Refer to file # 21695

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

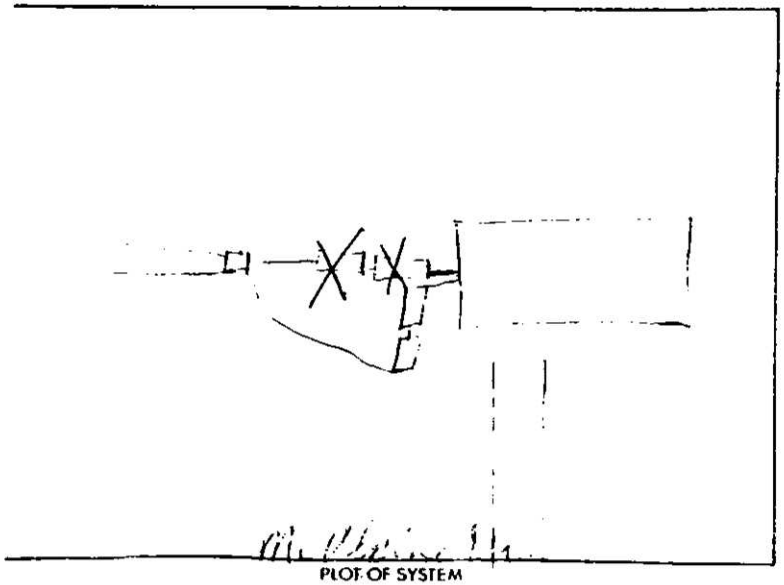
21695 · Refer to file 21645

FILE: ~~6951~~ 6951-A DATE: 9-25-90

TC: 141-043-06 ⌀ L also refer to file # 21695

SERIAL № 14816

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 9-7-90. All work shall be completed on or before 10-25-90, 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 1500 gallons

Liquid Capacity of Dosing Tank [illegible] gallons

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line [illegible] feet

Distance from Well [illegible] feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments [illegible]

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 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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 5/24/91

FROM: COUNTY ENGINEERING DEPARTMENT

END FILE _____ JURISDICTION CODE Char

PARCEL NUMBER 141-043-05

ASSIGNED ADDRESS 8418 McAlpine Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

E ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Attn Loraine

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rwb

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: ~~6951A~~ 21695

TC:

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8418 McALPINE DR.

② SUBDIVISION: Spruce Forest ③ LOT: 1 ④ BLOCK: G

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: X PARCEL NO.: 141-049-05

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

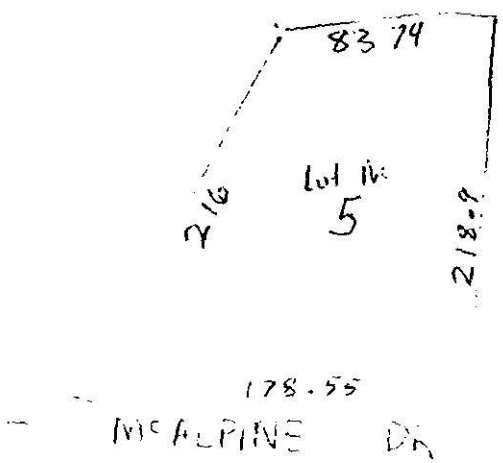
⑦ NAME: Douglas (FIRST) — (MIDDLE) Harris (LAST)

⑧ MAILING ADDRESS: 2206 Holly St.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28216

⑫ PHONE: (WORK) 531-3443 (HOME) 588-7126

⑬ Accurately diagram and dimension lot.



⑭ 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.

X Signed: Douglas Harris

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

X Date: 7-25-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-1-90

Name/Company: Douglas Lindsay Hankins

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: O & I/T.

8418 McAlpine DW

1 AC

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 1 1990

File # 6951A

Fee: $50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~6951-A~~ 21695 DATE: 1-4-91

TC: 141-043-06 ☒ L ☐ CRT

SERIAL № 13596

Name of Owner Douglas Harris Juris.:

Address of Property 8406 McAlpine Dr.

Inspection Data:

Tank Material RCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 21"-24"

Water Supply Source city

Distance to Water Source -

Excavation Inspected 1-4-91

Tank(s) Inspected 1-4-91

Wash Line Inspected

High Water Alarm Inspected 1-4-91

PLOT

Design: 1991, 1500ST, 1000DT, PI, Con, 12G, cecil CTR# C5

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: installed for [illegible]

B. R. Ferguson
Environmentalist

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

Mecklenburg County
Health Department

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16650

File: 6451 A Action 2

Parcel: 141-0430 5 ☑ PC

Location: 8418 McAlpine Drive

Subdivision:

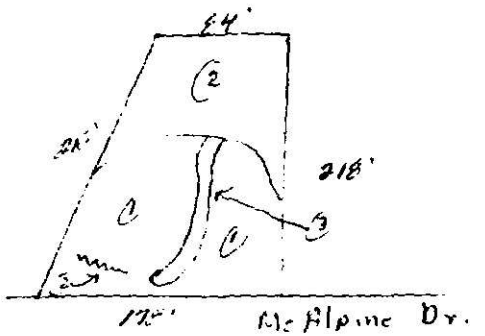
Lot: Block: Acres: .70

Owner:
Address:

Comments:

Described by: William R. Mauri

Date: 8 24 90



***** 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 6-12%	S PS U Complex Slopes	S PS U Depression	S PS U	S PS U	S PS U
Texture	S PS U Clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS U [illegible]	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS U [illegible]	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV [illegible]	Complex Slopes	Depression			
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Refer to File # 6951A

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: 21695/6951A

TC: _____

SERIAL: № 21174 ☐ L ☐ CRT

Refer to file 6951A

JOB LOCATION

① ADDRESS: 8406 McAlpine Dr. (STREET NO / STREET) ② FILE: 21695/6951A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 141-043-06

⑤ SUBDIVISION: Spruce Forest ⑥ LOT: 1 and 2 ⑦ BLOCK: G

OWNER

⑧ NAME: Douglas (FIRST) (MIDDLE) Harris (LAST)

⑨ MAILING ADDRESS: 2206 Holly St.

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216

⑬ PHONE: (WORK) 831-3443 ⑭ (HOME) 588-7126

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Douglas Harris

Date: 9-7-90

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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

MECKLENBURG COUNTY

Department of Environmental Health

December 16th, 1985

John Council
308 Fifth Street
Clermont, FL

RE: Property located at 8406 McAlpine Drive L2 BG
FILE: 21695
PARCEL: 14104306

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 10066) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

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

Enclosure

Date Received 12-12-84

MECK. COUNTY DEPARTMENT OF RECEIVED DEC 12 1984 ENVIRONMENTAL HEALTH

APT No. 21695

T. C. No. 141-043-06

Map Date L

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER COUNCIL, JOHN (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 908 Fifth Street, Clermont, Fl 32711 Apt 21C ZIP

3) PHONE NO. Home (904) 394-5027 Office

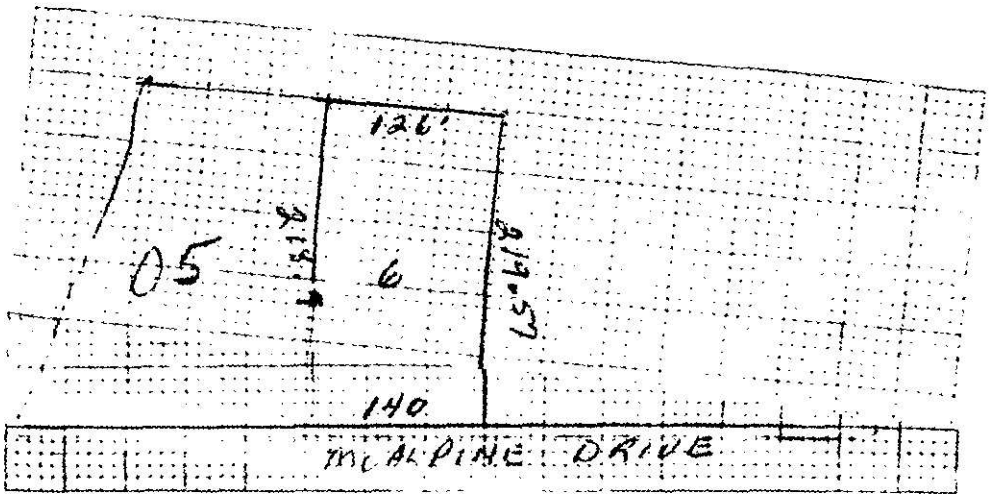
4) LOCATION OF PROPERTY 8418 McAlpine Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Steelberry Acres LOT NO 1 BLOCK NO. G

MAP BOOK NO 8 PAGE NO 415 Tax Code #141-043-06

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 [illegible] 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 LOT

DIRECTIONS: south on Shopton Rd off Hwy 49 Shopton Rd to Hwy 160; Right on160 to Douglas Dr.; 4th St to left to Mcalpine; 4th lot on right.

OWNER John Council by Ruth Hager (K Betts Realty)

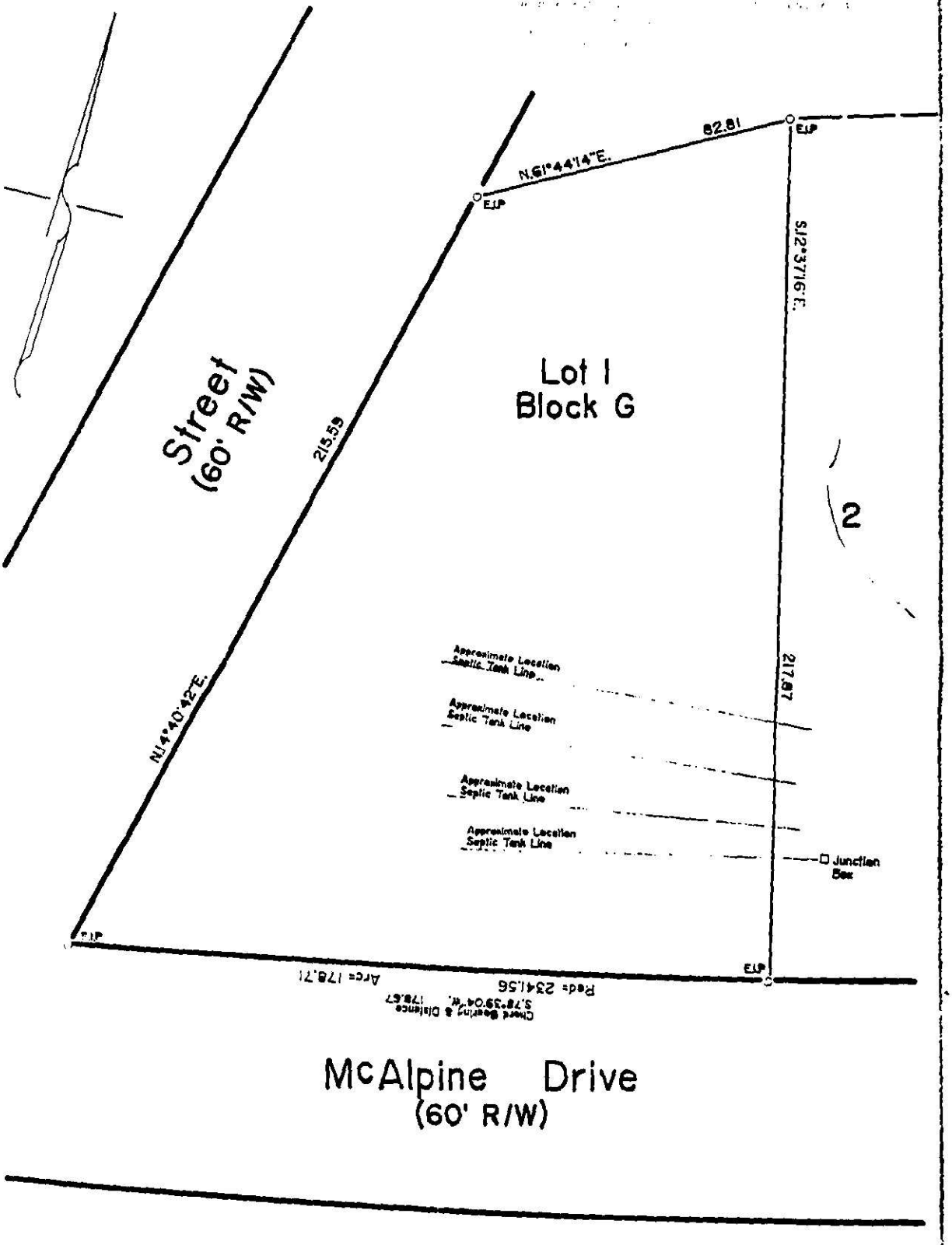
END-5-76

Environmental Health Department's Copy

2613

THIS IS TO CERTIFY THAT ON THE 1 DAY OF May 91
I HAVE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT FOR THE PURPOSE OF
IMPROVEMENTS IF ANY ARE AS SHOWN HEREON
RECORDING

R. B. Pharr



SURVEY

Lot 1, Block G, Spruce Forest
Berryhill Township, Mecklenburg County

SCALE 1"=30'

Douglas Harris & wife, Sandra L. Harris

MAP RECORDED IN BOOK 8 PAGE 415

NORTH CAROLINA REGISTERED L749 LAND SURVEYOR R B PHARR

Tax code: 141-043-05

APPLICATION FOR AN IMPROVEMENT PERMIT

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

(OFFICE USE ONLY)

FILE: 21695

TC: ✓

MECK COUNTY DEPARTMENT OF
RECEIVED
SEP 18 1986
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 8406 (STREET NO) McAlpine Drive (STREET) ② FILE: 21695

③ CITY: Charlotte ④ TAX PARCEL NO.: 14104306

⑤ SUBDIVISION: Spruce Forest ⑥ LOT: 2 ⑦ BLOCK: G

OWNER

⑧ NAME: Douglas (FIRST) — (MIDDLE) Harris (LAST)

⑨ MAILING ADDRESS: 511 Apt 4 Ashley Circle

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28208

⑬ PHONE: (WORK) 373-7106 Ext. 3003 ⑭ (HOME) 348-2066

REQUEST

This request is for a(n):

⑮ ☒ New installation permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

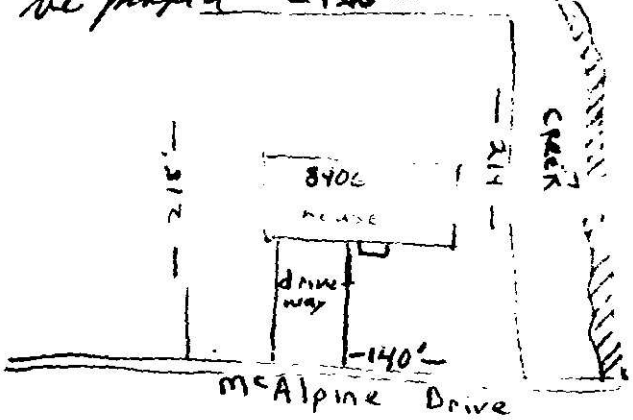
⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?

㉔ Basement? ☒ yes ☐ no ㉗ Maximum number of seats?

This septn will have to be pumped to front



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☒ Municipal system

C ☐ Community well

... system

㉚ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Douglas Harris

Date: 9-17-86

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Date Issued 9/24/86

Serial No. 9606

SIR No. 21695

T. C. No. 141-043-06

Map Date L CRT

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 Harris, Douglas
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 511 Apt. 4, Ashley Circle ZIP 28208

LOCATION OF LOT 8406 McAlpine Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Spruce Forest LOT NO 2 BLOCK NO. G

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 _____. 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

Bob Wilson
Environmentalist

John R Atkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department Copy

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10066

File: 21695 Action 14

Parcel: 141-043-06 ☐ PC

Location: ~~8418~~ 8406 RDP 12/20/85 McAlpine Drive

Subdivision: Steelberry Acres

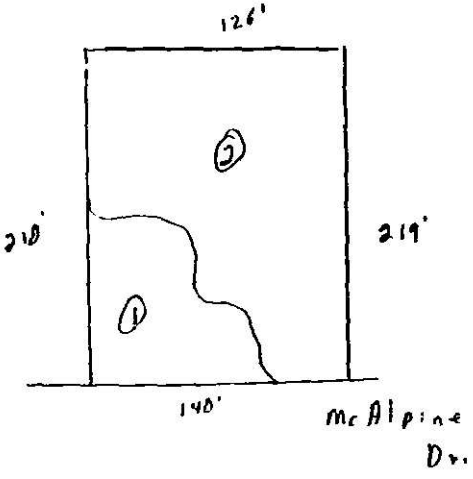
Lot: 2 Block: G Acres: .70

Owner: John Council
Address: 908 Fifth Street
Clermont, FL

Comments:

Described by: William A. Marlin

Date: 12-13-85



***** 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 2-15%	S PS U complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S PS U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U >36" to pond water	S PS U may collect runoff	S PS U	S PS U	S PS U	S PS U
Depth	S PS U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U >36"	S PS U	S PS U	S PS U	S PS U	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	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-Like	Complex slopes				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

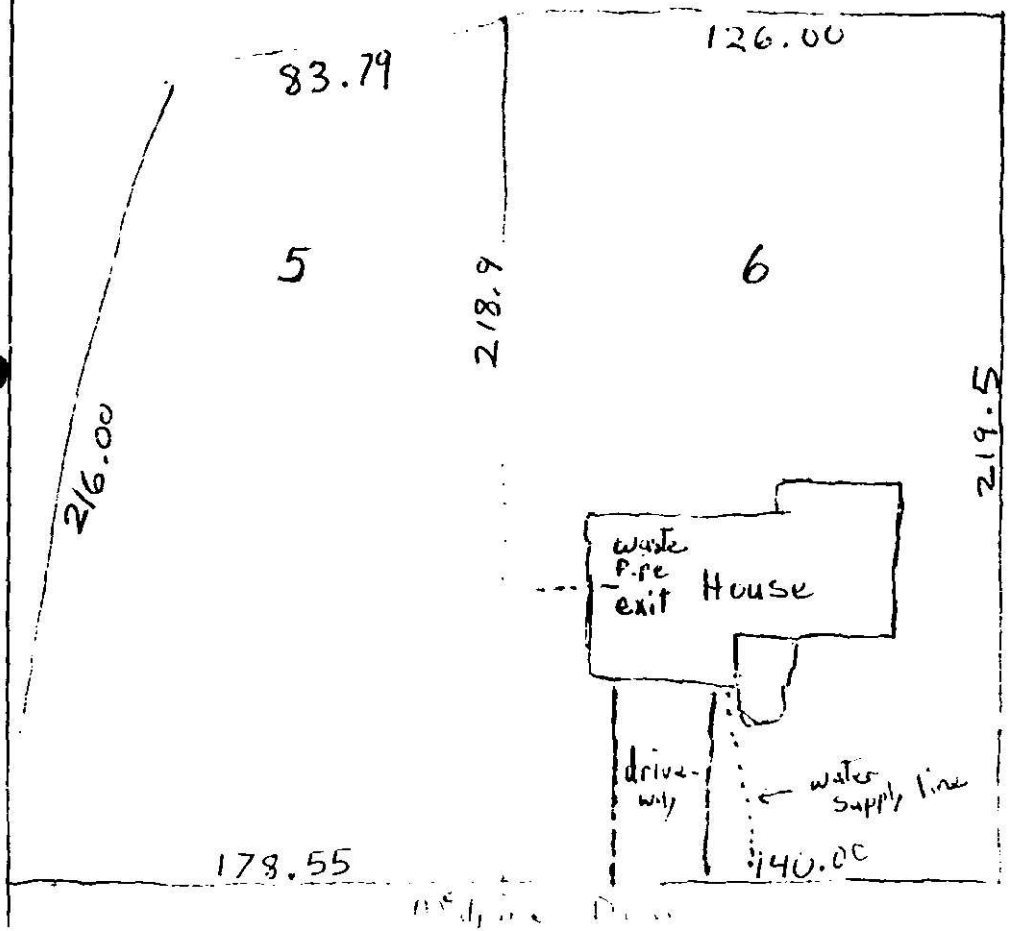
PROPOSED PLOT PLAN

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

FILE: 2695 & 6951A

TC: 141-043-06

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