Date Received 3/8/79

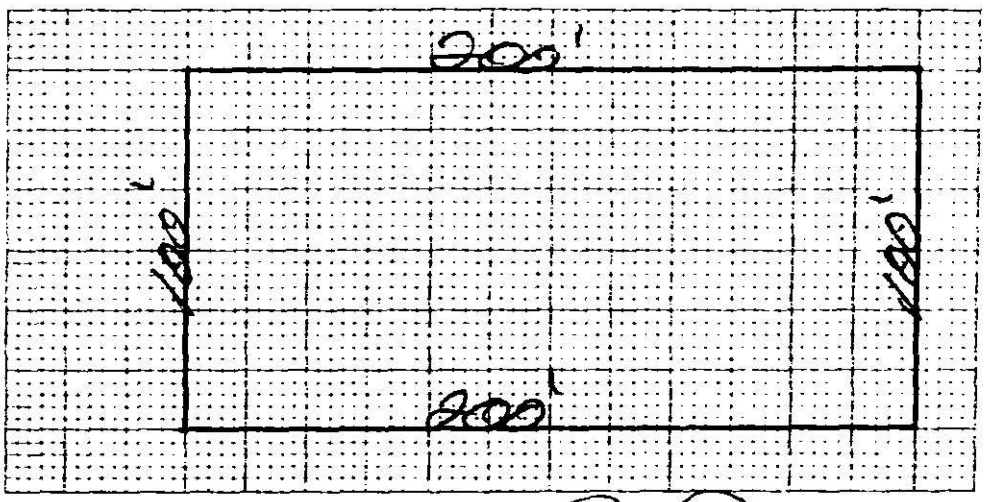
APT No. 15222
T. C. No. 215-13-15
Map Date 16+18

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER RALPH SQUIRES CONST. CO., INC
(LAST FIRST MIDDLE)
2) ADDRESS OF OWNER PO Box 25178 ZIP 28212
3) PHONE NO. Home _____ Office 537-9553
4) LOCATION OF PROPERTY CAWLEY DR.
(STREET OR COUNTY ROAD)
5) SUBDIVISION WINDSOR LOT NO. 39 BLOCK NO. L
MAP BOOK NO _____ PAGE NO _____
6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

Application is hereb, 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

OWNER

EHG-5-76

Environmental Health Department's Copy

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

APPENDIX H
SITE EVALUATION

S.I.R. No. 15 222

(Ground Absorption Sewage Disposal)

OWNER: Raleh Improvement Const. Co. DATE REQUESTED:
ADDRESS: PO Box [redacted] 251 PLAT NO.: PO 215-134-15, 16, 18 & 39.01
COUNTY: Charlotte, N.C. [redacted] LOT SIZE: 20,000
LOCATION OF SITE: Caraway Drive

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-8% U	(S) PS 2-8% U	(S) PS 2-8% U	S PS U
2. SOIL TEXTURE (12-36 in.) (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 in.) (Clayey Soils)	S (PS) Blocky U	S PS Massive (U)	S PS Massive (U)	S PS U
4. SOIL DEPTH (In.)	(S) PS 48" U	S PS Fill (U)	S PS <48" (U)	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	(S) PS None U	S PS Fill (U)	S Old PS Roadbed (U)	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) >6' To PS ground U water	(S) >6' To PS ground U water	(S) >6' To PS ground U water	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) Moderate U	S PS Slow→ (U) V. Slow	S PS V. Slow (U)	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	~~Soil is~~ only Suitable	unsuitable	unsuitable	
SOIL SERIES	Cec.l	Fill	Old Roadbed	

S - Suitable PS - Provisionally Suitable U - Unsuitable

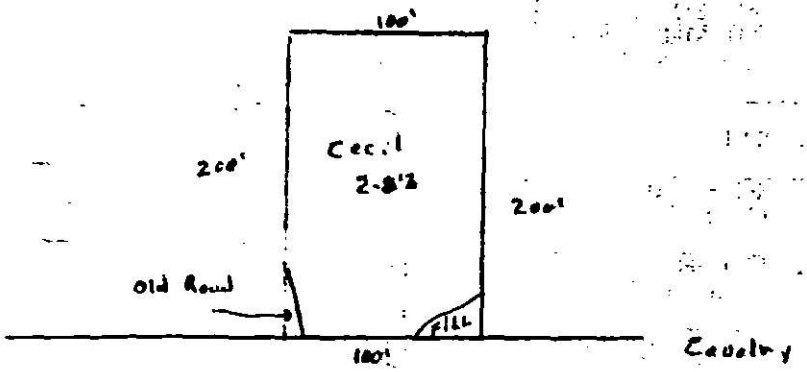
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns)

Recommendations/Comments:

Described By: William R. Marlin

Title: Soil Scientist Date: 4-3-79

dhs form 2601 (1/79)
Sanitation


100'
Cecil
2-8'2
200'
200'
old Road
Fill
100'
Cavalry

Serial No. 2670

PTR No. 15222
P.O.
T. C. No. 215-131-15,16 & 18

Date Issued 4-4-79

Map Date

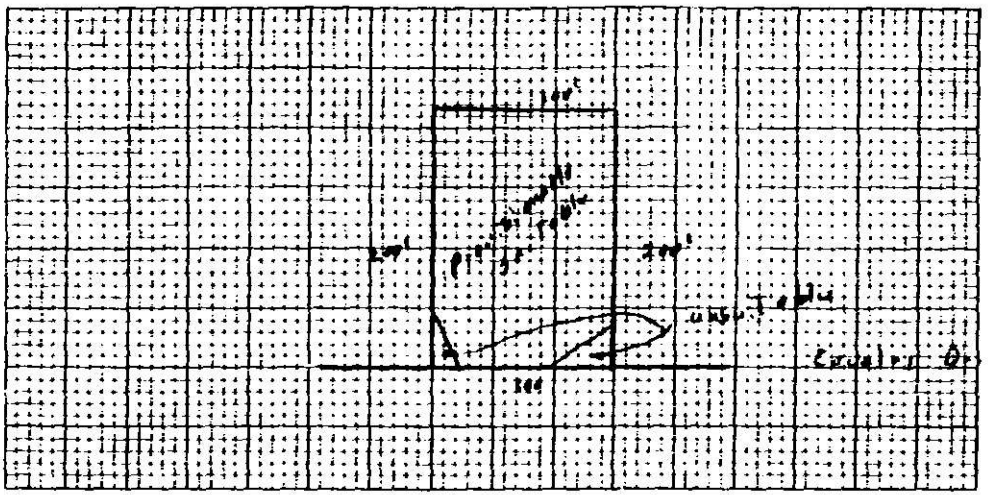
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ralph Squires Construction, Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 25178 ZIP 28212

LOCATION OF PROPERTY Cavalry Drive
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 39 BLOCK NO. L



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 lot described above. 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. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plat.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a 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 void 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 or revised laws, rules, and regulations been in effect on the issue date.

William R. Martin
Soil Scientist

John R. Atkisson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5/8/79

ICAR(S) Application No. 15222

T. C. No. 215-131-

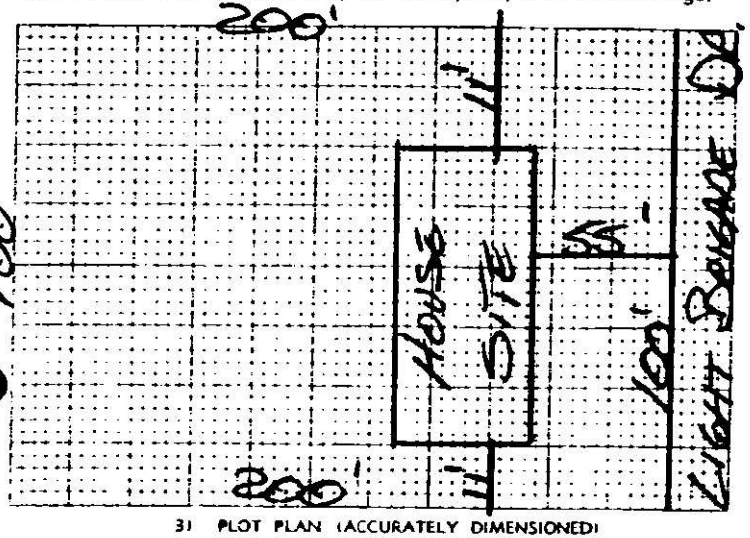
Map Date

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 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 RALPH (FIRST) SQUIRES (LAST) CONST. CO., INC. (MIDDLE)

14) ADDRESS OF OWNER PO Box 25178

15) PHONE NO Home ___ Office 537-9553

16) LOCATION OF SYSTEM 2401 ~~Londonderry Dr~~ LIGHT BRIGADE DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION WINDSOR II Lot No. 39 Block No. L

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 4/4/79 P.S.

20) PTR NUMBER (See Instructions) 15222

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.

5-3-79
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 3001

LA No. 15222

Date Issued May 8, 1979

T. C. No. 215-131-15,16,18

Map Date

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 Ralph Squires Const. Co, Inc
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER PO Box 25178, Charlotte ZIP

LOCATION OF LOT 2401 Light Brigade Drive, (was: Cavalry Drive)
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow II LOT NO 39 BLOCK NO L

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 15222 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.

Steve Wood
Environmentalist

John R Abusson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

R

Date Issued 15 Oct 79

Serial 3335

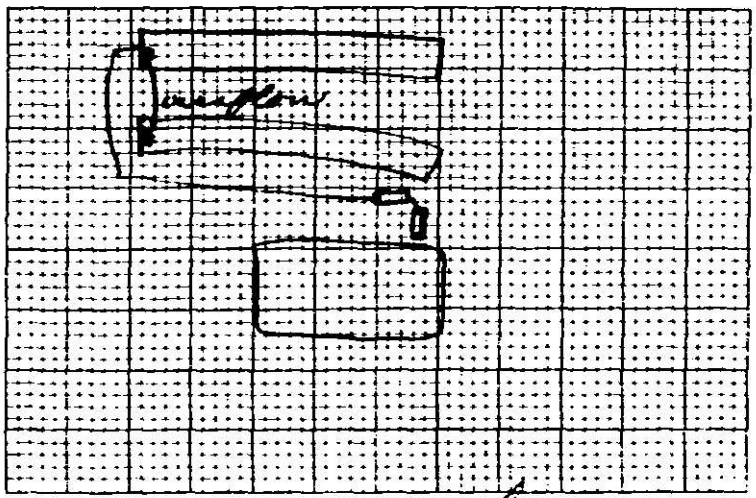
ICAR (S) Permit No. 15222

T. C. No. 215-131-73

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 15222, dated 5/8/79 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 15 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction: P.C. Conc.

Absorption and/or Nitrification Lines:

Total Line Length 495' & 125'

Number of Lines 4 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well _____

NAME OF OWNER Ralph Squires Const. Co. Inc.

LOCATION OF PROPERTY 2401 Light Brigade Dr.

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.

2-(12'x79x17" Stone beds) Pump to cycle ≈250 gal

Division or Section Head

Steve Wood
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

Date Issued 23 Oct 1979 Serial 3152 C of A (s) No. 15222 P.O. T. C. No. 215-131-

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Ralph Squires Const. Co. (LAST FIRST MIDDLE)

Location of Property 2401 Light Brigade Dr.

Application Number _____ Permit Number 15222

Inspection Data:

Liquid Capacity of Tank 1500gal/1000gal Lift Tank Material P.C. Conc.

Total Length of Drain Tile (495'; 125') 620' Number of Lines 4; 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100' to be

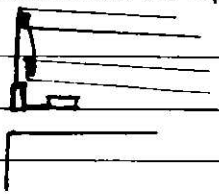
Excavation Inspected _____ (DATE) Tank Inspected 23 Oct (DATE)

Nitrification Field Inspected 23 Oct (DATE)

Washing Machine Line Inspected, If Applicable 23 Oct (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 0



Steve Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 6-20-83

ICAR (S) Application No. 15222

T. C. No. 217-131-23

Map Date _____

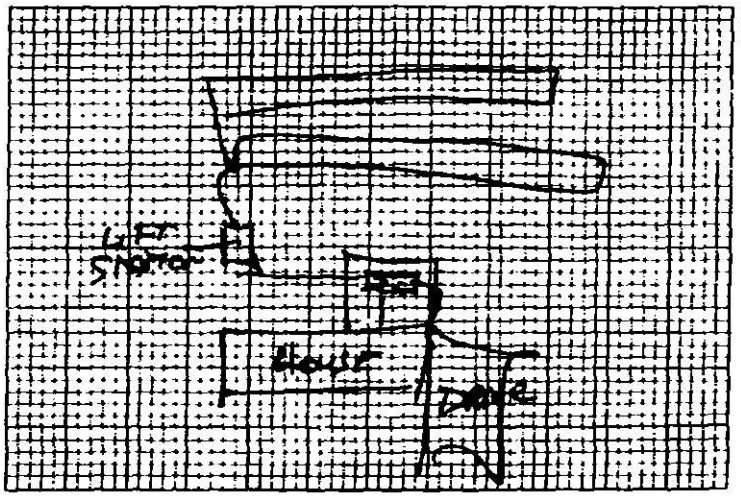
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for a Swimming Pool

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) X 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 V No
Residence V Yes ___ No

4) No of Bedrooms 3

5) Business Use — Max No Employees ___

6) Washing Machine V Yes ___ No

7) Garbage Disposal V Yes ___ No

8) Dishwasher V Yes ___ No

9) Water Supply
A) Individual Well V
B) Governmental System ___
C) Community System
1. Well source ___
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No. ___

13) NAME OF OWNER Bunn, Jr. Robert G.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2401 Light Brigade Dr. Matthews N.C.

15) PHONE NO. Home 847-3060 Office 597-6164

16) LOCATION OF SYSTEM 2401 Light Brigade Dr.
STREET OR COUNTY ROAD

17) SUBDIVISION Windrow Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? X 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.

6-20-83
DATE OF APPLICATION

Robert J. Bunn
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY