Date Received 9-4-84

RECEIVED
SEP 4 1984
ENVIRONMENTAL HEALTH

SIR No. 21405
T. C. No. 139-301-09
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Schmit (LAST) Robert (FIRST) M (MIDDLE)

2) ADDRESS OF OWNER 8512 Fatima Pl ZIP 28212

3) PHONE NO. Home 545-9754 Office

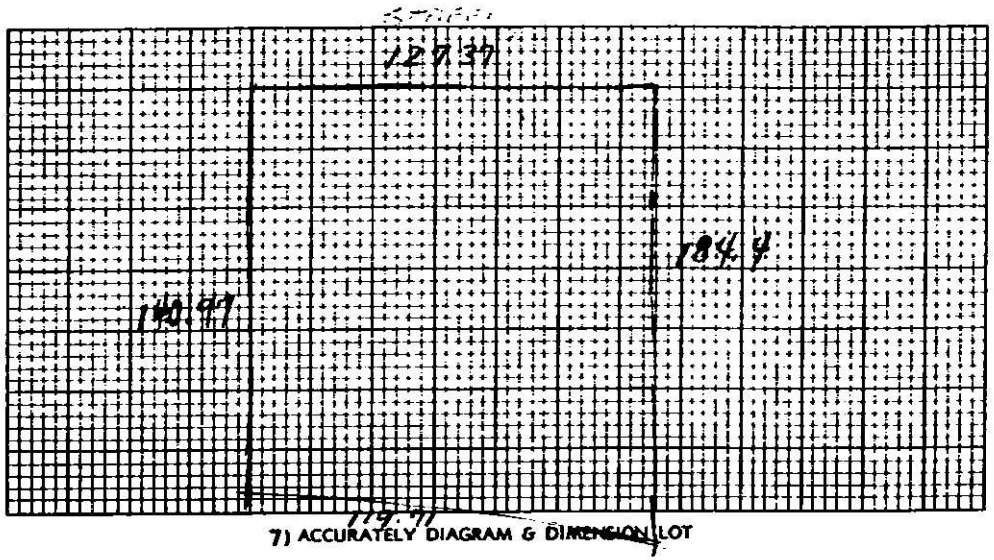
4) LOCATION OF PROPERTY ~~SH~~ Lowell Van Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Butterfield Park LOT NO. 2 BLOCK NO.

MAP BOOK NO 139 PAGE NO. 301

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

Robert Schmit
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21405

T.C. NO. 139-301-09

(Ground Absorption Sewage Disposal)

OWNER: Robert Schmitt
ADDRESS: 9512 FATIMA Pl 28212
PLAT NO:
LOT SIZE: 19330 .46
LOCATION OF SITE: Lochinvar Rd
Lot 3

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-4 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 40-45 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	Suitable			
10. SOIL SERIES	Cecil			

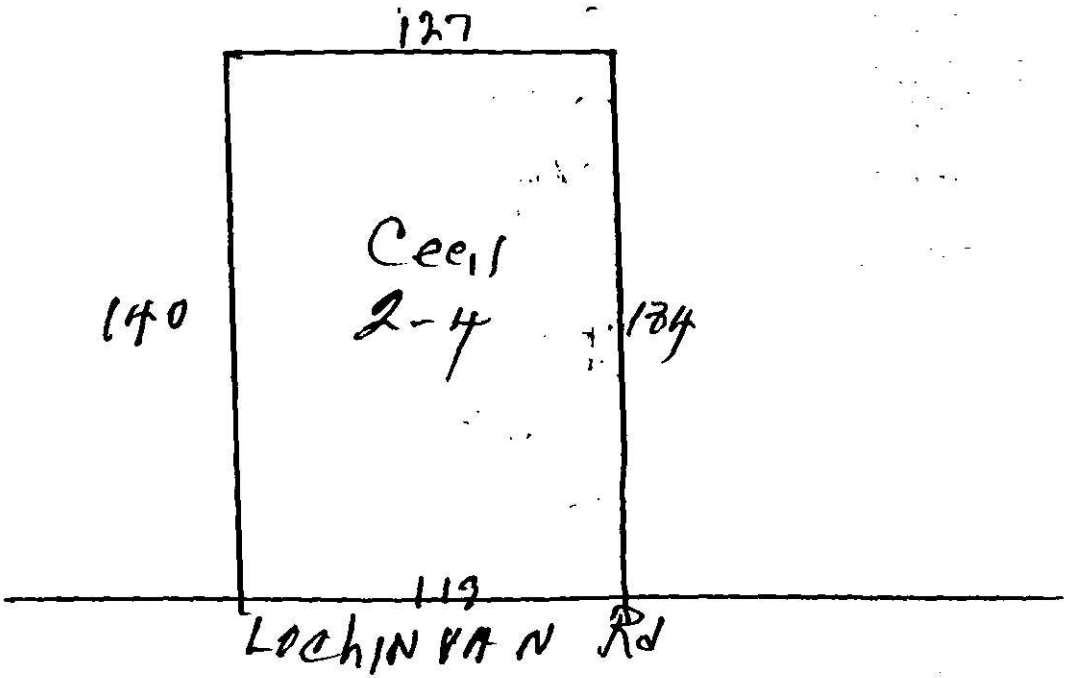
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 9-21-84


127
Cecil
2-4
140
134
113
LOCHINVAR Rd

Serial No. 5883

SIR No. 21405

T. C. No. 139-301-09

Map Date L

Date Issued 9-26-84

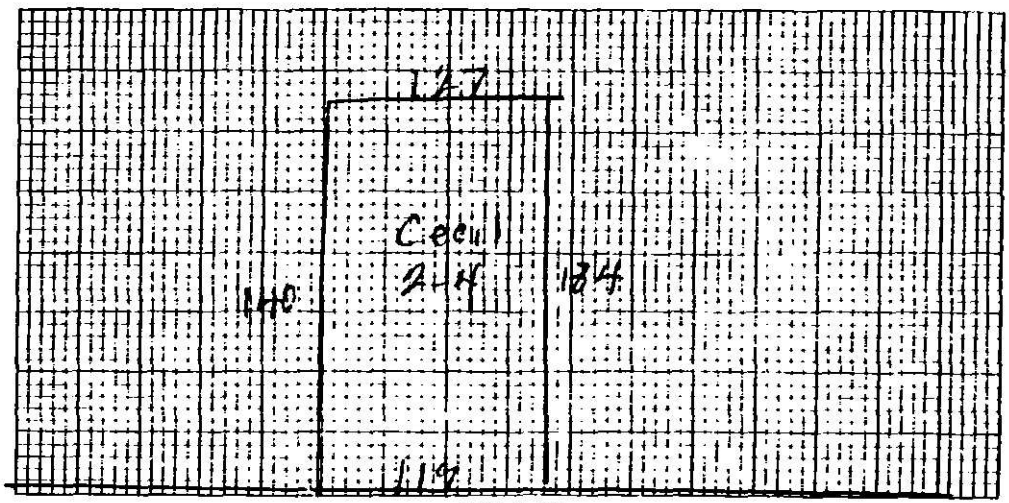
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Schmitt, (LAST) Robert (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 8512 Fatima Place, Charlotte, NC ZIP 28212

LOCATION OF PROPERTY Lochinvar Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 2 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 specified 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 ripping of soil which 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 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.

W. B. Kamally
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 11-5-84

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 21405

T. C. No. 139-301-09.

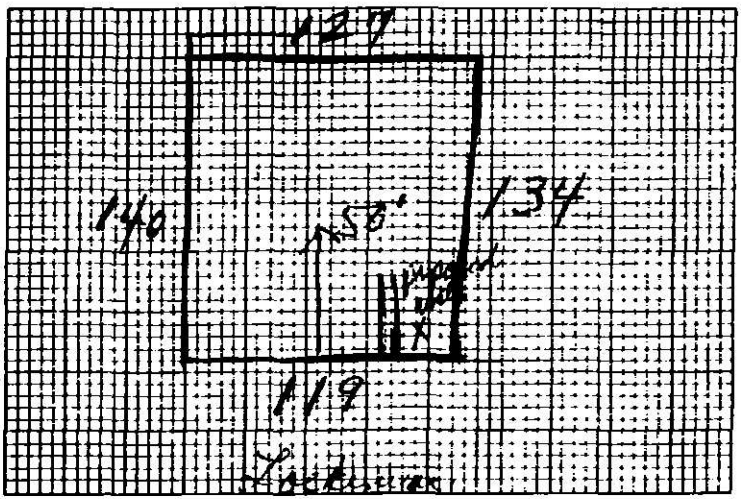
Map Date L

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 Schmitt (LAST) Robert (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 8512 LOCHINVAR Rd. 8512 FATIMA PL CHARLOTTE, N.C. 28212

15) PHONE NO. Home 545-6955 Office 545-6955

16) LOCATION OF SYSTEM 8512 LOCHINVAR Rd. CHARLOTTE N.C. 28212 (STREET OR COUNTY ROAD)

17) SUBDIVISION BUTTERFIELD Pk 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 9-26-84

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.

11-5-84
DATE OF APPLICATION

Robert M. Schmitt
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 11-3-84

Serial No. 7967

SIR No. 21405

T. C. No. 139-301-09

Map Date L CRT

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 Schmitt, (LAST) Robert (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 8512 Fatima Pl., Charlotte, NC ZIP 28212

LOCATION OF LOT 8501 Lochinvar Road Dr. (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 21405. 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.

B. R. Ferguson
Environmentalist

Bill D. Henderson Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 21405
TC: 139-301-09
SERIAL: № 10572
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 8501 (STREET NO) LOCHINVAR Rd. (STREET) ② FILE: 21405

③ JURISDICTION: ④ TAX PARCEL NO.: 139-301-09

⑤ SUBDIVISION: BUTTERFIELD PARK ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: ROBERT (FIRST) M. (MIDDLE) SCHMITT (LAST)

⑨ MAILING ADDRESS: 8512 FATIMA PL

⑩ CITY: CHARLOTTE, NC ⑪ STATE: NC ⑫ ZIP: 28212

⑬ PHONE: (WORK) 545-9954 ⑭ (HOME) 545-9954

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Robert M. Schmitt

Date: 5-1-86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

. . . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

Serial No. 09250

Date Issued 5/2/86

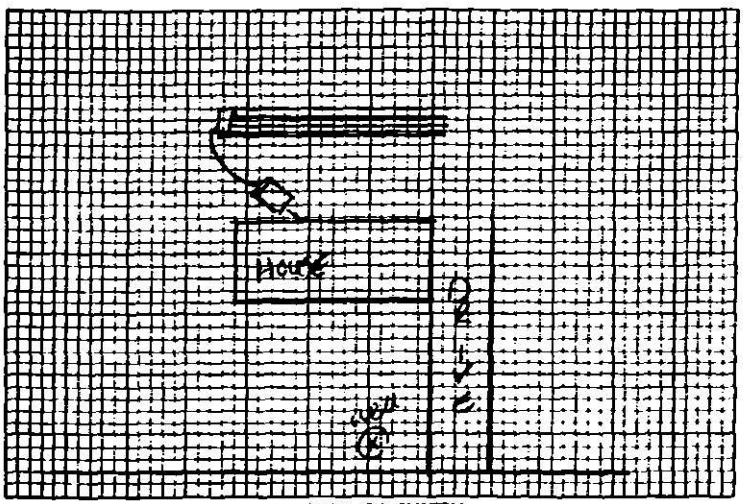
ICAR (S) Permit No. 21405

T. C. No. 139-301-09

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 21405, 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 6/2/86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV-u

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4 X 100'

Distance from House 5'

Distance from Property Line 10'

Distance from Well >100'

NAME OF OWNER Schmitt, Robert M.

LOCATION OF PROPERTY 8501 Lochinvar Road

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.

4 Trenches 3' x 100' x 12" stone with gradeboards, straw as cover

Comments: _____

B. Hartsfield
Division or Section Head

Cynthia G. Bass
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.

BHP-3-76

Environmental Health Department's Copy

C of A (s) No. 21405

Date Issued 7-16-86 Serial 8719 T. C. No. 39-301-09

✓ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner SCHMITT (LAST) ROBERT (FIRST)

Location of Property 8501 LOCHNIVAR RD (MIDDLE)

Application Number 21405 Permit Number 21405

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400 Number of Lines 4

Depth of Filter Material 12" Cover Depth 3'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 7-16-86 (DATE) Tank Inspected 7-16-86 (DATE)

Nitrification Field Inspected 7-16-86 (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 1986, 1500 ST, CON, 1200 SFT, IRG, CECIL

Environmentalist

EHD-S-76

Environmental Health Department's Copy