APPLICATION FOR AN IMPROVEMENT PERMIT

P.D 06/03/91 cat 527 $200.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 20658
TC:
SERIAL: No 21840 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 915 AMANDA (STREET NO) (STREET) DRIVE ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 231-111-31
⑤ SUBDIVISION: PROVIDENCE WOODS. ⑥ LOT: 14 ⑦ BLOCK: 20

OWNER

⑧ NAME: JIM (FIRST) (MIDDLE) WELLS (LAST)
⑨ MAILING ADDRESS: 5800 CHARING PL.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28211
⑬ PHONE: (WORK) 821 7642. ⑭ (HOME) 364 9733

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
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 PROPOSED.
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: [signature]
Date: 5/31/91

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 [redacted] 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.

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)
FILE: ~~7210A~~ 20688
TC: 231-111-31
☐ PC ☐ REPT

ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 2 1991
$50.00
Iacva

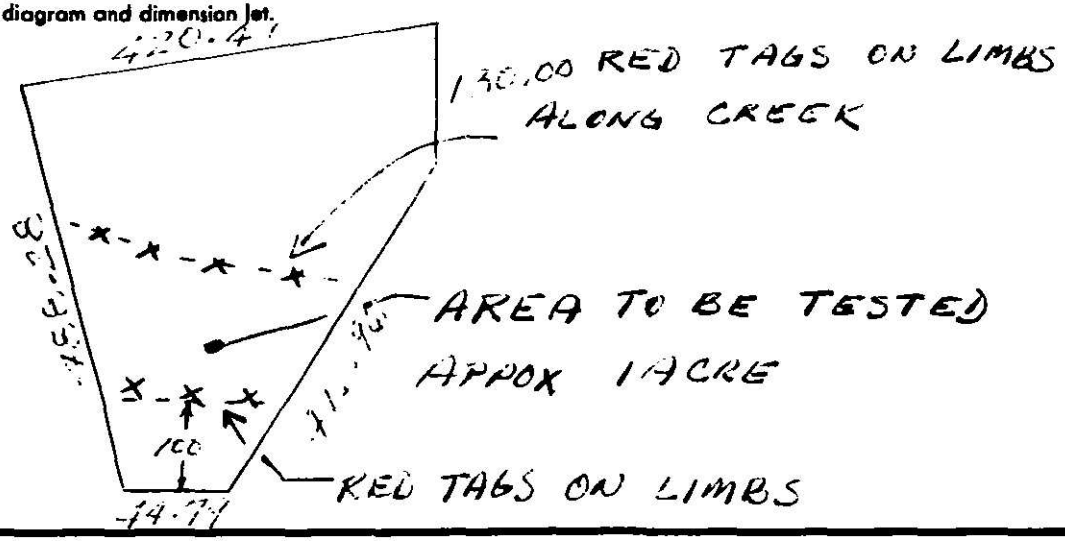
JOB LOCATION

① ADDRESS: AMANDA DR. PROVIDENCE TOWNSHIP
② SUBDIVISION: PROVIDENCE WOODS PHASE V ③ LOT: #14 ④ BLOCK:
⑤ PARCEL REFERENCE: BOOK NO.: 20 PAGE NO.: 775 PARCEL NO.: 231-111-31
⑥ DEED REFERENCE: BOOK NO.: ~~20~~ 5072 PAGE NO.: ~~775~~ 874

OWNER

⑦ NAME: JULIA (FIRST) DEARE (MIDDLE) WELLS (LAST)
⑧ MAILING ADDRESS: 4200 CHARING PL
⑨ CITY: CHARLOTTE ⑩ STATE: N C ⑪ ZIP: 28211
⑫ PHONE: (WORK) _____ (HOME) 704-364-9733

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

Signed: Julie Wells
Date: Dec. 18, 1990

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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

Date Received 3-1-84

SIR No. 20688
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, NC 28205
(ZIP)

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

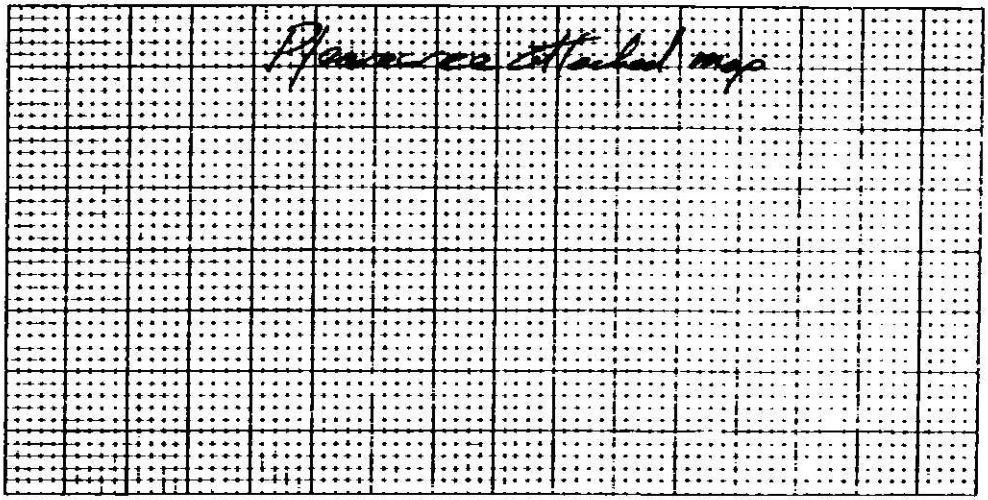
4) LOCATION OF PROPERTY Amanda Dr.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Woods LOT NO. 14 BLOCK NO. K

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

J. P. Neuman
OWNER Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20685

T.C. NO. PO 231-111-01

(Ground Absorption Sewage Disposal)

OWNER: Carolina Allergy Clinic
ADDRESS: 1044 E. Boulevard Ste. Charlotte NC 28203
LOCATION OF SITE: Arrowood Dr

PLAT NO: 4-4 14
LOT SIZE: 1.37 ac

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 6-13%	S PS U (Complex slopes)	S PS U 2-8%	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) clay U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S (PS) Blocky U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36 40" U	S (PS) 36" U	S (PS) 36-40" U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) 36" U	S PS 36" U	S (PS) 36" U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 36" to ground water U	S Eroded Areas Channels PS (U) Runoff	S Drainage PS (U) Depressional	S PS U
7. OTHER (Specify)	S Limited PS Area U	S PS U	S PS U	S PS U
8. SOIL GROUP	1 & H	1 & H	1 & H	
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable	Unsuitable	
10. SOIL SERIES	Cecil Like	Complex Slopes	Dissimilar Depressions	

S - Suitable PS - Provisionally Suitable U - Unsuitable

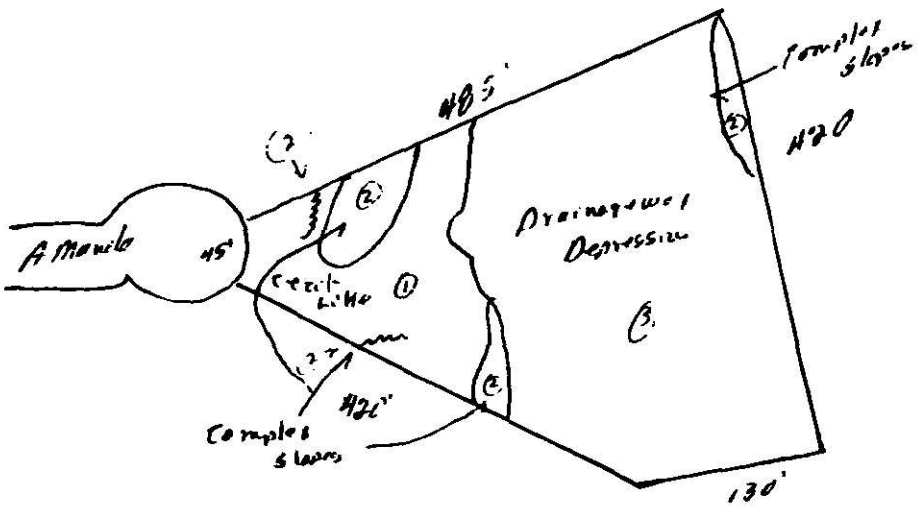
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Some limited Area recommend plans for house, system & well locations

Described by: William K. Marlin
Title: Soil Scientist

Date: 4-17-81

1H


A Manila
45'
Creek-like
Drainageway Depression
B
Complex slopes
130'
Complex slopes

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20688 L
T.C. NO. PO 231-111-04
DATE: April 17, 1984

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

RE: Property located at Amanda Drive, Lot 14

Dear Sir:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Mecklenburg County
Health Department

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

Basil G. Davis, M.D., M.P.H.
Health Director

ENVIRONMENTAL HEALTH
DIVISION

December 27 19 90

TO: Julia Deadre Wells

ADDRESS: 5800 Charing Place
Charlotte, NC 28211

Your request is being returned to you for the following reason(s):

XXXX Your check for $150.00 should be attached to your request and returned.

____ The amount of the check is incorrect. Please send a check in the amount of _____.

XXXX The information marked is incomplete or incorrect. Please correct and/or complete these items and return:

1. A CHECK IN THE AMOUNT OF $150.00 FOR THE 3 ACRES INDICATED ON APPLICATION (A SOIL INVESTIGATION IS $50.00 PER ACRE).

2. YOUR APPLICATION FOR SOIL INVESTIGATION.

***NOTE—YOU MAY NOT NEED THE WHOLE 3 ACRES TESTED—ONLY THE ACRE WHERE THE HOUSE/BUILDING IS GOING TO SIT. CALL THIS OFFICE IF THERE ARE ANY QUESTIONS, 376-4603.

Thank you for your prompt attention to this matter. If you should have any questions, please call 376-4603.

Very truly yours,

Individual Water and Wastewater Systems

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-2-91

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: Additional Lot
5100 Clarence Place

ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 2 1991

Fee: $ 5.00 # 5.75

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