

5150 SADDLE HORN TL

23114115

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = *IDAutomationHC39M**

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1381A DATE: 11/13/97

TO: 23-14-15 ☒ L ☐ CRT

SERIAL Nº 17406

Name of Owner Deborah R. Todd Juris.:

Address of Property 5150 Saddlehorn TRAIL

Inspection Data: 1 WASHER BOX

Tank Material 1 DBOX

Total Length of Drainfield 1 350'

Number of Lines 4 @ 60 degrees

Cover Depth 24"

Water Supply Source WELL

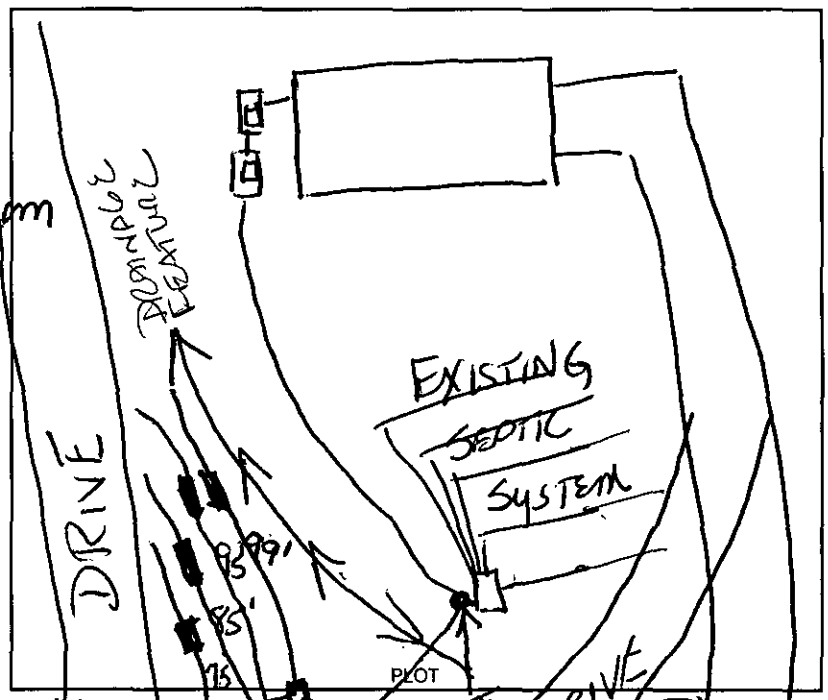
Distance to Water Source ~50'

Excavation Inspected 11/12/97

Tank(s) Inspected 1

Wash Line Inspected —

High Water Alarm Inspected 1 DBOX



Design 1065 SQ FT 1 WASHER BOX (2) GATE VALVES CTR# RCS
CECIL LIKE SOIL, 12" G)

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: GATE VALVES HAVE BEEN INSTALLED AT THE BEGINNING OF EACH WASHER BOX TO CUT SYSTEM OFF AND SWITCH TO ALTERNATIVE SYSTEM AS NEEDED.

David Alexis Bunney RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

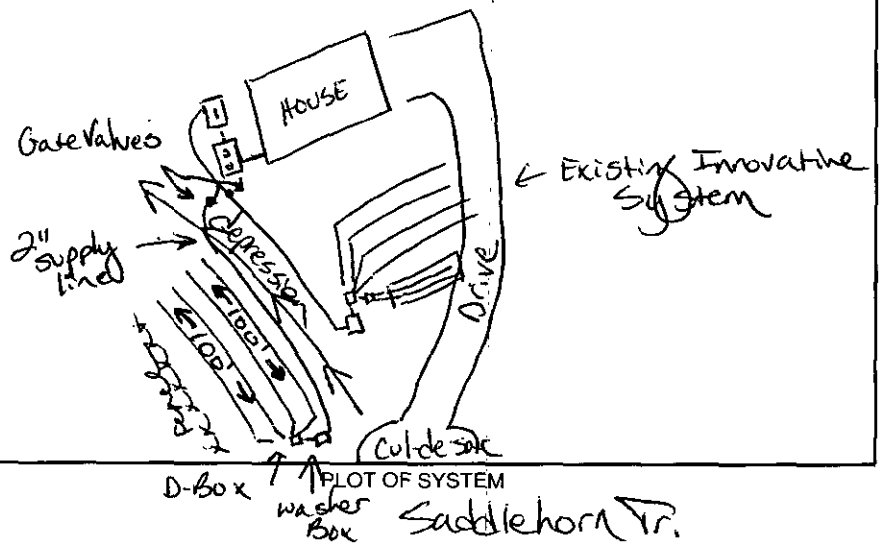
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1381 A DATE: 10-16-97

TC: 231-141-15 ☒ L

SERIAL Nº 17490

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 10-16-97. All work shall be completed on or before 11-16-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Health Department 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.



Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank existing gallons

Tank Construction —

Trench Depth ≤36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 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

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Deborah R. Todd

LOCATION OF PROPERTY 5150 Saddlehorn Trail

Comments: Type IIIb repair 3 bedrooms
(4) 3'w × 100'L × 12" stone
* Use gate valves to control flow to either drainfield – cut off existing drainfield so that it may recover.

Larry B. Thompson, Jr. R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: N/A **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-16-97 PERMIT NO: 1381A
PARCEL NO: 231-141-15

JOB LOCATION ADDRESS: 5150 Saddlehorn Trail
PROPERTY OWNER: Deborah R. Todd
BUILDING CONTRACTOR: N/A
SUBDIVISION NAME: Providence Woods South
AUTHORIZATION ISSUED BY: Larry D. Thompson Jr., R.S. DATE: 10-16-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1381A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions of Improvement Permit

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Cathy Todd 10.16.97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 1381A

Tax Number: 231-141-15

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil *prior to* obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Repair to existing system.				
Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	As close to 9' on center as possible Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed: 5-3-96				

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 Sewage, 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 Approval is granted by this Department
- This Improvement permit is transferable.

Larry B. Thompson Jr. R.S. 10-16-97
DEHNR Authorized Agent Date

Cathy S. Hudson 10.16.97
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: N/A repair
DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1381A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 231 · 141 · 15

STREET ADDRESS: 5150 SADDLEHORN TRAIL

SUBDIVISION OR MOBILE HOME PARK NAME: PROVIDENCE WOODS SOUTH

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER: [redacted]

NAME: TODD DEBONAIR R. (LAST) (FIRST) (MI)

ADDRESS: 5150 SADDLEHORN TRAIL

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: HUDSON CATHY S. (LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 376 - 9359

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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: Cathy S. Hudson DATE: 10·16·97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PO 150 ck # 109 6/11/96

DKCO

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1381 A DATE: 5-3-96

TC: 231-141-15 ☐ L ☒ CRT

SERIAL Nº 16458

Name of Owner Deborah R. Todd Juris.:

Address of Property 5150 Saddlehorn Trail

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 6 @ 50'

Cover Depth 18"

Water Supply Source priv. well

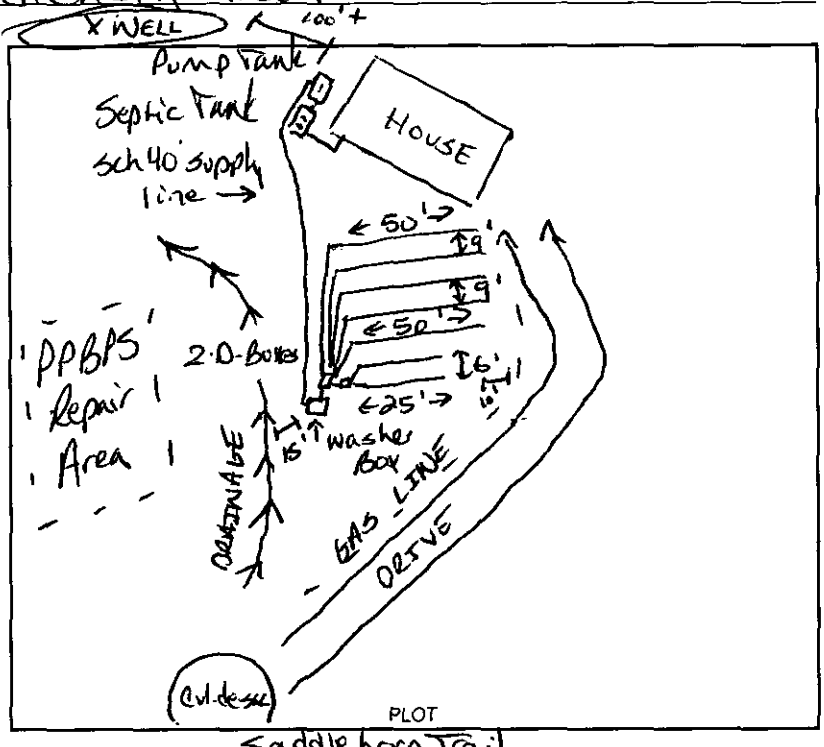
Distance to Water Source >100'

Excavation Inspected 5-3

Tank(s) Inspected 5-3

Wash Line Inspected N/A

High Water Alarm Inspected 5-3



Design 1996 1500ST, 1000ST, INWS 93-2, 900SF, T&B, Cecil-like CTR# 90

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: INWS 93-2 Type III 3 bedroom residence System design by RCS INC. - first drainline from D-Box is a 6'w x 25'L bed due to gas line found. (6) 3'w x 50'L x INWS 93-2

WED 311M - Pump Goulds
Rhombus Alarm

Kenny B. Thompson J., L.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: July 11, 1996

Ref: 1381A/5150 Saddlehorn Trail

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Deborah R. Todd originally paid $150.00

for an installation/final approval on June 11, 1996

.

A refund should be issued for $150.00 because documentation existed in the file indicating additional fees would not be assessed.

Please make check payable to: Deborah R. Todd
5150 Saddlehorn Trail
Matthews, N. C. 28105

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: June 8, 1995

Ref: 1381A/5150 Saddlehorn Trail

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Deborah Todd originally paid $150.00

for an Improvement Permit on May 10, 1995

.

A refund should be issued for $50.00 because

A portion of the permit had been paid for previously and should be

applied, no other fees are due .

Please make check payable to: Deborah Todd

11814 Mirror Lake Drive

Charlotte, NC 28226

Permit

#300

1381-A

5150 Saddlehorn Trail.

Matthews.

6/7/95

Refund $100 To

Elinor Zaremba

Refund $50 To Deborah

Todd

Per Sylvia Daniel

1381A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$300.00 2/22/94 #2751 [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: ZAREMBA (last) ELINOR (first) L. (mi)
ADDRESS: 2716 Heathershire LN PHONE: (704) 847-7856
CITY: Matthews STATE: N.C ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 23114115
STREET ADDRESS: 5150 SADDLE HORN TRAIL
ZONING:

PROPERTY OWNER:
NAME: ZAREMBA (last) ELINOR (first) L. (mi)
ADDRESS: 2716 Heathershire LN PHONE: (__) 847-7856
CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: PROVIDENCE WOODS SO.

Township (check one):
[X] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 7 Mint Hill

LOT NUMBER: 97 LOT SIZE (in acres): 1.722

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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: Elinor L Zaremba Date: 2/22/94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...LPP AGREEMENT FORM ON FILE

CERTIFIED OPERATOR REQUIRED

LPP TYPE IV

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 3-15-94 Date

WATER : 122791

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1381A

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.

"SEE Attached"

Neal Burgess

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd 200' CLC 2540 1/14/94 JK

138 I A

N CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: CLARK (last) WARREN (first) H. (mi)
ADDRESS: 8500 Ducksbill Dr PHONE: H. 542-9576 O-359-6062
CITY: Charlotte STATE: N.C. ZIPCODE: 28277

Date: 1/10/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231 141-15
STREET ADDRESS: 5150 Saddle Horn Trail
ZONING:

PROPERTY OWNER:
NAME: ZAREMBA (last) ELINOR (first) L (mi)
ADDRESS: 2716 Heatherstone PHONE: 704-847-7856
CITY: Matthews STATE: N.C ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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: Elinor L. Zaremba Date: 1/14/94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Dot Atkinson

Residence Phone
(704) ~~552-7166~~
892-9913

Holley Realty
376-2114

416 Providence Road
Charlotte, North Carolina 28207

MLS

PROPOSED PLOT PLAN

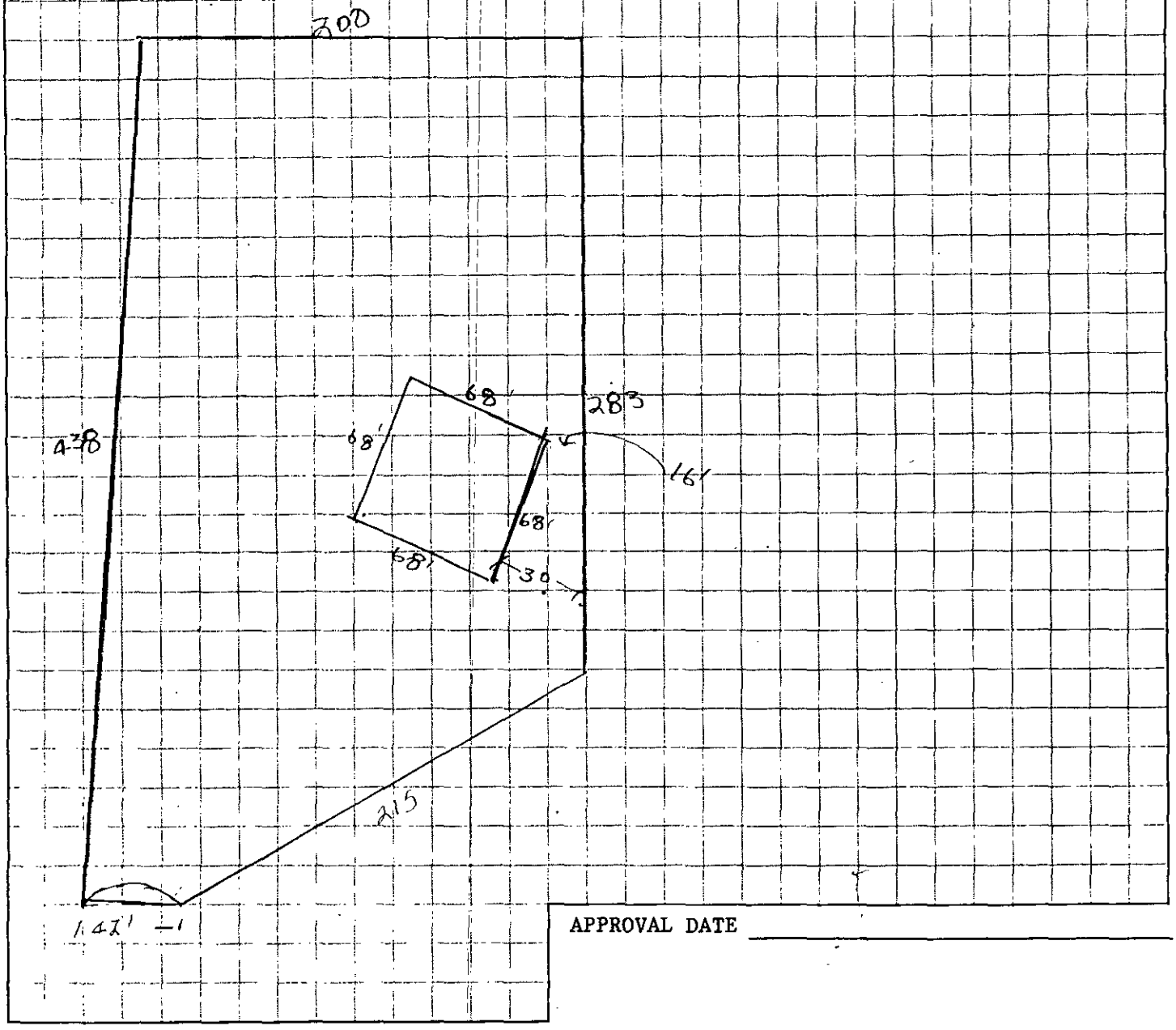
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: # 1381 A

TC: 231 141 ~~15~~

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

· Attention:

Mr. Clark and his builder, Joe Thompson want to be present when the engineer is inspecting the lot, please notify Mr. Clark
at work (559-6062)
at home (542-9576)

Or agent, Dot Atkinson
at work (376-2114)
at home (892-9913)
and I will notify both parties.

Thank you,
Dot Atkinson

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

138LA

200' 254° 1/14/94 JK

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

COL

(704)336-5102

PERSON FILING APPLICATION:

NAME: CLARK (last) WARREN (first) H. (mi)

ADDRESS: 8500 Ducksbill Dr PHONE: (H) 542-9576 (O) 559-6062

CITY: Charlotte STATE: N.C. ZIPCODE: 28277

Date: 1/10/94

PROPERTY OWNER:

NAME: ZAREMBA (last) ELINOR (first) L (mi)

ADDRESS: 2716 Heathershire PHONE: 704-847-7856

CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231 141-15

STREET ADDRESS: 5150 Saddle Horn Trail

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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: Elinor L. Zaremba Date: 1/14/94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Denied due to available space. J Newell, R.S. 1/20/94

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmental

Director or

Dot Atkinson
Residence Phone
(704) ~~552-7166~~ 892-991
Holley Realty
376-2114
416 Providence Road
Charlotte, North Carolina 28207
MLS

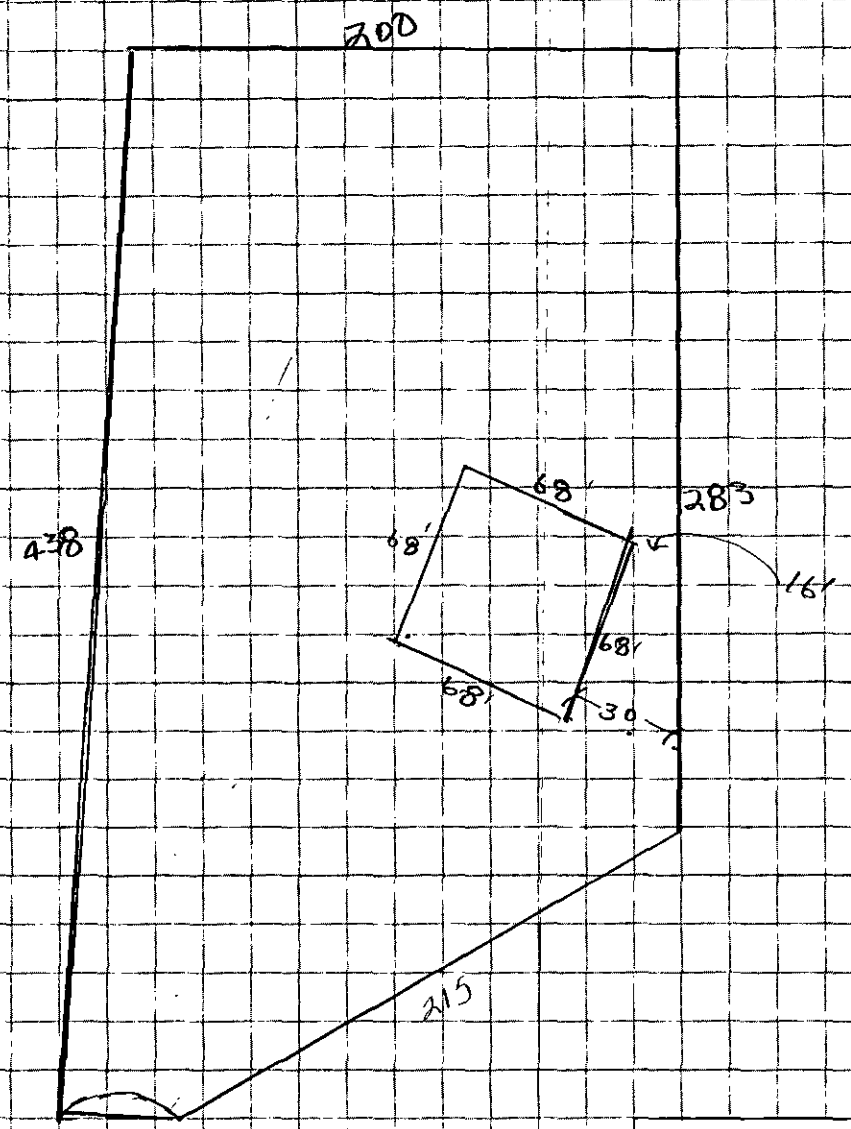
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: # 1381 A

TC: 231 141 ~~15~~

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

...BURG COUNTY ENVIRONMENTAL HEALTH
...LUATION REPORT

File: 1381A Action #3

Parcel: PO 231-141-22 ☐ PC

...UMBER 10419

...ation: Sadle Horn Trail

Subdivision:

Lot: 93 Block: III Acres: 1.72

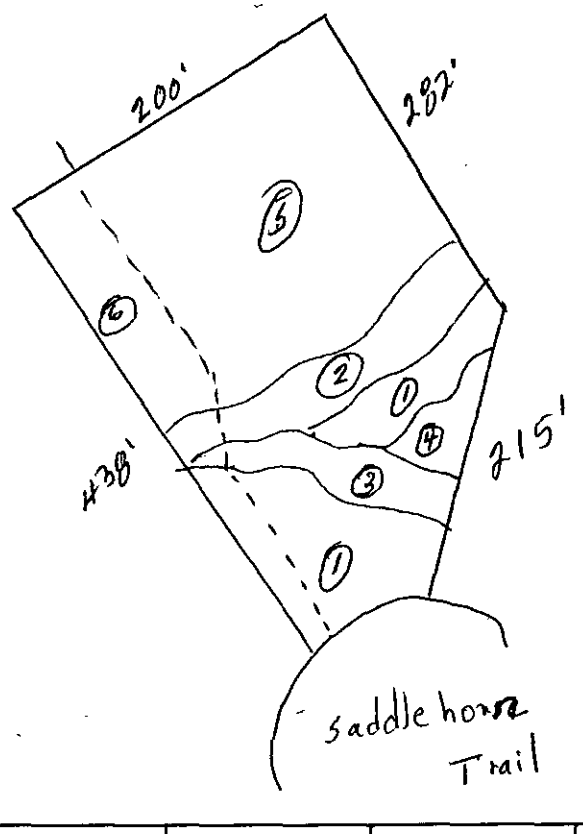
Owner: Providence Woods South
Address: 1740 E. Independence Blvd.
Charlotte, NC 28205

Comments: 2-1 clay @ approximately 24" area ① (rt. side of lot) Area adjacent area for proposed septic WAM - 4-10-96

Described by: William A. Marlin

Date: 2-14-96

COPY



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	(S) PS U 2-8%	S PS (U) complex slopes	S PS U —	(S) PS U 2-8%	S PS U —
Texture	S (PS) U clay	S PS (U) 2-1 clay 24"	S PS U —	S PS U —	S PS (U) 2-1 clay	S PS U —
Structure	S (PS) U Blocky	S (PS) U weak Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U —
Drainage	S (PS) U >36" To water	S (PS) U >36" To water	S PS (U) channels runoff	S PS U —	S PS (U) perched water 24-36"	S PS U —
Depth	S (PS) U 36"+	S PS (U) 24-36"	S PS U —	S PS U —	S PS (U) 24-36"	S PS U —
Restrictive Horizons	S (PS) U >36"	S PS (U) 24-36"	S PS U	S PS U —	S PS (U) 36" or less	S PS U —
Available Space	S PS (U) Restricted Area	S PS U	S PS U	S PS U	S PS U	S PS U —
Other (specify)	S PS U	S PS U See Note	S PS U	S PS (U) Fill	S PS U	S PS (U) Easement
Soil Group/Series	IVA Cecil-like	Cecil-like over Mecklenburg	Complex slopes	Fill	Iredell Enon	Easement
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

January 25, 1994

Mr. Warren Clark
8500 Duckbill Drive
Charlotte, NC 28277

Dear Mr. Clark:

Receipt of the application for a sewage disposal system for 5150 Saddlehorn Trail of the Providence Woods South Subdivision is hereby acknowledged. Upon the receipt of the application, a review was made of the material on file.

It is my understanding that conversations transpired concerning this property by our staff with you and Holley Realty concerning the existing expired modified improvement permit. Both of you were advised to apply for a new improvement permit based on that all pre-existing provisions were the same to be considered for an improvement permit. One of the pre-existing provisions was the house to be limited to a three bedroom residence. Your application on January 10, 1994 was for the utilization of a four bedroom residence.

Based on the application, the plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1945, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal" which states ..."Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of the nitrification field required for the application rate determined in accordance with these rules."

For these reasons, the plan as submitted is disapproved. Since a field investigation was not done, your application fee will be refunded except for a $25.00 consultative fee for administrative processing and evaluating.

If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If you have any questions regarding this matter, please do not hesitate to contact me at 336-5572.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

CC:Elinor Zameba
Dot Atkinson, Holley Realty

file out app for new mod-imp. fee
1990 5 years
(low pressure pumps) 2 m

Re apply for Imp for 3 bed residence
pond block 6-81
RCS

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

January 25, 1994

Mr. Warren Clark
8500 Duckbill Drive
Charlotte, NC 28277

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If you have any questions regarding this matter, please do not hesitate to contact me at 336-5572.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

CC:Elinor Zameba
Dot Atkinson, Holley Realty

MECKLENBURG COUNTY
Department of Environmental Health

February 14th, 1986

Providence Woods South
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Saddlehorn Trail L93 BIII
FILE: 1381A
PARCEL: 23114102 PO

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 10419) is enclosed.

The soil on this property is not suitable for use with any conventional system, modified or alternative, with which I am aware.

If I can be of assistance, please do not hesitate to call.

Sincerely,

Jim Ferrison for

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

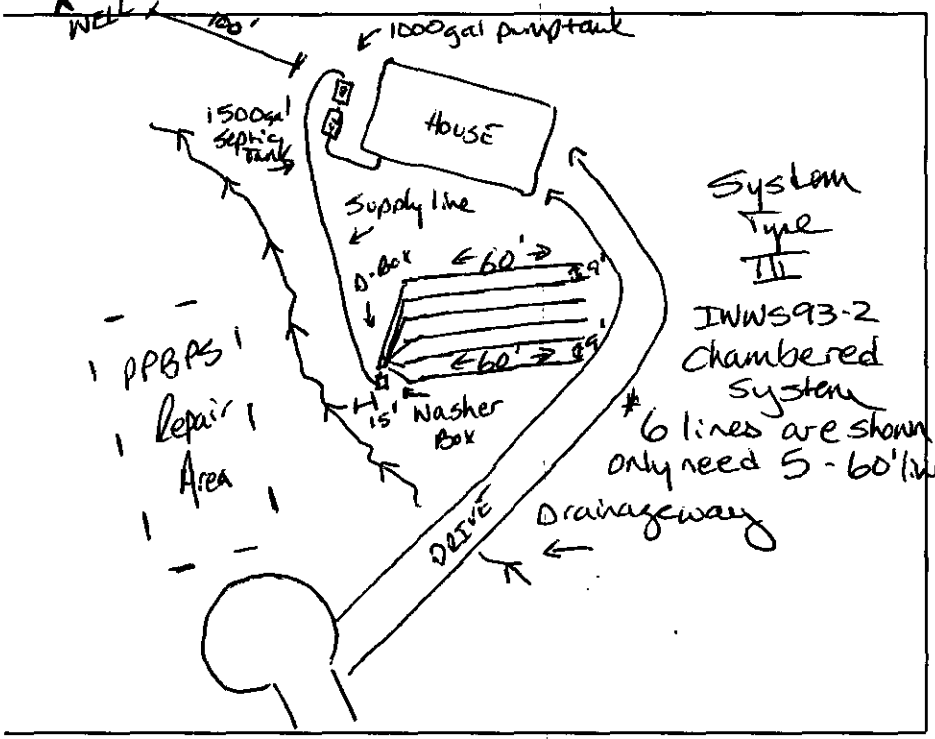
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1381 A DATE: 2-8-96

TC: 231-141-15 ☐ L

SERIAL Nº 16592

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 5-10-95. All work shall be completed on or before 3-8-96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Health Department 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
Saddlehorn Trail

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PLC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines 5

Depth of Stone IWWS 93-2 N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Deborah L. Todd

LOCATION OF PROPERTY 5150 Saddlehorn Trail

Comments: IWWS 93-2 chambered system for a new 3 bedroom house. 5 - 3'W x 60'L trenches - PPBPS repair system

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

4/60 D

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd # 150 5/10/95 Ck #0760 X CRT

138/A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

X Date: 5/10/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):

X TAX/PARCEL NUMBER: 231-141-15

X STREET ADDRESS: 5150 Saddlehorn Tr. Matthews 28105

ZONING: Single Family

SUBDIVISION OR MOBILE HOME PARK NAME:

X PERSON FILING APPLICATION:

NAME: Todd (last) Deborah (first) R. (mi)

ADDRESS: 11814 Mirrorlake Dr. PHONE: (__) 542-2035

CITY: Char. STATE: NC ZIPCODE: 28226

X PROPERTY OWNER:

NAME: Todd (last) Deborah (first) R. (mi)

ADDRESS: (Same as above) PHONE: (__) _____

CITY: STATE: ZIPCODE:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

X TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
X ☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

X RESIDENTIAL PROPERTY (Type Building, check one):

☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

X NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

X WATER SUPPLY (check one):

☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the 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.

X Signed: Deborah Todd X Date: 5/10/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

X ☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... LPP AGREEMENT FORMS ON FILE

CERTIFIED OPERATOR REQUIRED

LPP TYPE IV

OWNER AND CONTRACTOR

Environmentalist _____ Date

Director or Authorized Section Head _____ 6-27-95 Date

REQUEST AND WANT CHAMBERED SYSTEM (OK) @ 6-27-95

WATER : 122791

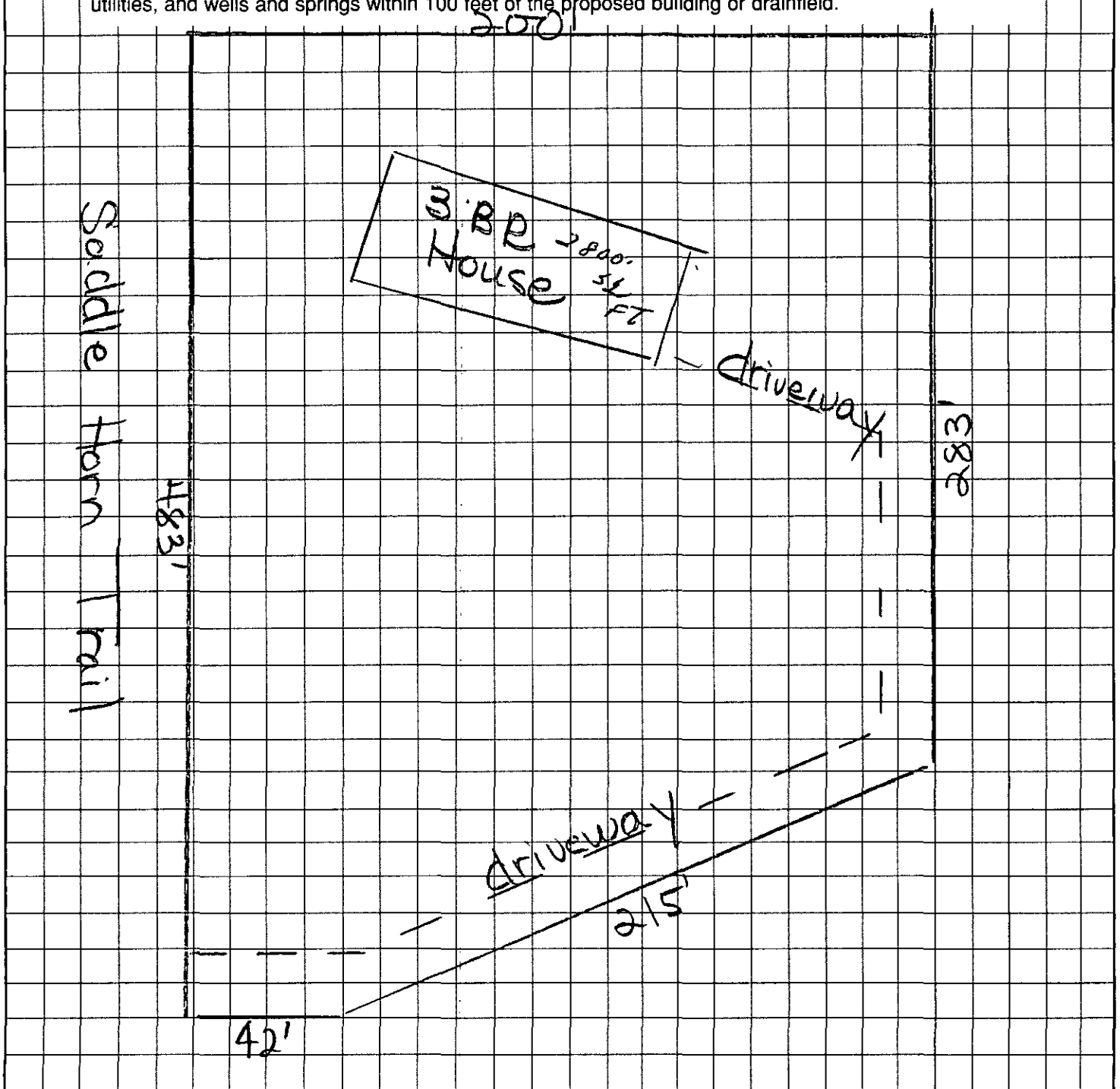
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1381A

TC: 231-141-15

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.



Deborah Todd
OWNER/AGENT SIGNATURE

DATE 5/10/95

APPROVAL DATE _____

White - Health Department's Copy | Canary - E.H.S. Copy | Pink - Owner's Copy

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10419

File: 1381A
Parcel: PO 231-141-22

Action #3
☐ PC

Location: Sadle Horn Trail
Subdivision:
Lot: 93 Block: III Acres: 1.72

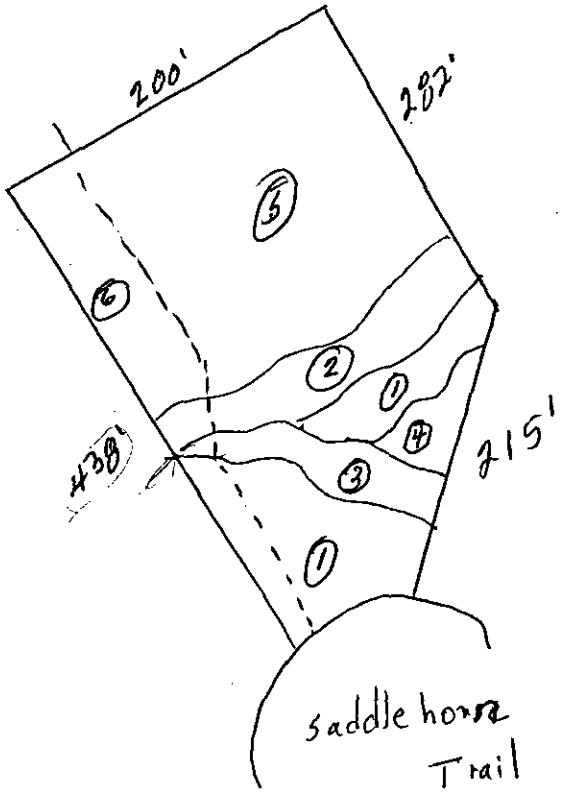
Owner: Providence Woods South
Address: 1740 E. Independence Blvd.
Charlotte, NC 28205

Comments: 2-1 clay @ approximately 24" area ① (rt. side of lot) Area adjacent area for proposed septic WAM - 4-10-96

Described by: William R. Marlin
Date: 2-14-96

6-27-95 - sufficient area found in area 1 for standard innotec system. 36"+ depth sat

100



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	(S) PS U 2-8%	S PS (U) complex slopes	S PS U —	(S) PS U 2-8%	S PS U —
Texture	S (PS) U clay	S PS (U) 2-1 clay 24"	S PS U —	S PS U —	S PS (U) 2-1 clay	S PS U —
Structure	S (PS) U Blocky	S (PS) U weak Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U —
Drainage	S (PS) U >36" To water	S (PS) U >36" To water	S PS (U) channels runoff	S PS U —	S PS (U) perched water 24-36"	S PS U —
Depth	S (PS) U 36"+	S PS (U) 24-36"	S PS U —	S PS U —	S PS (U) 24-36"	S PS U —
Restrictive Horizons	S (PS) U >36"	S PS (U) 24-36"	S PS U	S PS U —	S PS (U) 36" or less	S PS U —
Available Space	S PS (U) Restricted Area	S PS U	S PS U	S PS U	S PS U	S PS U —
Other (specify)	S PS U	S PS U See Note	S PS U	S PS (U) Fill	S PS U	S PS (U) Easements
Soil Group/Series	IVA Cecil-like	Cecil-like over Mecklenburg	Complex slopes	Fill	Iredell Enon	Easements
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: February 4, 1994

Ref: 1381A/5150 Saddle Horn Trail

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Watten Clark originally paid $200.00

for an improvement permit/new, vacant lot on January 14, 1994

.

A refund should be issued for $175.00 because

plans submitted were denied, field investigation not conducted, charged

$25.00 for consultation and administrative processing & evaluating.

Please make check payable to: Warren Clark

8500 Duckbill Drive

Charlotte, NC 28277

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: June 8, 1995

Ref: 1381A/5150 Saddlehorn Trail

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Elinor Zaremba originally paid $300.00

for an Improvement Permit, new modified system on February 22, 1994

A refund should be issued for $100.00 because

Client obtained permit but did not follow through with installation of

system, that portion of completed work was $200.00.

Please make check payable to: Elinor Zaremba

2716 Heathershire Lane

Matthews, NC 28105

PRESENTED FOR REGISTRATION
Apr 10 11 01 AM '86
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

COPY

FILE NO. 1381A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Providence Woods South, Incorporated,

owner of property located at 100 Saddlehorn Trail, Matthews, NC 28105 (L-93,Phase III)

("the site") and described in an instrument recorded in Book Plat Cabinet B File 220A at Page _____, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 10th day of April, 1986.

PROVIDENCE WOODS SOUTH, INC.

_____ (SEAL)

ATTESTED: Martha Fleckenstein

William G. Allen (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

_____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 198____.

_____
Notary Public

My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marie Johnston, a Notary Public for said County and State, do hereby certify that William G. Allen personally came before me this day and acknowledged that he is President of Providence Woods South, Inc., and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by Martha Fleckenstein.

WITNESS my hand and notarial seal, this 10th day of April, 1986.

Marie Johnston
Notary Public

My Commission Expires: 4/3/88