Date Received 6/6/79

APT No. 15687

T. C. No. 9001-014-17

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Sixth Development Corp.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 417 S. Cecil St. Chas, NC ZIP 28204

3) PHONE NO Home _____ Office 372-5818

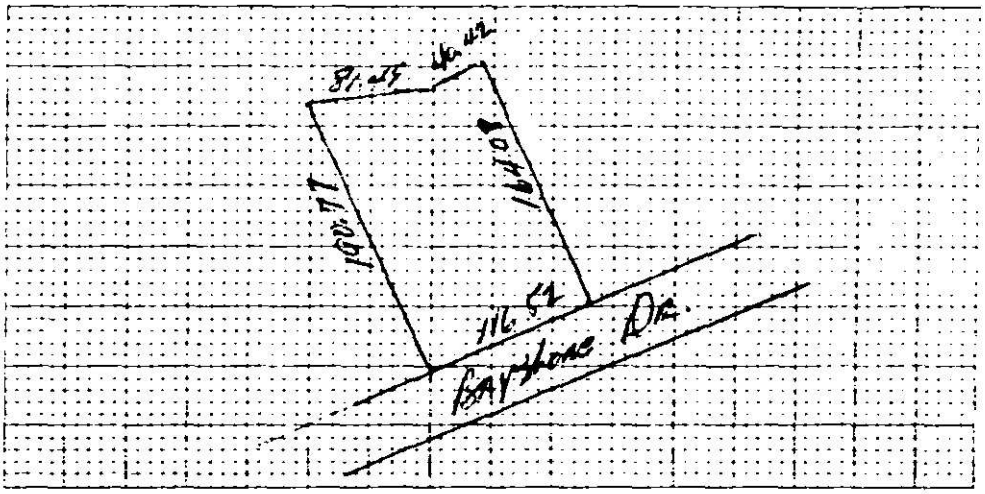
4) LOCATION OF PROPERTY Hwy 73, Lake Norman (Bayshore Dr.)
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 9 BLOCK NO _____

MAP BOOK NO 19 PAGE NO 3

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

OWNER

EHD-5-74

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX R
SITE EVALUATION
(Ground Absorption Sewage Disposal)

15687
PO 001-014-17

OWNER: SIXTH DEVELOPMENT CORP DATE REQUESTED: 6-6-79
ADDRESS: 417 S. CECIL ST PLAT NO.:
COUNTY: MECK 28204 LOT SIZE: 20,340
LOCATION OF SITE: HWY 73 LAKE NORMAN BAYSHORES
LOT # 9

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) U — clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) U — 48>	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S (PS) U — NONE	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S (PS) U — Adequate	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) U — Moderate	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable			
SOIL SERIES	Cecil			

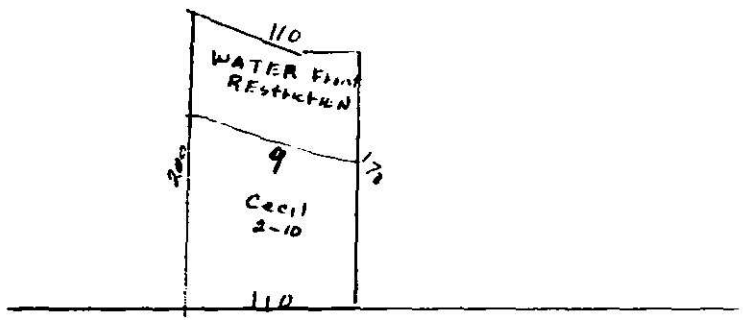
S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: W.B. Rainey
Title: Soil Scientist Date: 6-25-79

DHS Form 2601 (2/77)
Sanitation


110
WATER Front
RESTRICTION
9
Cecil
2-10
110
Bayshore Drive

Serial No. 2914

PTR No. 15687

T. C. No. PO 001-014-17

Date Issued June 26, 1979

Map Date

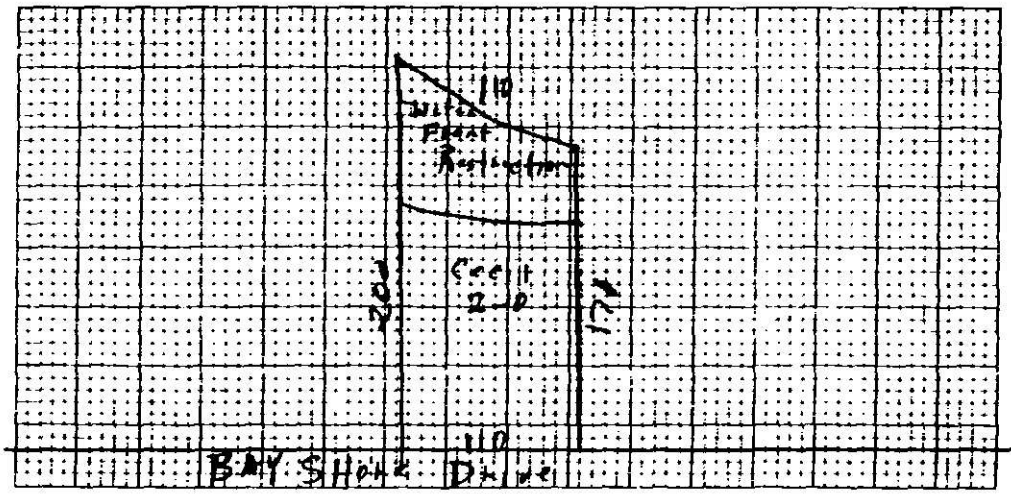
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER (LAST) Sixth Development Corp (FIRST) (MIDDLE)

ADDRESS OF OWNER 417 S. Cecil St., Charlotte ZIP 28204

LOCATION OF PROPERTY Bayshore Drive (STREET OR COUNTY ROAD)

SUBDIVISION Bayshore LOT NO. #9 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. 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, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or 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 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 installation, construction, alteration, and 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.

Willard B. Ramsey
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

R

SEE INSTRUCTIONS ON BACK

Date Received 8-28-81

ICAR(S) Application No. 15687

T. C. No. PO-601-114-17

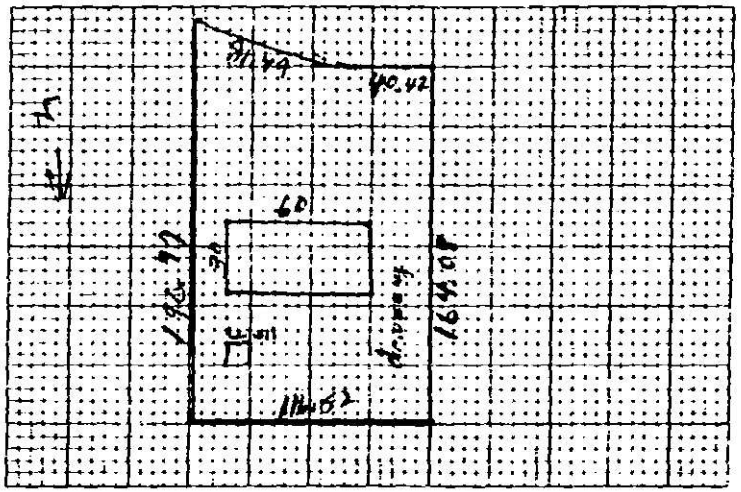
Map Date _____

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) X 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 X No
Residence X Yes ___ No

4) No of Bedrooms 4
5) Business Use — Max No Employees _____
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well X
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 Cooper (LAST) William (FIRST) Harold (MIDDLE)

14) ADDRESS OF OWNER P. O. Box 21005, Charlotte, N. C. 28206

15) PHONE NO. Home 545-6793 Office 377-4583

16) LOCATION OF SYSTEM 15901 Bayshore Drive, Huntersville, N. C.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Bayshore Lot No. 9 Block No. 1

Map Book No. 19 Page No. 3

18) DEED REFERENCE — DEED BOOK 4462 AT PAGE 148

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN June 26, 1979

20) PTR NUMBER (See Instructions) 15687

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.

