Date Received 6/2/78

APT No. 14157

T. C. No. [illegible]

Map Date 4.5.78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Glendenning (LAST) ~~Malcolm~~ Malcolm E. (FIRST, MIDDLE)

2) ADDRESS OF OWNER 4718 Addison Drive Charlotte, N. C. ZIP 28211

3) PHONE NO. Home 366-0909 Office

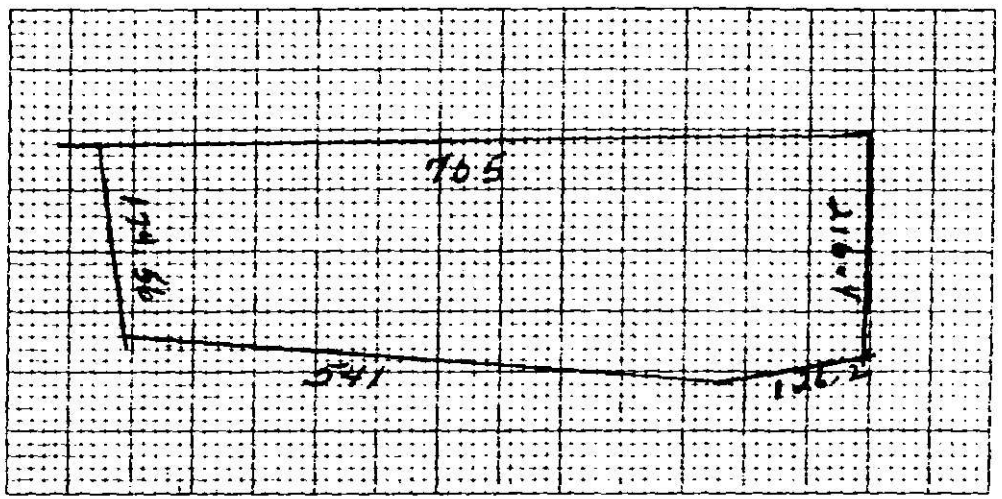
4) LOCATION OF PROPERTY Lot 66 Alpine Circle (STREET OR COUNTY ROAD)

5) SUBDIVISION Lakeside Acres LOT NO. 66 BLOCK NO.

MAP BOOK NO 7 PAGE NO. 71

6) DEED REFERENCE DEED BOOK ~~XXXX~~ 1731 PAGE NO. 591

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

Malcolm E. Glendenning

OWNER

EHD-5-76

Environmental Health Department's Copy

Apt. 14157

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

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Malcolm C. Clarkson DATE REQUESTED: 6/2/75
ADDRESS: 178 Addison Dr. 2821 PLAT NO.:
COUNTY: Mecklenburg LOT SIZE: ≈ 175,400 sq ft.
LOCATION OF SITE: Lot 66 Alpine Park Sec 1 Cox Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%) *	S 15-30% (PS) 15-30 & hilly U hilly	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S sandy PS (U) 2:1 clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS (U)	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS ≤ 49" (U)	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S PS impervious (U)	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S (PS) U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS (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	Cullen			

S - Suitable PS - Provisionally Suitable U - Unsuitable

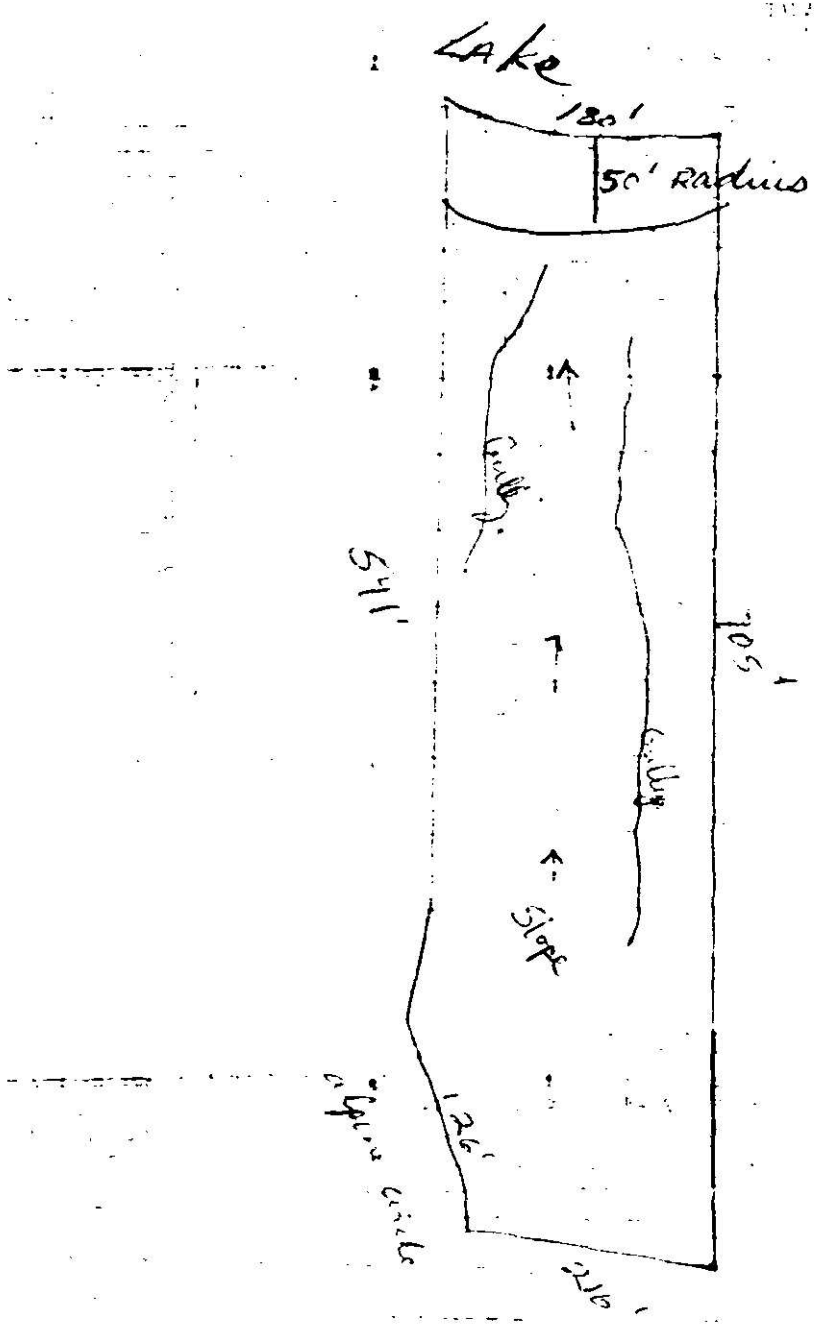
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments: * Some puddling & erosion

Described By: Steve Cowell

Title: Environmentalist Date: 6/3/75

DHS Form 2601 (2/77)
Sanitation


Lake
180'
50' Radius
541'
705'
Slope
126'

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

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SIR.NO. 14157
T. C.NO. 227-092-08
MAP DATE 4-5-78
DATE 6-9-78

NAME OF OWNER Glendenning, Malcolm G.

ADDRESS OF OWNER 4718 Addison Drive Charlotte, NC 28211

LOCATION OF LOT Alpine Circle Lot 66

At your request and pursuant to Section. 1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Health Services, Subchapter 10A, a site evaluation has been made for an on premises ground absorption sewage disposal system on the property designated above and the following conditions were found:

Soil Structure Massive
Soil Permeability Unsuitable
Site Classification Unsuitable

Section 10 of the North Carolina Administrative Code 10A, .1910 of these regulations states "Sites originally classified as unsuitable may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soils studies indicate to the local agency that a suitable alternate system can reasonably be expected to function satisfactorily.

Section 10, North Carolina Administrative Code 10A, .1916 states that "The design, construction, and maintenance of ground absorption sewage systems, whether septic tank systems or alternate systems shall be the responsibility of the owner, developer. installer, and user of the system as applicable in the circumstances."

We would also advise you that according to Regulation 10, North Carolina Administrative Code 10A, . 1916(b), "Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect compliance with the provisions of this section shall in no way be taken as a guarantee that sewage disposal systems approved and permitted will function in a satisfactory manner for any given period of time or that such employees assume any liability for damages, consequential or direct, which are caused or which may be caused, by a malfunction of such system.

These regulations became effective July 1, 1977. Since that time the second sentence of Section .1910(c) has been found to be nugatory. For this reason, if you desire to file for permission to install an "alternate" system you should present this office with your proposals in the form of plans and specifications. These would be reviewed and if it is found that the system may reasonably be expected to function satisfactorily approval may be given on the execution by you of a "Septic Tank Agreement Form" available in this office.

John R. Adkisson, Environmentalist

EHD #584

R

SEE INSTRUCTIONS ON BACK

Date Received 8/20/79

ICAR (S) Application No. 14157

T. C. No. 227-092-08

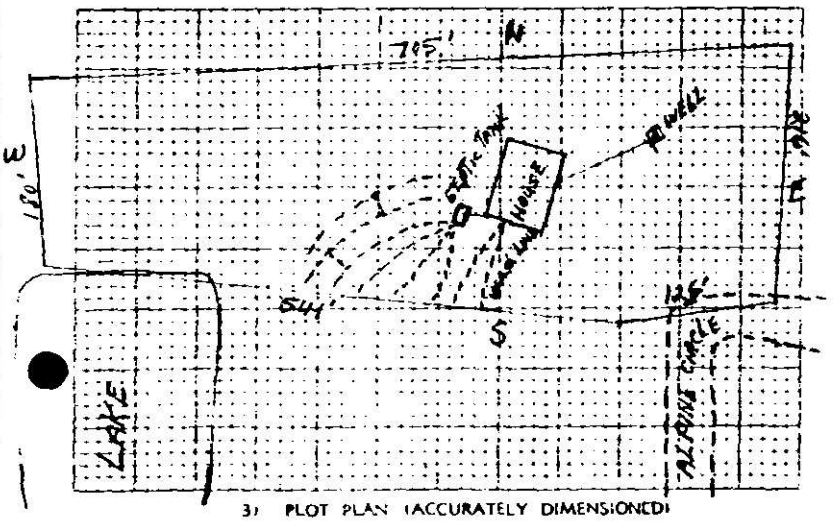
Map Date 4-5-78

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 [redacted] McCLAIN, WILLIAM T.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 9010 ALPINE CIRCLE, MATTHEWS, N.C.

15) PHONE NO. Home ____ Office [redacted] 847 0260

16) LOCATION OF SYSTEM 9010 ALPINE CIRCLE
STREET OR COUNTY ROAD

17) SUBDIVISION LAKESIDE ACRES Lot No 66 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____ Unavailable

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 6/2/78

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.

DATE OF APPLICATION

William T. McClain
OWNER

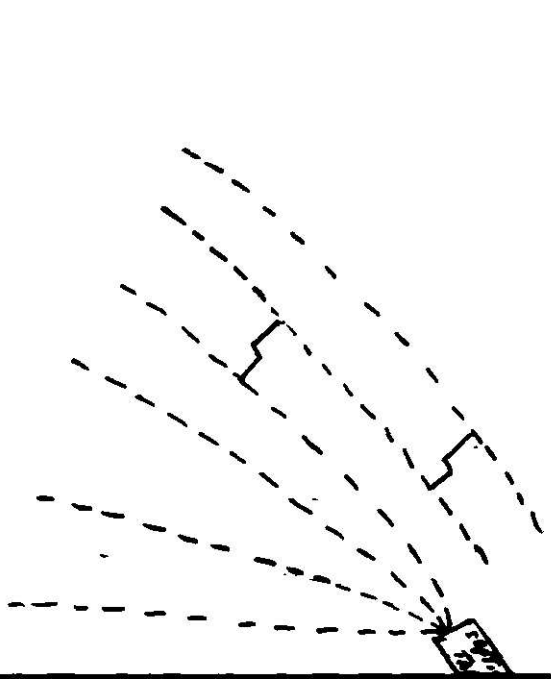
EHD-5-76

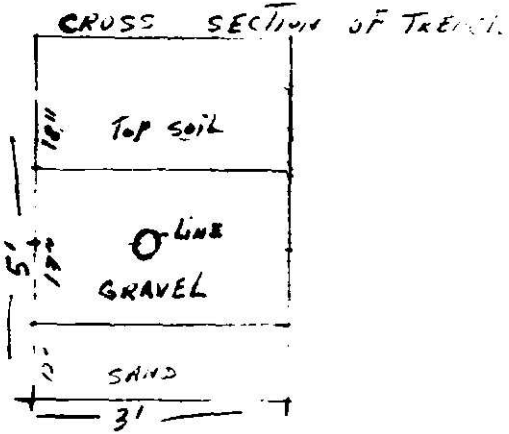
ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

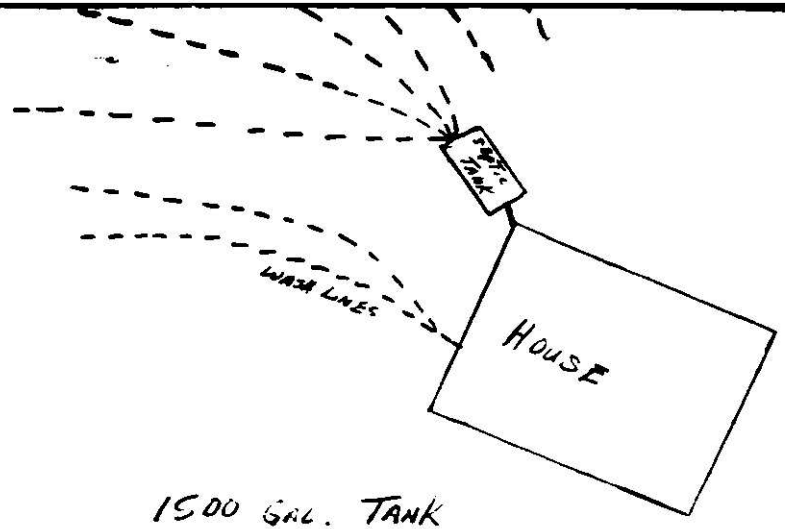
14157

ALTERNATE SEPTIC TANK PLANS

William T. McCLAIN
9010 ALPINE CIRCLE
MATTHEWS, N.C. 28105







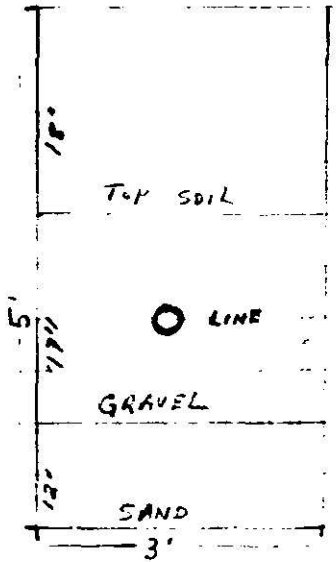
1500 GAL. TANK

6 TRENCHES 85' LONG FOR SEPTIC TANK

2 TRENCHES 75' LONG FOR WASH MACHINE

WELL

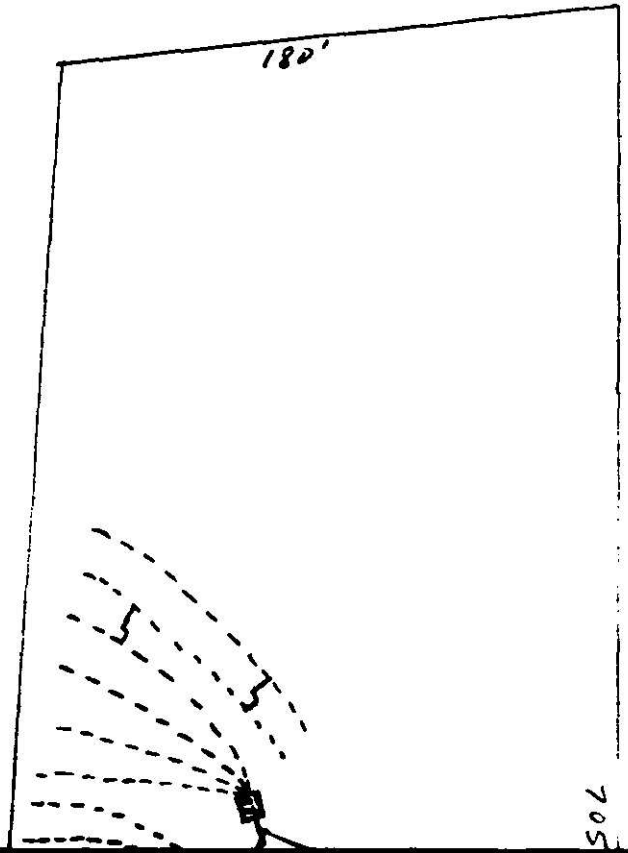
CROSS SECTION OF TRENCH

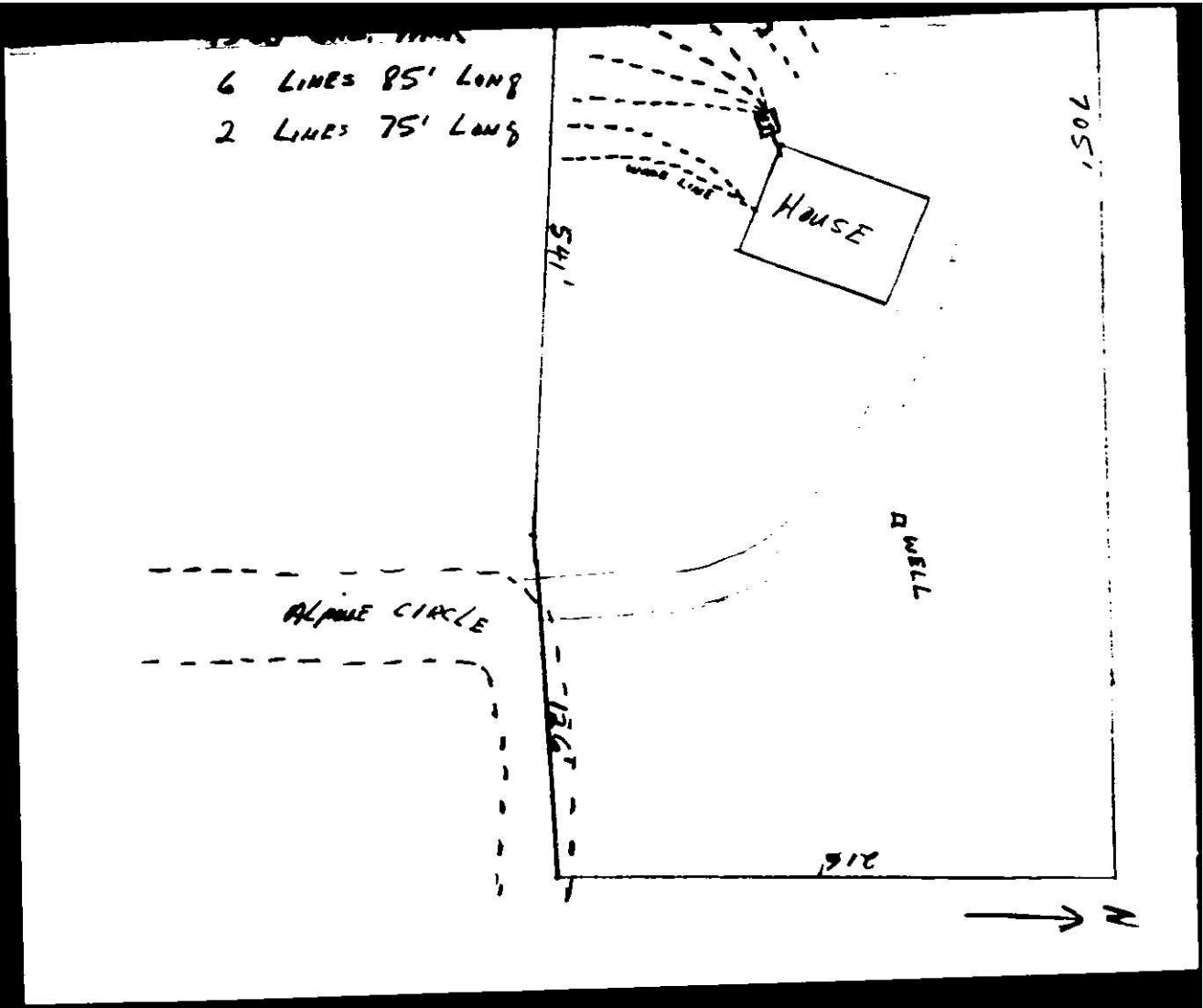


1500 GAL. TANK

6 LINES 85' LONG

2 LINES 75' LONG




6 LINES 85' LONG
2 LINES 75' LONG
HOUSE
WELL
ALPINE CIRCLE
N

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

SEPTIC TANK AGREEMENT 4157

COPY

The undersigned, William T. McClain & wife Diane W., owner of property located at 9018 Alpine Circle, Matthews, NC - Lot #66 (P), ("the site") and described in instrument recorded in Book 4111 at Page 110, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as UNSUITABLE and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time, or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused, by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns, that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure, of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 30 day of AUGUST, 1979.

William T. McClain (Seal)

Diane W. McClain (Seal)

STATE OF NORTH CAROLINA,
COUNTY OF MECKLENBURG

I, Betty A. Harlan, a Notary Public for said County and State, do hereby certify that William T. McClain & Diane W. McClain, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 31st day of Aug, 1979.

Betty A. Harlan
Notary Public

My Commission Expires: 10-25-80

STATE OF NORTH CAROLINA,
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____ as its _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

My Commission Expires: _____

Serial No. 3472

LA No. 14157

Date Issued September 4, 1979

T. C. No. 227-092-08

Map Date 4/5/78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER McClain, (LAST) William (FIRST) T. (MIDDLE)

ADDRESS OF OWNER 9010 Alpine Circle, Matthews ZIP _____

LOCATION OF LOT 9010 Alpine Circle, Matthews (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 14157. 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, altred, 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.

*******AGREEMENT FORMS SIGNED AND NOTARIZED AND PLACED ON RECORD***8/31/79)

Environmentalist

John R. Atkisson

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial 3606

Date Issued 2-13-80

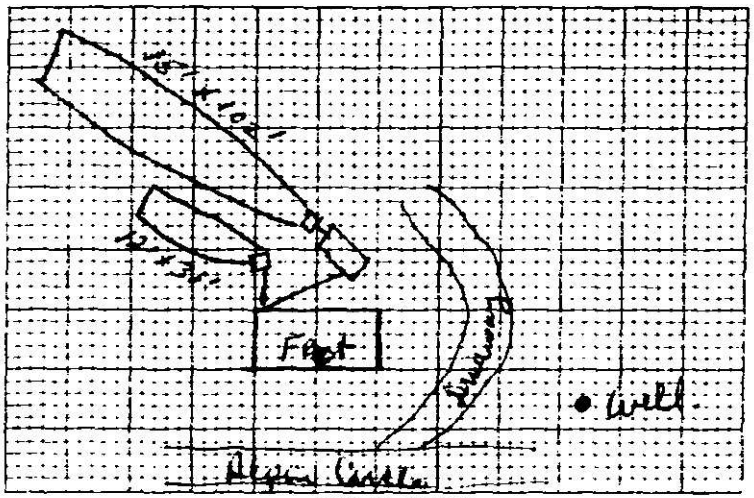
ICAR(S) Permit No. 14157

T. C. No 227-092-08

Map Date 4-5-78

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 14157, dated 8/20/79 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 3/30/80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate VS

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 510' + 150'

Number of Lines 5' + 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER William T. McClain

LOCATION OF PROPERTY 9010 Alpine Circle (Matthews, NC)

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.

15' x 102' + 17" Stone + 12" Sand on Septic System

121 x 38' + 17" Stone + 12" Sand on Washing Machine

Division or Section Head

Bob Lucas
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

Environmental Health Department's Copy

C of A (s) No. 14157

Date Issued 4-24-80 Serial 3666 T. C. No. 227-052-08

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner McClain (LAST) William (FIRST) T (MIDDLE)

Location of Property 9010 Alpine Circle

Application Number 14157 Permit Number 14157

Inspection Data:

Liquid Capacity of Tank 1560 gal Tank Material P.C.

Total Length of Drain Tile 220' Number of Lines 5

Depth of Filter Material 17" + 6" sand Cover Depth 15" +

Water Supply Source well. Distance from Water Source 50' +

Excavation Inspected 4-24-80 (DATE) Tank Inspected 4-24-80 (DATE)

Nitrification Field Inspected 4-24-80 (DATE)

Washing Machine Line Inspected, If Applicable 4-24-80 (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 _____

Bob Wilson
Environmentalist

EHD-S-76

Environmental Health Department's Copy