Date Received 3-1-84

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 20702
P.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 Oakberry Court
STREET OR COUNTY ROAD

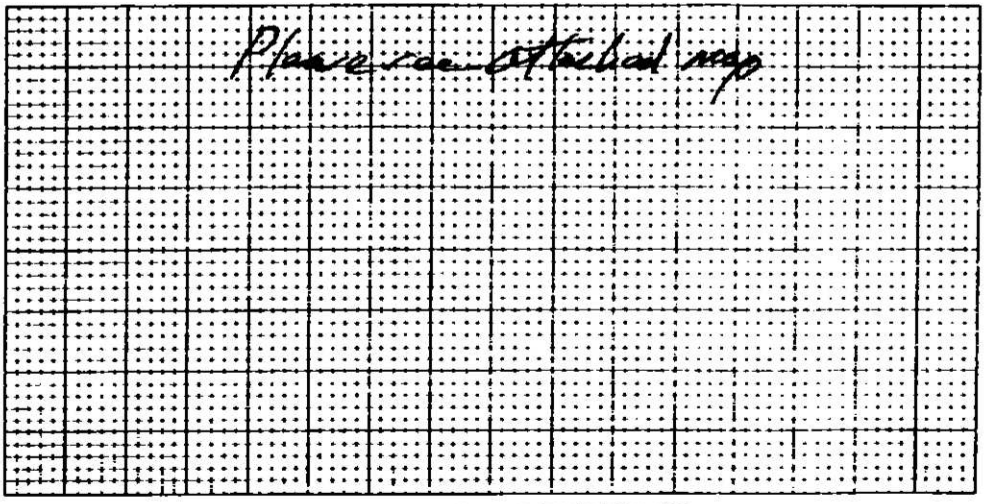
5) SUBDIVISION Providence Woods LOT NO. 28 BLOCK NO. V

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

F. P. Newman
OWNER Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5711

SIR No. 20702

Date Issued 6-21-84

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

Map Date L

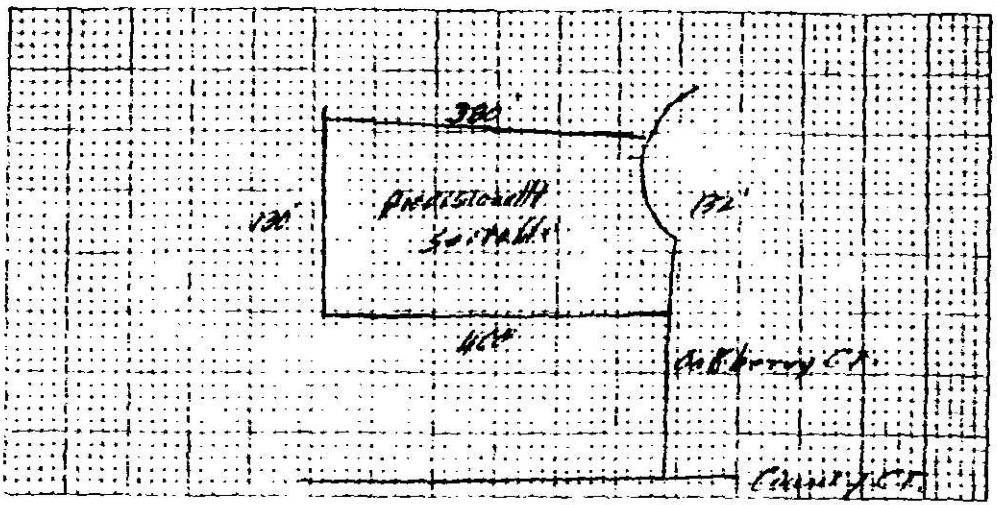
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Providence Woods, Inc.
LAST FIRST MIDDLE

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

LOCATION OF PROPERTY Oakberry Court
STREET OR COUNTY ROAD

SUBDIVISION Providence Woods LOT NO 28 BLOCK NO 5



PLOT PLAN

This is to certify that [illegible] was made by the Mecklenburg County Department of Environmental [illegible] The said 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] the Mecklenburg County Department of Environmental [illegible] the wastewater treatment system on the said lot.
2. The [illegible] determined by the Mecklenburg County Department of Environmental [illegible] rate obtained above and on the size and type [illegible]
3. This approval [illegible] acceptable for system installation on the above [illegible]
4. [illegible] indicated 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. Martin
Soil Scientist

EHD-5-76

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

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20 702

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

(Ground Absorption Sewage Disposal)

OWNER: Providence Woods, Inc.
ADDRESS: 1740 E. Independence Blvd.
Charlotte, N.C. 28205
LOCATION OF SITE: Cadbury Ct.

PLAT NO: Lot 29 BV
LOT SIZE: Approx 52,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-8% U	S PS 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 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 36-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >40" PS To ground water 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	10 ft			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil Lake			

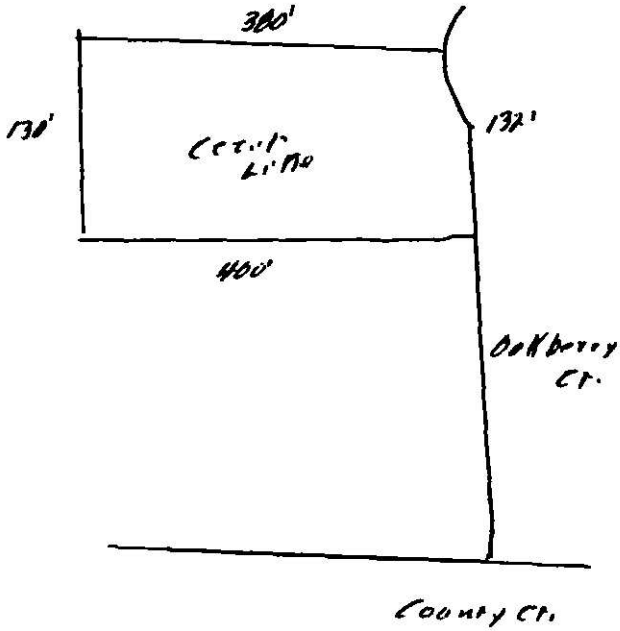
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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: 6-21-84


300'
130'
132'
400'
Oakberry Ct.
Cooney Ct.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 20402

TC: _____

SERIAL: № 11587 ☒ L ☐ CRT

JOB LOCATION

① ADDRESS: [illegible] (STREET NO) [illegible] (STREET) ② FILE: _____

③ JURISDICTION: [illegible] ④ TAX PARCEL NO.: 231-111-45

⑤ SUBDIVISION: [illegible] ⑥ LOT: 23 ⑦ BLOCK: 5

OWNER

⑧ NAME: [illegible] (FIRST) [illegible] (MIDDLE) [illegible] (LAST)

⑨ MAILING ADDRESS: [illegible]

⑩ CITY: [illegible] ⑪ STATE: [illegible] ⑫ ZIP: [illegible]

⑬ PHONE: (WORK) [illegible] ⑭ (HOME) [illegible]

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? [illegible]

㉓ Maximum occupancy? [illegible]

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

Signed: [illegible]

Date: 10/3/[illegible]

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Kelly Rowell 10-7-86
Environmentalist Date

[illegible] 10/8/86
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

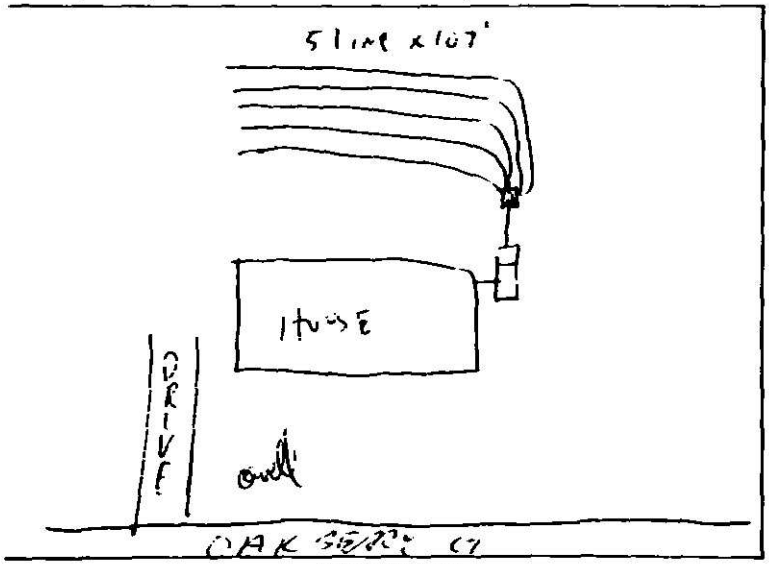
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20702 DATE: 2-24 87

TC: 231-14-45 ☐/L

SERIAL № 10421

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 10-3 86. All work shall be completed on or before 3-24 87, 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5 x 107

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER HANEY, MIKE

LOCATION OF PROPERTY 4509 OAK SERRY CT

Comments: 5 line x 107' x 3 wide x 12" rock

[signature] Division or Section Head

[signature] 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

C of A (s) No. 20702

Date Issued 2-26-87 Serial 9176

T. C. No. 231-111-45

✓ OK 7

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner HANEY (LAST) MIKE (FIRST) (MIDDLE)

Location of Property 4504 OAKBERRY CT

Application Number 20702 Permit Number 20702

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 533 Number of Lines 6

Depth of Filter Material 12 Cover Depth 1

Water Supply Source Well not in yet Distance from Water Source Keep 100

Excavation Inspected 2-26 (DATE) Tank Inspected 2-26 (DATE)

Nitrification Field Inspected 2-26 (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 1987, 1500 ST, 100, 1000 SFT, 12 [illegible]

[signature]

Environmentalist

EHD-5-76

Environmental Health Department's Copy