Date Received 4-14-83

MECK COUNTY DEPT. OF HEALTH
RECEIVED
APR 14 1983

SIR No. 19558
T. P. No. 141-181-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Swaney (LAST) St. Robert (FIRST) L. (MIDDLE)

2) ADDRESS OF OWNER 10308 Garrison Rd ZIP 28208

3) PHONE NO. Home 588-0588 Office 525-8660

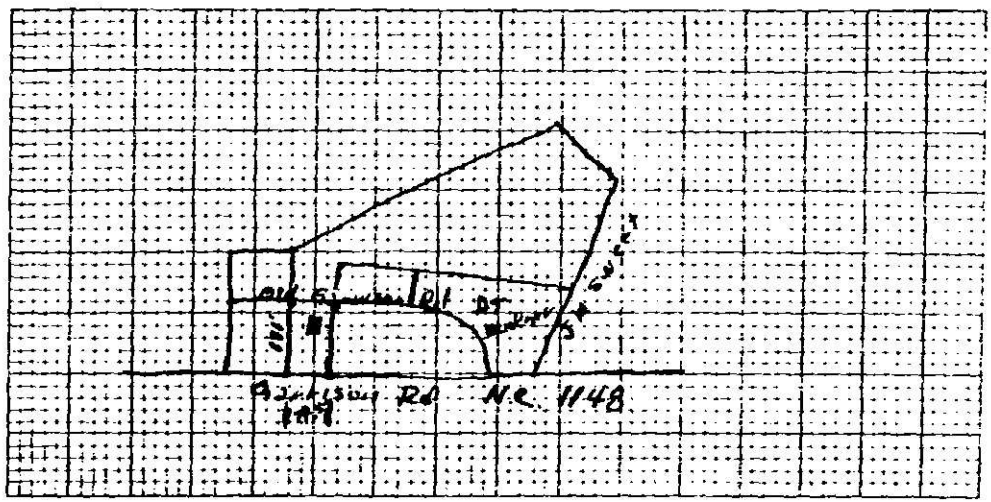
4) LOCATION OF PROPERTY Garrison Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 3620 3329 PAGE NO. P925 P259

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

Robert L Swaney Sr.
OWNER

EHD-S-76

Environmental Health Department's Copy

Serial No. 4972

PTR No. 19558

Date Issued 4-18-83

T. C. No. PO 141-181-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Swaney, Sr., (LAST) Robert (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 10308 Garrison Rd., Charlotte, NC ZIP 28208

LOCATION OF PROPERTY Garrison Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



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 said 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 conditions:

1. A permit for installation of the proposed system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of the system. If the wastewater treatment system on the said lot
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to the installation based on the permeability rate obtained above, and on the size and type of building or structure thereon.
3. This approval is valid only if the system installed in the manner and at the location indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or other construction including the drilling of a well is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for the type of construction, alteration or repair of such a 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 G. Marlin
EHD-5-76 Soil Scientist

Mike Sekka
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. 19558

T.C. NO. PO 141-141-17

(Ground Absorption Sewage Disposal)

OWNER: Robert L. Sweaney, Jr.
ADDRESS: 10308 Harrison Road
Charlotte, N.C. 28208
LOCATION OF SITE: Harrison Road

PLAT NO:
LOT SIZE: approx 24,000 Sq. Ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 4-10% 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) clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S saprolite (PS) 36"+ U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 36"+ To ground U water	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	IVA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil-Lloyd			

S - Suitable PS - Provisionally Suitable U - Unsuitable

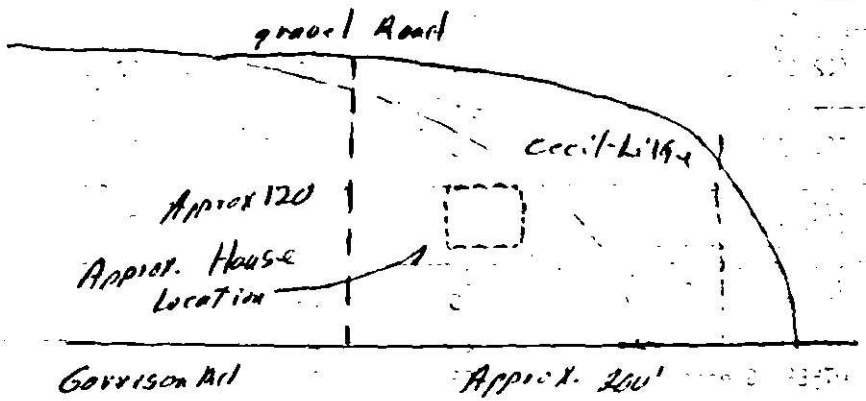
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William A. Maslin
Title: Soil Scientist

Date: 4-18-83

EHD 539 (Revised: 6/82)


gravel Road
Approx 120
Approx. House Location
Garrison Rd
Approx. 200'

BE 5-12-83

Serial No. 6416

SIR No. 19558

Date Issued 5-9-83

T. C. No. PO 141-181-17

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 Swaney, Sr. (LAST) Robert (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 10308 Garrison Rd., Charlotte, NC ZIP 28208

LOCATION OF LOT 10305 Garrison 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 19558. 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.

Randy C Poole RS
Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5-9-83

ICAR (S) Application No. 19558

T. PID. 141-181-17

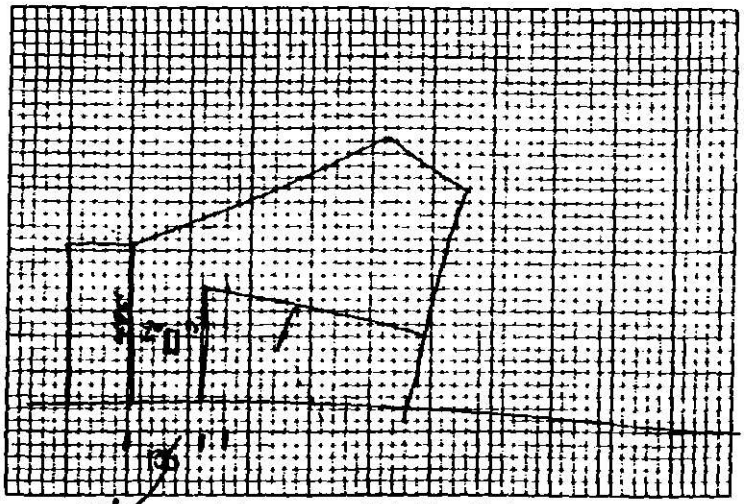
Map Date _____

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.



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 X No
8) Dishwasher ___ Yes X 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 X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Swaney Sr. (LAST) Robert (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 10308 Garrison Rd 28208

15) PHONE NO. Home 588-0588 Office 525-8660

16) LOCATION OF SYSTEM 10305 Garrison 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 4-18-83

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.

5-9-83
DATE OF APPLICATION

Robert L Swaney Sr
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 5/10/83

Serial No. 6235

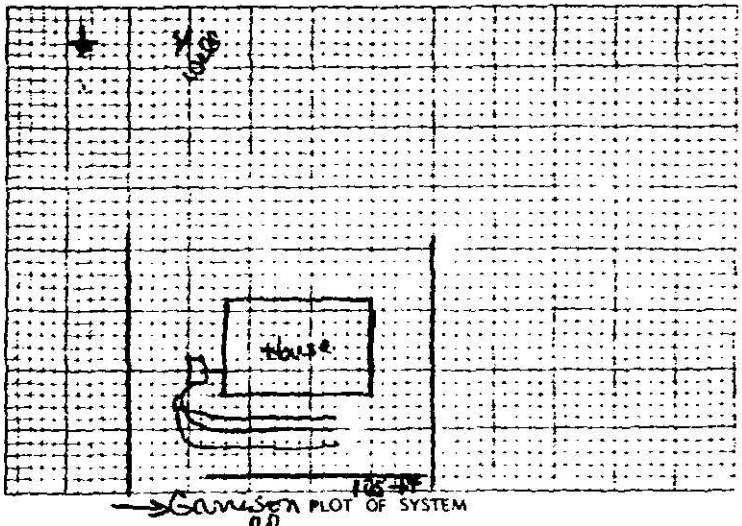
ICAR(S) Permit No. 19558

T C No. PO 141 181 17

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 19557, dated 5/9/83 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 8/9/83, after which date this permit shall be null and void.



Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction PC conc.

Absorption and or Nitrification Lines:

Total Line Length 300 ft

Number of Lines 3

Distance from House ≥10'

Distance from Property Line ≥20'

Distance from Well ≥100'

NAME OF OWNER Swaney Sr Robert L.

LOCATION OF PROPERTY 10305 Garrison 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.

straw hay cover 9' ctrs 3' trenches 12" stone 2½' max cover

Comments:

Division or Section Head

Randy C Robb RS
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

AP 9-9-83

C of A (s) No. 19558

Date Issued 9/8/83 **Serial** 6084 T C. No. PO 141-181-17

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 Swaney (LAST) Sr. Robert (FIRST) L. (MIDDLE)

Location of Property 10305 GARRISON RD

Application Number 19558 Permit Number 19559

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC concrete

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 12" stone Cover Depth 2'-1'

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 9/8/83 (DATE) Tank Inspected 9/8/83 (DATE)

Nitrification Field Inspected 9/8/83 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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



Randy C Poole RS
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY