(10) Date Received 9/20/78

374-2113

APT No. 14554 (Partial)

T. C. No. 001-121-02

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER McConnell (LAST) Lottie (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER RFD #1, Box 540, Davidson, N. C. ZIP 28036

3) PHONE NO Home 892-8906 Office

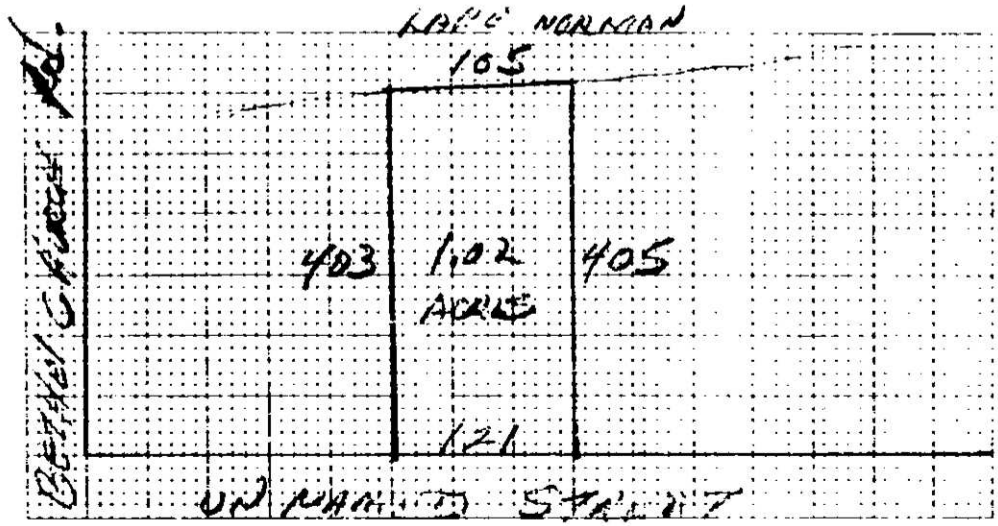
4) LOCATION OF PROPERTY Private road off Bethel Church Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 2215 PAGE NO 382

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of soil investigation and inspection of the property described for the purpose of determining the soil's suitability for [illegible] wastewater treatment system with subsurface soil absorption effluent disposal.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Lottie A McConnell
OWNER

Environmental Health Department's Copy

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

APPENDIX H
SITE EVALUATION

APT 14554
PO 001-12402
LOT #0

(Ground Absorption Sewage Disposal)

OWNER: Julie A. McConnell
ADDRESS: M.I. Box 540
COUNTY: Davidson, N.C.
LOCATION OF SITE: off Bethel Church Road

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 45,240

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-8% PS 8-15% 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.) (Impervious 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 ground U water	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. Martin

Title: Soil Scientist Date: 10-11-78

DHS Form 2601 (2/77)
Sanitation

Serial No. 2261

PTR No. 14554

Date Issued October 12, 1978

T C No. P.0.001-121-02

Map Date

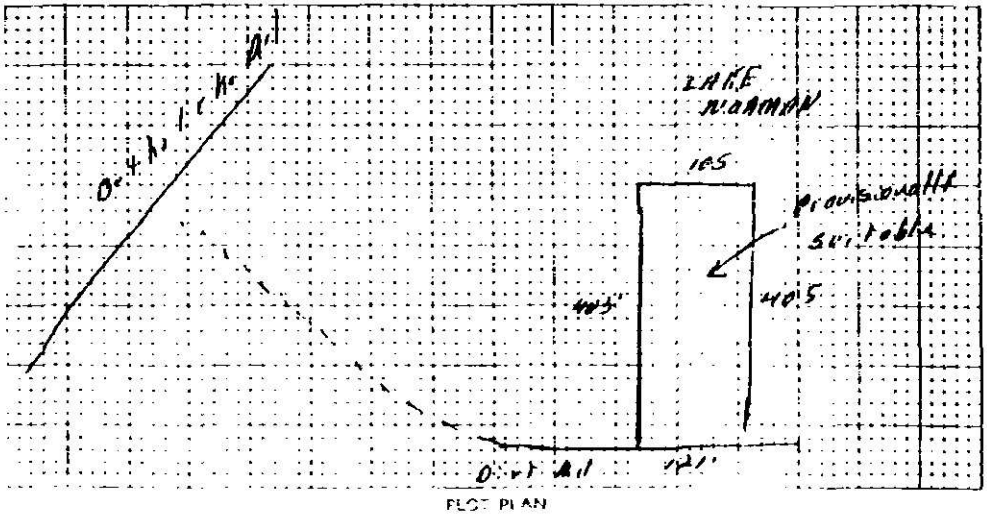
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER McConnell (LAST) Lottie (FIRST) A. (MIDDLE)

ADDRESS OF OWNER RFD#1, Box 540, Davidson, NC ZIP 28036

LOCATION OF PROPERTY Off: Bethel Church Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 1.02 acres BLOCK NO



PLOT PLAN

[illegible] Mecklenburg County [illegible] was conducted [illegible] Provisionally Suitable

[illegible] This said lot is approved [illegible] subsurface, soil ob- [illegible]

[illegible] Mecklenburg County Depart- [illegible] wastewater treatment sy- [illegible]

[illegible] the Mecklenburg [illegible]

[illegible]

[illegible] the attach- [illegible] acceptable for [illegible]

[illegible] rules and regulations [illegible] and the Mecklen- [illegible] of operation, time [illegible] changed such that [illegible] been in effect [illegible] be issued the [illegible]

William B. Marlow
Soil Scientist

[illegible]
Authorized Soils Agent

[illegible] County Health Dept.

Date Received 7/16/79

SEE INSTRUCTIONS ON BACK
MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 6 1979
ENVIRONMENTAL HEALTH

CAR(S) Application No. 14554

T C No. p.o. 001-121-02

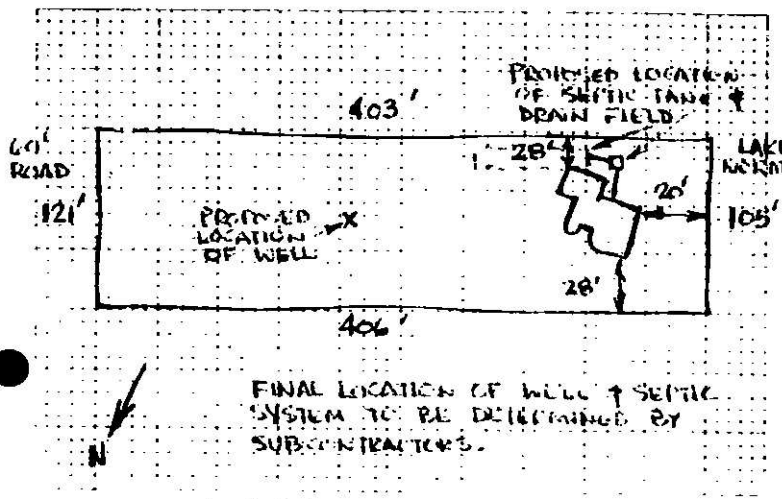
Map Date _____

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) XX Install or Construct a ____ After ____ Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption effluent discharge



Mobile Home ___Yes XX No
Residence XX Yes ___ No
4) No. of Bedrooms 3
5) Property Size Map No. Lot No. N/A
6) Well Required X Yes ___ No
7) Public Water Available ___ Yes X No
8) Sewer Available X Yes ___ No
9) Public Water X
10) Community System ___
11) Individual Well ___
12) Community System ___
13) Distance to Well ___ feet
14) Well Drilled ___ Yes X No
15) Distance to Well ___ feet of
16) Soil Type Yes X No
17) Slope N/A
18) Soil Depth N/A

3) PLOT PLAN ALREADY APPROVED

13) NAME OF OWNER Faut, Robert LLOYD
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2188 Slaterville Road, Ithaca, New York 14850

15) PHONE NO. Home 607-539-7641 Office 607-155-3614

16) LOCATION OF SYSTEM ___ off: Bethel Church Road
STREET OR COUNTY ROAD

17) SUBDIVISION Lake Norman Lot No. 1.029 acres Block No. ____

Map Book No. 001 Page No. 12

18) DEED REFERENCE - DEED BOOK 4156 AT PAGE 477

19) HAS A SOIL EVALUATION BEEN MADE XX YES NO DATE RUN October 12, 1978 (P. Suitable)

20) PERMIT APPLICATION NO. 14554

The owner (or owner's agent) agrees to comply with the foregoing application and that the contents of this are made a part of the permit applied for hereby shall be void and of no effect if any of the above facts are not true

5 JULY 79
DATE OF APPLICATION

Robert L Faut
OWNER

MENT'S COPY

Serial No. 3233

LA No. 14554

Date Issued 7/9/79

T. C. No. po 001-121-02

Map Date

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 Faut (LAST) Robert (FIRST) Lloyd (MIDDLE)

ADDRESS OF OWNER 2188 Slaterville Road Ithaca, NY ZIP 14850

LOCATION OF LOT off Bethel Church Road (STREET OR COUNTY ROAD)

SUBDIVISION Lake Norman LOT NO. 1.029 acres BLOCK NO.

MAP BOOK NO. 001 PAGE NO 12

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 made on an on site inspection of the said lot, and upon the information supplied in the "Application for Installation, Construction, Alteration, and/or Repair Permit", number **14554**. 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.

Environmentalist

John R Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-78

Environmental Health Department's Copy

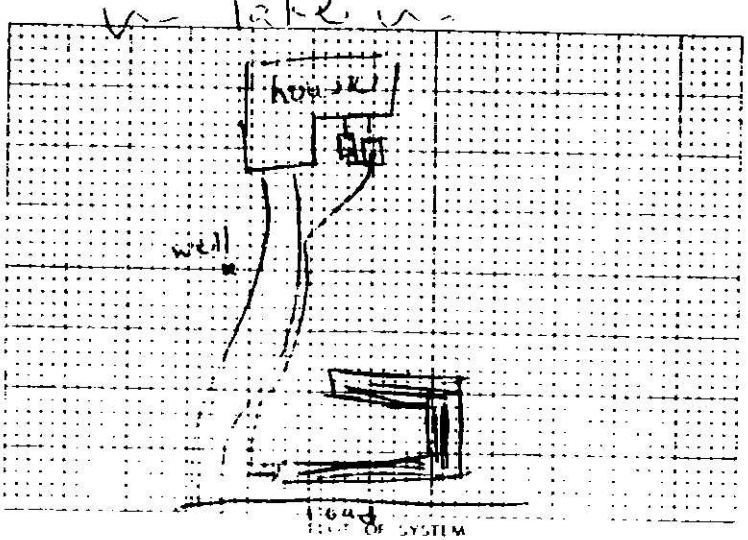
Date Issued 12-21-79 **Serial** 3497 ICAR (S) Permit No. 14554-

T. C. No 001-129-0004

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 14554, dated 7-5-79 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 3-21-80, after which date this permit shall be null and void.



Plan of System

Permeability Rate 4-2

Liquid Capacity of Tank 1500 gallons

Type of Construction precast concrete

Absorption Line:

Total Line Length 445' + 125'

Number of Lines 5

Distance from House 10'

Distance from Property Lines 10'

Distance from Well >50'

NAME OF OWNER Faust, Robert Lloyd

LOCATION OF PROPERTY 20703 off Bethel Church Road

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 nor 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.

15' wide x 124' long x 17" of stone

Division or Section Head

Mike Sexton
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

Copy

C of A (s) No. 14554

Date Issued 1-8-81 **Serial** 4260 T C. No 001-121-00-04

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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Date: _____

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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