Date Received 10-26-83

SIR No. 20210

T. C. No. PO 219-081-09

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Flowe (LAST) Gene (FIRST) Kay (MIDDLE)

2) ADDRESS OF OWNER 5017 C Hamilton Ln. Charlotte ZIP 28210

3) PHONE NO. Home 537-8689 Office 332-1169

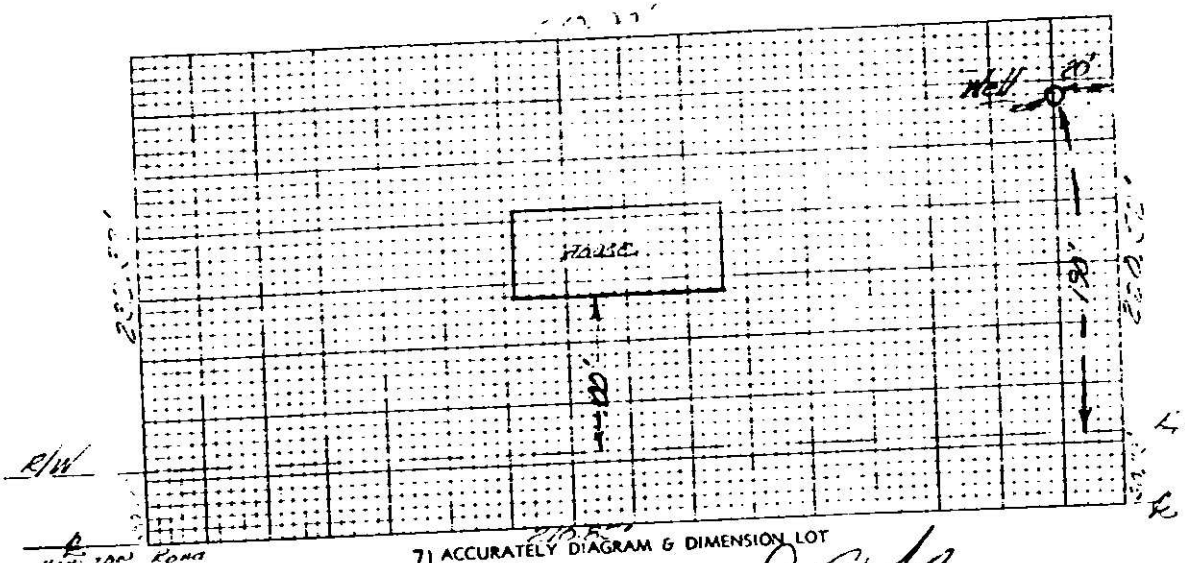
4) LOCATION OF PROPERTY Hamilton Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE *FROM DEED BOOK 2520 PAGE NO 565

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

Gene K. Flowe
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 5282

SIR No. 20210

Date Issued 11-1-83

T. C. No. PO 219-081-09

Map Date

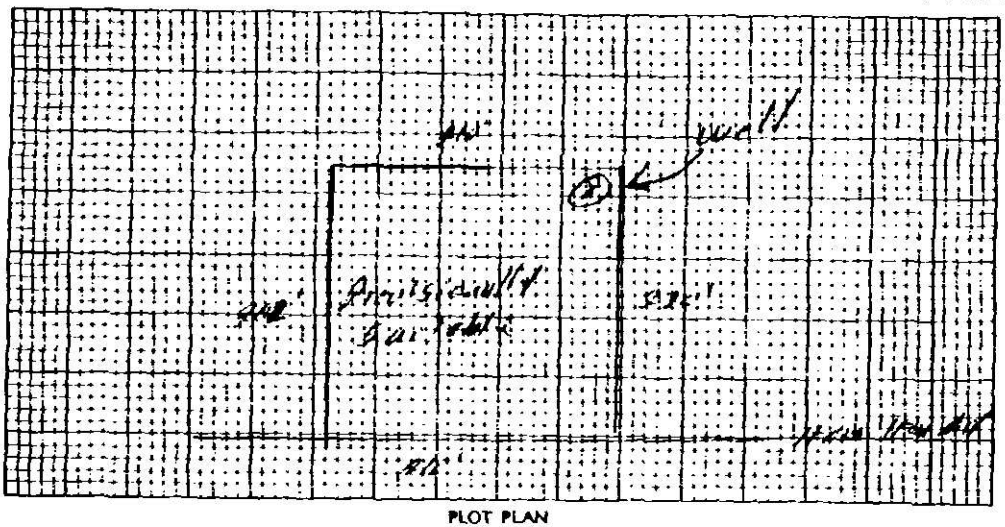
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Flowe, (LAST) David (FIRST) Ray (MIDDLE)

ADDRESS OF OWNER 807-C High Meadow Lane, Charlotte, NC ZIP 28210

LOCATION OF PROPERTY Hamilton Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



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 said investigation was conducted on that portion of the lot as indicated on the above plot.

The permeability rate determined by the investigation was **Provisionally Suitable**. 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 to install, construct, alter or repair the proposed system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or 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 prior to issuance of the permit based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction, including the drilling of a well, is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and or repair of such a system.

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 G. Fiala
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's C...

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20716

T.C. NO. PO 314-08164

(Ground Absorption Sewage Disposal)

OWNER: Darrell R. Flowe
ADDRESS: 8015 Highmeadow Lane Charlotte, N.C. 28216

PLAT NO:
LOT SIZE: 43,560

LOCATION OF SITE: Hamilton Road

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 36-48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S 48"+ PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S 24-48" PS ground U water	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: 1 U A

9. SITE CLASSIFICATION: Provisionally Suitable

10. SOIL SERIES: Cecil-Lloyd

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)

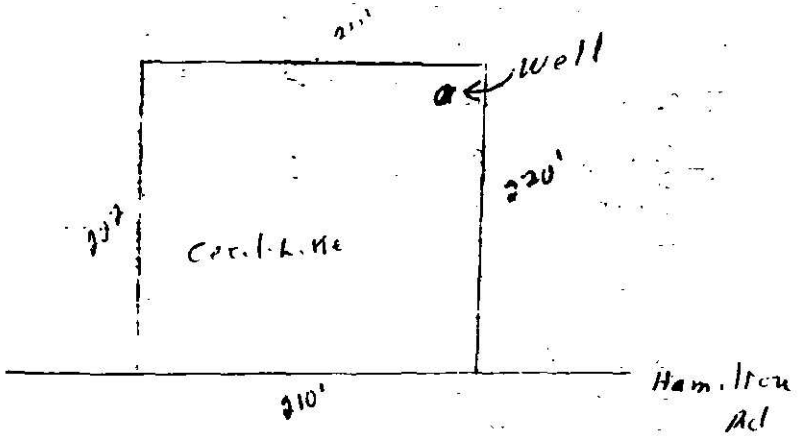
Recommendations/Comments: Well in process of being drilled

10-28-83

Described by: William R. Bradley
Title: Soil Scientist

Date: 10-28-83

EHD 539 (Revised: 6/82)


well
320'
Cent. Line
310'
Ham. Iron
Rd

SEE INSTRUCTIONS ON BACK

Date Received 11-3-83

ICAR(S) Application No. 20210

T. C. No. PO 219-051-09

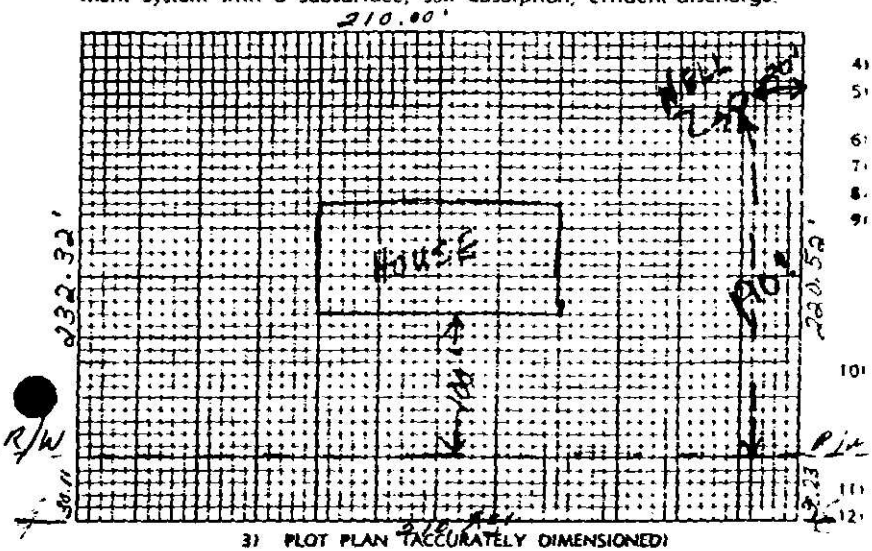
Map Date

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 on individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



Mobile Home ____Yes ____No
Residence ✓Yes ____No
4) No of Bedrooms 4
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 FLOWE (LAST) DAVID (FIRST) RAY (MIDDLE)

14) ADDRESS OF OWNER 8[illegible] C High Meadow Lane, Charlotte, NC 28

15) PHONE NO. Home 523-[illegible]4 Office 332-1167

16) LOCATION OF SYSTEM 12809 Hilltown Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 2226 AT PAGE 568

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 11-83

20) PTR NUMBER (See Instructions) 20210

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.

11-3-83
DATE OF APPLICATION

[signature]
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

AC 11-8-83

Date Issued 11-7-83 Serial No. 6928

SIR No. 20210

T. C. No. PO 219-081-09

Map Date

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 Flowe, (LAST) David (FIRST) Ray (MIDDLE)

ADDRESS OF OWNER 807-C High Meadow Ln., Charlotte, NC ZIP 28210

LOCATION OF LOT 12809 Hamilton 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 20210. 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.

Environmentalist

Environmental Health Director, or Autherized Section Head

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

158 a

V

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: 20210
TC: _____
SERIAL: Nº 18105
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: [redacted] (STREET NO.) HAMILTON (STREET) RD ② FILE: 20210

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 219-081-09

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: DAVID (FIRST) RAY (MIDDLE) FLOWE (LAST)

⑨ MAILING ADDRESS: 200 SHADY OAK TRAIL

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: _____

⑬ PHONE: (WORK) 846-4526 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) _____

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? 4ES 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 on the property for the purpose of processing this request.

Signed: [redacted] David R Flowe

Date: 4-8-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG CO. HEALTH DEPARTMENT, certifies that the Department has approve Request for the Job Location contained in this document. This appr granted in accordance with the provisions of Laws And Rules For Sa Sewage Collection, Treatment And Disposal in effect at the t issuance of the permit and is subject to the following provisions.

... No work shall be conducted on the septic tank system until a stallation. Construction, Alteration and/or Repair permit is issued Department.

... This permit is not transferable, and shall become null and voi months from the date of issuance.

Environmentalist — Date 4/11/89

Director or Authorized Section Head — Date 4/12/89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 4/7/89

Name/Company David Hare

Sanitation ____
Vector Control ____
O.P.W.D. ✓

Service: Inspect new
house

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 7 1989

CK#1108
11.50

Fee: $ 15.00

K Faulks

PROPOSED PLOT PLAN

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

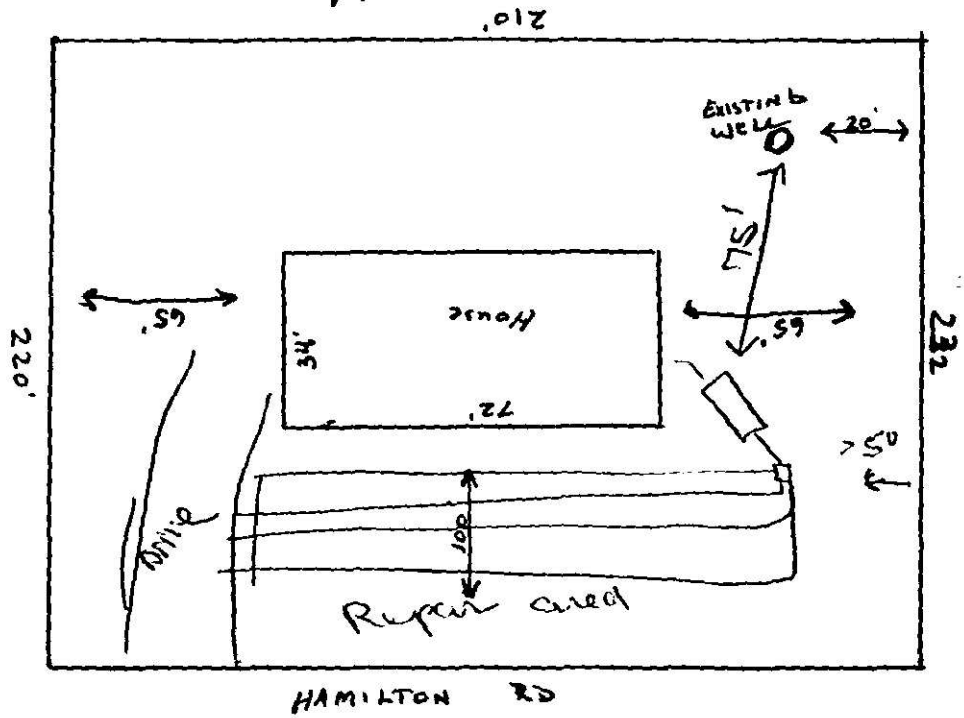
FILE: 20210

TC: _____

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.

1500 gallon tank
400' drainfield

for Mannin 4/11/89



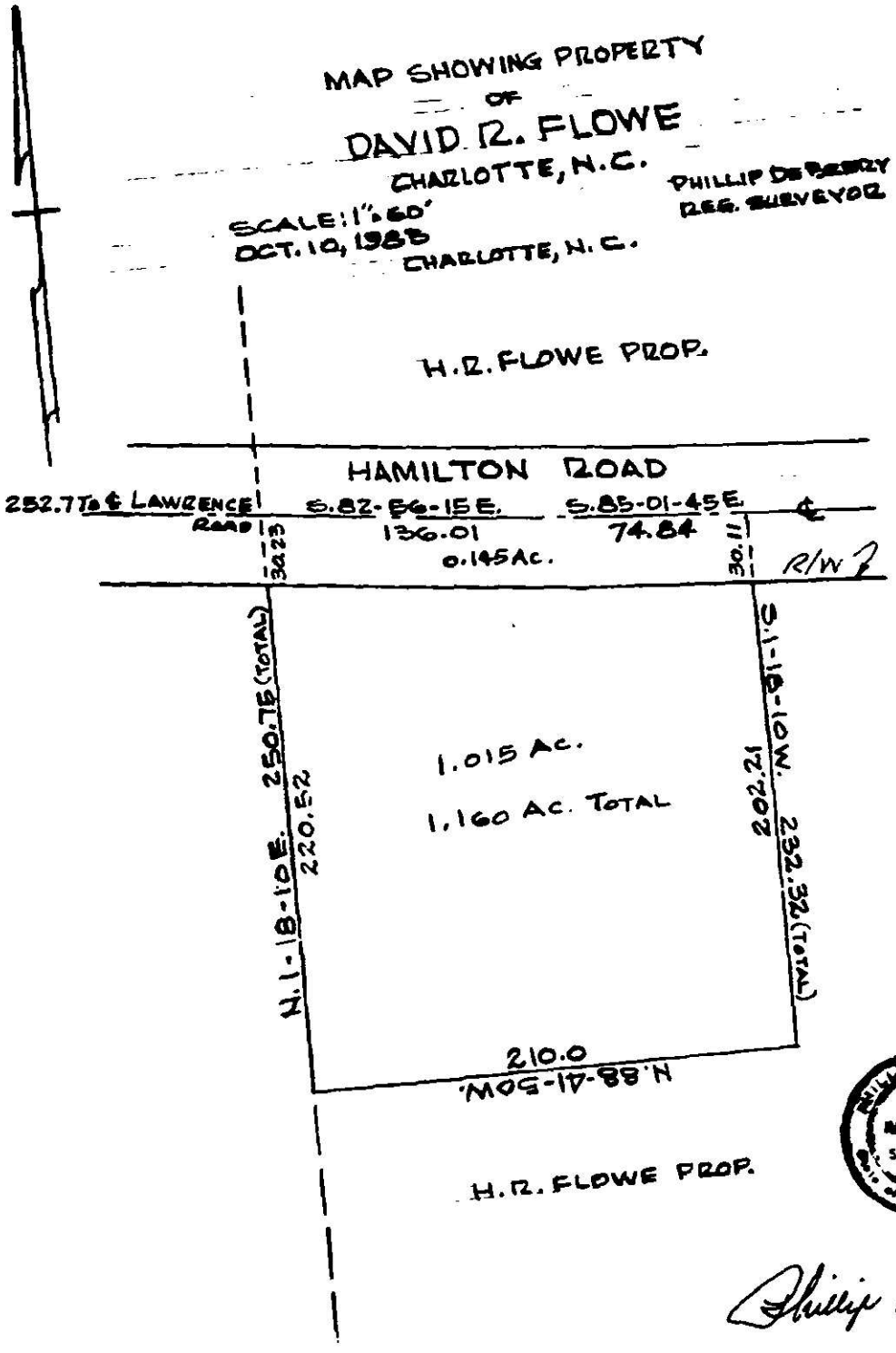
Signed: [redacted] David R. Flowers

Date: 4-6-89

MAP SHOWING PROPERTY
OF
DAVID R. FLOWE
CHARLOTTE, N.C.

PHILLIP DE BERRY
REG. SURVEYOR

SCALE: 1" = 60'
OCT. 10, 1985
CHARLOTTE, N.C.



Phillip DeBerry

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

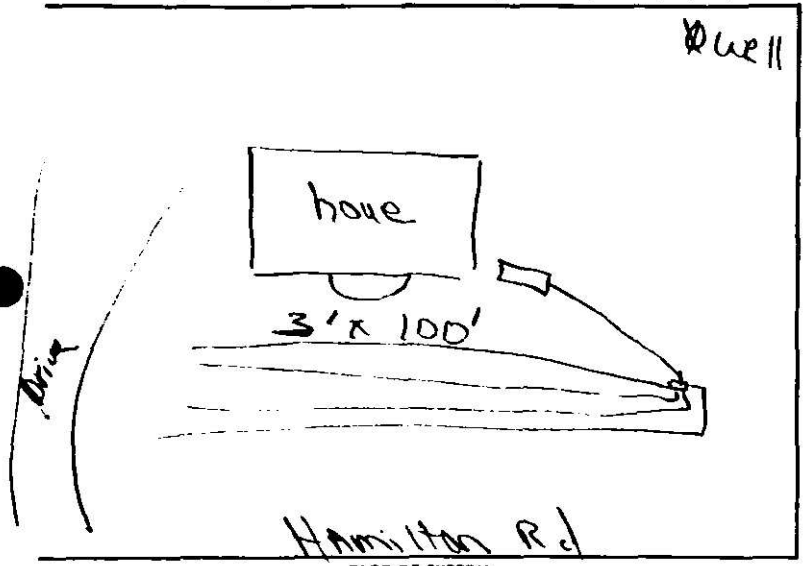
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20210 DATE: 7/13/89

TC: 219-081-09 ☐ L

SERIAL № 12868

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 4/5/89. All work shall be completed on or before 8/13/89, 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 100 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Howe, David R.

LOCATION OF PROPERTY 12815 Hamilton Rd.

Comments: Install 4 trenches 3' x 100', 12" Stone, Straw Cover

Division or Section Head

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20240 DATE: 7/20/89

TC: 219.081-09 ☐ L ☐ CRT

SERIAL № 12034

Name of Owner Flowe David R Juris.:

Address of Property 12815 Hamilton Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source ≥ 50'

Excavation Inspected 7/20/89

Tank(s) Inspected 7/20/89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1981, 1500 St, Cm, 1200SFT, 12"6, Cesi CTR# 55

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: System designed for 3 bedroom home -

Judy A Kuei R.S.
Environmentalist

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