Date Received 10-19-83

RECEIVED
[illegible]
ENVIRONMENTAL HEALTH

SIR No. 20156

T. C. No. PD 227-141-02

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Providence Acres Inc
LAST FIRST MIDDLE

2) ADDRESS OF OWNER % H G Newson. PO Box 6113 ZIP 28207

3) PHONE NO. Home 554-1022 Office 552-5841

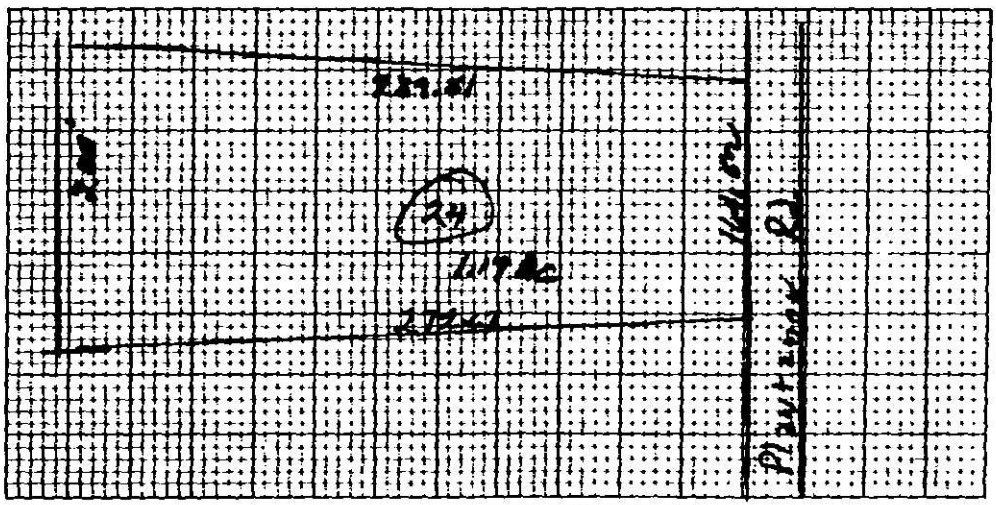
4) LOCATION OF PROPERTY Plantation Rd
STREET OR COUNTY ROAD

5) SUBDIVISION Prov. Plantation LOT NO. 24 BLOCK NO. E

MAP BOOK NO 20 PAGE NO. 343

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 on 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

Providence Acres
OWNER Henry G Newson

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20156
T.C. NO. PO 227-141-02
DATE: 10-27-83

Providence Acres, Inc.
% H. G. Newson
P.O. Box 6113
Charlotte, NC 28207

Re: Property located at Plantation Road, Lot 24, Blk. E.

Dear Sir:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20156

T.C. NO. PO 227-14702

(Ground Absorption Sewage Disposal)

OWNER: Providence Acres, Inc.
ADDRESS: C/o H. G. Newton
Box 6113, Charlotte, N.C. 28207
LOCATION OF SITE: Plantation Road

PLAT NO: 124-E
LOT SIZE: 30,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S (PS) clay U	S PS U —	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U —	S PS U
4. SOIL DEPTH (inches)	S (PS) 30-38" U	S PS (U) Depth Variable	S PS U —	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) >36" U	S PS (U) Depth Variable	S PS U —	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) >36" to ground water U	S PS (U) Eroded Areas / channel runoff	S PS (U) Depression collects water	S PS U
7. OTHER (Specify)	S PS U Limited Area	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA	IVA	IVA	
9. SITE CLASSIFICATION	provisionally suitable	~~un~~suitable	unsuitable	
10. SOIL SERIES	Cecil Lite	complex slopes	Depression	

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)

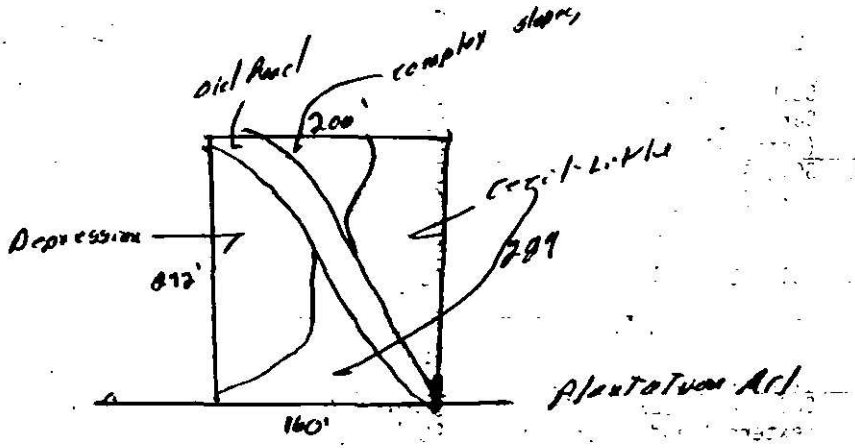
Recommendations/Comments: Recommend plans for house, system & well locations be submitted

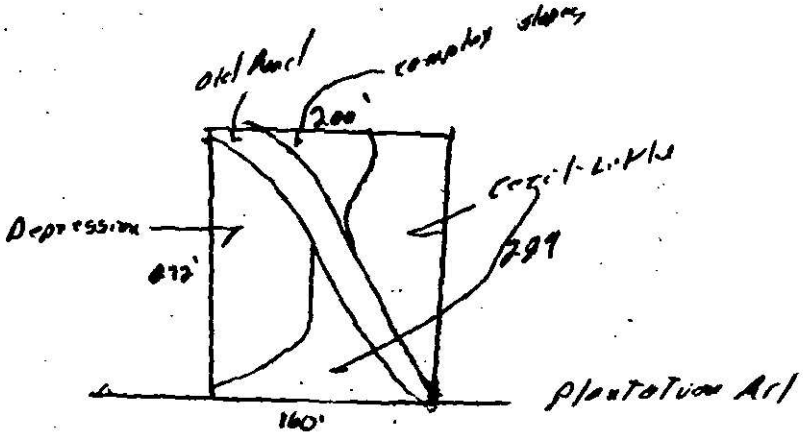
Described by: William R. Martin
Title: Soil Scientist

Date: 10-25-83

EHD 539 (Revised: 6/82)

1c


Oil Pond
complex slopes
200'
Depression
892'
289
160'
Plantation Rd

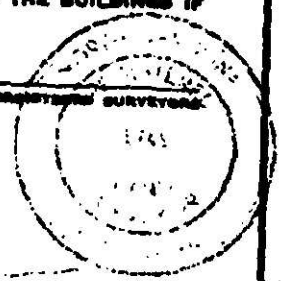


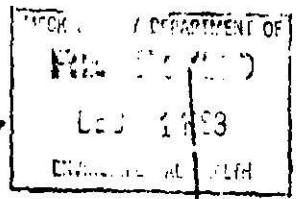
old Pond
complex slopes
200'
Depression
Cecil-Little
299
160'
Plantation Rd

THIS IS TO CERTIFY THAT ON THE 10th DAY OF NOVEMBER 19 83 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R.B. PHARR

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS





Lot 27

Lot 28

Lot 26

S 49-00E 200.00

15' Public Storm Drainage Easement

Drain Field Repair Area

LOT 24
BLOCK E
1.17ac

N 40-00E 272.67

S 47-15W 289.51

Lot 25

Lot 23

40'±

2 Story Brick

60'±

Septic Tank

95'±

Primary Area

Repair Area

100'

100'

100'

100'

164.52 total

120.49

N 42-45W

R = 351.76

44.03

14.30 to Plantation St.

60' R/W

3112 PLANTATION ROAD

PLANTATION ROAD

S.U.R. No. 20156

T.C. No PO 227-141-02

MAP OF SURVEY

LOT 24, BLOCK E, PLANTATION ROAD SECTION III MAP I

Providence Township

SCALE 1" = 40'

CHARLOTTE, N. C.

THE PROPERTY OF Old Colony Homes, Inc.

MAP RECORDED IN BOOK 20 AT PAGE 343 DEED RECORDED IN BOOK ____ PAGE ____

RUNNING 4022 2220B 2

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
OCT 26 1983
ENVIRONMENTAL HEALTH

Date Received 10-25-83 ICAR(S) Application No. 20156

T. C. No. 227-141-02

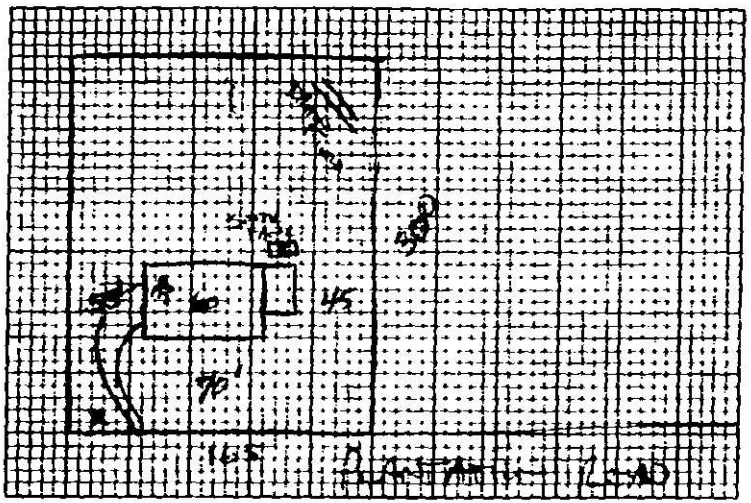
Map Date _____

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

13) NAME OF OWNER ~~HAVLENA~~ ~~GERRY~~ OLD VIRGINIA HOMES, INC
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P. BOX 846 MATTHEWS, NC 28106

15) PHONE NO. Home 847-7616 Office 527-9400

16) LOCATION OF SYSTEM ~~LOT 24~~ 3112 PLANTATION ROAD - ~~PROV. PLAT.~~
STREET OR COUNTY ROAD

17) SUBDIVISION Providence Plant Lot No. 24 Block No. E

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 10/24/83

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.

10/25/83
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 7013

SIR No. 20156

Date Issued 12-2-83

T. C. No. 227-141-02

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 Old Virginia Homes, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 846, Matthews, NC ZIP 28105

LOCATION OF LOT 3112 Plantation Road
(STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 24 BLOCK NO. E

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 20156. 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

Serial No. 6976

ICAR(S) Permit No. 20156

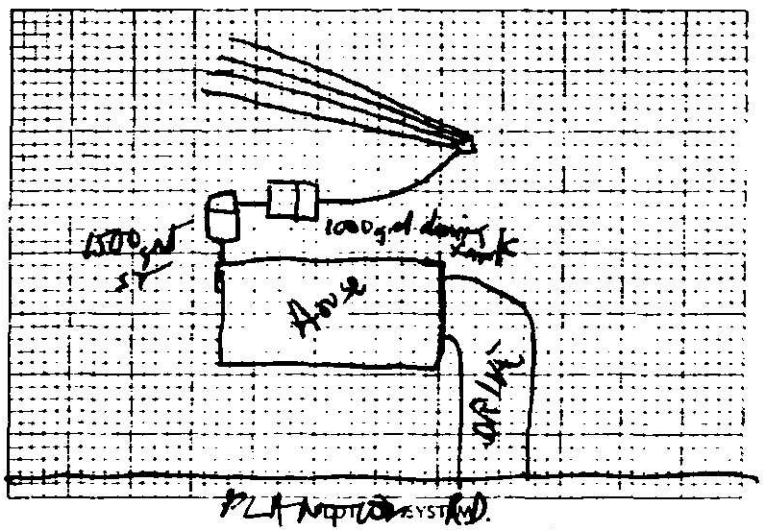
Date Issued 2-13-84

T C No. 227-141-02

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 20156, dated 10-25-83 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 3-13-84, after which date this permit shall be null and void.



Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction PC Concrete

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 4x100'

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

PLANTATION RD.

NAME OF OWNER OLD VIRGINIA HOMES INC.

LOCATION OF PROPERTY 3112 PLANTATION 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.

4 lines x 100' long x 3' wide w/ 12" stone w/ grade boards w straw or hay cover.

Comments: w 1000 gal pump tank

B. [signature]
Division or Section Head

Kelly Rawhill
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

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 20156

Date Issued 2-16-84 Serial 6411 T. C. No 227-A1-02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

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

Name of Owner OLD VIRGINIA HOMES INC
(LAST FIRST MIDDLE)

Location of Property 3112 PLANTATION RD.

Application Number 20156 Permit Number 20156

Inspection Data:

Liquid Capacity of Tank 1500 gal INDOMP. Tank Material PC Concrete

Total Length of Drain Tile 400' Number of Lines 4 X 100'

Depth of Filter Material 12" Cover Depth 2"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 2-16-84 (DATE) Tank Inspected 2-16-84 (DATE)

Nitrification Field Inspected 2-16-84 (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 SITE KILL 303

Kelly Randall
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

Mecklenburg County
Health Department

February 15, 1990

Mr. Philip Wolff
3112 Plantation Rd.
Charlotte, NC 28226

Dear Mr. Wolff:

During a recent investigation of your property at 3112 Plantation Rd., Charlotte, North Carolina, it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground, creating a public health hazard. This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations adopted by the Mecklenburg County Board of County Commissioners.

You are hereby given notice to correct this situation by February 26, 1990. Failure to comply with this notice will result in legal action being taken against you.

If you have any questions concerning this matter, please contact me at 376-4603 between 4:00-5:00 P.M.

Sincerely,

Timothy Whittaker, R.S.
On Premises Waste Disposal & Water Supply

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

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: 20156
TC: 227 141 02
SERIAL: № 20333
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3112 (STREET NO) Plantation Rd (STREET) ② FILE:
③ JURISDICTION: Char ④ TAX PARCEL NO.: 227 141 02
⑤ SUBDIVISION: Providence Plantation ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Phil (FIRST) (MIDDLE) Wolfe (LAST)
⑨ MAILING ADDRESS: 3112 Plantation Rd
⑩ CITY: Charlotte ⑪ STATE N.C ⑫ ZIP: 28226
⑬ PHONE: (WORK) 704 372-7300 ⑭ (HOME) 704 847 3342

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉓ Maximum occupancy? 3/4
㉔ Basement? ☐ yes ☑ no
㉕ Type?
㉖ Maximum number of employees?
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: [signature]
Date: 2/21/90

IMPROVEMENT PERMIT

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

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

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

Environmentalist / Date

Director or Authorized Section Head / Date

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

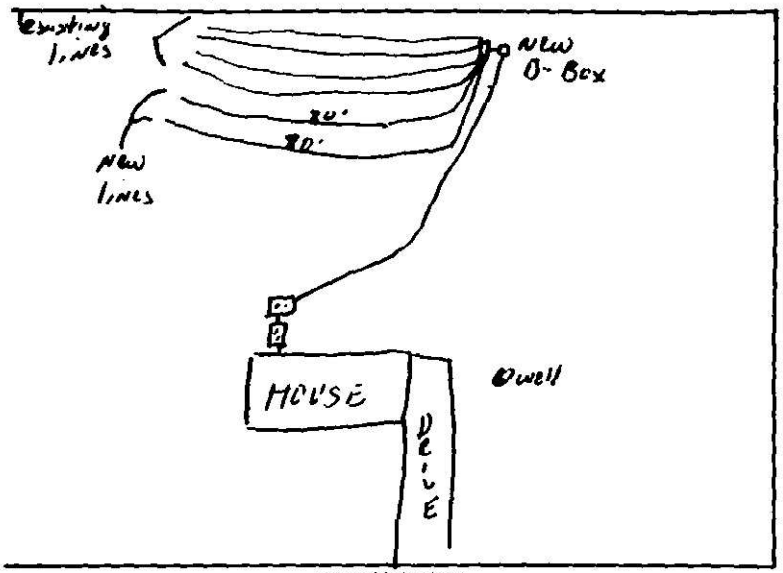
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20156 DATE: 5/17/90

TC: 227-141-02 ϕL

SERIAL Nº 13250

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 2/27/90. All work shall be completed on or before 6/17/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 80' feet

Number of Lines 2 lines 160' Total

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Phillip Wolff

LOCATION OF PROPERTY 3112 Plantation Rd

Comments: 2 Trenches x 80' long x 3' x 12" Stone
set 1 D-Box from feeder line.

Division or Section Head

Phila A. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20156 DATE: 6/28/90

TC: 229-141-02 ☐ L ☐ CRT

SERIAL № 13228

Name of Owner Phillip Wolff Juris.:

Address of Property 3112 Plantation Rd

Inspection Data:

Tank Material -

Total Length of Drainfield 160'

Number of Lines 2 @ 80

Cover Depth 8"

Water Supply Source well

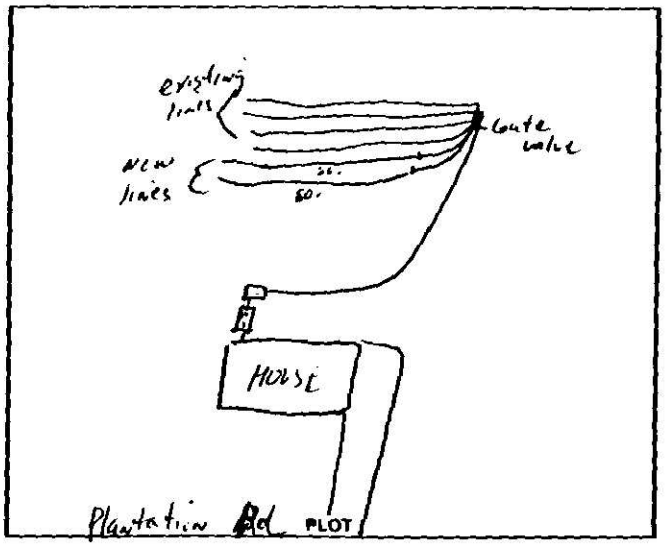
Distance to Water Source >50

Excavation Inspected 6/28/90

Tank(s) Inspected -

Wash Line Inspected -

High Water Alarm Inspected -



Design: 1990 Repair CTR# 82

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: D-Box located lower than first 3 lines. D-Box readjusted above highest line and value added to slow water flow from pump.

Phillip S. Walker
Environmentalist

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