Date Received 3-1-84

MECK CO HEALTH DEPARTMENT OF RECEIVED

SIR No. 20717
T. C. No. 231-111-04
Map Date 8/83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Providence Woods, Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 1740 E. Independence Blvd. Charlotte, N.C. 28205
(ZIP)

3) PHONE NO Home — Office 704-372-2565

4) LOCATION OF PROPERTY Amanda Dr.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Woods LOT NO 56 BLOCK NO. V

MAP BOOK NO ___ PAGE NO ___

6) DEED REFERENCE DEED BOOK 4571 PAGE NO 693-694

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

Please see attached map

7) ACCURATELY DIAGRAM & DIMENSION LOT

F. P. Merriman
OWNER Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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

SIR. NO. 20717
T.C. NO. PO 231-111-04
DATE: 4-6-84

Providence Woods, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Amanda Drive, Lot 56, Blk. 5

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.

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

PROPOSED PLOT PLAN

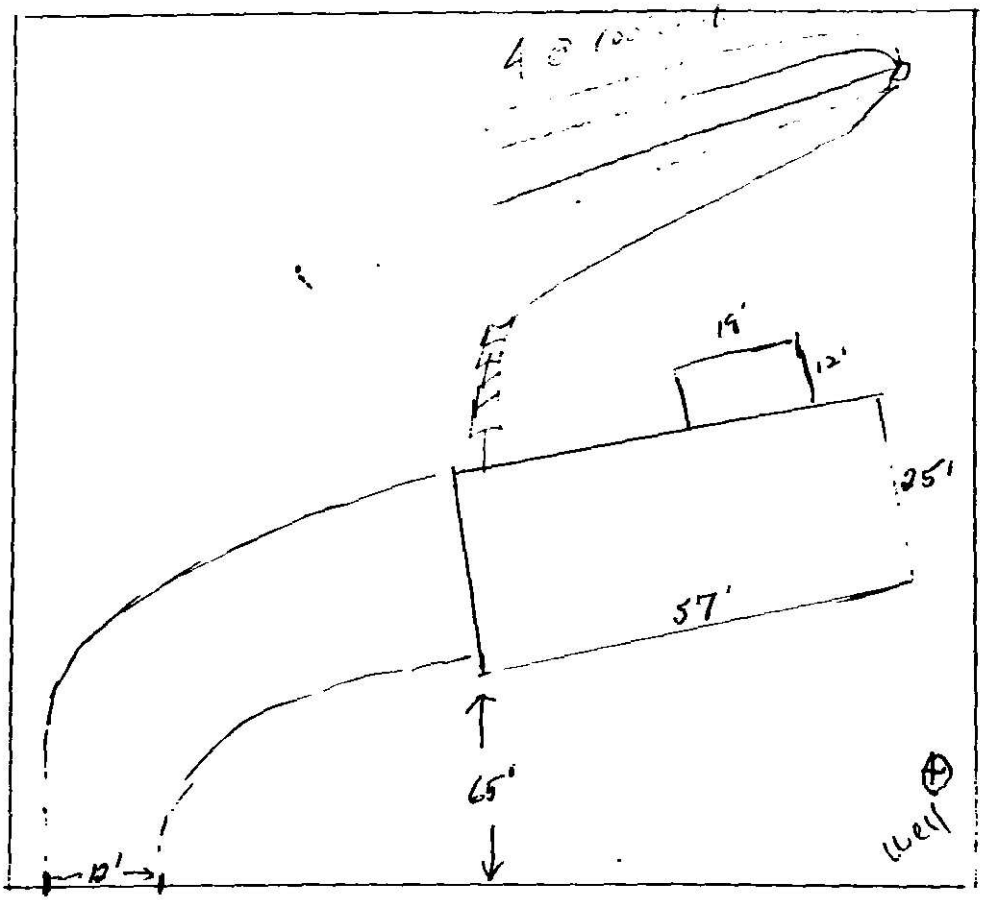
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 20717

TC: _____

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.



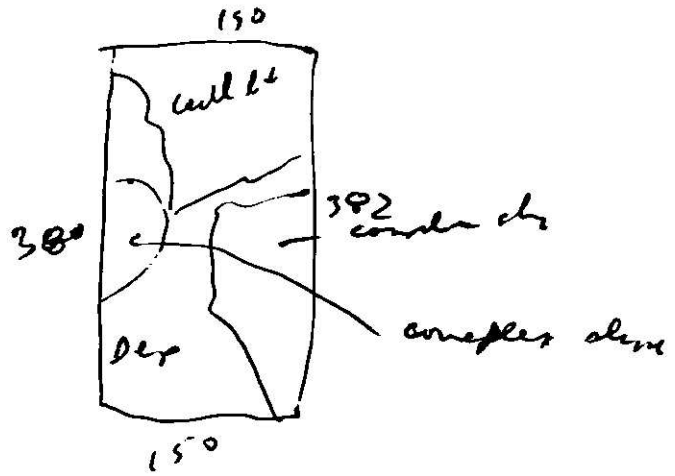
AMANDA Drive

Lot 456

640 Amanda Dr

Signed: Donald Figart

Date: 3-17-87


150
380
382
complex slope
150

PROPOSED PLOT PLAN

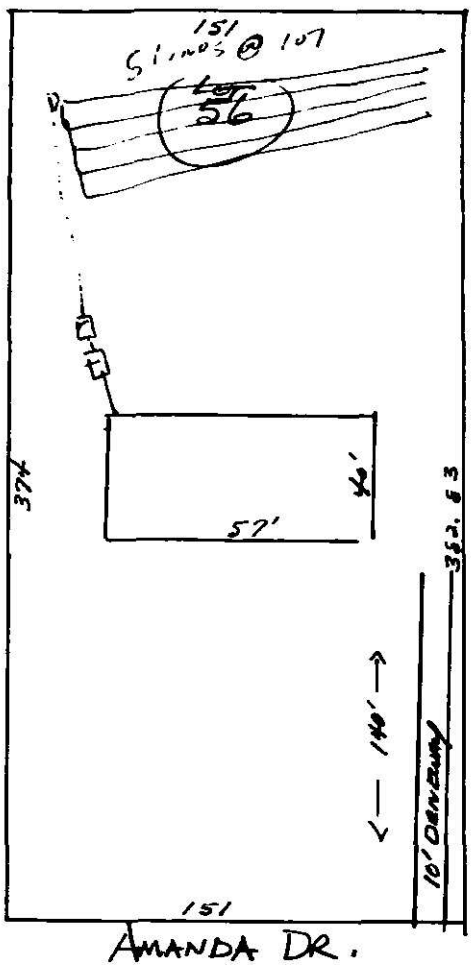
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: _____

TC: _____

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.



Signed: _____

Date: _____

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20717

T.C. NO. PO 231-11104

(Ground Absorption Sewage Disposal)

OWNER: Providence Woods, Inc.
ADDRESS: 1740 E. Independence Blvd.
Charlotte, N.C. 28205
LOCATION OF SITE: Amanda Dr

PLAT NO: L 56 BK
LOT SIZE: 56,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-10% PS U	S PS (U) complex slopes	(S) 2-10% 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) Clay U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) 36-48" U	S (PS) Blocky U	S (PS) Blocky U	S PS U
4. SOIL DEPTH (inches)	S (PS) >36" U	S PS (U) <36"	S (PS) 36-48" U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) >36" U	S PS (U) <36"	S (PS) >36" U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) >48" to ground water PS U	S PS (U) Eroded Areas, channel runoff	S PS (U) Depression Drainage-way	S PS U
7. OTHER (Specify)	S (PS) Limited Area U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA	IVA	IVA	
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil-Like	complex slopes	Depression Drainageway	

S - Suitable PS - Provisionally Suitable U - Unsuitable

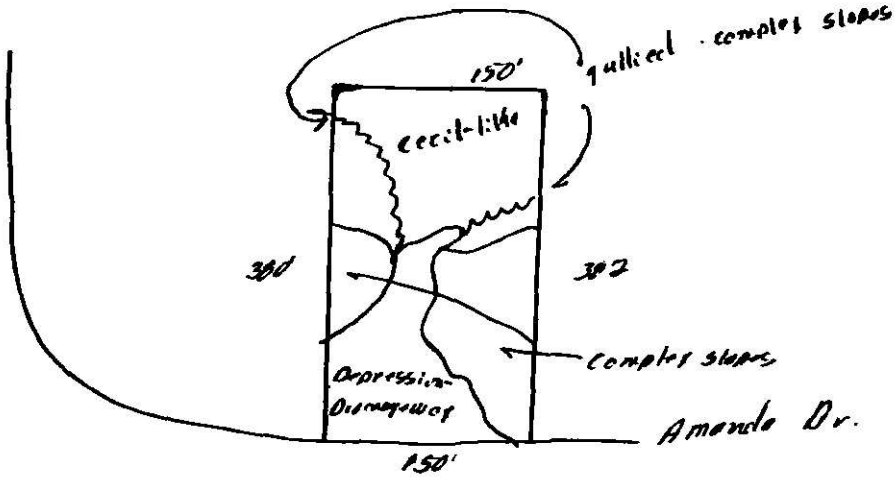
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Limited Area - Recommend plans be submitted for house, well, & system locations

Described by: William A. Marlin
Title: Soil Scientist

Date: 4-3-84

HL


gullied complex slopes
150'
cecil-like
380
382
complex slopes
Depression-
Drainageway
Amanda Dr.
150'

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: 20717

TC:

SERIAL: № 11155

☒ L ☐ CRT

COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED JUL 2 1986

JOB LOCATION

① ADDRESS: 640 (STREET NO) Amanda Dr. (STREET) ② FILE:

③ JURISDICTION: Meck ④ TAX PARCEL NO.: 23111215

⑤ SUBDIVISION: Providence Woods Phase V ⑥ LOT: 56 ⑦ BLOCK:

OWNER

⑧ NAME: Futrelle and Associates, Inc. (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 7506 E. Independence Blvd. Suite 113

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 535-8955 ⑭ (HOME)

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 ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4 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: [signature]

Date: 7/18/86

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 36 months from the date of issuance.

* LIFT STATION WILL BE REQUIRED *

Kelly Randall 8-7-86
Environmental Date

John Atkinson 8/7/86
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.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

MECK COUNTY DEPARTMENT OF
RECEIVED
MAR 17 1987
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: 20717
TC:
SERIAL: № 12761 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 140 Amanda Drive (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 23111215
⑤ SUBDIVISION: Providence Woods Plan V ⑥ LOT: 56 ⑦ BLOCK:

OWNER

⑧ NAME: Ronald Figart (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 7501 Cedar Circle Drive
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28210
⑬ PHONE: (WORK) 543-0515 ⑭ (HOME)

REQUEST

This request is for an:
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 ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 5 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: Ronald Figart
Date: 3-17-87

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 36 months from the date of issuance.

* LIFT STATION WILL BE REQUIRED *

[signature] 3-18-87
(Environmental Sanitarian) Date

[signature] 3-19-87
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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

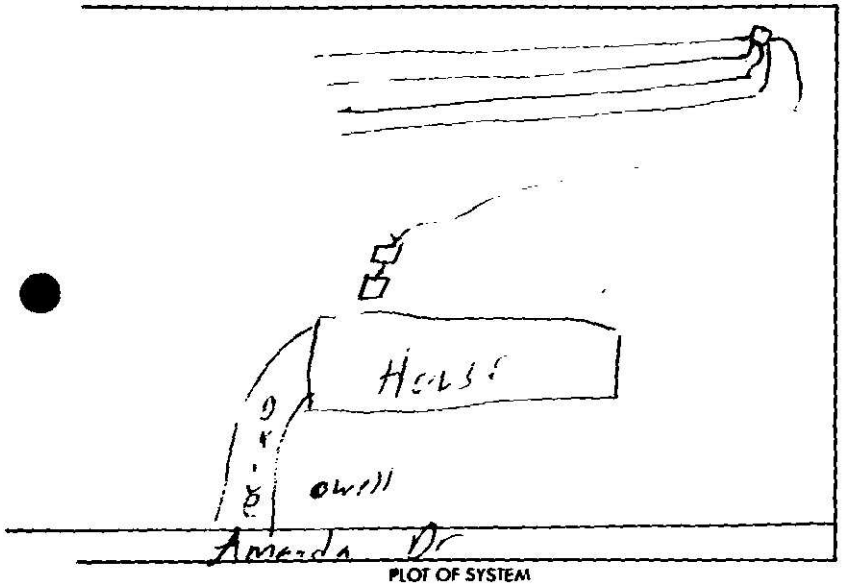
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20717 DATE: 8-19-87

TC: 231-112-15 ☑ L

SERIAL № 11211

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 3-17-87. All work shall be completed on or before 9-19-87, 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 Department of Environmental Health 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PC²

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines Four

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Ronald Liyart

LOCATION OF PROPERTY 640 Amanda Dr.

Comments: Four Trench 100' X 3' X 12" Stone, Dist Stat...

[signature], R.S.
Division or Section Head

[signature]
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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20717 DATE: 11-2-87

TC: 231-112-15 ☐ L ☒ CRT

SERIAL № 10609

Name of Owner Ronald Ligart Juris.:

Address of Property 640 Amanda Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 250'

Excavation Inspected 8-20-87

Tank(s) Inspected 8-20-87

Wash Line Inspected —

High Water Alarm Inspected 11-2-87

PLOT

Design: 1987, 1500ST, 1000DI, PI, con, 1200SFT, 126, [illegible] CTR#

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:

Jim Ericson
Environmentalist

JRE

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