Date Received 10-4-82

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 04 1982

APT No. 19029
P.O.
T. C. No. 025-10531

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GALE (LAST) PAUL (FIRST) H. (MIDDLE)

2) ADDRESS OF OWNER 9516 POINT O' WOODS DR. ZIP 28216

3) PHONE NO. Home 596-5540 Office 596-5264

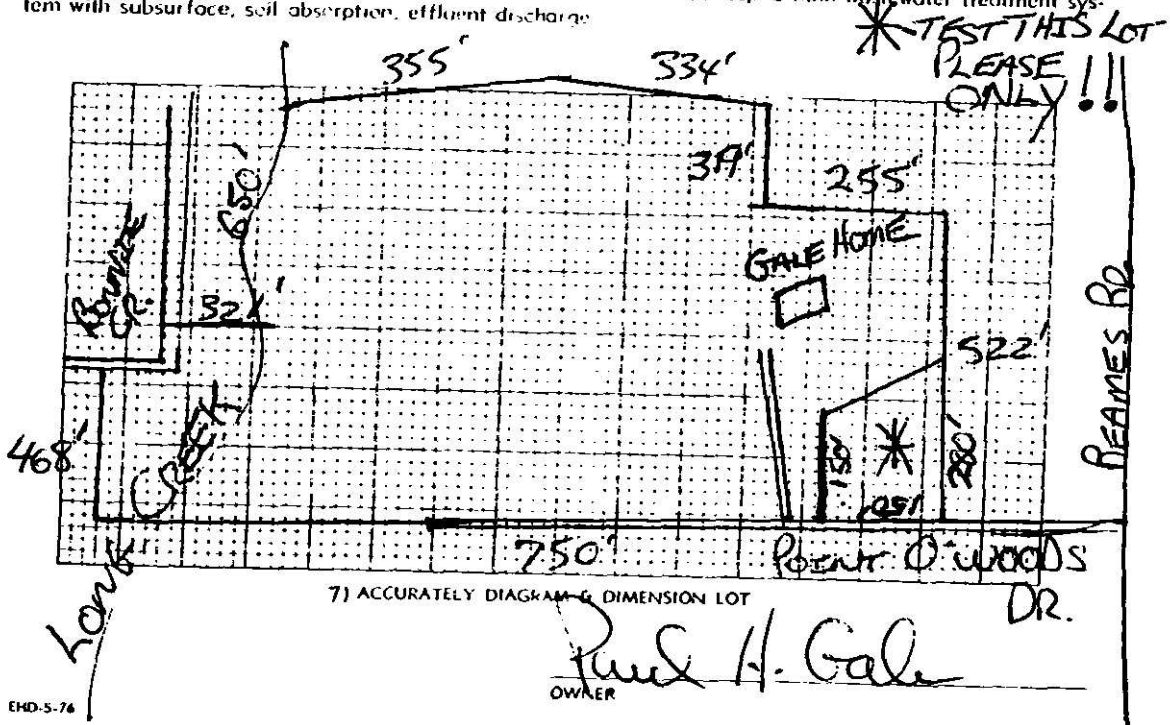
4) LOCATION OF PROPERTY ~~3800 Block~~ NE CR. 9500 POINT O'WOODS DR.
STREET OR COUNTY ROAD

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4493 PAGE NO 316

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

Paul H. Gale
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4732

PTR No. 19029

T. C. No. PO 025-105-31

Date Issued 10-8-72

Map Date

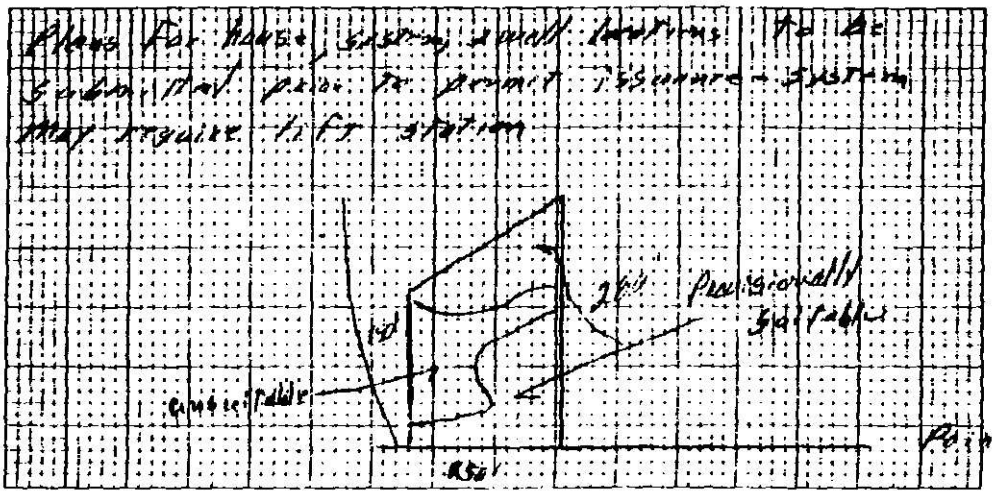
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Gale, (LAST) Paul (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 9516 Point O'Woods Dr., Charlotte, NC ZIP 28216

LOCATION OF PROPERTY 9500 Point O'Woods Drive (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 plot. The permeability rate determined by the investigation was **Provisionally Suitable**. 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 the wastewater treatment system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the construction of the wastewater treatment system on the said lot.
2. The size of the septic tank and wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to the issuance of the permit to install obtained above and on the size and type of building constructed thereon.
3. This approval is valid only for the system as outlined on the above plot as acceptable for system installation on the above plot.
4. This approval is void if any deviation is made in the location of the system as indicated on the above plot, in the opinion of the Mecklenburg County Department of Environmental Health, the area indicated as acceptable for system installation is unsuitable for installation or construction or operation of the wastewater treatment 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 new or revised laws, rules, and regulations been in effect on the issue date.

William R. Thurlow
Soil Scientist

Mike Sutton
Environmental Health Director or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19022

T.C. NO. AP 025-105-31

(Ground Absorption Sewage Disposal)

OWNER: Paul H. Jolly
ADDRESS: 2516 Point O' Woods Dr. Charlotte, N.C. 28216
PLAT NO:
LOT SIZE: Approx 36,000
LOCATION OF SITE: 9520 Point O' Woods Dr.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	(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 clay	S (PS) U clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 30-48"	S (PS) U 30-48"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) PS U None	(S) PS U None	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U >48" to ground water	S PS (U) Drainage-Way	S PS U	S PS U
7. OTHER (Specify)	S (PS) U see Note	S PS U	S PS U	S PS U
8. SOIL GROUP	1UA	1UA		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Drainageway		

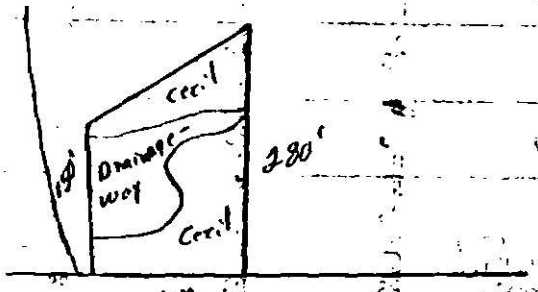
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: Recommend plans for house, system & well locations be submitted prior to issuing permit as Building Line

Described by: William R. Marlin
Title: Soil Scientist
Date: 10-18-82

EHD 539 (Revised: 6/82)


Ceed
Drainage way
Ceed
180'
150
Pointe O' Woods

SEE INSTRUCTIONS ON BACK

Date Received 11-16-82

ICAR(S) Application No. 19029

T. C. No. 80-025-105-31

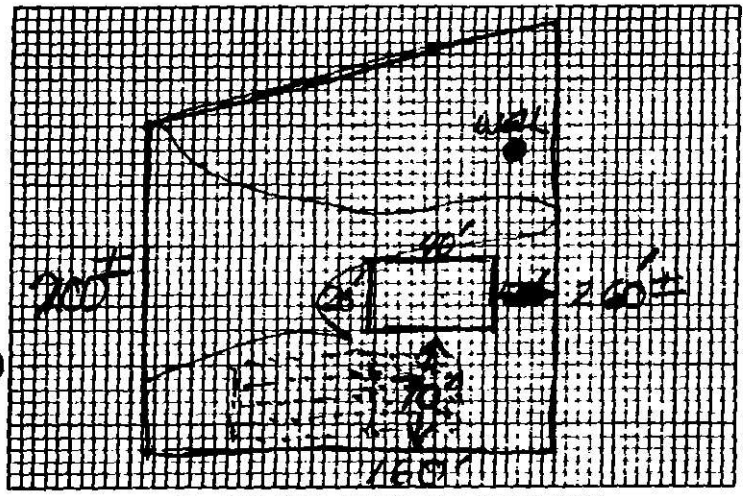
Map Date _____

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) [redacted] 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 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 [redacted]
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 ___Yes X No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER GALE III (LAST) PAUL (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER 9516 POINT O' WOODS DR. 28216

15) PHONE NO. Home 596-5264 Office _____

16) LOCATION OF SYSTEM [redacted] 9500 POINT O' WOODS DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____ P.S.

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___NO DATE RUN 10-8-82

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.

11/16/82
DATE OF APPLICATION

Paul H Gale III
OWNER

EHD-5-76

BI - 11-17-82

Serial No. 6034

SIR No. 19029

Date Issued 11-16-82

T. C. No. PO 025-105-31

Map Date

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 Gale, (LAST) Paul (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 9516 Point O'Woods Dr., Charlotte, NC ZIP 28216

LOCATION OF LOT 9500 Point O'Woods Drive (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 19029. 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.

M. M. Kirby
Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

Date Issued 7-22-83

Serial No. 6421

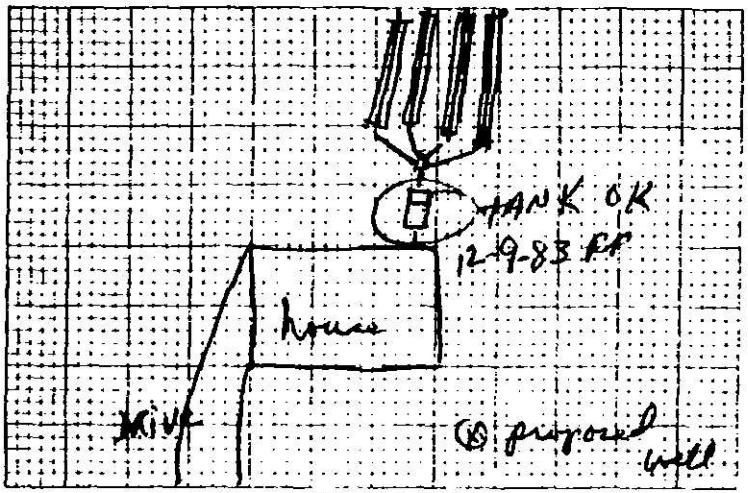
ICAR(S) Permit No. 19029

P.T. C. No. 025-105-31

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 19029, dated 11-16-83 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 7-22-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P. S.

Liquid Capacity of Tank 1500 gal

Tank Construction 1/c Concrete

Absorption and or Nitrification Lines

Total Line Length 220'

Number of Lines 4

Distance from House > 5'

Distance from Property Line > 10'

Distance from Well > 50' not in yet

NAME OF OWNER Paul H. Cole III

LOCATION OF PROPERTY 9500 Point O' Woods Dr

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 - 55 ft long x 3 ft wide x 12" stone trenches

Comments: May need step downs

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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BE 1-4 14

C of A (s) No. 19029

Date Issued 1-3-84 Serial 6356 POT. C. No. 025-105-31

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Gale (LAST) Paul (FIRST) H. III (MIDDLE)

Location of Property 9500 Point O' Woods Dr.

Application Number 19029 Permit Number 19029

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material p/c Concrete

Total Length of Drain Tile 275 ft Number of Lines 4

Depth of Filter Material 12" Cover Depth 1'-2'

Water Supply Source well Distance from Water Source —

Excavation Inspected — (DATE) Tank Inspected 12-9-83 (DATE)

Nitrification Field Inspected 1-3-84, 12-30-83 (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

R P Hodges
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY