Date Received 6/[illegible] Apt. No. (S) _____ Application No. (W) 14362

T. C. M05-181.0

Map Date 3-22-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Smith (LAST) ~~Sr.~~ Robert (FIRST) Sterling (MIDDLE) + w/o Jeanette F Smith

ADDRESS OF OWNER 6609 Olde Savannah Rd ZIP 28212

PHONE NO. Home 536-0258 Office 366-1468

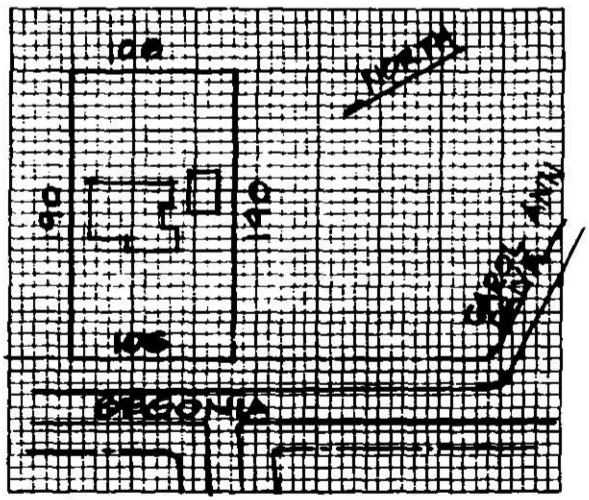
LOCATION OF PROPERTY Begonia Ave. (STREET OR COUNTY ROAD)

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ____ individual, ____ semi public, or ____ public water supply.

6-14-78
DATE OF APPLICATION

Jeanette F.
X Mrs. ~~Robert~~ F. Smith
OWNER



1" = 100'

ACCURATELY DIAGRAM & DIMENSION LOT

Remarks _____

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy

Date Received 6/14/78

APT No. 14202
P.D
T. C. No. 05-18107
Map Date 3-22-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Smith (LAST) Robert (FIRST) Sterling (MIDDLE) & wife Jeanette F. Smith

2) ADDRESS OF OWNER 6609 Olde Savannah Rd. ZIP 28212

3) PHONE NO. Home 536-0258 Office 366-1468

4) LOCATION OF PROPERTY Begonia Ave. (STREET OR COUNTY ROAD)

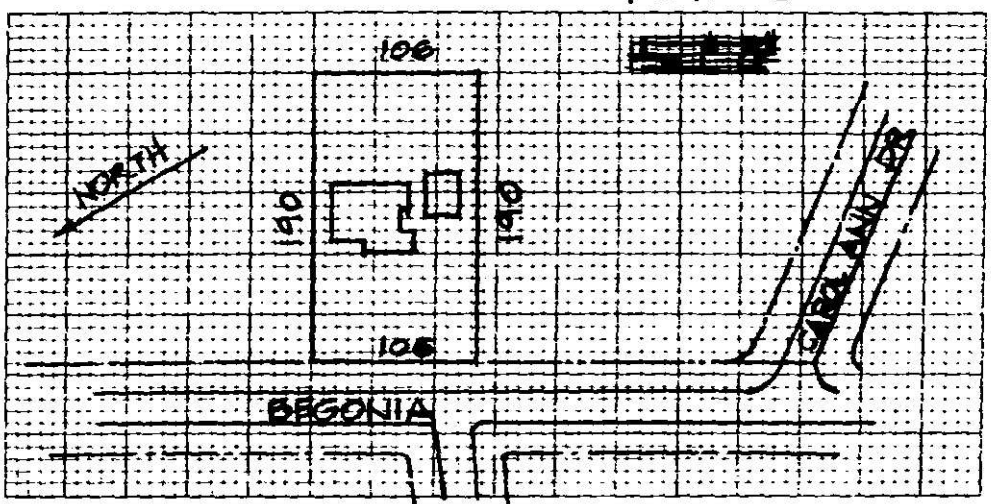
5) SUBDIVISION Carol Ann Woods LOT NO. 6 BLOCK NO. None

MAP BOOK NO. 18 PAGE NO. 227

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.

1" = 100'-0"



7) ACCURATELY DIAGRAM & DIMENSION LOT

Mrs. Robert + Smith
OWNER Jeanette F.

EHD-5-76

Environmental Health Department's Copy

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

APPENDIX H
SITE EVALUATION

APT 14202
PO 105-181-07
LOT #6

(Ground Absorption Sewage Disposal)

OWNER: Robert L Smith
ADDRESS: 6609 Olde Savannah Av
COUNTY: Charlotte
LOCATION OF SITE: Begonia Ave

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 20,140

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-10% PS U	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (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 in.) (Clayey Soils)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) 48" PS U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	(S) None PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) 76' to PS water U Table	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) Moderate U	S PS 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			
SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: William R. Marlin

Title: Soil Scientist Date: 6-15-78

DHS Form 2601 (2/77)
Sanitation

Serial No. 1988

PTR No. 14202

T. C. No. P.O. 105-181-07

Date Issued 6/16/78

Map Date

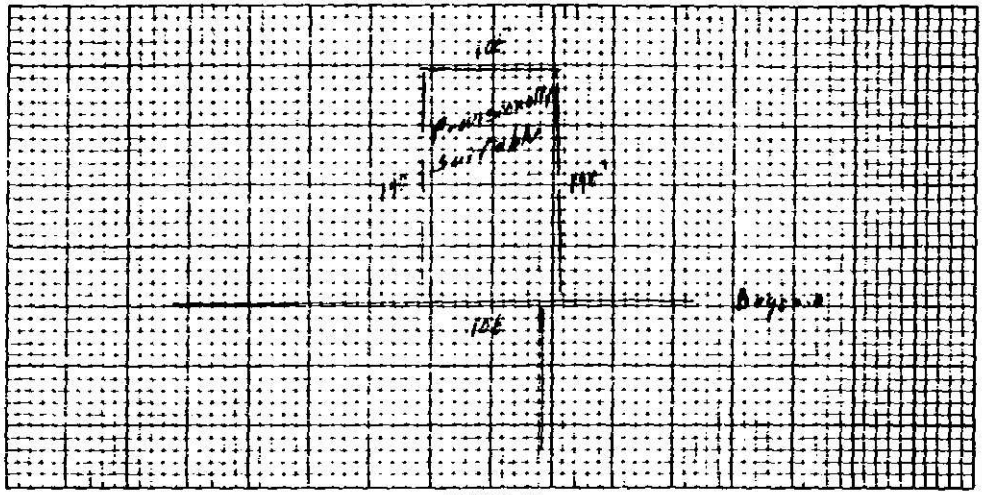
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Smith (LAST) Robert (FIRST) Sterling (MIDDLE)

ADDRESS OF OWNER 6609 Olde Savannah Road, Charlotte, N. C. ZIP 28212

LOCATION OF PROPERTY Begonia Avenue (STREET OR COUNTY ROAD)

SUBDIVISION Carol Ann Woods LOT NO. 6 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, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

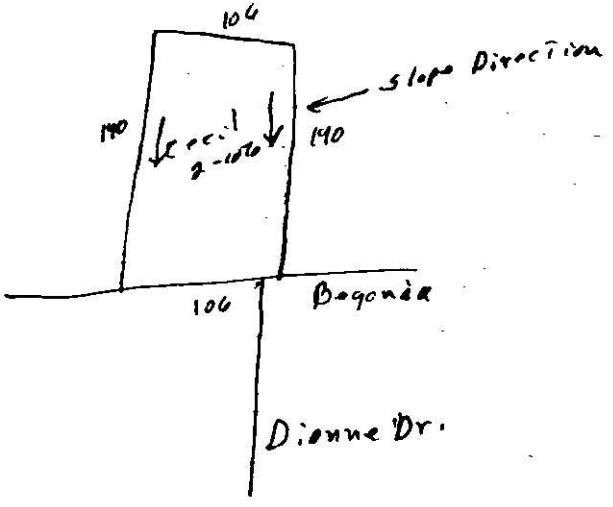
This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time 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 new or revised laws, rules, and regulations been in effect on the issue date.

William R. Mullen
Soil Scientist

John R. Adkinson
Environmental Health Director or Authorized Section Head

EHD-S-78

Environmental Health Department's Copy


106
Slope Direction
140
Cecil
2-10%
140
106
Begonia
Dionne Dr.

SEE INSTRUCTIONS ON BACK

Date Received 6/14/78

ICAR(S) Application No. 14202

T. C. No. 105-1107

Map Date 3-22-78

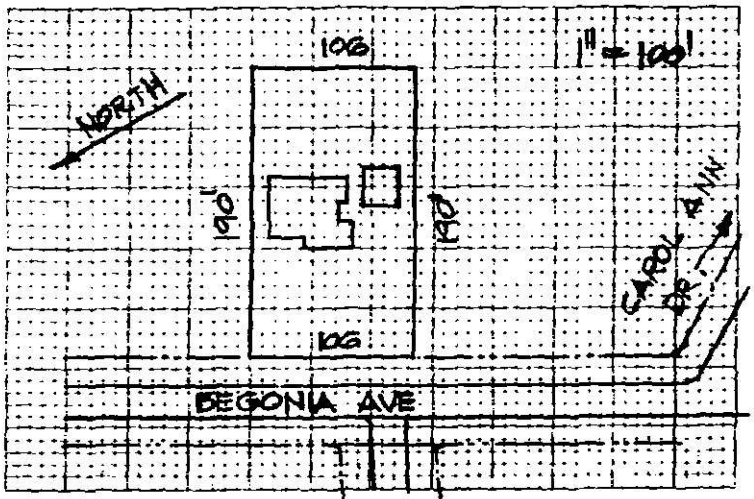
Be submitted by owner.

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) ____ 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 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 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 Smith (LAST) Robert (FIRST) Sterling (MIDDLE) Jr. Jeanette J. Smith

14) ADDRESS OF OWNER 6609 Old Savannah Road

15) PHONE NO. Home 536 0258 Office 366-1468

16) LOCATION OF SYSTEM Begonia Ave. (STREET OR COUNTY ROAD)

17) SUBDIVISION Carol Ann Woods Lot No. 6 Block No. None

Map Book No. 19 Page No. 227

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.

6-14-78
DATE OF APPLICATION

Mrs. Robert S. Smith
OWNER Jeanette J.

EHD-5-76

Environmental Health Department's Copy

Date Issued 6/16/78

Serial No. 1959

LA No. 14202

T. C. No. P.0.105-181-07

Map Date 3-22-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

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

NAME OF OWNER Smith (LAST) Robert (FIRST) Sterling (MIDDLE)

ADDRESS OF OWNER 6609 Olde Savannah Road ZIP _____

LOCATION OF LOT Begonia Avenue (STREET OR COUNTY ROAD)

SUBDIVISION Carol Ann Woods LOT NO 6 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 14202. 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, altred, 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 'nstallation, 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.

John R Albisson

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-6-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR (S) Application No. 14202

P.O. T. C. No. 105-181-07

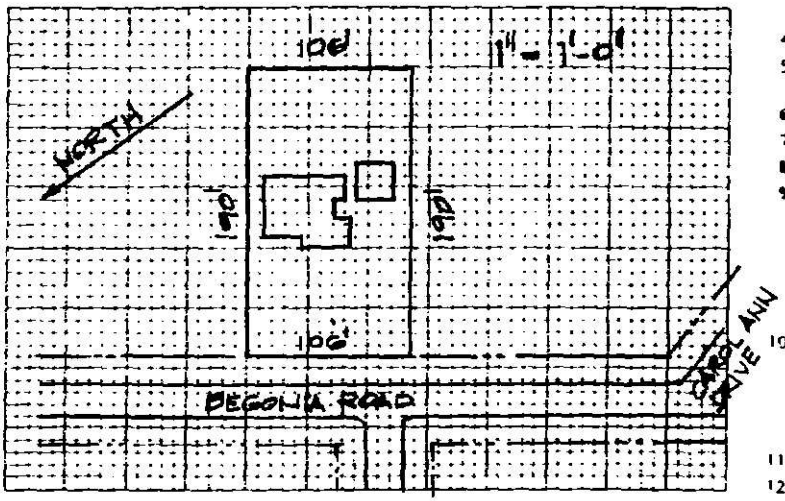
Map Date _____

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)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

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 ___

12) VA Case No. ___

13) NAME OF OWNER SMITH (LAST) ROBERT (FIRST) STERLING (MIDDLE) & WIFE JEANETTE F. SMITH.

14) ADDRESS OF OWNER 917 CAROLYN LANE

15) PHONE NO. Home 596-7861 Office 366-1468

16) LOCATION OF SYSTEM 4217 BEGONIA ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION CAROL ANN WOODS Lot No. 6 Block No. ___

Map Book No. 18 Page No. 227

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.

8-14-78
DATE OF APPLICATION

Mr. Robert Sterling Smith
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued Dec. 20, 1978

Serial No. 2263

ICAR(S) Permit No. 14202 ✓

D.O. T.C. No. 105-181-07

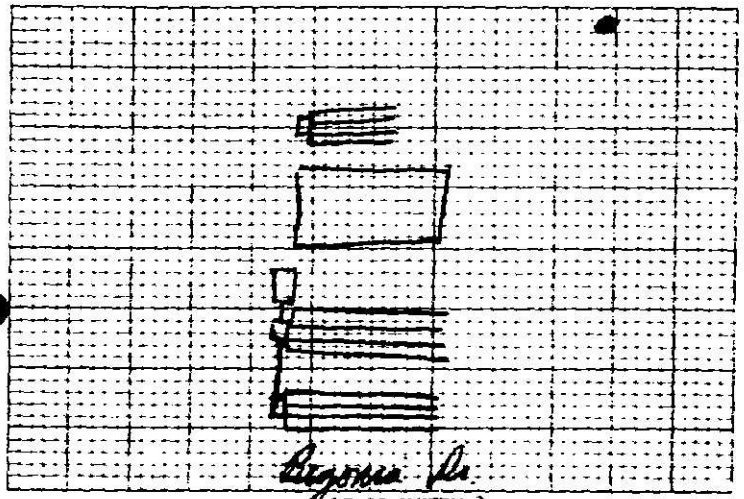
Map Date _____

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 14202, dated _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank 1500/gal.

Tank Construction PC

Absorption and or Nitrification Lines:

Total Line Length 495 & 125

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 60'

NAME OF OWNER Robert Sterling Smith

LOCATION OF PROPERTY 4217 Begonia 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 system from any liability resulting from the failure of the system to operate properly.

Comments:

15'x66'x17" stone

15'x33x17" stone

15'x25'x17" stone

Division or Section Head

Eddie Reynolds

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

Date Issued Dec. 28, 1978 Serial No. 2228 C of A (s) No. 14202

P.O. T. C. No. 105-181-07

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Smith (LAST) Robert (FIRST) Sterling (MIDDLE)

Location of Property 9217 Begonia Rd.

Application Number 14202 Permit Number 14202

Inspection Date:

Liquid Capacity of Tank 1500 gal. Tank Material PC

Total Length of Drain Tile 445' 125 Number of Lines 5'5'5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 75'

Excavation Inspected - (DATE) Tank Inspected 12-28-78 (DATE)

Nitrification Field Inspected 12-28-78 (DATE)

Washing Machine Line Inspected, If Applicable 12-28-78 (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 2 beds – 15'x66'x17"
15x33x17"
washer – 15x25x17"

Ellen Reynolds
Environmentalist

EHD-6-76

Environmental Health Department's Copy