Date Received 3-1-84

MECK. CO. DEPARTMENT OF
RECEIVED

SIR No. 20686
PO
T.C. No 231-111-04
Map Date 8/83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Providence Woods, Inc.
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 1740 E. Independence Blvd, Charlotte ZIP NC 28205

3) PHONE NO. Home _____ Office 704-372-2565

4) LOCATION OF PROPERTY Amanda Dr.
STREET OR COUNTY ROAD

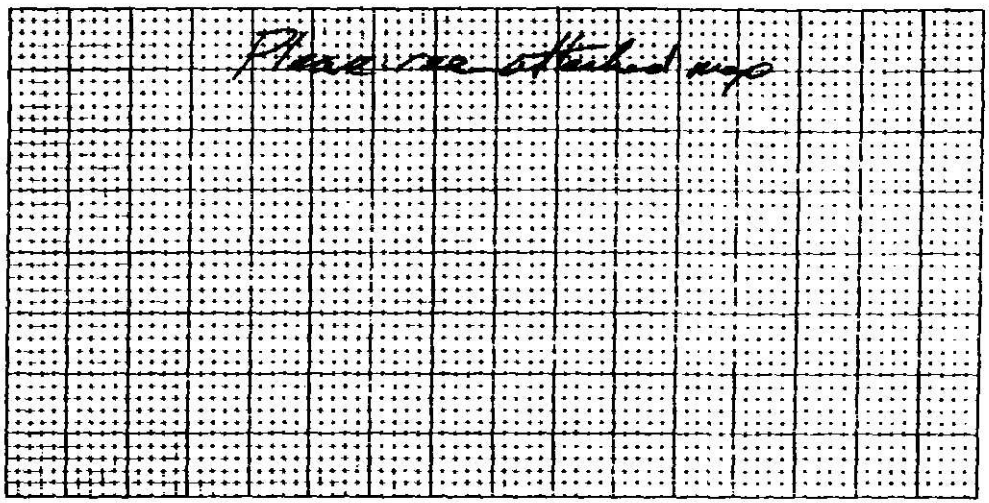
5) SUBDIVISION Providence Woods LOT NO. 12 BLOCK NO. V

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 4571 PAGE NO 693-694

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

Please see attached map



7) ACCURATELY DIAGRAM & DIMENSION LOT

[signature]
OWNER Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5598

SIR No. 20686

T. C. No. PO 231-111-04

Date Issued April 17, 1984

Map Date L

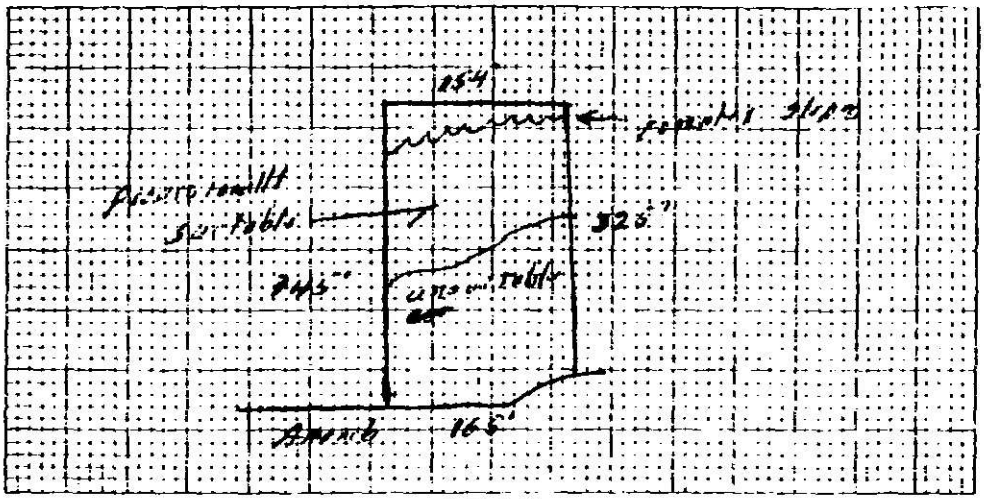
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Providence Woods, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 1740 E. Independence Boulevard, Charlotte, NC ZIP 28205

LOCATION OF PROPERTY Amanda Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Providence Woods LOT NO 12 BLOCK NO V



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 above described lot. The said investigation was conducted on that portion of the lot as indicated on the above plot. The soil was found provisionally suitable. The permeability rate determined by the percolation test was . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent disposal subject to the following terms and conditions:

1. A complete set of plans and specifications for the proposed system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of construction of 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 according to the permeability rate shown above and on the size and type of the soil absorption system.
3. This approval is valid for the proposed system as shown on the approved plans. Any change in the system installation on the above lot must be approved by the Mecklenburg County Department of Environmental Health.
4. This approval is granted subject to the condition that the proposed system may be disapproved at any time in the future by the Mecklenburg County Department of Environmental Health if it is determined that the system is unacceptable for the type of development proposed, or that the system is creating a health hazard or nuisance.

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 A. Mullen
Soil Scientist

Eric D. Hendrickson
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. 20686

T.C. NO. PO 231-11-04

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
LOCATION OF SITE: [illegible]

PLAT NO: Lot 12
LOT SIZE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-10% U	S Complex PS slopes U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS Clay U	S PS Clay 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 36-48" U	S <36" PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36" U	S PS <36" U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >48" to PS ground water U	S Eroded Areas PS channel U Runoff	S PS U	S PS U
7. OTHER (Specify)	S PS Limited Area U	S PS U	S PS U	S PS U
8. SOIL GROUP	N.A	N.A		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Cecil-Like	Complex slopes		

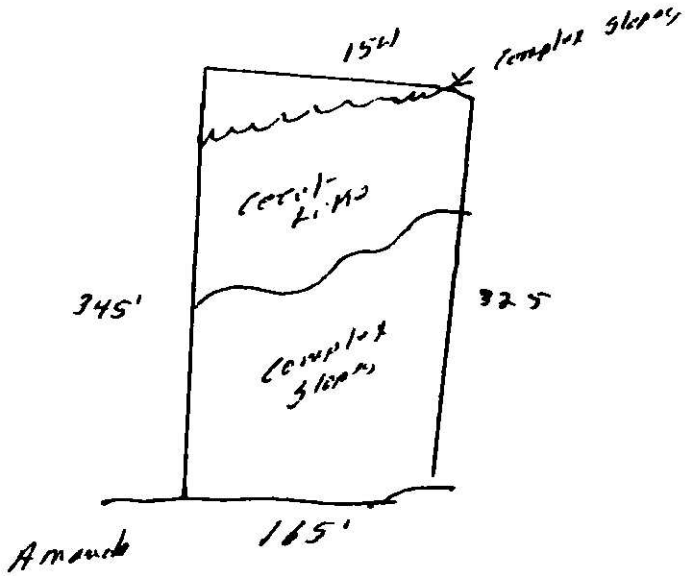
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: Recommend plans be submitted for house, system & well locations

Described by: William A. Martin
Title: Soil Scientist

Date: 4-17-84



154
Complex Slopes
Cecil Lake
345'
325
Complex Slopes
165'
Amanda

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)

FILE: 20686

TC: 231-111-29 L

(Number not on tax map written from tax office)

JOB LOCATION

① ADDRESS: 901 AMANDA DR ~~MATTHEWS, NC~~ (STREET NO / STREET) ② FILE:

③ CITY: MATTHEWS, NC ④ TAX PARCEL NO.: 231 111 29

⑤ SUBDIVISION: PROVIDENCE WOODS ⑥ LOT: 1 Y ⑦ BLOCK: 9

OWNER

⑧ NAME: WALLACE (FIRST) G. (MIDDLE) MARTIN (LAST)

⑨ MAILING ADDRESS: C/O IDS 5 WOODLAWN GREEN SUITE 704

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28210

⑬ PHONE: (WORK) 327-056-5 ⑭ (HOME) 803/548-1781

REQUEST

This request is for a(n):

⑮ ☒ New installation permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

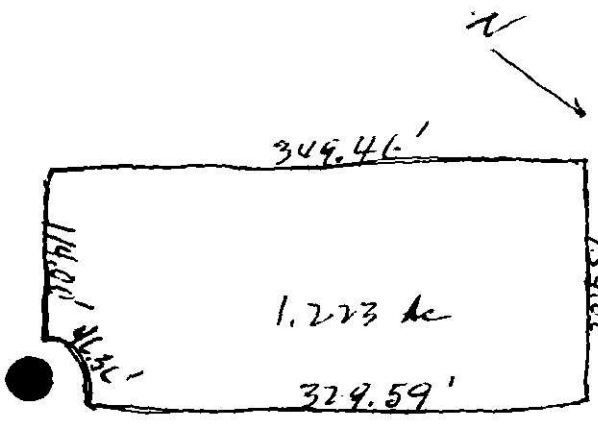
System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? ~~3~~ 2 WGM ㉕ Type?

㉓ Maximum occupancy? ~~4~~ 3 WGM 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: Wallace G. Martin

Date: 7-17-85

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

Date Issued 7-18-85

Serial No. 8736

SIR No. 20686

T. C. No. 231-111-29

Map Date LOT

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 Martin, (LAST) Wallace (FIRST) G. (MIDDLE)

ADDRESS OF OWNER % IDS #5 Woodlawn Green, Suite 204, Charlotte, NC ZIP 28210

LOCATION OF LOT 901 Amanda 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 20686. 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. Provisionally suitable area
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.

Cynthia G. Bass
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 4-16-86

Serial No. 09133

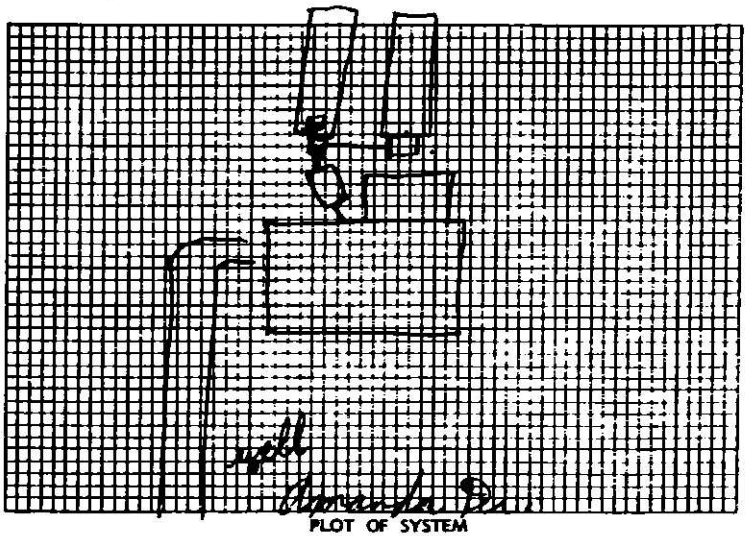
ICAR(S) Permit No 20686

T. C. No 231-111-29

Map Date V

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 20686, dated 7-17-85 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 5-16-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PT

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4+4

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Wallace Martin

LOCATION OF PROPERTY 901 Amanda Dr.

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.

2 beds 12'X50'X17" stone

Comments: Permitted for 2 bedrooms only

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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No 20686

Date Issued 4-18-86 **Serial** 8458 T. C. No 231-111-29

L CR7

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 Martin (LAST) Wallace (FIRST) (MIDDLE)

Location of Property 901 Amanda Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4+4

Depth of Filter Material 17" Cover Depth 21"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 4-18-86 (DATE) Tank Inspected 4-18-86 (DATE)

Nitrification Field Inspected 4-18-86 (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, ECH, 1200 SFB, 17 G, Cecil

System to serve 2 bedroom, single family residence. BDH

B. R. Ferguson
Environmentalist

EHD-S-76

Environmental Health Department's Copy