Date Received 5-21-84

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 21 1984
ENVIRONMENTAL HEALTH

SIR No. 21074
T.C. No. 011-041-23
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office

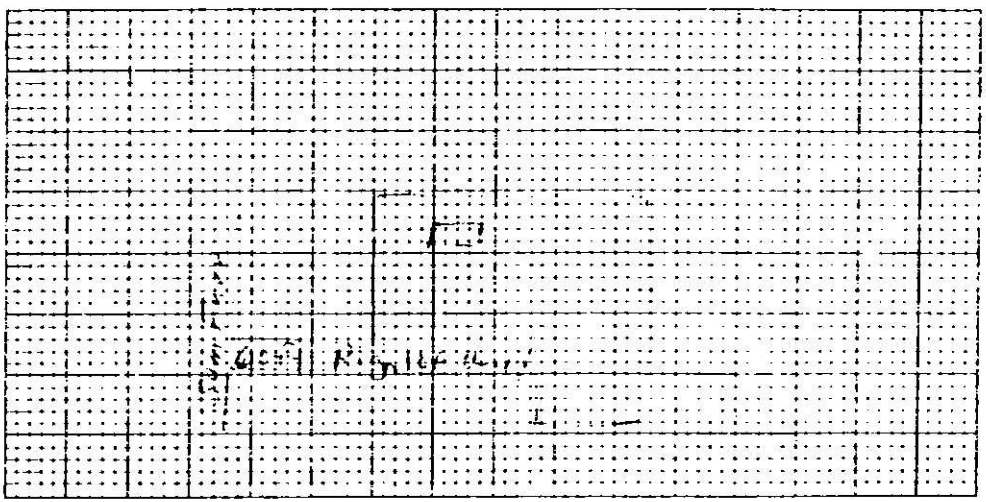
4) LOCATION OF PROPERTY [illegible] 40 [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO [illegible] PAGE NO [illegible]

6) DEED REFERENCE DEED BOOK [illegible] 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

[illegible]
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENTS COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. ~~20174~~ 21074

T.C. NO. PD011-041-23

(Ground Absorption Sewage Disposal)

OWNER: Charles M. Barrett
ADDRESS: PO BOX 314 Davidson 28036
LOCATION OF SITE: 122~~32~~ 40 Sam Furr Rd

PLAT NO:
LOT SIZE: 2.5A

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 (Note 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 40-45 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS None 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 IVa

9. SITE CLASSIFICATION P. suitable

10. SOIL SERIES Cecil

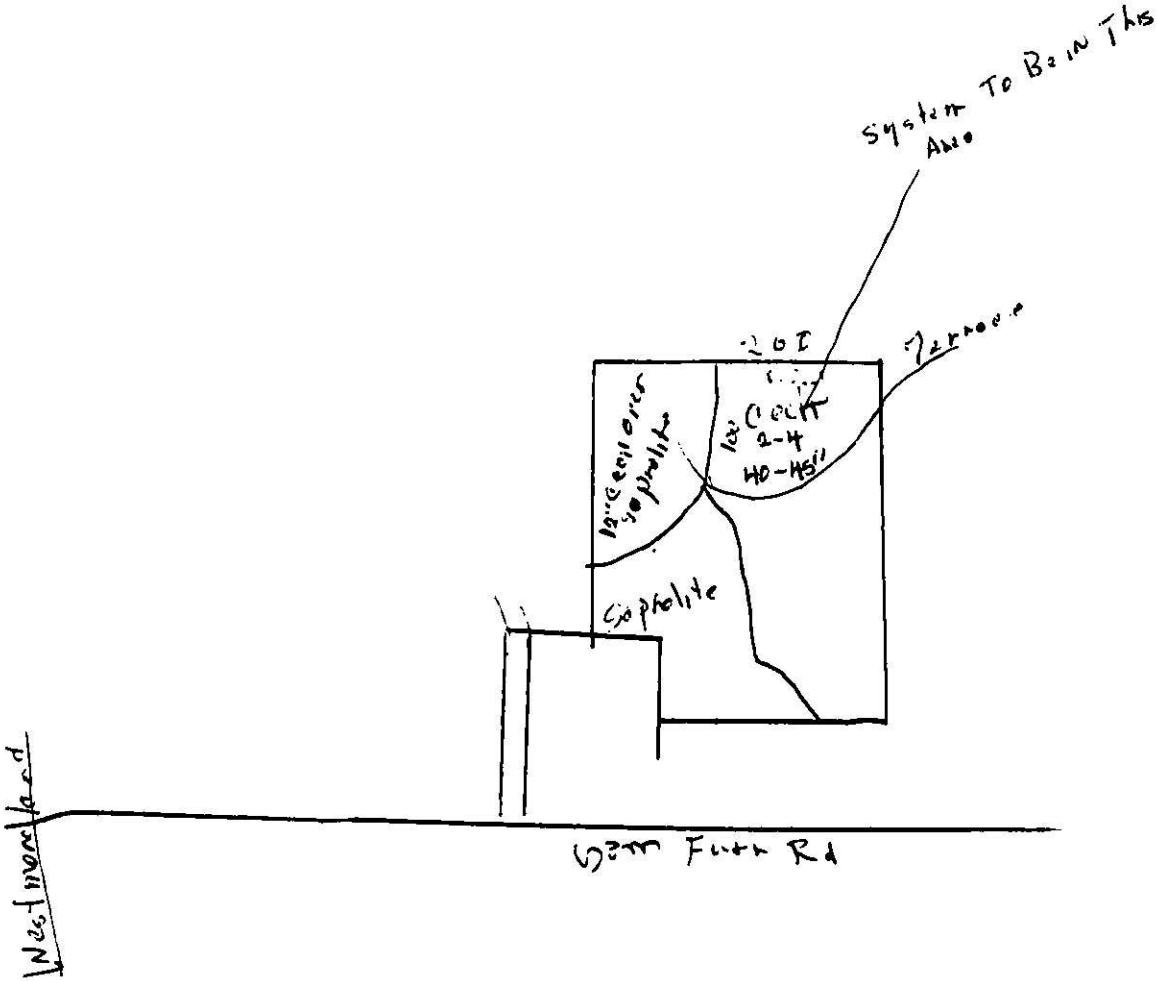
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: William B. Ramsey
Title: Soil Scientist

Date: 5-25-84


System To Be In This Area
Terrace
Cock
2-4
40-45"
Saprolite
Westmoreland
Gem Fuzn Rd

SIR No. 21074

Serial No. 5658

T C No. PO 011-041-23

Date Issued 5-29-84

Map Date

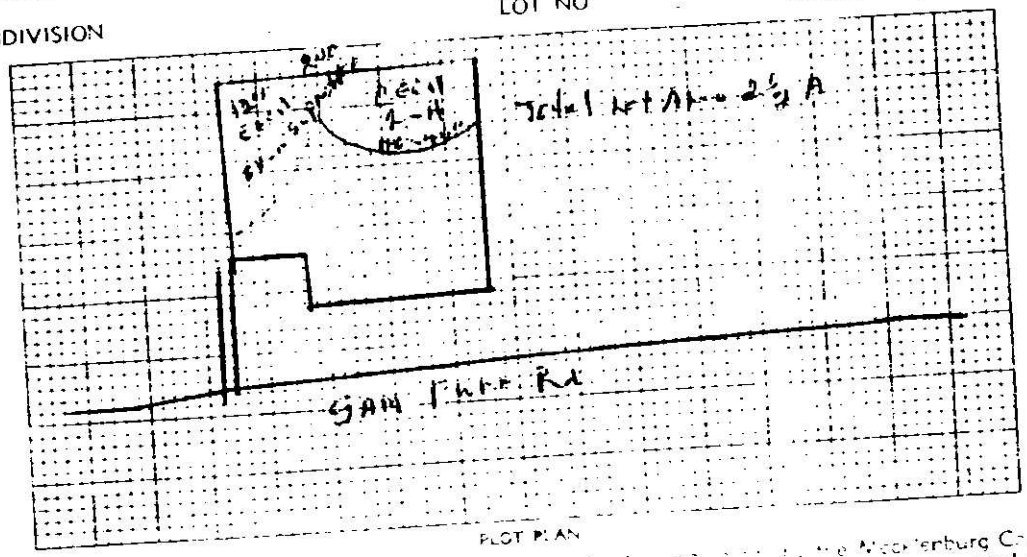
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Charles M. Barrett (LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P. O. Box 314, Davidson, NC ZIP 28036

LOCATION OF PROPERTY 122~~32~~ HC Sam Furr Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify the [illegible] the Mecklenburg County Department of Environmental [illegible] was conducted on that portion of the [illegible] PROVISIONALLY SUITABLE The said lot is approved. The permeability rate [illegible] with subsurface, soil absorption [illegible] for the installation [illegible] following terms and conditions [illegible] Mecklenburg County Department [illegible]

1. [illegible] the Mecklenburg [illegible] above and [illegible]
2. [illegible]
3. [illegible]
4. [illegible]

This approval is granted based on the laws of the State [illegible] and the rules and regulations of the North Carolina Department of Human Resources [illegible] Services and the Mecklenburg County Health Commission [illegible] and [illegible] void if at any time in the future [illegible] of the system these [illegible] are changed such that this approval would not have been granted had the [illegible] been in effect on the issue date

Willard Kamrick
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

374-2713

SEE INSTRUCTIONS ON BACK

Date Received 5-21-14

ICAR(S) Application No 3074

T.C. No 011-04-23

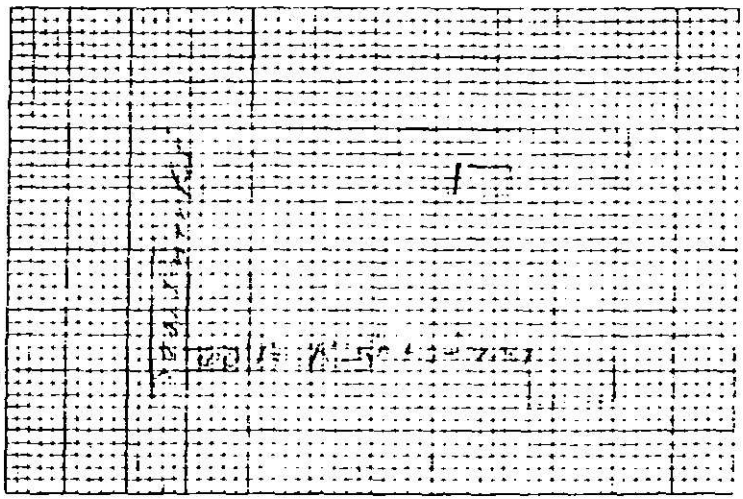
Map Date

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) ___ 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 4 ___Yes ___No
Residence ___Yes ___No

4) No of Bedrooms 3

5) Business Use - Max No Employees ___

6) Washing Machine ___ Yes ___No

7) Garbage Disposal ___ Yes ___No

8) Dishwasher ___ Yes ___No

9) Water Supply
A ___ Individual Well
B Governmental System ___
C Community System
1 Well source ___
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ___No
House located within 200 feet of community sewer ___Yes ___No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER _____ (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN _____

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.

DATE OF APPLICATION _____ OWNER _____

EHD-5-74

Applicant's Copy

Date Issued 5-29-84

Serial No. 7528

SIR No. 21074

T C. No. PO 011-041-23

Map Date L C'T

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 Barrett (LAST) Charles (FIRST) H. (MIDDLE)

ADDRESS OF OWNER P. O. Box 314, Davidson, NC ZIP 28036

LOCATION OF LOT 12232 Sam Furr 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 21074. 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

Ralph Willis
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 6-4-84

Serial No. 07274

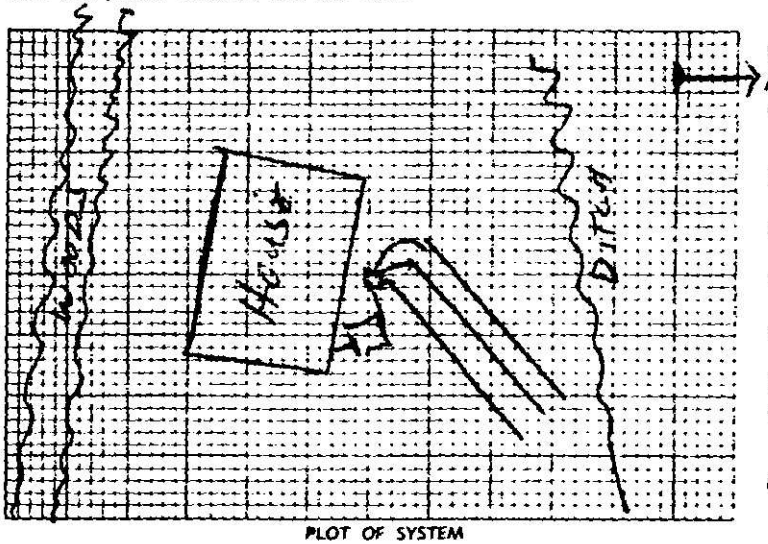
ICAR(S) Permit No. 21074

T C No 011-041-23

Map Date

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 X 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 20174, dated 5-18-84 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 JULY 6th 1984 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS IVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and or Nitrification Lines

Total Line Length 200 lin. FT

Number of Lines three

Distance from House 5 FT

Distance from Property Line 100 FT

Distance from Well 450 FT.

NAME OF OWNER BARRETT, CHARLES

LOCATION OF PROPERTY 12232 Sam Furr Road

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.

Comments: THREE TRENCHES TO BE 67 FT X 3FT X 12 INCHES STONE. HAY OR STRAW COVER - GRADE FOR DS

S. Hamilton
Division or Section Head

Ralph Wilson
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.

EHD-S-76

Property of Mecklenburg County

C of A Isl No. 21074

Date Issued 6-8-84 **Serial** 6716 T & C No C11-041-23

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 BARRETT, CHARLES (LAST, FIRST, MIDDLE)

Location of Property 12220 SAM FURR RD

Application Number 21074 Permit Number 21074

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 200 Lin. FT Number of Lines Three

Depth of Filter Material 12 inches Cover Depth DEF FOOT

Water Supply Source well Distance from Water Source 450 FT

Excavation Inspected 6-8-84 (DATE) Tank Inspected 6-8-84 (DATE)

Nitrification Field Inspected 6-8-84 (DATE)

Washing Machine Line Inspected If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption of effluent discharge as described above and it has been X 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 liabilities 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 application to those listed below or 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 Mullis
Environmentalist

EHD-5-76

File # 21074
T.C. 011-041-23

1-27-87

There is a separate wash drain field which does not appear on the original certificate of approval dated 6-8-84.

D-box for wash drain was uncovered, 4 drain pipes are in the box and a drain field was located. It appears to be at least 125 ft.

Bill Ferguson

PROPOSED PLOT PLAN

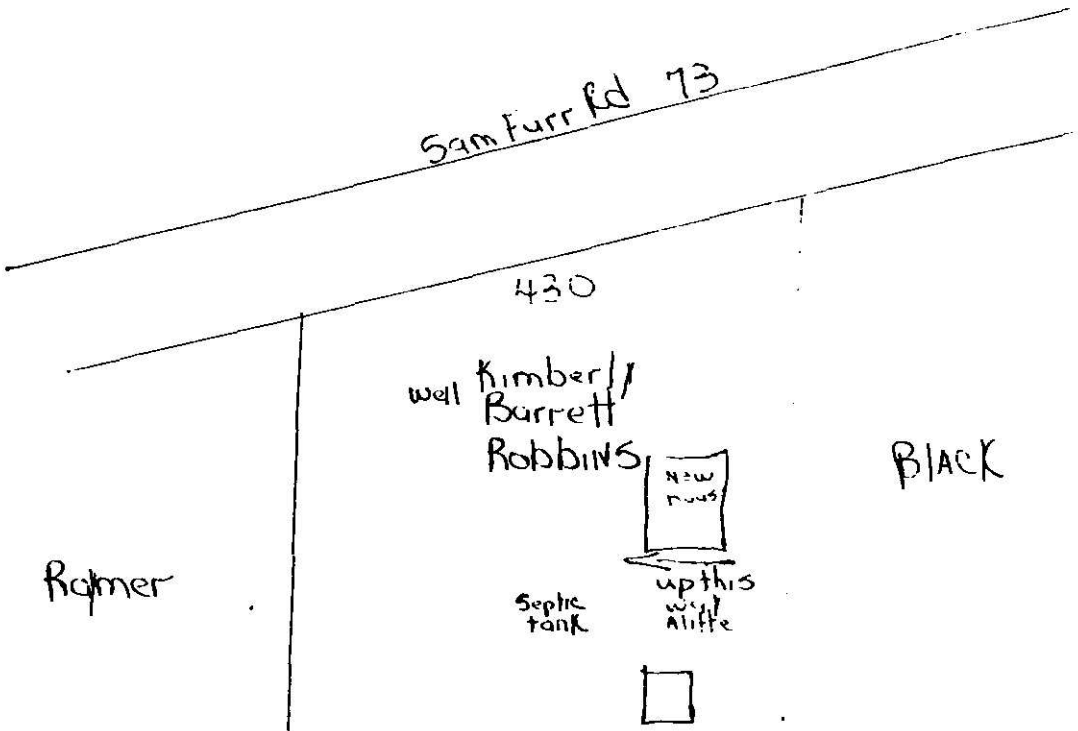
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 31074

TC:

MECK COUNTY DEPARTMENT OF
RECEIVED
JAN 19 1987
ENVIRONMENTAL HEALTH

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: Kimberly B Robbins

Date: 1-11-87

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 21074

TC

SERIAL № 12194

MECK COUNTY DEPARTMENT OF
RECEIVED
JAN 1[illegible] 1987
ENVIRONMENTAL HEALTH

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 12232 San Furr Road (STATE NO. STREET) ② FILE:

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 011-041-23

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Kimberly Barrett Robbins (MIDDLE) (LAST)

⑨ MAILING ADDRESS: Rt 2 Box 12232

⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078

⑬ PHONE - WORK: 704-892-8861 ⑭ HOME: 704-892-5574

REQUEST

This request is for a n

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other specify: Change hookup to new house

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

Signed: Kimberly Barrett Robbins

Date: 1-11-87

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. The approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect on the date 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 36 months from the date of issuance. Use existing system

B. R. Ferguson 1-27-87
Date

Sylvia Daniel by B.R.F. 1-27-87
Date

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid

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: ~~[illegible]~~ 21074 7-25 W

TC: 011 [illegible]-91 06/10/91

SERIAL: 00083 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 12240 San Jose Pond (STREET NO. / STREET) ② FILE:

③ JURISDICTION: Sam Fun 11x 73 ④ TAX PARCEL NO.: 011 04451

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Charlie (FIRST) Michael (MIDDLE) Barrett JR (LAST)

⑨ MAILING ADDRESS:

⑩ CITY: HUNTERSVILLE ⑪ STATE: NC ⑫ ZIP: 28078

⑬ PHONE: (WORK) ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☑ Authorization for mobile home exchange

⑯ ☑ Repair or alteration permit ⑱ ☐ Other (specify) Mobile Home Exchange

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? 1 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: Charlie M Barrett JR

Date: 6.10.91

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 this Department.

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

use existing system ... MH 60

[signature] / 6/11/91
Environmentalist Date

[signature] / 6-12-91
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.