Date Received 5 Apr 77

APT No. 12157

T. C. No. 005-121-08

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER KNOX (LAST) LEONARD (FIRST) CLONTZ (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Davidson ZIP 28036

3) PHONE NO. Home 892 8713 Office 892 9387

4) LOCATION OF PROPERTY NC 73 W (STREET OR COUNTY ROAD)

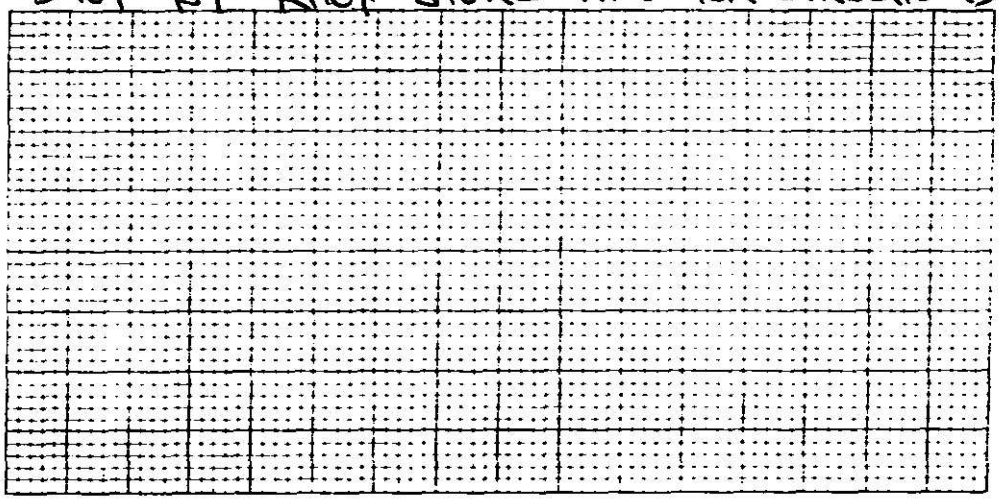
5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE. DEED BOOK PLAT 11 PAGE NO. 165

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

STOP BY KNOX STORE AND ASK DIRECTIONS



7) ACCURATELY DIAGRAM & DIMENSION LOT

Leonard Knox

OWNER

EHD-5-76

Environmental Health Department's Copy

SOIL INVESTIGATION REPORT

Date of Investigation 6-14-77 APT NO. 2157

Owner Leonard C. Hoag Ro 005-121-08

Location of Property Highway 93

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cer. I			
2. Soil Slope	suitable 2-6%			
3. Soil Depth	suitable 7+0"			
4. Soil Texture	Provisionally suitable clay			
5. Soil Structure	Provisionally suitable Blocky			
6. Restrictive Horizons	-			
7. Soil Drainage	suitable water Table 76'			
8. Soil Permeability (Percolation Rate)	Provisionally suitable Moderate			
9. Other	Nonsaline			
10. Overall Rating	Provisionally Suitable			

Remarks/Recommendations Based on this investigation, the soils on the lot were found to be provisionally suitable for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in

See diagram on back

William R. Martin
Soil Scientist

WCC

3/10/75
EHD 539

Serial No. 0659

PTR No. 12187

T C No. 005-121-08

Map Date -

Date Issued 4/22/77

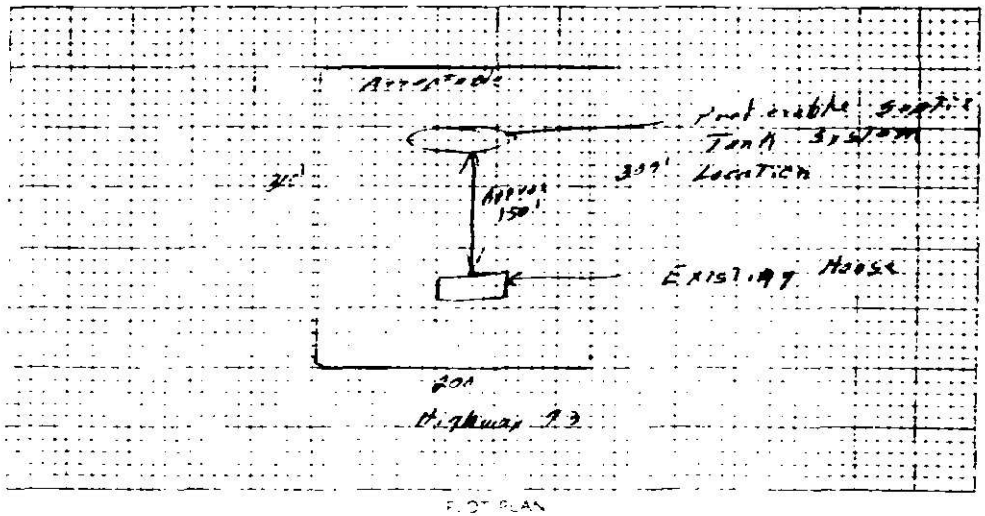
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Knox (LAST) Leonard (FIRST) Clontz (MIDDLE)

ADDRESS OF OWNER Route 2, Davidson, N. C. ZIP 28036

LOCATION OF PROPERTY N. C. 73 West (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

Provisionally Suitable

60 Min./In.

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, those laws or rules and regulations are changed such that this approval would not have been granted had the new or revised laws and regulations been in effect on the issue date.

William A. Marlow
Soil Scientist

John R. Hobson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 5 Apr 77

ICAR(S) Application No. 12157

T. C. No. 005-1248

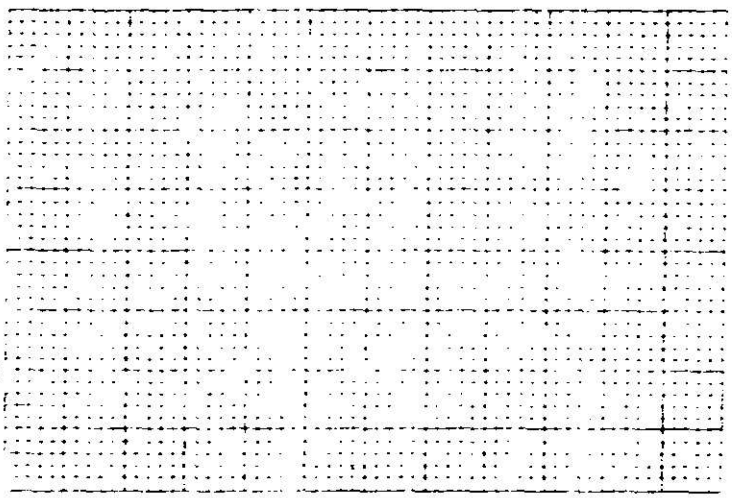
Map Date

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)

4) Mobile Home ✓ Yes ___ No
5) Recreational ✓ Yes ___ No
6) No. of Bedrooms 3
7) Business Use Max No Employees ___
8) Washing Machine ___ Yes X No
9) Garbage Disposal ___ Yes X No
10) Dishwasher ___ Yes X No
11) Water Supply
A. Individual Well ✓
B. Governmental System ___
C. Community System
1. Well source ___
2. Governmental source ___
12) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No
13) FHA Case No. NC
14) VA Case No. NC

15) NAME OF OWNER KNOX (LAST) LEONARD (FIRST) CLONTZ (MIDDLE)

16) ADDRESS OF OWNER Rt 1 DAVIDSON N.C.

17) PHONE NO Home 892 8713 Office 892 9387

18) LOCATION OF SYSTEM M.C. 73 (STREET OR COUNTY ROAD)

19) SUBDIVISION ___ Lot No ___ Block No. ___

Map Book No ___ Page No. ___

20) DEED REFERENCE — DEED BOOK PLAT BOOK 11 AT PAGE 165

21) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X NO DATE RUN ___

22) 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.

4-5-77
DATE OF APPLICATION

Leonard Knox
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 4/22/77

Serial No. 0689

LA No. 12157

T. C. No. 005-121-08

Map Date

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 Knox (LAST) Leonard (FIRST) Clontz (MIDDLE)

ADDRESS OF OWNER Route 1, Davidson, N. C. ZIP

LOCATION OF LOT Highway 73 West (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 12157. 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, altred 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

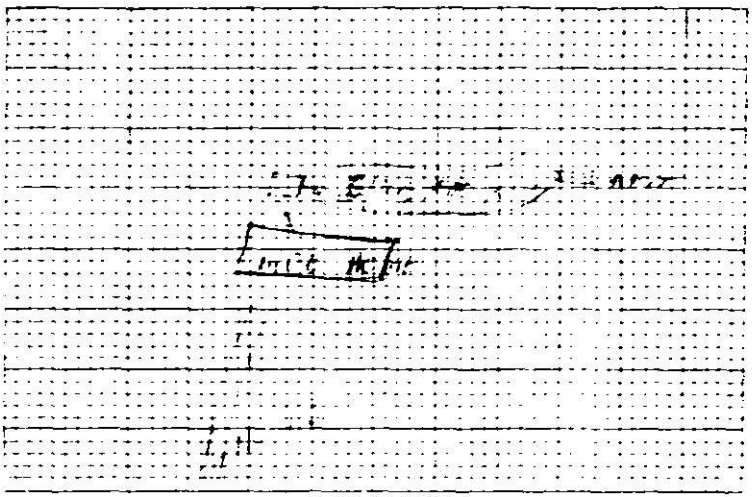
Date Issued _____ **Serial** No.0677 ICAR(S) Permit No. 12152

T C. No. 005-121-07

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 _____, 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and or Nitrification Lines

Total Line Length _____

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER _____

LOCATION OF PROPERTY _____

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.

Comments _____

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.

EHD-S-76

Environmental Health Department's Copy

Date Issued 5/4/77

Serial No. 0690

C of A (s) No. 12157

T. C. No. CC 5-121-CS

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
~~CERTIFICATE OF APPROVAL~~

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

Name of Owner [illegible] Lecan C
LAST FIRST MIDDLE

Location of Property [illegible]

Application Number 12157 Permit Number 12121

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile 450' (+) Number of Lines 5

Depth of Filter Material [illegible] Cover Depth 2½'

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected 5/4/77 DATE Tank Inspected _____ DATE

Nitrification Field Inspected 5/4/77 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 _____

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Environmentalist

EHD-5-76

Environmental Health Department's Copy