August 28, 1981
DATE OF APPLICATION

William H Cooper
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 31 Aug 1981

ICAR(S) Application No. 15687

T. C. No. 001-014-53

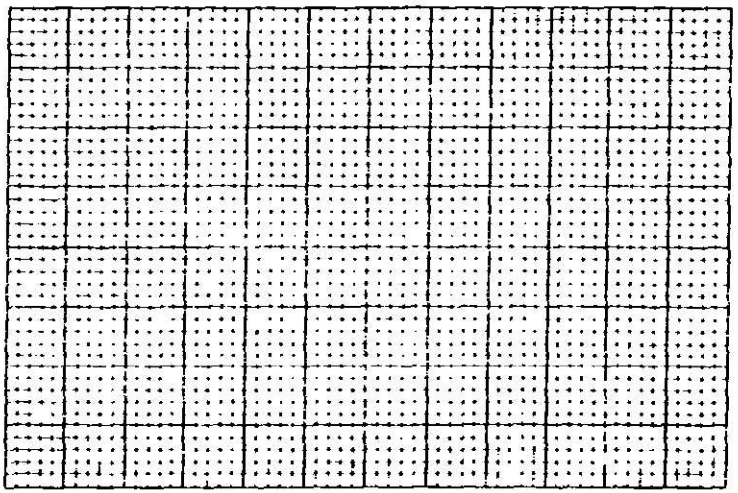
Map Date _____

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 Cooper (LAST) William (FIRST) Harold (MIDDLE)

14) ADDRESS OF OWNER Po Box 21005 Charlotte NC 28206

15) PHONE NO. Home 545-6793 Office 377-4583

16) LOCATION OF SYSTEM 15901 Bayshore Dr. Huntersville NC (STREET OR COUNTY ROAD)

17) SUBDIVISION Bay Shore Lot No. 9 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.

8-31-81
DATE OF APPLICATION

William H Cooper
OWNER

EHO-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 8-28-81

Serial No. 5217

LA No. 15687

T. C. No. PO 001-014-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

PERMIT NO.

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cooper, (LAST) William (FIRST) Harold (MIDDLE)

ADDRESS OF OWNER P.O. Box 21005, Charlotte, NC ZIP 28206

LOCATION OF LOT 15901 Bayshore Drive, Huntersville (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 9 BLOCK NO. 1

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 15687. 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 11/23/81

Serial No. 5152

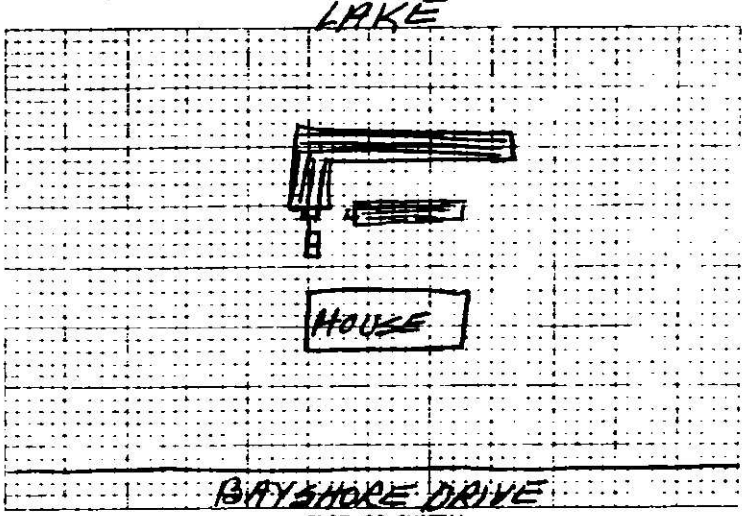
ICAR(S) Permit No. 15687

T C No. 001-014-53

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 15687, dated 8/31/81 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 12/30/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P3

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Nitrification Line

Total Line Length 495+125

Number of Lines 5+5

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

DISTANCE FROM LAKE: >50'

NAME OF OWNER William H. Cooper

LOCATION OF PROPERTY 15901 BAYSHORE DRIVE

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: 15'X99'X17" of STONE for Septic TANK
15'X25'X17" of STONE for w/m

_____ 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

C of A (s) No. 15687

Date Issued 1/8/82 Serial 4893 T C. No. 001-014-53

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 Cooper William H. (LAST, FIRST, MIDDLE)

Location of Property 15901 BAYSHORE DRIVE

Application Number 15687 Permit Number 15687

Inspection Date:

Liquid Capacity of Tank 1500gal Tank Material precast

Total Length of Drain Tile 499' +125' Number of Lines 5+5

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 1/8/82 (DATE)

Nitrification Field Inspected 1/8/82 (DATE)

Washing Machine Line Inspected If Applicable 1/7/82 (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

A. Wigfield
Environmental Health Specialist

EHD-5-76

Environmental Health Department's Copy