Date Received 3-1-84

MECK. CO. HEALTH DEPARTMENT
RECEIVED
ENVIR. HEALTH

SIR No. 20682
T. C. No. 221-111-04
Map Date 8/83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Providence Woods Inc
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 1740 E. Independence Blvd. Charlotte ZIP NC 28205

3) PHONE NO. Home ___ Office 704-372-2565

4) LOCATION OF PROPERTY Amanda Dr
STREET OR COUNTY ROAD

5) SUBDIVISION Providence Woods LOT NO 8 BLOCK NO U

MAP BOOK NO ___ PAGE NO ___

6) DEED REFERENCE DEED BOOK 4871 PAGE NO 693-694

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

Please see attached map

7) ACCURATELY DIAGRAM & DIMENSION LOT

J. P. Neumann
OWNER Agent

EHD-5-74

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20692

T.C. NO. PO 231-111-04

(Ground Absorption Sewage Disposal)

OWNER: [illegible] PLAT NO: 23-BV
ADDRESS: [illegible] LOT SIZE: Approx 52,000
[illegible]
LOCATION OF SITE: [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 36-48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >30" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >48" To 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	10 A			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	[illegible]			

S - Suitable PS - Provisionally Suitable U - Unsuitable

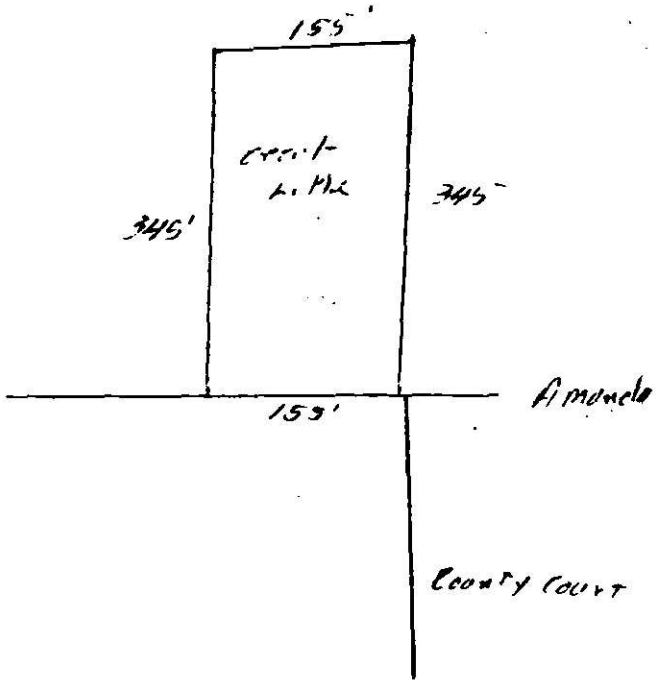
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: [illegible]
Title: [illegible]

Date: 3-14-84

EHD 539 (Revised: 6/82)


155'
345'
345'
153'
Almonte
County Court

Serial No. 5520

SIR No. 20682

T. C No. PO 231-111-04

Date Issued 3-16-84

Map Date

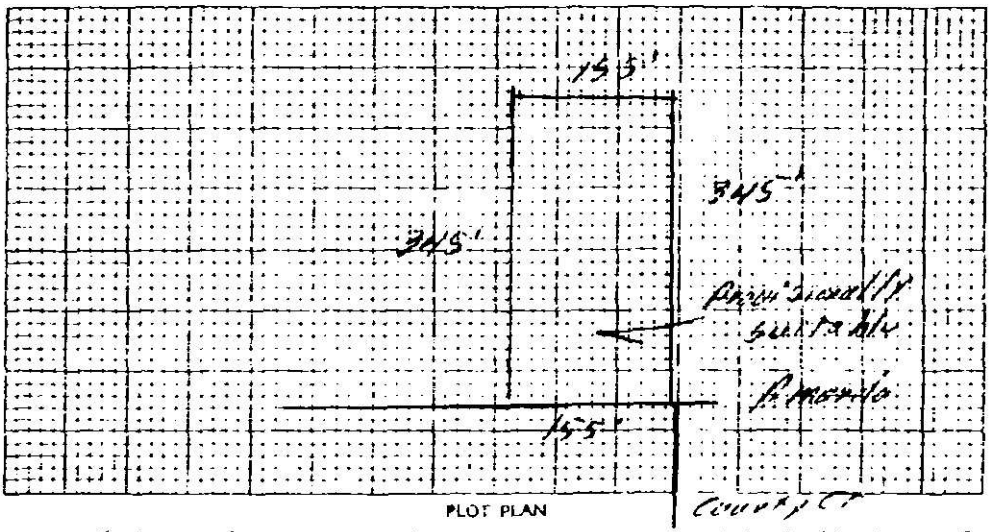
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER (LAST, FIRST, MIDDLE) Providence Woods, Inc.

ADDRESS OF OWNER 1740 E. Independence Blvd., Charlotte, NC ZIP 28205

LOCATION OF PROPERTY Amanda Drive (STREET OR COUNTY ROAD)

SUBDIVISION Providence Woods LOT NO 8 BLOCK NO. 5



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. 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 shall be obtained by the owner or his agent from the Mecklenburg County Department of Environmental Health prior to beginning any construction of the wastewater treatment system on the said lot.
2. The size of the septic tank, wastewater treatment system and absorption area must be determined by the Mecklenburg County Department of Environmental Health in accordance with the plan of the lot submitted above and on the size and type of building to be served thereon.
3. This approval is valid only for the system installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any changes in the grade, drainage, or soil on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, render the area indicated as acceptable for system installation unsuitable for installation or for trouble free operation and maintenance 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 R. Meeks
Soil Scientist

Lee D. Henderson Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental [illegible] (Applicant's Copy)

SEE INSTRUCTIONS ON BACK

Date Received 2-28-85

RECEIVED

Application No. 20682

T. C. No. PO 231-1404

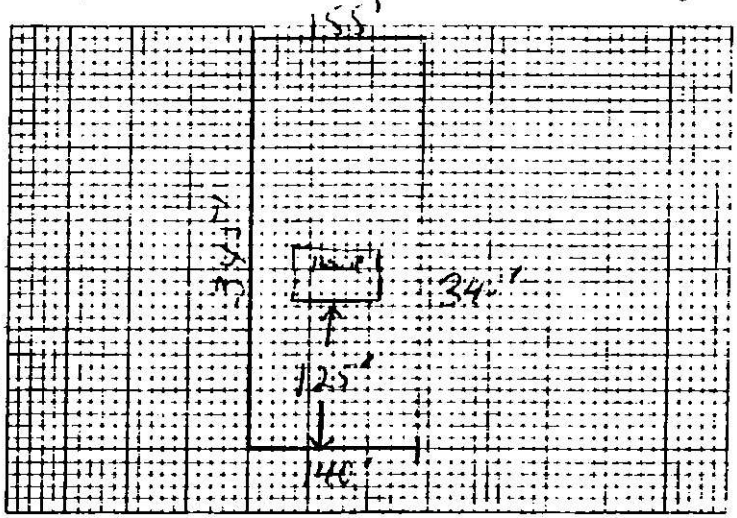
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ✓ Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

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

13) NAME OF OWNER Ward (LAST) James (FIRST) Thomas (MIDDLE)

14) ADDRESS OF OWNER 1126 Montford Dr

15) PHONE NO. Home 523-5684 Office 376-4603

16) LOCATION OF SYSTEM 809 Amanda Dr. (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.

2/28/85
DATE OF APPLICATION

John T. Ward
OWNER

EHD-5-76

Date Issued 2-28-85

Serial No. 8242

SIR No. 20682

T. C. No. PO 231-111-04

Map Date L CAT

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 Ward, (LAST) James (FIRST) Thomas (MIDDLE)

ADDRESS OF OWNER 1126 Montford Drive, Charlotte, NC ZIP 28209

LOCATION OF LOT 809 Amanda Drive (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 20682. 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.

Cynthia C. Bass
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department Copy

Date Issued 2-5-86

Serial No. 08901

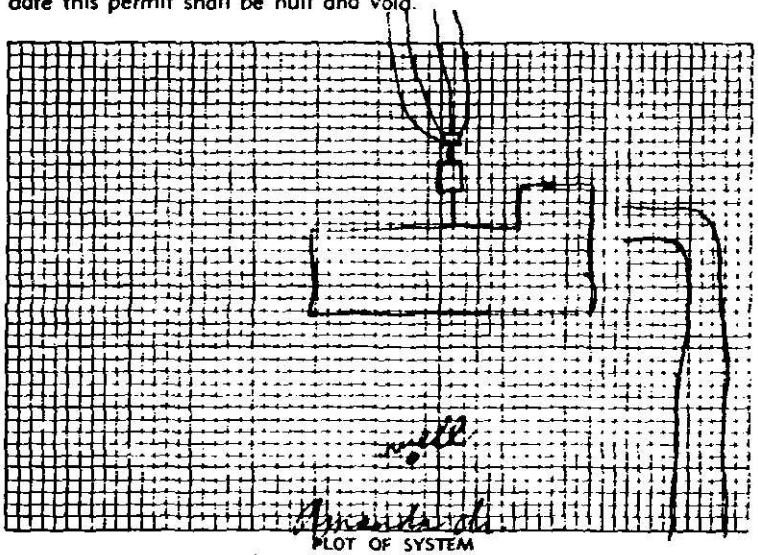
ICAR(S) Permit No. 20682

T & P No. 231-111-04

Map Date L

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 20682, dated 2-28-85 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 3-5-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Std

Liquid Capacity of Tank 1500

Tank Construction Conc

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 750'

NAME OF OWNER James Ward

LOCATION OF PROPERTY 809 Amanda Dr.

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. Hartsfield
Division or Section Head

D.R. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmentalist Duplicate Copy

C of A (s) No. 20682

Date Issued 2-5-86 **Serial** 8256 T. C. No. 231-111-04 PD CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Ward (LAST) James (FIRST) (MIDDLE)

Location of Property 809 Amanda Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 12"-24"

Water Supply Source well Distance from Water Source > 50'

Excavation Inspected 2-5-86 (DATE) Tank Inspected 2-5-86 (DATE)

Nitrification Field Inspected 2-5-86 (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 1176, 1500 T, Con, 1400 SFT, 12 G, Cecil

D. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy