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

S.I.R. # 5796

T.C. # pa 139-211-04

DATE October 19, 1979

NAME OF OWNER Kerr, Frances E.

ADDRESS OF OWNER 132 Cline Street, Concord, NC 28025

LOCATION OF LOT Kerr Road

As determined under the Rules and Regulations promulgated by the Commission for Health Services, Division of Health Services, North Carolina Department of Human Resources, Raleigh, North Carolina, the soils on the lot described above were found to be unsuitable for the installation of an individual septic tank - soil absorption system, due to the following reason:

Soil Structure Massive
Soil Drainage: Lateral Water Movement Potential
Soil Permeability Unsuitable

John R. Adkisson

John R. Adkisson, Environmentalist

S.I.R. NO. 5716

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

APPENDIX H
SITE EVALUATION

T.C. # Po 139-2104

(Ground Absorption Sewage Disposal)

OWNER: Frances E. Yow
ADDRESS: 132 Chinquapin Dr.
COUNTY: Concord, N.C. 28025
LOCATION OF SITE: Kerr Road

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 2 acres

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-11%	(S) PS U 2-10%	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S PS 2:1 Clay (U)	S PS 2:1 Clay (U)	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS Massive (U)	S PS Massive (U)	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS 24" (U)	S PS 24" (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S Saprolite PS @ 24" (U)	S Saprolite PS @ 24" (U)	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S Lateral PS Water movement (U) Potential	S Lateral PS Water movement (U) Potential	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS U slow (U)	S PS U slow (U)	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Unsuitable	Unsuitable		
SOIL SERIES	Goldston	Goldston		

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)

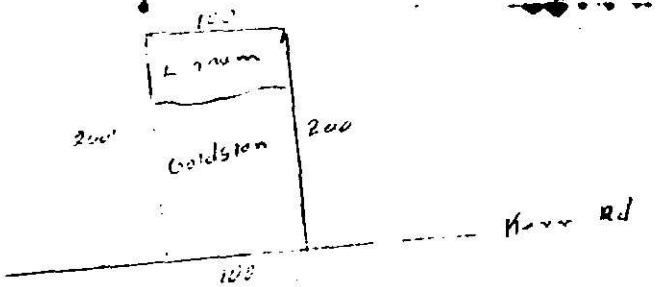
Recommendations/Comments:

Described By: William F. Marlin

Title: Soil Scientist Date: 10-18-79

DHS Form 2604 (2/77)
Sanitation

2


200
Goldston
200
100

Date Received 8/22/79 ICAR(S) Application No. APPROVED

T. C. No. 139-211-04

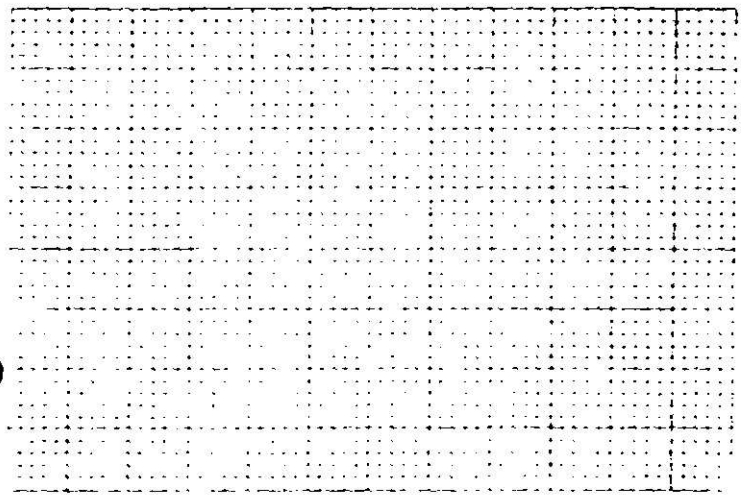
Map Date

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 2
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
Home located within 200 feet of sewer ___ yes ___ No
Home located within 200 feet of community sewer ___ Yes ___ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER ___ LAST ___ FIRST ___ MIDDLE

14) ADDRESS OF OWNER ___

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM ___ 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) 5216

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.

DATE OF APPLICATION ___ OWNER ___

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY