Date Received 3-31-83

RECEIVED
MAR 31 1983
ENVIRONMENTAL HEALTH

APT No. 19464

T. C. No 031-221-30

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER FLEMING (LAST) HAROLD (FIRST) E. (MIDDLE)

2) ADDRESS OF OWNER Route 6, Box 612, Charlotte, N. C. ZIP 28208

3) PHONE NO. Home 399-6583 Office

4) LOCATION OF PROPERTY Susanna Drive, 119.28' north of second intersection with Hart Road (STREET OR COUNTY ROAD)

5) SUBDIVISION Riverhaven, Sect. 3 LOT NO. 36 & 37 BLOCK NO. K

MAP BOOK NO 8 PAGE NO. 407

6) DEED REFERENCE: DEED BOOK 4317 PAGE NO. 70

Tax Code: 031-221-30

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

Harold E. Fleming Agent.

OWNER Agent for HAROLD E. FLEMING

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19464

T.C. NO. 031-221-30

(Ground Absorption Sewage Disposal)

OWNER: Harold E. Fleming
ADDRESS: R-6 Box 612 Charlotte 28209

PLAT NO:
LOT SIZE: 23000 .53

LOCATION OF SITE: 5634 Anna Drive

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-4	S (PS) U — 2-5	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clayey	S PS (U) — Mixed Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS (U) — Weak Structure	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 40+	S (PS) U — 40-45	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S PS (U) — Clays	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S PS (U) — Slow	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa	IIb		
9. SITE CLASSIFICATION	Suitable	Unsuitable		
10. SOIL SERIES	Cecil	ENON		

S - Suitable PS - Provisionally Suitable U - Unsuitable

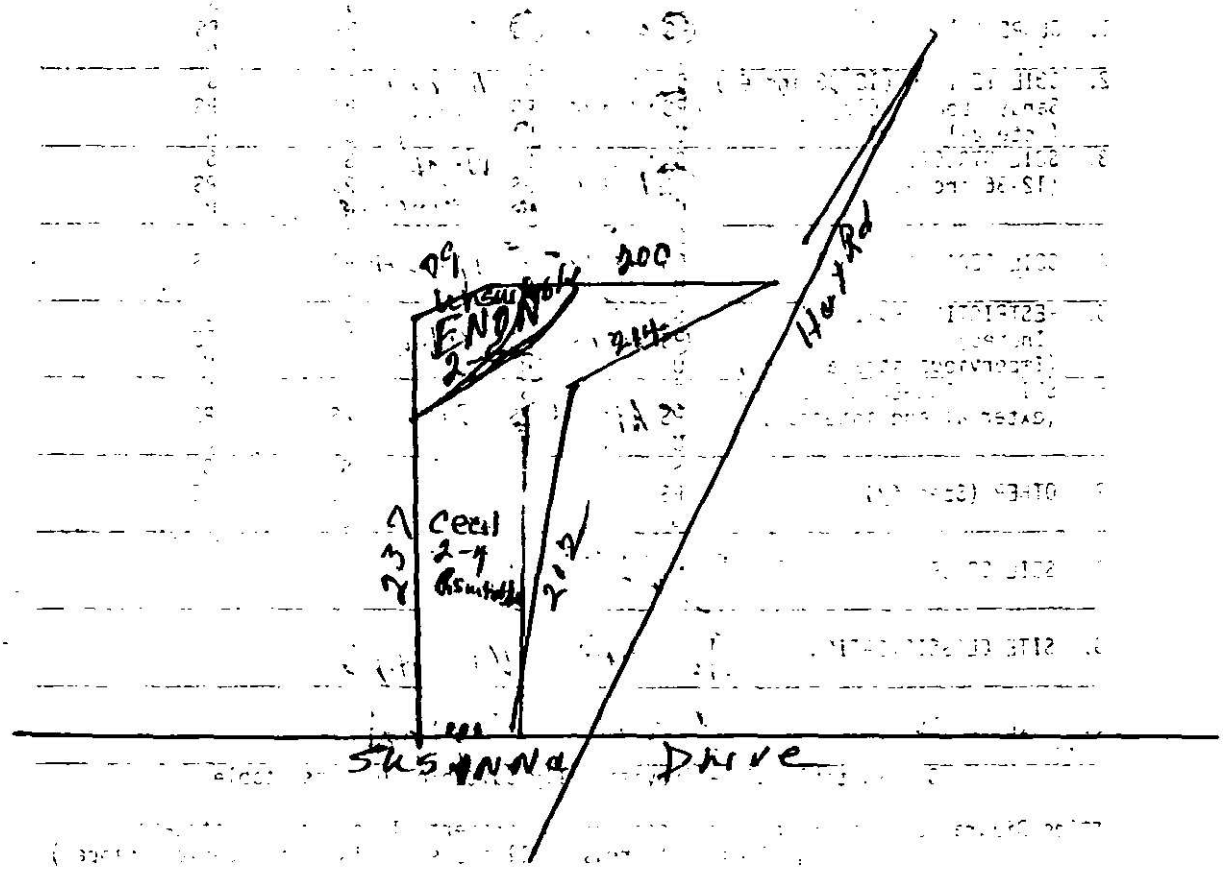
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Sanitarian

Date: 7-11-83

EHD 539 (Revised: 6/82)


Hay Rd
Susanna Drive

Serial No. 4959

PTR No. 19464

T. C. No. 031-221-30

Date Issued 4-13-83

Map Date

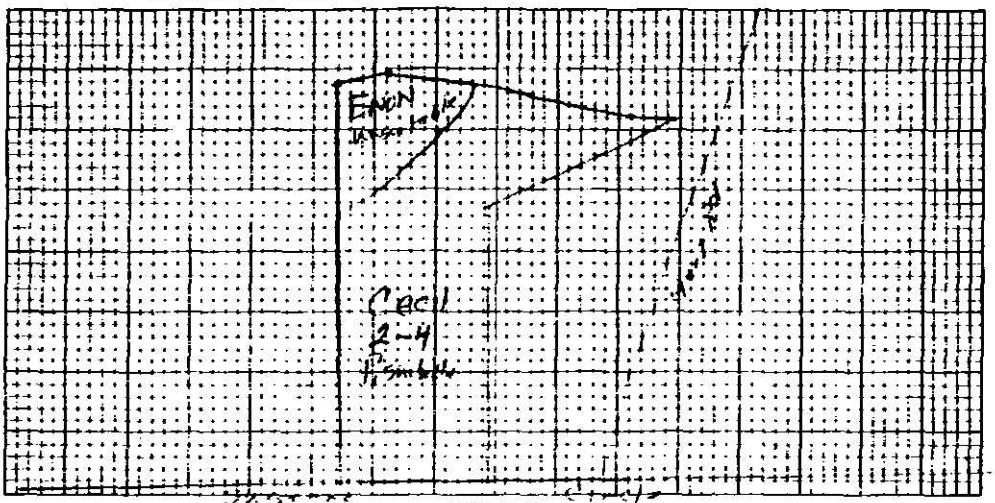
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Fleming (LAST) Harold (FIRST) E. (MIDDLE)

ADDRESS OF OWNER Rt. 6, Box 612, Charlotte, NC ZIP 28208

LOCATION OF PROPERTY Susanna Drive (STREET OR COUNTY ROAD)

SUBDIVISION Riverhaven Section 3 LOT NO. 36 & 37 BLOCK NO. K



PLOT PLAN

This is to certify that a soil investigation and percolate 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 septic system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the commencement of the design of the wastewater treatment system on the said lot.
2. The size of the septic tank and wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to issuance of the permit on the permeability rate obtained above, and on the size and type of building to be served.
3. This approval is void if the system is installed in the general area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction activity affecting the suitability of the soil 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 of the system, alteration 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.

D. B. Ramsey
Soil Scientist

Mike Dekker
Environmental Health Director or Authorized Section Head

EHD-5-74

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5-11-83

ICAR(S) Application No. 19464

T. C. No. 031-221-30

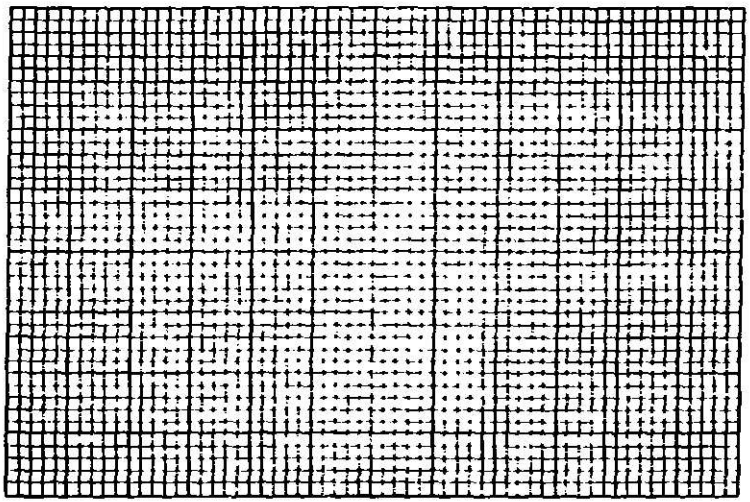
Map Date

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 2

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 Mullis (LAST) Warren (FIRST) Blake, Sr (MIDDLE)

14) ADDRESS OF OWNER 7115 Belhaven Blvd. #19 Char. N.C. 28216

15) PHONE NO. Home 399-1160 Office ___

16) LOCATION OF SYSTEM 12016 Cutting Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION River haven, Sect 3 Lot No. 36 & 37 Block No. K

Map Book No. 8 Page No. 407

18) DEED REFERENCE — DEED BOOK 4317 AT PAGE 70

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.

5-11-83
DATE OF APPLICATION

Warren B Mullis Sr
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Mecklenburg County

Department Of Building Standards And Code Enforcement

P. O. Box 31097

Charlotte, North Carolina 28231-1097

To: Environmental Health Dept.

Reference: mobile home approval

Dear Sir or Madam,

The parcel of land located at 1936 Suwanee Dr

and further identified by tax parcel number 031-221-30

is zoned R-1 (Rural).

Permitted uses in this district include: mobile homes

residential etc.

If this office can be of any further assistance, please contact us.

Very truly yours,

Sherri A. Williamson

Zoning Inspector

Date Issued 5/12/83

Serial No. 6236

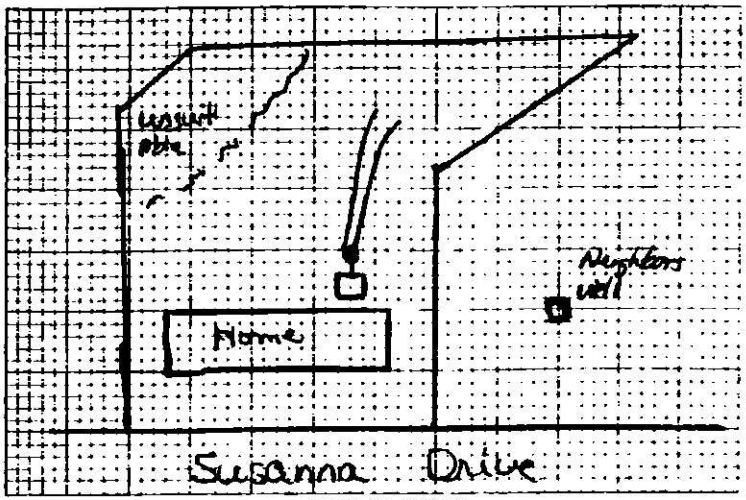
ICAR(S) Permit No. 19464

T. C. No. 031-221-30

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 19464 dated 3/31/83 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 6/12/83, after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction PC concrete

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 2

Distance from House >10'

Distance from Property Line >10'

Distance from Well >75'
owners well not in yet

NAME OF OWNER Mullis Warren Blake Sr

LOCATION OF PROPERTY 12016 Susanna Dr

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.

3' trenches hay straw cover 12" stone / 9" dia

Comments:

Division or Section Head

Randy C Poole RS
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. 19464 ✓

Date Issued 5/24/83 Serial 5872 T. C. No. 031-221-30

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 Mullis (LAST) Warren (FIRST) Blake Sr (MIDDLE)

Location of Property 12016 Susanna Dr

Application Number 19464 Permit Number 19464

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC concrete

Total Length of Drain Tile 200 Number of Lines 2

Depth of Filter Material 12" Cover Depth 1½'

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 5/26/83 (DATE) Tank Inspected 5/26/83 (DATE)

Nitrification Field Inspected 5/26/83 (DATE)

Washing Machine Line Inspected, If Applicable NA (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 _____

Randy C Poole RS
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 19464
TC:
SERIAL: № 11698

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 13 1986
ENVIRONMENTAL HEALTH

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 12016 (STREET NO.) Susanna (STREET) Dr. ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 031-221-30
⑤ SUBDIVISION: Riverhaven Section 3 ⑥ LOT: 36+37 ⑦ BLOCK: K

OWNER

⑧ NAME: Warren (FIRST) Blake (MIDDLE) Mullis (LAST)
⑨ MAILING ADDRESS: 12016 Susanna Dr.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28214
⑬ PHONE: (WORK) ⑭ (HOME) 393-3377

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☑ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type?
㉓ Maximum occupancy? 2
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Warren B. Mullis
Date: 10-13-86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

. . . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

B. R. Ferguson (Environmental) 10-14-86 Date

(Director or Authorized Section Head) 10-15-86 Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.