RECEIVED
MAY 12 1983
ENVIRONMENTAL HEALTH

Date Received 5-13-83

SIR No. 19678

T. C. No. PO 013-091-42 15

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER MULLIGAN (LAST) WALTER (FIRST) W (MIDDLE)

2) ADDRESS OF OWNER RT 8 Box 430 MOORESVILLE NC ZIP 28115

3) PHONE NO. Home 663-7783 Office 333-7547 BILL LOFTIS

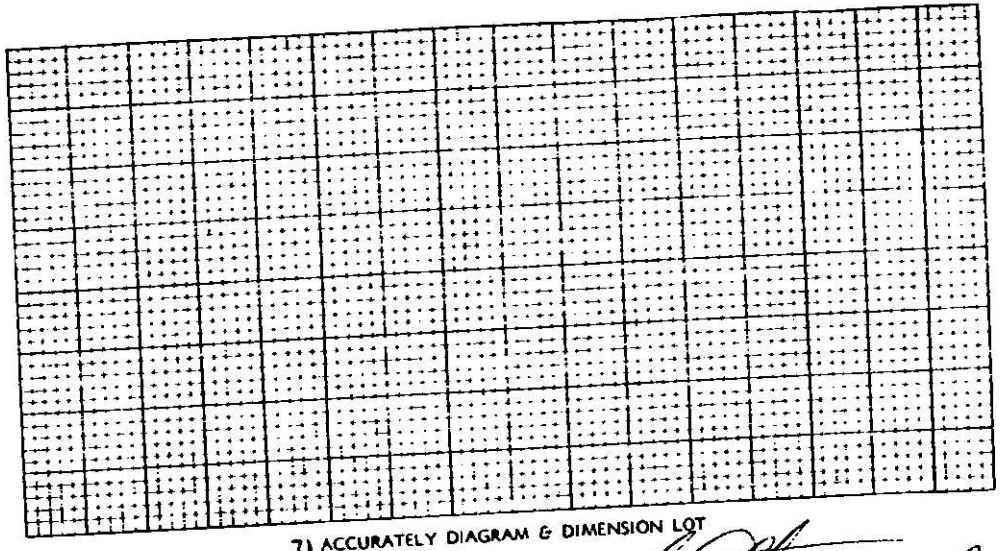
4) LOCATION OF PROPERTY BEATTIES FORD RD (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. #4 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE: DEED BOOK 4604 PAGE NO 663

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

Bill Loftis agent

OWNER

Walter W. Mulligan

EHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
[illegible]
CHARLOTTE [illegible]

SIR. NO. 19678
T.C. NO. PO 113-091-~~13-15~~
DATE: 5-27-83

Mr. Walter W. Mulligan
Route 8, Box 430
Mooresville, NC 28115

RE: Property located at Beatties Ford Road, Lot 4

Dear Mr. Mulligan:

At your request, a field investigation was conducted on the property designated above and was classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Lots classified as unsuitable may be utilized for [illegible] subsurface sewage disposal systems provided engineering, hydrogeological, soil and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be reasonably expected to function satisfactorily.

Should you desire to file for permission to install an alternate system, please submit your proposals, in the form of plans and specifications, to this office. They will be reviewed and if it is found that the system may be reasonably expected to function satisfactorily, approval will be given upon the execution by you of "Septic Tank Agreement Form" provided by this office.

If I may be assistance, please feel free to call.

Sincerely,

John R. Adkisson
John R. Adkisson
Consumer Services Programs Manager

JRA:mbp

Enclosure

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19678

T.C. NO. PO 113-091-15-12

(Ground Absorption Sewage Disposal)

OWNER: Walter W. Mulligan
ADDRESS: R-8 Box 430 Mooresville, N.C. 28115
PLAT NO:
LOT SIZE: 4.9A
LOCATION OF SITE: off Beattie Ford Rd Lot 4

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(PS) 2-8	(PS) 2-6	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	(PS) Clayey	(U) Mixed Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	(PS) Blocky	(U) weak Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	(U) 20-30"	(U) 10-20	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(PS) None	(U) Clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(PS) Adequate	(U) Slow	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa	IVb		
9. SITE CLASSIFICATION	Unsuitable	Unsuitable		
10. SOIL SERIES	Shallow Cecil	Wilkes		

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:

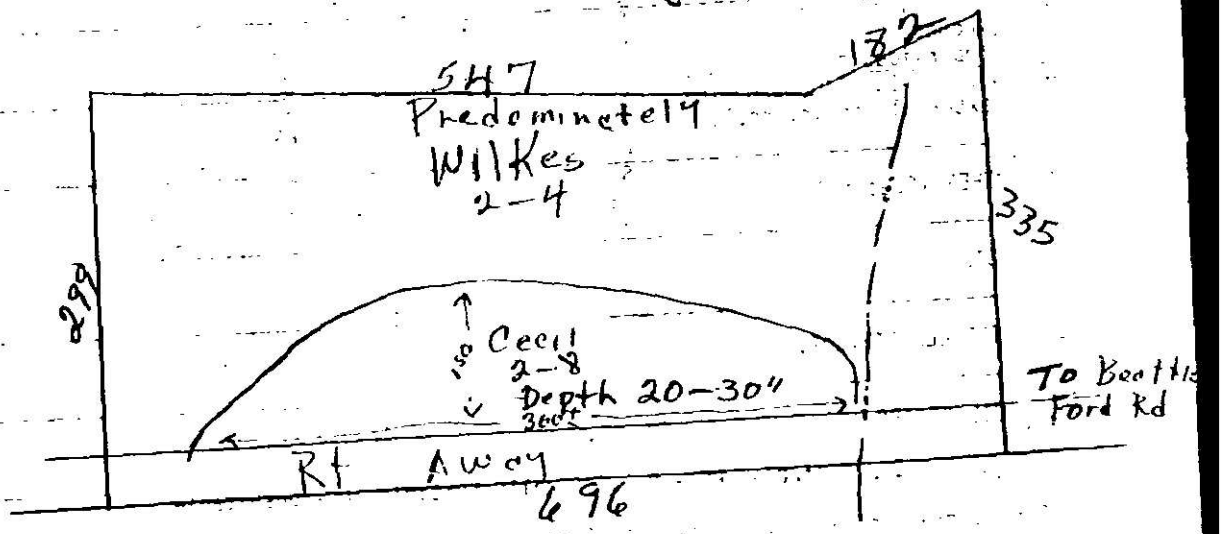
Described by: W. B. Ramsey
Title: Sanitarian

Date: 5-23-83

EHD 539 (Revised: 6/82)

2

4.9A


SH7
Predominetely
Wilkes
2-4
132
335
299
15° Cecil
2-8
Depth 20-30"
360'
To Beattie
Ford Rd
Rt Away
696

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION Revised Report 6-30-83

S.I.R. NO. 19638

T.C. NO. R.O. 113-091-12

(Ground Absorption Sewage Disposal)

OWNER: Walter W. Mulligan
ADDRESS: R-5 - Box 430
Mooresville, N.C.
LOCATION OF SITE:

PLAT NO:
LOT SIZE: 4.9

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-8	S (PS) U 2-6	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clayey	S PS (U) Mixed Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS (U) Weak Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 20-30	S PS (U) 10-20	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S PS (U) Clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S PS (U) Slow	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIe	IIIe		
9. SITE CLASSIFICATION	Unsuitable	Unsuitable		
10. SOIL SERIES	Cecil	Wilkes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

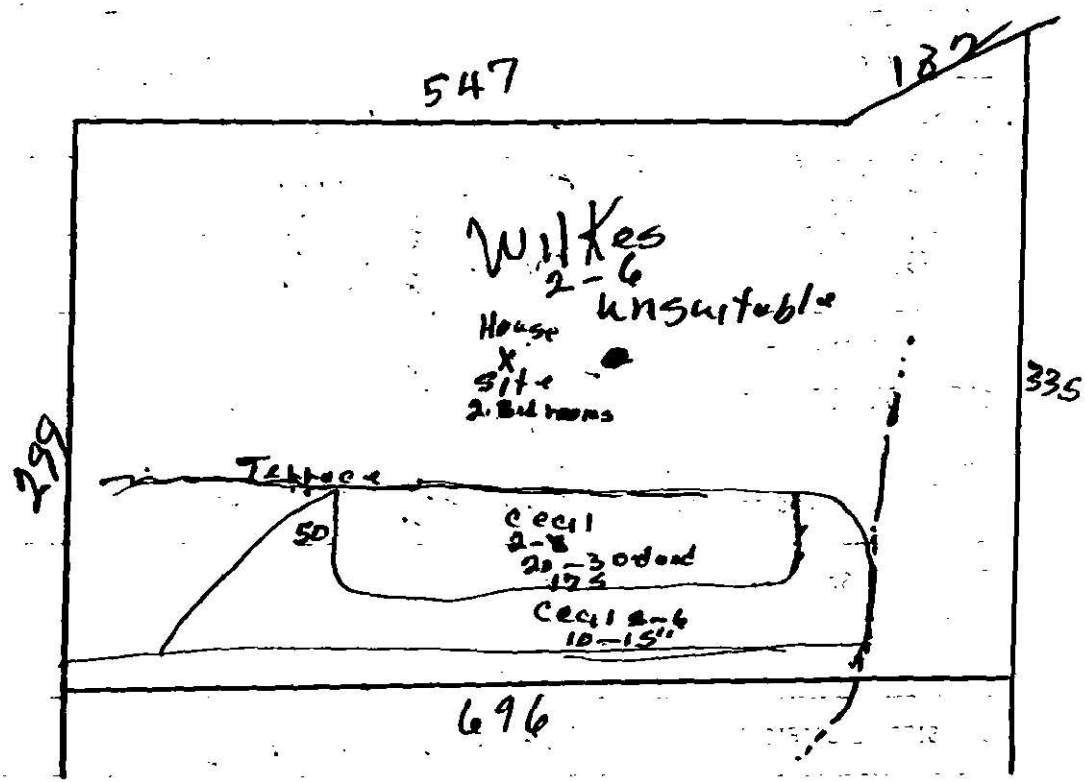
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W.B. Ramsey
Title: Soil Scientist

Date: 6-30-83

EHD 539 (Revised: 6/82)


547
132
Wilkes
2-6
unsuitable
House
X
Site
2 Bedrooms
335
299
Terrace
50
Cecil
2-8
20-30 odor
12½
Cecil 2-6
10-15"
696

Date Received 11-16-84

RECEIVED
NOV 16 1984
ENVIRONMENTAL HEALTH

SIR No. 19678
T.P. No. 213-091-25
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Martin (LAST) Carol (FIRST) Ann (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 223 Huntersville ZIP 28078

3) PHONE NO. Home 536 3134 Office 536 3144

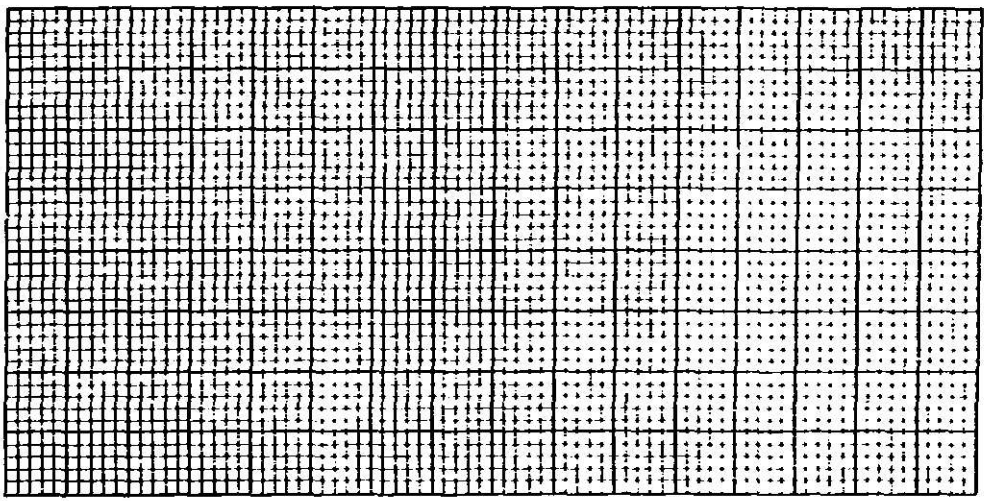
4) LOCATION OF PROPERTY 13819 Old Statesville Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 1723 PAGE NO. 367

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

X Carol A Martin
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 11-16-84

MECK. CO. HEALTH DEPT. RECEIVED NOV 16 1984 ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19678 84-1625

PIN No. 013-091-15

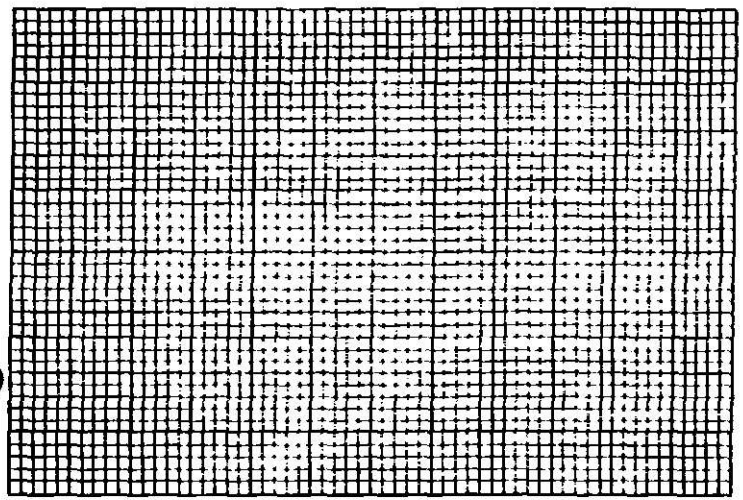
Map Date

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) X 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 X No
Residence X Yes ___ No

4) No. of Bedrooms 2
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply:
A) Individual Well X
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 X Yes ___ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Milton (LAST) Carol (FIRST) A. J. (MIDDLE)
14) ADDRESS OF OWNER 814 Isa-223 Huntersville, N.C.
15) PHONE NO. Home 333-3341 Office 336-3170
16) LOCATION OF SYSTEM ~~Hi~~ Bonnie's Field Rd. #13819 (STREET OR COUNTY ROAD)
17) SUBDIVISION ___ Lot No. ___ Block No. ___
Map Book No. ___ Page No. ___
18) DEED REFERENCE — DEED BOOK 4723 AT PAGE 367
19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 3-84
20) PTR NUMBER (See Instructions) ___ Donald R. Ramsey

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.

11-8-84
DATE OF APPLICATION

X Carol Milton
OWNER

END-5-76

Environmental Health Department's Copy

Date Issued 12-14-84

Serial No. 8057

SIR No. 19678

T. C. No. PO 013-091-15

Map Date L CRT

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 Martin, (LAST) Carol (FIRST) Ann (MIDDLE)

ADDRESS OF OWNER Rt. 4, Box 223, Huntersville, NC ZIP 28078

LOCATION OF LOT 13819 Beatties Ford Road (STREET OR COUNTY ROAD)

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 19678. 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.

Lisa Eriksen
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

CAROL MARTIN

13819 BEATTIES FORD RD.

SIR No. 19678

DAILY WASTE FLOW	300 GAL.	STORAGE VOL. IN LATERALS	27 GAL
SEPTIC TANK SIZE	1500 GAL.	STORAGE VOL. IN SUPPLY LINE	12.96 GAL
PUMP TANK SIZE	1000 GAL.	TOTAL STORAGE	39.96 GAL.
EFFLUENT LOADING RATE	0.20 GAL/FT²/DAY	DOSING VOLUME	180 GAL.
ABSORPTION AREA	1500 FT.²	DOSING DEPTH	8.6 INCH
TOTAL LENGTH OF LATERALS	300 FT.	CHECK VALVE NEEDED?	NO
LATERAL DIAMETER	1¼ INCH, SCH 160		
LATERAL CONFIGURATION	4 x 75 FT. LINES		
SUPPLY LINE LENGTH	80 FT.		
SUPPLY LINE DIAMETER	2 INCH, SCH 40		
MANIFOLD PLACEMENT	SIDE		
HOLE SIZE	5/32 INCH		
HOLE SPACING	SEE CHART		
NUMBER OF HOLES	57		
PRESSURE HEAD	SEE CHART		
FLOW PER HOLE	SEE CHART		
TOTAL FLOW	28.90 GAL.		
ELEVATION HEAD	7 FT.		
FRICTION HEAD	1.5 FT		
PRESSURE HEAD	3 FT		
TOTAL HEAD	11.5 FT.		
PUMP REQUIREMENTS	~~28.90~~ 30.0 GAL, 11.5 FT OF HEAD		

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

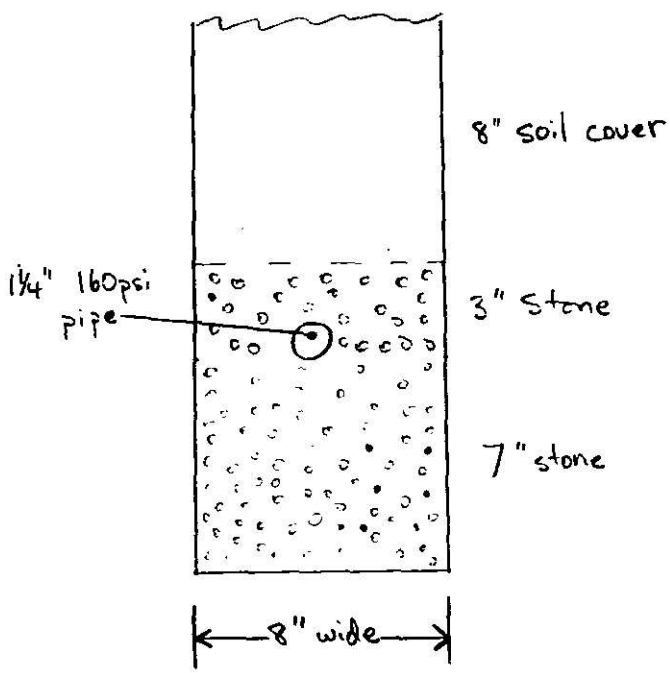
CAROL MARTIN

13819 BEATTIES FORD RD.

SIR No. 19678

LINE	PRESSURE HEAD	FLOW/HOLE	# HOLES/LINE	TOTAL FLOW/LINE	HOLE SPACING	FIRST HOLE
1	3'	.50	15	7.5	5'	30"
2	3'	.50	15	7.5	5'	"
3	3'1"	.51 .51	14	7.14	~~5'~~ 5'5"	"
4	3'2"	~~.52~~ .51	~~15~~ 14	~~7.65~~ 7.14	~~5'~~ 5'5"	"
			57	~~28.90~~		
				x 30		

Typical Trench Detail

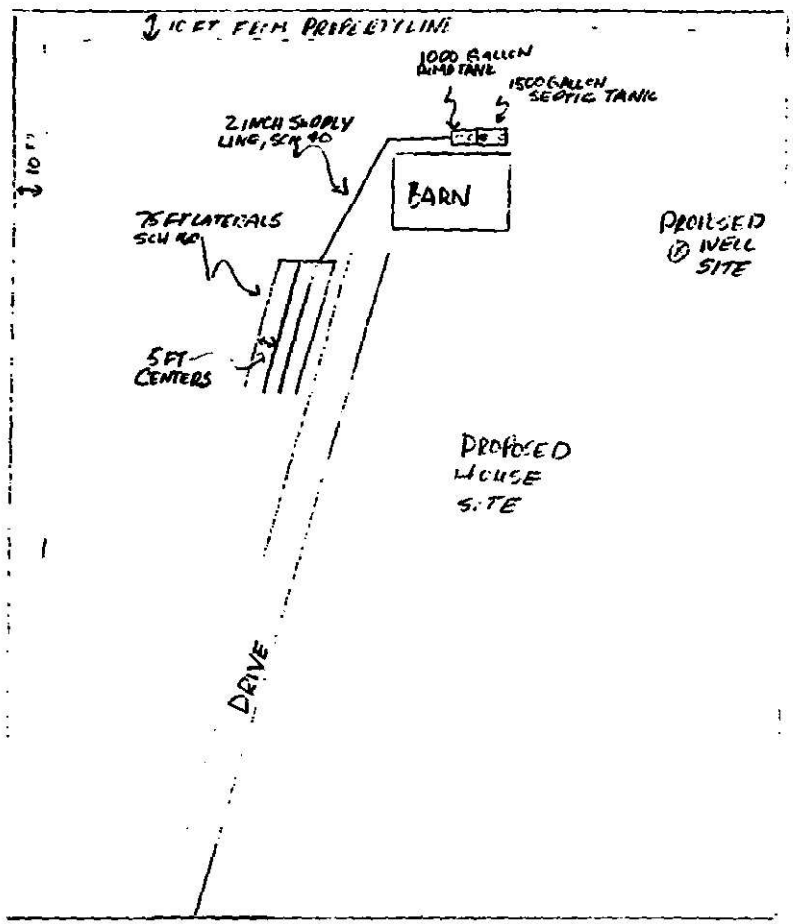


R. C. S., Inc.

Septic Tank Installation & Service

CAROL MARTIN
13819 BEATTIES FORD RD.
SIR No. 19678

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359



13819 BEATTIES FORD RD

NOT DRAWN TO SCALE

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: 19678
TC:
SERIAL: № 13562

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 11 1987
ENVIRONMENTAL HEALTH

of CRT

JOB LOCATION

① ADDRESS: 13913 Butterfield Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 013-091-17
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Barry L Sleek (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 2315 Winterhaven Ave
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28203
⑬ PHONE: (WORK) ⑭ (HOME) 334-2463

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Autherization for mobile home exchange
⑱ ☑ Other (specify) Add Room

BUILDING CHARACTERISTICS

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 1
㉓ Type?
㉔ Maximum occupancy? 1
㉕ Maximum number of employees?
㉖ 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: Barry L. Sleek
Date: 8-11-87

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.

Built prior to approval
NOT a Bedroom
8/98

Environmentalist / Date

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.

Date Issued 5-1-95

Serial No. 08130

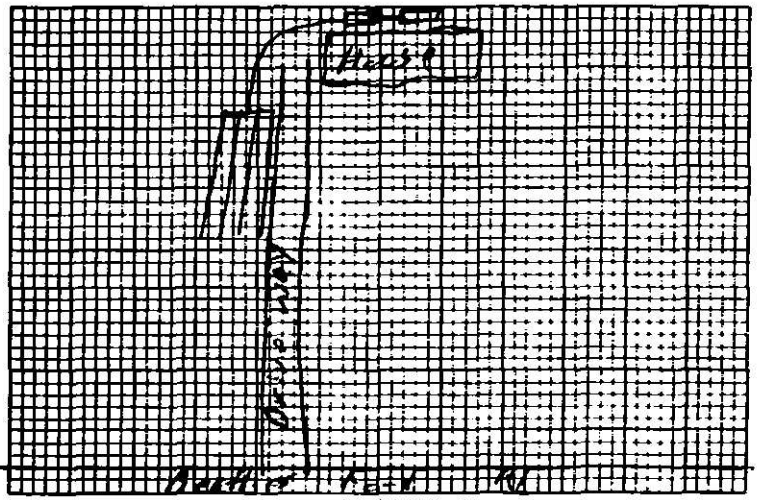
ICAR(S) Permit No. 19678

T. C. No 013-091-15

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 19678, dated 11-8-94 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 6-1-95, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVa

Liquid Capacity of Tank 1500 gal 1000 gal

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Martin, Carol Ann

LOCATION OF PROPERTY 13819 Beatties Ford 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.

LPP System Plan on File

Comments:

Division or Section Head

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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19678

Date Issued 6-11-85 **Serial** 7614 T. C. No 013-091-15

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

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

Name of Owner Martin (LAST) Carol (FIRST) (MIDDLE)

Location of Property 13919 Beatties Ford Rd

Application Number 19678 Permit Number 19678

Inspection Data:

Liquid Capacity of Tank 1500 gal ST 1000 gal LS Tank Material PVC

Total Length of Drain Tile 300' Number of Lines Four

Depth of Filter Material ~~12"~~ 10" Cover Depth 8"

Water Supply Source well Distance from Water Source 750'

Excavation Inspected 6-11-85 (DATE) Tank Inspected 6-11-85 (DATE)

Nitrification Field Inspected 6-11-85 (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 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 1500ST, 1000DT, PI, LPP, 1500SFTRG, Cec:1 (10" trench)

Environmentalist

EHD-5-76

Environmental Health Department's Copy