Date Received 4-24-84

SIR No. 20721

T. C. No 113-082-18

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Mitchell (LAST) Fabius (FIRST) Avery (MIDDLE)

2) ADDRESS OF OWNER Rt 5 Box 1001 CHARLOTTE ZIP 28208

3) PHONE NO. Home 399 7974 Office 376 5521

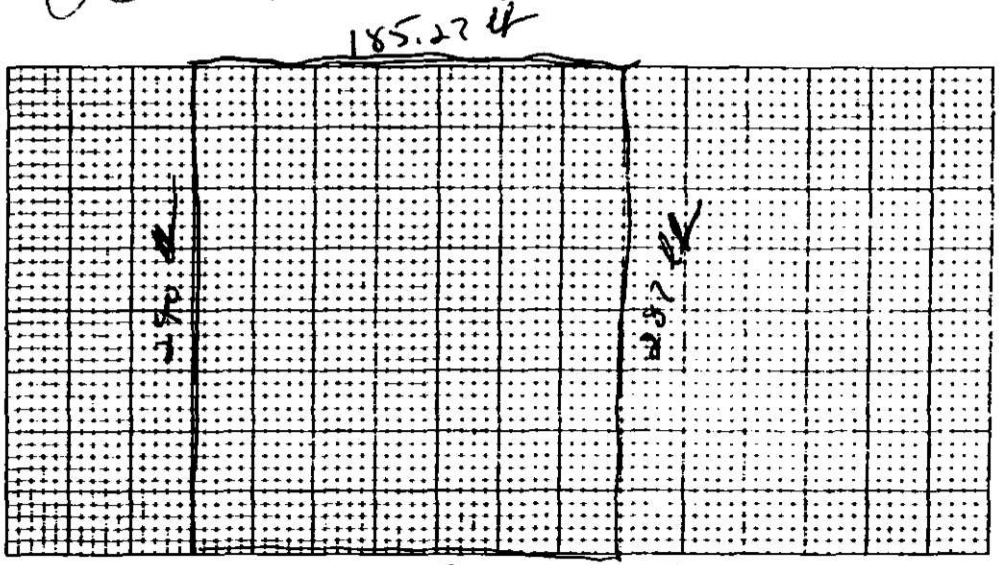
4) LOCATION OF PROPERTY Amos Smith Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 5-7 BLOCK NO. 1

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

Fabius Avery Mitchell
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20991

T.C. NO. 13-22-82

(Ground Absorption Sewage Disposal)

OWNER: Edwina B. Malcolm
ADDRESS: R.5, Box 461 Charlotte, N.C. 282[illegible]
PLAT NO: Lots 5-7
LOT SIZE: 73,560
LOCATION OF SITE: Iowa Cowell Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S / (PS) 15-25% / 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) 30-46" / U	S / PS — / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S 36" / (PS) / U	S / PS — / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) Thin to PS ground water / U	S Area PS subject to / (U) [illegible]	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS Slope / U	S / PS from / U Lake	S / PS / U	S / PS / U
8. SOIL GROUP	10A	—		
9. SITE CLASSIFICATION	Provisional Suitable	Unsuitable		
10. SOIL SERIES	Cecil Like	—		

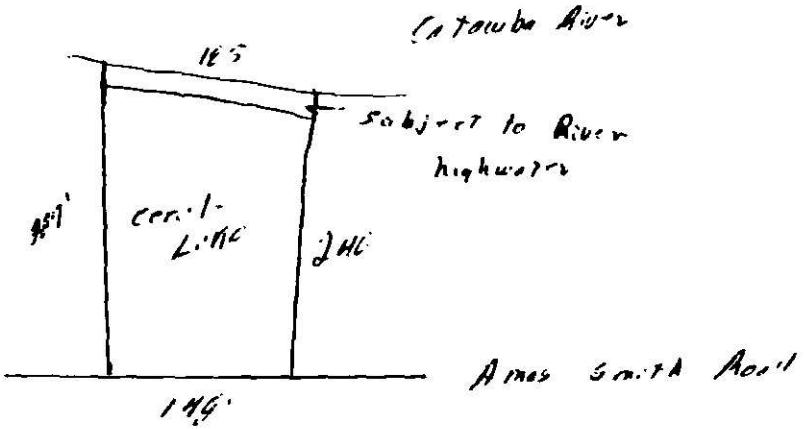
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: System may need Lift Pump

Described by: William R. Madison
Title: Soil Scientist

Date: 5-31-84


Catawba River
165'
Subject to River highwater
491'
Cent. Line
1320'
Ames Smith Road
1146'

Serial No. 5664

SIR No. 20921

Date Issued 5-31-84

T. C. No. 113-082-18

Map Date L

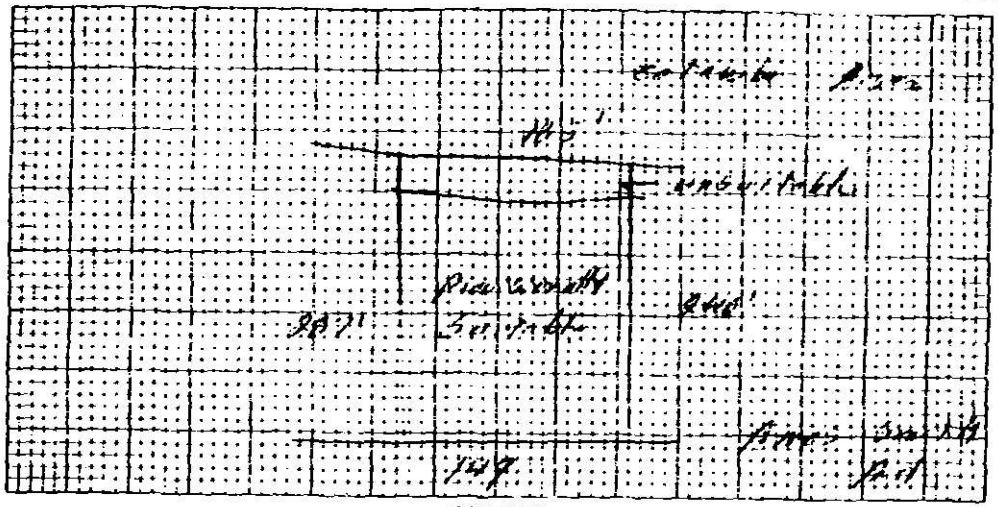
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Mitchell, (LAST) Fabius (FIRST) Avery (MIDDLE)

ADDRESS OF OWNER Rt. 5, Box 1001, Charlotte, NC ZIP 28208

LOCATION OF PROPERTY Amos Smith Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 5-7 BLOCK NO 1



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 plat **PROVISIONALLY SUITABLE**

The permeability rate determined by the investigation was 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 shall be obtained prior to repair the specific system as required from the Mecklenburg County Department of Environmental Health at the beginning of any construction activity on the wastewater treatment system on the said lot.
2. The size of the septic tank and wastewater treatment system which must be installed shall be determined by the Mecklenburg County Department of Environmental Health according to the Laws of the State of North Carolina and on the size and type of building to be served.
3. This approval applies only to the system as described above. Any modification of the system, installation of the above plat.
4. This approval is void if the soil is disturbed by excessive grading, excavation, improper installation or in the opinion of the Mecklenburg County Department of Environmental Health, the area is not adequate for the system installation unsuitable for installation, construction alteration of any part 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 newer revised laws, rules, and regulations been in effect on the issue date.

William A. Mullen
Soil Scientist

David D. Hardister
Environmental Health Director or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 9-9-14

CAR(S) Application No. 90921

T. C. No. 113-082-18

Map Date L

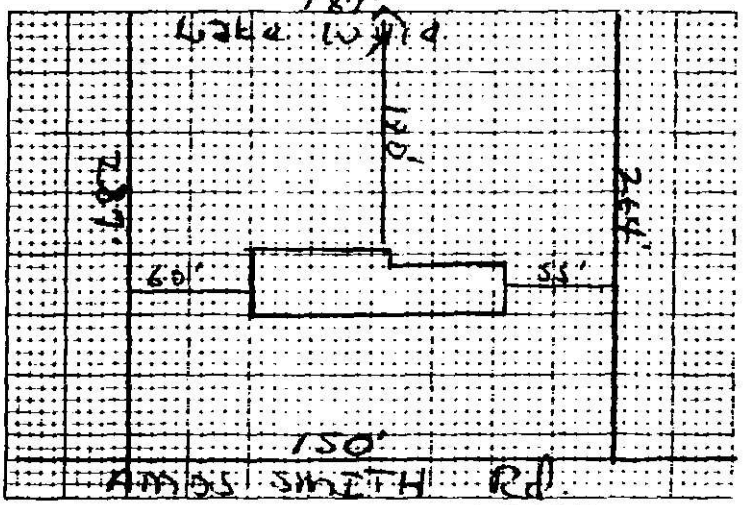
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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 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 N/A

12 VA Case No. ___

13) NAME OF OWNER Mitchell (LAST) F. (FIRST) A. (MIDDLE)

14) ADDRESS OF OWNER Rt 5 Box 1021 Clar. NC. 28208

15) PHONE NO Home 399-7974 Office ___

16) LOCATION OF SYSTEM Amos Smith Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 5-7 Block No. 1

Map Book No 113 Page No. 08

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST 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.

9-9-14
DATE OF APPLICATION

A. Mitchell
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9-19-84

Serial No. 7861

SIR No. 20921

T. C. No. 113-082-18

Map Date LART

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Mitchell, (LAST) F. (FIRST) A. (MIDDLE)

ADDRESS OF OWNER Rt. 5, Box 1001, Charlotte, NC ZIP 28208

LOCATION OF LOT 6319 Amos Smith Road (STREET OR COUNTY RD.)

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 20921. 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.

B. R. Ferguson
Environmentalist

Bill D. Henderson Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 3-28-85

Serial No. 08003

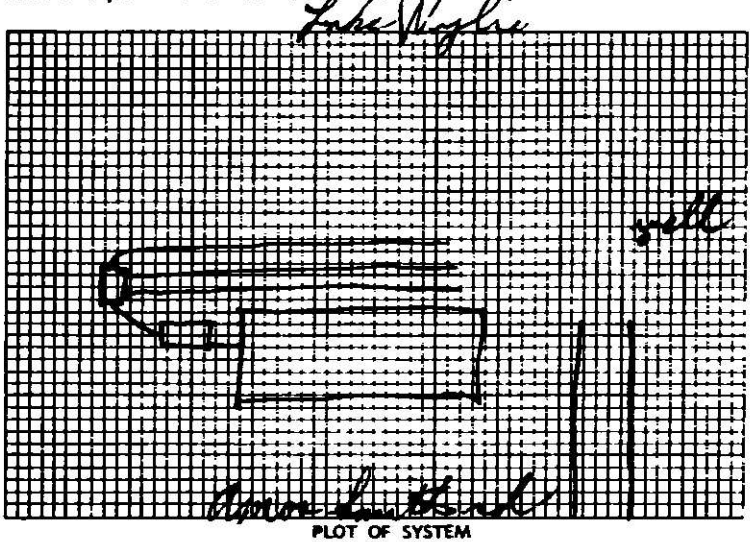
ICAR(S) Permit No 20921

T C. No. 113-082-18

Map Date 6

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 20921, dated 9-19-84 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 4-28-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PR

Liquid Capacity of Tank 1500

Tank Construction RCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 3

Distance from House 15'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER F. A. Mitchell

LOCATION OF PROPERTY 6319 Aaron Smith 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.

3 lines 3'X100'X12" stone

Comments:

Division or Section Head

B. R. Ferguson
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. 20921

Date Issued 4-11-85 **Serial** 7389 T. C. No. 113-082-18

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Mitchell (LAST) F. A. (FIRST) (MIDDLE)

Location of Property 6319 Amos Smith Rd

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 4-11-85 (DATE) Tank Inspected 4-11-85 (DATE)

Nitrification Field Inspected 4-11-85 (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

B. R. Ferguson
Environmentalist

EHD-S-76

Environmentalist's Copy

Date Received 4-24-84

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 1845

T. C. No. 017-062-04

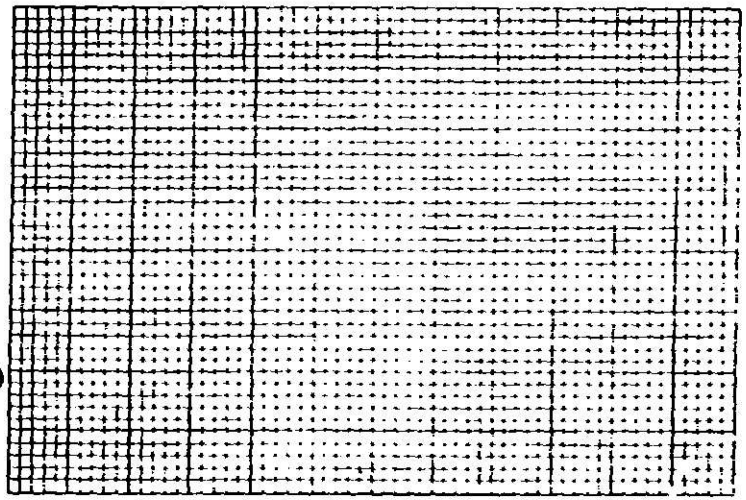
Map Date

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) 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 X Yes ___ No
Residence ___ Yes ___ No

4) No of Bedrooms 2
5) Business Use — Max No Employees ___
6) Washing Machine ___ Yes X No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1) Well source X
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 BANKS (LAST) M. (FIRST) PATRICIA (MIDDLE)

14) ADDRESS OF OWNER 1432 Thomas Ave Mbo # 28216

15) PHONE NO. Home 376-7183 Office ___

16) LOCATION OF SYSTEM Mbo/Cl- 11401 Statesville Rd - Huntersville NC 28078 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 16 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.

March 7, 1984
DATE OF APPLICATION

Patricia Banks
OWNER

EHD-S-76

Environmental Health Department's Copy