Date Received 3-1-84

MECK CO. DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 20689
P.O.
T. C. No. 21-111-84
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. 15 BLOCK NO. V

MAP BOOK NO. ___ PAGE NO. ___

6) DEED REFERENCE DEED BOOK 4571 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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20889

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

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: 1740 E. Independence Blvd.
Charlotte, N.C. 28205
LOCATION OF SITE: Amanda Dr.

PLAT NO: lot 15
LOT SIZE: Approx 1/4 Ac

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 6-15% PS U	S complex slopes PS U	S 2-8% PS U	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 clay U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS Blocky U	S PS Blocky U	S PS U
4. SOIL DEPTH (inches)	S PS 36-48" U	S PS <30" U	S PS 36-40" U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >30" U	S PS saprolite <30" U	S PS >30" U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS >48" to ground water U	S PS Eroded Areas channel runoff U	S PS Depression Drainage-way U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS seasonal water table <30" U	S PS U
8. SOIL GROUP	10A	10A	10A	
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil Like	complex slopes	Depression Drainage-way	

S - Suitable PS - Provisionally Suitable U - Unsuitable

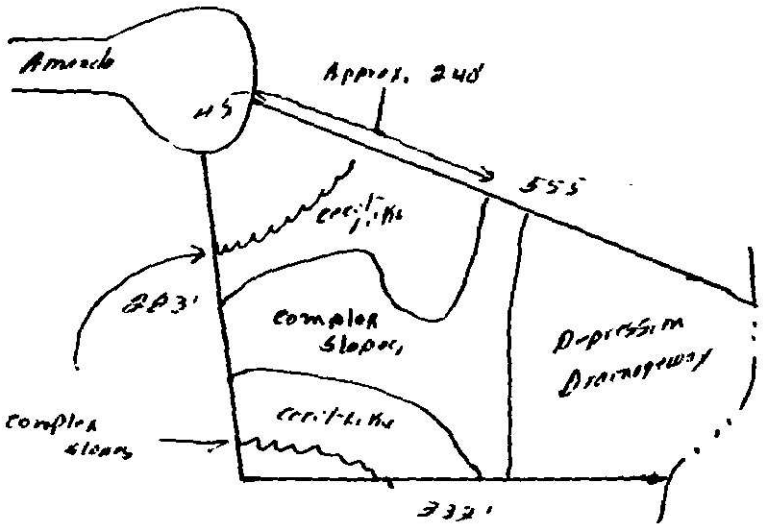
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William R. Martin
Title: Soil Scientist

Date: 4-17-84

#


Amarda
Approx. 240'
45
555
cecil-like
283'
complex slopes
Depression Drainageway
complex slopes
cecil-like
332'

Serial No. 5600

SIR No. 20689

Date Issued April 17, 1984

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

Map Date _____

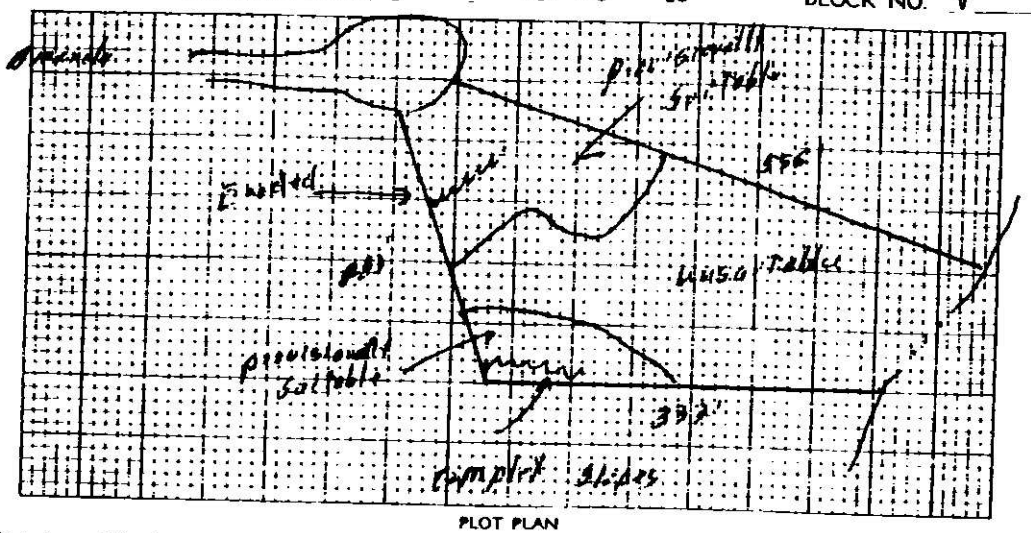
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Providence Woods, Inc.
LAST FIRST MIDDLE

