Date Received 6-23-83

RECEIVED
JUN 23 1983
ENVIRONMENTAL HEALTH

Job # 934

SIR No. 19803

T. C. No. 223-201-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER William Trotter Company
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P. O. Box 35269 Charlotte, N. C. ZIP 28235

3) PHONE NO. Home _____ Office 333-8804

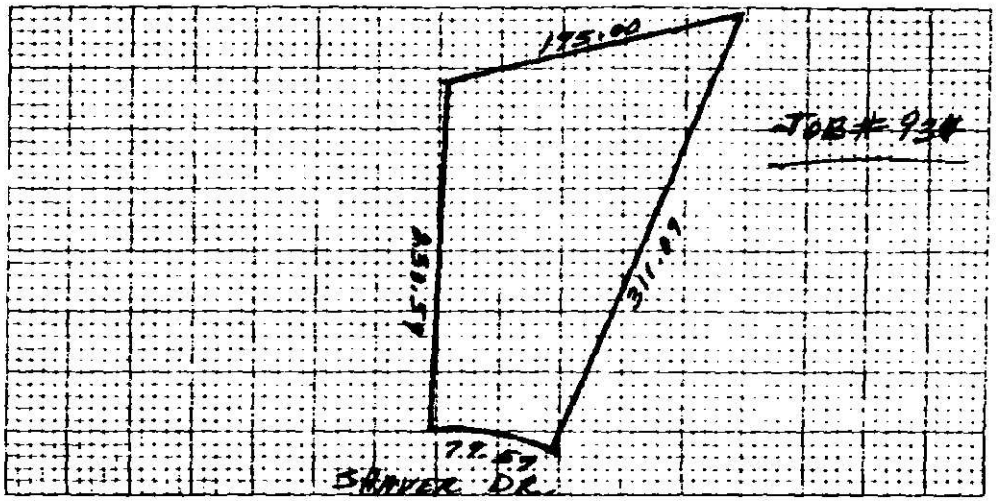
4) LOCATION OF PROPERTY Off Providence Road West
(STREET OR COUNTY ROAD)

5) SUBDIVISION Providence West LOT NO 2 BLOCK NO. 3

MAP BOOK NO _____ PAGE NO. _____ Address: 8816 Shaver Drive

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

By: Robert Trotter

OWNER William Trotter Company

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19803

T.C. NO. R-223-201-17

(Ground Absorption Sewage Disposal)

OWNER: William Trotter Jr.
ADDRESS: P.O. Box 35267 Charlotte N.C.
LOCATION OF SITE: 9311 Idlewood Rd.

PLAT NO: L2 B3
LOT SIZE: 36,941

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	S (PS) Complex Slopes 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) clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-40" U	S PS Depth Variable (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) 36"+ U	S PS 136" Rock separation (U) Fill	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) >48" PS U	S (PS) Eroded Areas (U) - Groundwater	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IV A	IV A		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil Clay Loam	Eroded Fill		

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)

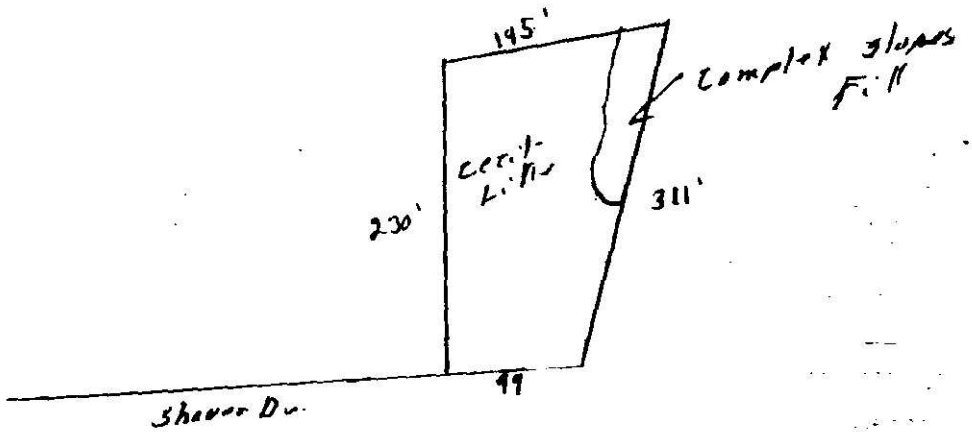
Recommendations/Comments: _____

Described by: William A. Martin
Title: Soil Scientist

Date: 7-25-83

EHD 539 (Revised: 6/82)

4


195'
Complex slopes
Fill
cent-
line
230'
311'
99
Shaver Dr.

Serial No. 5123

SIR No. 19803

T. C. No. 223-201-17

Date Issued 7-28-83

Map Date [illegible]

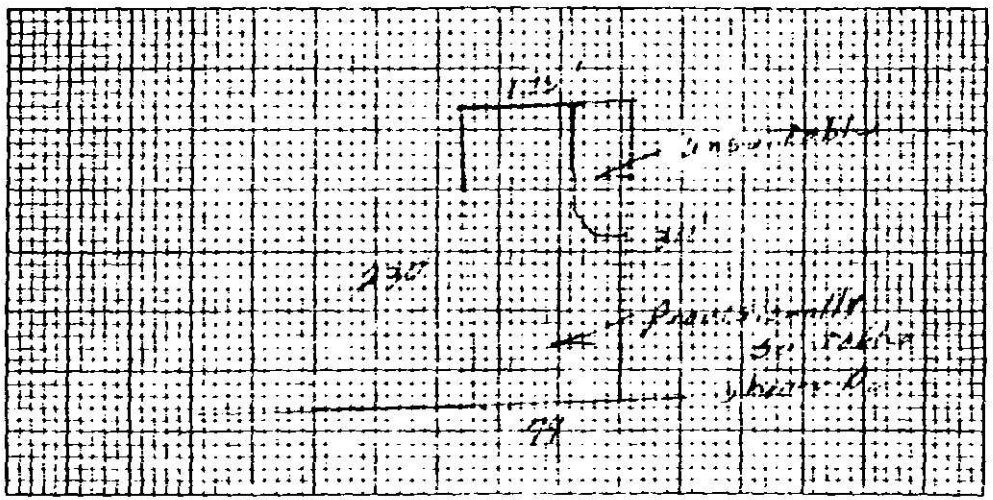
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER William Trotter Company
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER P.O. box 35269 Charlotte, NC ZIP 28235

LOCATION OF PROPERTY 8806 Shaver Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Providence West LOT NO 2 BLOCK NO. 3



PLOT PLAN

This is to certify that a soil investigation and [illegible] 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 [illegible] 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 condition

1. A permit to install a [illegible] wastewater treatment system must be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings that the wastewater treatment system on the said lot
2. The size of the septic tank wastewater treatment system which may be installed will be determined by the Mecklenburg County Department of Environmental Health prior to issuance of the permit on the permeability rate obtained above and on the size and type of building construction proposed
3. This approval is void if any of the [illegible] indicated as the [illegible] area indicated as acceptable for system installation on the above plot
4. This approval is void if any [illegible] grading or [illegible] prior to the [illegible] performed on the [illegible] which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable. A [illegible] shall be required for 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 newer revised laws, rules, and regulations been in effect on the issue date.

William R. Gibson
Soil Scientist

John R. Adkisson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued Feb. 28, 84

Serial No. 07006

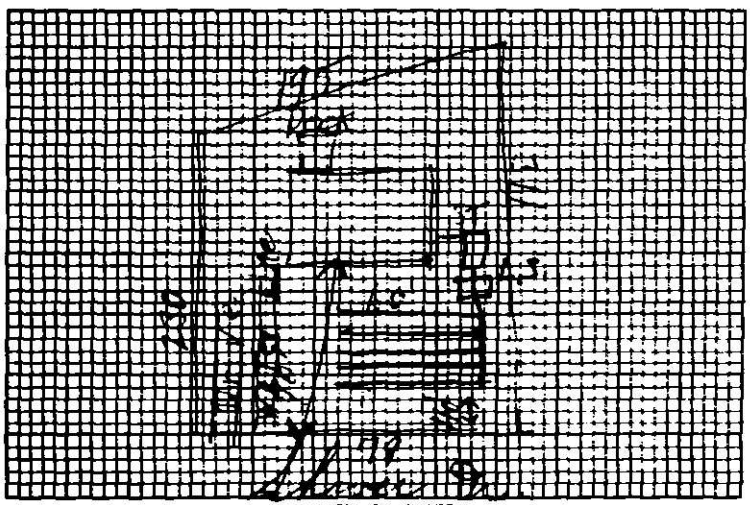
ICAR(S) Permit No. 19803

T. C. No. 10223-201-17

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 19803, dated 11-14-83 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 4-1-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank S.T. 1500 + L.S. 1000

Tank Construction RCC

Absorption and/or Nitrification Lines:

Total Line Length 300

Number of Lines 5

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well N/A

NAME OF OWNER William Jeffries Jr.

LOCATION OF PROPERTY 5806 Shaver St.

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.

5 trenches 3'X60'X12" stone. Straw cover & grade lots.

Comments: Set pump for 9" pumping cycle. High water alarm on separate breaker. Riser required.

B. L. Sanders
Division or Section Head

B. R. Ferguson
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

Environmental Health Department's Copy

Date Received 11-14-83 (CAR(S) Application No. 19803

T. C. No. RO 223-201-17

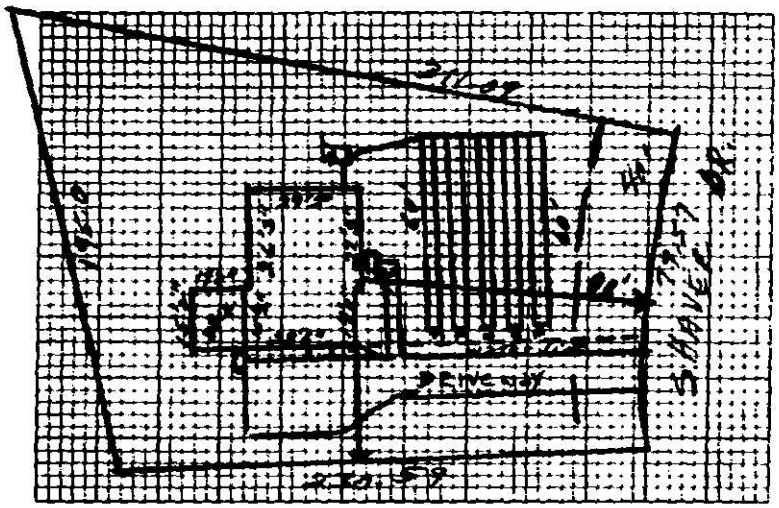
Map Date

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) X 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 X Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source X
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER William Trotter Company (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P. O. Box 35269, Charlotte, N. C. 28235

15) PHONE NO. Home NA Office 333-8804

16) LOCATION OF SYSTEM 8806 Shaver Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence West Lot No. 2 Block No. 3

Map Book No. 20 Page No. 323

18) DEED REFERENCE — DEED BOOK NA AT PAGE NA

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 7/26/83

20) PTR NUMBER (See Instructions) 19803

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.

November 14, 1983
DATE OF APPLICATION

OWNER William Trotter Company

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SE 11-30-83

Serial No. 6959

SIR No. 19803

Date Issued 11-15-83

T. C. No. PO 223-201-17

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 William Trotter Co.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 35269, Charlotte, NC ZIP 28235

LOCATION OF LOT 8806 Shaver Drive
(STREET OR COUNTY NO.)

SUBDIVISION Providence West LOT NO. 2 BLOCK NO. 3

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 19803. 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.

*** MAY REQUIRE LIFT STATION ***

Randy C Poole 125
Environmentalist

Eric D. Hamilton
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19803

Date Issued 3-7-84 **Serial 6456** T. C. No. 80 223-201-17

CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Trotter Troy William (LAST, FIRST, MIDDLE)

Location of Property 8866 Shaver Rd.

Application Number 19803 Permit Number 19803

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material TCC

Total Length of Drain Tile 300 Number of Lines 5

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Comm. Distance from Water Source —

Excavation Inspected 3-7-84 (DATE) Tank Inspected 3-7-84 (DATE)

Nitrification Field Inspected 3-7-84 (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

B. R. Ferguson
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: 19803
TC: 223-314 - 06
SERIAL: № 19255 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8806 (STREET NO) SHAVER DRIVE (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: PROVIDENCE WEST ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: CHERYL (FIRST) I. (MIDDLE) LOGAN (LAST)
⑨ MAILING ADDRESS: 8806 SHAVER DR
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) ~~542-4~~ 552-3825 ⑭ (HOME) 542-7313

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?
㉓ Type?
㉔ Maximum occupancy?
㉕ Maximum number of employees?
㉖ 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: Cheryl I. Logan
Date: 2/26/90

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 the Department.

... This permit is not transferable, and shall become null and void 5 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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

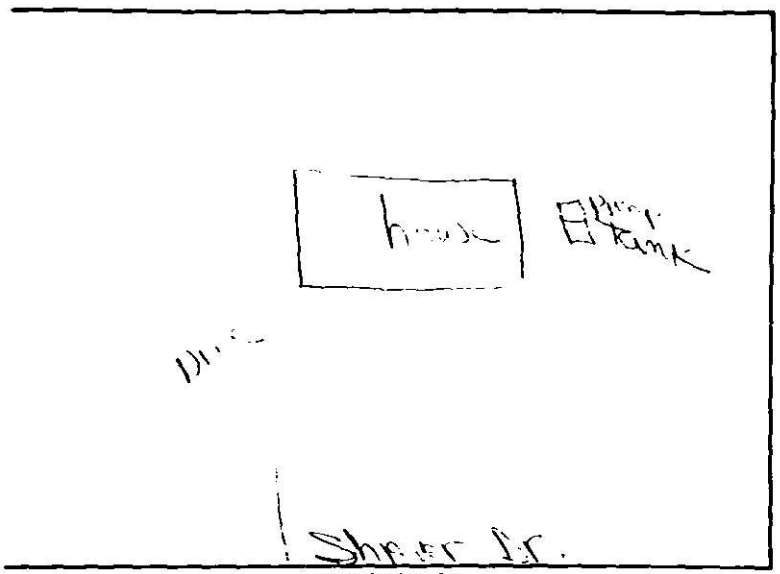
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 11203 DATE: 2/21/90

TC: 223 21 : N O L

SERIAL Nº 14544

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 2-26-90. All work shall be completed on or before 3-21-90, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Repair

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NAME OF OWNER Logan Craig

LOCATION OF PROPERTY 8804 Shear Drive

Comments: Replace Up to Pump Tank - Install Tank to Shear Dr Right

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: 19803 DATE: 3/2/90

TC: 223 214 06 ☐ L ☐ CRT

SERIAL № 13187

Name of Owner Cheryl Logan Juris.: Char.

Address of Property 8806 Shovec Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield —

Number of Lines — @ —

Cover Depth —

Water Supply Source —

Distance to Water Source —

Excavation Inspected Y

Tank(s) Inspected Pump Tank Y

Wash Line Inspected —

High Water Alarm Inspected Y Dry

PLOT

Design: Pump Tank Repair & Hook up, 1990 CTR# 5

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: 1500 gal. pump tank installed, pump & electrical components put back in place.

Tim Whittaker, R.S.
Environmentalist

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