Date Received 5/16/78

APT No. 1

T. C. No. 11-263.15

Map Date 4-20-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER JENKINS (LAST) RONALD (FIRST) GEORGE (MIDDLE)

2) ADDRESS OF OWNER 1334 Woodland Drive - Charlotte ZIP 28205

3) PHONE NO. Home 537-3319 Office ———

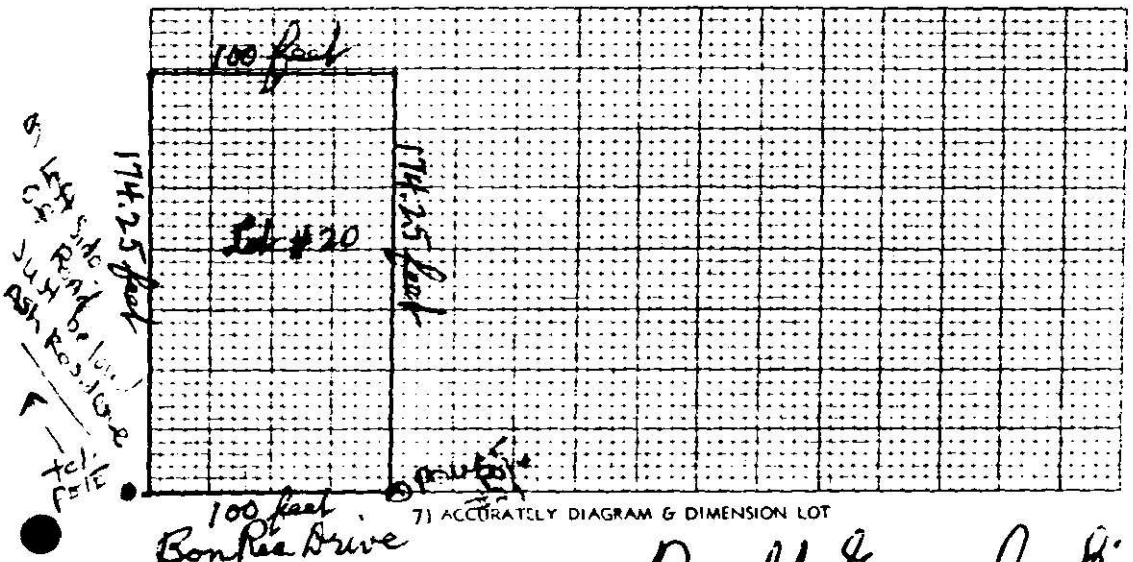
4) LOCATION OF PROPERTY Bon Rea Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Franklin Park Annex #2 LOT NO. 20 BLOCK NO. 1

MAP BOOK NO 6 PAGE NO 931-933

6) DEED REFERENCE DEED BOOK 1658 PAGE NO 232

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

Ronald George Jenkins
OWNER

EHD 5-76

Environmental Health Department's Copy

Apt. 1415

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

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Ronald G. Jenkins DATE REQUESTED: 5/26/78
ADDRESS: 1354 Woodland Dr. 28205 PLAT NO.:
COUNTY: Meck. LOT SIZE: ≤ 17,400 Ft²
LOCATION OF SITE: Bon Rea Dr lot 20

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-6% / PS / U	S / PS / U	S / PS / U	S / PS / U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S / PS 2:1 clays / (U)	S / PS / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S / PS massive / (U) none	S / PS / U	S / PS / U	S / PS / U
4. SOIL DEPTH (In.)	S / PS ≤ 48" to / (U) saprolite	S / PS / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S / PS saprolite / (U)	S / PS / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S / (PS) ≥6' to water table / U	S / PS / U	S / PS / U	S / PS / U
7. SOIL PERMEABILITY (Percolation Rate)	S / PS Slow / (U)	S / PS / U	S / PS / U	S / PS / U
8. OTHER (Specify)	(S) area / PS / U	S / PS / U	S / PS / U	S / PS / U
9. SITE CLASSIFICATION	Unsuitable			
SOIL SERIES	Wilkes			

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: _____

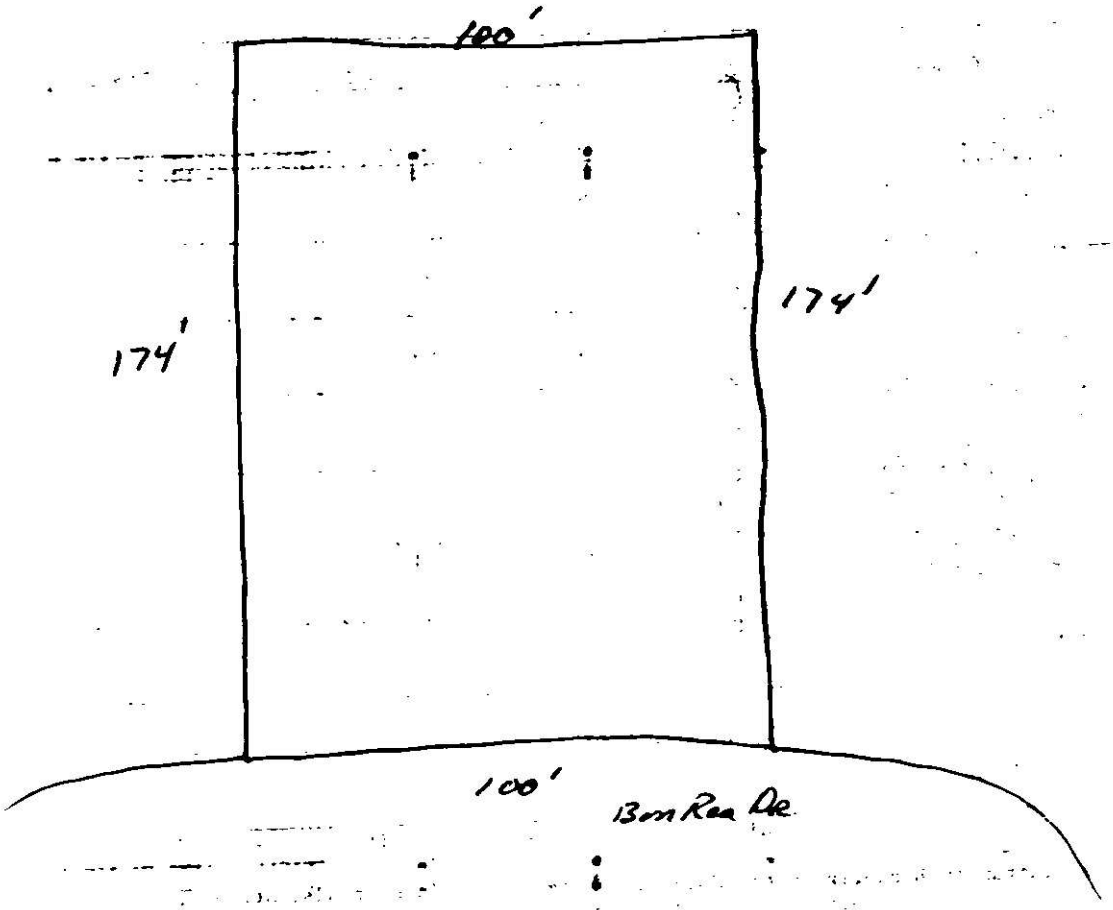
Described By: Steve Wood

Title: Environmentalist Date: 5 June 78

DHS Form 2601 (2/77)
Sanitation

APPENDIX H
SITE EVALUATIONS
NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

Golf Course



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. 14152
T. C.NO. 211-263-15
MAP DATE 4-20-78
DATE 6-6-78

NAME OF OWNER Jenkins, Ronald George

ADDRESS OF OWNER 1334 Woodland Dr. Charlotte, NC 28205

LOCATION OF LOT Ben Rea Drive Lot 20 Block #1 Subdivision - Providence Franklin Park

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

BID #584

R

2116 28

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR(S) Application No. 14152

T. C. No. 911-263-15

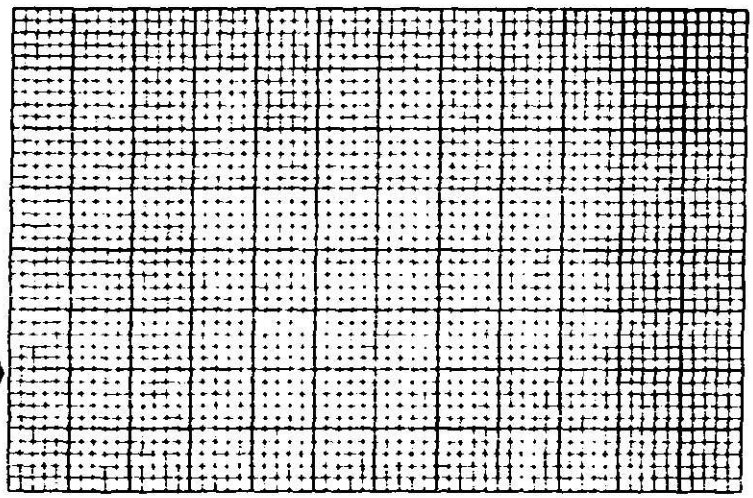
Map Date _____

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) ✓ 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 4
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 HORSTMANN (LAST) CLYDE (FIRST) EARL (MIDDLE)

14) ADDRESS OF OWNER 3930 REA ROAD

15) PHONE NO. Home 542-9691 Office 364-8685

16) LOCATION OF SYSTEM BON REA DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION PROVIDENCE-FRANKLIN PARK Lot No. 20 Block No. 1

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 1658 AT PAGE 232

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.

9/10/79
DATE OF APPLICATION

Clyde E Horstmann JR
SIGNATURE

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received _____ (CAR(S) Appl[illegible]

T.O. No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
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Mobile Home ____ Yes ____ No
Residence ____ Yes ✓ No

4) No. of Bedrooms 4 4
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
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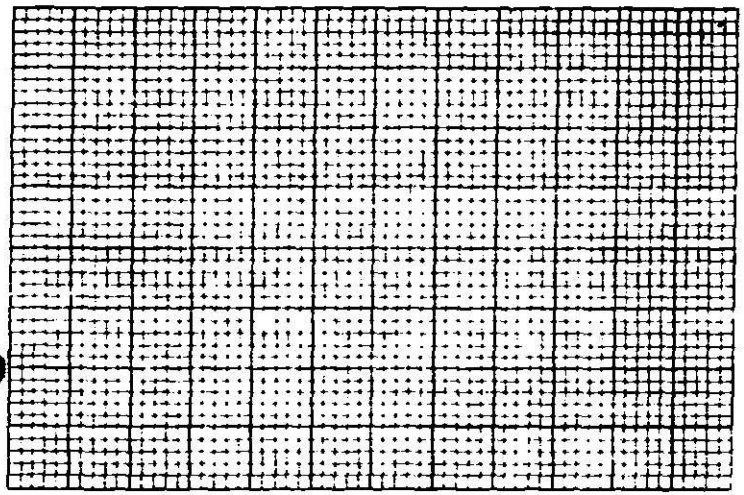
12) VA Case No. _____



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13) NAME OF OWNER HORSTMANN (LAST) CLYDE (FIRST) EARL (MIDDLE)

14) ADDRESS OF OWNER 3930 REA ROAD

15) PHONE NO. Home 542-9691 Office 364-8685

16) LOCATION OF SYSTEM BON REA DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION PROVIDENCE-FRANKLIN PARK Lot No. 20 Block No. #1

Map Book No. _____ Page No. _____

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9/10/79
DATE OF APPLICATION

[signature], DDS
OWNER

EHD-5-76

OWNER'S COPY

1) Check block 1) if the application is for a permit to install or construct a new system.

2) Check block 2) if the application is for a permit to alter or repair an existing system.

3) Draw in and dimension the lot concerned. Draw in and name all roads adjoining the property and indicate which direction is north. Accurately diagram the house which is located or is to be located on the lot. Show the location or proposed location of all water lines and wells. If application is made to alter or repair an existing system also indicate the location of the existing system.

4) Indicate the number of bedrooms in the building. Include all rooms which are to be used as bedrooms or might later be furnished or converted to bedroom use and any contemplated additional bedrooms to be constructed in the future.

5) If building is to be used for business purposes, indicate the maximum number of employees to be employed and attach a separate sheet giving a brief description of the nature and purpose of the business.

6) Indicate whether a washing machine has been or ever will be installed in the building

7) Indicate whether a garbage disposal has been or ever will be installed in the building

8) Indicate whether a dishwasher has been or ever will be installed in the building.

9) Indicate what kind of water supply is serving or will serve the building.

Check A if the water supply for the building will be a well which is located on the lot described herein and if the building will be occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as or used in a food product.

Check B is the water supply for the building will be furnished by a City, County, Town or other governmental authority.

Check one of the blanks under C if the water supply for the building will be furnished by a private owned system other than an individual well as specified under 9A. Check 1. if the water source of the community system is a well or wells. Check 2. if the water source of the community distribution system is a city, county, town, or other governmental authority.

10) Indicate whether the building is located within 200 feet of a public (city or county) sewer line or within 200 feet of a privately owned sewer line.

11) If financing is to be provided by an FHA loan, indicate the FHA case number.

12) If financing is to be provided by a VA loan, indicate the VA case number.

13) Fill in full name of owner.

14) Fill in address of owner

15) Self explanatory.

16) Indicate location of property on which system is to be installed, constructed, altered, or repaired. Give street address, county road number, etc.

17) Name of subdivision (if applicable) in which the lot on which the system is to be built is located or name shown on recorded plat plan showing said lot. Lot and block number of lot on which application is being made to install or repair system. Book and page number where map is recorded in the Mecklenburg County Register of Deeds Office. This information is usually contained in the deed description.

18) Book and page number where deed to current owner is recorded in the Mecklenburg County Register of Deeds Office (see deed).

19) Indicate whether a soil investigation has been run by the Mecklenburg County Department of Environmental Health and if so, the approximate date it was run.

20) If a soil investigation was run on the lot after Sept. 1, 1970, a soil investigation report was sent to the owner indicating the results of the test. The number in the upper right hand corner of that report should be entered here.

This application must be signed by the owner of the property or by the President or Vice-President or other proper official of a corporation if the property is owned by a corporation and the corporate seal affixed. The signature on an agent of the owner will be accepted only if accompanied by a specific letter of authorization or a recorded power of attorney authorizing same.

The owner is to tear off and retain the last copy of this application (marked Owner's Copy) for his records. The original and all other copies should be sent to the Mecklenburg County Department of Environmental Health, 1200 Blythe Boulevard, Charlotte, North Carolina 28203.

Date Received _____ ICAR(S) Application No. _____

T. C. No. 211-263-15

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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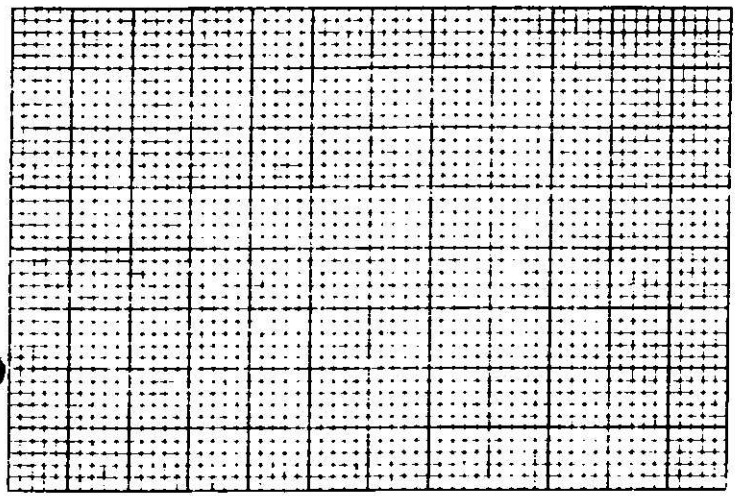

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Residence ____Yes ✓ No

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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 HOOD (LAST) CLYDE (FIRST) EARL (MIDDLE)

14) ADDRESS OF OWNER 313 REA ROAD

15) PHONE NO. Home 366-1611 Office 364-3695

16) LOCATION OF SYSTEM 313 REA DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION INDEPENDENCE-PINEVILLE PARK Lot No. 20 Block No. #1

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 1655 AT PAGE 232

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

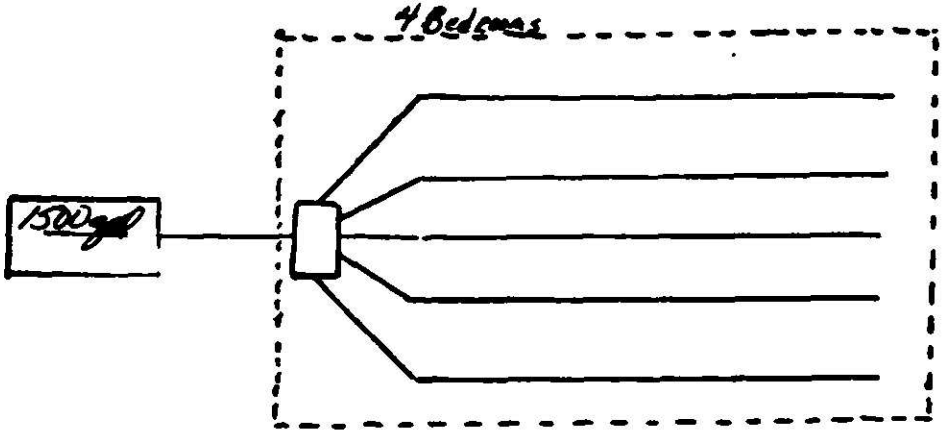
The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

9/10/79
DATE OF APPLICATION

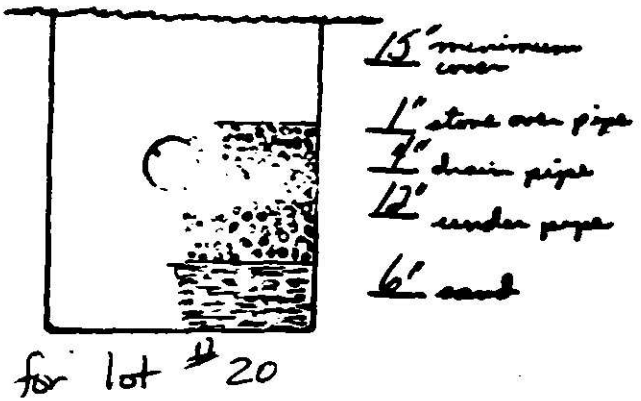
Clyde E Hood JR
OWNER

EHD-5-76

ENVIRONMENTALIST'S COPY



5 drain pipe 133 long 3' on center
1995 sq foot bottom area.



for lot # 20

Proposed septic Tank system submitted for consideration and approval

Bed System