Date Received 3-6-78

APT No. 13934
001-143-09
T. C. No. 001-143-10

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Rhyne (LAST) Benjamin (FIRST) Garrison (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 210, Davidson, N. C. ZIP 28036

3) PHONE NO Home 892-1884 Office _____

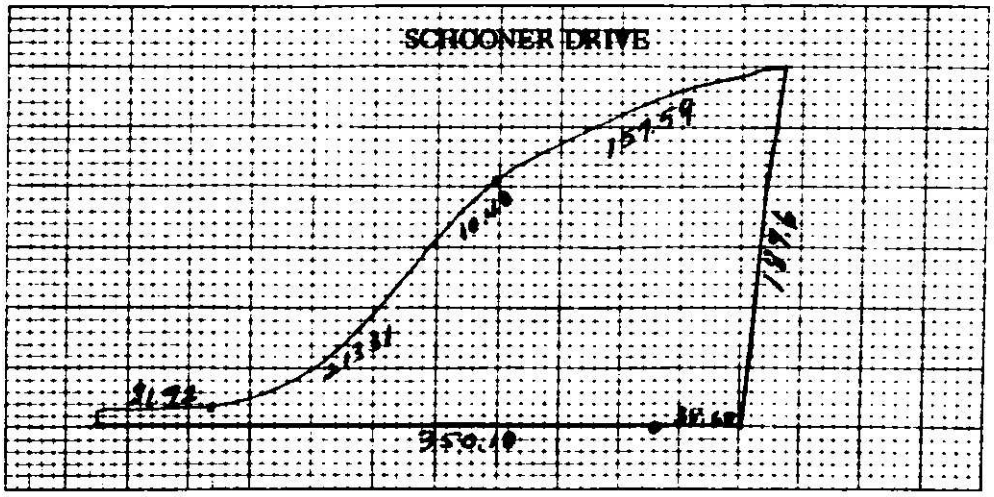
4) LOCATION OF PROPERTY Off Torrence Chapel Road (2159) on road leading to Rockridge Shores Subdivision (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 13 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3778 PAGE NO 434

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

Benjamin Garrison Rhyne
OWNER

EHD-5-76

Environmental Health Department's Copy

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

APPENDIX H
SITE EVALUATION

APT 13734
PO WI-IN3-15
LOT #13

(Ground Absorption Sewage Disposal)

OWNER: Benjamin Harrison Rhyne
ADDRESS: Rt. 6 Box 210
COUNTY: Davidson, N.C. 28036
LOCATION OF SITE: Jackson

DATE REQUESTED: 3-16-78
PLAT NO.:
LOT SIZE: 22,000

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 in.) (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 in.) (Clayey Soils)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) PS 48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	(S) None PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) 76" To PS ground U water	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) Moderate U	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

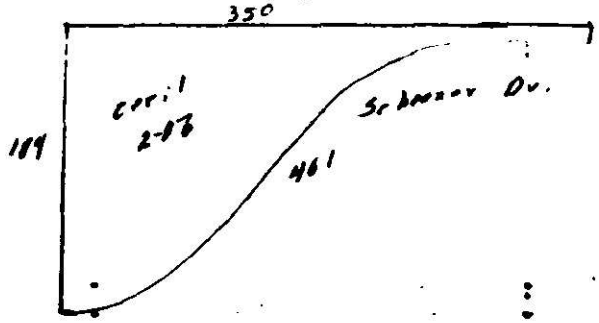
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: William A. Martin

Title: Soil Scientist Date: 3-22-78

DHS Form 2601 (2/77)
Sanitation


350
189
Coril
2-86
461
Schoozer Dv.

Serial No. 1690

PTR No. 13734

T C No. 001-143-09 & 14 ~~10~~ & 15

Map Date _____

Date Issued 3/23/78

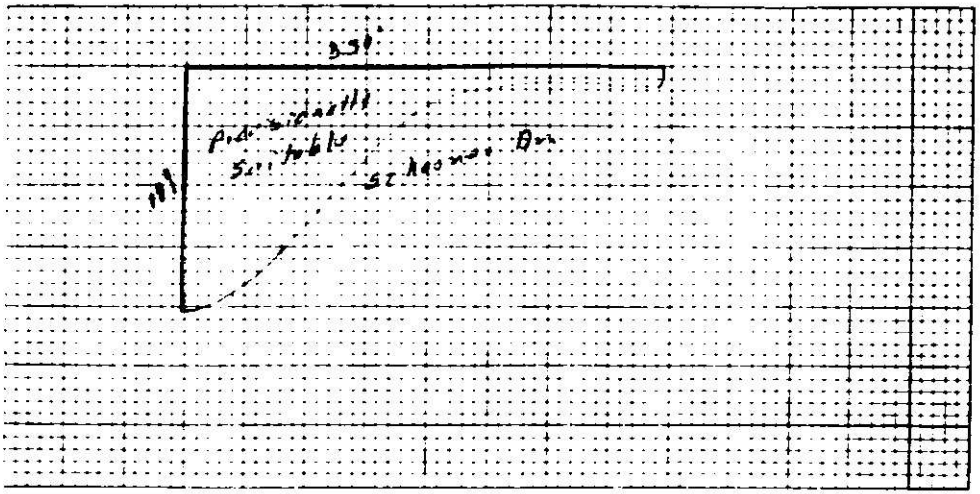
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Rhyne (LAST) Benjamin (FIRST) G. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 210, Davidson, N. C. ZIP 28036

LOCATION OF PROPERTY Schooner Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 13 BLOCK NO. _____



PLOT PLAN

This is to certify that [illegible] investigation and [illegible] investigation was made by the Mecklenburg County Department of Environmental Health [illegible] The said investigation was conducted [illegible] Provisionally Suitable

The permeability [illegible] investigation was [illegible] The said lot is approved for the [illegible] individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. [illegible] the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system [illegible]
2. The [illegible] the septic tank wastewater treatment [illegible] determined by the Mecklenburg County Department of Environmental Health [illegible] rate obtained above, and on the [illegible] constructed therein.
3. The [illegible] acceptable for system installation [illegible]
4. The [illegible] performed on the lot which [illegible] County Department of Environmental Health [illegible] dated 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. Marler
Soil Scientist

John R. Hobisson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 11-17-78

ICAR(S) Application No. 13734

T. C No. 001-143-09+14

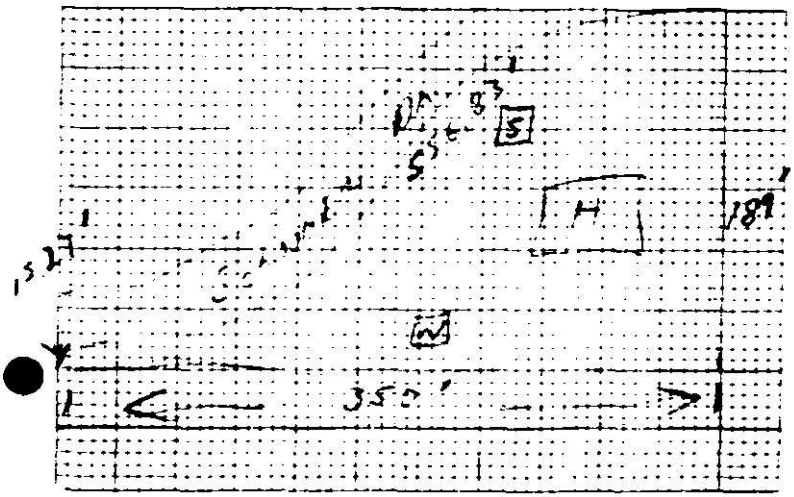
Map Date 10+15

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 Rodgers (LAST) John (FIRST) C. (MIDDLE)

14) ADDRESS OF OWNER 420 [illegible] Oaks Rd.

15) PHONE NO Home 530-[illegible] Office 892-[illegible]

16) LOCATION OF SYSTEM 2[illegible] [illegible] Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No 13 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 3-23-78

20) PTR NUMBER (See Instructions) [illegible]

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.

11-17-78
DATE OF APPLICATION

John C. Rodgers
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 2445

LA No. 13736

Date Issued November 17, 1978

T C. No. 001-143-09 & 14 10 & 15

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

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

NAME OF OWNER Rodgers, (LAST) John (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 400 Stilwell Oaks Road ZIP _____

LOCATION OF LOT 20011 Schooner Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rockridge Shores LOT NO. 13 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 _____. 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 permits 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.

Marshall Edwards
Environmentalist

John R. Atkinson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 2174

Date Issued 11-14-78

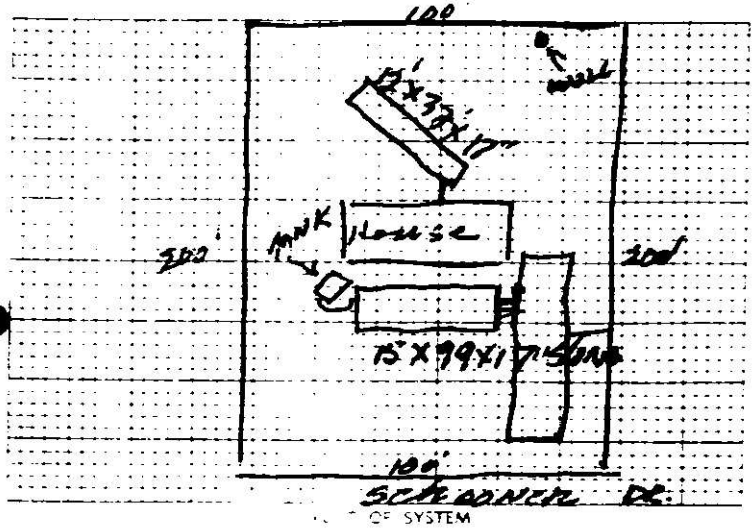
ICAR(S) Permit No. 13824 (73)

T C No. 601-143-09,810

Map Date 14 (15)

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 13824 dated 5-31-78 and this permit shall be void and of no effect if the information provided in the application is not true [illegible]. All work shall be completed on or before 12-14-78 after which date this permit shall be null and void.



[illegible] OF SYSTEM

Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction Precast

Application of Nitrification Lines

Total Line Length 495-125

Number of Lines 5-4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER John Calvin Rodgers

LOCATION OF PROPERTY Schooner Dr.

The [illegible] requirements as set forth in the Regulations of the Mecklenburg County [illegible] in the date of the granting of this permit. A certificate of approval [illegible] Health Director before any system can be covered up or otherwise rendered uninspectable [illegible] required. **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

Comments:

Division or Section Head

Marshall Edwards
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

Date Issued 11-14-78

Serial No. 2116

C of A (s) No. 13824

T 091-143-15

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 Rodgers (LAST) John (FIRST) Calvin (MIDDLE)

Location of Property Scheeren Dr.

Application Number 13824 Permit Number 13824

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast

Total Length of Drain Tile 495-125 Number of Lines 5-4

Depth of Filter Material 17" Cover Depth 30"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 11-14-78 (DATE) Tank Inspected 11-14-78 (DATE)

Nitrification Field Inspected 11-14-78 (DATE)

Washing Machine Line Inspected If Applicable 11-14-78 (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 and 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

Marshall Edwards
Environmentalist

EHD-5-76

Environmental Health Department's Copy