Date Received 3-22-83

APT No. 19476

T. C. No. 001-114-44

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER (Executor) Jesse W. Washam, Jr. Deaton (Estate of) Ora Mae
LAST FIRST MIDDLE

2) ADDRESS OF OWNER c/o Wellworth Realty Co., Rt. 1, Box 390, Davidson ZIP 28036

3) PHONE NO. Home _____ Office 892-6606

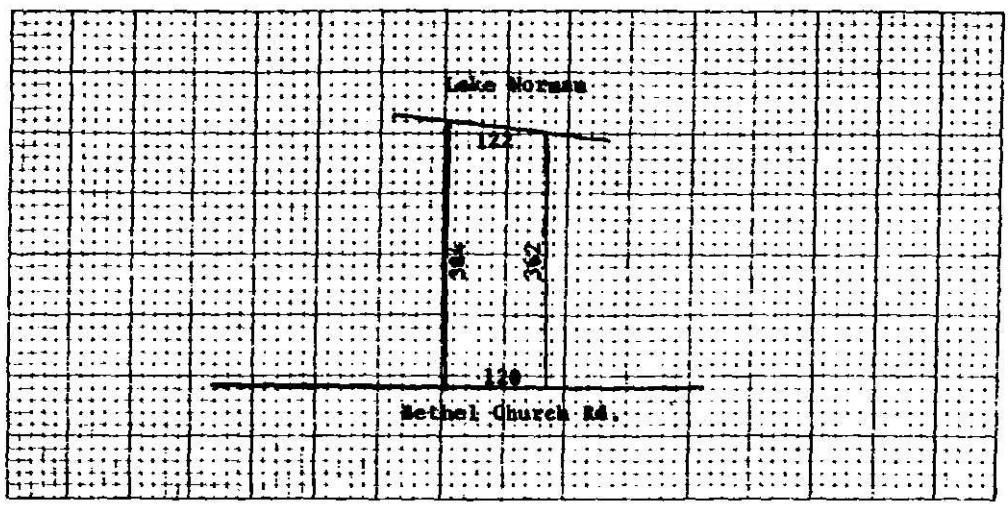
4) LOCATION OF PROPERTY Bethel Church Rd.
STREET OR COUNTY ROAD

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 3828 PAGE NO. 618

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

Jesse W Washam Jr Executor
OWNER Ora Mae M Deaton estate

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19476

T.C. NO. 001-114-44

(Ground Absorption Sewage Disposal)

Jesse W. Washam, Jr., Ex.

OWNER: Ora Mae Deaton Estate
ADDRESS: c/o Williamson Realty
LOCATION OF SITE: Rt. 1, Box 396 Davidson, N.C. Beard Church Road

PLAT NO:
LOT SIZE: 43,560

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 inches) 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 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S Saprolite (PS) 36" U +	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 7-48" to ground water 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	1UA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil-Like			

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)

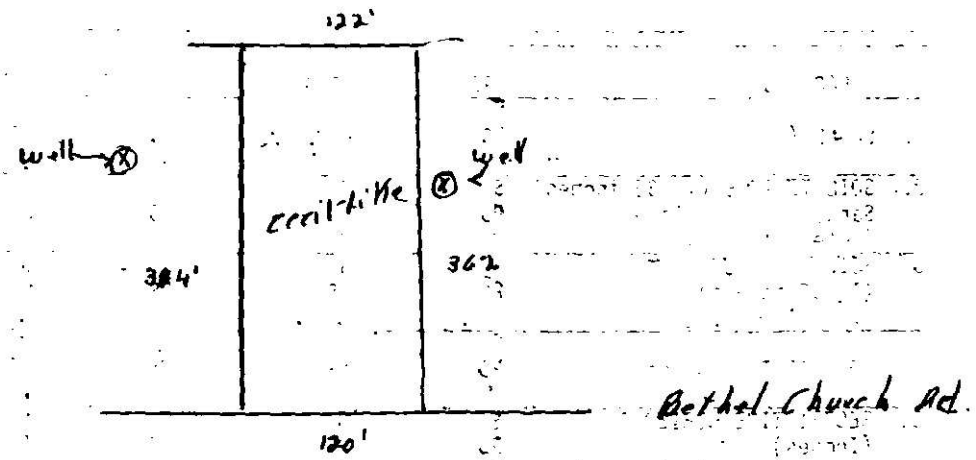
Recommendations/Comments:

Described by: William A. Mullen
Title: Soil Scientist

Date: 4-1-83

EHD 539 (Revised: 6/82)

LAKE NORMAN



Serial No. 4940

PTR No. 19476

Date Issued 4-6-83

T. C. No. 001-114-44

Map Date

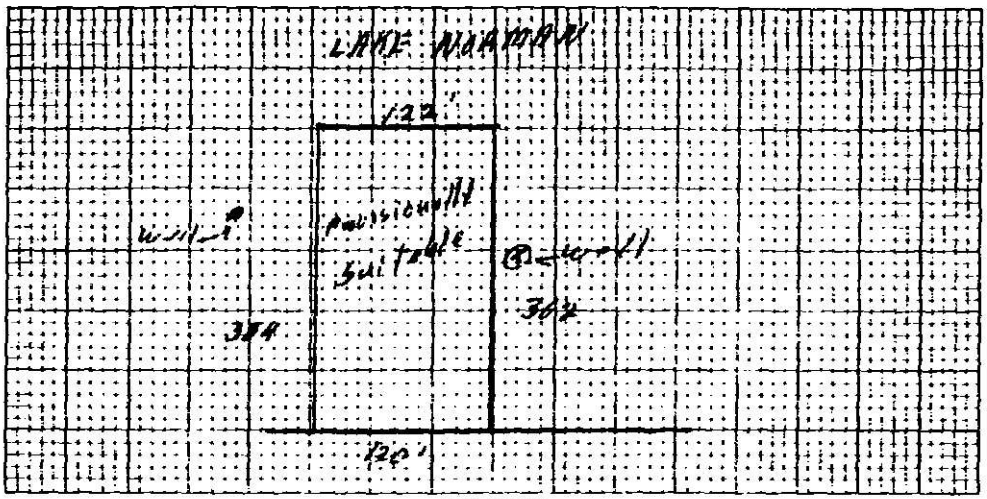
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Deaton, (Estate of) Ora (LAST) Mae (MIDDLE)

ADDRESS OF OWNER % Jesse W. Washam, Jr.; % Wellworth Realty Co. Rt. 1, Box 390, Davidson, NC ZIP 28036

LOCATION OF PROPERTY Bethel Church 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 without alteration or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to any construction of facilities for the wastewater treatment system on the said lot.
2. The size of the septic tank and wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to issuance of a permit based on the permeability rate obtained above and on the size and type of building to be served by the system.
3. This approval applies only to the system as proposed on the approved site plan and is not acceptable for system installation on the above lot.
4. This approval is void unless prior to construction, a satisfactory evaluation is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health indicates the area indicated as acceptable for system installation is suitable for proper operation of the system. Such evaluation must be performed by a person approved by the Mecklenburg County Department of Environmental Health.

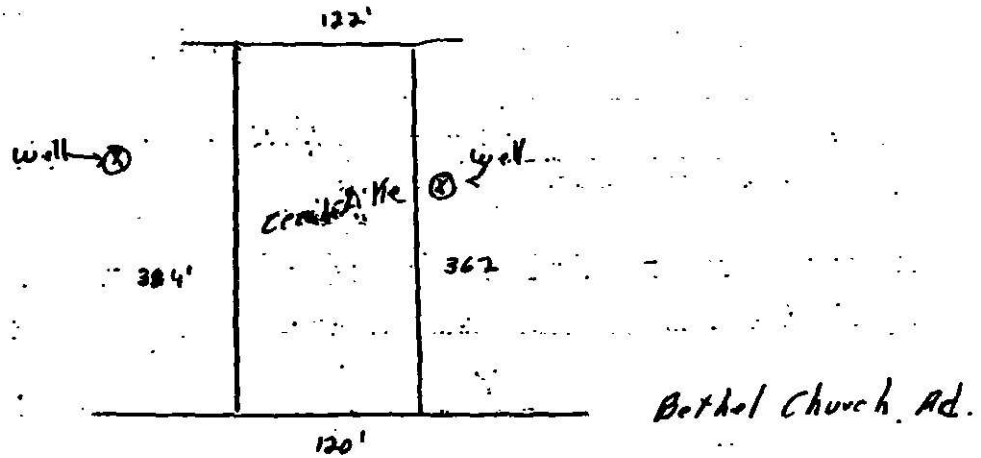
This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time 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 R. Martin
EHD-S-74 Soil Scientist

Mike Sexton
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

LAKE NORMAN



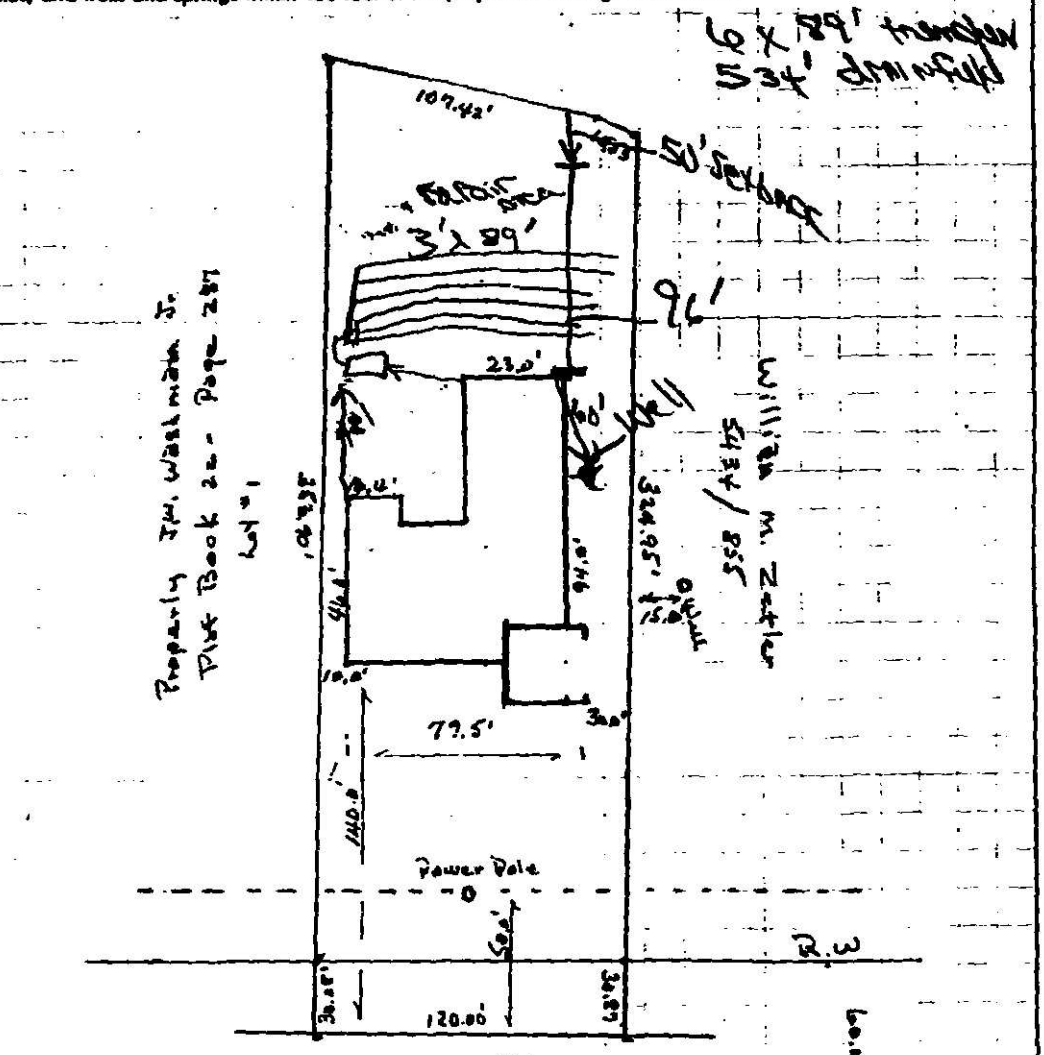
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19476

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: _____

Date: 6-1-89

PROPOSED PLOT PLAN

36-48

24-30

EHD 5-76 Soil Scientist

Environmental Health Department's Copy

1568

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 19476 I-2069
TC:
SERIAL: № 18420
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 21400 Lot 44, Bethel Church Road, Meck. County, 1.02 Acre (STREET NO / STREET) ② FILE: 19476 I-2069

③ JURISDICTION: ④ TAX PARCEL NO.: 001-114-44

⑤ SUBDIVISION: Placid Shores ⑥ LOT: 44 ⑦ BLOCK:

OWNER

⑧ NAME: Albert (FIRST) (MIDDLE) Flowe (LAST)

⑨ MAILING ADDRESS: Rt. 2, Box 626

⑩ CITY: Davidson ⑪ STATE: N.C. ⑫ ZIP: 28036

⑬ PHONE: (WORK) ⑭ (HOME) 892-0608

REQUEST

This request is for a(n):

⑮ ☑ New permit X ⑰ ☐ Autherization for mobile home exchange

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

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? 4 ㉕ Type?

㉓ Maximum occupancy? 8 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no X ㉗ Maximum number of seats?

WATER SUPPLY

⑳ Water supply from (present or proposed):

A ☑ Individual well X

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Albert Flowe

Date: 5-22-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 6/13/89

Director or Authorized Section Head — Date 6-13-89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 11/1/69

Name/Company

Sanitation ____

Vector Control ____

O.P.W.D. 1

Service:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 7 1969

Fee: $

Collected by

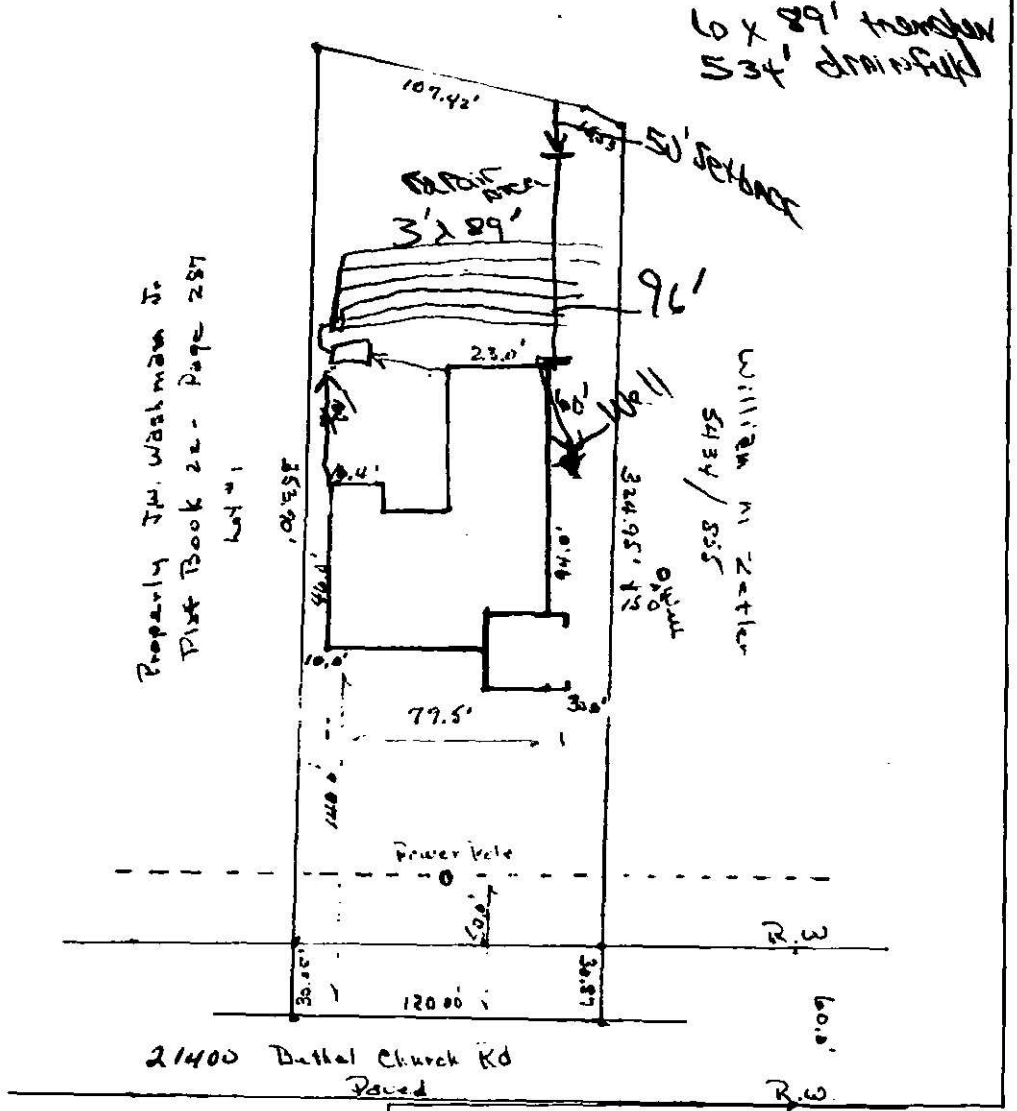
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19476

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: Clinton J. Flores

Date: 6-1-89

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

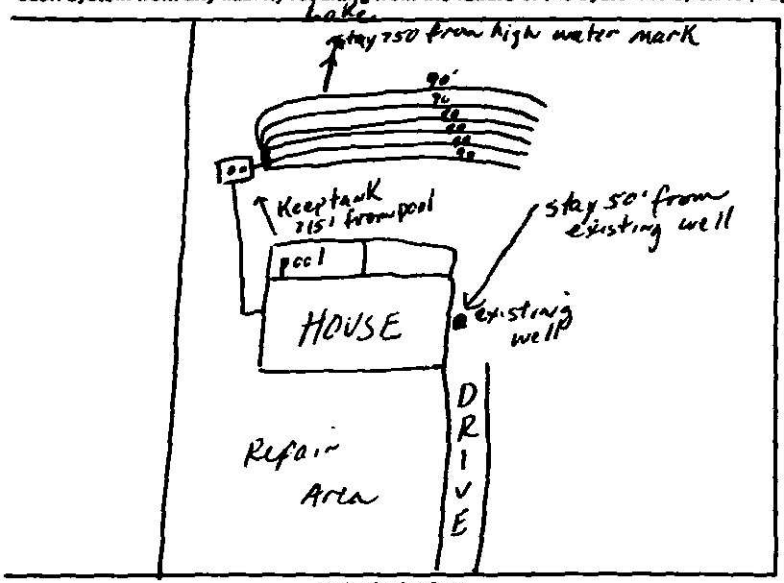
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19476 DATE: 3/12/90

TC: 001-114-44 ☐ L

SERIAL № 14622

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 the application dated 3/22/89. All work shall be completed on or before 9/12/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 540 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Albert Flowe

LOCATION OF PROPERTY 21400 Bethel Church Rd Keep system

Comments: 6 Trenches x 90' long x 3' x 12" Stone, ~~Stay~~ >50' from existing well, Keep lines >50 from high water mark, Keep septic System >15' from swimming pool

Division or Section Head

Philo S. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19476 DATE: 3/15/90

TC: 001 114 44 ☐ L ☐ CRT

SERIAL Nº 13141

Name of Owner Albert Flowe Juris.:

Address of Property 21402 Bethel Church Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 533'

Number of Lines 6 @ 90

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 3/15/90

Tank(s) Inspected 3/15/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1990, 1500 ST, CON, 1600 SFT, 12" Gravel Ceil CTR# 74

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: System designed for 4 bedroom house

Phillip S. Walker R.S.
Environmentalist

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