Date Received 7-23-84

SIR No. 21086

T. C. No. 001-353-39

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Collins (LAST) Sara (FIRST) Robbins (MIDDLE)

2) ADDRESS OF OWNER 7632-2c2 Winding Cedar Trail, Charlotte ZIP 28212

3) PHONE NO Home 563 9616 Office 547-8611

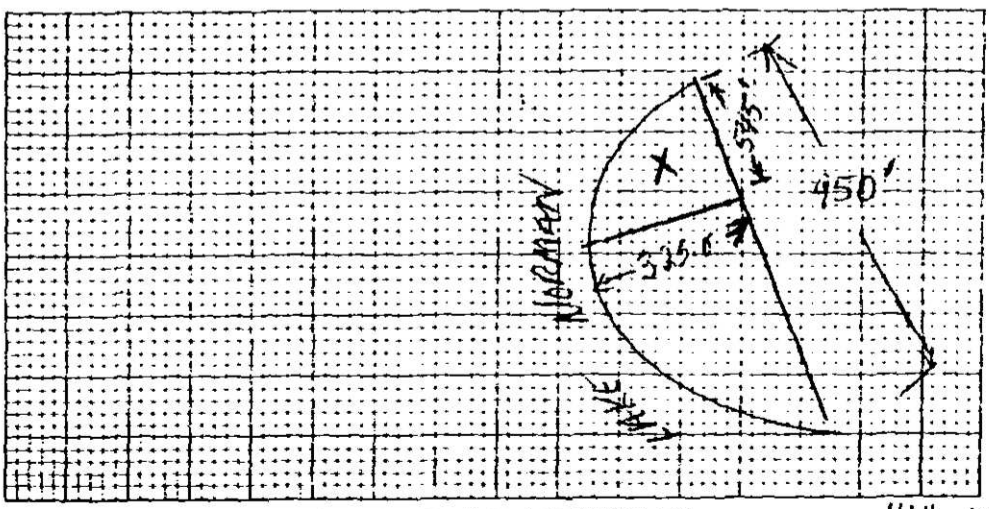
4) LOCATION OF PROPERTY 16929 GREYFRIARS RD. (STREET OR COUNTY ROAD) DAVIDSON, N.C.

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ 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 1/4" = 100'

Sara L. Collins
OWNER

EHD-5-76

Environmental Health Department Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21086

T.C. NO. PC001-353-34

(Ground Absorption Sewage Disposal)

OWNER: Sara R. Collins
ADDRESS: 9032-207 Wendling Court [illegible] Charlotte N.C. 28212
PLAT NO:
LOT SIZE: [illegible] 52
LOCATION OF SITE: 10929 [illegible]

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 30-48" 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 >48" to ground water PS U	S Terraces channel Runoff 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	WA	WA		
9. SITE CLASSIFICATION	provisionally suitable	unsuitable		
10. SOIL SERIES	Cecil Like	Terraces		

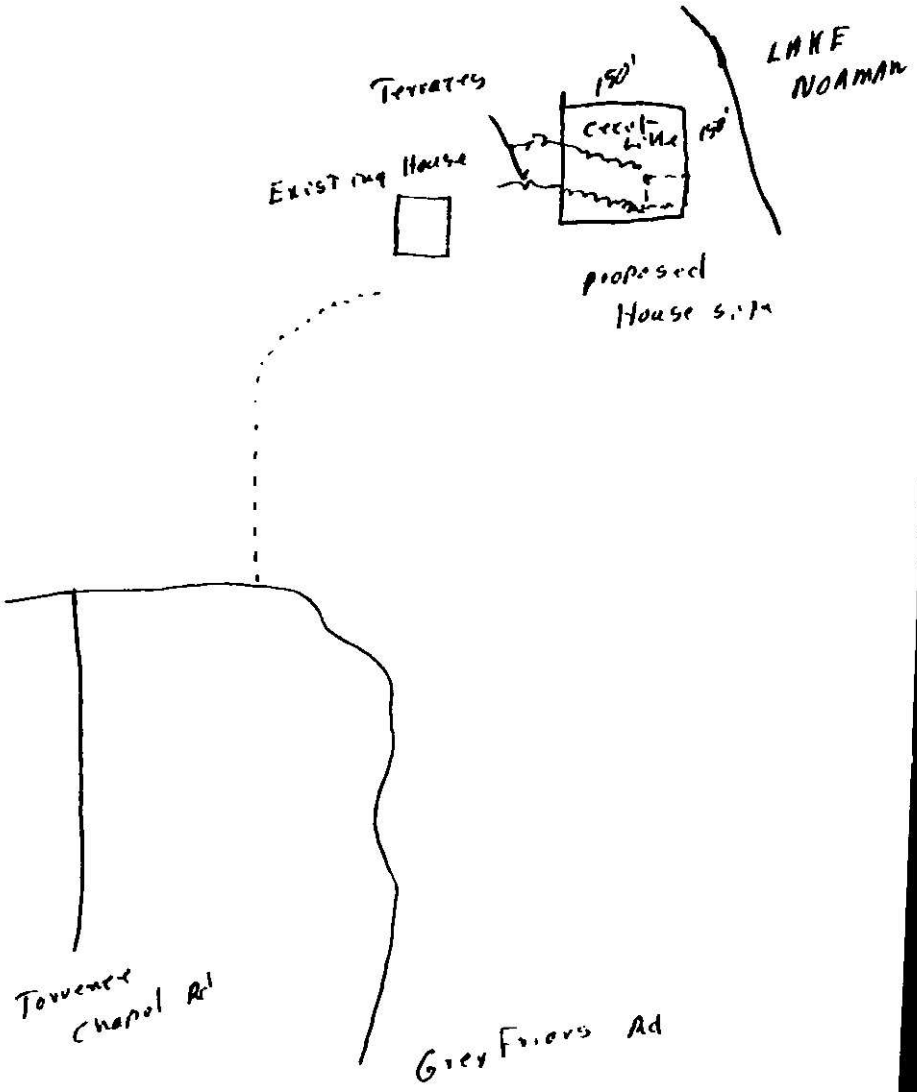
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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: 5-30-84


LAKE NOAMAN
Terraces
150'
Creek Line
150'
Existing House
proposed House site
Tonquin Chapel Rd
Grey Friars Rd

Serial No. 5846

SIR No. 21086

T C. No. PO 001-353-39

Date Issued 8-30-84

Map Date L

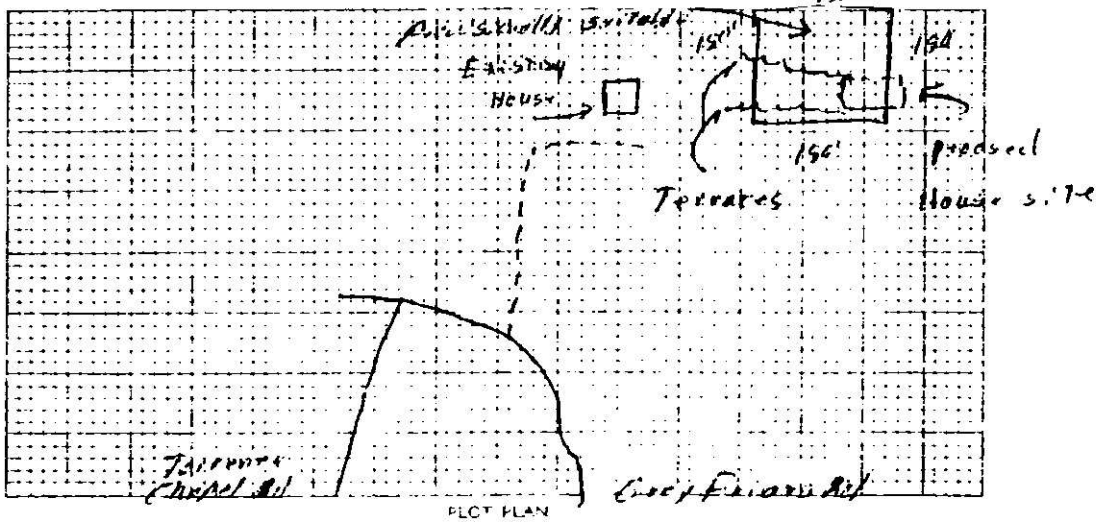
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Collins, (LAST) Sara (FIRST) Robbins (MIDDLE)

ADDRESS OF OWNER 7022-207 Winding Cedar Tr., Charlotte, NC (ZIP) 28212

LOCATION OF PROPERTY 16929 Greyfriars Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that [illegible] Mecklenburg County Department of [illegible] was conducted on that portion of the [illegible] PROVISIONALLY SUITABLE

The permeability rate [illegible] The lot is approved for the installation of an individual [illegible] subsurface soil absorption effluent discharge subject to the following [illegible]

1. [illegible] Mecklenburg County Department of Environmental Health [illegible]
2. The [illegible] Mecklenburg County Department of Environmental Health [illegible]
3. [illegible]
4. [illegible]

This approval is granted only in the laws of the State of North Carolina, 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 at 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 laws, rules and regulations been in effect on the issue date.

William A. Marini
Soil Scientist

David D. Hardister
Environmental Health Director or Authorized Section Head

EHD-5 76

[illegible]

SEE INSTRUCTIONS ON BACK

Date Received 7-23-84

ICAR(S) Application No. 21086

T C No. * 001-353-39

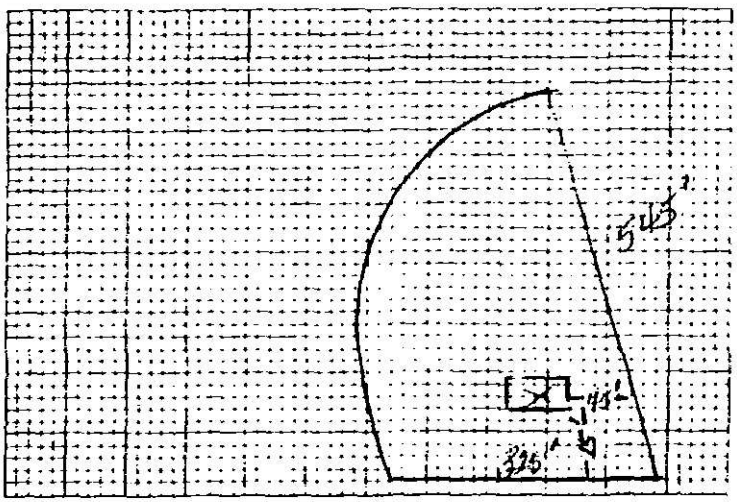
Map Date L

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 ✓ Yes ___ No
Residence ✓ Yes ___ No

4) No. of Bedrooms 2

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 Collins (LAST) Sara (FIRST) Robbins (MIDDLE)

14) ADDRESS OF OWNER 7032-207 Winding Cedar Trail, Charlotte NC 28212

15) PHONE NO Home 563-9016 Office 847-8011

16) LOCATION OF SYSTEM * 16-929 GREYFRIARS RD. DAVIDSON N.C.
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.

7-21-84
DATE OF APPLICATION

Sara R Collins
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Received 3-7-85

ENVIRONMENTAL HEALTH

CAR (S) Application No 21046

VC NC 1-33-34

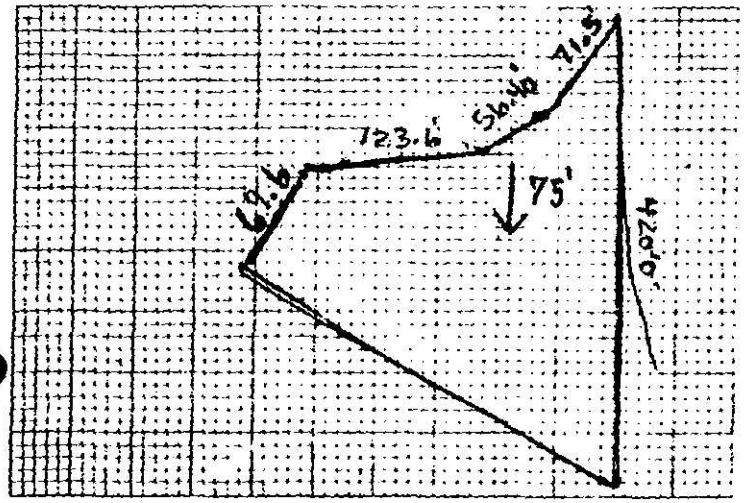
Map Date 1

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 a ____ 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 ____ No
Residence ✓ Yes ____ No
5) No. of Bedrooms 2
6) Business Use ____ Max No. Employees ____
7) Washing Machine ✓ Yes ____ No
8) Garbage Disposal ✓ Yes ____ No
9) Dishwasher ✓ Yes ____ No
10) Water Supply
A. Individual Well ✓
B. Governmental System ____
C. Community System
1. Well source ____
2. Governmental source ____
11) Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No
12) FHA Case No ____
13) VA Case No ____

13) NAME OF OWNER COLLINS (LAST) EDWARD (FIRST) ARTHUR (MIDDLE)

14) ADDRESS OF OWNER P.O. BOX 1012 CORNELIUS N.C. 28031

15) PHONE NO. Home 563-9616 Office 525-8110

16) LOCATION OF SYSTEM 16129 Graftonians Road (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 8-30-84

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.

3-8-85
DATE OF APPLICATION

Edward A Collins
OWNER

EHD-5-76

Date Issued 8-30-84

Serial No. 7813

SIR No. 21086

T. C. No. PO 001-353-39

Map Date L 617

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Collinas, (LAST) Sara (FIRST) Robbins (MIDDLE)

ADDRESS OF OWNER 7032-207 Winding Cedar Tr., Charlotte, NC ZIP 28212

LOCATION OF LOT 16929 Greyfriars Road (STREET OR COUNTY RD.)

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 21086. 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 permits 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-5-76

Environmental Health Department's Copy

C of A (s) No. 21086

Date Issued 8-16-85 **Serial** 7787 T C No PO-001-353-39

L CNT

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 COLLINS (LAST) EDWARD (FIRST) A. (MIDDLE)

Location of Property 16929 GREY FRIARS RD

Application Number 21086 Permit Number 21086

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 270 Number of Lines 3

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected 8-16-85 (DATE) Tank Inspected 8-16-85 (DATE)

Nitrification Field Inspected 8-16-85 (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 1500 ST, CCN 810 SFT, 12 G, CECIL

Kelly Rankell
Environmentalist

EHD-5-76

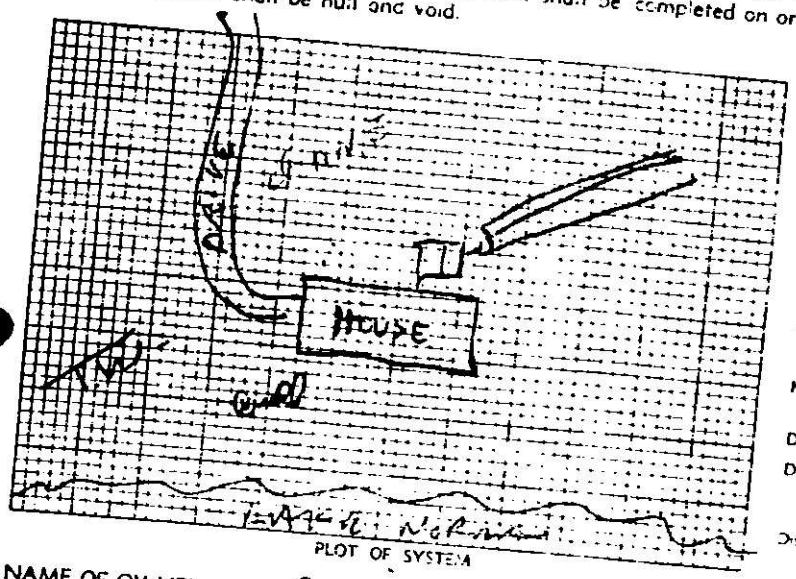
Date Issued 8-15-85 Serial No. 08400 ICAR(S) Permit No. 21086

T. C. No 00 001-353-39

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 or effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 21086 dated 8-2-85 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 9-15-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and or Nitrification Line:

Total Line Length 270

Number of Lines 3

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'

NAME OF OWNER COLLINS + EDWARDS ARTHUR

LOCATION OF PROPERTY 16929 GREY FRIARS RD

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

3 line x 90' long x 3' wide x 12" stone

Comments:

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 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

TW

Pd. 25.00
Ck# 3846
9-19-91
Mg

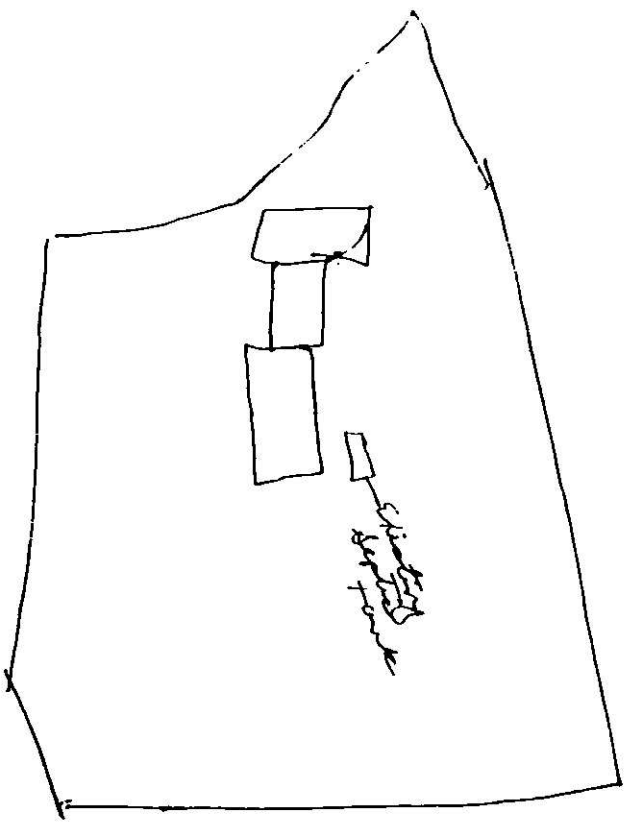
PROPOSED PLOT PLAN

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

FILE: 21086

TC: 001-353-46

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.



APPROVAL DATE

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

TW

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)

FILE: 21086

TC: [illegible]-353-46

SERIAL: № [illegible]

☐ L ☒ CRT

JOB LOCATION

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

③ JURISDICTION: [illegible] ④ TAX PARCEL NO.: [illegible]

⑤ SUBDIVISION [illegible] ⑥ LOT: ⑦ BLOCK:

OWNER

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

⑨ MAILING ADDRESS: [illegible]

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

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

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) [illegible]

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? [illegible] ㉓ Type?

㉓ Maximum occupancy? ㉔ 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: [illegible]

Date: 9.18.91

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 60 months from the date of issuance.

Use existing system

Tim Whittaker 9/25/91

Environmentalist Date

[illegible] 9-26-91

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health