Date Received 11/29/79

APT No. 16353

NEW [illegible]

T. C. No. ~~70~~ 193-322-20

Map Date 7/1/79

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Touchberry Development Company
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 131 Providence Road, Charlotte, N. C. ZIP 28207

3) PHONE NO. Home _____ Office 333-0171

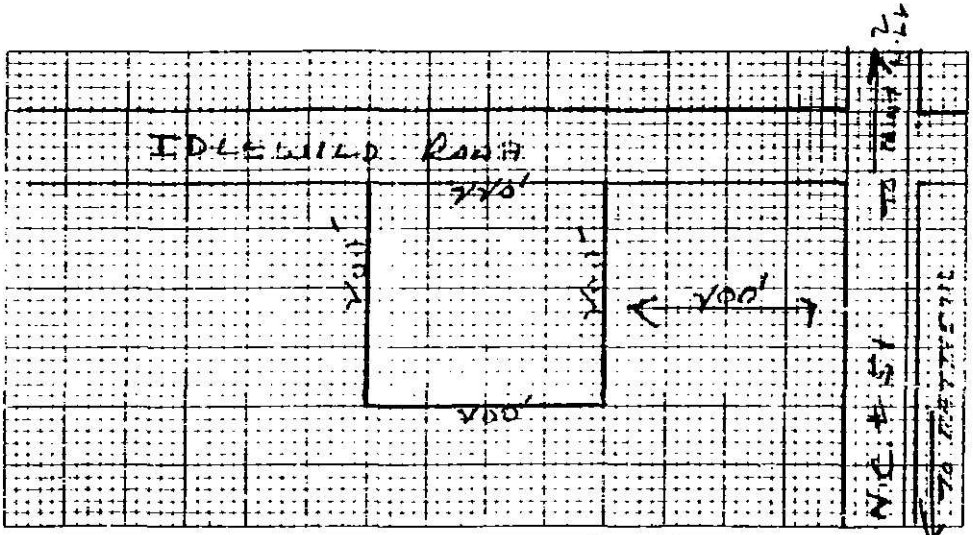
4) LOCATION OF PROPERTY Idlewild Road near N. C. #51
(STREET OR COUNTY ROAD)

5) ~~XXXXXXXXXX~~Property of Miriam P. Hood LOT NO. _____ BLOCK NO. _____

Tax MAP BOOK NO 193-322-20 PAGE NO. _____

6) DEED REFERENCE. DEED BOOK 1291 PAGE NO. 102

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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

C. D. Touchberry
OWNER

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

S. I. R. NO. 1693

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX II
SITE EVALUATION

T. C. # 193-322-20 35

(Ground Absorption Sewage Disposal)

OWNER: Touchberry Dev. Company
ADDRESS: 131 Providence Rd
COUNTY: Charlotte, N.C. 28207
LOCATION OF SITE: Idlewild Rd

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 43,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-6% U	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (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 in.) (Clayey Soils)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) PS 48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata Rock)	(S) none PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & internal)	(S) PS to ground water U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) Moderate U	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	✓ Provisionally Suitable			
SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

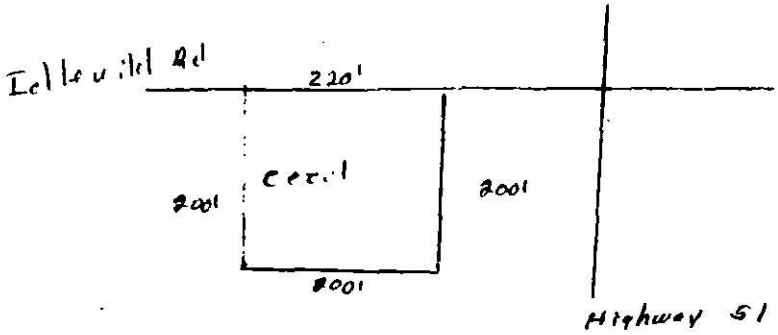
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies wet areas, fill areas, wells, water bodies, slope patterns, etc

Recommendations/Comments:

Described By: William A. Merlini

Title: Soil Scientist Date: 12-7-79

DHS Form 2601
Sanitation
EHD 539 (3/79)


Ledbetter Rd
220'
Cecil
200'
200'
200'
Highway 51

Serial No. 3240

PTR No. 16353

T C No po 193-322-20 33

Date Issued Dec. 10, 1979

Map Date 7/1/79

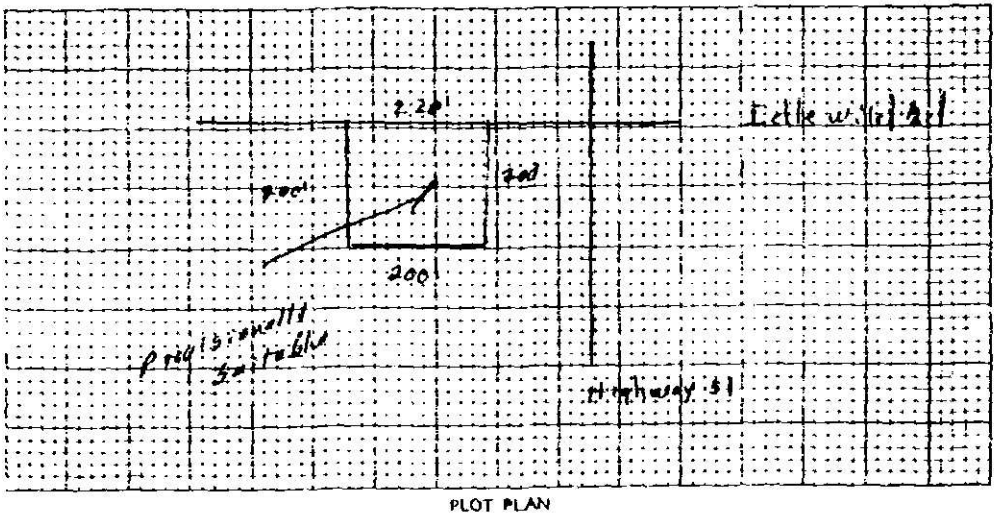
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER (LAST) (FIRST) (MIDDLE) Touchberry Development Company

ADDRESS OF OWNER 131 Providence Road, Charlotte ZIP 28207

LOCATION OF PROPERTY Idlewild Road, near N.C. 51 (STREET OR COUNTY ROAD)

SUBDIVISION property: M.P. Hoot 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 to that portion of the lot as indicated on the above plan.

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 system which has been approved by the Mecklenburg County Department of Environmental Health as an individual wastewater treatment system
2. The system shall be installed by a person certified by the Mecklenburg County Department of Environmental Health and approved for the type system indicated above and
3. The approval is granted to the property owner as listed above. Any person responsible for system installation must
4. The approval is granted only after tests of the soil in the area have been performed on the lot as shown on the plan by the Mecklenburg County Department of Environmental Health and indicated as acceptable for system installation. Any subsequent installation of additional or replacement wastewater 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

John R. Adkisson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 10/19/83

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No 16353

T C No 193-322

Map Date 2/1/79

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.

SEE ATTACHED SITE PLAN

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___Yes ✓No
Residence ___Yes ✓No

4) No of Bedrooms NA

5) Business Use Water No Employees (18th) 30

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
A Is the property within 200 feet of a public sewer? ___Yes ✓No
B Is the property within 200 feet of a community sewer? ___Yes ✓No

11) FHA Case No NA

12) VA Case No NA

13) NAME OF OWNER Touchberry Realty (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 131 Providence Road, Charlotte, N.C.

15) PHONE NO Home — Office 333-0171

16) LOCATION OF SYSTEM 13024 Idlewild Road, Matthews N.C. (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 12/10/79 P.S.

20) PTR NUMBER (See Instructions) 16353

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.

10/17/83
DATE OF APPLICATION

Judith R. Cole
OWNER AGENT OF OWNER

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Picked up 11-8-83

SIR No. 16353

Serial No. 6935

Date Issued 11-8-83

T. C. No. 193-322-33

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 Touchberry Realty (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 131 Providence Road, Charlotte, NC ZIP 28207

LOCATION OF LOT 13024 Idlewild 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 16353. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 4-3-84

Serial No. 07085

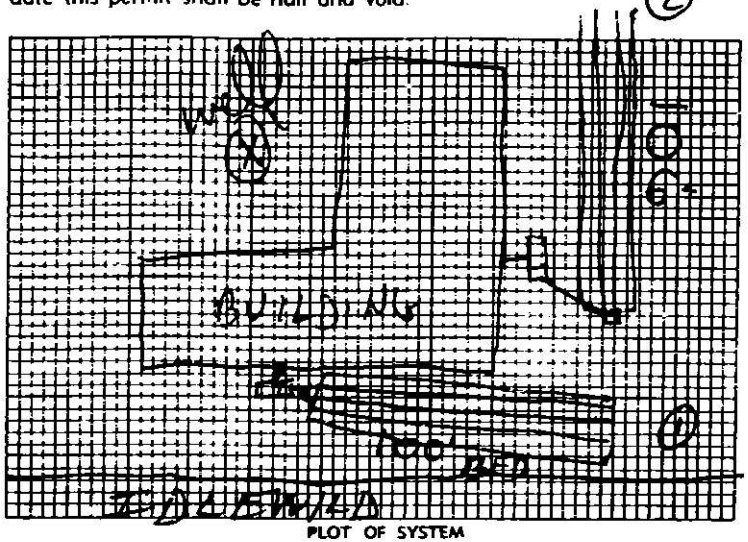
ICAR(S) Permit No. 16353

T C No 193-322-33

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 16353 dated _____ 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 5-3-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gl
1500 gl

Tank Construction PRECAST

Absorption and/or Nitrification Lines
425'

Total Line Length 300'

Number of Lines 3x100
4x106

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

NAME OF OWNER TOUCH BERRY REALTY

LOCATION OF PROPERTY 1324 IDLEWILD 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.

System 1

Comments: 9x160' bed w/ 3 lines w/ 18" stone system 2 5 line x 85' long x 3' wide w/ 12" stone w/ grid board w/ straw cover

B. Hamilton
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.

EHD-5-76

Health Department's Copy

C of A (s) No. 16353

Date Issued 4-5-84 Serial 6566 T C No 193-322-33

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 TOUCHBERRY (LAST) REALTY (FIRST) _____ (MIDDLE)

Location of Property 13024 IDLEWILD RD.

Application Number 16353 Permit Number 16353

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PRECAST

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 18" Cover Depth 2'

Water Supply Source Well Distance from Water Source 50+

Excavation Inspected 4-5-84 (DATE) Tank Inspected 4-5-84 (DATE)

Nitrification Field Inspected 4-5-84 (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(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 J. STEWART JOB

SYSTEM 1 of 2 on property

BED

Kelly Ramsdell
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

C of A Is) No 16353

Date Issued 4-5-84 Serial 6567 T C No 193-322-3 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 TOUCHBERRY REALTY (LAST / FIRST / MIDDLE)

Location of Property 13024 IDLEWILD RD

Application Number 16353 Permit Number 16353

Inspection Data:

Liquid Capacity of Tank 1500 GAL Tank Material PRECAST

Total Length of Drain Tile 425' Number of Lines 5

Depth of Filter Material 12" Cover Depth 2-3'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 4-5-84 (DATE) Tank Inspected 4-5-84 (DATE)

Nitrification Field Inspected 4-5-84 (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(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 J. STEWART JOB

SYSTEM 2 of 2 on property

Kelly Randolf

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY