Date Received 3-24-83

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED MAR 24 1983

SIR No. 19523

T. C. No. 20-15-121-40

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Vernon (LAST), Donald (FIRST), Ray (MIDDLE)

2) ADDRESS OF OWNER 5225 Walnut Grove Ln ZIP 28212

3) PHONE NO. Home 568-9347 Office 596-7154

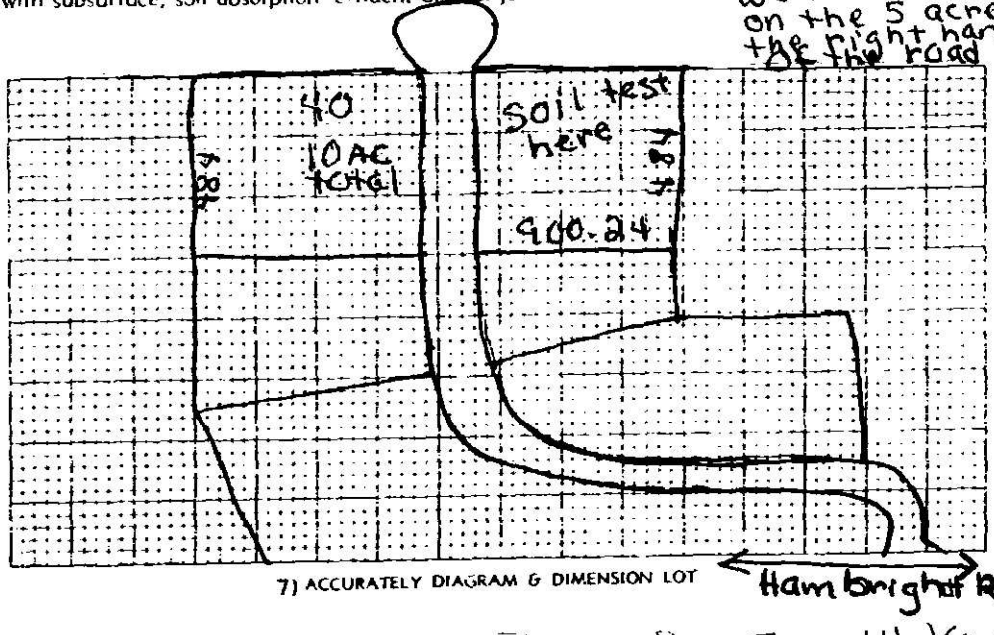
4) LOCATION OF PROPERTY 8073 Hambright Rd (STREET OR COUNTY ROAD)

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

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 4303 PAGE NO 0941

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

Donna R + Terry W. Vernon
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4958

PTR No. 19523

Date Issued 4-13-83

T. C. No. PO 015-121-40

Map Date

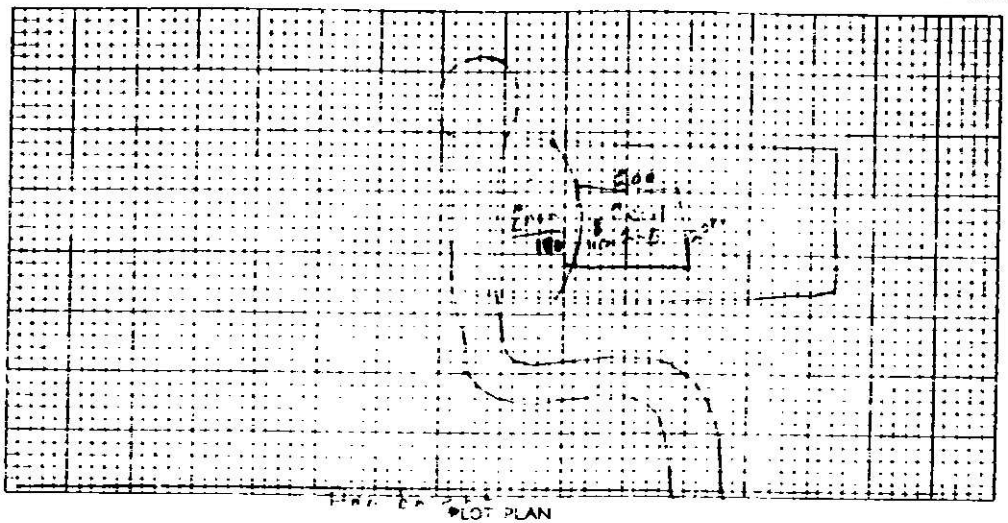
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Vernon, (LAST) Donald (FIRST) Ray (MIDDLE)

ADDRESS OF OWNER 5225 Walnut Grove Ln., Charlotte, NC ZIP 28212

LOCATION OF PROPERTY ~~8093~~ 8173 Hambright Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that [illegible] and in accordance with the rules and regulations of the Mecklenburg County Department of Environmental Health, an investigation was conducted on that portion of the lot indicated on the plot plan for **Provisionally Suitable**. The said lot is approved

The permeability rate determined by the investigation was [illegible]. for the installation of an individual [illegible] water treatment system with subsurface, soil absorption effluent disposal subject to the following requirements and conditions:

1. A [illegible] by the Mecklenburg County Department of Environmental Health as to water treatment system to be installed on the lot.
2. The [illegible] the Mecklenburg County Department of Environmental Health and on the [illegible] plot plan.
3. The [illegible] system installed on the above lot.
4. The [illegible] on the lot which is designated as acceptable for system [illegible].

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.

W. B. Kinney
Soil Scientist

Mike Sexton
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19523

T.C. NO. P 015-121-40

(Ground Absorption Sewage Disposal)

OWNER: Donald Vernon
ADDRESS: 5225 Walnut Grove Ln

PLAT NO.
LOT SIZE: 1A [redacted] SA Lot

LOCATION OF SITE: [redacted] Hainbright Rd
8073

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-5	S (PS) U 2-4	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clayey	S PS (U) Mixed Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS (U) Weak Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 40-48"	S PS (U) 30-48"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S PS (U) Clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S PS (U) Slow	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIe	IIIe		
9. SITE CLASSIFICATION	Suitable	Unsuitable		
10. SOIL SERIES	Cecil	ENON		

S - Suitable PS - Provisionally Suitable U - Unsuitable

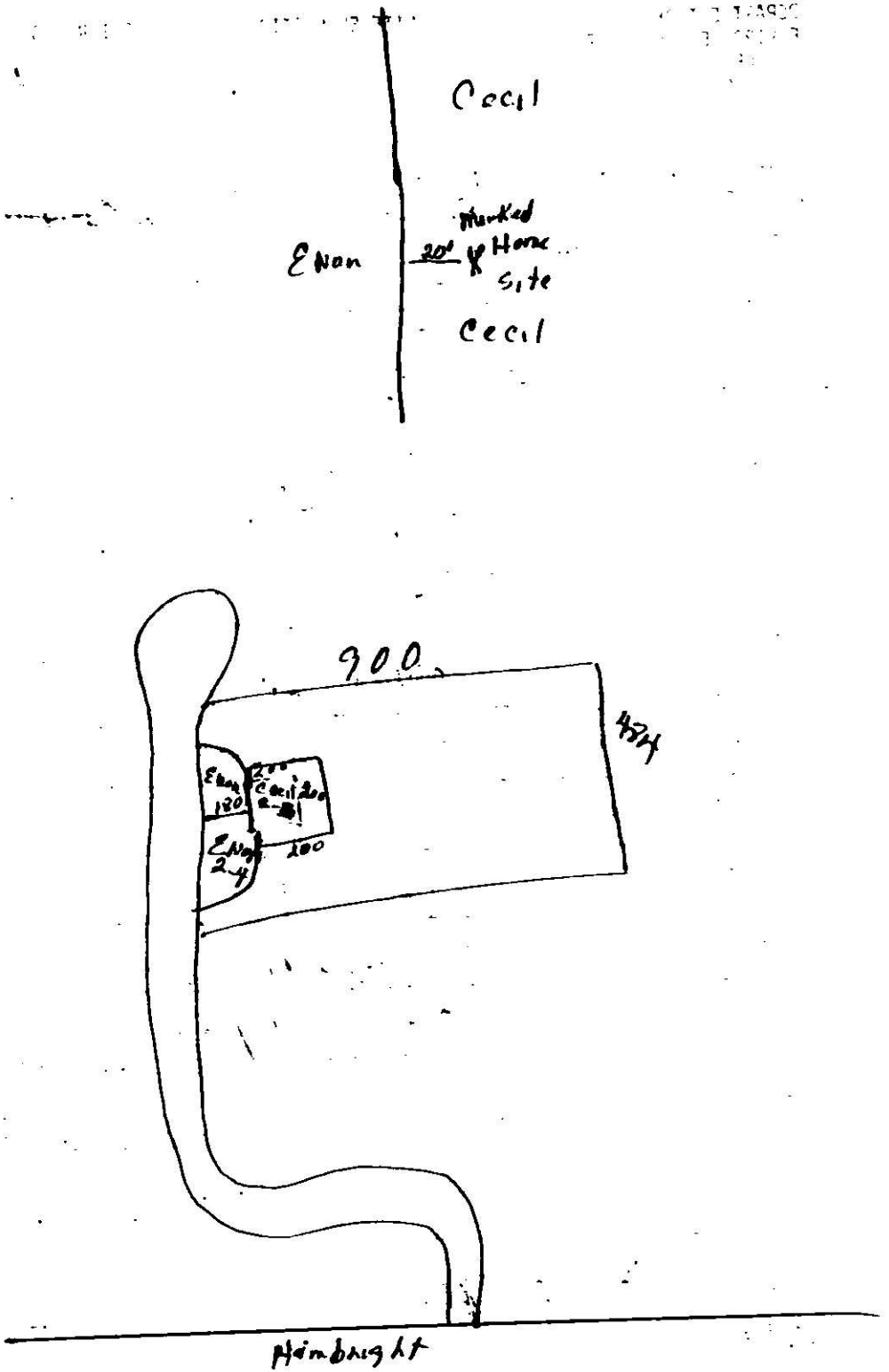
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 4-11-83

EHD 539 (Revised: 6/82)


Cecil
Marked
E Non
20'
Home
Site
Cecil
900
454
200
Cecil Dr
130
E Non
200
Heimbaught

Serial No. 7460

SIR No. 19523

Date Issued 5-2-84

T. C. No. PO 015-121-40

Map Date L CXT

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 Vernon, (LAST) Donald (FIRST) Ray (MIDDLE)

ADDRESS OF OWNER 5225 Walnut Grove Lane, Charlotte, NC ZIP 28212

LOCATION OF LOT 8093 Hambright 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 19523. 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 Miller
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5-2-84 | CAR(S) Application No. 19423

T. C. No. PO 015-121-40

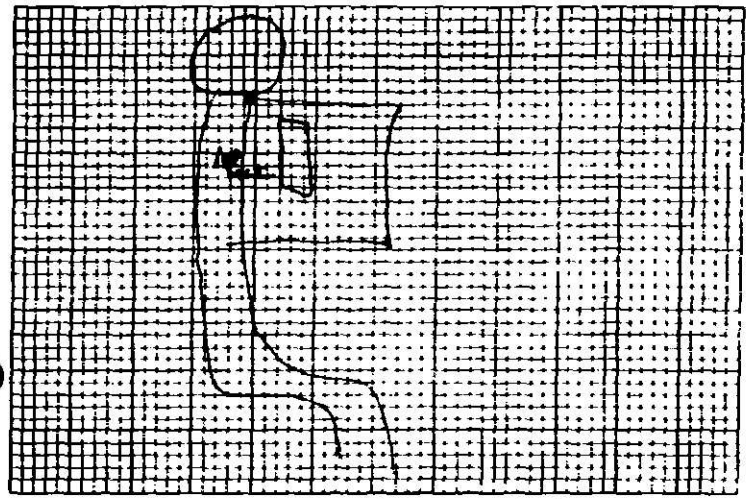
Map Date _____

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 Vernon (LAST) Donald (FIRST) Ray (MIDDLE)

14) ADDRESS OF OWNER 5225 Walnut Grove Loop Charlotte NC 28212

15) PHONE NO Home 568-9347 Office 372-6026 Ex. 261

16) LOCATION OF SYSTEM 5693 Hambright Rd. Huntersville N.C.
(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 4-13-83

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.

5-2-84
DATE OF APPLICATION

Donald Ray Vernon
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 6-12-84

Serial No. 07280

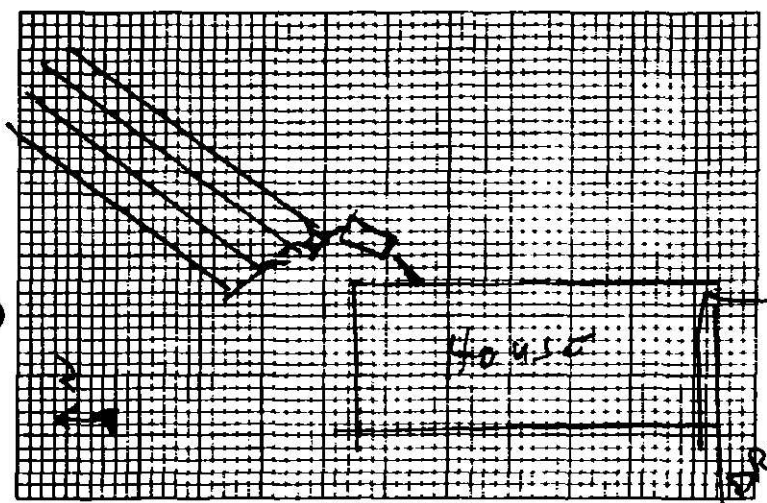
ICAR (S) Permit No. 19523

T. C. No. 015-121-40

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 19523, dated 5-2-84 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 July 20th, 1984 after which date this permit shall be null and void.



PLOT OF SYSTEM

Proposed Well

Permeability Rate PS IVA

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 200 FT

Distance from Well Keep 100' away NOT IN YET

NAME OF OWNER VERNON, DONALD

LOCATION OF PROPERTY 8073 HAMBRIGHT 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.

FOUR TRENCHES @ 75FT X 3FT X 12inches Stone - Lay on Slope

Comments: over-grade Bds

B. Hamilton
Division or Section Head

Ralph Gallen
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-S-76

Environmental Health Department's Copy

C of A (s) No. 19523

Date Issued 9-7-84 Serial 6940 T. C. No 015-[redacted]-40 121 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 VERNON, DONALD (LAST, FIRST, MIDDLE)

Location of Property 8073 HAMBRIGHT ROAD

Application Number 19523 Permit Number 19523

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 One Foot

Water Supply Source well Distance from Water Source 90 Ft.

Excavation Inspected 9-7-84 (DATE) Tank Inspected 9-7-84 (DATE)

Nitrification Field Inspected 9-7-84 (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 Nelle
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

RECEIVED
MECKLENBURG COUNTY HEALTH DEPT.
MAR 1 1990
ENVIRONMENTAL HEALTH DIVISION

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: 19523
TC: 015-121-40
SERIAL: № 20321
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8073 (STREET NO.) Hambright Rd. (STREET) Huntersville NC ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Donald (FIRST) Ray (MIDDLE) Vernon (LAST)
⑨ MAILING ADDRESS: 8073 Hambright Rd.
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 1-800 344-5039 ⑭ (HOME) 875-8473

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type? _____
㉓ Maximum occupancy? 3 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 onto the property for the purpose of processing this request.

Signed: Donald Ray Vernon
Date: 2-27-90

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.

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date _____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

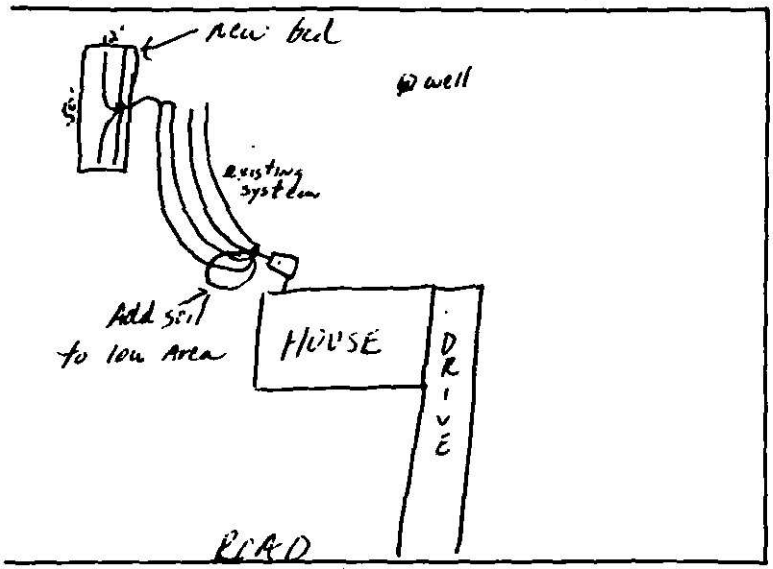
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19523 DATE: 3/21/90

TC: 015-121-40 ☐ L

SERIAL № 13179

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 the application dated 2/27/90. All work shall be completed on or before 4/21/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or ~~Nitrification lines~~ Bed

Trench Width 12' wide feet

Total Line Length 50' long (200' total) feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Donald R. Vernon

LOCATION OF PROPERTY 8073 Hembright Rd

Comments: Bed system 12'wd x 50'long x 12" stone
Tie into 2 lines and overflow into new bed system
Add soil to low area

Division or Section Head

Phillip S. Walker R.S
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19523 DATE: 3/27/90

TC: 015-121-40 ☐ L ☐ CRT

SERIAL № 13147

Name of Owner Donald R. Vernon Juris.:

Address of Property 8073 Hambright Rd

Inspection Data:

Tank Material —

Total Length of Drainfield 200'

Number of Lines 4 @ 50'ea = 200' total

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 3/27/90

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1990 Repair CTR# 80

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Tied into last 2 lines to bed system

Philo S. Walker R. S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.