RECEIVED

Date Received 10-29-85

SIR No. 2065

T. C. No. P.O. 017-232-02

Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Danco Properties, Inc.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 1720 E. Independence Blvd. Charlotte ZIP 28205

3) PHONE NO. Home _____ Office 377-6549

4) LOCATION OF PROPERTY Hambright Road
(STREET OR COUNTY ROAD)

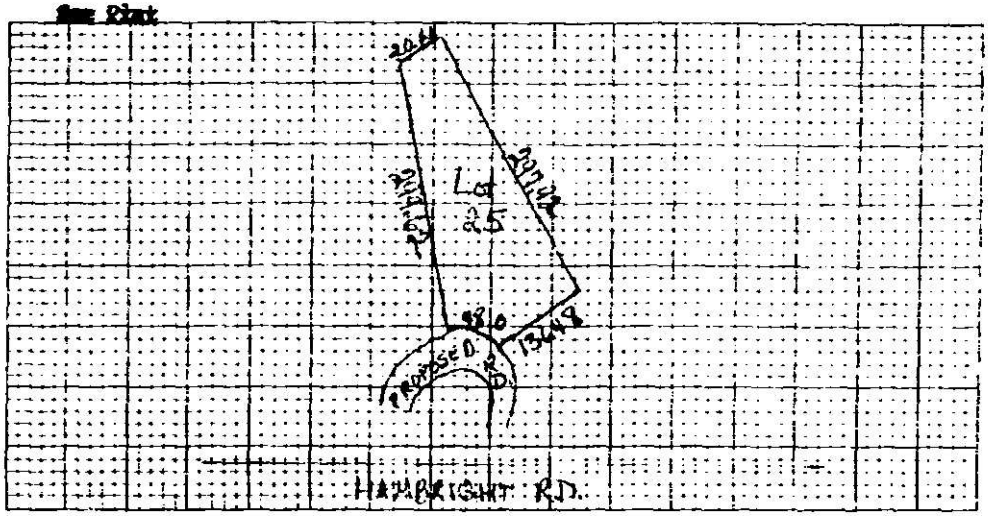
5) SUBDIVISION Yorkdale _____ LOT NO. 25 BLOCK NO. _____

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

See Plat




7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

Secretary

EHD-5-76

Environmental Health Department's Copy

Serial No. 5272

SIR No. 20165

T. C. No. PO 017-232-02

Date Issued 11-1-83

Map Date

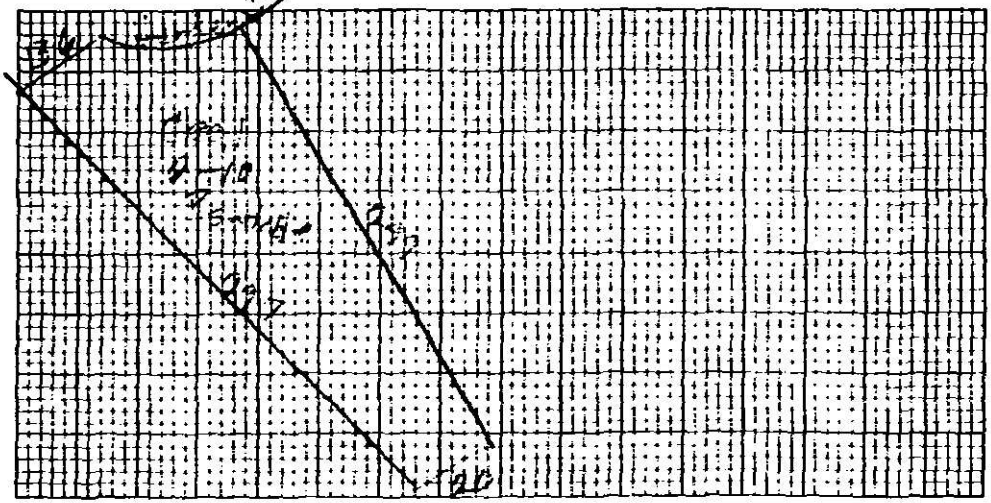
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## SOIL INVESTIGATION REPORT

NAME OF OWNER Donco Properties, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 1720 E. Independence Blvd., Charlotte, NC ZIP 28205

LOCATION OF PROPERTY Harkers Court
(STREET OR COUNTY ROAD)

SUBDIVISION Yorkdale LOT NO. 25 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. **Provisionally Suitable**

The permeability rate determined by the investigation was . 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, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of 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 installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed 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 drilling of a well 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, construction, alteration and/or repair of 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.

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20165

T.C. NO. PO 017-832-0

(Ground Absorption Sewage Disposal)

OWNER: DONCO PROPERTIES, INC. PLAT NO:
ADDRESS: 1720 E. INDEPENDENCE BLVD LOT SIZE: 25,000 ± SF
CHARLOTTE 28205
LOCATION OF SITE: Hankers Court

LOT 25

| 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) U — Clayey | S PS U | S PS U | S PS U |
| 3. SOIL STRUCTURE (12-36 inches) | S (PS) U — Blocky | S PS U | S PS U | S PS U |
| 4. SOIL DEPTH (inches) | S (PS) U — 40–45 | S PS U | S PS U | S PS U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S (PS) U — NONE | S PS U | S PS U | S PS U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S (PS) U — Adequate | 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 | IIa | | | |
| 9. SITE CLASSIFICATION | Pisuitable | | | |
| 10. SOIL SERIES | Cecil | | | |

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:

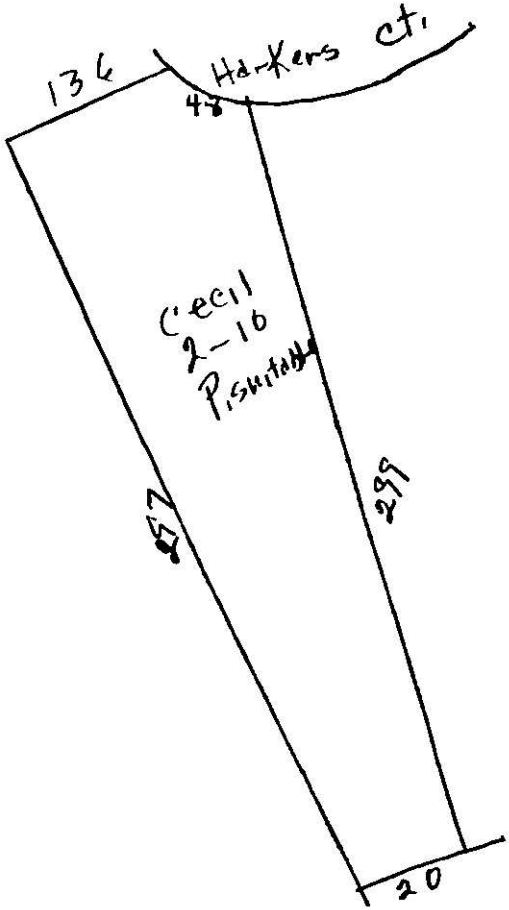
Described by: W. B. Ramsey
Title: Soil Scientist

Date: 10-26-83

EHD 539 (Revised: 6/82)

DEPARTMENT

Lot 25



SEE INSTRUCTIONS ON BACK

Date Received 5-29-84

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 2 ...

ICAR(S) Application No. 20165

T. C. No. PO-017-232-02

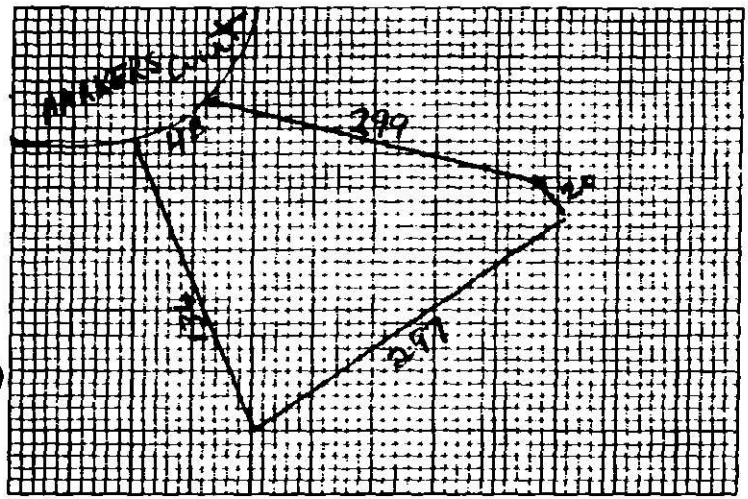
Map Date L

# 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 Donco Properties Inc
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5201 Monroe Rd 28205

15) PHONE NO. Home _____ Office 569-9832

16) LOCATION OF SYSTEM 9701 Harkers Court
STREET OR COUNTY ROAD

17) SUBDIVISION Yorkdale Lot No. 25 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 11-1-83

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.

5-25-84
DATE OF APPLICATION

Robert A Canoday
OWNER

EHD-S-76

Environmental Health Department's Copy

# 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: 20165

TC: 017-232-02 PO

SERIAL: № 10130 ☑ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 9701 (STREET NO.) Harkers Court (STREET) ② FILE: 20165

③ JURISDICTION: Huntersville ④ TAX PARCEL NO.: 017-232 PO

⑤ SUBDIVISION: Yorkdale ⑥ LOT: #25 ⑦ BLOCK:

**OWNER**

⑧ NAME: Randy (FIRST) Lee (MIDDLE) Sides (LAST)

⑨ MAILING ADDRESS: 5709 Thompson Rd.

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216

⑬ PHONE: (WORK) 596-2299 or 394-7341 (wife) ext. 8237 ⑭ (HOME) 394-5917

**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 12 X 65 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Sandra D. Sides

Date: March 10, 1986

## 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 30 months from the date of issuance.

Kelly Rawlf, 3-11-86

Environmentalist Date

Brie D. Hartsley 3-12-86

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.

# PROPOSED PLOT PLAN

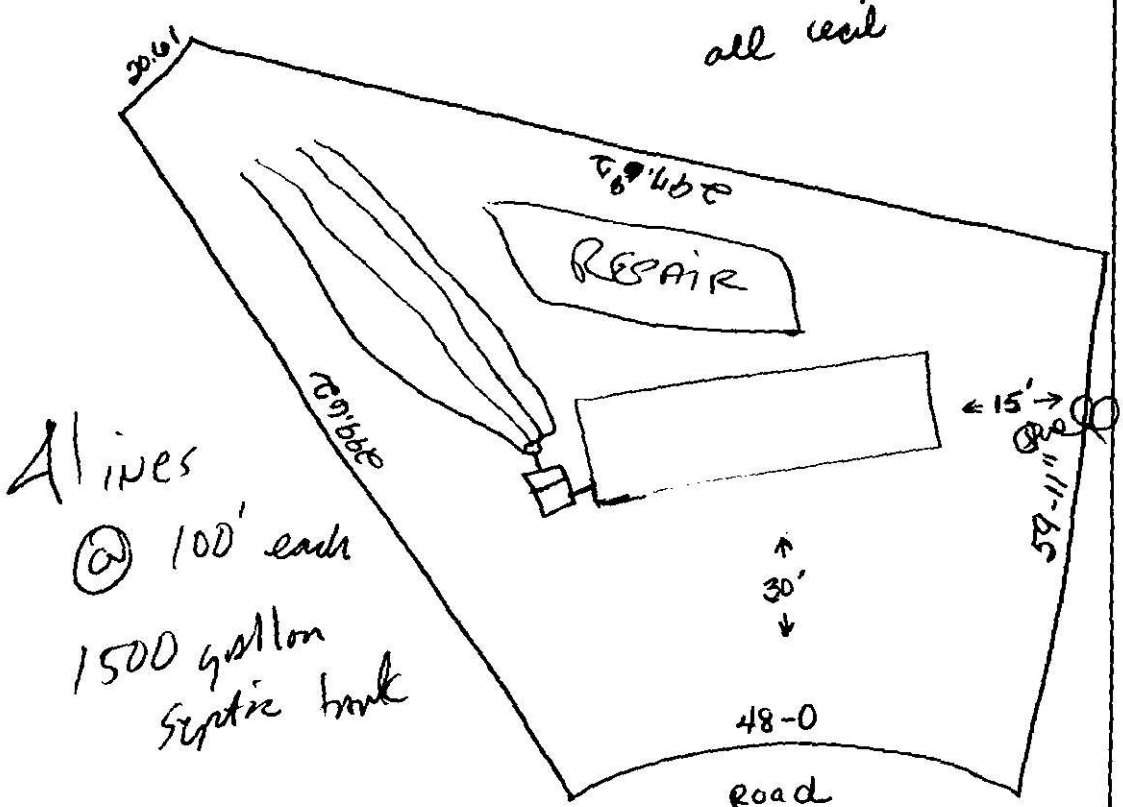
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 20165

TC: 017-232-02 PO

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.




All lines @ 100' each

1500 gallon Septic tank

Signed: Sandra D. Sides

Date: March 10, 1986

FROM COUNTY ENGINEERING

EHD FILE 20165 JURISDICTION CODE Mck

PARCEL NUMBER ~~[illegible]~~ 017 301-36

A[illegible] ADDRESS 9701 Harkers Court

[illegible] ADDRESS

[illegible] NAME

[illegible] DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING

| | APPROVED | NOT APPROVED |
|---|---|---|
| [illegible] REGULATIONS | | * |
| [illegible] REGULATIONS | | * |
| [illegible] REGULATIONS | | * |
| [illegible] DRAINAGE PLAN | | * |

| | PRESENT | NOT PRESENT |
|---|---|---|
| [illegible] EASEMENT | * | |
| | YES | NO |
| [illegible] FRONTS ON THOROUGHFARE | * | |
| | YES | NO |
| [illegible] 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).

Date Issued 4-22-86

Serial No. 09209

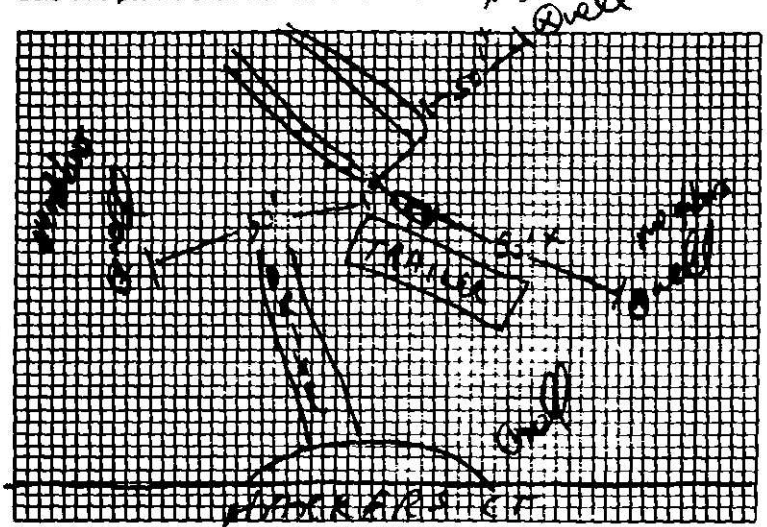
ICAR (S) Permit No. 20165

T. C. No. 017-232-02

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 20165, dated 3-10-96 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 5-22-86, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PLC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER SIDES, RANDY C.

LOCATION OF PROPERTY 9701 HARKERS CT

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 line x 100' long x 3' wide x 12" rock

Comments:

S. Hardister
Division or Section Head

Kelly Randall
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.

EHB-5-76

Environmental Health Department Copy

C of A (s) No. 20165

Date Issued 4-23-86 Serial 8470 T. C. No. 017-232-02 L CKT

# 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 SIDES (LAST) RANDY (FIRST) (MIDDLE)

Location of Property 9701 MARKERS CT

Application Number 20165 Permit Number 20165

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 4-23-86 (DATE) Tank Inspected 4-23-86 (DATE)

Nitrification Field Inspected 4-23-86 (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 1996, 1500 ST, CON, 1200SFT, 12 G, GECIC

Kelly Caudill
Environmentalist

EHO-5-76

Environmental Health Department's Copy