Date Received 4-13-84

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 20903

T. C. No. 20 135-211-22 & 25

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER (LAST) BOB McLEMORE (FIRST) Co (MIDDLE)

2) ADDRESS OF OWNER PO Box 25746 CHARLOTTE ZIP 28212

3) PHONE NO. Home — Office 545-6111

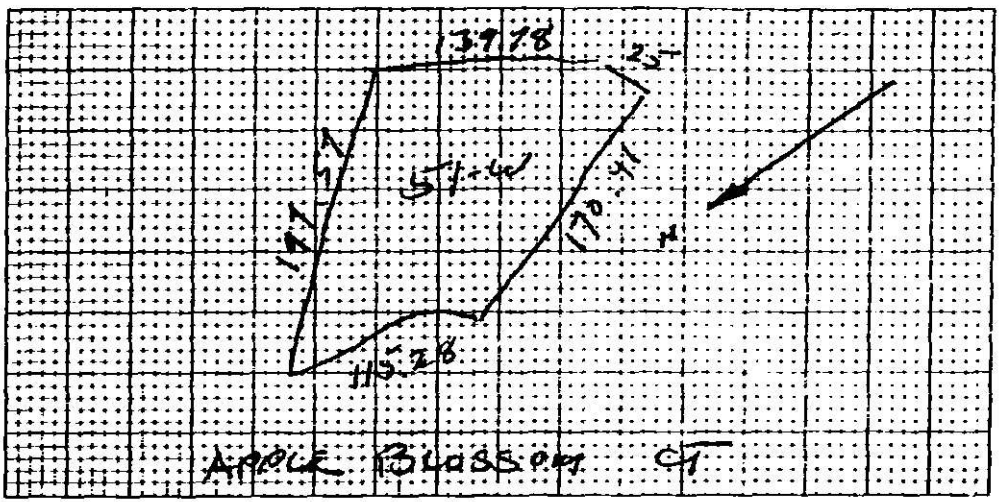
4) LOCATION OF PROPERTY 5308 APPLE BLOSSOM CT
(STREET OR COUNTY ROAD)

5) SUBDIVISION FAIRWOOD SEC 20 LOT NO 51-W BLOCK NO W

MAP BOOK NO 20 PAGE NO 417

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

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

Matthew L. Sloyd
OWNER BOB McLEMORE Co.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20903

T.C. NO. PC135-211-224-25

(Ground Absorption Sewage Disposal)

OWNER: Bob McLemore & Co
ADDRESS: Box 25746 Charlotte N.C. 28212
PLAT NO: Lot 5 / 12
LOT SIZE: Approx 23,000
LOCATION OF SITE: 5305 Applebrook Ct.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-8% 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 PS <36" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36" U	S PS <36" To saprolite U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >36" PS To ground water U	S Eroded Areas PS Channel hundred 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	10A	10A		
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable		
10. SOIL SERIES	Cecil L.R.	Eroded Area		

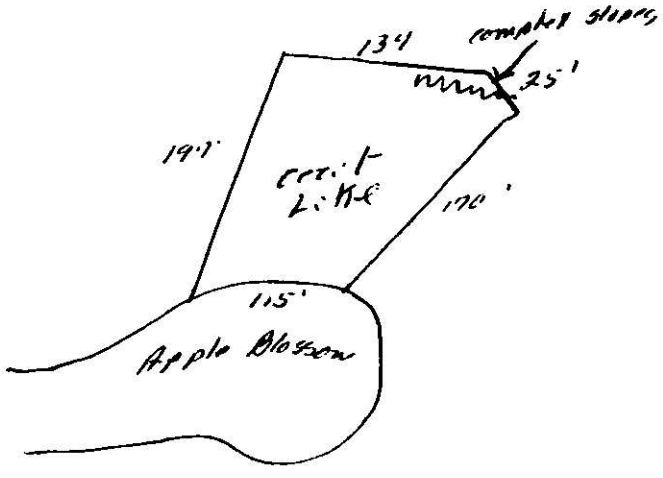
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: William R. Martin
Title: Soil Scientist

Date: 6-4-84



complex slopes
134
25'
197'
Cecil Lake
170'
115'
Apple Blossom

Serial No. 5675

SIR No. 20903

T. C. No. PO 135-211-22,25

Date Issued 6-4-84

Map Date L

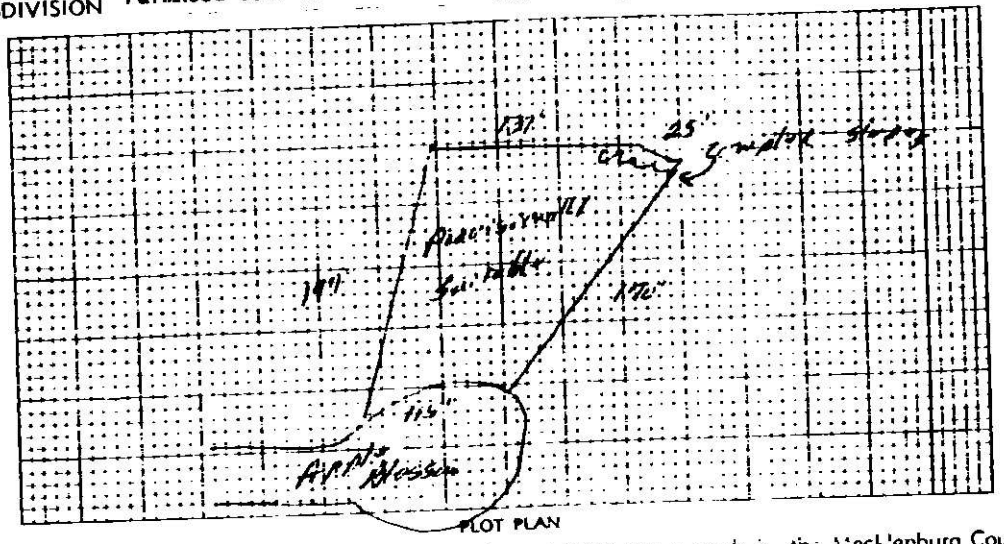
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Bob McLemore Co.
LAST FIRST MIDDLE

ADDRESS OF OWNER P. O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF PROPERTY 5308 Apple Blossom Court
STREET OR COUNTY ROAD

SUBDIVISION Farmwood Sec. 20 LOT NO 51 BLOCK NO. W



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. PROVISIONALLY SUITABLE The permeability rate determined by the investigation was [illegible] 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 [illegible] from the Mecklenburg County Department of Environmental [illegible] the wastewater treatment system on the said [illegible]
2. The size of the [illegible] the Mecklenburg County Department [illegible] above and on the site and [illegible]
3. [illegible] system installation [illegible]
4. [illegible] in the lot which [illegible] as acceptable for system installation [illegible]

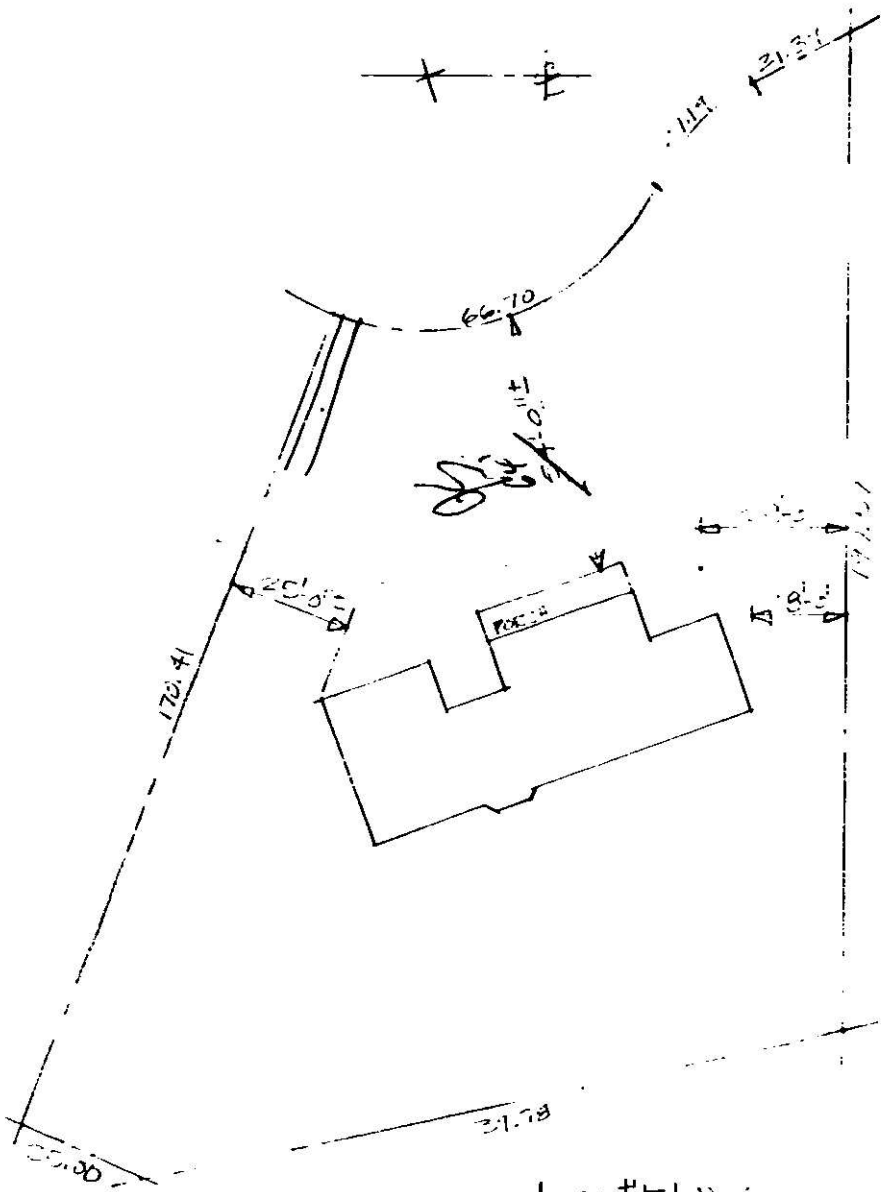
This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time 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. Moeller
Soil Scientist

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

EHD-5-76

Environmental Health Department's Copy



Lot #51-11

1" = 30'-0"

STB 8/22/25

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 20903
PO. 135-211-22,25
L

JOB LOCATION

① ADDRESS: 5308 Apple Blossom Court (STREET NO / STREET) ② FILE: 20903

③ CITY: Charlotte ④ TAX PARCEL NO.: PO 135-211-22, 25

⑤ SUBDIVISION: Farmwood Sec. 20 ⑥ LOT: 51-W ⑦ BLOCK:

OWNER

⑧ NAME: Bob McLemore Co. (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: P.O. Box 25746

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 545-6111 ⑭ (HOME)

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? ~~[illegible]~~ 3 ㉕ Type?

㉓ Maximum occupancy? ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☒ Community well

D ☐ Community system

See [illegible]

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: Bob McLemore Co. WC
By [illegible]

Date: 9-12-85

㉘ Accurately dimensioned plot

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

Date Issued 9-24-85

Serial No. 8933

SIR No. 20903

T. C. No. PO 135-211-22,25

Map Date L CPT

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 Bob McLemore Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF LOT 5308 Apple Blossom Court
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 52 BLOCK NO. W

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 20903. 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.

D. R. Ferguson
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

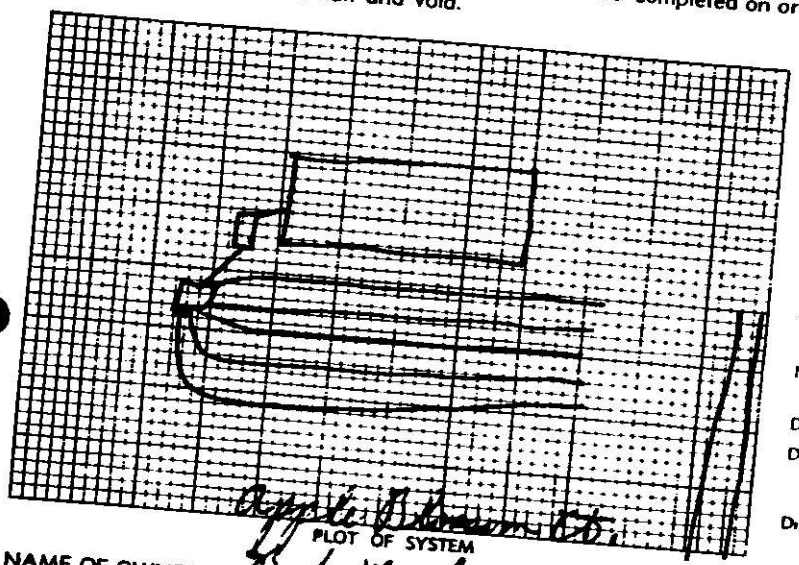
Date Issued 10-8-85 Serial No. 08554 ICAR(S) Permit No. 20903

P.E. No. 135-211-22,25

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 20903, dated 9-12-85 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 11-8-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Pd

Liquid Capacity of Tank 1500

Tank Construction RCC

Absorption and or Nitrification Lines

Total Line Length 400'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well Comm.

NAME OF OWNER Bob McLemore Co.

LOCATION OF PROPERTY 5308 Apple Blossom 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.

5 lines 3X80'X12" stone

Comments:

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. 20903

Date Issued 10/14/85 **Serial** 7956 T. C. No. 135-211-22,25 PO L, CRT

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 Bob McLemore Homes
LAST FIRST MIDDLE

Location of Property 5308 Apple Blossom ~~Drive~~ Ct.

Application Number 20903 Permit Number 20903

Inspection Date:

Liquid Capacity of Tank 1500 Gal Tank Material PCC

Total Length of Drain Tile ~~3~~400' Number of Lines ~~4~~ 5

Depth of Filter Material 12" Cover Depth 1'-2'

Water Supply Source community well Distance from Water Source >100'

Excavation Inspected 10/14/85 DATE Tank Inspected 10/14/85 DATE

Nitrification Field Inspected 10/14/85 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 1985, 1500 ST, [illegible] N 1200 FT, 126 CECIL LIKE

Cynthia G. Bass
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: 2of103
TC: 135-211-22, 25
SERIAL: № 20403 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5308 (STREET NO) Apple Blossom Ct (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Farmwood ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Elizabeth (FIRST) F (MIDDLE) Raiford (LAST)
⑨ MAILING ADDRESS: 5308 Apple Blossom Ct
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 335 6552 ⑭ (HOME): 5451844

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
㉓ Maximum occupancy? 4
㉔ Basement? ☐ yes ☒ no
㉕ Type?
㉖ Maximum number of employees?
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: Elizabeth Raiford
Date: 2/1/90

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 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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

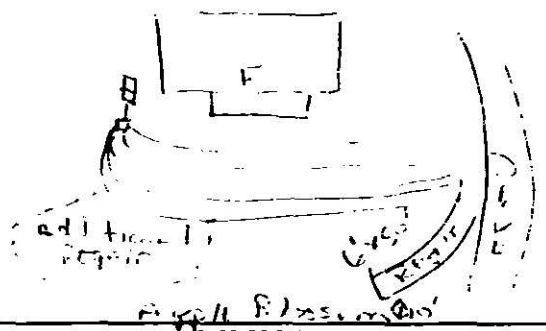
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20913 DATE: 2/6/90

TC: 155 611 22 25 01

SERIAL Nº 14582

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 2/1/90. All work shall be completed on or before 3/6/90, 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 Health Department 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 ___ gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction ___

Absorption and or Nitrification Lines:

Trench Width 6 feet

Total Line Length 150' feet

Number of Lines (1) 6'x50' ___

Depth of Stone 17" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Elizabeth Bamford

LOCATION OF PROPERTY 5311 Purple Blossom Ct.

Comments: Repair, (1) 6'x50'x17" Pump at backout, maybe necessary to have existing lines with repair, check Dosing for levels.

Division or Section Head

Tim Whitley, P.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY