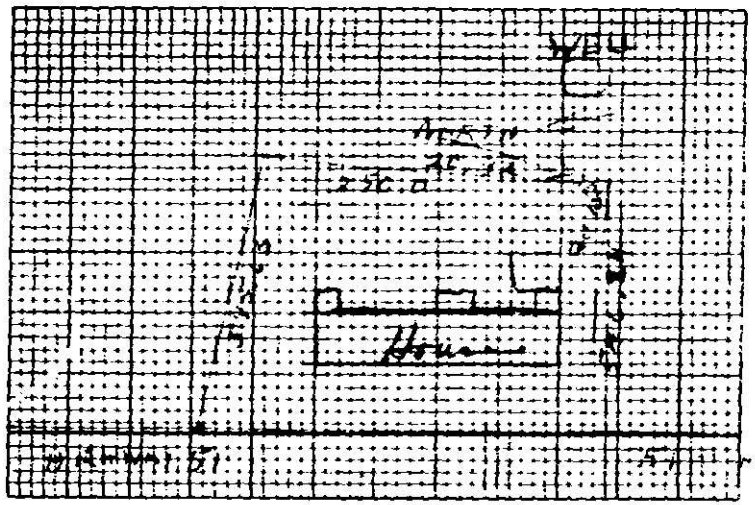
Map Date

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence X Yes ___ No
4) No. of Bedrooms 3 - THREE
5) Business Use — Max No Employees NS
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well X
B) Governmental System ___
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 ___ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER THRELKELD (LAST) RALPH (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER 2419 ANCHERBECKER DR. 28212

15) PHONE NO. Home 537-2137 Office ___

16) LOCATION OF SYSTEM 2237 MATTHEWS (STREET OR COUNTY ROAD) Mint Hill

17) SUBDIVISION ___ Lot No. 39 Block No. ___

✓ Map Book No. 193 Page No. 335

18) DEED REFERENCE — DEED BOOK 2226 AT PAGE 325

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 6-14-83

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.

Sept 22, 1983
DATE OF APPLICATION

Ralph C Threlkeld
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

12E 10 10 33

Serial No. 6824

SIR No. 20088

Date Issued 10-6-83

T. C. No. 193-335-39

Map Date

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 Threatt, (LAST) Ralph (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 2414 Knickerbocker Dr., Charlotte, NC ZIP 28212

LOCATION OF LOT 2237 Matthews-Mint Hill 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 20088. 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-5-76

Environmental Health Department's Copy

C of A (s) No. 20088

Date Issued 6-26-84 Serial 6762 T C No 193-335-39 L CKT

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 THREAT, RALPH (LAST, FIRST, MIDDLE)

Location of Property 2237 MATTHEWS-MINT HILL RD

Application Number 20088 Permit Number 20088

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 Lin FT Number of Lines Three

Depth of Filter Material 12 inches Cover Depth 12 inches

Water Supply Source Well Distance from Water Source 150 FT.

Excavation Inspected 6-25-84 (DATE) Tank Inspected 6-26-84 (DATE)

Nitrification Field Inspected 6-25-84 (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

Ralph Mills
Environmentalist

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

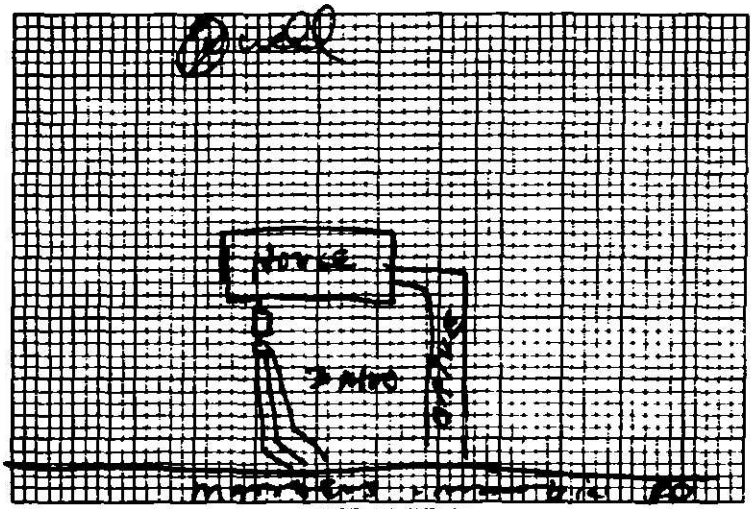
Date Issued 5-29-84 Serial No. 07266 ICAR(S) Permit No. 20088

T. C. No. 193335-3C

Map Date L

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 20088, dated 10-2-83 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 6-29-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction Precast

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 3 x 100

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER THREATT, RALPH C.

LOCATION OF PROPERTY ~~2237~~ 2237 MATTHEWS-MINTHILL RD

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.

3 lines x 100' long x 3' wide x 12" stone w/ grid board w/ stone.

Comments: cover

E. Hardister
Division or Section Head

Kelly Randall
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.

BHB-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: 20088
TC: 193-335-39
SERIAL: № 19722 ☐ L ☐ CR

JOB LOCATION

① ADDRESS: 2237 (STREET NO) MATTHEW MINT HILL Rd. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: RALPH. (FIRST) (MIDDLE) THREATT. (LAST)
⑨ MAILING ADDRESS: 2237 MATTHEW MINT HILL Rd.
⑩ CITY: MATTHEWS. ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 847-3204 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) DET GARAGE.

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: RALPH THREATT
Date: 2-26-90

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 the Department.

This permit is not transferable, and shall become null and void 5 months from the date of issuance.

Environmentalist — Date: 3/2/90

Director or Authorized Section Head — Date: 3/2/90

*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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-26-90

Name/Company: Saturn Pools

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applied for Input Permit

MECKL...
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 26 1990

56 # 20088

Fee: $ 25.00

Cash $25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

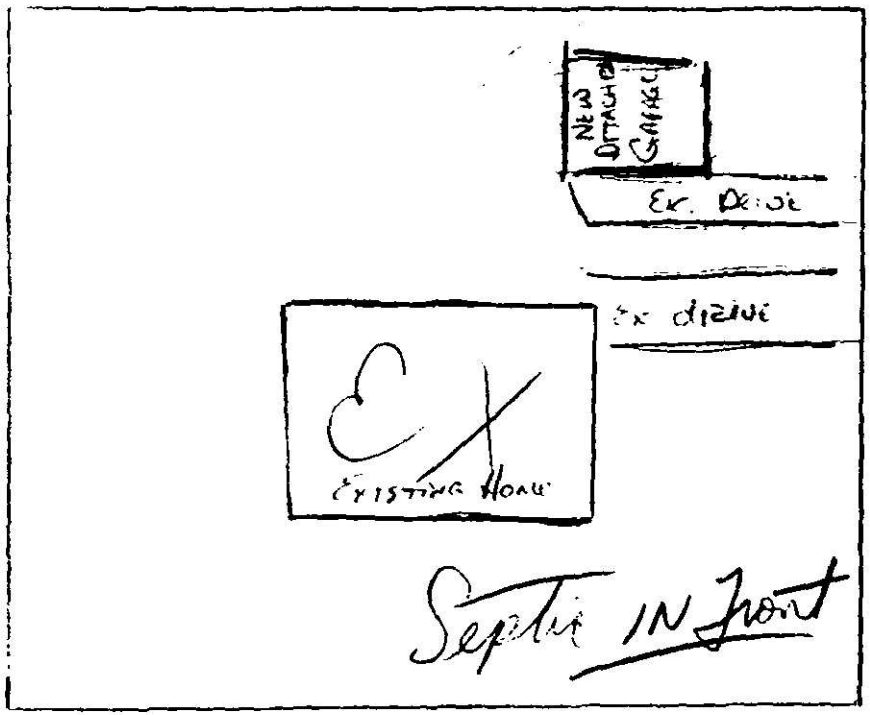
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: _____

TC: _____

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: _____

Date: 3/1/90