Date Received 22 5-7-84

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 21089

T. P. No. 027-171-20

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office 1-800-[illegible]-1165

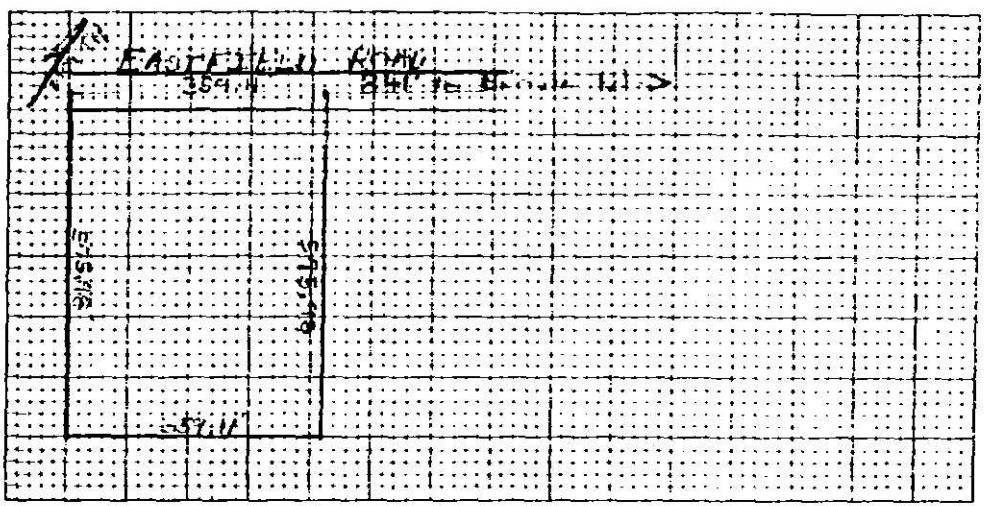
4) LOCATION OF PROPERTY 11100 Eastfield Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4 PAGE NO [illegible]

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

[illegible]
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21-84

T.C. NO. 21-84-11-20

(Ground Absorption Sewage Disposal)

OWNER: Margaret W. Lee
ADDRESS: Rt. 1, Box 23, Lake Rd. Lake Wylie

PLAT NO:
LOT SIZE: Approx. 2 acres

LOCATION OF SITE: 4131 Tuckaseigee Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-8% U	S 2-6% PS 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 2:1 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 40" U	S PS 24-36" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S 32" PS U	S PS 24-36" U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP				
9. SITE CLASSIFICATION				
10. SOIL SERIES				

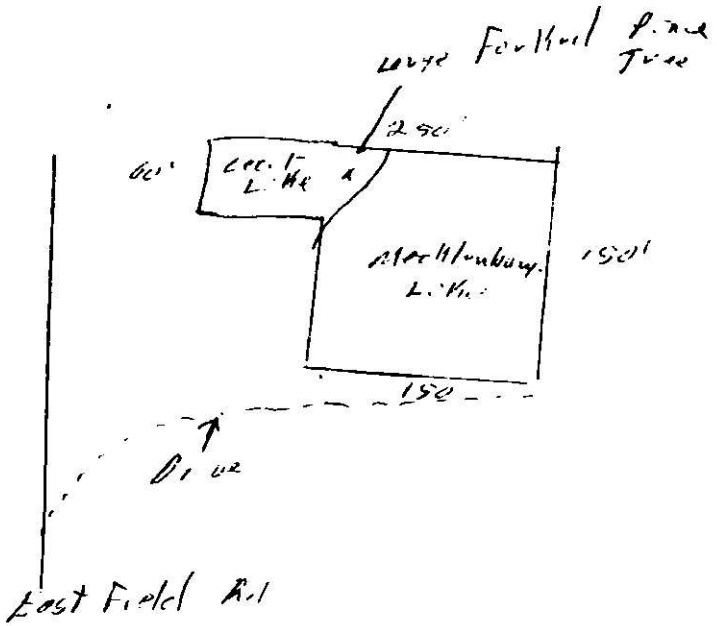
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: System will probably require LPP pump

Described by: William A. Harris
Title:

Date: 6/13/84


Large Forked Pine Tree
250'
60'
Cecil Lake
Mecklenburg Lake
150'
150
Drive
East Field Rd

Serial No. 5897

SIR No. 21089

T. C. No. PO 027-171-20

Date Issued ¢ 6-15-84

Map Date

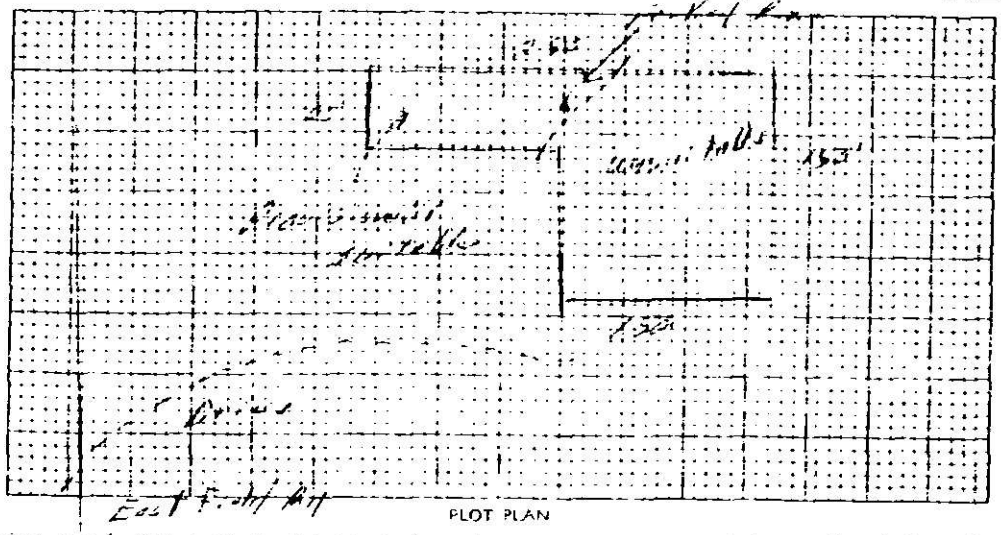
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER McLeod, Margaret Darden
LAST FIRST MIDDLE

ADDRESS OF OWNER Rt. 1, Box 580, Huntersvile, NC ZIP 28078

LOCATION OF PROPERTY 11100 Eastfield Road
STREET OR COUNTY ROAD

SUBDIVISION 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 [illegible] The said investigation was conducted on that portion of the lot as indicated on the above plot.

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. [illegible] the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the said [illegible]
2. The [illegible] determined by the Mecklenburg County Department of Environmental Health [illegible] and on the [illegible]
3. [illegible] installation on the above plot.
4. [illegible] which [illegible] indicated as acceptable for [illegible] 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 valid 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 revised laws, rules and regulations been in effect on the issue date.

William [illegible]
Soil Scientist

Bill D. Hardister Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

SEE INSTRUCTIONS ON BACK

Date Received 22 [illegible]

ICAR (S) Application No 21089

T/C No 027-171-20

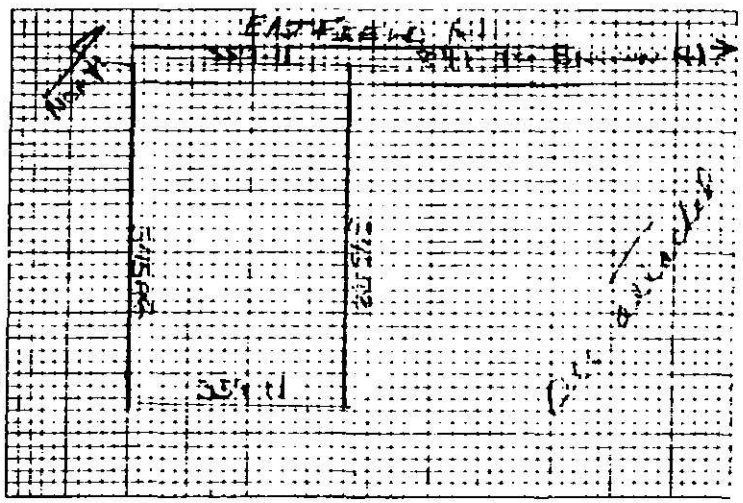
Map Date L

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 ___
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 [illegible]
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM 1100 [illegible]
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 ___

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.

[illegible]
DATE OF APPLICATION

[illegible]
OWNER

EHD-5-76

[illegible] Copy

C of A (s) No. 21089

Date Issued 11-14-94 **Serial** 7126 T C No 03-12-50 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 McLeod (LAST) Margaret (FIRST) ____ (MIDDLE)

Location of Property 11100 Lakefield Rd

Application Number 21089 Permit Number 21089

Inspection Date:

Liquid Capacity of Tank 1500 gal. S.T. 1000 gal. L.S. Tank Material PCC

Total Length of Drain Tile 410' Number of Lines Four

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 250'

Excavation Inspected 11-14-94 (DATE) Tank Inspected 11-14-94 (DATE)

Nitrification Field Inspected 11-14-94 (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~~ 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 permits 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 ____

Jim Sadler
Environmentalist

EHD-5-76

Date Issued 6-15-84

Serial No. 7587

SIR No. 21089

T. C. No. PO 027-171-20

Map Date L CPT

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 McLeod, Margaret Darden
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 560, Huntersville, NC ZIP 28078

LOCATION OF LOT 11100 Eastfield Road
(STREET OR COUNTY NO.)

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 21089 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 Lift station may be required
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 permits 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

Ralph Wills
Environmentalist

John R Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

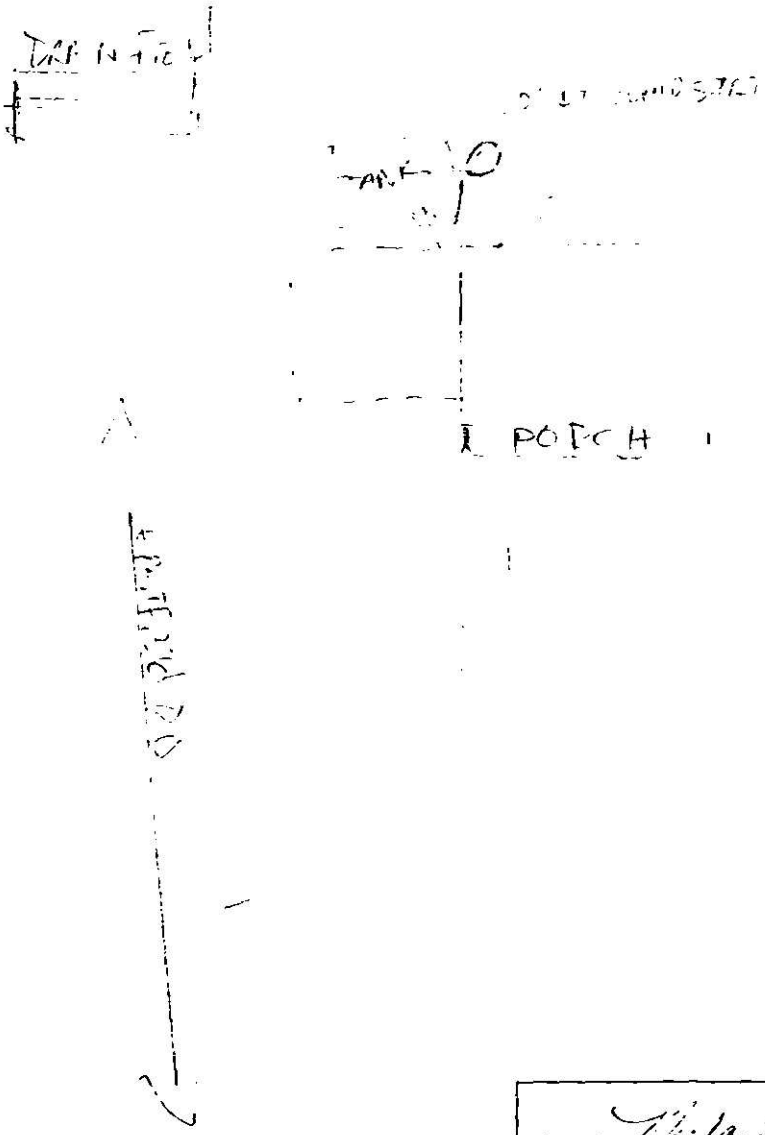
PROPOSED PLOT PLAN

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

FILE: 31089

TC: P0027-171-30

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: Thelma Pickard

Date: 3-15-90

Date Issued 11-8-84

Serial No. 07718

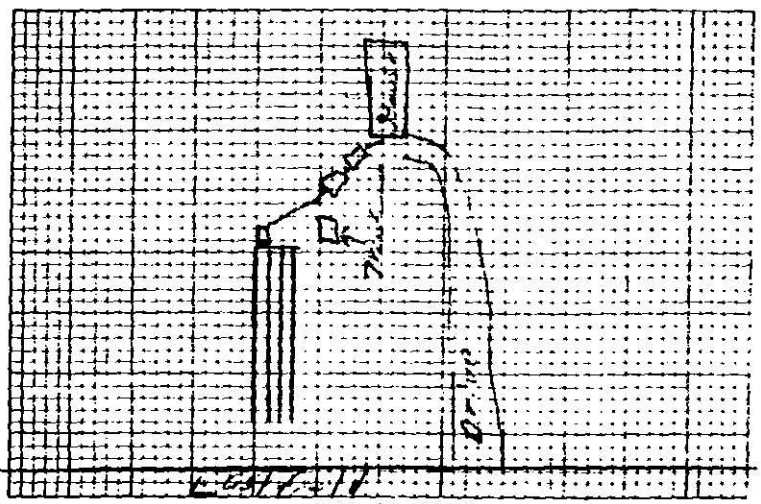
ICAR(S) Permit No 21089

T C No 027-171-30

Map Date L

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 21089, dated 5-22-94 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 12-8-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Thru

Liquid Capacity of Tank 1500 gal 1000 gal

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 3'

Distance from Well 750'

NAME OF OWNER McLeod, Margaret

LOCATION OF PROPERTY 11100 Eastfield 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.

Four Trenches 100' x 3' x 12" stone, 1-4 [illegible]

Comments:

B. Hardister
Division or Section Head

Jim Emison
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-5-74

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-15-90

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

[illegible]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

File # 21089

MAR 14 1990

Fee: $ 25.00

[illegible] 11-25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by [signature]

Collected by [signature]

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: 21089

TC: PC 027-121-20

SERIAL: № 20104 ☐ L ☒ CRT

JOB LOCATION

(1) ADDRESS: 1100 [illegible] (STREET NO / STREET) [illegible] (2) FILE:

(3) JURISDICTION: (4) TAX PARCEL NO.:

(5) SUBDIVISION (6) LOT: (7) BLOCK:

OWNER

(8) NAME: T (FIRST) [illegible] (MIDDLE) [illegible] (LAST)

(9) MAILING ADDRESS: 1100 [illegible]

(10) CITY: [illegible] (11) STATE: NC (12) ZIP: 28078

(13) PHONE (WORK): [illegible] (14) (HOME): [illegible]

REQUEST

This request is for a(n):

(15) ☐ New permit (17) ☐ Authorization for mobile home exchange

(16) ☐ Repair or alteration permit (18) ☒ Other (specify) [illegible]

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? (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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date: 3-15-90

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 this Department.

This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system

[signature] 3-10-90
Environmentalist Date

[signature] 3/20/90
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.