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

LOCATION OF PROPERTY Amanda Drive, Lot 15
STREET OR COUNTY ROAD

SUBDIVISION Providence Woods LOT NO 15 BLOCK NO. V



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. **provisionally**

The permeability rate determined by the investigation was **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 [illegible] the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system [illegible] be determined by the Mecklenburg County Department of Environmental Health [illegible] the size and type of building [illegible] above and on the [illegible]
3. This approval [illegible] system installation on the above plot.
4. This approval [illegible] performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health [illegible] as acceptable for system installation [illegible] 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 A. Martin
Soil Scientist
EHD-5-76

Bill D. Harbeste
Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

RECEIVED
FEB 19 1986
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: 20664
TC: 231-111-04 PD
L

JOB LOCATION

① ADDRESS: 825 (STREET NO) Amanda (STREET) Drive ② FILE:
③ CITY: Matthews ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Providence Woods ⑥ LOT: 10 (Phase V) ⑦ BLOCK: 800

OWNER

⑧ NAME: Thomas (FIRST) O (MIDDLE) White (LAST)
⑨ MAILING ADDRESS: 7343-104 Point Lake Drive
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 563-8921 ⑭ (HOME) 568-7721

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

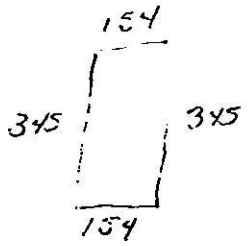
System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type?
㉓ Maximum occupancy? 5
㉖ Maximum number of employees?
㉔ Basement? ☒ yes ☐ no
㉗ Maximum number of seats?

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system



㉘ Accurately dimensioned plot

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: Donna White

Date: 2-19-86

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

DATE: 7-16-86

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHL FILE: 2168 JURISDICTION CODE: MECK

PARCEL NUMBER: 231-111-32

ADDITIONAL ADDRESS: 908 Amanda Dr

EXISTING ADDRESS:

OTHER NAME: N/A

THE AFOREMENTIONED LOCATION HAS BEEN CHECKED CONCERNING

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☒	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. SOIL EROSION CONTROL REGULATIONS	☒	☒ *
4. NORMAL SURFACE DRAINAGE PLAN	☒	☐ *

	PRESENT	NOT PRESENT
5. UTILITY EASEMENTS	☐ *	☒
	YES	NO
6. ALL LOTS FRONTED ON PUBLIC STREETS	☐ *	☒
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☒

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

REMARKS:

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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

CPWEAR 02/86

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 20689
TC: _____
SERIAL: № 11191
☒ L / ☐ CRT

JOB LOCATION

① ADDRESS: 908 (STREET NO) Hiawatha (STREET) Drive ② FILE: 20689
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 231-111-32
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Jean (FIRST) Bides (MIDDLE) Powers (LAST)
⑨ MAILING ADDRESS: 6701 Brookmeade Dr.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) 545 8272 (Dick Powers) ⑭ (HOME) 366 5343

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

Signed: Jean B Powers
Date: 7/16/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Kelly Randall (Environmentalist) 9-3-86 (Date)
John R Adamson (Director or Authorized Section Head) 9/3/86 (Date)

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

PROPOSED PLOT PLAN

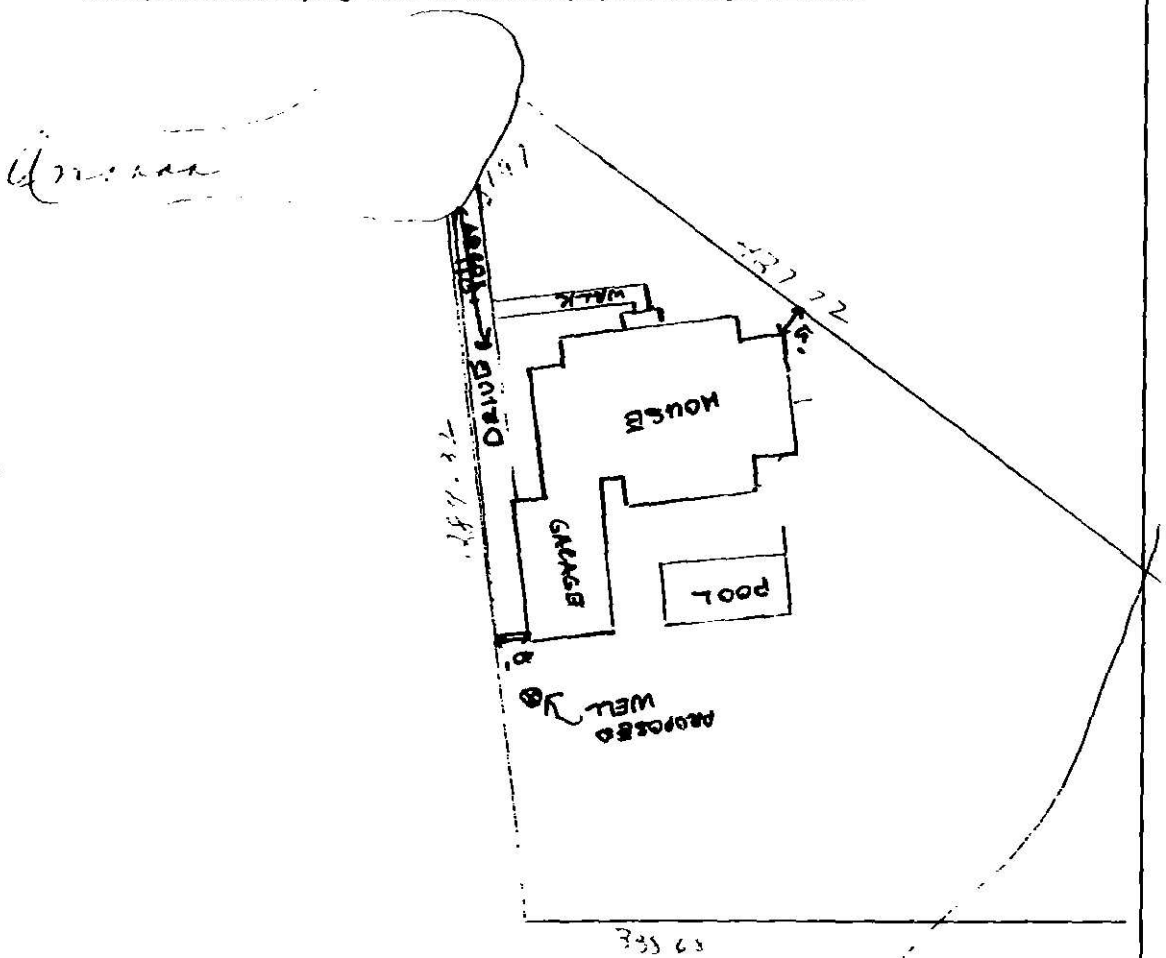
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20689

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.



Signed: Bruce Moore Jeanne Meare

Date: 3-10-87

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

[illegible] are [illegible] with [illegible] regard to ethnic origin, [illegible] disability

(OFFICE USE ONLY)

FILE: 20689

TC:

SERIAL: № 12581

MECK COUNTY DEPARTMENT OF
RECEIVED
MAR 04 1987
ENVIRONMENTAL HEALTH

☒ ☐ CRT

JOB LOCATION

① ADDRESS: 918 (STREET NO) AMANDA (STREET) DRIVE ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 231-111-32

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: DAVID (FIRST) BRUCE (MIDDLE) MOORE (LAST)

⑨ MAILING ADDRESS: 6223 DOVEFIELD

⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 364 6464 ⑭ (HOME) 846 4125

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

Signed: D Bruce Moore by Suzanne Williams agent

Date: 2/25/87

3-10-87 Bruce Moore Jeanne Moore

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH 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.

[signature] 3-17-87
Environmental Date

[signature] RS 3-18-87
Director or Authorized Section Head Date

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

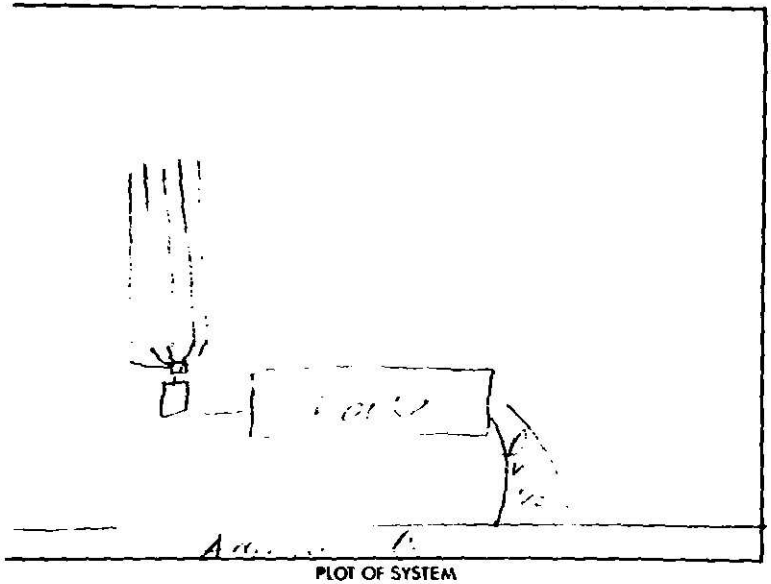
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20689 DATE: 9-24-97

TC: 231 III 32 ☐ L

SERIAL № 11295

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 9-10-97. All work shall be completed on or before 10-24-97, 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 Department of Environmental Health 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 — gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 11 feet

Distance from Well 200' feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 208 Amanda Ln.

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 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.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20689 DATE: 9-30-87

TC: 231-111-32 ☒ L ☒ CRT

SERIAL № 10590

Name of Owner David Moore Juris.:

Address of Property 908 Amanda Dr.

Inspection Data:

Tank Material PCL

Total Length of Drainfield 554

Number of Lines 6 @ 92' avg.

Cover Depth 18"

Water Supply Source well

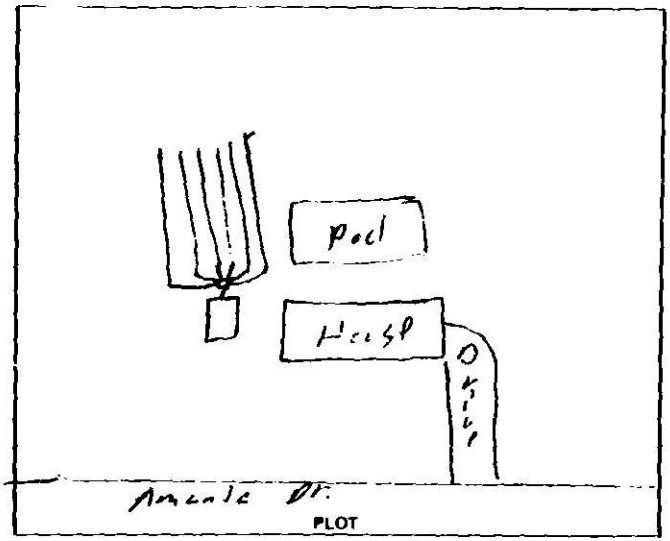
Distance to Water Source >50'

Excavation Inspected 9-30-87

Tank(s) Inspected 9-30-87

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1987, 1500 SF con, 1662 SFT, 126 ceci 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:

Jim Ericson
Environmentalist

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