Date Received 2 Jun 82

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED JUN 2 1982

SIR No. 18767 23

T. C. No. 227-081-02

Map Date 28 Apr 82

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER NCNB TR. U/W Herman A. Moore
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER ONE NCNB PLAZA , Charlotte , N.C. ZIP 28202

3) PHONE NO Home _____ Office Richard Murrell 374-8772

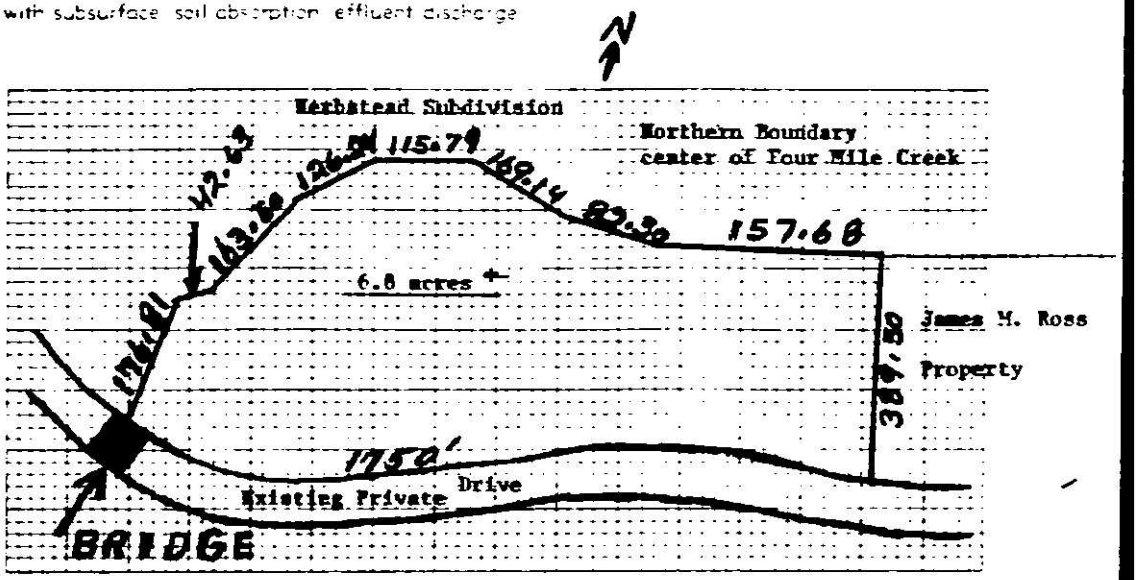
4) LOCATION OF PROPERTY 6.8 acres ± of 227-081-2 off Providence Rd.
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO 2966 PAGE NO 469

6) DEED REFERENCE DEED BOOK 1946 PAGE NO 443

Applicat on is hereb 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 installat on of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

NCNB as Tr. U/W Herman A. Moore
Richard L Murrell
OWNER
Vice President

EHD-5-76

Environmental Health Department's Copy

Serial No. 4564

PTR No. 18767 23

Date Issued June 4, 1982

T. C. No. 227-081-02

Map Date

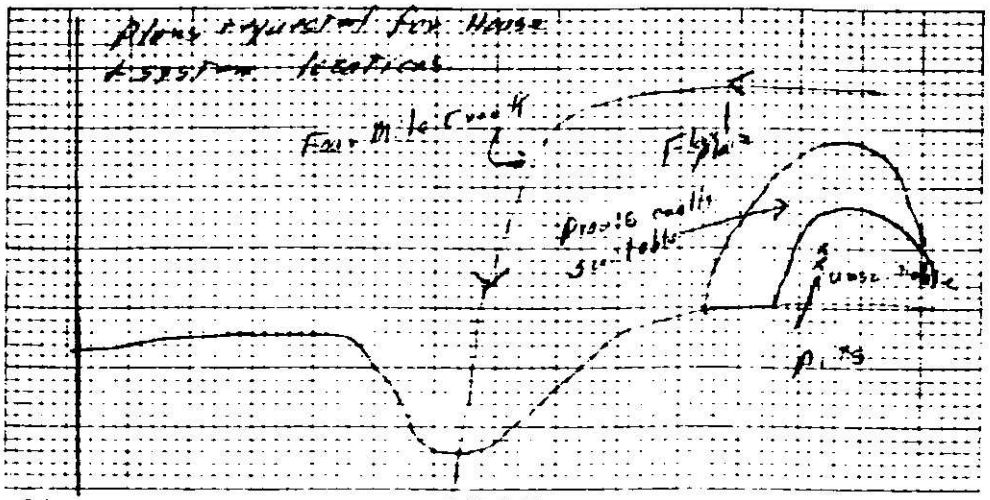
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER NCNB TR. U/W Herman Moore
(LAST FIRST MIDDLE)

ADDRESS OF OWNER One NCNB Plaza, Charlotte, N. C. ZIP 28202

LOCATION OF PROPERTY Off Providence Road
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

Prov. Apl

This site was evaluated by [illegible] of the Mecklenburg County Department of Environmental Health on [illegible]. It was conducted on that part of the [illegible] Provisionally Suitable

The permeability rate determined at the [illegible] was adequate for the installation of [illegible] subsurface soil absorption effluent disposal system [illegible]

1. A permit must be obtained from the Mecklenburg County Department of Environmental Health [illegible]
2. The [illegible] the Mecklenburg County Department of Environmental Health [illegible]
3. The [illegible] shall not be placed [illegible]
4. The [illegible] the [illegible] is acceptable for [illegible]

This approval is granted subject to the [illegible] and regulations of the North Carolina Department of [illegible] Services and the Mecklenburg County Health Department in effect at the time [illegible] and is valid at only the time in the future [illegible] the [illegible] system these laws and rules are changed such that this approval would not have been granted and the new rules and regulations been in effect on the issue date.

William A. Martin
Soil Scientist

Mike Sexton
Environmental Health Director or
Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

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

APPENDIX H
SITE EVALUATION

S.I.R. NO. [redacted] 18 W7 23
T.C. NO. [redacted] 227-001-42

(Ground Absorption Sewage Disposal)

OWNER: Herman A. Moore NCNB Tr. U/W
ADDRESS: One NCNB Plaza
COUNTY: Charlotte, N.C. 28202
LOCATION OF SITE: 44 Providence Rd

DATE REQUESTED:
PLAT NO:
LOT SIZE: Approx 43,560 Sqft

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 8-15%	(S) PS 2-6% 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 2-1 (U) Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS 40" U	S PS (U) 40"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) PS None U	(S) PS None U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS 76" To ground water U	(S) PS 76" To ground water U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation rate)	S (PS) Moderate U	S PS Very 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	Provisionally suitable	unsuitable		
10. SOIL SERIES	Enon	Enon-W. Hks		

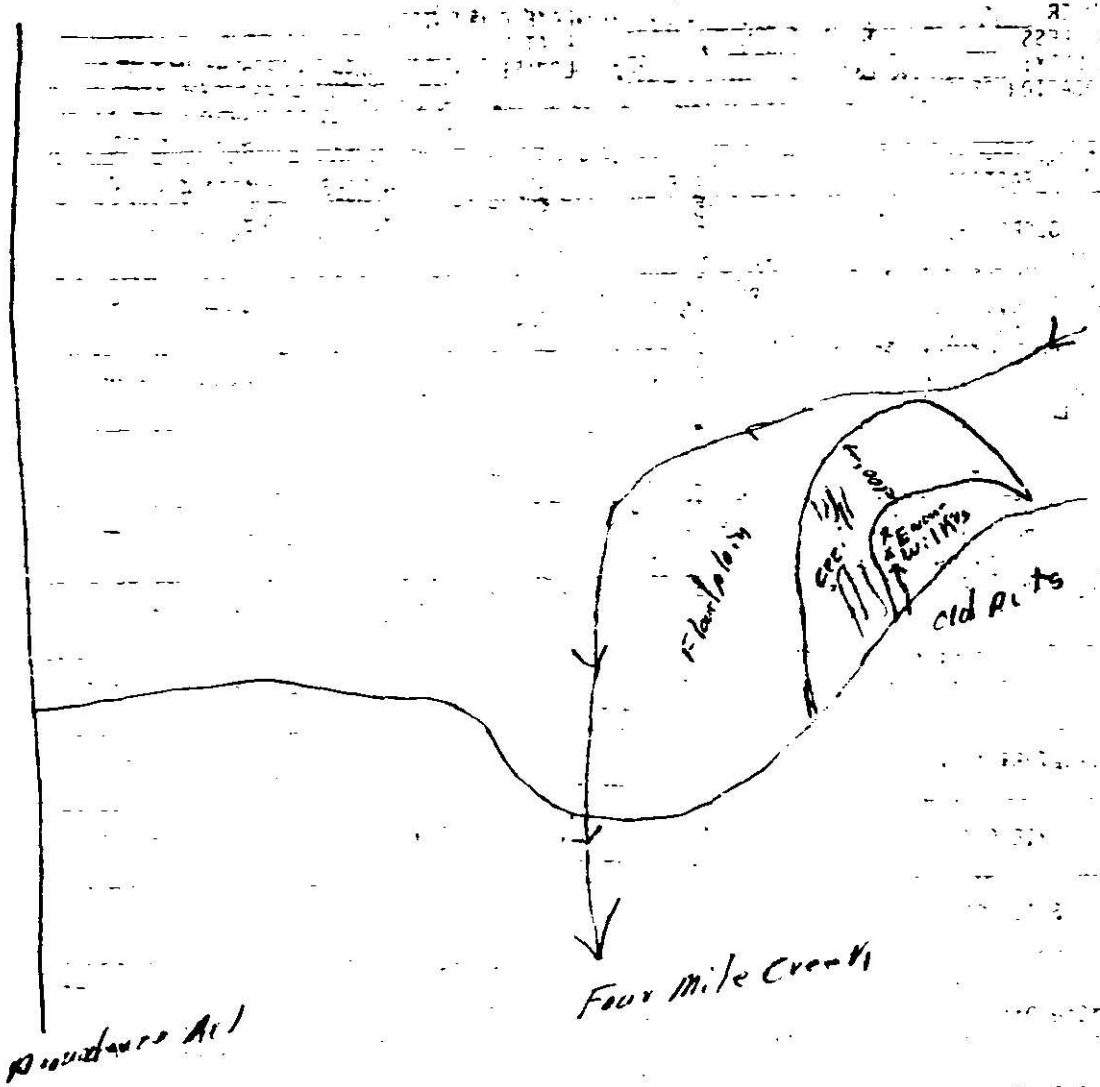
S - Suitable PS - Provisionally Suitable U - Unsuitable

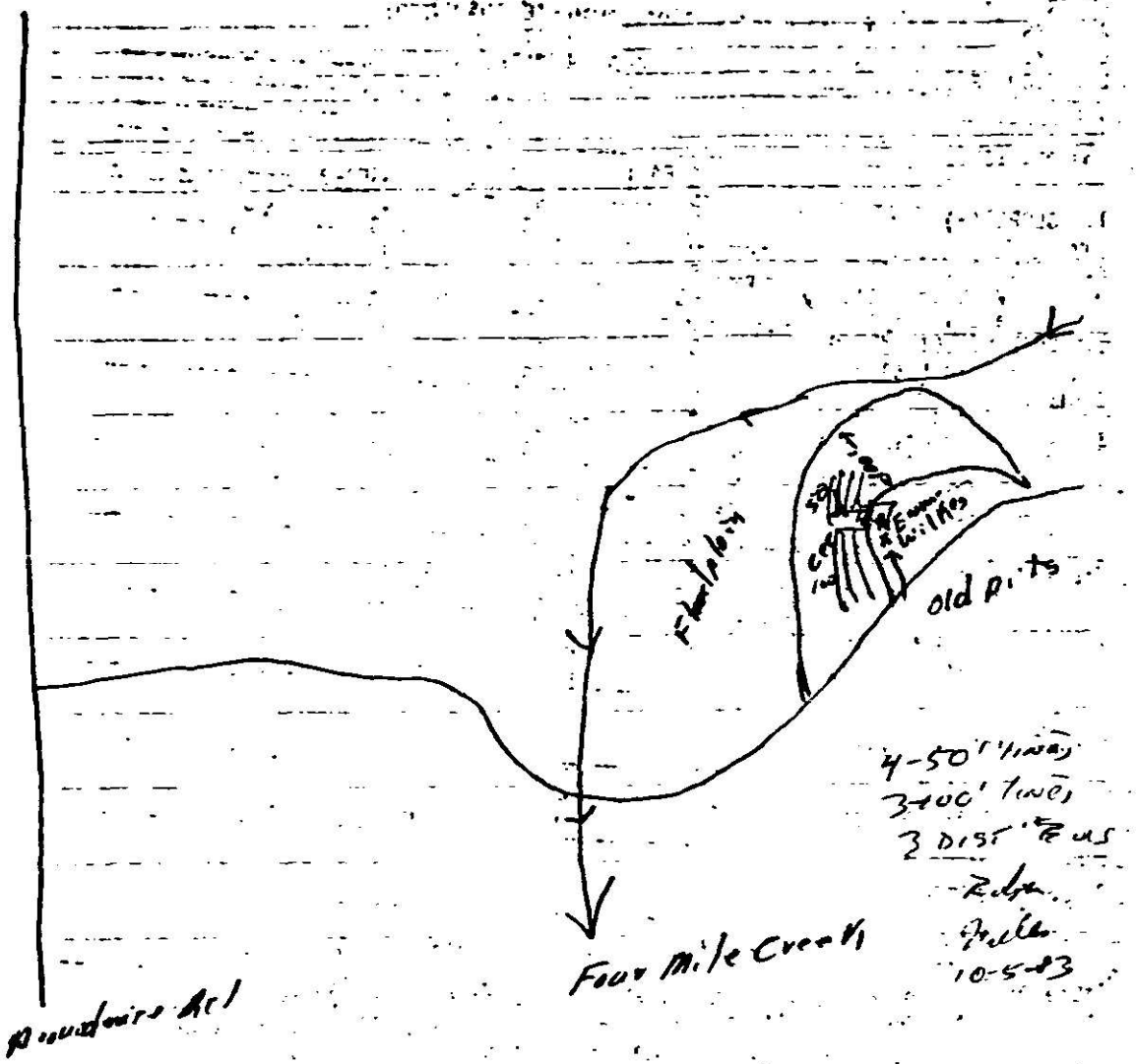
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope).

Recommendations/Comments: Recommend that plans for house, system, & well locations be checked before permit is issued to Building Insp.

Described By: William R. Markin
Title: Soil Scientist
Date: 6-4-82

DHS Form 2601
Sanitation
EHD 539 (3/82)


Floodplain
Four Mile Creek


Old Pits
Four Mile Creek
4-50' lines
3-100' lines
3 Dist. Res.
Ridge
Fault
10-5-83

Date Received 10/4/83

[illegible] 1983

ICAR(S) Application No. 18762

T. C. No. 227-021-23

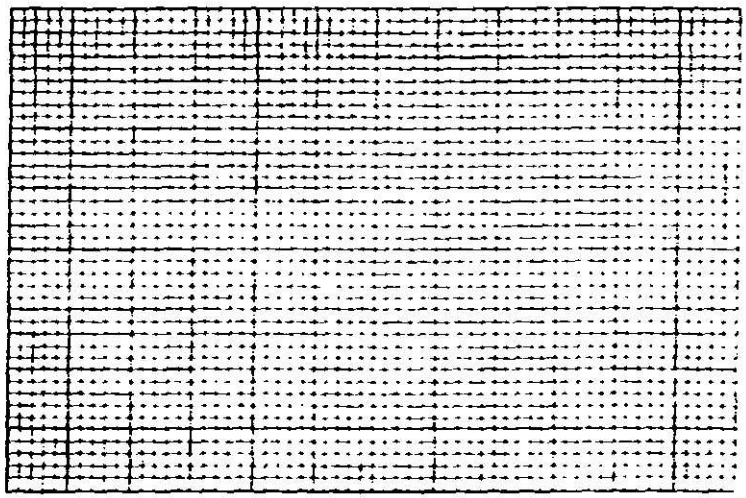
Map Date _____

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 X No
Residence X Yes ___ No

4) No. of Bedrooms 5

5) Business Use — Max No. Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply
A) Individual well ___
B) Government System X
C) Community System
1. Well source ___
2. Government 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 HESS (LAST) DR. PHILLIP (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 3237 WAMATH CT. 28105

15) PHONE NO. Home 553-0652 Office _____

16) LOCATION OF SYSTEM 9701 PROVIDENCE RD. (STREET OR COUNTY ROAD)

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

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 227 AT PAGE 08

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 4 Jun 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.

10/4/83
DATE OF APPLICATION

[signature] as agent
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SI-106-82

SIR No. 18767

Serial No. 6822

Date Issued 10-6-83

T. C. No. 227-081-23

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 Hess, (LAST) Phillip (FIRST) Dr. (MIDDLE)

ADDRESS OF OWNER 3237 Wamath Ct., Matthews, NC ZIP 28105

LOCATION OF LOT 8701 Providence 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 18767. 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 Mills
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 6718

ICAR(S) Permit No. 18767

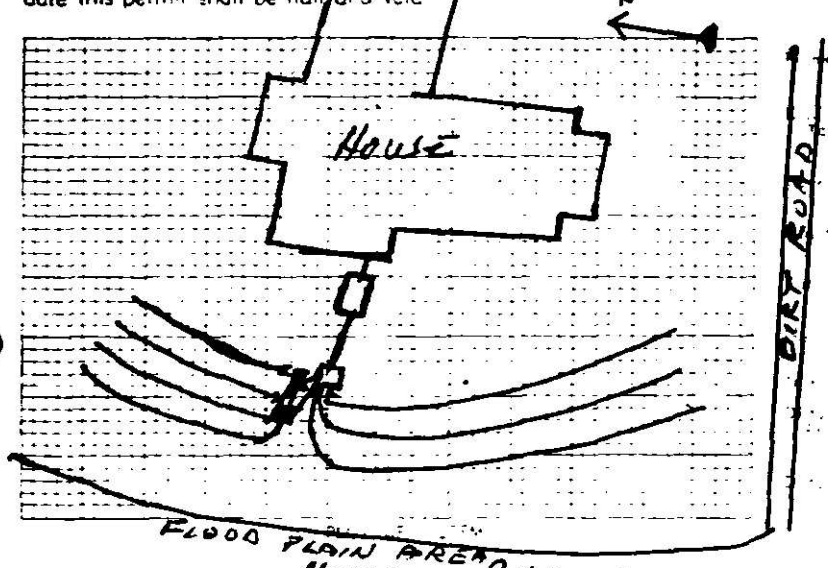
Date Issued Oct 6th 1983

T C. No. 227-01-23

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 X 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 18767, dated 10-4-83 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 Nov 25th 1983, after which date this permit shall be null and void



Soil Type or Rate PS III

Capacity of 1500 gal

Construction Poe Cast Co

Trench or Bed Length 500 lin FT

Number of Lines SEVEN

Width 10 FT

Distance from Property Line 30 FT

KEEP 100 FT AWAY

Other NOT IN EAT

NAME OF OWNER HESS PHILLIP

LOCATION OF PROPERTY 8701 PROVIDENCE ROAD

The system shall meet all the construction requirements and conform to 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 put to use. The issuance of this permit does not in any way guarantee that the system will operate properly and the property owner, present or hereafter owning or controlling the use of the system, shall be responsible for the operation of this system to operate properly.

Seven Trenches to be three Trenches 100 FT X 3FT X 12 inches stone & FOUR Trenches @ but 70 FT X 3FT X 12 inches stone - use [illegible] DIST Boxes - hay or straw

Comments
cover & grade bds - plumb with line into DIST Box

Division or Section Head

Environmentalist Ralph Millis

* 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-S-74

C of A (s) No. 18767

Date Issued 9-19-84 **Serial** 6980 T. C. No. 227-081-23 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner TESS (LAST) PHILLIP (FIRST) (MIDDLE)

Location of Property 8701 PROVIDENCE RD.

Application Number 18767 Permit Number 18767

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material P.C.C.

Total Length of Drain Tile 500' Number of Lines 5

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 60'

Excavation Inspected 9-19-84 (DATE) Tank Inspected 9-19-84 (DATE)

Nitrification Field Inspected 9-19-84 (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 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

EHO-5-76