Date Received 9/28/78

APT No. 14580

P.O.

T. C. No. 095-281-10

Map Date 9.9.71

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER BARTON (LAST) BARBARA (FIRST) N. (MIDDLE)

2) ADDRESS OF OWNER 4700 Gaynelle Dr. ZIP 28215

3) PHONE NO Home 536-3438 Office 374-1583

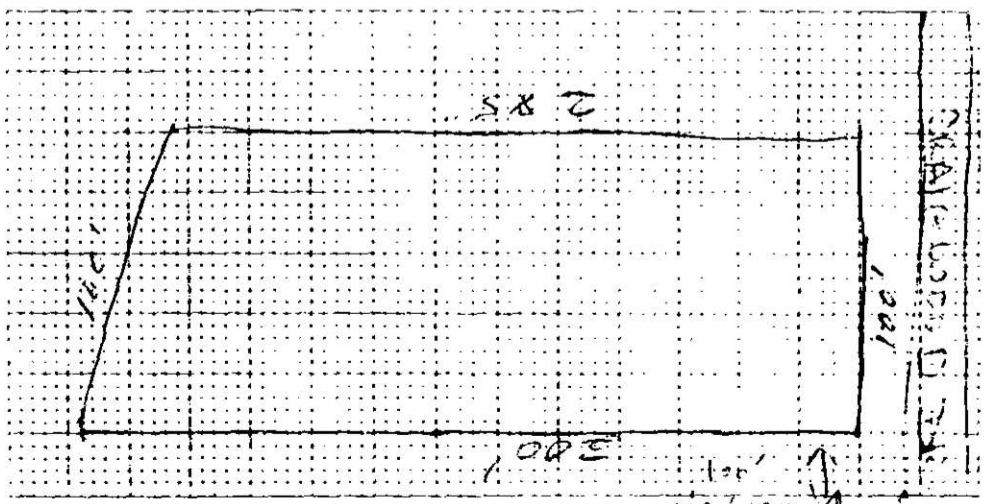
4) LOCATION OF PROPERTY CRAIGWOOD (STREET OR COUNTY ROAD) DR

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/or an on-site inspection of the lot described for the purpose of determining if the lot is suitable for the installation of a septic tank system, alternate wastewater treatment or for an alternate subsurface soil absorption effluent disposal.



7) ACCURATE DIAGRAM & DIMENSIONS OF LOT AND LOCATION OF PROPOSED SYSTEM

Barbara N. Barton
OWNER

Environmental Health Department's Copy

Apt. 14580

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

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Barbara H. Lynton
ADDRESS: 9100 Laynette Dr.
COUNTY:
LOCATION OF SITE: Craigmont Dr.

DATE REQUESTED: 9-28-78
PLAT NO.: PO. 084-281-10
LOT SIZE: 30,000 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 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) PS None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) PS ± 48" U to Water	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	(S) PS Modest 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	(S) Suitable			
SOIL SERIES				

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: Glen Register
Title: Environmental Tech Date: October 6, 1978

DHS Form 2601 (2/77)
Sanitation

Serial No. 2244

PTR No. 14580

T C No. P.0.099-281-10

Date Issued October 9, 1978

Map Date 9-9-78

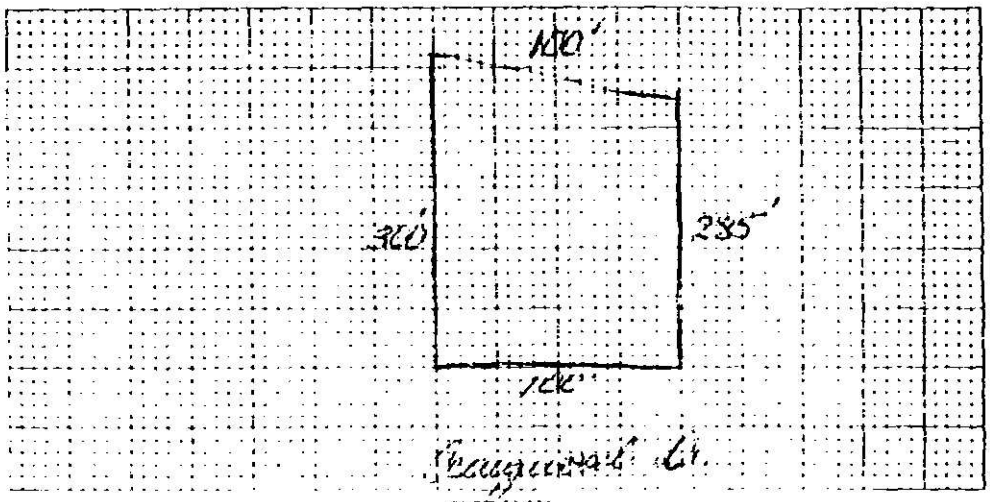
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Barton (LAST) Barbara (FIRST) N. (MIDDLE)

ADDRESS OF OWNER 4700 Gaynelle Drive, Charlotte, NC ZIP 28215

LOCATION OF PROPERTY Craigwood Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

[illegible] Mecklenburg County [illegible] conducted [illegible] Provisionally Suitable

[illegible] The said lot is approved [illegible] with subsurface, soil absorption [illegible] and conditions

[illegible] Mecklenburg County Department [illegible] wastewater treatment [illegible]

[illegible] by the Mecklenburg [illegible]

[illegible]

[illegible] regulations [illegible] the Mecklenburg [illegible] at any time [illegible] are changed such that the [illegible] regulations been in effect at the time [illegible]

Ellen Reynolds
Environmentalist

John R Adamson
Environmental Health Director
Authorized Agent or Head

Date Received 10/30/78

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
OCT 30 1978

CAR(S) Application No. 14580

T C P No. 099-281-10

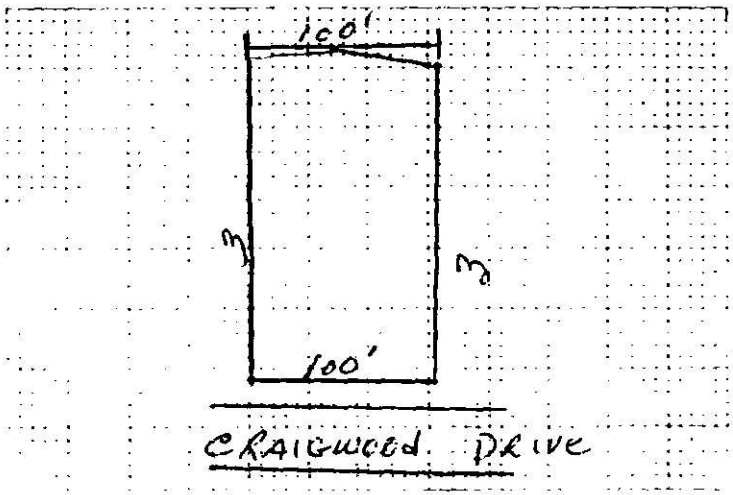
Map Date 9-9-74

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 and subsurface soil absorption effluent discharge



3) PLOT PLAN ACCURATELY DIMENSIONED

4) No. of bedrooms 3

5) Public Water Yes ___ No ___

6) Water Meter ✓ Yes ___ No

7) Sewer Taps ___ Yes ✓ No

8) Curb Cut ✓ Yes ___ No

9) Water City

10) Sewer ___

11) Property Lines ___ Yes ✓ No

12) Easements ___ Yes ✓ No

13) NAME OF OWNER BARTON (LAST) BARBARA (FIRST) N. (MIDDLE)

14) ADDRESS OF OWNER 4700 Craigwood Dr.

15) PHONE NO. Home 536-3438 Office Home

16) LOCATION OF SYSTEM CRAIGWOOD DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No 3784 Page No 0215 (see pgs 0252 + 0253)

Deed Reference: Deed Book 3784 AT PAGE 0215 (see pgs. 0252 & 0253)

___ ATE 10/9/78 → PS

___ 14580

I, the undersigned owner or authorized agent, hereby certify that he has read the foregoing application and that the contents thereof are correct to the best of his knowledge and belief. I understand that any permit applied for herein shall be revoked and of no effect if any of the above facts are not true.

10/26/78
DATE OF APPLICATION

Barbara N. Barton
OWNER

BY ___

Environmental Health Department's Copy

Date Issued October 30, 1978

Serial No. 2374

LA No. 14580

T. C. No. P.0.099-281-10

Map Date 9-9-78

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 Barton (LAST) Barbara (FIRST) N. (MIDDLE)

ADDRESS OF OWNER 4700 Gaynelle Drive, Charlotte, NC 28215 ZIP _____

LOCATION OF LOT Craigwood Drive (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 Installation, Construction, Alteration, and/or Repair Permit", number 14580. 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 is hereby void and the building inspection department requested to revoke any building permits which have been issued to authorize construction on the said lot at any time it is determined that any information contained in the "Application for Installation, Construction, Alteration, and/or Repair Permit" upon which this approval is based is false or that the septic tank system is not being installed, constructed, altered and/or repaired in accordance with approved plans for Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

Environmental Health Director, or Authorized Section Head

1100-1-76

Yellow - Environmental Health Department's Copy

Date Issued 11 Sept 74

Serial No. 2577

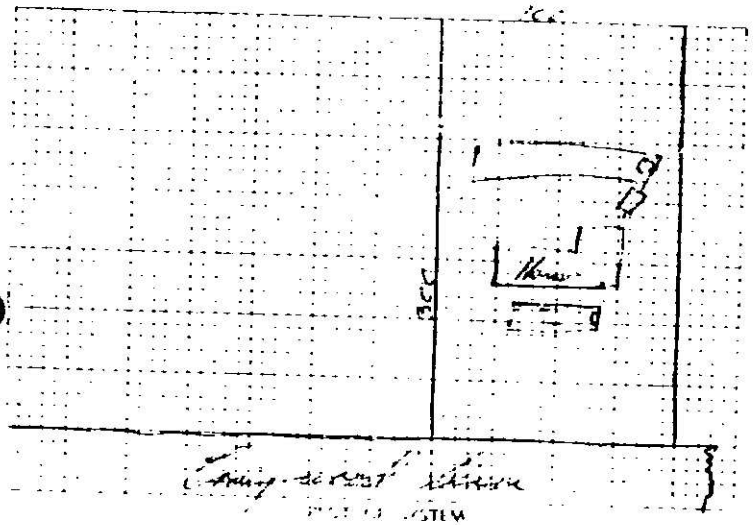
ICAR (S) Permit No 14550

T C No. 049-481-16

Map Date 4 Apr 75

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 30 Sept 74 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



Permitted Use of Tank PS

Liquid Capacity of Tank 1500

Type Construction PC

Absorption Area Required 445' (1125 sq ft)

Trench Dimensions 5(15 x 2' x 17")
4(12' x 2' x 17")

Distance from Water Supply 100'

Distance from Property Lines 10'

Method of Water Supply City water

NAME OF OWNER [illegible]

LOCATION OF PROPERTY Englewood Manor

This [illegible] of the Regulations of the Mecklenburg [illegible] granting of this permit. A certificate of approval [illegible] covered up or otherwise [illegible]

Comments

[illegible]

THIS ISSUANCE OF A PERMIT DOES NOT IN ANY WAY GUARANTEE THAT THE SYSTEM AUTHORIZED TO BE CONSTRUCTED WILL ADEQUATELY SERVE THE PROPERTY 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.

[signature] Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a sanitarian 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 74

Environmental [illegible] Copy

Date Issued 20 Apr 79

Serial No. 2539

C of A (s) No 14580

T C No [redacted]

PC 099-281-10

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 Boston (LAST) Barbara (FIRST) N. (MIDDLE)

Location of Property Craig wood Lane

Application Number 14580 Permit Number 14580

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 495' & 125' VEN Number of Lines 4 (12'x82'x17") 5"(15'x100'x17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source City Distance from Water Source —

Excavation Inspected 20 Apr 79 (DATE) Tank Inspected 20 Apr 79 (DATE)

Nitrification Field Inspected 20 Apr 79 (DATE)

Washing Machine Line Inspected If Applicable 20 Apr 79 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge described above and it has been ✓ installed/reconstructed. This certifies that the system is in accordance with the permit issued and the regulations governing Mecklenburg County Health Department in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not constitute a guarantee that the system will operate properly. Any person now or hereafter owning, using, occupying such system from any loss or damage resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to the following restrictions and conditions 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 change the requirements for said system.

Comments: Bonnie Circle (Curtis)

Environmentalist

EHD 5 76

Environmental Health Department's Copy