Date Received 1/25/84

MECK COUNTY DEPARTMENT OF
RECEIVED
JAN 25 1984
ENVIRONMENTAL HEALTH

SIR No. 20555
T. No. 001-143-09
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Payne (LAST) Benjamin (FIRST) Garrison (MIDDLE)

2) ADDRESS OF OWNER Rt 2 Box 437J Huntersville N.C. ZIP 28078

3) PHONE NO. Home 892-3868 Office 892-6556

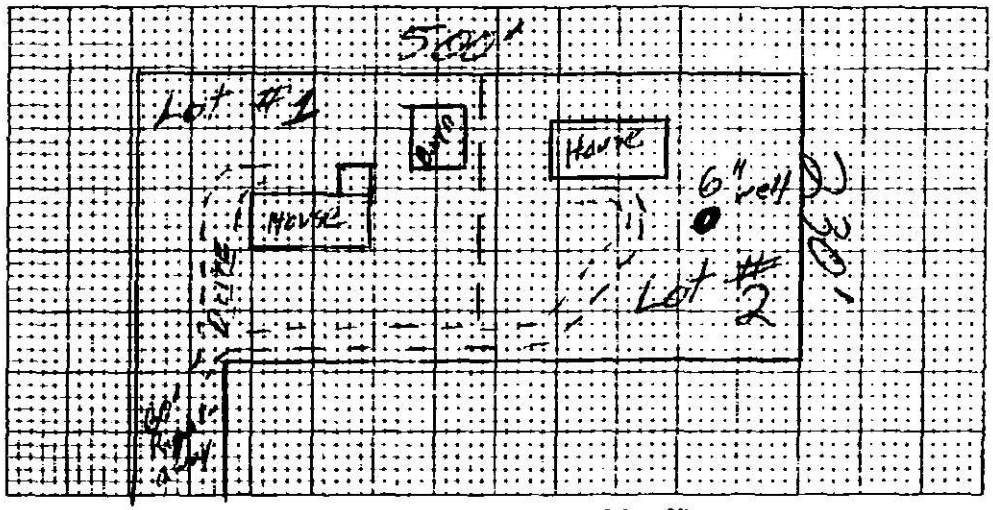
4) LOCATION OF PROPERTY 20024 Scheeney Dr (North Meck) (STREET OR COUNTY ROAD)

5) SUBDIVISION Rockridge shores LOT NO. ONE (1) BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE DEED BOOK PAGE NO.

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

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20555

T.C. NO. PO 001-143-09

(Ground Absorption Sewage Disposal)

OWNER: Benjamin [illegible]
ADDRESS: Rt. 2 Box 437 J
Huntersville, N.C. 28[illegible]
LOCATION OF SITE: [illegible]

PLAT NO: #1
LOT SIZE: Approx 45,000 Inc.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-8% U	S 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 U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 36-48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS >48" To ground water 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	IVA			
9. SITE CLASSIFICATION	Provisionally suitable			
10. SOIL SERIES	Cecil Like			

S - Suitable PS - Provisionally Suitable U - Unsuitable

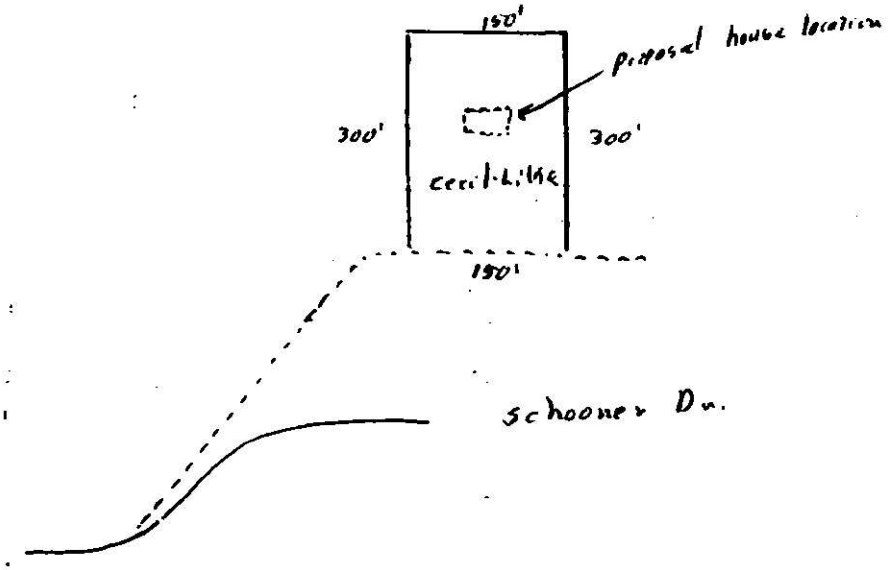
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William A. Marlin
Title: Soil Scientist

Date: 2-3-89

EHD 539 (Revised: 6/82)


150'
proposed house location
300'
300'
center line
150'
Schooner Dr.

Serial No. 5436

SIR No. 20555

T C No. PO 001-143-09

Date Issued 2-7-84

Map Date

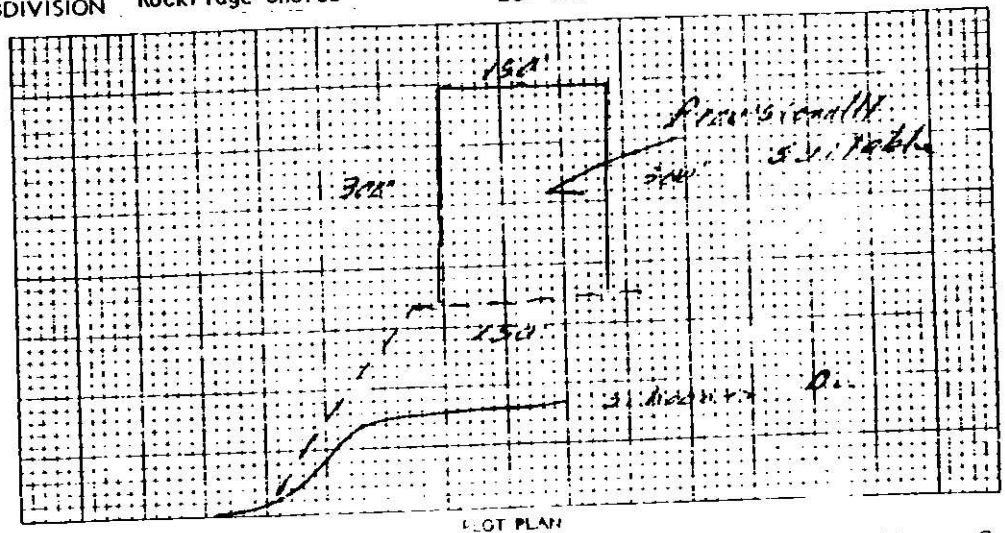
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Rhyne, (LAST) Benjamin (FIRST) Garrison (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 473-J, Huntersville, NC ZIP 28078

LOCATION OF PROPERTY Schooner Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rockridge Shores LOT NO 1 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 lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot PROVISIONALLY SUITABLE. The permeability rate determined by the investigation was [illegible]. 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 [illegible] system shall be obtained from the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the [illegible]
2. The size of the [illegible] be determined by the Mecklenburg County Department of Environmental Health [illegible] obtained above and on the size and type [illegible]
3. This approval [illegible] system installation on the above plot.
4. This approval is void if any [illegible] performed in the lot which in the opinion of the Mecklenburg County Department of Environmental Health [illegible] indicated as acceptable for system installation unsuitable [illegible] construction [illegible]

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 [illegible] 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

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

EHD-5-76

Date Received 1-25-84

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JAN 25 1984

ICAR(S) Application No. 20555

T/C No. 001-143-09

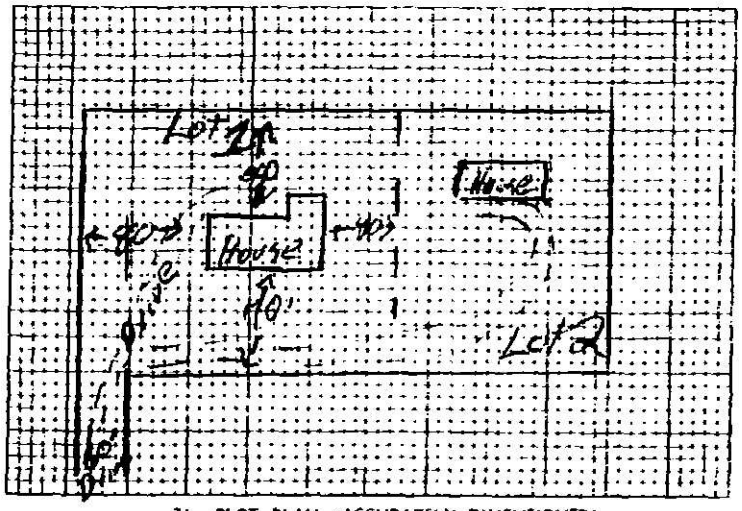
Map Date _____

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)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No of Bedrooms 3
5) Business Use Max (K)
Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ___ Yes ✓ No
9) Water Supply
A) Individual Well 2 ✓
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 NONE
12) VA Case No NONE

13) NAME OF OWNER Rhyne (LAST) Benjamin (FIRST) Garrison (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box #37J Huntersville NC 28078

15) PHONE NO. Home 892-3265 Office 892-6556

16) LOCATION OF SYSTEM ~~Lot #2~~ 20024 Schooner Drive
(STREET OR COUNTY ROAD)

17) SUBDIVISION Rockridge Shores Lot No. #2 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.

1/25/84
DATE OF APPLICATION

Benjamin Garrison Rhyne
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BJ-9-84

SIR No. 20555

Serial No. 7191

T. C. No. PO 001-143-09

Date Issued 2-7-84

Map Date

IMPROVEMENT PERMIT

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 Rhyne, (LAST) Benjamin (FIRST) Garrison (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 743-J, Huntersville, NC ZIP 28078

LOCATION OF LOT 20024 Schooner Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rockridge Shores LOT NO. 1 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 20555 — 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, 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 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.

Ralph R. Ellis
Environmentalist

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

EHD-5-76

Environmental Health Department's Copy

CET

C of A (s) No. 20555 ✓

Date Issued 4-2-84 **Serial** 6526 T C. No. 601-143-07

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Wayne (LAST) Benjamin (FIRST) ___ (MIDDLE)

Location of Property 20024 Schooner Dr.

Application Number 20555 Permit Number 20555

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C

Total Length of Drain Tile 300 Lin ft. Number of Lines 3

Depth of Filter Material 12" Cover Depth 8 to 15"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 4-2-84 (DATE) Tank Inspected 4-2-84 (DATE)

Nitrification Field Inspected 4-2-84 (DATE)

Washing Machine Line Inspected If Applicable N/A (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 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

B. Bob Wilson
Environmentalist

EHD-5-76

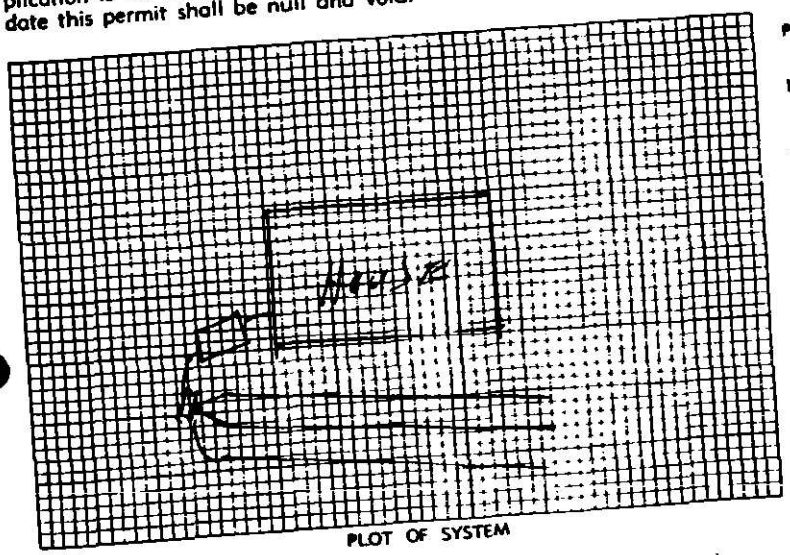
Serial No. 07075

(CAR(S) Permit No. 20555 pa
T. C. No. 001-143-09
Map Date _____

Date Issued 3 30 1984

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 X 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 20555, dated 1-25-84 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 April 30th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS IVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 300 lin FT

Number of Lines THREE

Distance from House 10 FT

Distance from Property Line 50 FT

Distance from Well Keep 100 FT NOT INVST

NAME OF OWNER RHYNE, BENJAMIN

LOCATION OF PROPERTY 20024 SCHOONER DRIVE

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.

Three Trenches To be 100 FT x 3 FT x 12 inches - bayer Stran Cover grade Bds

Comments:

[signature]
Division or Section Head

Ralph Willis
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