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

SIR. NO. 21601
T.C. NO. PO 113-164-08
DATE: 11-8-84

Smoky Hollow Corporation
P.O. Box 35450
Charlotte, NC 28235

RE: Property located at Mt. Olive Church Road, Tract 2

Dear Sirs:

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

21601

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2154

T.C. NO. 80 113-1648

(Ground Absorption Sewage Disposal)

OWNER: Lindsey Hollow Corp
ADDRESS: PO Box 35456 Charlotte, NC 28235

PLAT NO: Tract 2
LOT SIZE: 23.592

LOCATION OF SITE: Mt Calvary Church Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-6%	S PS (U) — complex slopes	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — sandy clay	S (PS) U — clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — blocky	S (PS) U — blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 36-40"	S PS (U) — < 36"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S — >36" (PS) U	S PS — < 36" (U)	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S — >36" to ground water (PS) U	S PS — Eroded Areas channel runoff (U)	S PS U	S PS U
7. OTHER (Specify)	S — Limited Area for Repair PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA	IIIA		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Complex slopes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

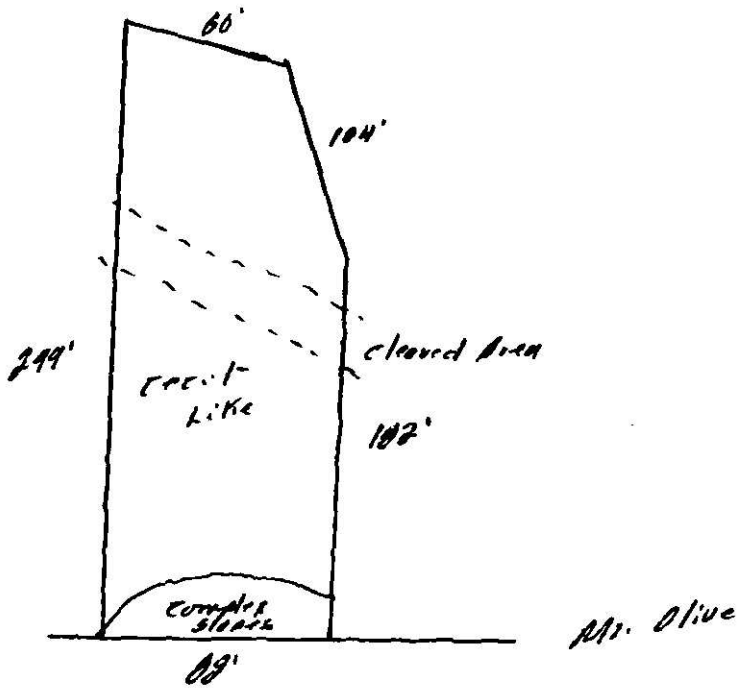
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Limited area - Lot 10 feet wide

Described by: William R. Martin
Title: Soil Scientist

Date: 11-7-84

1H


60'
104'
299'
creek like
cleared area
102'
complex slopes
Mt. Olive
89'

Date Received 11-14-84

RECEIVED
NOV 14 1984
ENVIRONMENTAL HEALTH

CAR(S) Application No. 21601

T. C. No. PO 113-164-08

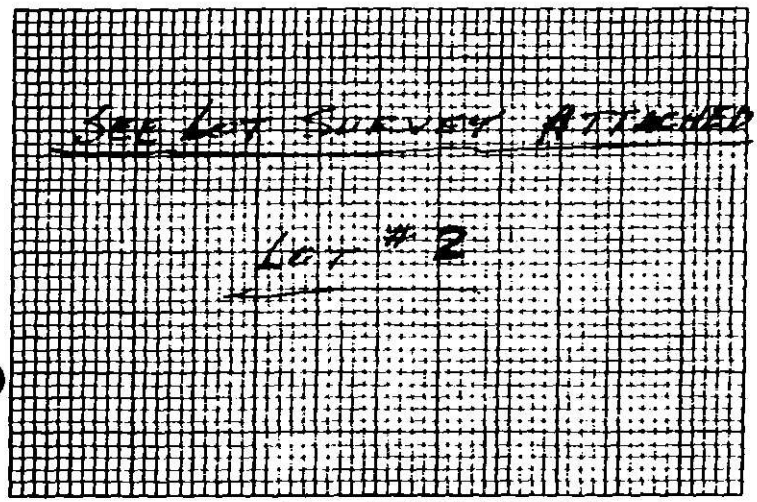
Map Date 11-8-84

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.



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. ___

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Smoky Hollar Corp (OWNER) Sloan (LAST) Mangum (FIRST) W. (MIDDLE) (Agt.)

14) ADDRESS OF OWNER P.O. Box 35450, Charlotte, N.C. - 28235

15) PHONE NO. Home 333-1879 Office 376-6353

16) LOCATION OF SYSTEM 4409 Mount Olive Church Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Smoky Hollar Corp Lot No. 2 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.

Nov. 13, 1984
DATE OF APPLICATION

Will Sloan, Agent
OWNER

BHR-5-76

Environmental Health Department's Copy

Date Issued 11-19-84

Serial No. 8001

SIR No. 21601

T. C. No. PO 113-164-08

Map Date L CLT

IMPROVEMENT PERMIT

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 Smoky Hollar Corporation
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 35450, Charlotte, NC ZIP 28235

LOCATION OF LOT 4409 Mt. Olive Church Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. Tract I 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 21601. 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

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

EHD-5-76

Environmental Health Department's Copy

Date Issued 3-1-85

Serial No. 07911

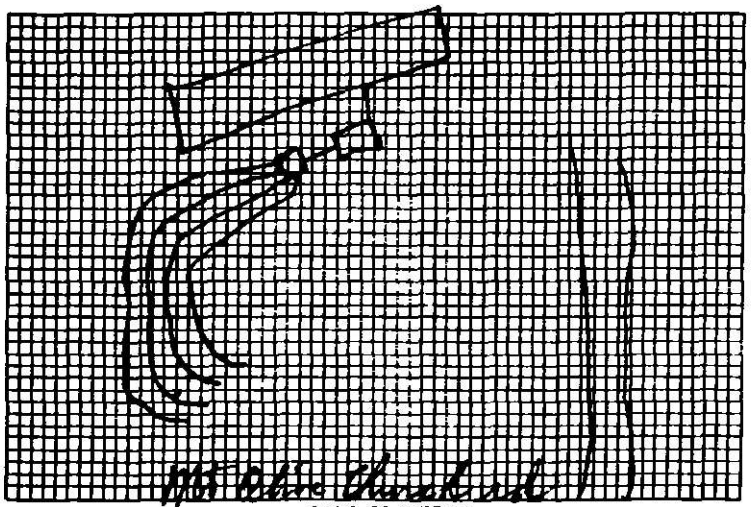
ICAR(S) Permit No. 21601

T. C. No. 113-164-08

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 21601, dated 11-13-84 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 4-1-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Pt

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well Town

NAME OF OWNER Mangum Sloan

LOCATION OF PROPERTY 4469 Mt. Olive Church 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.

4 lines 3'X 75'X 12" stone

Comments:

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 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-8-76

Environmental Health Department's Copy

C of A (s) No. 21601

Date Issued 3-4-85 **Serial** 7322 P.O. T. C. No. 113-164-08

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 Sloan (LAST) Maryum (FIRST) (MIDDLE)

Location of Property 4409 Mt. Olive Church Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 300' Number of Lines 4

Depth of Filter Material 12" Cover Depth 12"-30"

Water Supply Source Comm Distance from Water Source 100'

Excavation Inspected 3-4-85 (DATE) Tank Inspected 3-4-85 (DATE)

Nitrification Field Inspected 3-4-85 (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 _____

B. K. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy