Date Received 12-19-83

RECEIVED
DEC 21 1983
ENVIRONMENTAL HEALTH

SIR No. 20423

T. C. No. 029-021-32

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Garrison (LAST) Robert (FIRST) Alan (MIDDLE)

2) ADDRESS OF OWNER 2103-7 Crutchwood Dr. Char. NC. ZIP 28213

3) PHONE NO. Home 598-6077 Office 376-3661 ext 273

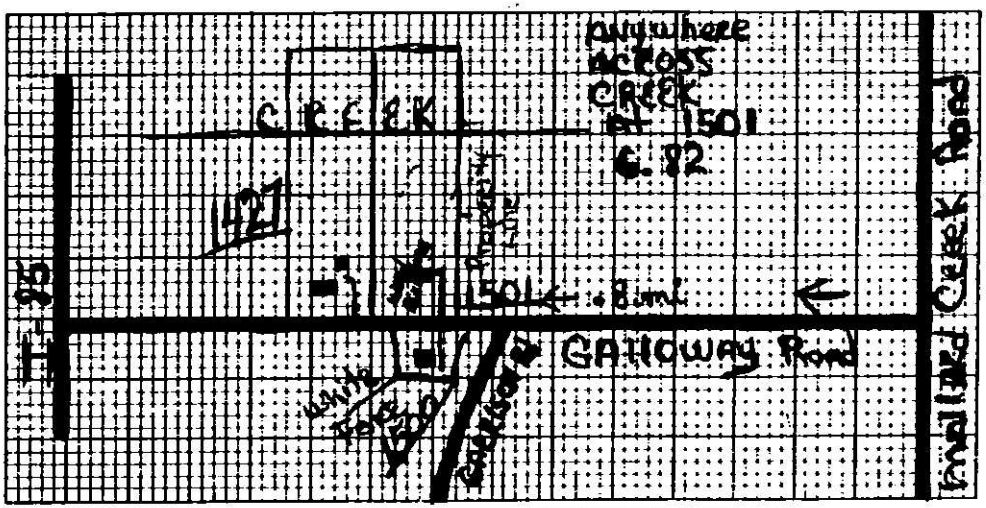
4) LOCATION OF PROPERTY 1501 Galloway Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

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 on 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.



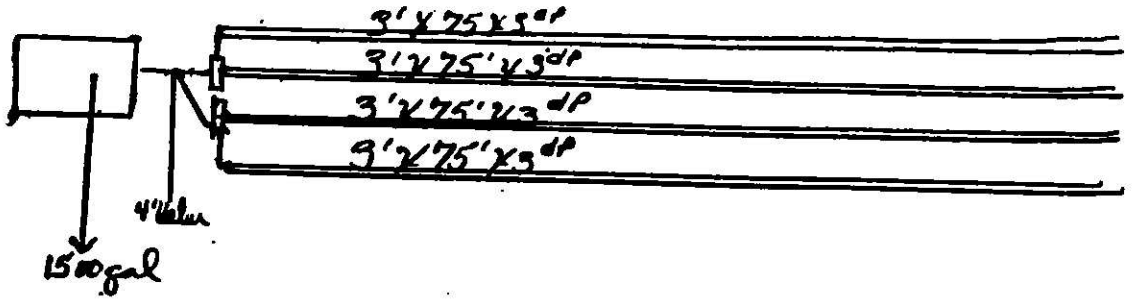
7) ACCURATELY DIAGRAM & DIMENSION LOT

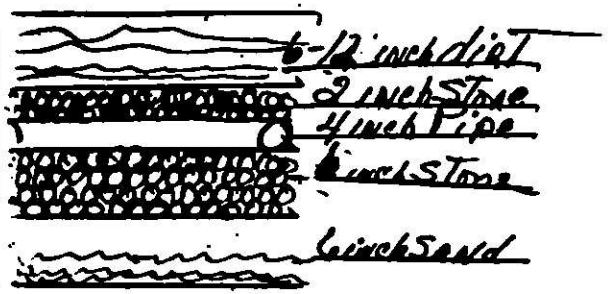
Robert Alan Garrison
OWNER

EHD-5-76

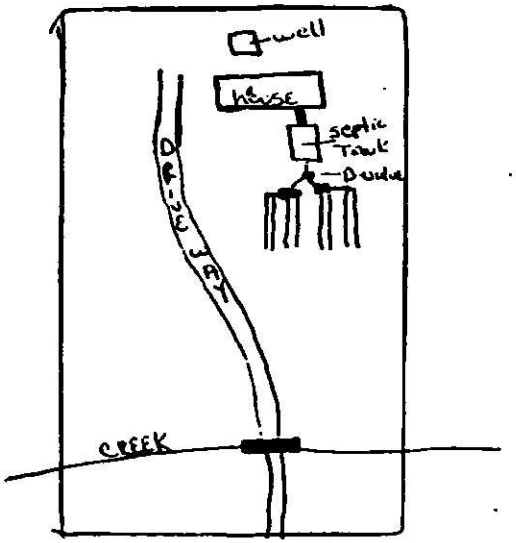
ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

1501 Galloway Rd.
SIR 20423





4 inch D Valve



Robert Alan Jarrard
owner

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE NORTH CAROLINA 28203

SIR. NO. 20423
T.C. NO. PO 029-021-32
DATE: 1-4-84

Robert A. Garrison
2103-7 Canterwood Drive
Charlotte, NC 28213

RE: Property located at 1501 Galloway Road

Dear Mr. Garrison:

At your request, a field investigation was conducted on the property designated above and was classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Sites classified as unsuitable may be utilized for soil absorption disposal systems provided engineering, hydrogeologic, soil and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be reasonably expected to function satisfactorily.

Should you desire to file for permission to install an alternate system, plans and specifications prepared by a person with a demonstrated knowledge of ground absorption sewage treatment disposal systems, soil and rock characteristics, groundwater hydrology and drainage systems should be submitted to this office. They will be reviewed and if it is found that the system may be reasonably expected to function satisfactorily, approval will be given upon the execution by you of "Septic Tank Agreemnt Form" provided by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20423

T.C. NO. PO 029-021-32

(Ground Absorption Sewage Disposal)

OWNER: Robert A. Garrison
ADDRESS: [illegible] 2003 Cantonwood Dr. Charlotte, N.C. 28213
PLAT NO:
LOT SIZE: Approx 40000 inch
LOCATION OF SITE: 1501 Gallway Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 10-15% PS U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS 2-1 Clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 24-30" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS <36" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS >36" to ground water U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U

8. SOIL GROUP IVB

9. SITE CLASSIFICATION unsuitable

10. SOIL SERIES Enon-Like

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)

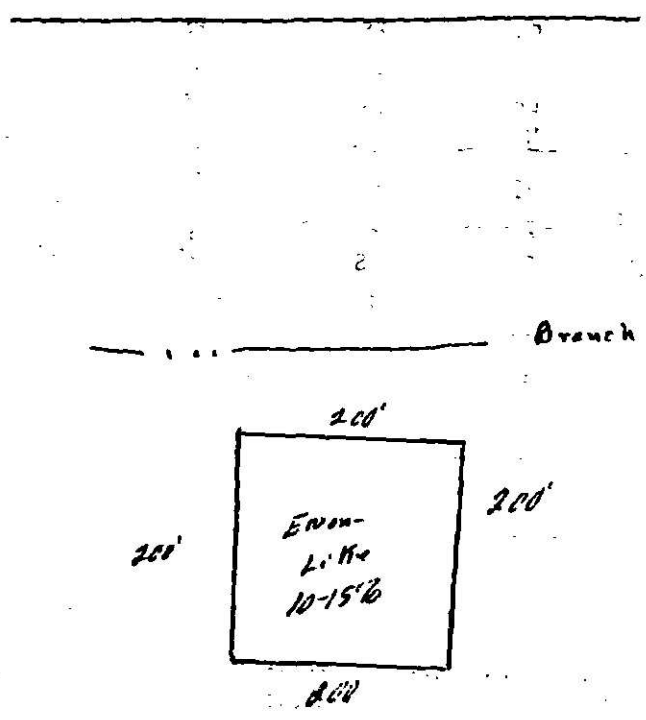
Recommendations/Comments:

Described by: William R. Marlin
Title: Soil Scientist

Date: 1-3-84

EHD 539 (Revised: 6/82)

2


Galloway Rd
Branch
200'
200'
200'
Enron-
Like
10-15%
200'

Date Received 1-23-84

RECEIVED
JAN 23 1984
ENVIRONMENTAL HEALTH

(COK(S)) Application No. 20423

T. C. No. PO 029-021-32

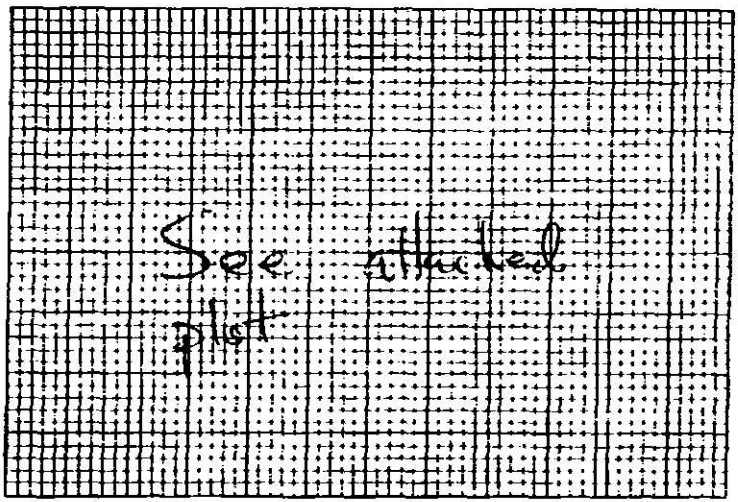
Map Date _____

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 Garrison (LAST) Robert (FIRST) Alan (MIDDLE)

14) ADDRESS OF OWNER 2103 Cinderwood Dr. Chne. N.C.

15) PHONE NO. Home 548-6077 Office 376-3661 ext 273

16) LOCATION OF SYSTEM 1501 Galloway Road. (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 6.29 AT PAGE 6.21 id 32

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 1/84 LLS

20) PTR NUMBER (See Instructions) 20423

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.

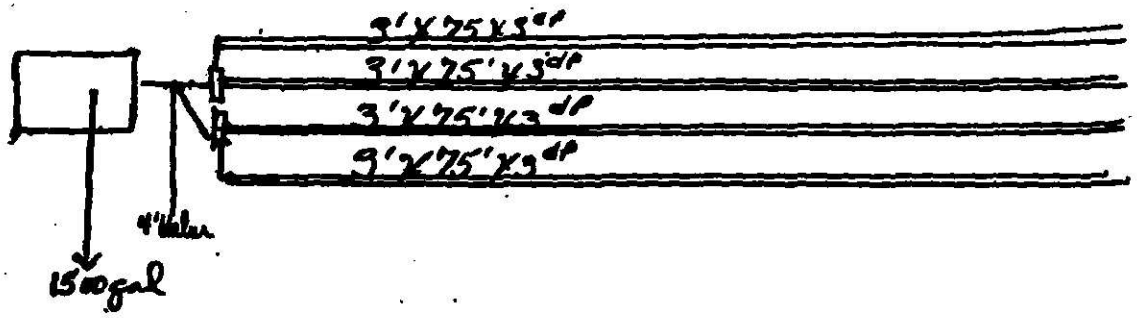
1-16-84
DATE OF APPLICATION

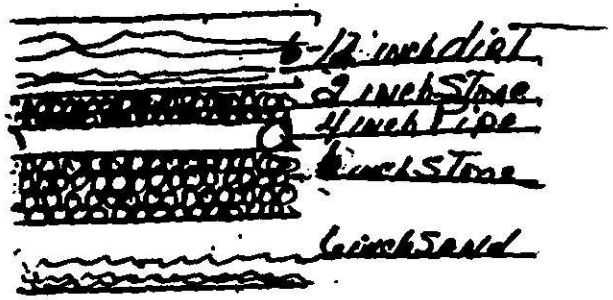
Robert Alan Garrison
OWNER

EHD-5-76

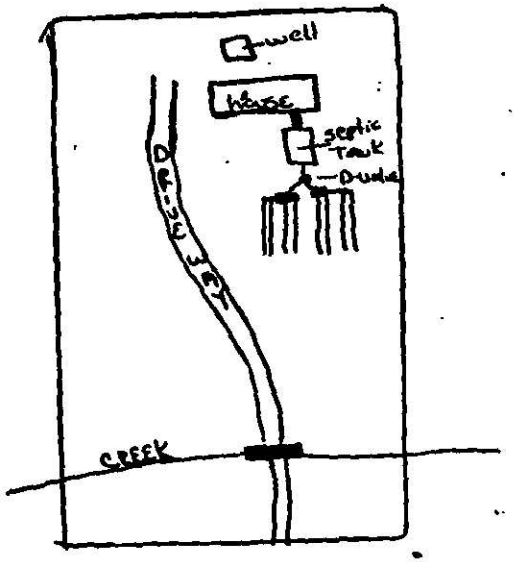
ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

1501 Galloway Rd.
SIR 20423





4 inch D Valve



Robert Alan Jamison
owner

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

COPY

SEPTIC TANK AGREEMENT 20423

The undersigned, Robert A. Garrison, owner of property located at 1501 Galloway Rd., ("the site") and described in instrument recorded in Book 3855 at Page 465, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as unsuitable and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction, and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation operation, or failure of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 13 day of Feb., 1984.

Robert A. Garrison (Seal)
(Seal)

RECORDED
FEB 8 10 AM '84
JAMES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Wise, a Notary Public for said County and State, do hereby certify that Robert A. Garrison personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13 day of February, 1984.

Marlene Wise
Notary Public
My Commission Expires: 3-15-88

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19___.

Notary Public
My Commission Expires: _____

Date Issued 2-13-84

Serial No. 7210

SIR No. 20423

T. C. No. PO 029-021-32

IMPROVEMENT PERMIT

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 Garrison, (LAST) Robert (FIRST) Alan (MIDDLE)

ADDRESS OF OWNER 2103-7 Canterwood Dr., Charlotte, NC ZIP 28213

LOCATION OF LOT 1501 Galloway 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 20423. 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.

*** AGREEMENT FORM ON FILE ***

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued April 20th 1984 Serial No. 07115

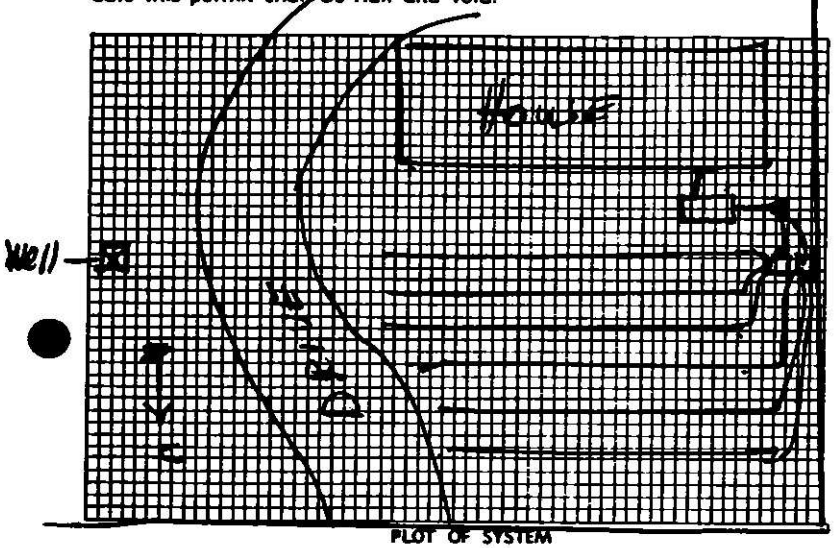
ICAR(S) Permit No. 20423

T. C. No. 029-021-32

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 1 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 20423, dated 1-16-84 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 MAY 20th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate M IV B

Liquid Capacity of Tank 1500 gal

Tank Construction PreCast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 600 lin FT

Number of Lines SIX

Distance from House 5 FT

Distance from Property Line 30 FT

Distance from Well 55 FT

NAME OF OWNER GARRISON, ROBERT

LOCATION OF PROPERTY 1501 GALLOWAY DRIVE

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.

Comments: SIX TRENCHES TO BE 50 FT X 3FT X 12 inches STONE & 6 inches SAND-HAY OR STRAW COVER - grade bds - ONE 4" PVC SCH 40 DIST. VALVE - TWO DIST BOXES - Plant 150 lin FT per each VALVE OUTLET

Division or Section Head

Environmentalist Ralph Miller

* 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.

MODIFIED SYSTEM

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 20423

Date Issued 5-1-84 Serial 6582 T. C. No. 029-02-32 L CRT

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 GARRISON, ROBERT (LAST, FIRST, MIDDLE)

Location of Property 1501 GALLOWAY ~~Drive~~ Rd.

Application Number 20423 Permit Number 20423

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 600 lin FT 6" SAND Number of Lines six

Depth of Filter Material 12 inches Stone Cover Depth 12 To 18 inches

Water Supply Source Well Distance from Water Source 55 FT

Excavation Inspected 5-1-84 (DATE) Tank Inspected 5-1-84 (DATE)

Nitrification Field Inspected 5-1-84 (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 X 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

Ralph Miller
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPT.