Date Received 8-31-82

SIR No. 18964

T. C. No 047-171-23

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Wood (LAST) Clifford (FIRST) Carol (MIDDLE)

2) ADDRESS OF OWNER 9321 Cryanger Rd ZIP 2813

3) PHONE NO. Home 598-0796 Office

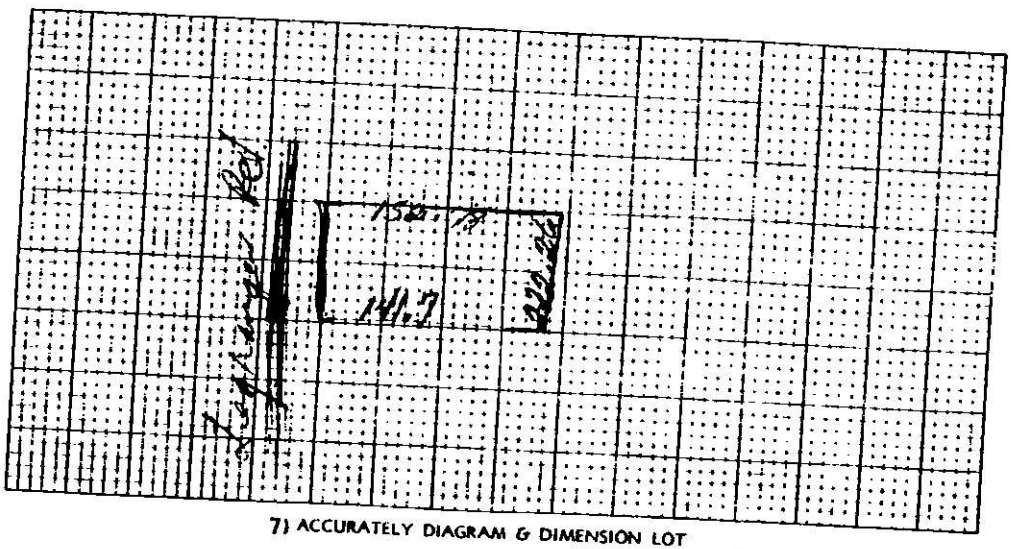
4) LOCATION OF PROPERTY Cryanger Rd (STREET OR COUNTY ROAD)

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

Vivian Cryanger
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4689

PTR No. 18964

T. C. No. 047-171-23

Date Issued 9-10-82

Map Date

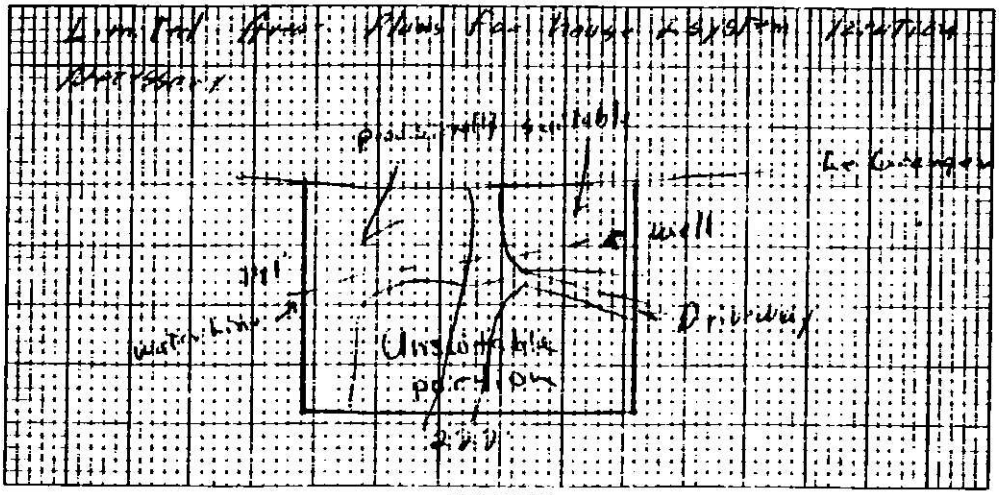
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Hood, (LAST) Arlene (FIRST) Carole (MIDDLE)

ADDRESS OF OWNER 9327 Legranger Rd., Charlotte, NC ZIP 28213

LOCATION OF PROPERTY Legranger 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 to install construct, alter or repair the proposed system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of 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 installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction, including the driving of wells 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 installation, construction, alteration and 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 B. Martin
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. 18964

T.C. NO. 047-171-23

(Ground Absorption Sewage Disposal)

OWNER: Arline C. Wood
ADDRESS: 8327 St Thomas Ave Charlotte, N.C.
PLAT NO:
LOT SIZE: 34,412
LOCATION OF SITE: St Thomas Ave

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-8%	(S) PS U 2-8%	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S PS (U) mixed Fill	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS (U) massive	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS U 40"	S PS (U) < 30"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) PS U None	S PS (U) Fill	S PS U	S PS U
6. SOIL DRAINAGE/GROUND WATER (external and internal)	(S) PS U 70" to ground water	(S) PS U 70" to ground water	S PS U	S PS U
7. OTHER (Specify)	S PS (U) Restricted Area	S PS U	S PS U	S PS U
8. SOIL GROUP	10A	Mixed		
9. SITE CLASSIFICATION	Unsuitable	Unsuitable		
10. SOIL SERIES	Cecil	Fill		

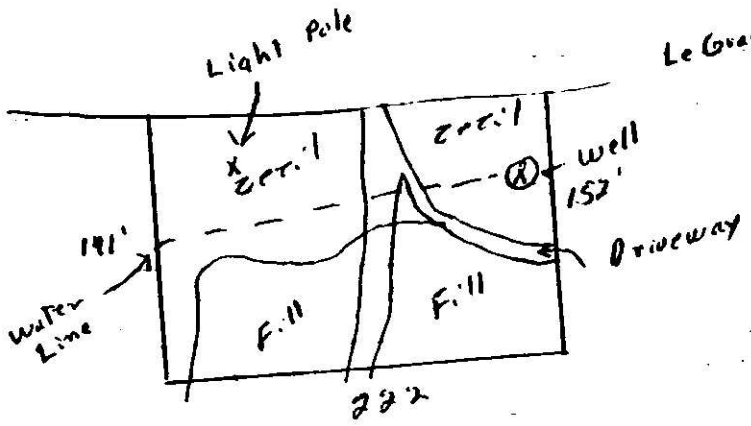
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: Soils meet criteria for PS suitable soils. Area is questionable

Described by: William R. Martin
Title: Soil Scientist
Date: 9-10-82

EHD 539 (Revised: 6/82)


Light Pole
Le Grangeu Rd
Soil
Soil
Well
152'
191'
Driveway
Water Line
Fill
Fill
222

THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH PERMIT NUMBER 16308
A PERMIT BECOMES INVALID IF THE CONTRACTORS NAMED BELOW DIFFER FROM THE CONTRACTORS DOING THE WORK.
SHADED AREAS FOR INTERNAL USE ONLY. INSTRUCTIONS ON REVERSE SIDE.

MECKLENBURG COUNTY, N. C.

PERMIT FOR ONE OR TWO FAMILY DWELLING CONSTRUCTION OR OTHER RESIDENTIAL WORK

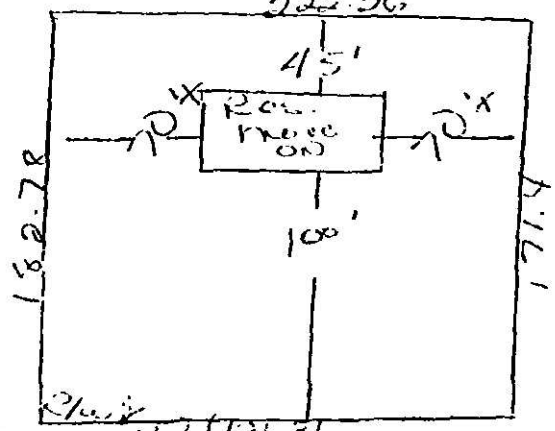
STATE	MAP	CENSUS	PC	TRACT	LOC	INSPECTION			LOCATION	PARCEL NBR
		55.00	110	434	R				0	047-171-23

JOB ADDRESS: 9318 Legranger Rd.
SUBDIVISION OR MOBILE HOME PARK: | LOT: | BLOCK:
FLOOD PLAIN: | DATE:

OWNER NAME: Granger, Vivian K.
ADDRESS: 9210 LeGranger Rd.
PHONE: 596-8418 Owner 598-0790
X ← Print Contractor's Name (X)

	ADDRESS	PHONE	N.C. LICENSE NBR	ACC NBR
BUILDING CONTRACTOR	Same			
ELECTRICAL CONTRACTOR				
MECHANICAL CONTRACTOR				
PLUMBING CONTRACTOR				
OTHER CONTRACTOR	NA			

PLOT PLAN (Show dimensions of lot & all buildings—show distances of buildings from property lines)



SEWAGE
SEPTIC TK. PERMIT #
APPRV. CERTIFICATE #

HEATING & COOLING

HEAT PUMP	☐	GAS COOLING	☐
CENTRAL A-C	☐	GAS/OIL FUR.	☐
ELECT. BASE BD.	☐	GAS/OIL STM.	☐
ELECT. FURNACE	☐	GAS PIPE ONLY	☐
ELECT. CEILING	☐	PREFAB FIREPL	☐
OTHER	NA		

CONSTRUCTION COSTS

BUILDING	$
ELECTRICAL	$
MECHANICAL	$
PLUMBING	$
OTHER	$
TOTAL	$ NA

LAND AREA	OLD AREA REMOVED	OLD AREA UNHEATED	NBR STORIES	NBR BATHS	NBR ROOMS	SEPTIC TK #
NA	NA sq	NA sq.	NA	NA	NA	NA

PERMIT FEE Sch I: $ NA

CLASS OF WORK

ACCESSORY BLDG	☐	PIER	☐
MO. HOME SETUP	☐	SWIM POOL	☐
HOUSE MOVE ON	☒	BLDG. ADDITION	☐
Complete plot plan for work in this block			
BLDG REMODEL	☐	DEMOLISH	☐
PIPING OR WIRING	☐	REROOF	☐
HOUSE MOVE OFF	☐	FOUNDATION	☐
EQUIP/APPLIANCE REPLACE OR ADD	☐		

Print name & type—i.e. wt'r heater, gas

OTHER:

TYPE OF WORK

			FEE
1 BUILDING Sch II	JOB DESCRIPTION: Move On Dwelling found. and Repairs	CONST. COST $	
		FIRE DAMAGE ☐	$
2 ELECTRICAL Sch III	NBR CONNECTIONS ___ 120V ___ 240V	POOL GRD ☐	
	NBR ROOMS WIRED ___	SERVICE ☐	
		FEEDER ☐	
		FIRE DAMAGE ☐	$
3 MECHANICAL Sch IV	NBR GAS CONN. ___	HEATING ONLY ☐	
		CENTRAL A/C ONLY ☐	
		HEATING WITH A/C ☐	
		FIRE DAMAGE ☐	$
4 PLUMBING Sch V	NBR FIXTURES ___	WATER SERVICE ☑	
	NBR APPLIANCES ___	SEWER SERVICE ☑	
		FIRE DAMAGE ☐	$
5 MOBILE HOME SET UP Sch VI	YEAR MAKE		
	SERIAL NBR/LABEL NBR	FIRE DAMAGE ☐	$

The undersigned does hereby declare that the information given above is correct and agrees to comply with all state and local laws, local ordinances and regulations and with the N.C. State Building Code. The applicant furthermore declares that he is the property owner or he does duly represent the property owner.

TOTAL FEE $

APPLICANT'S SIGNATURE _____ DATE 4-25-83

Date Received 4-25-83

RECEIVED CAR (S) Application No. 15964

T. C. No. 047-171-25

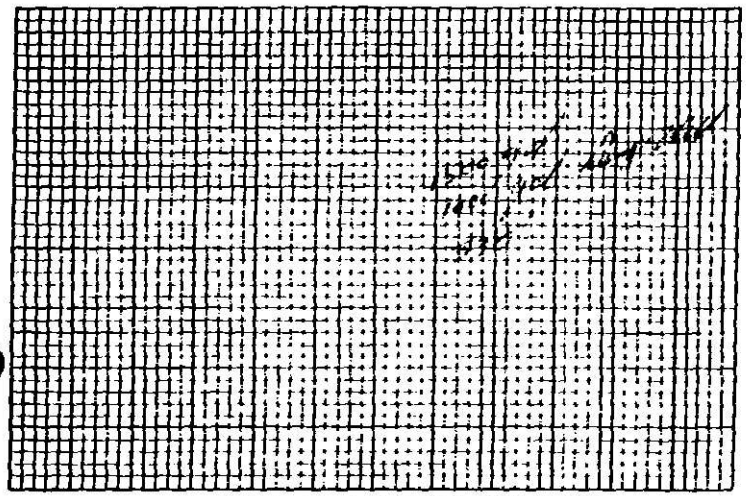
Map Date

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: Moving house on the property

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 Granger, Vivian
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 9210 Legranger Rd. 28213

15) PHONE NO. Home 598-0790 Office 875-1659

16) LOCATION OF SYSTEM 9318 Legranger 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 9/82 PS

20) PTR NUMBER (See Instructions) 15964

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.

4-25-83
DATE OF APPLICATION

Mrs Vivian Granger
OWNER

EHD-5-76

BL-5-10-83

Serial No. 6382

SIR No. 18964

Date Issued 4-27-83

T. C. No. 047-171-23

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 Granger, (LAST) Vivian (FIRST) (MIDDLE)

ADDRESS OF OWNER 9210 Legranger Rd., Charlotte, NC ZIP 28213

LOCATION OF LOT 9318 Legranger 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 18964 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.

Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 11 July 83

Serial No. 6434

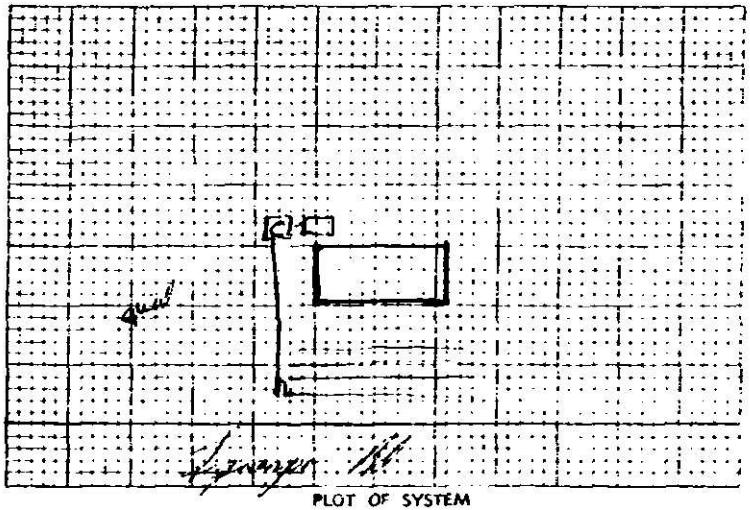
ICAR(S) Permit No. 18964

T. C. No. 041-171-23

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 18964, dated 23 July 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 11 Aug 83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1000+1000 gal.

Tank Construction PC

Absorption and or Nitrification Lines

Total Line Length 330'

Number of Lines 4

Distance from House >5'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Edgar Turner

LOCATION OF PROPERTY 7715 Hopewell 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.

1 Trench 3'X53'X12" 1 Curtain

Comments: _____

Divison 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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BE 7-13-83

C of A (s) No. 15964

Date Issued 12 Jul 83 **Serial 5988** T. C. No. 047-171-23

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 Shumpert, Elmer C. (LAST, FIRST, MIDDLE)

Location of Property 9815 Sycamore Rd

Application Number 15964 Permit Number 15964

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material STC

Total Length of Drain Tile 336' Number of Lines 4

Depth of Filter Material 12" Cover Depth 18-24"

Water Supply Source Well Distance from Water Source >50'

Excavation Inspected 12 Jul 83 (DATE) Tank Inspected 12 Jul 83 (DATE)

Nitrification Field Inspected 12 Jul 83 (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

W. A. Kirby
Environmentalist

EHD-5-74

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY