Date Received 7-16-84

MECKLENBURG COUNTY DEPARTMENT OF
RECEIVED
JUL 13 1984
ENVIRONMENTAL HEALTH

SIR No. 21233
T. P. No. 005-221-01
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Noles (LAST) James (FIRST) Eugene (MIDDLE)

2) ADDRESS OF OWNER Rt-4-Box 422-Huntersville, NC-

3) PHONE NO. Home 875-6381 Office 875-1353

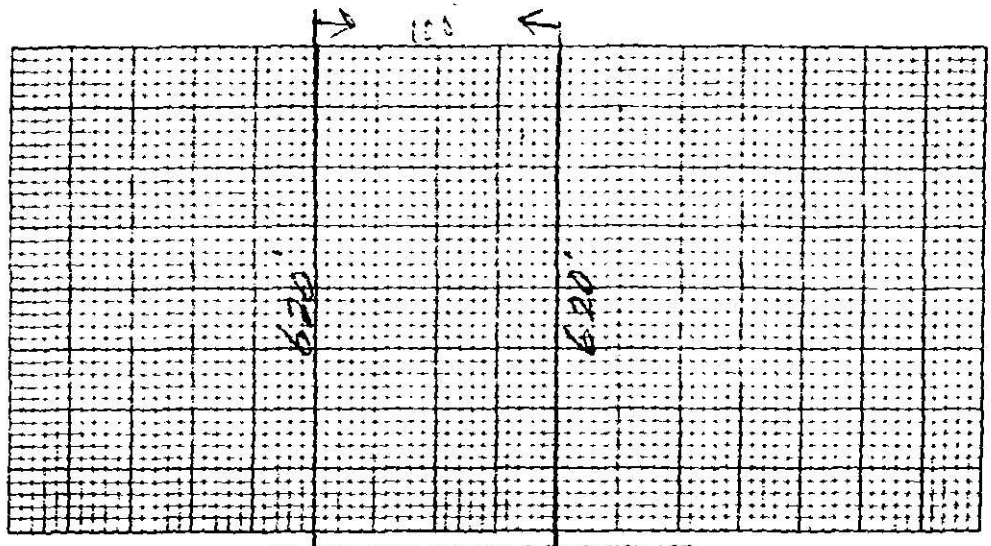
4) LOCATION OF PROPERTY Bailey Rd. (STREET OR COUNTY ROAD)

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 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



US 21

1150'

7) ACCURATELY DIAGRAM & DIMENSION LOT

Bailey Rd.

James E Noles
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2233

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]

PLAT NO: [illegible]
LOT SIZE: [illegible] .69

LOCATION OF SITE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S / 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 / U	S / PS / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12-36 inches)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
4. SOIL DEPTH (inches)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S / PS / 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				
9. SITE CLASSIFICATION				
10. SOIL SERIES				

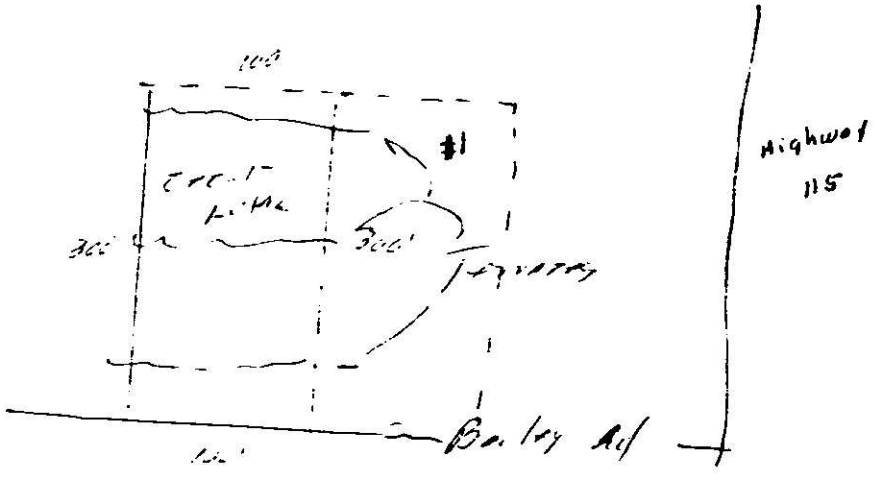
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: [illegible]

Described by: [illegible]
Title: [illegible]

Date: [illegible]


Highway
115
#1
300'
300'
Bailey Rd

Serial No. 5782

SIR No. 21233

Date Issued 7-23-84

T. C. No. PC1005-221-01

Map Date

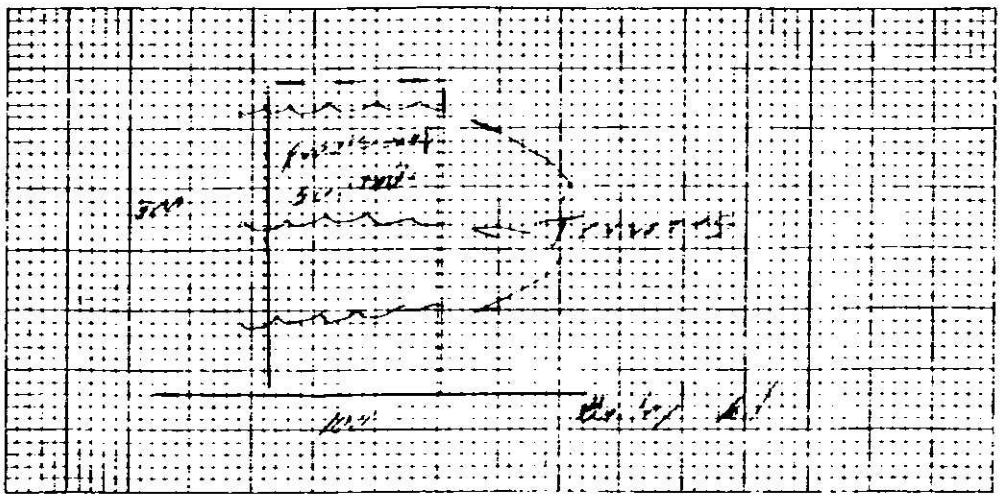
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Noles, James L Eugene
LAST FIRST MIDDLE

ADDRESS OF OWNER Rt. 4, Box 422, Huntersville, NC ZIP 28078

LOCATION OF PROPERTY 10520 Bailey Road
STREET OR COUNTY ROAD

SUBDIVISION LOT NO #2 BLOCK NO



PLOT PLAN

This is to certify that a soil investigation and site inspection was made by the Mecklenburg County Department of Environmental Health on the property 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 subsurface wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit for the construction of the system shall be issued by the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of the subsurface wastewater treatment system on the said lot.
2. The size of the septic tank and subsurface wastewater treatment system shall be determined by the Mecklenburg County Department of Environmental Health at the time of application for permit, and will be based upon the size and type of building constructed thereon.
3. The installation of the system shall be in accordance with the plans and specifications submitted with the application for the system and in accordance with the above site plan.
4. This approval is for the proposed location only and not for any other location on the property. The well, if used, must be located in accordance with the rules and regulations governing the construction of wells as adopted by the Mecklenburg County Department of Environmental Health. Only the area indicated as acceptable for system installation is suitable for installation of the subsurface portion of the wastewater 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.

William H. Martin
Soil Scientist

Bill D. Hubbard
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 7-19-84

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JUL 19 1984
ENVIRONMENTAL HEALTH

Application No. 2123 3

T. C. No. 2005-221-01

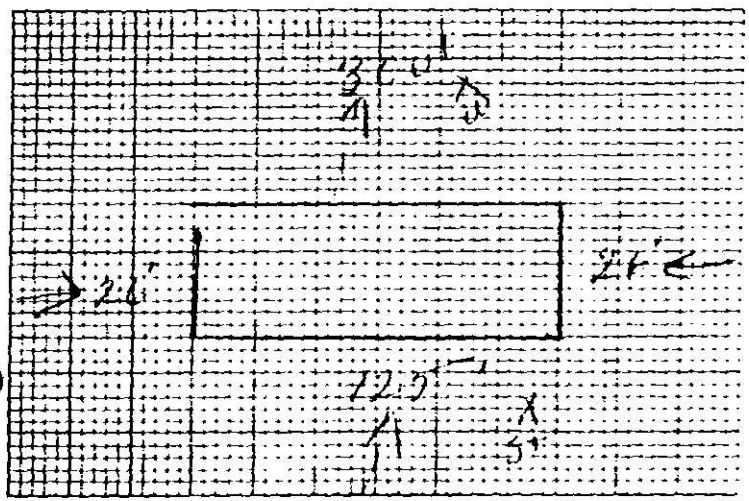
Map Date L

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 X Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ No
9) Water Supply
A. Individual Well X
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 Lewis (LAST) Travis (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home 875-6321 Office ___

16) LOCATION OF SYSTEM Barlow Rd (STREET OR COUNTY ROAD) [illegible] 1C523

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

Map Book No. [illegible] Page No. [illegible]

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.

7-14-84
DATE OF APPLICATION

T E Lewis
OWNER

EHD-S-76

Environmental Health Copy

Date Issued 7-26-84

Serial No. 07445

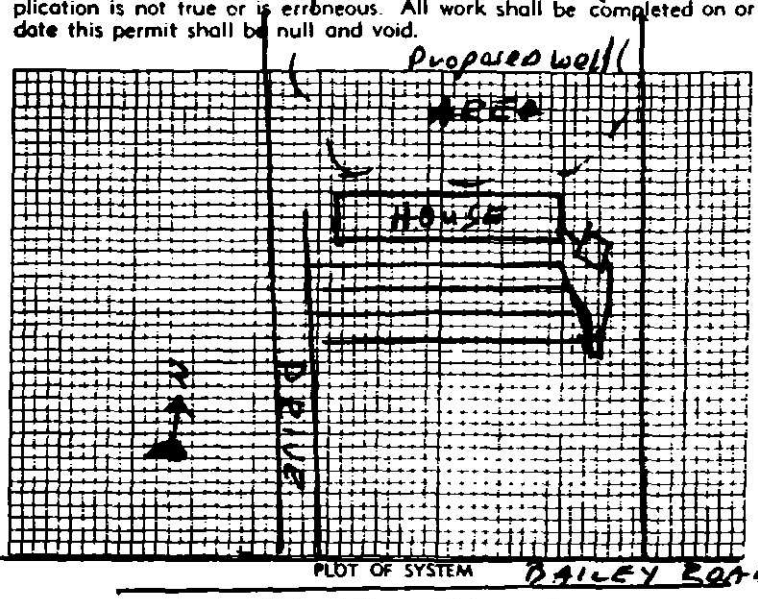
ICAR(S) Permit No. 21233 RO

T. C No. 005-221-01

Map Date L

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 X 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 21233, dated 7-19-84 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 Aug 30th 1984, after which date this permit shall be null and void.



Permeability Rate PS IIA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and or Nitrification Lines

Total Line Length 300 lin. FT

Number of Lines FOUR

Distance from House 5 FT

Distance from Property Line 10 FT

Distance from Well Keep 100' away NOT in YET

NAME OF OWNER NOLES, JAMES

LOCATION OF PROPERTY 10523 BAILEY ROAD

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: FOUR TRENCHES TO BE 75 FT x 3 FT x 12 INCHES STONE hay on STONE cover - grade boards

Division or Section Head

Environmentalist Ralph Hills

* 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 7-23-84

Serial No. 7697

SIR No. 21233

T. C. No. PO 005-221-01

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Noles, (LAST) James (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER Rt. 4, Box 422, Huntersville, NC ZIP 28078

LOCATION OF LOT 10523 Bailey 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 21233 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.

Ralph Fiddes
Environmentalist

William B. Ramsey
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A Isl No 21233

Date Issued 8-1-84 Serial 6853 T C. No 005-221- P.O. 01

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 NOLES, JAMES
LAST FIRST MIDDLE

Location of Property 10523 BAILEY ROAD.

Application Number 21233 Permit Number 21233

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 LIN. FT. Number of Lines FOUR

Depth of Filter Material 12 inches Cover Depth 1 TO 1½ FT.

Water Supply Source well Distance from Water Source KEEP 100' AWAY NOT INSTALLED YET

Excavation Inspected 8-1-84 DATE Tank Inspected 8-1-84 DATE

Nitrification Field Inspected 8-1-84 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 Y 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-5-76

ENVIRONMENTAL HEALTH SPECIALISTS

PROPOSED PLOT PLAN

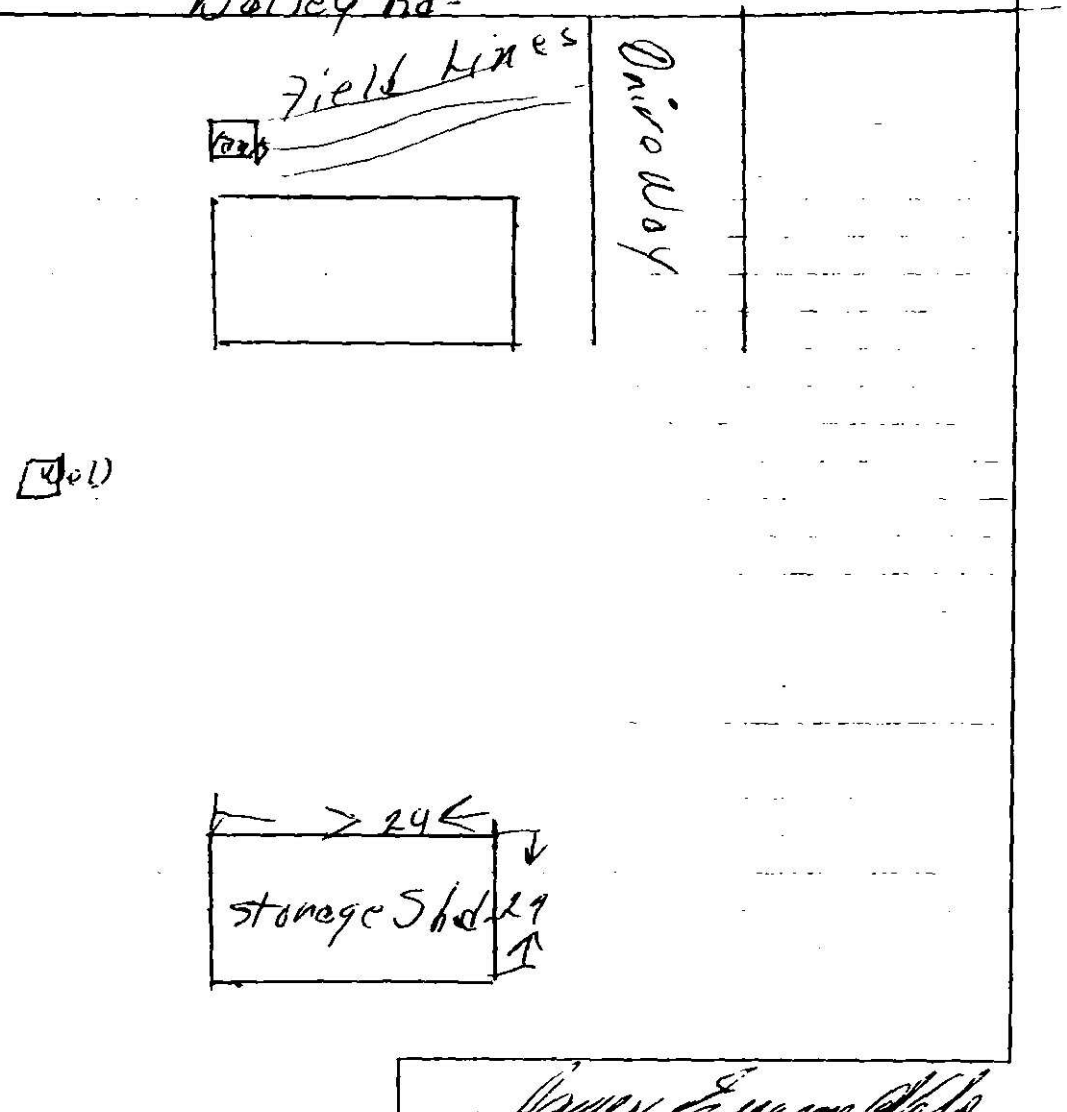
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 21233

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, undergound utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: _____

Date: _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date _____

Name/Company _____

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: _____

_____

_____

_____

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 20 1968

Fee: $ 7.50

Completed by _____

Collected by _____

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 21933
TC: _____
SERIAL: № 16983

☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 10523 (STREET NO) Bailey Rd (STREET) Huntersville NC ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 005-221-02
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: James (FIRST) Eugene (MIDDLE) Noles (LAST)
⑨ MAILING ADDRESS: 10523 Bailey Rd.
⑩ CITY: Huntersville ⑪ STATE: N C ⑫ ZIP: _____
⑬ PHONE: (WORK) 892-1205 ⑭ (HOME) _____

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
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 HEALTH DEPARTMENT to enter on the property for the purpose of processing this request.

Signed: James Eugene Noles
Date: 9-26-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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.

USE EXISTING SYSTEM

Environmentalist — Date 9-26-88

Director or Authorized Section Head — Date 9-27-88

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