Date Received 25 Apr 83

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 19600

T. C. No. 111-201-02

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER HILL (LAST) LLOYD (FIRST) EUGENE (MIDDLE)

2) ADDRESS OF OWNER ROUTE 2, BOX 370E MIDLAND, NC ZIP 28107

3) PHONE NO Home 888-5962 Office 392-4313

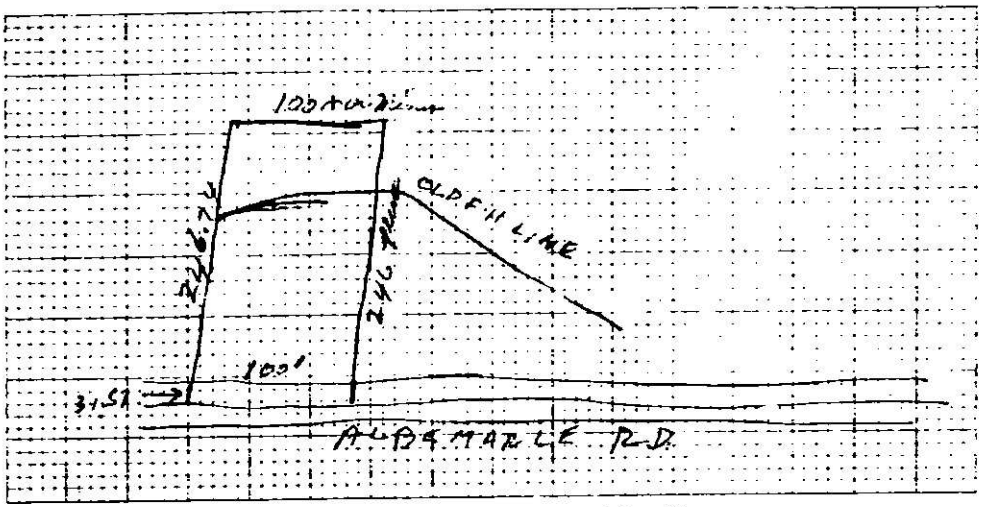
4) LOCATION OF PROPERTY 12315 ALBEMARLE RD. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK PAGE NO

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and 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

Lloyd Eugene Hill
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19600

T.C. NO. P011-20192

(Ground Absorption Sewage Disposal)

OWNER: Lloyd E. Hill
ADDRESS: Rt 2 Box 390E Midland N.C. 28107
PLAT NO:
LOT SIZE: 24,600
LOCATION OF SITE: 12315 Albemarle Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2 10%	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) 36-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) Saprolite 36"+ U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) > 48" To ground water PS U	S 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	IVA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil-Like			

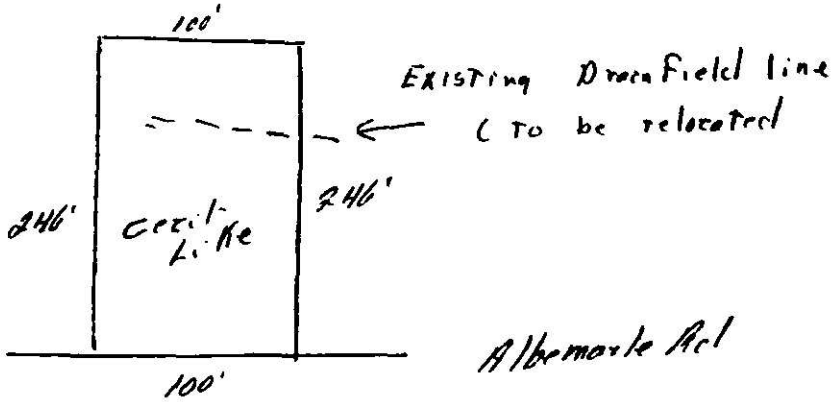
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: William M. Maglin
Title: Soil Scientist
Date: 5-13-83

EHD 539 (Revised: 6/82)


100'
EXISTING Drain Field line
(TO be relocated
246'
246'
Cecil-
Like
Albemarle Rd
100'

Serial No. 5006

SIR No. 19600

T C. No. PO 111-201-02

Date Issued 5-13-83

Map Date

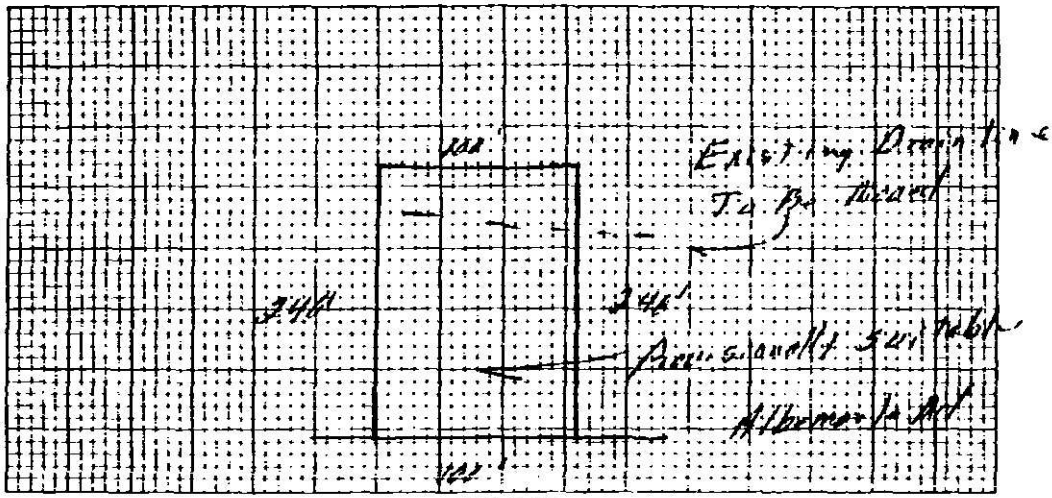
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Hill, (LAST) Lloyd (FIRST) E, (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 390-E, Midland, NC ZIP 28107

LOCATION OF PROPERTY 12315 Albemarle Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



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. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was Provisionally Suitable. 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 to install construction or repair the septic system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction activity on the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to the issuance of a permit based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only for the system as detailed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction, including the driving of vehicles, is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation or construction altered in any manner that 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. Martin
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Date Received 22 Nov 83

See Instructions on Back

Re: [illegible] (CAR (S) Application No. 14600

[illegible] 83

T. C. No. 111-201-02

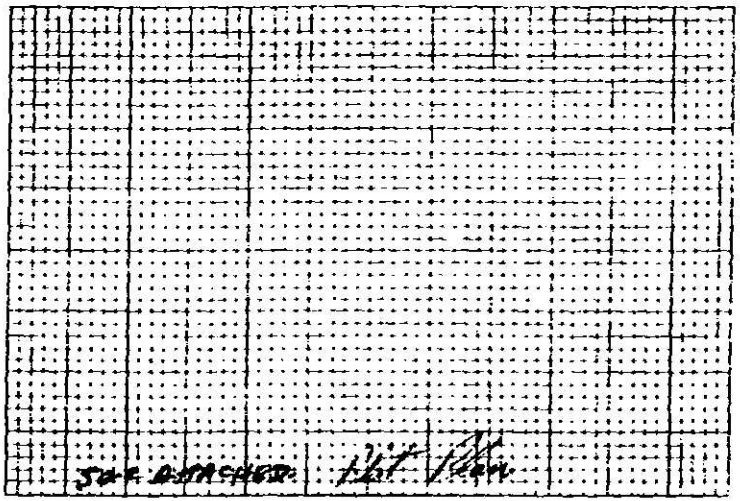
Map Date _____

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)

4. Mobile Home ___ Yes ___ No
   Residence ✓ Yes ___ No
4. No of Bedrooms 2
5. Business Use - Max No Employees ___
6. Washing Machine ✓ Yes ___ No
7. Garbage Disposal ___ Yes ✓ No
8. Dishwasher ___ Yes ✓ No
9. Water Supply
   A. Individual Well ✓ Located on Lot # 2
   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 Hill (LAST) Timothy (FIRST) G (MIDDLE)

14) ADDRESS OF OWNER 12315 Albemarle Rd. Charlotte, NC 28212

15) PHONE NO Home 545-4254 Office 527-2800

16) LOCATION OF SYSTEM 12425 Albemarle Dr. Lot #1 - LE Hill Tract
(STREET OR COUNTY ROAD)

17) SUBDIVISION LE Hill Lot No. 1 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 5-13-83

20) PTR NUMBER (See Instructions) 19600

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.

11/22/83
DATE OF APPLICATION

Timothy G. Hill
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 11-28-83

Serial No. 6822

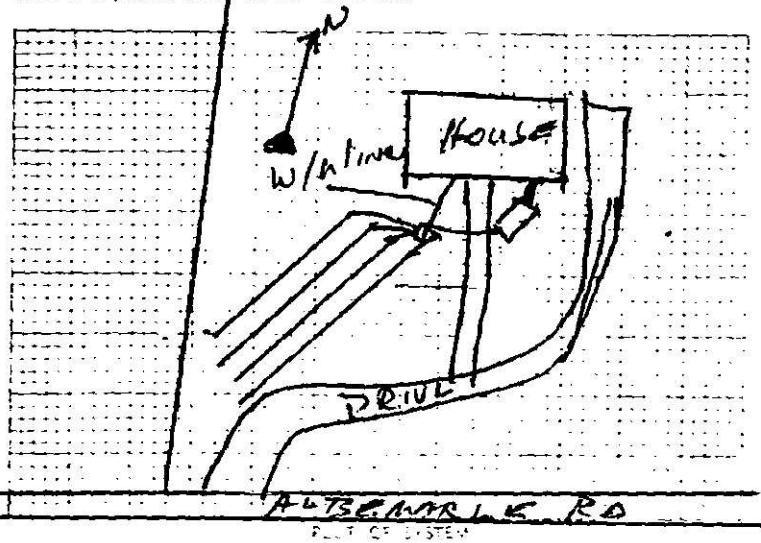
ICAR(S) Permit No. 19600

T C No. 111-201-02

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 X Install / 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 19600, dated 11-22-83 and this permit is void and of no effect if the installation is not as provided in the application is not true or is not as follows: All work shall be completed on or before JAN 1ST 1984 after which date this permit shall be null and void.



Permeability Rate PS IWA

Tank Capacity of 1500 gal

Pre Cast Concrete

240 lin FT

FOUR

5FT

10 FT

150 FT

NAME OF OWNER HILL, TIM

LOCATION OF PROPERTY 12425 ALBEMARLE ROAD

The system shall conform to the installation 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. Issuance of this permit does not in any way guarantee that the system anticipated will function properly or relieve any person now or hereafter owning or controlling or using such system from responsibility resulting in the failure of the system to operate properly.

Comments: FOUR Trenches to be 60FT X 3FT X 12 inches stone layer stone Cover-grade Bds - plumb w/in line into Dist Box

B. Hardister
Division / Section Head

Ralph Miller
Environmentalist

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

EHD-5-76

SIR No. 19600

Serial No. 6988

T. C. No. 111-201-02

Date Issued 11-22-83

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 Hill, (LAST) Timothy (FIRST) G. (MIDDLE)

ADDRESS OF OWNER 12315 Albemarle Rd., Charlotte, NC ZIP 28212

LOCATION OF LOT 12425 Albemarle Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 1 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 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 19600. 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.

Brian D. [illegible]
Environmental Health Director, or Authorized Section Head

Environmentalist

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19600

Date Issued 4-20-84 Serial 6550

T C No. 111-201-02 L 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 HILL (LAST) TIM (FIRST) (MIDDLE)

Location of Property 12425 Albemarle Rd

Application Number 19600 Permit Number 19600

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PRE CAST

Total Length of Drain Tile 300' Number of Lines 4-X 75'

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 4-20-84 (DATE) Tank Inspected 4-20-84 (DATE)

Nitrification Field Inspected 4-20-84 (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 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

Environmentalist

EHD-S-76

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:
TC:
SERIAL: № 21118 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12025 Hickory Rd (STREET NO / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 201 06
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS:
⑩ CITY: ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) ⑭ (HOME) 545-9394

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ ~~Septic~~ 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? 2 ㉕ Type?
㉓ Maximum occupancy? 1 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:
Date:

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~~ 60 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 HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-13-90

Name/Company: J. E Ridge

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Lagoon Permit - Addup
12425 Albemarle Road
Tax # 111-201-06

Fee: $ 125.00 Paid 12-13-90

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 [redacted] Collected by [redacted]

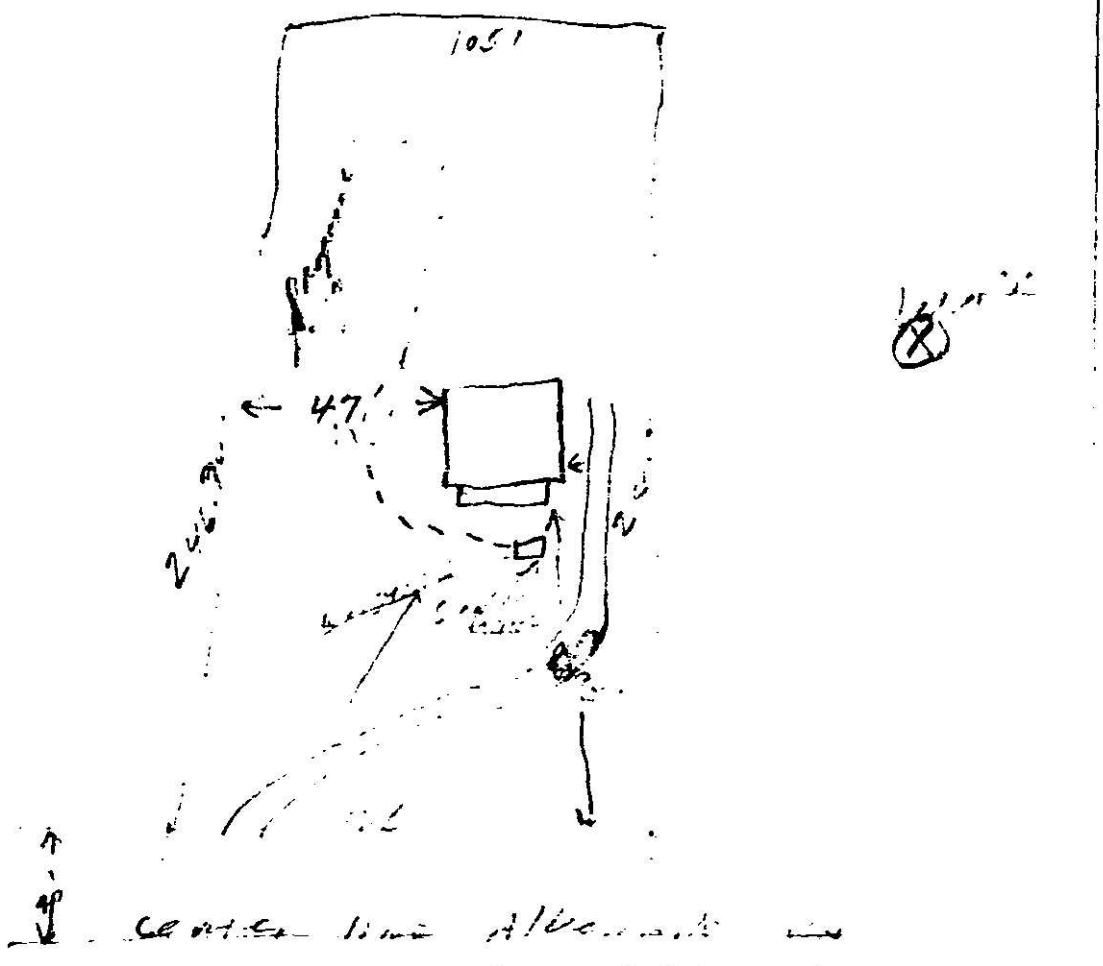
PROPOSED PLOT PLAN

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

FILE: _____

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.



APPROVAL DATE _____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

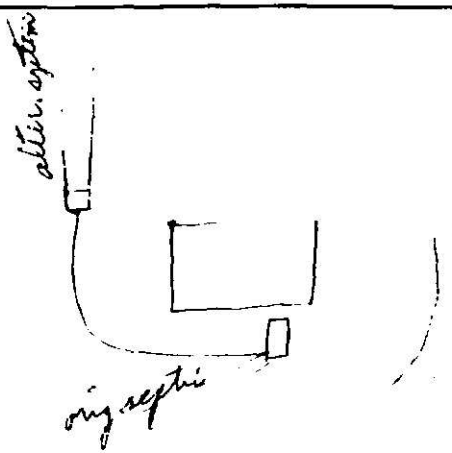
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19600 DATE: 2-6-91

TC: 111-201-06 ☐ L

SERIAL № 14777

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 12-11-90. All work shall be completed on or before 5-5-91, 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 existing gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction ___

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 165 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 7 100 feet

NAME OF OWNER L. E. Hill

LOCATION OF PROPERTY 12425 Allenwood Rd.

Comments: 2 line 3'X 134'X 12" stone
Moved system due to road widening.
well with pump

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19600 DATE: 2/6/91

TC: 111-201-010 ☐ L ☑ CRT

SERIAL № 13699

Name of Owner L.E. Hill Juris.:

Address of Property 10425 Redmond Rd

Inspection Data:

Tank Material Fiberglass

Total Length of Drainfield 60'

Number of Lines 2 @ 134'

Cover Depth 12"

Water Supply Source Well

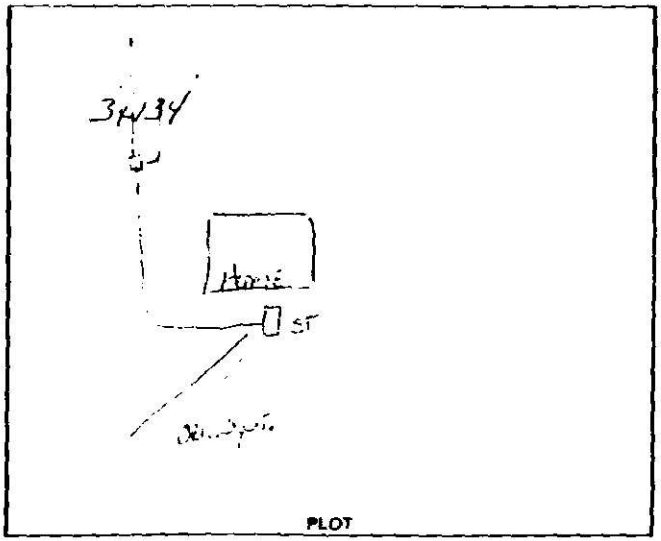
Distance to Water Source 200'

Excavation Inspected 2/6/91

Tank(s) Inspected 1/500

Wash Line Inspected N/A

High Water Alarm Inspected N/A



PLOT

Design: 1211 Absorption, Trench 2' Bot/SEL, Trench 12" CTR#

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: Trench 3x 34' Absorption

Environmentalist

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

SEE INSTRUCTIONS ON BACK

Date Received 27 Apr 83

ICAR (S) Application No. 19608

T. C. No. 111-201-02

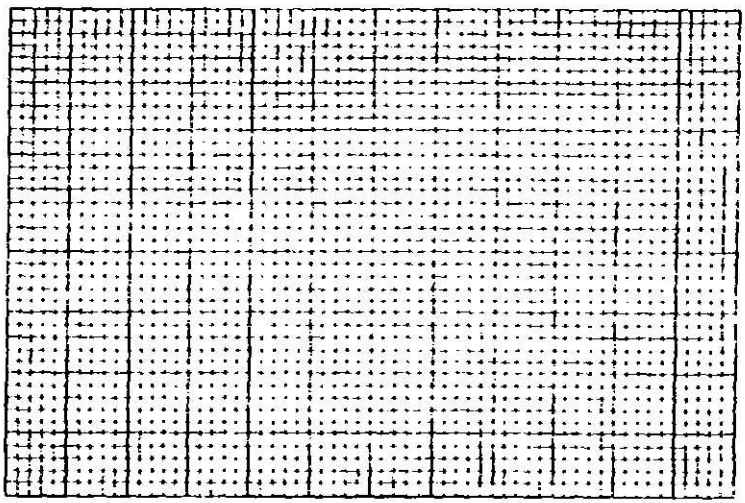
Map Date

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 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 HILL (LAST), LLOYD (FIRST) EUGENE (MIDDLE)

14) ADDRESS OF OWNER Route 2, Box 390E MIDLAND, NC 28107

15) PHONE NO. Home 888-5962 Office 392-9313

16) LOCATION OF SYSTEM ~~12 345~~ ALBEMARLE RD (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.

4/27/83
DATE OF APPLICATION

Lloyd Eugene Hill
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY