Date Received 3-7-84

Call 1st

RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 20732

T. C. No 219-091-08

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER STROUP (LAST) [illegible] (FIRST) [illegible] SARAH H. (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

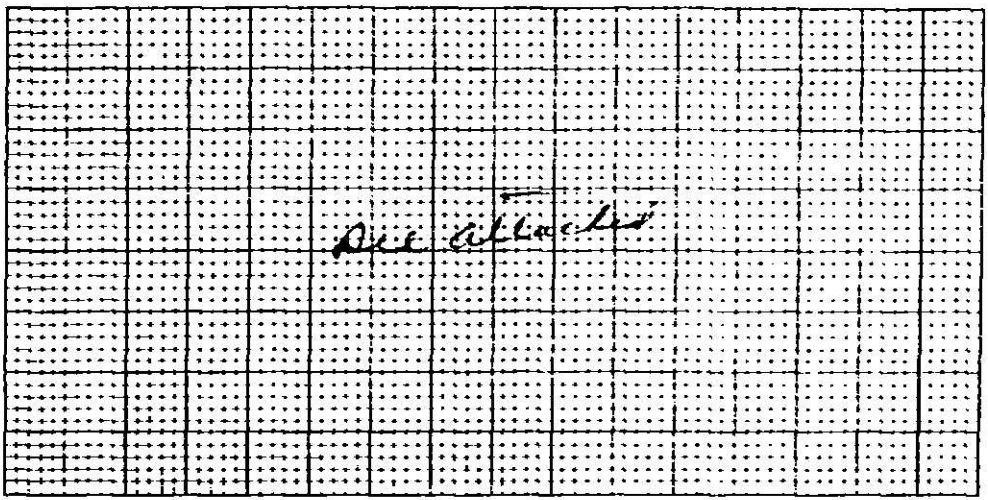
4) LOCATION OF PROPERTY 15500 STATE CREEK RD [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO. [illegible] BLOCK NO. [illegible]

MAP BOOK NO [illegible] PAGE NO. [illegible]

6) DEED REFERENCE DEED BOOK 4750 PAGE NO 694

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

Mrs Frank Stroup
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20732

T.C. NO. PC 214-091-85

(Ground Absorption Sewage Disposal)

OWNER: Frank & Sandra Stamps
ADDRESS: 933 Hopkins Dr.
Charlotte, N.C. 28210
LOCATION OF SITE: Highway 160 & Hamilton Road

PLAT NO:
LOT SIZE: Acres 2.2, 5+/- Ac.

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) 30-48" 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) >48" To ground water PS 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	IIA			
9. SITE CLASSIFICATION	provisionally suitable			
10. SOIL SERIES	Cecil Pits			

S - Suitable PS - Provisionally Suitable U - Unsuitable

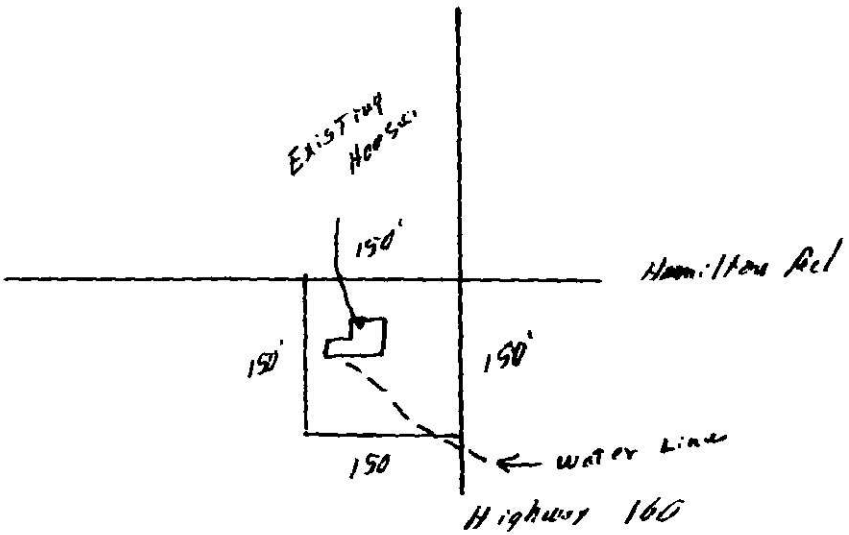
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Three bedroom unit. Use up flow and pump to [redacted] system

Described by: William A. Martin
Title: Soil Scientist

Date: 3-18-85

4


EXISTING HOUSE
150'
Hamilton Rd
150'
150'
150
← water line
Highway 160

Serial No. 5536

SIR No. 20732

Date Issued 3-19-84

T. C. No. PO 219-091-08

Map Date

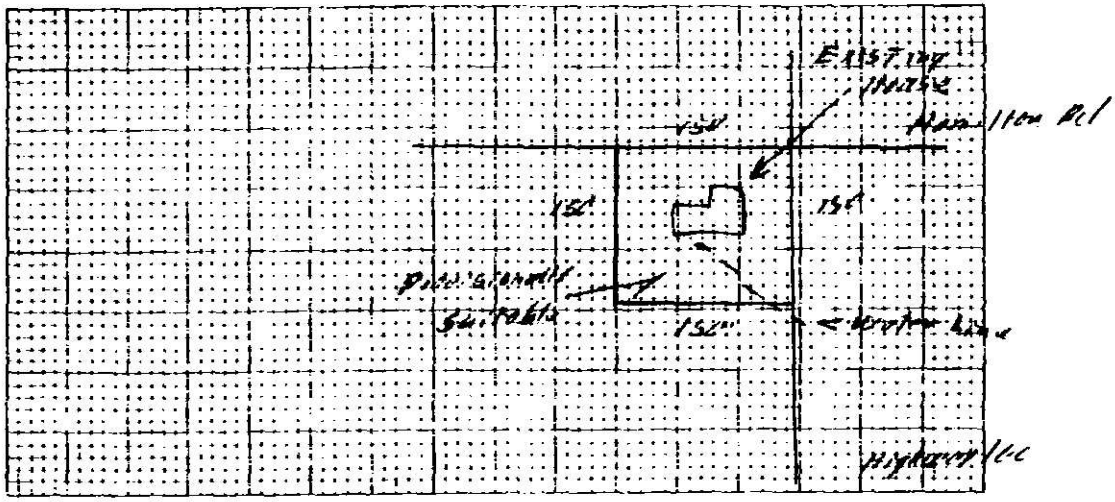
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Stroup, (LAST) Frank (FIRST) G. (MIDDLE)

ADDRESS OF OWNER 933 Stanfield Dr., Charlotte, NC ZIP 28210

LOCATION OF PROPERTY 15500 Steele Creek Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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 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 for the construction of the septic tank system and the installation of the Mecklenburg County Department of Environmental Health shall be obtained prior to the installation of the wastewater treatment system on this lot.
2. The septic tank wastewater treatment system and its method of installation shall be approved by the Mecklenburg County Department of Environmental Health prior to backfilling any of the parts of the system and in the use and type of fill and construction therein.
3. This approval is valid only for the system specifically described above. Any future system installation on the property shall be approved by the Mecklenburg County Department of Environmental Health prior to installation.
4. This approval is valid for a period of [illegible] from the date of issuance. Any system installed after the expiration date must be approved by the Mecklenburg County Department of Environmental Health prior to installation. Lots found unsuitable for septic tank system installation or construction after the expiration date will require a new soil investigation.

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 F. Marion
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department Copy

Date Received 3-7-84

RECEIVED
MAR 7 '84
ENVIRONMENTAL HEALTH

CAR (S) Application No. 20732

T C. No. 129-091-08

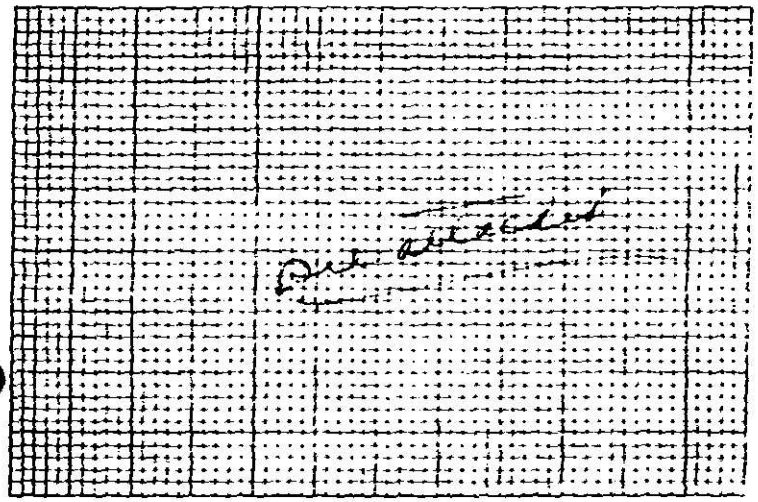
Map Date _____

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 Relocate septic tank system.

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 4
5) Business Use ___ Max. (No.) ___
Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A Private 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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible] DR 28210

15) PHONE NO. Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] STREET [illegible] RD
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No. 219 Page No. 091 08

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 694

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.

3-7-84
DATE OF APPLICATION

[illegible]
OWNER

END-5-76

Environmental Health Department's Copy

AL-8-22-84

SIR No. 20732

Serial No. 7316

Date Issued 3-19-84

T. C. No. PO 219-091-08 X

Map Date

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 Stroup, (LAST) Frank (FIRST) G. (MIDDLE)

ADDRESS OF OWNER 933 Stanfield Dr., Charlotte, NC ZIP 28210

LOCATION OF LOT 15500 Steele Creek 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 20732. 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.

D. R. Ferguson
Environmentalist

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

EHD-S-76

Environmental Health Department's Copy

Date Issued 4-2-84

Serial No. 07090

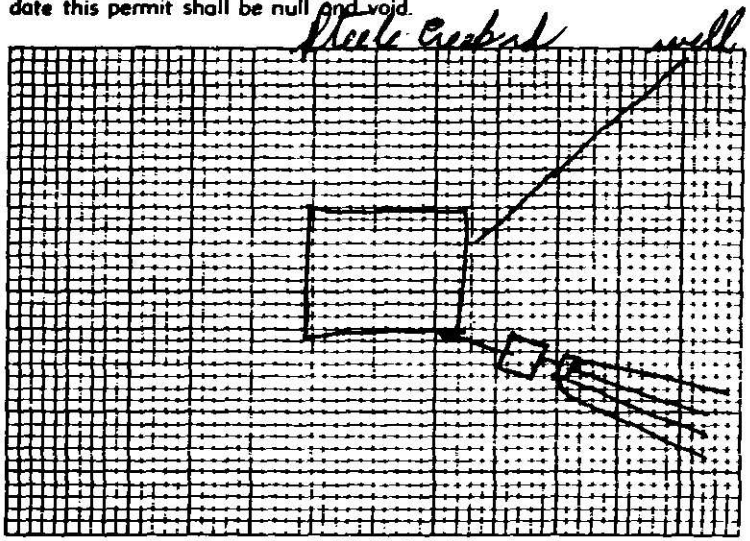
ICAR(S) Permit No. 20732

T C. No. 219-091-08

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 20732, dated 3-7-84 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 5-2-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well 200

NAME OF OWNER Frank L Troup

LOCATION OF PROPERTY 15500 Steele Creek 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.

4 trenches 3'X100'X12" stone, straw cover. 9' centers. Grade bds.

Comments: _____

Division or Section Head

B. K. 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

A

C of A (s) No. 20732

Date Issued 7-31-84 **Serial** 6809 T C No 219-091-09 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 Stroup (LAST) Frank (FIRST) (MIDDLE)

Location of Property 15500 Steele Creek Rd.

Application Number 20732 Permit Number 20732

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 400' Number of Lines Four

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 7-31-84 (DATE) Tank Inspected 7-31-84 (DATE)

Nitrification Field Inspected 7-31-84 (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

Jim Ervin
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Pd. 8/2/91
Cash/25.00

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20732
TC: 219-091-08 ; 702

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 8/9/91 JTH

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

P&D. 8/2/91
Cash/25.

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

Mecklenburg County services are available without regard to ethnic origin, sex, or disability

(OFFICE USE ONLY)
FILE: 20132
TC: 319-091-08
SERIAL: № 0019680
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: _____ (STREET NO) _____ (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: _____ (FIRST) _____ (MIDDLE) _____ (LAST)
⑨ MAILING ADDRESS: _____
⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____
⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? _____
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____
㉔ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

Date: _____

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 60 months from the date of issuance. Must use existing system

_____ RS 8/9/91
Environmentalist Date

_____ 9-12-91
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.