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: 21711
TC: 007-131-05
SERIAL: № 17763

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 18200 (STREET NO) Old Statesville Rd (STREET) ② FILE:
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Coulter Farms Nursery (Raymond Coulter) (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 18200 Old Statesville Rd.
⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 892-3226 ⑭ (HOME) 892-5900

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve: N/A Not connected to septic system

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? ㉕ Type?
㉓ Maximum occupancy? 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 N/A
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: Raymond Coulter
Date: 2/8/89

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.

use Existing system

Environmentalist — Date 12-9-89

Director or Authorized Section Head — Date 12-10-89

*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 [illegible]

Name/Company [illegible]

Sanitation ____

Vector Control ____

O.P.U.D. [illegible]

Service: [illegible]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 8 1989

Fee: $ [illegible]

Completed by [illegible]

Collected by [illegible]

PROPOSED PLOT PLAN

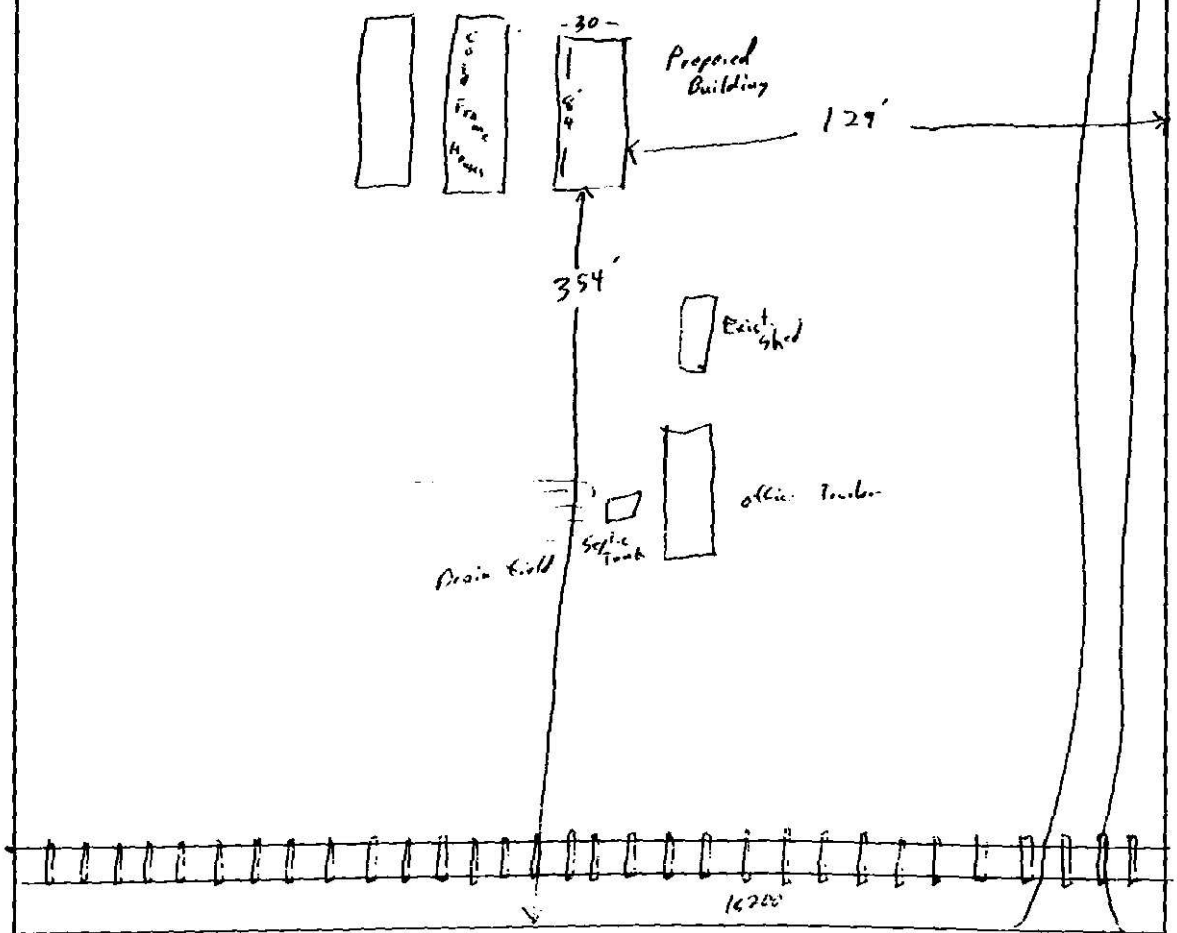
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 21711

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: Raymond Coulter

Date: 2/8/84

C of A (s) No. 21711

Date Issued 2-11-85 Serial 7234 T C. No. 007-131-05 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 Coulter (LAST) George (FIRST) ____ (MIDDLE)

Location of Property 18200 old Statesville Rd

Application Number 21711 Permit Number 21711

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PVC

Total Length of Drain Tile 200' Number of Lines Two

Depth of Filter Material 24 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 2100'

Excavation Inspected 2-11-85 (DATE) Tank Inspected 2-11-85 (DATE)

Nitrification Field Inspected 2-11-85 (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 ____

Jim Smith
Environmentalist

EHD-5-76

Date Issued 1-30-85

Serial No. 07871

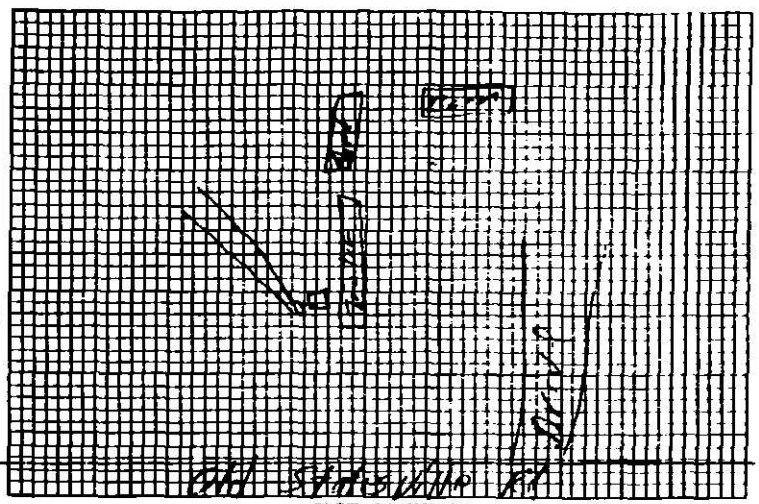
ICAR (S) Permit No. 21711

T. C. No. 007-131-05

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 21711, dated 12-21-84 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 3-1-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Fwa

Liquid Capacity of Tank 1000 gal

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines Two

Distance from House 5'

Distance from Property Line 10' not in yard area

Distance from Well 100' away

NAME OF OWNER Coulter, George

LOCATION OF PROPERTY 18200 old Statesville 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.

Two Trenches 100' X 3' X 12" Stone

Comments:

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.

EHD-S-76

Health Department's Copy

SIR No. 21711

Serial No. 8143

Date Issued 1-28-85

T. C. No. 007-131-05

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 Coulter, Jr. (LAST) George (FIRST) M. (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 430, Huntersville, NC ZIP 28078

LOCATION OF LOT 18200 Old Statesville Road (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 21711 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.

William B. Ramsey
Environmentalist

Bill D. Hardister Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 12-21-84

ICAR(S) Application No. 21711

T. C. No. 007-131-05

Map Date L

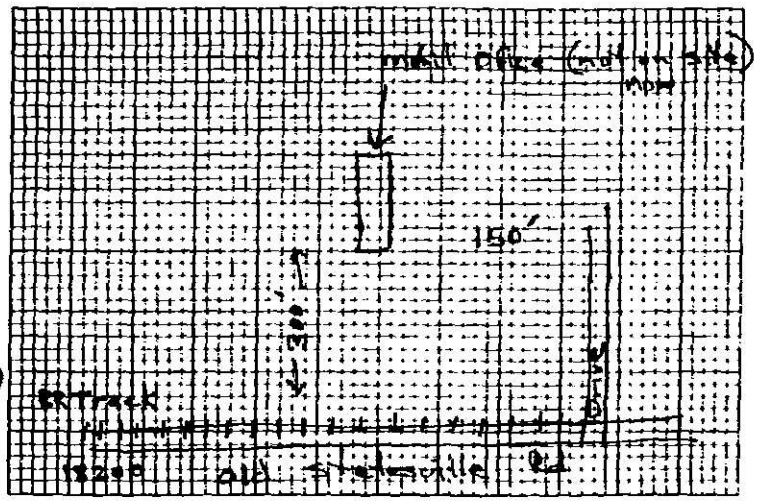
Call 1st

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 office ✓ Yes ___ No
Residence ___ Yes ___ No

4) No of Bedrooms None

5) Business Use — Max No Employees 6-10

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 Coulter (LAST) George (FIRST) M. (MIDDLE) Jr.

14) ADDRESS OF OWNER Rt 2 Box 430 Huntersville N.C. 28078

15) PHONE NO. Home 892 5440 Office 596 2741

16) LOCATION OF SYSTEM 18200 Old Statesville 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.

12/21/84
DATE OF APPLICATION

George M. Coulter Jr
OWNER

EHD-S-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21711

T.C. NO. 20 [illegible]

(Ground Absorption Sewage Disposal)

OWNER: George M. Coulter, Jr.
ADDRESS: [illegible] Box 430
Huntersville, N.C. [illegible]
LOCATION OF SITE: [illegible] Statesville Road

PLAT NO:
LOT SIZE: [illegible] 34

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2 10%	S PS	S PS	S PS
	U	U	U	U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS clay	S PS	S PS	S PS
	U	U	U	U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky	S PS	S PS	S PS
	U	U	U	U
4. SOIL DEPTH (inches)	S PS 36 40"	S PS	S PS	S PS
	U	U	U	U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36"	S PS	S PS	S PS
	U	U	U	U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS >40" [illegible]	S PS	S PS	S PS
	U	U	U	U
7. OTHER (Specify)	S PS	S PS	S PS	S PS
	U	U	U	U
8. SOIL GROUP	N A			
9. SITE CLASSIFICATION	provisionally suitable			
10. SOIL SERIES	[illegible]			

S - Suitable PS - Provisionally Suitable U - Unsuitable

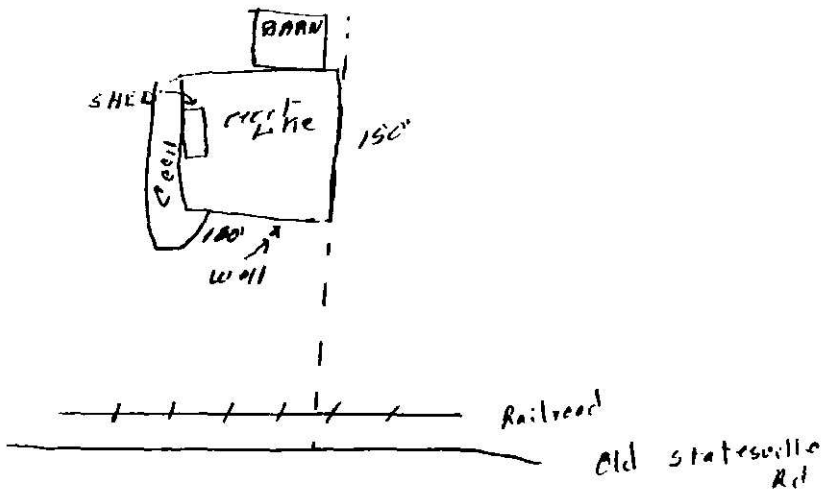
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William A. Martin
Title: Soil Scientist

Date: 1-10-95

1H


BARN
SHED
Creek
150'
100'
well
Railroad
Old Statesville Rd

Mecklenburg County

Department Of Building Standards And Code Enforcement

P. O. Box 31097

Charlotte, North Carolina 28231-1097

Environmental Health Department
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Attention: Mr. Sexton

Subject: Mobile Home Placement

Dear Mr. Sexton:

The parcel of land located at 18200 Old Statesville Rd
and further identified by tax parcel number 007-131-05 pt of
is zoned RU ( ).

Permitted uses in this district include: Mobile Homes

If this office can be of further assistance, please contact us.

Sincerely,

Dale W Long
Zoning Inspector

Form B-152 NS
59/bbb

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE NORTH CAROLINA 28203

SIR. NO. 21711
T.C. NO. PO 007 131-05
DATE: 1-10-85

George M. Coulter, Jr.
Route 2, Box 430
Huntersville, NC 28078

RE: Property located at 18200 Old Statesville Road

Dear Mr. Coulter, Jr.

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

Date Received 12-21-84

RECEIVED
DEC 21 1984
ENVIRONMENTAL HEALTH

SIR No. 21711
T.C. No. 007-131-05
Map Date L

Call 1st

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Coulter (LAST) George (FIRST) M. (MIDDLE) Jr.

2) ADDRESS OF OWNER Rt 2 Box 430 Huntersville ZIP 28078

3) PHONE NO. Home 892 5440 Office 596 2741

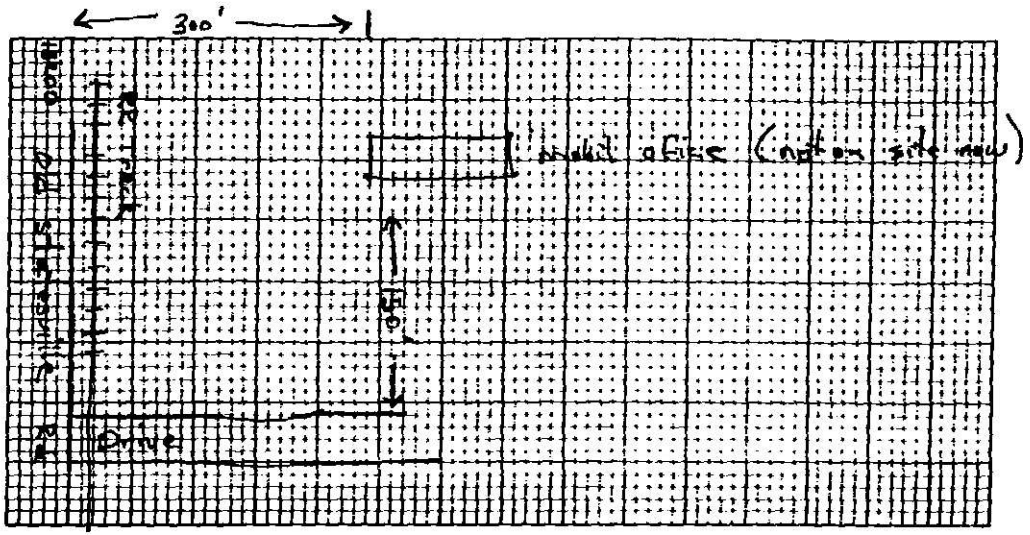
4) LOCATION OF PROPERTY 18200 Old Statesville (STREET OR COUNTY ROAD) Rd.

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 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



7) ACCURATELY DIAGRAM & DIMENSION LOT

George M. Coulter Jr.
OWNER

EHD-5-76

Environmental Health Department's Copy