Date Received 6-10-84

MECK CO. DEPARTMENT OF
RECEIVED
JUN 1 1984
ENVIRONMENTAL HEALTH

SIR No. 21146

T. P66 005-221-01

Map Date 2

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Barton (LAST) Walter (FIRST) Smith (MIDDLE)

2) ADDRESS OF OWNER RT 1 Box 185A Davidson NC ZIP 28036

3) PHONE NO. Home 892-6935 Office _____

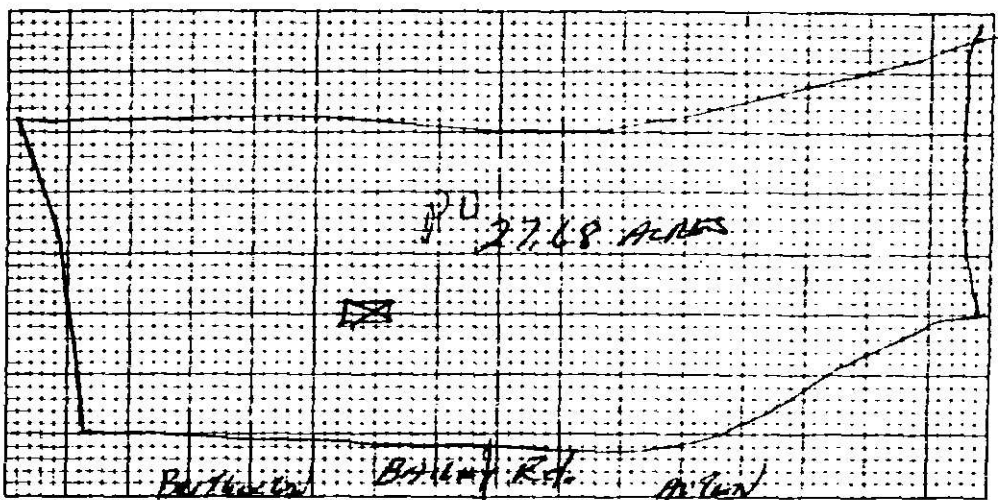
4) LOCATION OF PROPERTY 16509 Bailey Rd - between Hwy 115 & Hwy 21
(STREET OR COUNTY ROAD)

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

Walter Smith
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2114

T.C. NO. PC 105-3201

(Ground Absorption Sewage Disposal)

OWNER: Wyatt L. Barton
ADDRESS: Rt. 4, Box 163B
Davidson, N.C. 28036
LOCATION OF SITE: 10301 Bailey Rd

PLAT NO:
LOT SIZE: Approx 50,000 Sq.ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-6% 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) 30-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) 730" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Type I To ground water 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	II-A			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil Litho			

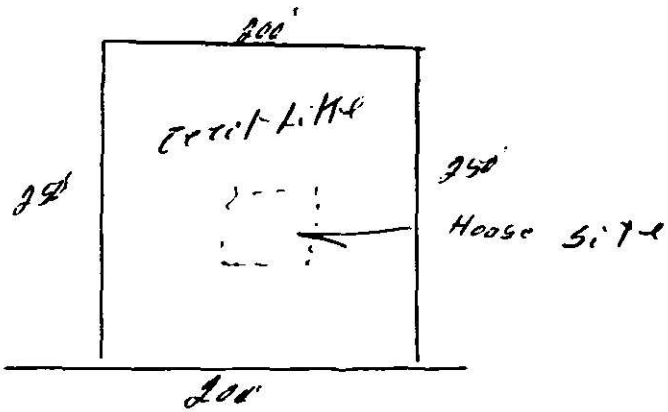
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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. Martin
Title: Soil Scientist

Date: 6-21-84


200'
Central Line
350'
350'
House Site
200'

Serial No. 5715

SIR No. 21146

T C No. PO 005-221-01

Date Issued 6-21-84

Map Date L

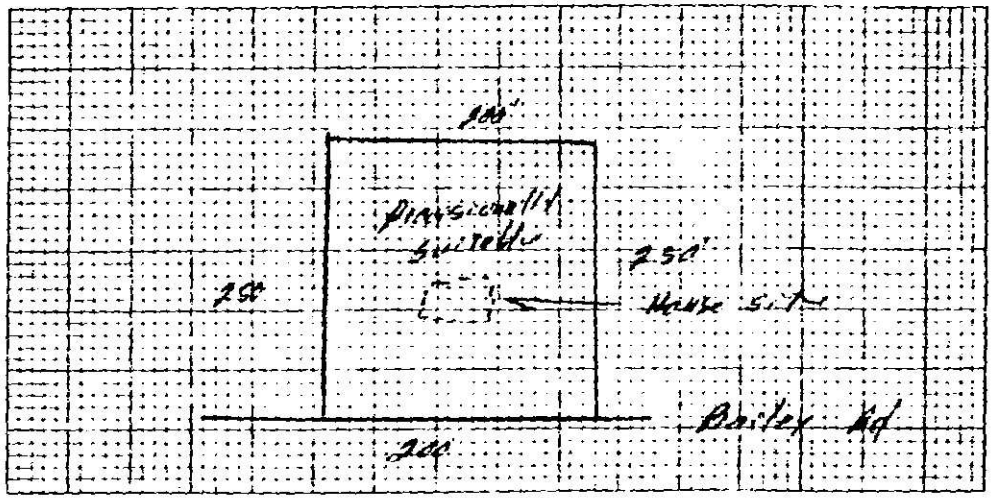
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Carton, (LAST) Walter (FIRST) S. (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 185-A, Davidson, NC ZIP 28036

LOCATION OF PROPERTY 1950 Bailey Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a soil investigation and onsite 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. 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 a system other than the one listed from the Mecklenburg County Department of Environmental Health prior to the beginning of construction of the proposed wastewater treatment system on the said lot.
2. The size of the septic tank, absorption field and other details of the system to be determined by the Mecklenburg County Department of Environmental Health at the time of application for permit, with consideration given to the size and type of building proposed to be served.
3. This approval is valid only for the specific lot as described and indicated acceptable for system installation on the above plot.
4. This approval is void if any changes in the soil characteristics occur in the area between the date of this approval and the date of issuance of a permit by the Mecklenburg County Department of Environmental Health for the area indicated as acceptable for system installation unless the site is reinvestigated and found to be acceptable for such 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 valid that 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 R. Martin
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 6-12-84

ICAR(S) Application No. 21146

T. P. No. 005-221-01

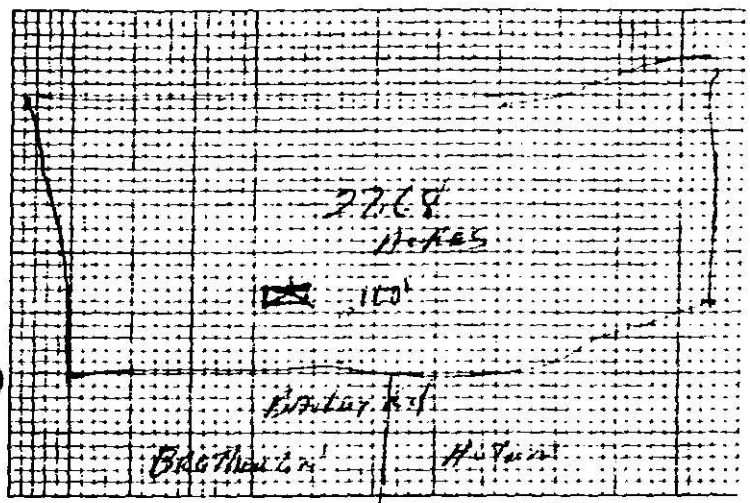
Map Date

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



31 PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No of Bedrooms 4
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 Bailey (LAST) Walter (FIRST) Smith (MIDDLE)

14) ADDRESS OF OWNER 2711 Burkeson Davidson N.C. 28036

15) PHONE NO. Home 892-6235 Office _____

16) LOCATION OF SYSTEM 11581 Bailey Rd - Between Hwy 115 & Hwy 21 (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 _____

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.

6-12-84
DATE OF APPLICATION

Walter Bailey
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 6-21-84

Serial No. 7613

SIR No. 21146

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

Map Date L CBT

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 Barton, (LAST) Walter (FIRST) S. (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 105-A, Davidson, NC 28 ZIP 28036

LOCATION OF LOT 10508 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 21146. 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 Hicks
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 6-21-84 Serial No. 07327 ICAR(S) Permit No. 21146

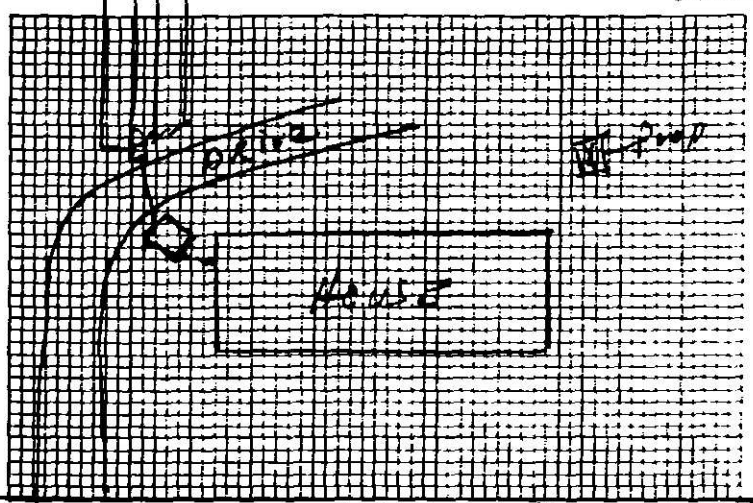
T C No. 005-221-01

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 21146, dated 6-12-84 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 26TH, after which date this permit shall be null and void.

Standard 8-30-1984



PLOT OF SYSTEM

Permeability Rate PS. IVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and or Nitrification Lines:

Total Line Length 400 LIN. FT.

Number of Lines FOUR

Distance from House 5'=T

Distance from Property Line 7 100 FT. (EQP 100 FT AWAY)

Distance from Well NOT IN YET

NAME OF OWNER BARTON, WALTER

LOCATION OF PROPERTY 10509 BAILEY 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.

Comments: FOUR TRENCHES TO BE 100 FT X 3FT X 12 INCHES STONE hay or STRAW COVER grade BACK.

B. Hamilton
Division or Section Head

Ralph Walker
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-S-74

Environmental Health Department's Copy

C of A (s) No 21146

Date Issued 8-6-84 Serial 6860

T C No 005-221-01 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner BARTON, WALTER
LAST FIRST MIDDLE

Location of Property 10501 BAILEY ROAD.

Application Number 21146 Permit Number 21146

Inspection Data:

Liquid Capacity of Tank 1500 GAL Tank Material PRE CAST CONCRETE

Total Length of Drain Tile 400 LIN FT Number of Lines FOUR

Depth of Filter Material 12 INCHES Cover Depth 2 FT.

Water Supply Source WELL Distance from Water Source 100 FT.

Excavation Inspected 8-6-84 DATE Tank Inspected 8-6-84 DATE

Nitrification Field Inspected 8-6-84 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 permits 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 Noble
Environmentalist

EHD-5-76