Date Received 10-13-83

RECEIVED
OCT 13 1983
ENVIRONMENTAL HEALTH

SIR No. 20120
P.C. No. 198-141-04
5
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ty-Par Realty Inc.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER P.O. Box 763 Monroe, N.C. ZIP 28110

3) PHONE NO Home _____ Office 372-0088

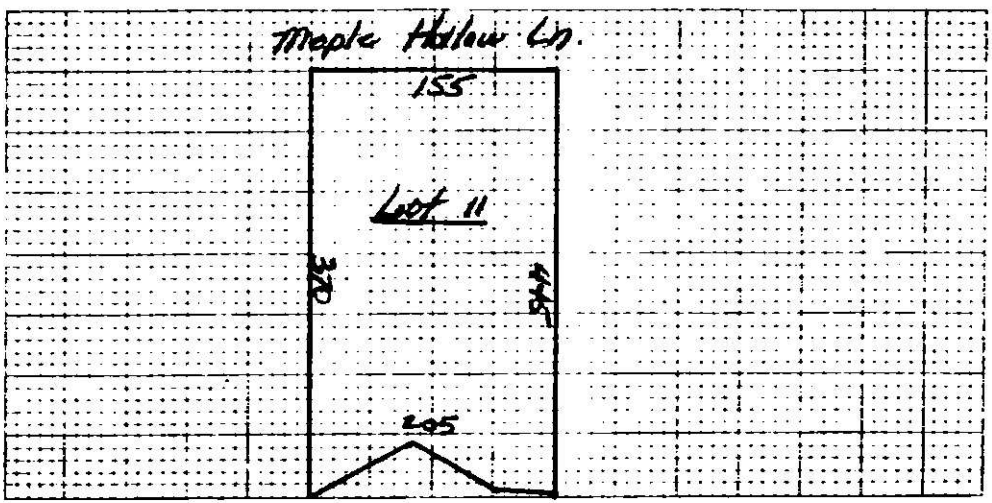
4) LOCATION OF PROPERTY 1447 Maple Hollow Ln.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Country Woods LOT NO 11 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4411 PAGE NO 46

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 disposal.



7) ACCURATELY DIAGRAM & DIMENSION LOT

JLS for Ty-Par Realty
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 5387

SIR No. 20120

T C No PO 195-141-04

Date Issued 1-9-84

Map Date

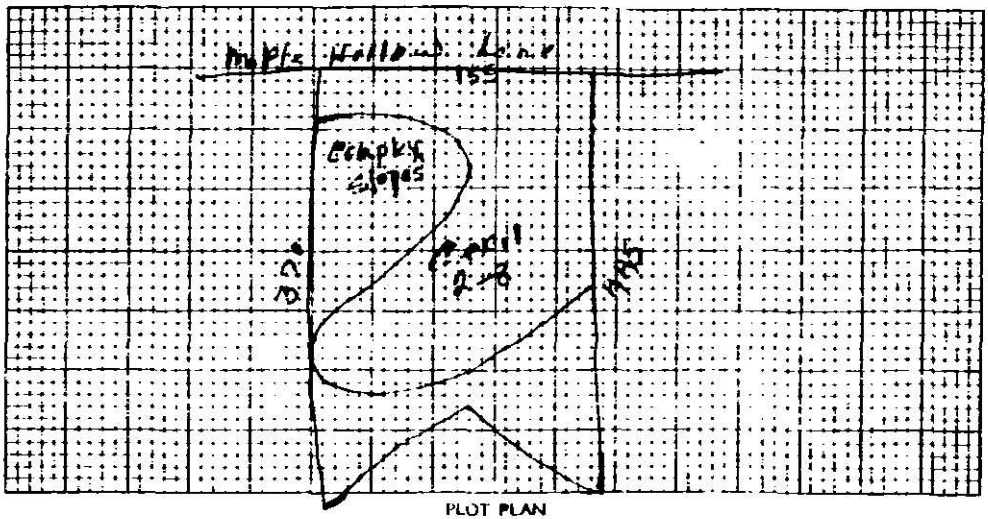
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ty-Par Realty, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 763, Monroe, NC ZIP 28110

LOCATION OF PROPERTY 14147 Maple Hollow Lane
STREET OR COUNTY ROAD

SUBDIVISION LOT NO 11 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. PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was 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 specific 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 installation 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.

W. B. Ramsey
Soil Scientist

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

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20120

T.C. NO. PO 196-141-04

(Ground Absorption Sewage Disposal)

OWNER: TY-PAR REALITY, INC. PLAT NO:
ADDRESS: PO BOX 763 LOT SIZE: 1.69
MONROE, N.C. 28110
LOCATION OF SITE: MAPLE HOLLOW LANE
Lot 11

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-8	S PS (U) — Complex Slopes	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clayey	S (PS) U — Clayey	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S (PS) U — Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 36-46"	S PS (U) — 16-40"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S (PS) U — None	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S (PS) U — Adequate	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIe	IVe		
9. SITE CLASSIFICATION	P. suitable	Unsuitable Complex slopes in Cecil		
10. SOIL SERIES	Cecil	Cecil		

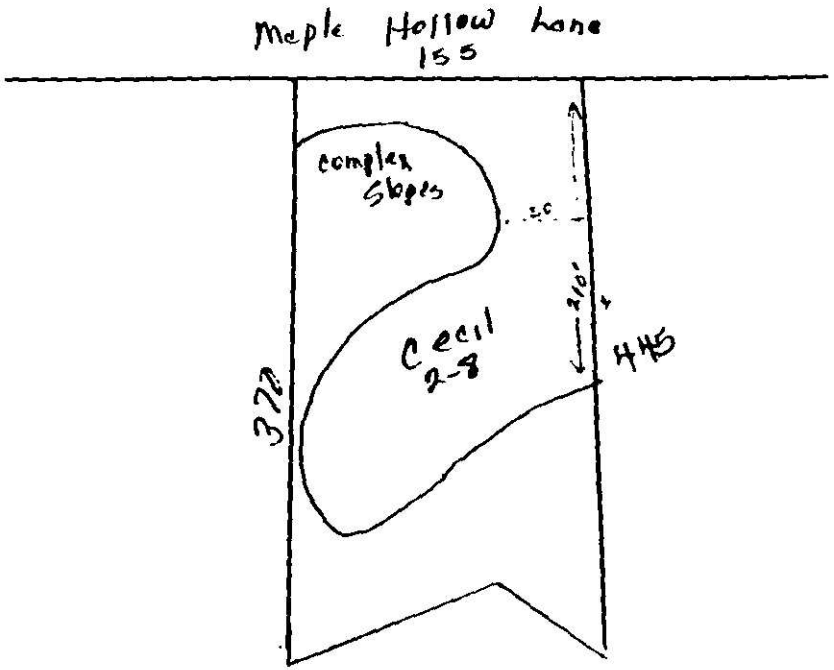
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: W.B. Ramsey
Title: Soil Scientist

Date: 1-3-84


Maple Hollow Lane
155
complex Slopes
Cecil 2-8
210'
445
372

BL 1-10-84

Serial No. 7110

SIR No. 20120

Date Issued 1-9-84

T. C. No PO 195-141-04

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 Ty-Par Realty, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 763, Monroe, NC ZIP 28110

LOCATION OF LOT 14147 Maple Hollow Lane
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 11 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 20120. 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 Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

Date Received 3-8-85

MECK. CO. DEPARTMENT OF HEALTH
RECEIVED
MAR 8 1985
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 20120

T C. No. PO 195-14104

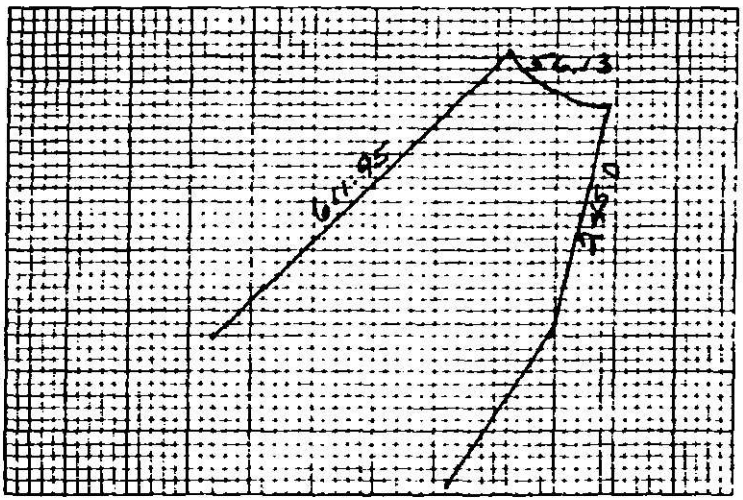
Map Date

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) X 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)

4. Mobile Home ___ Yes X No
   Residence X Yes ___ No
4. No of Bedrooms 3
5. Business Use — Max No Employees
6. Washing Machine X Yes ___ No
7. Garbage Disposal ___ Yes X No
8. Dishwasher X Yes ___ No
9. Water Supply
   A. Individual Well X
   B. Governmental System
   C. Community System
      1. Well source
      2. Governmental source
10. Sewage System
    House located within 200 feet of public sewer ___ Yes X No
    House located within 200 feet of community sewer ___ Yes X No
11. FmHA Case No
12. VA Case No.

13) NAME OF OWNER TY-PARKER, INC
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible], MONROE, NC 28110

15) PHONE NO. Home ___ Office 372-0099

16) LOCATION OF SYSTEM 14147 MAPLE HOLLOW LANE
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No 11 Block No.

Map Book No. 20 Page No. 5

18) DEED REFERENCE — DEED BOOK 4411 AT PAGE 46

19) HAS A SOIL INVESTIGATION BEEN RUN? X 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.

3-6-85
DATE OF APPLICATION

OWNER Agent

EHD-5-76

Environmental Health Department's Copy

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 13 1983
ENVIRONMENTAL HEALTH

INSTRUCTIONS ON BACK

Date Received 10

ICAR (S) Application No 20120

T C No. 195-141-04

Map Date 5

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

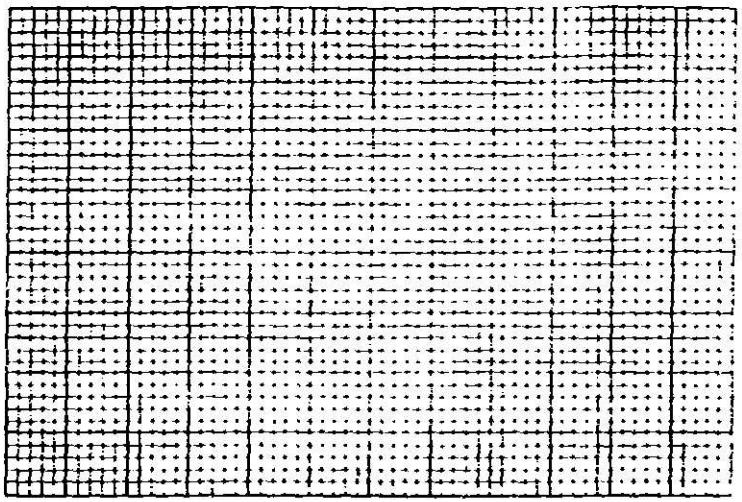
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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

Mobile Home ___ 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 ___



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Ty-Par Realty, Inc
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 763 Monroe, N.C. 28110

15) PHONE NO. Home ___ Office 372-0088

16) LOCATION OF SYSTEM 14147 Maple Hollow Ln.
STREET OR COUNTY ROAD

17) SUBDIVISION Country Woods Lot No. 11 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 4411 AT PAGE 46

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.

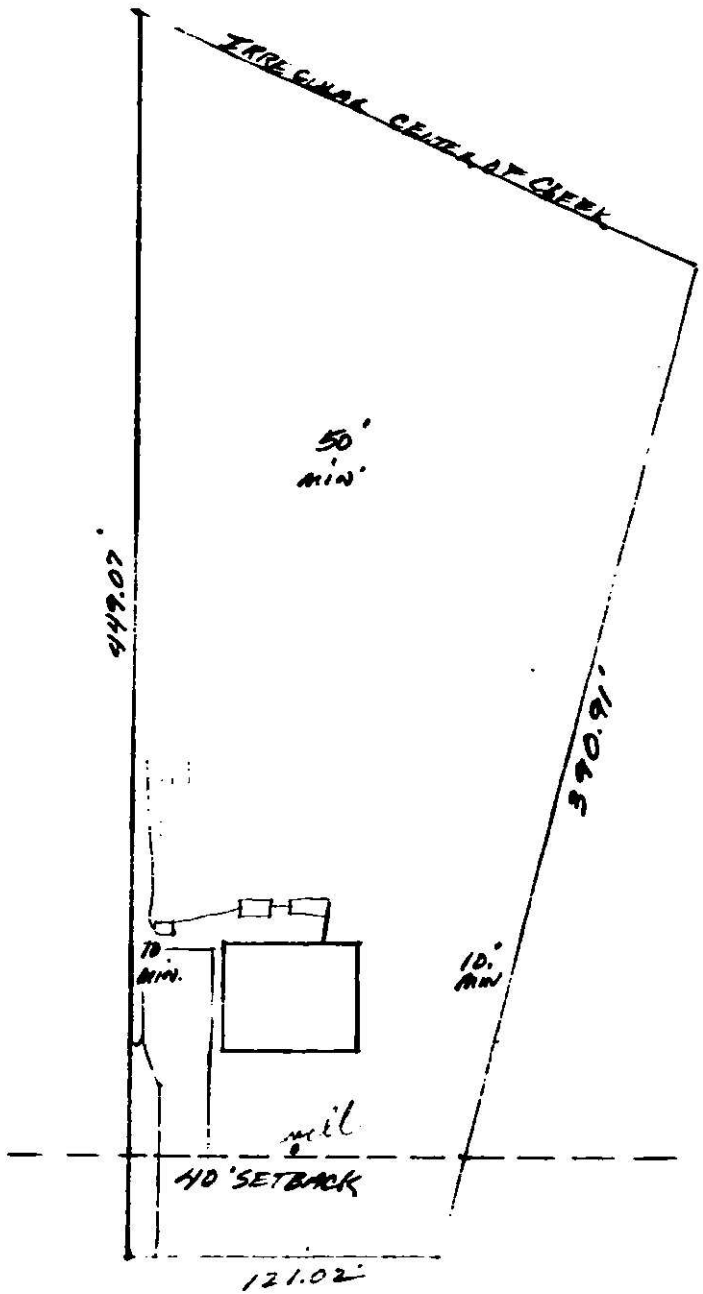
10-6-83
DATE OF APPLICATION

[signature] for Ty-Par Realty
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECK. COUNTY DEPARTMENT OF
RECEIVED
APR 1 : 80
ENVIRONMENTAL HEALTH



check on driveway?

1" = 60'

real slope

LOT NO. 11
[illegible] WOODS

20/20

Date Issued 5-19-86

Serial No. 09277

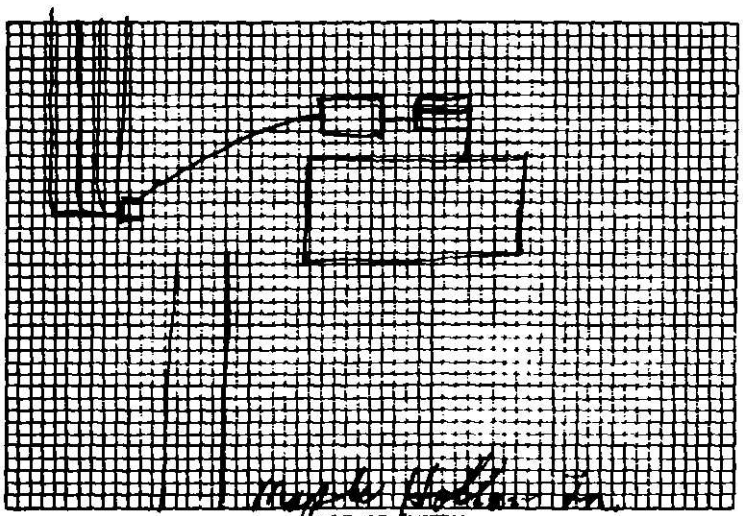
ICAR(S) Permit No. 20120

PE No. 195-141-04

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 ✓ 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 20120, dated 10-6-83 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 6-19-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV A

Liquid Capacity of Tank 1500 & 1000

Tank Construction Rcc

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well not in

NAME OF OWNER Ivy Bar Realty Inc.

LOCATION OF PROPERTY 14147 Maple Hollow Ln.

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.

4 lines 3'X100'X12" stone

Comments:

B. Sanderson
Division or Section Head

B. R. Thompson
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. 20120

Date Issued 6-27-86 **Serial** 8661 T C PO No. 195-141-04

✓ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT

CERTIFICATE OF APPROVAL

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

Name of Owner Ty Par Realty Inc.
LAST FIRST MIDDLE

Location of Property 14147 Maple Hollow Ln.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 15"-21"

Water Supply Source well Distance from Water Source not in

Excavation Inspected 6-27-86 DATE Tank Inspected 6-27-86 DATE

Nitrification Field Inspected 6-27-86 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 1986, 1500ST, 1000DT, P1, con, 1200SFT, 12G, cecil

B. R. Ferguson
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: ~~6961A~~ 20120
TC: _____
SERIAL: No 19900 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 14147 (STREET NO) Maple Hollow Lane (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 19514131
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Leslie (FIRST) Jamison (MIDDLE) Brookshire (LAST)
⑨ MAILING ADDRESS: 14147 Maple Hollow Lane
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) 537-4041 ⑭ (HOME) 545-0324

REQUEST

This request is for a(n):
⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) car port

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? 3 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: Leslie J. Brookshire
Date: August 6, 1990

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.

Use existing system

Philip A. Walker, 8/8/90
(Environmentalist) Date

_____, 8-9-90
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.

PROPOSED PLOT PLAN

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

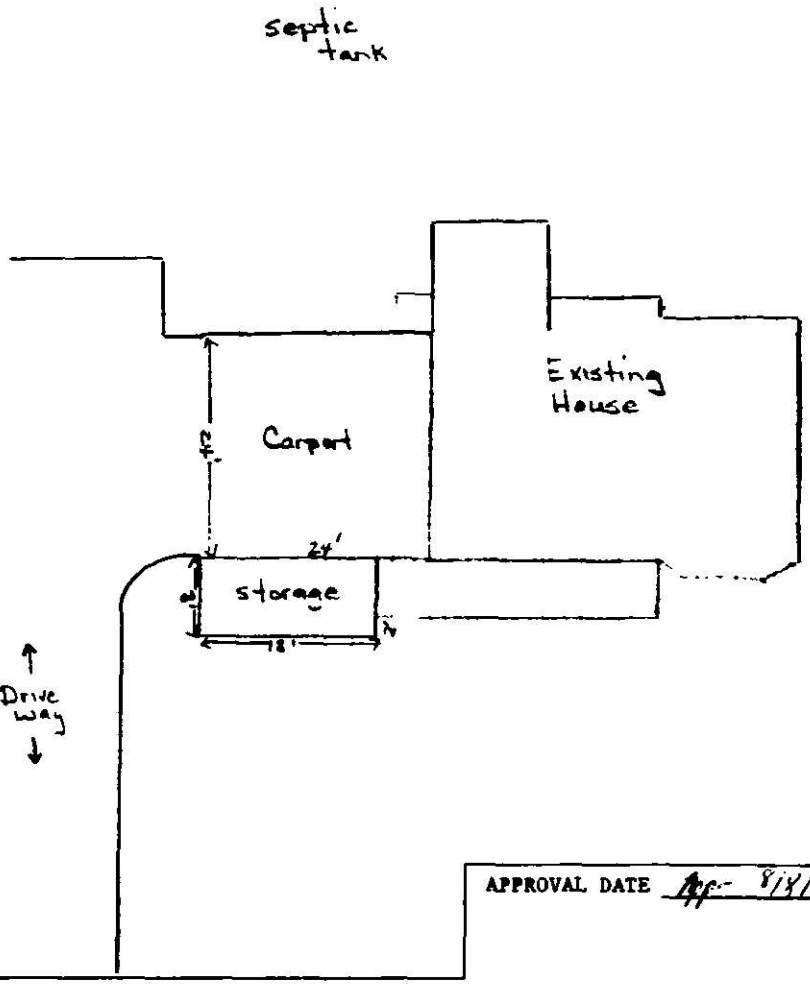
2012O

FILE: ~~6961A~~

TC: 195-141-31

Drew in and name all roads adjoining the property. Drew 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.

Drain field



APPROVAL DATE Apr- 8/8/12 PSW

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

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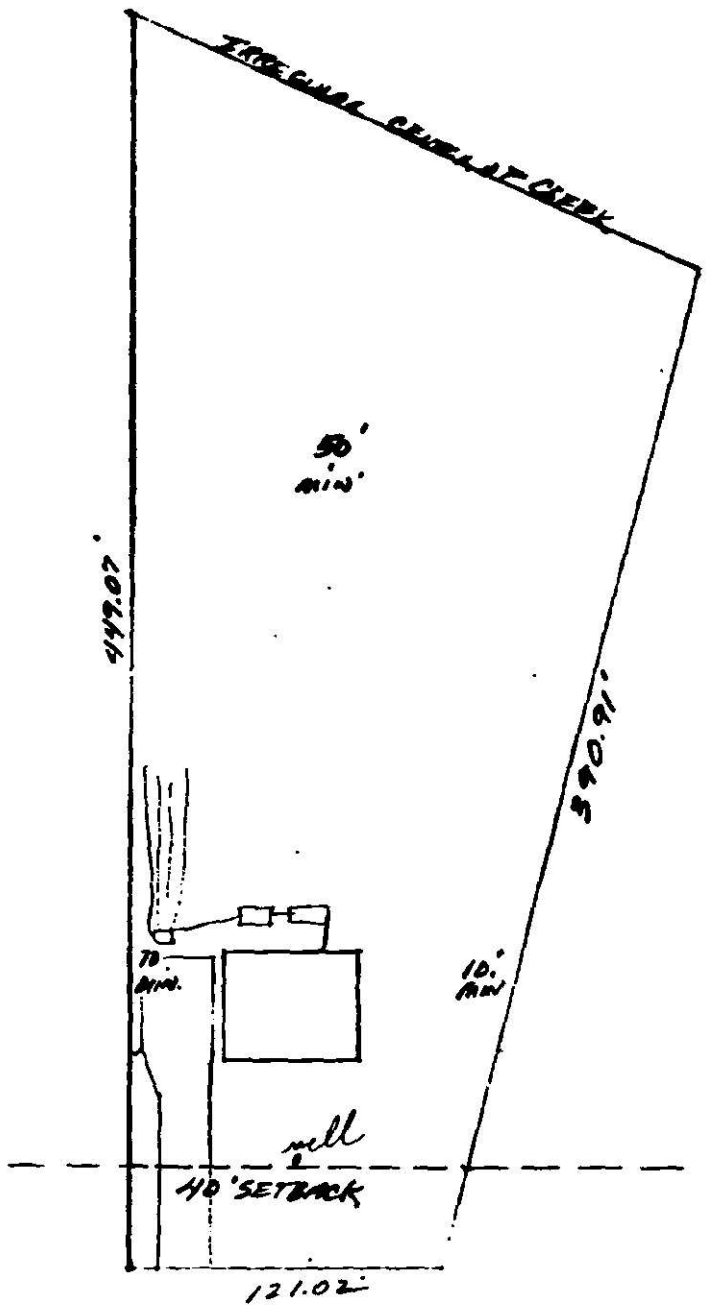
APR 1 1 1950
ENVIRONMENTAL HEALTH



check on driveway?

1" = 60' Cecil LOT NO. 11 20120