Date Received 4-5-84

RECEIVED
APR 5 1984
ENVIRONMENTAL HEALTH

SIR No. 20865
T. C. No. 115-164-08
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER [illegible] LAST F.O. Box 35450 FIRST MIDDLE

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

4) LOCATION OF PROPERTY [illegible] STREET OR COUNTY ROAD

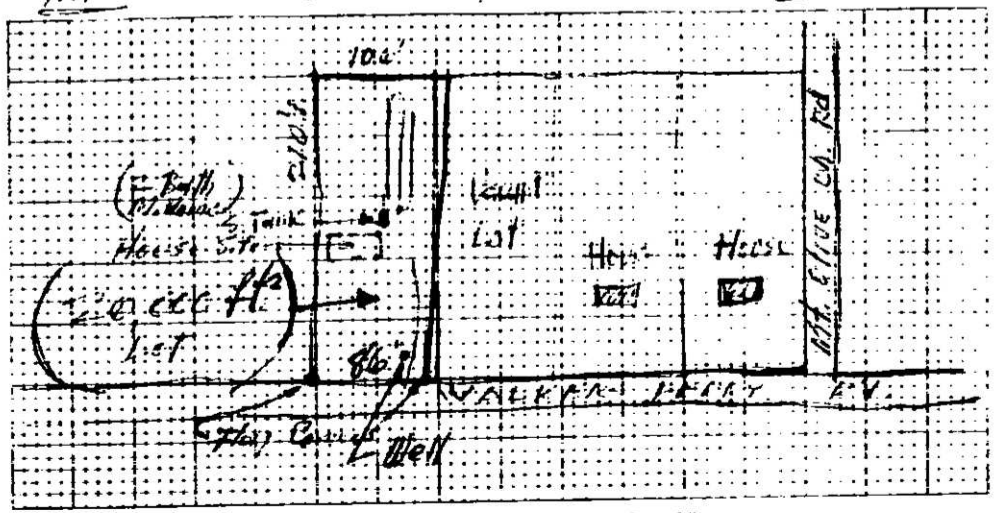
5) SUBDIVISION LOT NO BLOCK NO 164

MAP BOOK NO 113 PAGE NO 14 4th Lot, South Side, from Mt. Olive Ch. Rd.

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

Net Lot has just been graded Drive - Rush Job



7) ACCURATELY DIAGRAM & DIMENSION LOT

North

[illegible]
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. PO 20365

T.C. NO. PO 113 164-08

(Ground Absorption Sewage Disposal)

OWNER: Mancum Sloan PLAT NO:

ADDRESS: P.O. Box 35450 105 W. Morehead 28235 LOT SIZE: 20,000

LOCATION OF SITE: 10365 Walkers Ferry Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-8 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 Clayey 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 40-48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS Adequate 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 IVa

9. SITE CLASSIFICATION Pisuitable

10. SOIL SERIES Cecil

S - Suitable PS - Provisionally Suitable U - Unsuitable

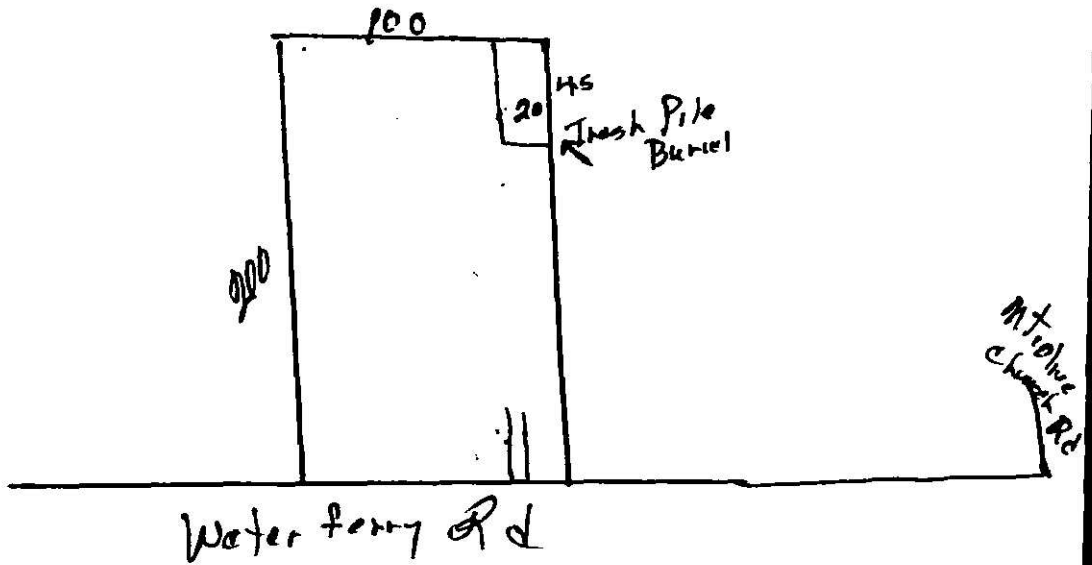
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

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

Date: 4-11-84

4


100
45
20
Trash Pile Burial
900
Mt Olive Church Rd
Water ferry Rd

Serial No. 5591

SIR No. 20865

T. C. No. PO 113-164-08

Date Issued 4-12-84

Map Date

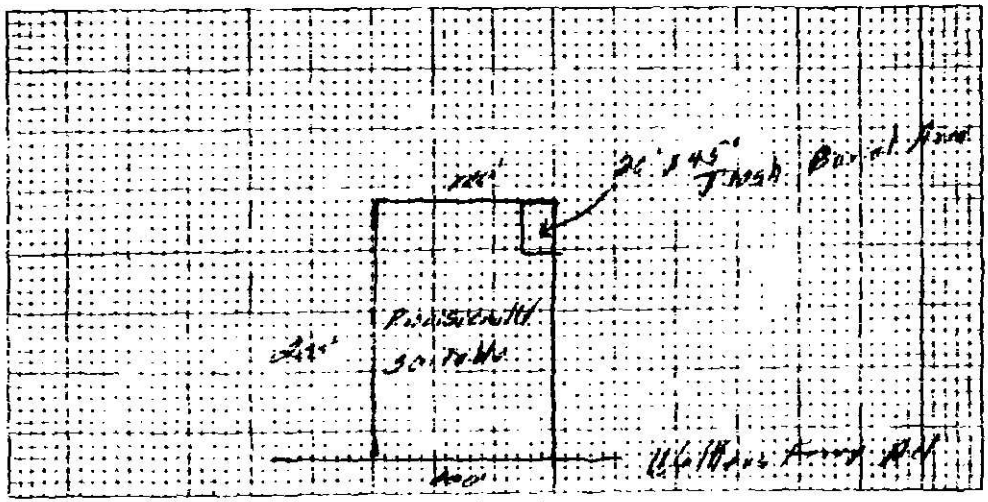
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Sloan, Mangum W.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 35450, Charlotte, NC ZIP 28235

LOCATION OF PROPERTY 10305 Walkers Ferry 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. [illegible] Mecklenburg County Department [illegible] wastewater treatment system [illegible]
2. [illegible] Mecklenburg County Department [illegible]
3. [illegible]
4. [illegible] indicated as acceptable for [illegible] 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 A. Marlin Jr.
Soil Scientist
W. A. Ramsey

Bill D. Hardister, Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 4-5-84

RECEIVED
SEE INSTRUCTIONS ON BACK
APR 5 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20165

T. C. No. 113-164-08

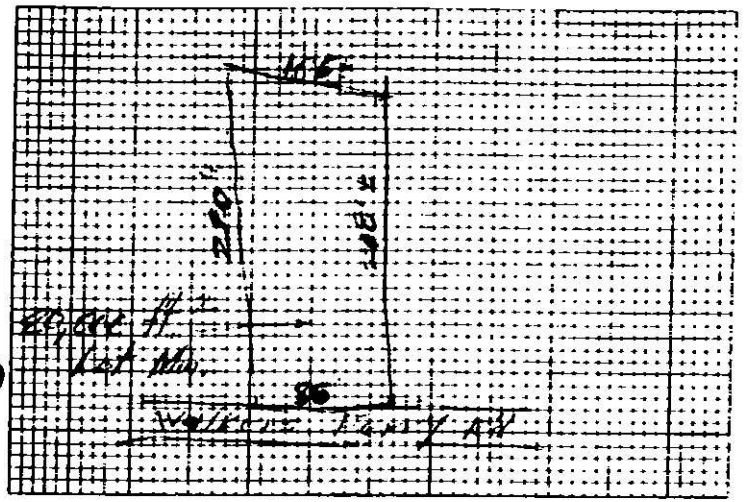
Map Date

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 [illegible] (LAST) [illegible] (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box [illegible] Mint Hill, N.C. 28227

15) PHONE NO. Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] Lawyers Ferry Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No ____ Block No. 5

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.

4/5/84
DATE OF APPLICATION

[signature]
OWNER

BHD-S-76

Environmental Health Department's Copy

Date Issued 4-12-84

Serial No. 7389

SIR No. 20865

T C. No. PO 113-164-08

Map Date

CRT

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 Sloan, (LAST) Mangum (FIRST) W. (MIDDLE)

ADDRESS OF OWNER P.O. Box 35450, Charlotte, NC ZIP 28235

LOCATION OF LOT 10305 Walkers Ferry 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 20865 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.

B. R. Ferguson
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

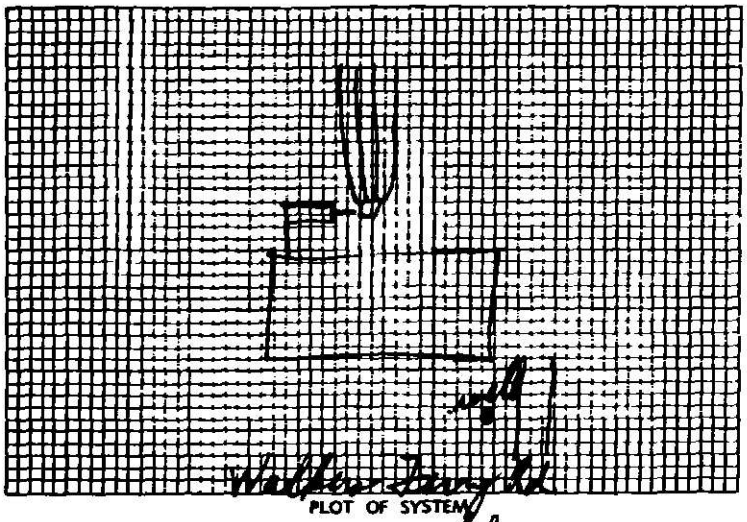
Date Issued 5-18-84

Serial No. 07139

ICAR (S) Permit No. 20865
T.C. PO No. 113-164-08
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 ✓ 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 20865, dated 4-5-84 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 6-18-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P L

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Mangum Sloan

LOCATION OF PROPERTY 10305 Walkers Ferry 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 trenches 3 X 75 X 12" stone, straw cover, 9' centers, grade bds.

Comments:

Division or Section Head

B. R. Ferguson
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

C of A (s) No 20865

Date Issued 6-5-84 **Serial** 6652 T C. No 113-164-08 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 Sloan (LAST) Maryum (FIRST) (MIDDLE)

Location of Property 10305 Walker Ferry Rd.

Application Number 20865 Permit Number 20865

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material FCC

Total Length of Drain Tile 300' Number of Lines 4

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 6-5-84 (DATE) Tank Inspected 6-5-84 (DATE)

Nitrification Field Inspected 6-5-84 (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

D. K. Ferguson
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

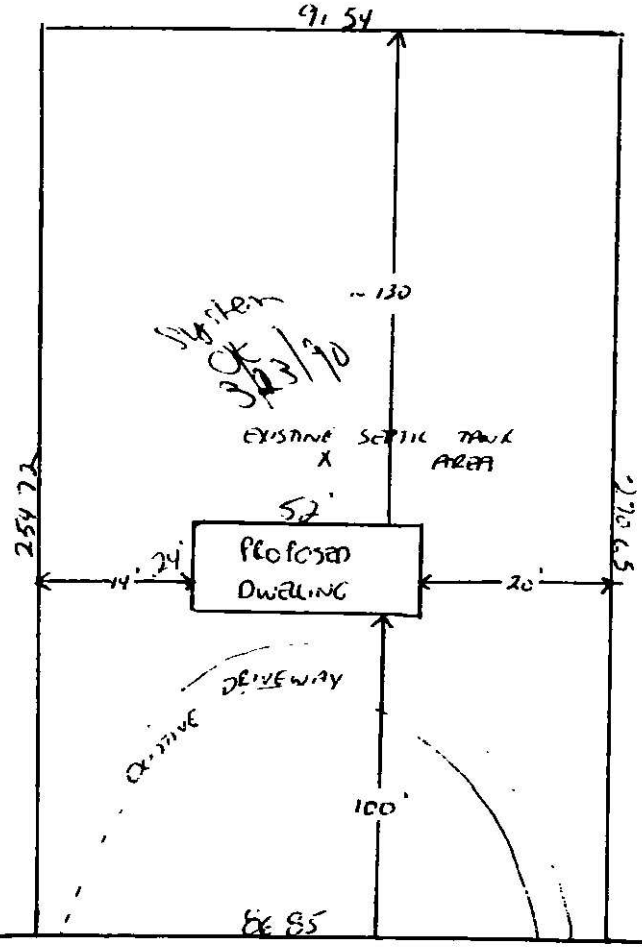
PROPOSED PLOT PLAN

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

FILE: 20865
6515-A

TC: 113-164-3B

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, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: James C Simpson

Date: MARCH 20 1990

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-21-90

Name/Company: Jim Walter Homes, Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applied for Improvement Permit

File 6575A

MECK... HEA... ENVIRON... DIVISION

Fee: MAR 2 1 1990 $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

$25.00

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: ~~65754~~ 20865
TC: 113-164-38
SERIAL: № 19623
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11305 (STREET NO) WALKERS Ferry (STREET) Rd. ② FILE: —
③ JURISDICTION: CHARLOTTE, N C MECK ④ TAX PARCEL NO.: 113-164-38
⑤ SUBDIVISION: — ⑥ LOT: — ⑦ BLOCK: —

OWNER

⑧ NAME: James (FIRST) Vernon (MIDDLE) Simpson SR. (LAST)
⑨ MAILING ADDRESS: 11009 Windy Grove RD.
⑩ CITY: CHARLOTTE ⑪ STATE: N C ⑫ ZIP: 28214
⑬ PHONE: (WORK) 392-1340 ⑭ (HOME) 392 7945

REQUEST

This request is for a(n): * Replace, Bump out Addition to existing house

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☒ Other - specify) Use as SFDT

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? 4 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: James V Simpson SR
Date: MARCH 20 1990

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. Any use existing system.

Environmentalist — Date: 3/29/90

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.