Date Received DEPARTMENT OF

APT No. 13745
T. C. No. 005 143 05

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Washam (LAST) Annie (FIRST) Potts (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 1617 Davidson N.C. ZIP 28036

3) PHONE NO. Home 892 8661 Office

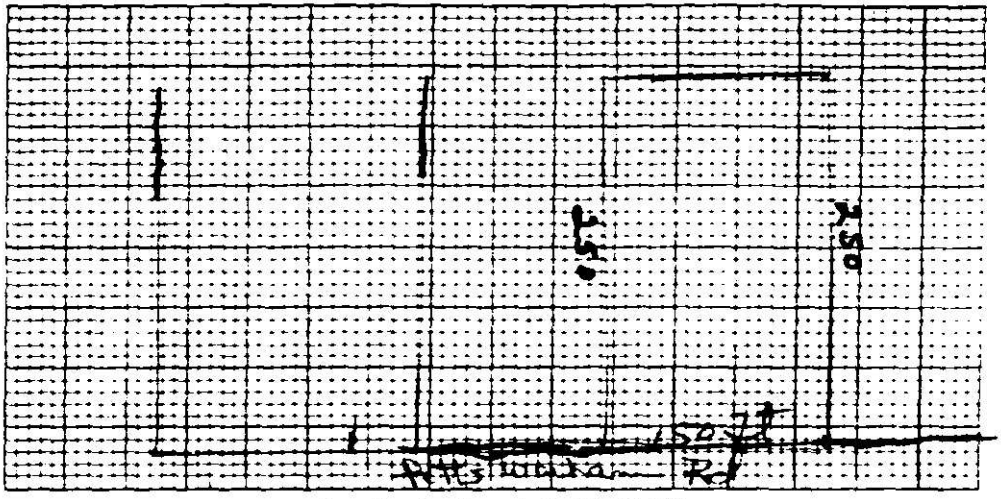
4) LOCATION OF PROPERTY Potts Washam (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO 005-143-05 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

Annie F. Washam
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

(Ground Absorption Sewage Disposal)

OWNER: Annie Potts Washam
ADDRESS: [illegible] Dunedin N.C.
COUNTY: Mich
LOCATION OF SITE: Potts Washam Rd.

DATE REQUESTED: —
PLAT NO.: 005-193-05
LOT SIZE: 32,500 Sq. Ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-3%	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) U Clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) PS U 48"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	(S) PS U >6' To Bedrock	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) PS U >6' To Water Table	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) U Moderate	S PS U	S PS U	S PS U
8. OTHER (Specify)	(S) PS U Adequate Area	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION →	PS			
SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

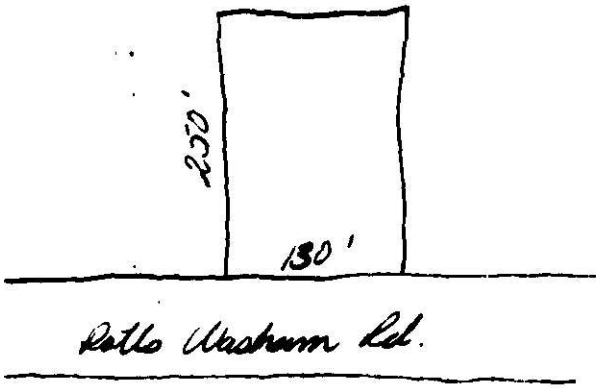
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: G M Reynolds

Title: Environmentalist Date: 29 Mar 78

DHS Form 2601 (2/77)
Sanitation


230'
130'
Rollo Washam Rd.

Serial No. 1698

PTR No. 13765

T C No. P.O. 003-143-05

Date Issued 3/30/78

Map Date

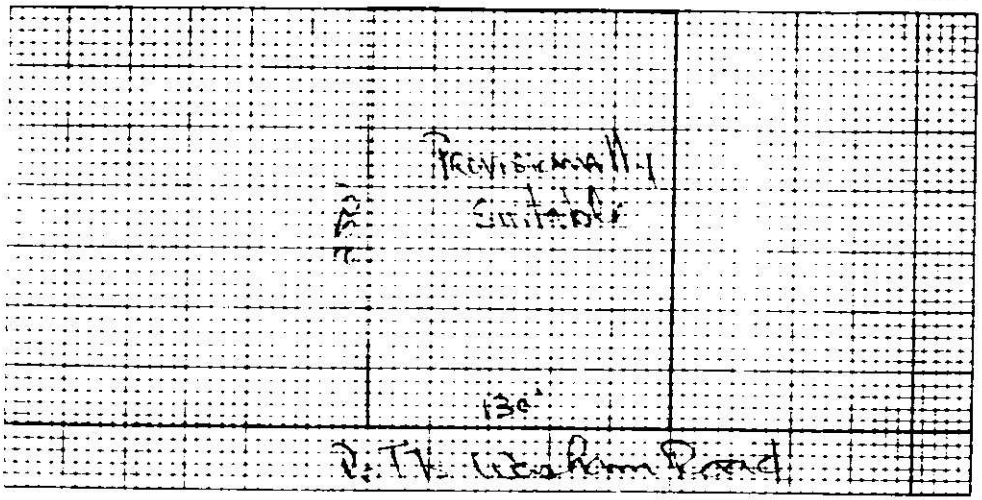
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Washam (LAST) Annie (FIRST) Potts (MIDDLE)

ADDRESS OF OWNER Route 1, Box 1617, Davidson, N. C. ZIP 28036

LOCATION OF PROPERTY Potts Washam Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a soil investigation and onsite investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was conducted on that portion of the lot as indicated on the above plot.

Provisionally Suitable

The permeability rate determined by the investigation was 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 condition:

A permit must be obtained from the Mecklenburg County Department of Environmental Health prior to the construction of the wastewater treatment system on the said lot.

2. The size of the septic tank and absorption area must be determined by the Mecklenburg County Department of Environmental Health by the method prescribed by the rules governing such systems and in accordance with the data obtained above, and on the site and type of building construction to be used.

3. The approval granted herein is for the system installation as shown on the above plot.

4. This approval is void if the system is not installed and ready for use within one year from the date of issuance. Any change in the proposed system from the plot on which the approval was granted, or any change in the proposed building or water supply, must be reported to the Mecklenburg County Department of Environmental Health and approval obtained for such changes before construction is started. Any change in the proposed system or building without approval will void this approval. Re-evaluation of the site may be required if the system is not installed within one year from the date of issuance of this approval. Re-evaluation may also be required if the system is not installed in the area indicated as acceptable for system installation on the above plot.

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.

EMD-5-76 Environmentalist

Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

Date Received 14 April 78

ICAR(S) Application No. 13745

T C No. PU.005-143-05

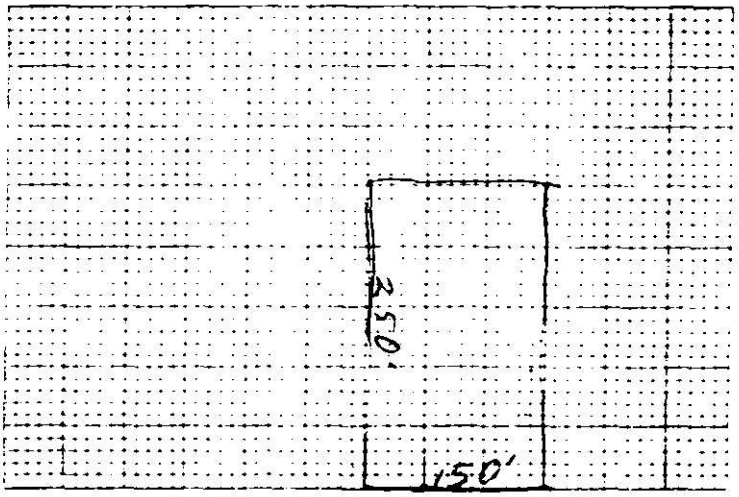
Map Date

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) 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 Payne (LAST) Franklin (FIRST) Delano (MIDDLE)

14) ADDRESS OF OWNER 152 Lakedell Dr. Charlotte NC

15) PHONE NO. Home 536-3808 Office 372 4230

16) LOCATION OF SYSTEM Potts-Washam Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ 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 _____

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.

4/14/78
DATE OF APPLICATION

Franklin D. Payne
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 1718

LA No. 13745

Date Issued April 14, 1978

T. C. No. P.O. 005-143-05

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 Payne (LAST) Franklin (FIRST) Delane (MIDDLE)

ADDRESS OF OWNER 1521 Lakedell Drive, Charlotte, N.C. ZIP

LOCATION OF LOT Potts - Washam 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 13745 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

G. M. Reynolds

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 8-30 78

Serial No. 1904

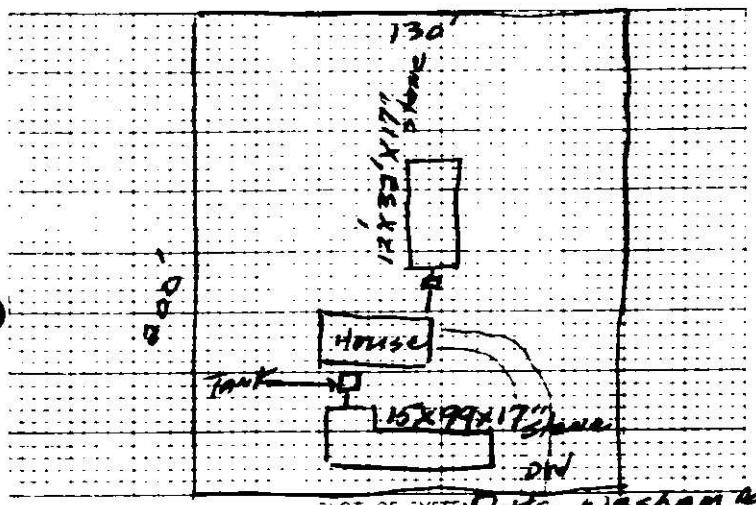
ICAR(S) Permit No. 13745

T C No. 005-143-05

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 13745, dated 4-14-78 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 9-30-78, after which date this permit shall be null and void.



PLOT OF SYSTEM Potts-Washam Rd

Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction Precast

Absorption and/or Nitrification Line

Total Line Length 495-125

Number of Lines 5-4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER FRANKLIN DeLANE PAYNE

LOCATION OF PROPERTY Potts-WASHAM Rd

The system [illegible] as set forth in the Regulations of the Mecklenburg County Health Commission [illegible] the granting of this permit. A certificate of approval [illegible] 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

Division or Section Head

Marshall Edwards
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

Date Issued 9-5-78 **Serial No. 1875** C of A (s) No. 13745

T C 05-143-05

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 Payne (LAST) Franklin (FIRST) Delane (MIDDLE)

Location of Property Potts Washam Rd.

Application Number ✓ Permit Number 13745

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast

Total Length of Drain Tile 495-125 Number of Lines 5-4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source city water Distance from Water Source city

Excavation Inspected 9-5-78 (DATE) Tank Inspected 9-5-78 (DATE)

Nitrification Field Inspected 9-5-78 (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 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