Date Received 11/17/78 Apt. No. (S) _____ Application No. (W) 12722

T. C. No. 001-143-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Rodgers (LAST) John (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 400 Stilwell Oaks Rd. ZIP 28212

PHONE NO. Home 536-1094 Office _____

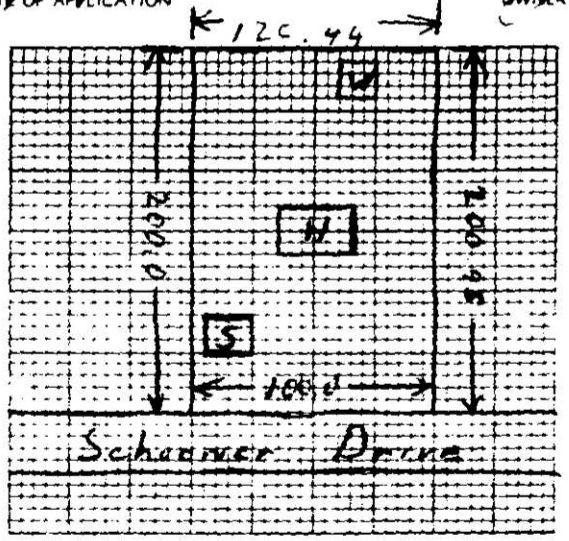
LOCATION OF PROPERTY Schaenen Drive (STREET OR COUNTY ROAD)

WELL CONTRACTOR Vernon Lassiter 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

11/17/78
DATE OF APPLICATION

John C. Rodgers Jr.
OWNER



Remarks Rockridge Shores Lot #1

ACCURATELY DIAGRAM & DIMENSION LOT

Application approved and permit hereby granted

Permit No: _____

Marshall Edwards
ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy

Date Received 3/10/78

APT No. 13722

T. C. No. 001-143-09 14
001-143-10 15

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Rhyne (LAST) Benjamin (FIRST) Garrison (MIDDLE)

2) ADDRESS OF OWNER Rt 1, Box 210, Davidson, N. C. ZIP 28036

3) PHONE NO Home 892-1884 Office

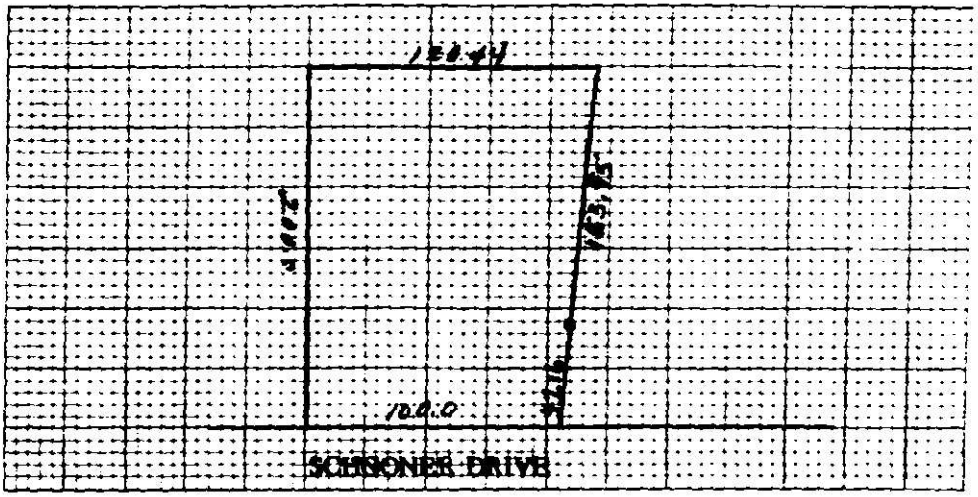
4) LOCATION OF PROPERTY Off Torrence Chapel Rd. (2159) on road leading to Rockridge Shores Subdivision. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 1 BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 3778 PAGE NO 434

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

Benjamin Garrison Rhyne
OWNER

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 13722
PO 001-143-09
LOT #1

(Ground Absorption Sewage Disposal)

OWNER: Benjamin Garrison Rhyne
ADDRESS: Rt. 6 Box 210
COUNTY: Davidson N.C. 28036
LOCATION OF SITE: Schoma Drive

DATE REQUESTED: 3-16-78
PLAT NO.:
LOT SIZE: 22,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-15% 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) Block 1 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) 70' to PS water U	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	Ceril			

S - Suitable PS - Provisionally Suitable U - Unsuitable

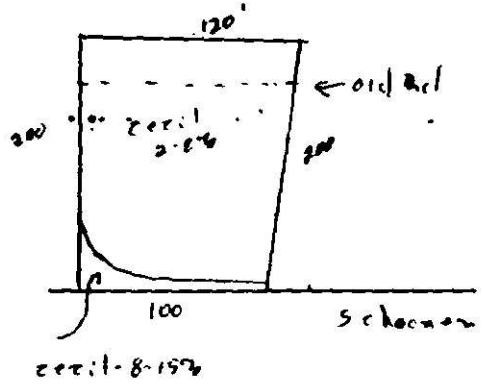
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: William A. Martin

Title: Soil Scientist Date: 3-22-78

DHS Form 2601 (2/77)
Sanitation


120'
old Rd
200
zero
2-2%
200
100
Schooner
zero-8-15%

Serial No. 1685

PTR No. 13722
001-143-09 & 14
T C No. 10 & 15

Date Issued 3/23/78

Map Date

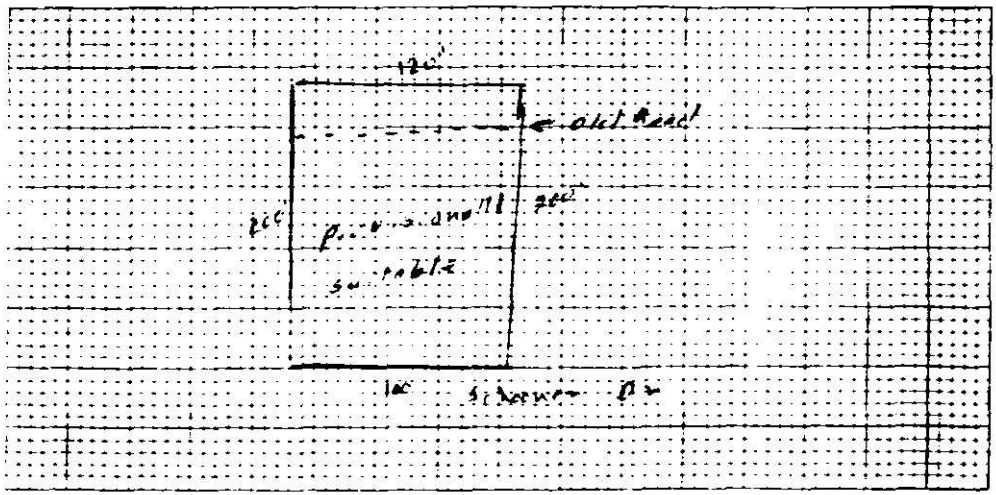
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Rhyne (LAST) Benjamin (FIRST) Garrison (MIDDLE)

ADDRESS OF OWNER Route 1, Box 210 Davidson, N. C. ZIP 28036

LOCATION OF PROPERTY Schooner Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 1 BLOCK NO.



PLOT PLAN

This [illegible] Mecklenburg County Department [illegible] The said [illegible] was conducted [illegible] PROVISIONALLY SUITABLE

The [illegible] The said lot is approved [illegible] wastewater treatment system with subsurface, soil absorption effluent [illegible] lowing terms and conditions:

1. [illegible] the Mecklenburg County Department [illegible] the wastewater treatment system [illegible]
2. [illegible] be determined by the Mecklenburg [illegible] permeability rate obtained above, and on [illegible]
3. [illegible] for system installation [illegible]
4. [illegible] in the lot which [illegible] as acceptable for [illegible]

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 B. Marler
Soil Scientist

John R. Hickman
Environmental Health Director or Authorized Section Head

EHD 5-76

Environmental Health Department's Copy

Date Received 11-17-78 ICAR (S) Application No. 13722

T C No. 001-143-09+14

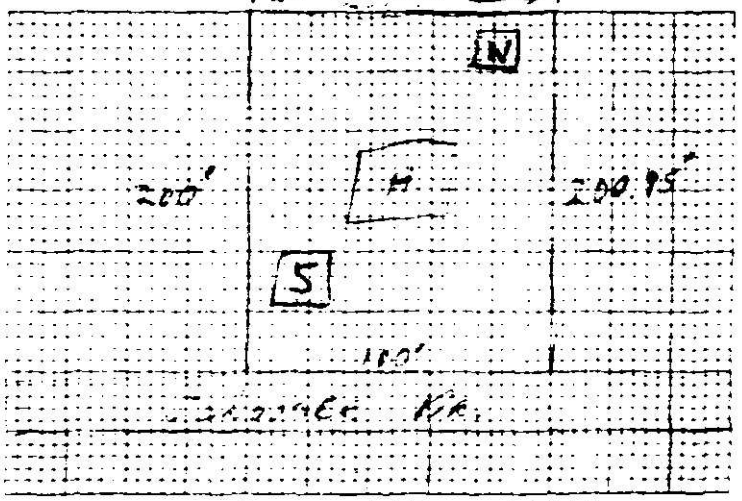
Map Date 10+15

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 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 Rodgers (LAST) John (FIRST) C. (MIDDLE)

14) ADDRESS OF OWNER [illegible] Oaks Rd.

15) PHONE NO. Home [illegible] Office [illegible] + 892-38[illegible]

16) LOCATION OF SYSTEM [illegible] Schooner Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 2 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 3-23-78

20) PTR NUMBER (See Instructions) 13722

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.

11-17-78
DATE OF APPLICATION

OWNER John C. Rodgers Jr.

EHD-5-76

Environmental Health Department's Copy

Serial No. 2447

LA No. 13722

Date Issued November 17, 1978

T. C. No. 001-143-09 & 14
10 & 15

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 Rodgers, John C.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 400 Stilwell Oaks Road ZIP

LOCATION OF LOT 19810 Schooner Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Rockridge Shores LOT NO 1 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 13722. 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 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

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 11/17/75 Apt. No. (S) _____ Application No. (W) 13762

T. C. No. 001-143-09 & 14

Map Date _____ 10 & 15

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Rodgers (LAST) John (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 400 Stillwell Oaks Rd. ZIP 28212

PHONE NO. Home 536-1094 Office 892-7171 892-3815

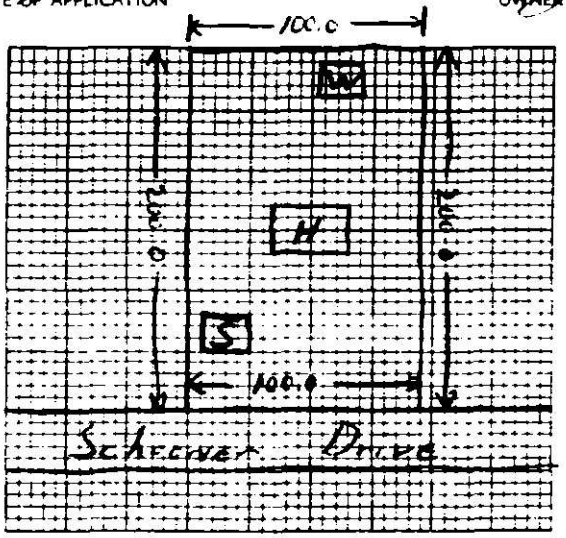
LOCATION OF PROPERTY Schooner Drive (STREET OR COUNTY ROAD)

WELL CONTRACTOR Vernon Lassiter 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.

11/17/75
DATE OF APPLICATION

Gaston C. Rodgers Jr.
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks: Rockridge Shores Lot #2

Application approved and permit hereby granted

Permit No: _____

Marshall Edwards
ENVIRONMENTALIST

EHD-5-76

Environmental Health Department's Copy