Date Received 10-12-83

Will perk - 4"

MECK COUNTY DEPARTMENT
RECEIVED
OCT 12 1983
ENVIRONMENTAL HEALTH

SIR No. 20114

DC No. 227-141-02

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Providence Acres, Inc
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER % Henry G Newson. PO Box 4113 ZIP 28207

3) PHONE NO. Home 554-1022 Office 552-5841

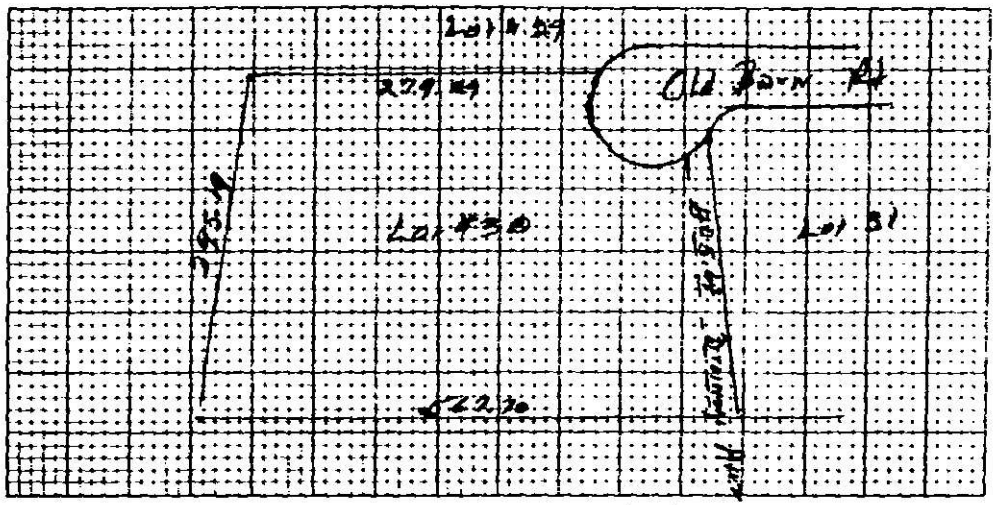
4) LOCATION OF PROPERTY Pier Plantation - Old Barn Rd
(STREET OR COUNTY ROAD)

5) SUBDIVISION Providence Plantation LOT NO. 30 BLOCK NO. E

MAP BOOK NO 20 PAGE NO. 343

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

Providence Acres Inc
OWNER By: Henry G Newson.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20114
T.C. NO. PO 227-141-02
DATE: October 25, 1983

Providence Acres, Inc.
In care of Henry G. Newson
Box 6113
Charlotte, N. C.28207

Re: Property located at Old Barn Road

Dear Sir:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

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

Sincerely,

John Mathison
for Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2011N

T.C. NO. AO 327-14102

(Ground Absorption Sewage Disposal)

OWNER: Residence Acres, Inc.
ADDRESS: C/O Henry H. Newsom
Mgr. 413, Charlotte, N.C.
LOCATION OF SITE: Will Beam Road

PLAT NO: L 30 E
LOT SIZE: Approx 160,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 0-15%	S PS (U) — Complex Slopes	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 —	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U —	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 36-40"	S PS U —	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — >36"	S PS U —	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — >36" to groundwater	S PS U —	S PS U	S PS U
7. OTHER (Specify)	S Limited PS Mass U see note	S PS U —	S PS U	S PS U
8. SOIL GROUP	1UA	—		
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable		
10. SOIL SERIES	Cecil Urban Land	Complex Slopes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

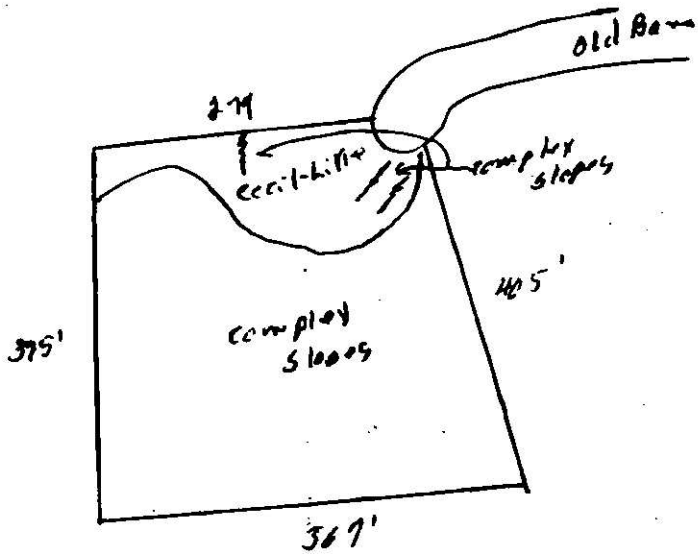
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: submit plans for house system, & well locations

Described by: William G. Marlin
Title: Soil Scientist

Date: 10-24-83

EHD 539 (Revised: 6/82)


Old Barn
27
ecoil-hills
complex slopes
405'
375'
complex slopes
367'

SEE INSTRUCTIONS ON BACK

Date Received 10-26-83

ICAR(S) Application No. 30114 Part IV

T C. No. 227-141-02

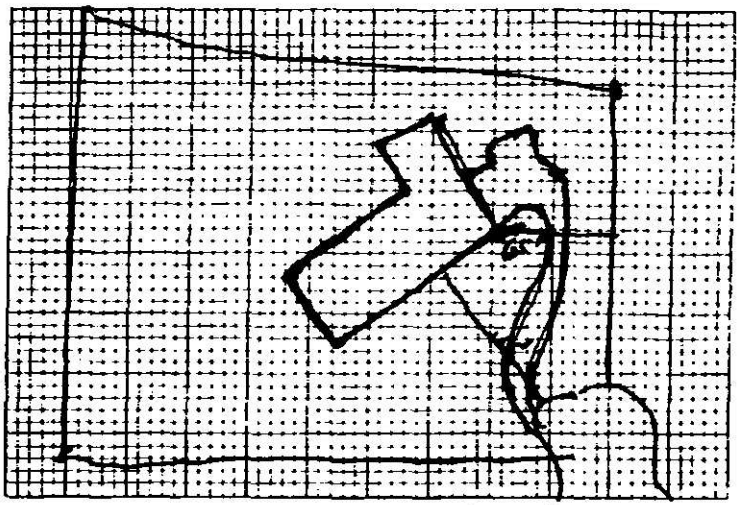
Map Date _____

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 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) 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 _____
12) VA Case No _____

13) NAME OF OWNER Green (LAST) Robert (FIRST) D (MIDDLE)

14) ADDRESS OF OWNER 9544 White Hemlock Ln Matthews, NC

15) PHONE NO. Home 847-7137 Office 392-4148

16) LOCATION OF SYSTEM 3100 Old Barn Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 430 Block No. E

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 10/24/83

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.

10/26/83
DATE OF APPLICATION

Robert D Green
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

picked up 11-15-83

SIR No. 20114

Date Issued 11-15-83 **Serial No. 6942**

T. C. No. PO 227-141-02

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 Green, (LAST) Robert (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 9544 White Hemlock Lane, Matthews, NC ZIP 28105

LOCATION OF LOT 3100 Old Barn Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 30 BLOCK NO. E

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 20114. 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.

Ralph Willis
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 2-13-84

Serial No. 6977

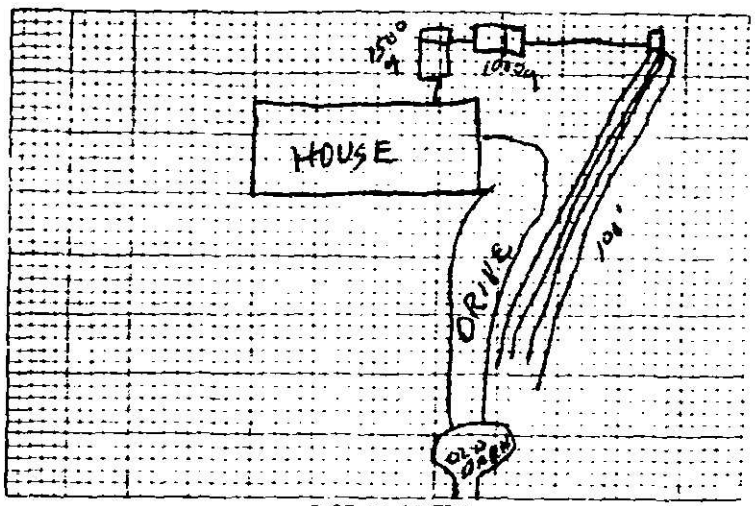
ICAR(S) Permit No. 20114

T C P.O. No. 227-141-02

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 20114, dated 10-26-83 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 3-13-84, 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 P.C. CONCRETE

Absorption and Area Data

Total Line Length 400'

Number of Lines 4 x 100'

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

NAME OF OWNER GREEN, ROBERT D.

LOCATION OF PROPERTY 3100 OLD BARN 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 lines x 100' x 3' wide x 12" stone w/ sod boards w/ straw over w/ 1000 gal pump tank - w/ step downs if needed

Comments: _____

D. Hardin Fin
Division or Section Head

Kelly Randolph
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

C of A (s) No. 20114

Date Issued 5-14-84 **Serial** 6622

T C No 227-1402 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 STEWART, LEON
(LAST, FIRST, MIDDLE)

Location of Property 3100 OLD BARN [illegible]

Application Number 20114 Permit Number 20114

Inspection Data:

Liquid Capacity of Tank 1000 ST + 1000 PT Tank Material PRECAST

Total Length of Drain Tile 400' Number of Lines 4 > 100

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50+

Excavation Inspected 5-14-84 (DATE) Tank Inspected 5-14-84 (DATE)

Nitrification Field Inspected 5-14-84 (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

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY