Date Received 1/9/78

APT No. 14325
T. C. No. 001 402 of 4
Map Date 5.23.78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER CLINE (LAST) MARVIN (FIRST) BOBBY (MIDDLE)

2) ADDRESS OF OWNER PO BOX 511 STATESVILLE, NC ZIP 28677

3) PHONE NO. Home _____ Office 872-8274

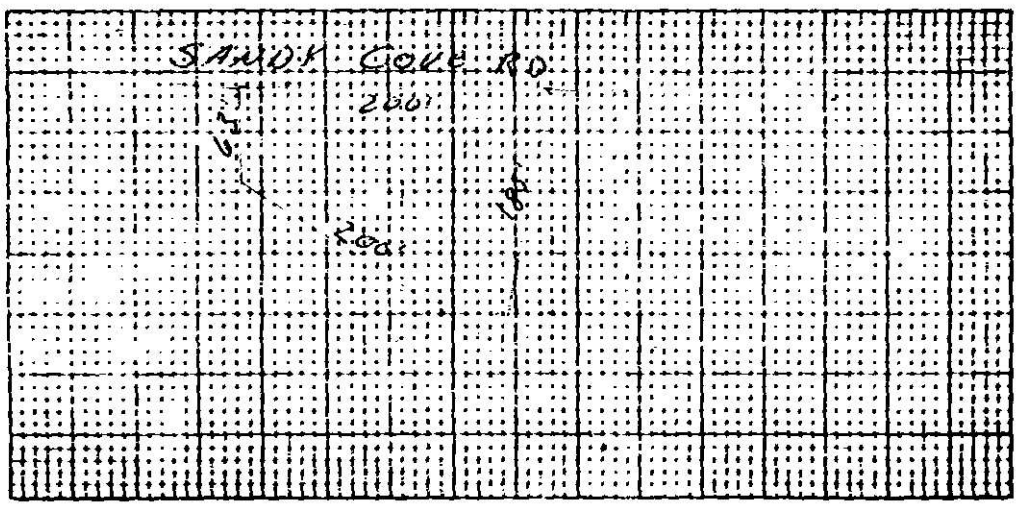
4) LOCATION OF PROPERTY SANDY COVE RD (STREET OR COUNTY ROAD)

5) SUBDIVISION ROCKRIDGE SHORES LOT NO. 1 BLOCK NO. C

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 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

MB Cline
OWNER

EHD-5-76

Environmental Health Department's Copy

S. I. R. NO. 14325

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

APPENDIX II
SITE EVALUATION

T. C. # 001-402-14

(Ground Absorption Sewage Disposal)

OWNER: Mr. Jewel Tomlin
ADDRESS: P.O. Box 5829
COUNTY: Winston Salem
LOCATION OF SITE: Sandy Cove Road

DATE REQUESTED:
PLAT NO.: L1-Pc
LOT SIZE: 24,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-8% U	(S) PS 2 9% U	S PS U	S PS U *
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1 Clay)	S PS Mixed U	S PS Clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S PS Massive U	S PS Blocky U	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS Fill U	(S) PS 48" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata Rock)	(S) None PS U	(S) None PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & internal)	(S) 36" To ground water PS U	(S) 24" To ground water PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	(S) Slow to V. Slow PS U	S PS Moderate U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS 2 soil types Fill (U) Acid	S PS U	S PS U
9. SITE CLASSIFICATION	unsuitable	unsuitable		
SOIL SERIES	Fill	Cut		

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 K. Mullis

Title: Soil Scientist Date: 10-2-79

DHS Form 2601
Sanitation
EHD 539 (3/79)

2

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

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

S.I.R. # 14325

T.C. # 001-402-14

DATE October 3, 1979

NAME OF OWNER McGuire Construction Company

ADDRESS OF OWNER PO Box 5029, Winston-Salem, NC

LOCATION OF LOT Sandy Cove Road, Lot 1, Block "C"

As determined under the Rules and Regulations promulgated by the Commission for Health Services, Division of Health Services, North Carolina Department of Human Resources, Raleigh, North Carolina, the soils on the lot described above were found to be unsuitable for the installation of an individual septic tank - soil absorption system, due to the following reason:

Inadequate area available of suitable soils for installation of ground absorption sewage disposal system in accordance with North Carolina Department of Human Resources specifications.

Soil Structure Massive (fill material) on greater portion of lot.

John R. Adkisson, Environmentalist

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR (S) Application No. _____

T. C. No. _____

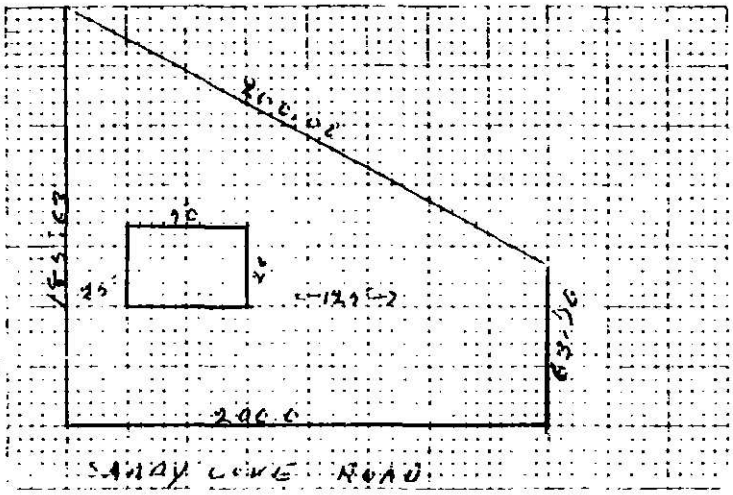
Map Date _____

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 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. Environmental System _____
C. Community System
1. Well Source _____
2. Governmental Source _____
10. Sewage System
A. Public sewer within 200 feet
Public sewer ___ Yes ✓ No
Ability to obtain a minimum ___ feet of ___ Yes ✓ No
C. On-Site System ___
D. On-Site System ___

13) NAME OF OWNER McGuire (LAST) Construction (FIRST) Co. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 5522 - Winston Salem NC.

15) PHONE NO Home _____ Office 722 9344

16) LOCATION OF SYSTEM Sandy Cove Rd. (STREET OR COUNTY ROAD)

17. SUBDIVISION Rockridge Shores Lot No 1 Block No C

Map Book No 18 Page No. 214

18) DEED REFERENCE -- DEED BOOK 1 AT PAGE 40

19. HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN

20) FTR 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.

8-29-79
DATE OF APPLICATION

O. D. McGuire
OWNER

EHS 5 76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received_____ ICAR(S) Application No._____

T.C. No._____

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)

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3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes____No
Residence ____Yes____No

4) No of Bedrooms _____
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 _____
LAST FIRST MIDDLE

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM _____
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

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DATE OF APPLICATION _____ OWNER _____

EHD-5-76

OWNER'S COPY