Date Received 11-10-82

SIR No. 19093

T. C. No. 227-136-05

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER DICKIE (LAST) MEL (FIRST) EDWARD (MIDDLE)

2) ADDRESS OF OWNER Rt. 7, Box 996 A, MONROE, N.C. ZIP 28110

3) PHONE NO Home 283-1302 Office 283-1302

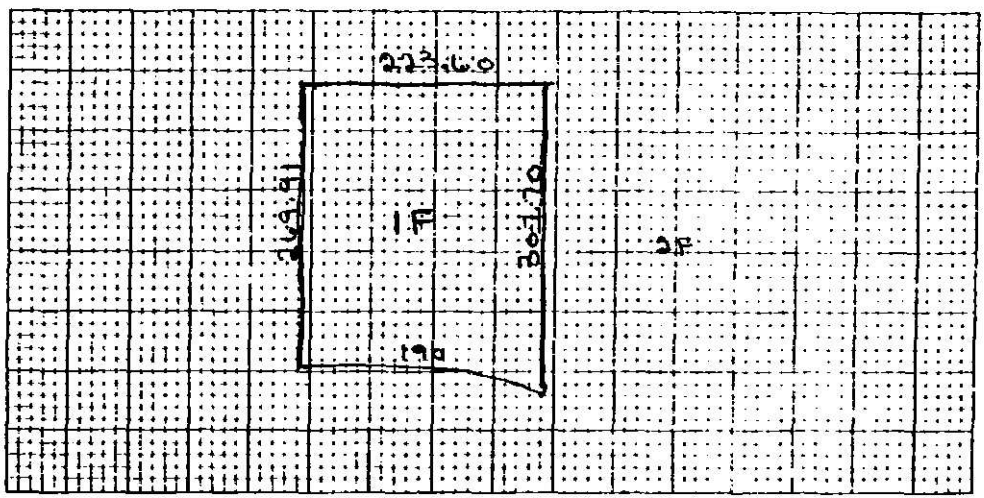
4) LOCATION OF PROPERTY CROSS COUNTRY ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION PROVIDENCE PLANTATION LOT NO. 1 BLOCK NO. F

MAP BOOK NO 19 PAGE NO. 585

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

Mel Dickie
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4762

PTR No. 19093

Date Issued 11-23-82

T C. No. 227-136-05

Map Date

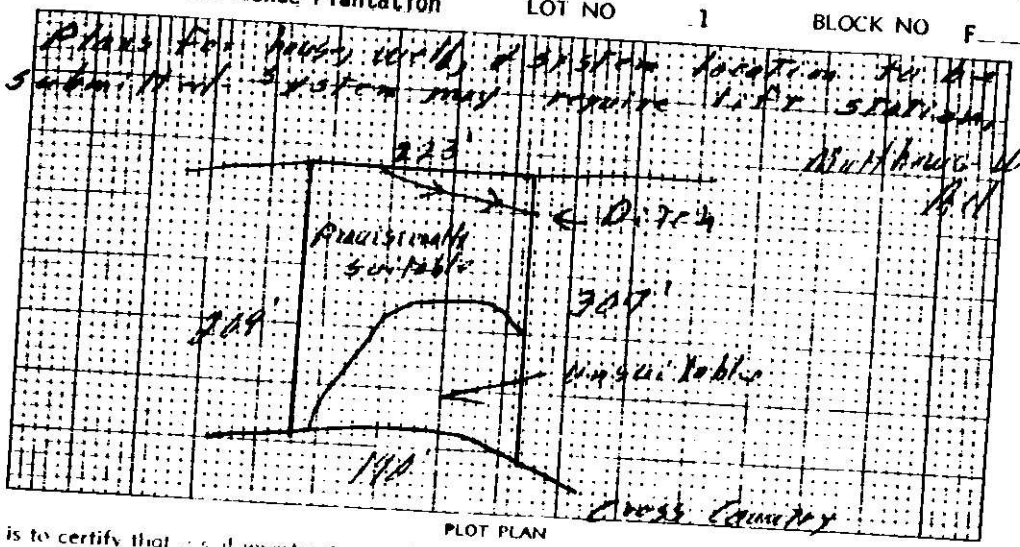
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Dickie, Hel, Edward
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER Rt. 7, Box 996-A, Monroe, NC ZIP 28110

LOCATION OF PROPERTY 2623 Cross Country Road
(STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 1 BLOCK NO F



PLOT PLAN

This is to certify that a soil investigation and on site 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 in 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 ... after ... the ... Mecklenburg County Department of Environmental ... system on the said lot ... the wastewater treatment system.
2. The size of the septic tank and ... which must be in accordance with the determination of the Mecklenburg County Department of Environmental ... the site and type of ... above.
3. This approval ... on the above plot ... above and on ... installation
4. This approval ... in the ... Mecklenburg County Department of Environmental Health ... which, system installation ... indicated as acceptable for ...

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 A. Mackey
Soil Scientist

EHD-5-76

Mike Sexton
Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19093

T.C. NO. 229-13605

(Ground Absorption Sewage Disposal)

OWNER: Mel C. Dickie
ADDRESS: Rt. 7 Box 996 A Monroe, N.C. 28110

PLAT NO: Lot 1 BF
LOT SIZE: 50,000

LOCATION OF SITE: Lawes County Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-4%	(S) PS U 2-8%	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U clay	S PS (U) 2:1 clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS U 48"	(S) PS U 48"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) PS U None	(S) PS U None	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U Ground water >48"	S PS (U) Perched water Table 20-36"	S PS U	S PS U
7. OTHER (Specify)	S PS U See Note	S PS U	S PS U	S PS U
8. SOIL GROUP	1UA	1UA		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Cecil	Helena		

S - Suitable PS - Provisionally Suitable U - Unsuitable

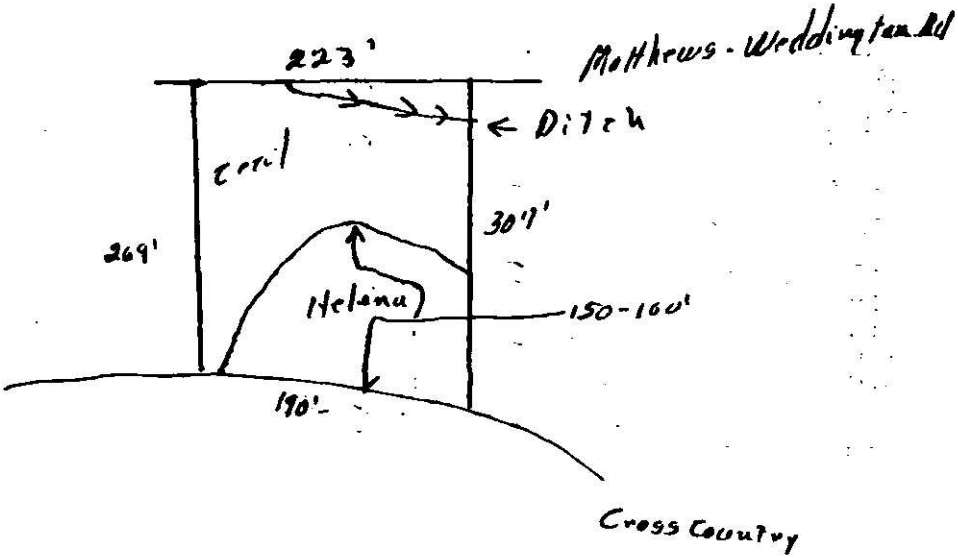
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Ditch crosses upper part of lot. Plans for house system & well locations to be submitted - System may require lift station

Described by: William R. Marlin
Title: Soil Scientist

Date: 11-23-82

EHD 539 (Revised: 6/82)


223'
McMahews - Weddington Rd
Ditch
Coal
269'
304'
Helena
150-160'
190'
Cross Country

SEE INSTRUCTIONS ON BACK

Date Received 11-10-82

ICAR(S) Application No. 19093

T. C. No. 227-136-05

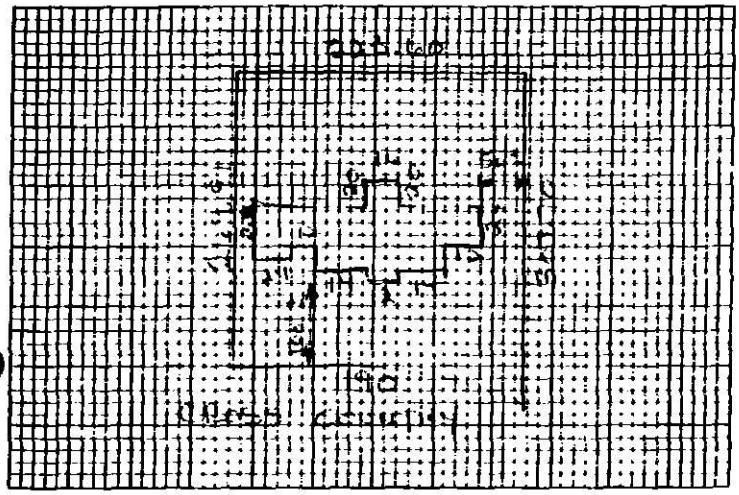
Map Date _____

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 DICKIE (LAST) MEL (FIRST) EDWARD (MIDDLE)

14) ADDRESS OF OWNER Rt. 7, Box 996 A, Monroe, N.C., 28110

15) PHONE NO. Home 283-1302 Office 283-1302

16) LOCATION OF SYSTEM Cross Country Road (2623) (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence Plantation Lot No. 1 Block No. F

Map Book No. 19 Page No. 585

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.

10/25/82
DATE OF APPLICATION

Mel Dickie
OWNER

EHD-5-76

Serial No. 6046

SIR No. 19093

Date Issued 11-23-82

T. C. No. 227-136-05

Map Date

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 Dickie, (LAST) Mel (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER Route 7, Box 996-A, Monroe, NC ZIP 28110

LOCATION OF LOT 2623 Cross Country Road (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO. 1 BLOCK NO. F

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 19093 — 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.

*** MAY NEED LIFT STATION ***

Ron Phelps
Environmentalist

Mike Sekter
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

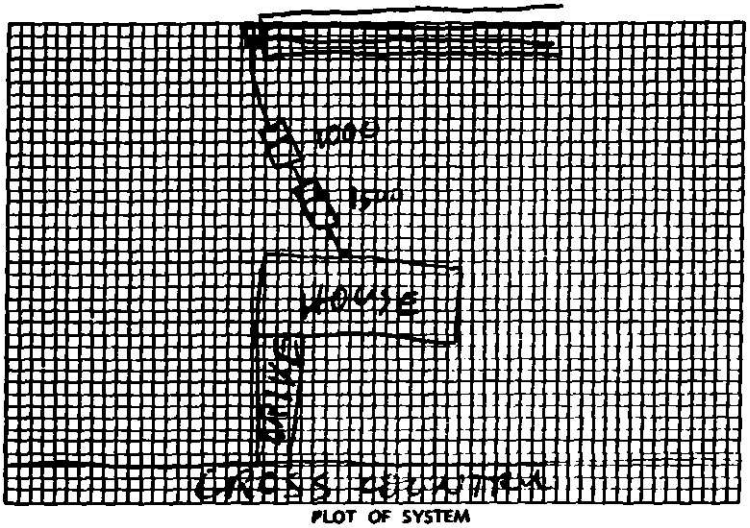
Date Issued 3-15-84 Serial No. 07031 ICAR(S) Permit No. 19093

T. C. No. 2271360S

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 19093, dated _____ 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 4-15-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 ST + 1000 PT

Tank Construction P.C CONCRETE

Absorption and/or Nitrification Lines:

Total Line Length 400

Number of Lines 4 x 100'

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

NAME OF OWNER DICKIE, MEL

LOCATION OF PROPERTY 2623 CROSS-COUNTRY Rd

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.

4 lines x 3' wide x 100' long w/ 12" stone w/ grd cover w/ shovel or bucket

Comments: w/ 1000 gal pump tank

Division or Section Head _____ 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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19093

Date Issued 6-27-84 **Serial** 6752 T. C. No. 227-136-04

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Dickie (LAST) mel (FIRST) _____ (MIDDLE)

Location of Property 2623 Cross-Country

Application Number 19093 Permit Number 19093

Inspection Data:

Liquid Capacity of Tank 1500 gal ST 1000 gal Tank Material PCC

Total Length of Drain Tile 400' Number of Lines Four

Depth of Filter Material 12' Cover Depth 12"

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 6-27-84 (DATE) Tank Inspected 6-27-84 (DATE)

Nitrification Field Inspected 6-27-84 (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 ✓ 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 _____

Jim Ericson

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY