

2425 ROCKY RIVER RD

10503132

8/12/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16824 DATE: 5/29/96

TC: 105 034 03 ☐ L ~~☐ CRT~~

SERIAL Nº 16580

Name of Owner Gary Baucom Juris.:

Address of Property 2425 Rocky River Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67

Cover Depth 12"

Water Supply Source well

Distance to Water Source >100'

Excavation Inspected 5/29/96

Tank(s) Inspected 5/29/96

Wash Line Inspected plumbed to Tank

High Water Alarm Inspected NA

PLOT

Design 1996, 1000ST, CON, 600SFT, 12"stone cecil CTR# A. H. Stewart

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

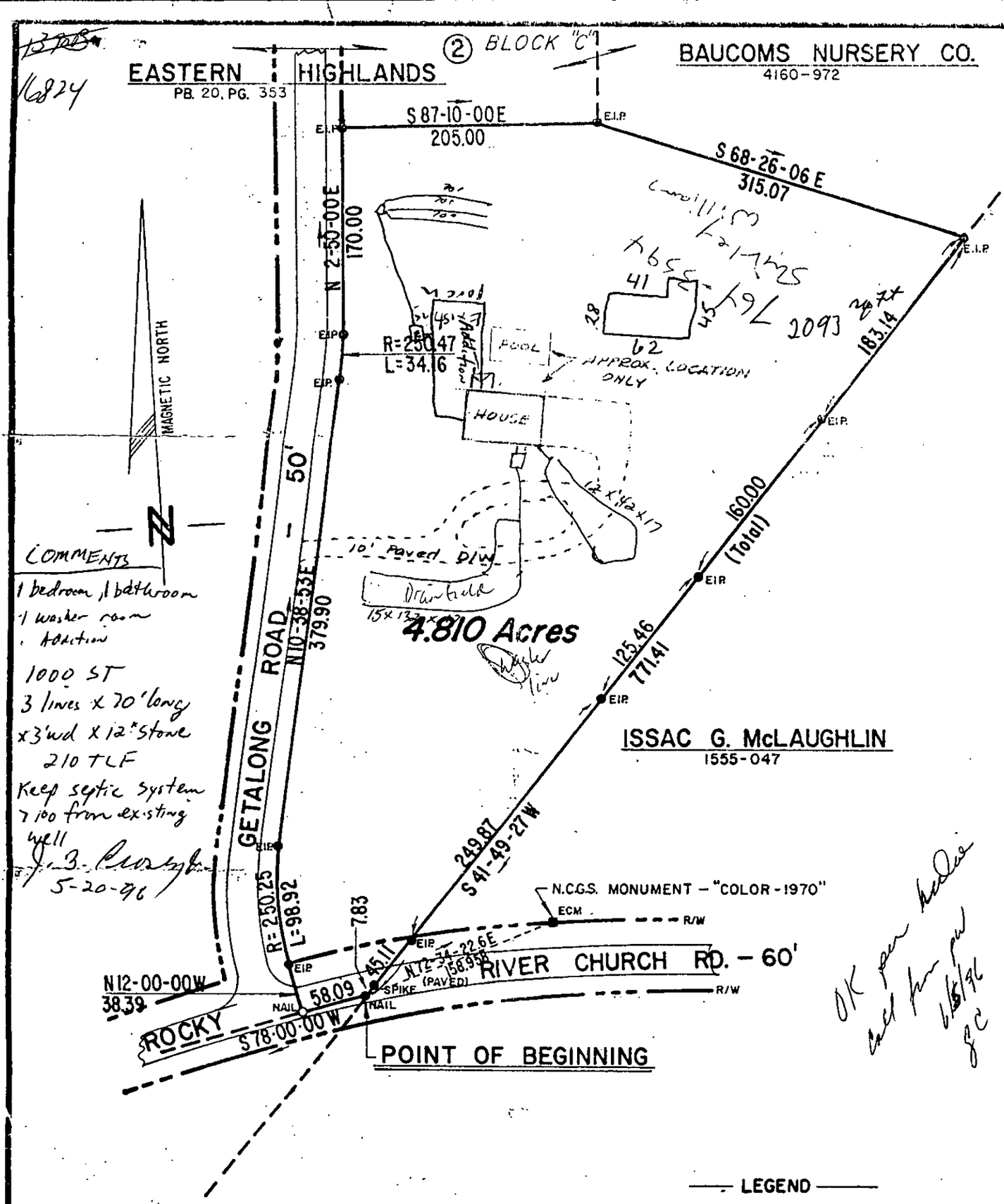
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system altered for a bedroom, bathroom and washr addition. Alteration

Philo S. Walker R.S.
Environmental Health Specialist

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



This is to certify that this property is not in the Flood Hazard Zone as defined and described by the U. S. Dept. of Housing and Urban Development.

Barry R. Ritter
N. C. Registered Surveyor

— PROPERTY OF —

GARY C. BAUCOM and wife

PATRICIA F. BAUCOM

DEED BOOK 5363 PAGE 0653

CRAB ORCHARD TWSP. — GASTON COUNTY, N. C.

— SURVEYED FOR —

GARY C. BAUCOM and wife

PATRICIA F. BAUCOM

— SURVEYED BY —

FOX & RITTER, INC.

CIVIL ENGINEERS — SURVEYORS

1612 E. OZARK AVE. GASTONIA, N. C.

TELEPHONE: 704-865-6861

SCALE: 1" = 100' DATE: NOV. 21, 1986

STATE OF NORTH CAROLINA
COUNTY OF GASTON

This is to certify that this plat was drawn from an actual field survey made by me on the 21 ST. day of NOV. 1986

Barry R. Ritter
N. C. Registered Surveyor
L-1460

NOTE: This survey was based on physical evidence found in the field on the date of the survey

NORTH CAROLINA REGISTERED SEAL L-1460 LAND SURVEYOR BARRY R. RITTER

FILE NO. 9-173-SE

Release
Bld
Permit

INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL

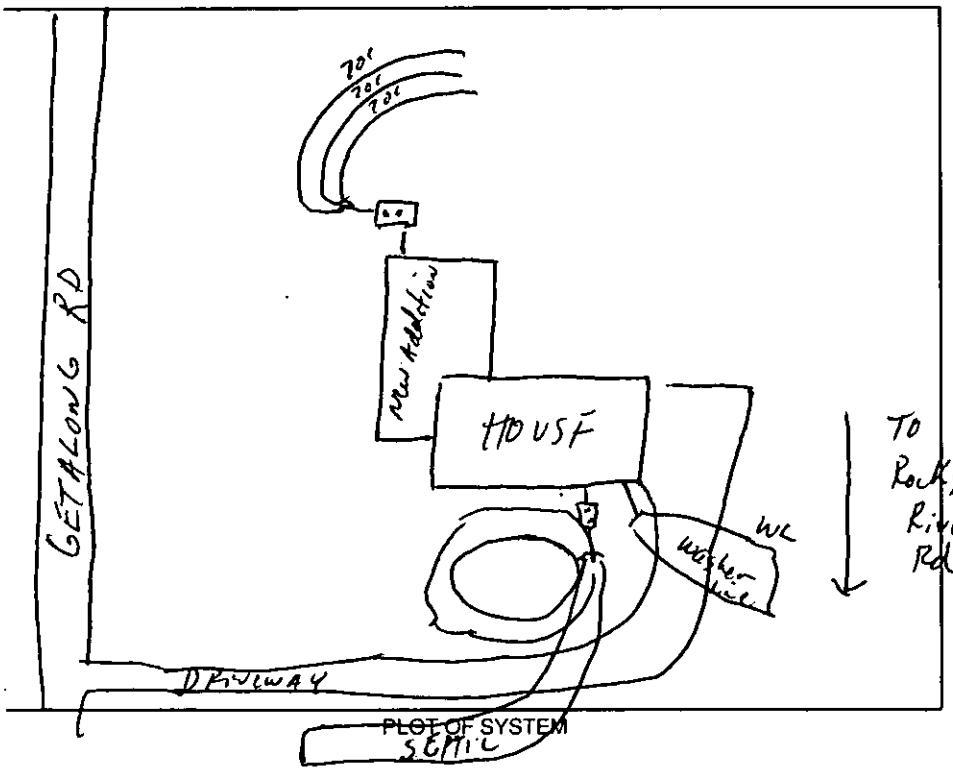
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16824 DATE: 5/23/96

TC: 105 034 03 ☐ L

SERIAL Nº 16691

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 4/24/96. All work shall be completed on or before 6/23/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 210' feet

Number of Lines 3 (@70')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Gary Bavcom

LOCATION OF PROPERTY 2425 Rocky River Rd

Comments: Alteration of septic system for bedroom and bathroom & washer room addition / 1000 ST, 3 lines x 70' long x 3' wd x 12" stone
Keep septic system 100' from existing well

Philip S. Walker R.S.
Environmental Health Specialist

DATE 4/24/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

105-034-03
PARCEL NUMBER

2425 Rocky River Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Price

REVISED 1/91

CRT 0 14

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/20/96 PERMIT NO: 16824
PARCEL NO: 105 034 03

PROPERTY OWNER: Gary C. Baucom
BUILDING CONTRACTOR: James Crosby
JOB LOCATION ADDRESS: 2425 Rocky River Rd
SUBDIVISION NAME: Eastern Highlands
AUTHORIZATION ISSUED BY: Mike S. Walker DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 16824, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Septic system alteration design for addition of 1 bedroom, 1 bathroom, 1 washer room

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

× J. B. Crosby 5-20-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100.00

DATE: pd 4-24-96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

200 [illegible] [ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1-3508 16834

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-034-03

STREET ADDRESS: 2425 Rocky River Rd

SUBDIVISION OR MOBILE HOME PARK NAME: EASTERN HIGHLANDS

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
✓ HOUSE (H) __ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG __ 4 PINEVILLE
__ 1 CHARLOTTE __ 5 MATTHEWS
__ 2 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB __ WITH BASEMENT /NO PLUMBING
✓ CRAWL SPACE

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

Adding Bedroom, bath

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) __ MUNICIPAL (M) X PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES X NO

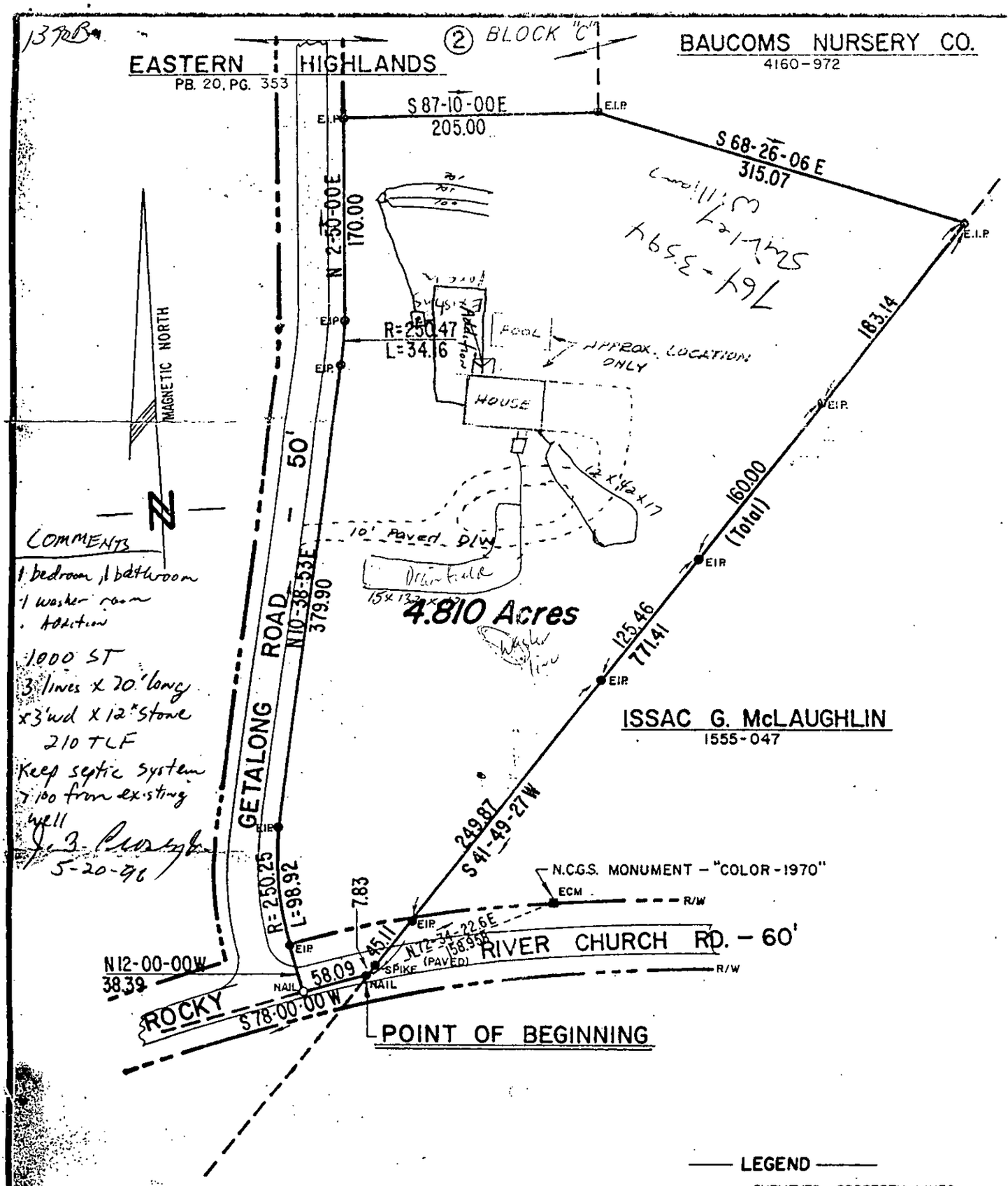
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: BAUCOM (LAST) GARY (FIRST) C (MI)	NAME: CROSBY (LAST) JAMES (FIRST) B. (MI)
ADDRESS: 2425 Rocky River Rd.	DAYTIME PHONE: 704 596-4573
CITY: CHARLOTTE STATE: N.C. ZIP:	PAGER 354 5809 USE THIS #
DAYTIME PHONE: 704 596-5188	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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: J. B. Crosby DATE: 4-24-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102



— LEGEND —

- SURVEYED PROPERTY LINES
- UNSURVEYED PROPERTY LINES
- STREET R/W LINES
- APPROX. CENTER OF CREEK
- ● EXISTING IRON PIN - E.I.P.
- ○ NEW IRON PIN - N.I.P.
- ▣ EXISTING CONC. MONUMENT - E.C.M.
- □ CONC. MONUMENT SET - C.M.S.

This is to certify that this property is not in the Flood Hazard Zone as defined and described by the U. S. Dept. of Housing and Urban Development.

Barry R. Ritter
N. C. Registered Surveyor

— PROPERTY OF —

GARY C. BAUCOM and wife
PATRICIA F. BAUCOM

DEED BOOK 5363 PAGE 0653
CRAB ORCHARD TWSP — GASTON COUNTY, N. C.

— SURVEYED FOR —

GARY C. BAUCOM and wife
PATRICIA F. BAUCOM

— SURVEYED BY —

FOX & RITTER, INC.

CIVIL ENGINEERS _____ SURVEYORS
1612 E. OZARK AVE. GASTONIA, N. C.
TELEPHONE: 704-865-6861

SCALE: 1" = 100' DATE: NOV. 21, 1986

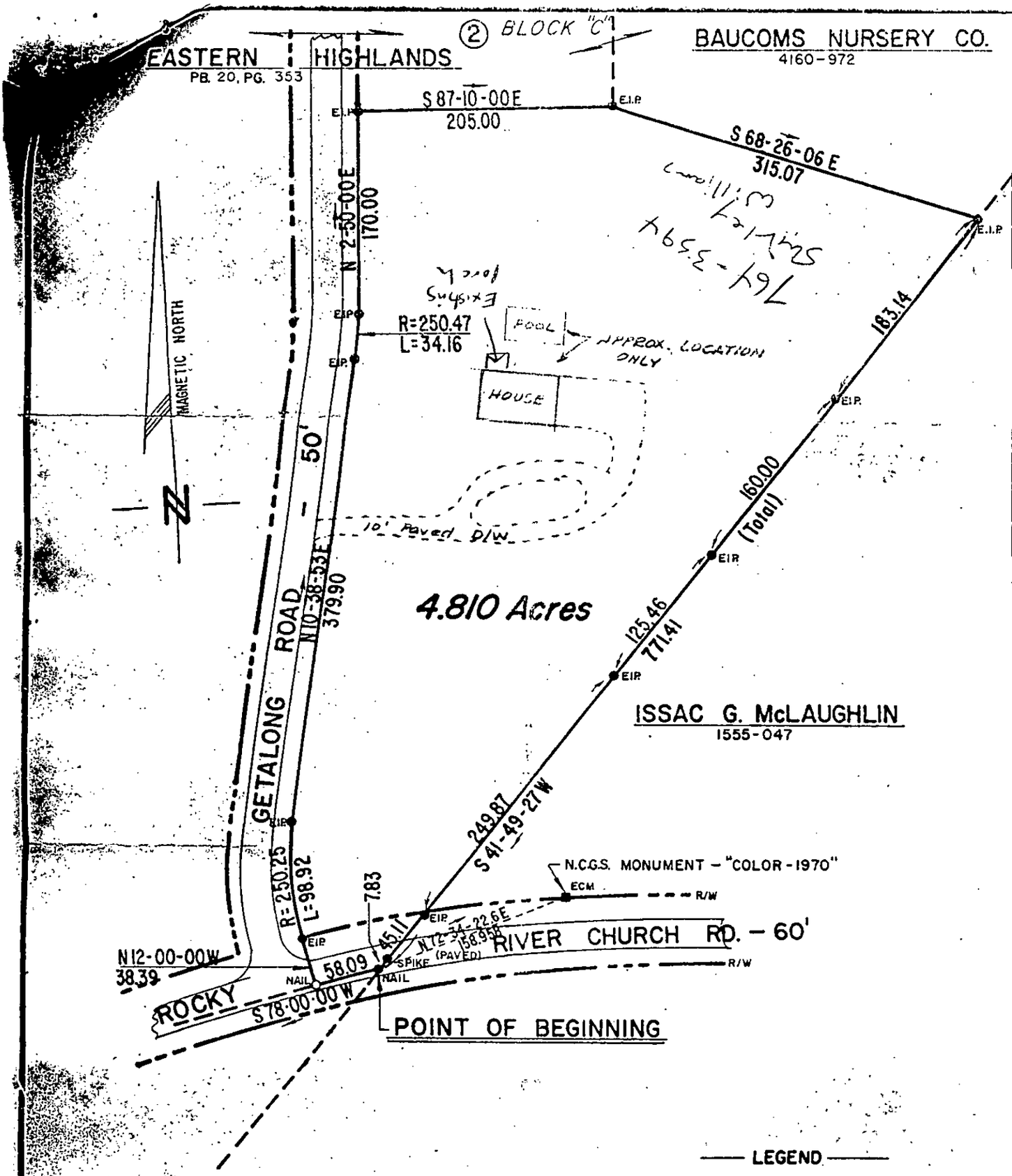
STATE OF NORTH CAROLINA
COUNTY OF GASTON

This is to certify that this plat was drawn from an actual field survey made by me on the 21 ST. day of NOV. 1986

Barry R. Ritter
N. C. Registered Surveyor
L- 1460

NORTH CAROLINA REGISTERED SEAL L-1460 LAND SURVEYOR BARRY R. RITTER

NOTE: This survey was based on physical evidence found in the field on the date of the survey



LEGEND

- SURVEYED PROPERTY LINES
- UNSURVEYED PROPERTY LINES
- STREET R/W LINES
- APPROX. CENTER OF CREEK
- ● EXISTING IRON PIN - E.I.P.
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Barry R. Ritter
N. C. Registered Surveyor

PROPERTY OF

GARY C. BAUCOM and wife
PATRICIA F. BAUCOM

DEED BOOK 5363 PAGE 0653
CRAB ORCHARD TWSP — GASTON COUNTY, N. C.

SURVEYED FOR

GARY C. BAUCOM and wife
PATRICIA F. BAUCOM

SURVEYED BY

FOX & RITTER, INC.
CIVIL ENGINEERS — SURVEYORS
1612 E. OZARK AVE. GASTONIA, N. C.
TELEPHONE: 704-865-6861

SCALE: 1" = 100' DATE: NOV. 21, 1986

STATE OF NORTH CAROLINA
COUNTY OF GASTON

This is to certify that this plat was drawn from an actual field survey made by me on the 21 ST. day of NOV. 1986

Barry R. Ritter
N. C. Registered Surveyor
L-1460

NOTE: This survey was based on physical evidence found in the field on the date of the survey

NORTH CAROLINA REGISTERED SEAL L-1460 LAND SURVEYOR
LARRY R. RITTER

EIP's VIA 6-17-86

Permit Number: 16824 CONDITIONS OF IMPROVEMENT PERMIT Tax Number: 105034 03

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated; permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Septic system addition to serve 1 bedroom, 1 bathroom and addition washer room. Alteration to existing system 3 lines x 70' long x 3' wd x 12" stone 210 TLF			
~~Repair~~ Alteration Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
630 Absorption Area (Sq ft) 210 Total Trench Length (Ft)	12 Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, Treatment and Disposal in effec 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 Approval is granted by this Department
- This Improvement permit is transferable.

Thelo A. Walker — DEHNR Authorized Agent — Date

× J. B. [illegible] — Owner/Agent Signature — 5-20-96 — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS:100195

April 24, 1996

To Whom It May Concern:

Gary Baucom authorizes J. B. Crosby Construction and J. B. Crosby as agent to locate septic lines at 2524 Rocky River Road.

Sincerely,



Gary C. Baucom

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION 1390B
for ON-SITE WASTEWATER SYSTEM 105-034-03

OWNER: Gary Carpenter APPLICANT: ___
ADDRESS: 2425 Rocky River Road Ther APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): adding BR PROPERTY SIZE: 1 ac
LOCATION OF SITE: 2425 Rocky River Rd. PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11%	0-6"	gr/c/	Fr/SEAP/ SS/SP	7.5YR 7/6 TO soil wetness	46"	N/A	None	PS IV .39/F7
		6-46"	SBK/c	Fr/SEAP/ S/P					
2	10%	0-6"	gr/c/	Fr/SEXP/ SS/SP	7.5YR 7/6 TO Chroma 2 Mottles	46"	N/A	None	PS IV .39/F7
		6-36"	SBK/c	Fr/SEAP/ S/P					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: W.A. Meeks
OTHER(S) PRESENT: ___

COMMENTS: Should not require 100% Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SiC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

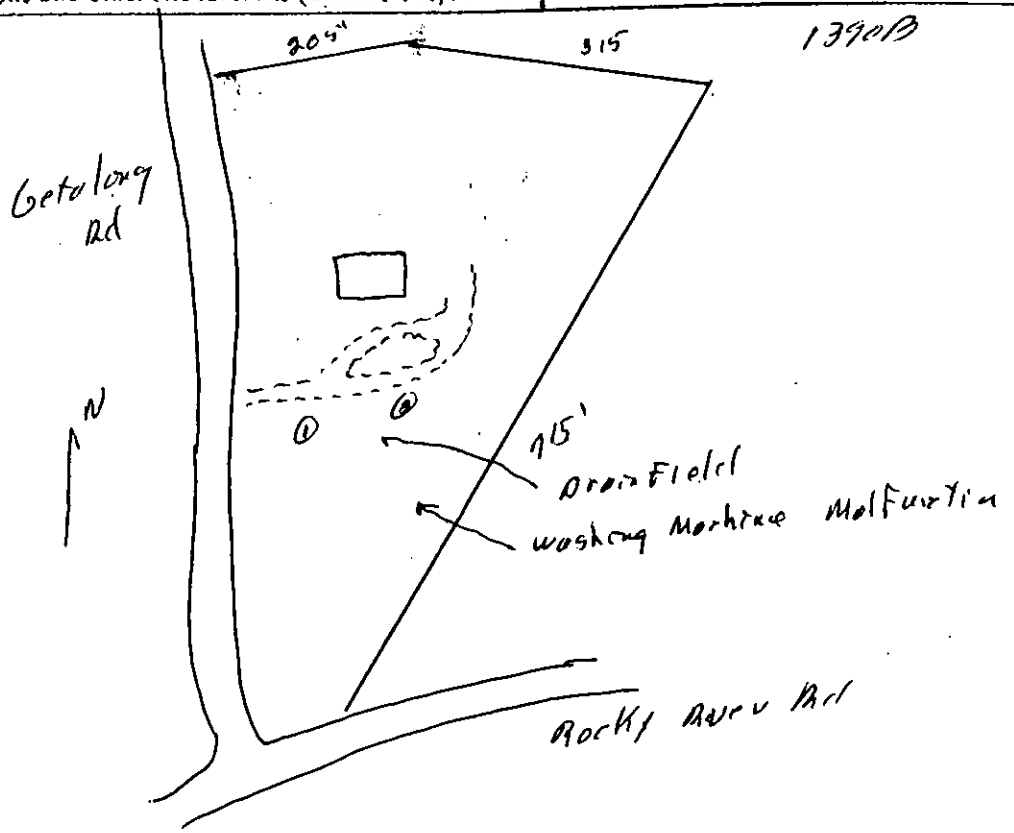
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designati
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).





Imaging Solutions and Services, Inc

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Poor Original

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ISSI Operations Center Staff

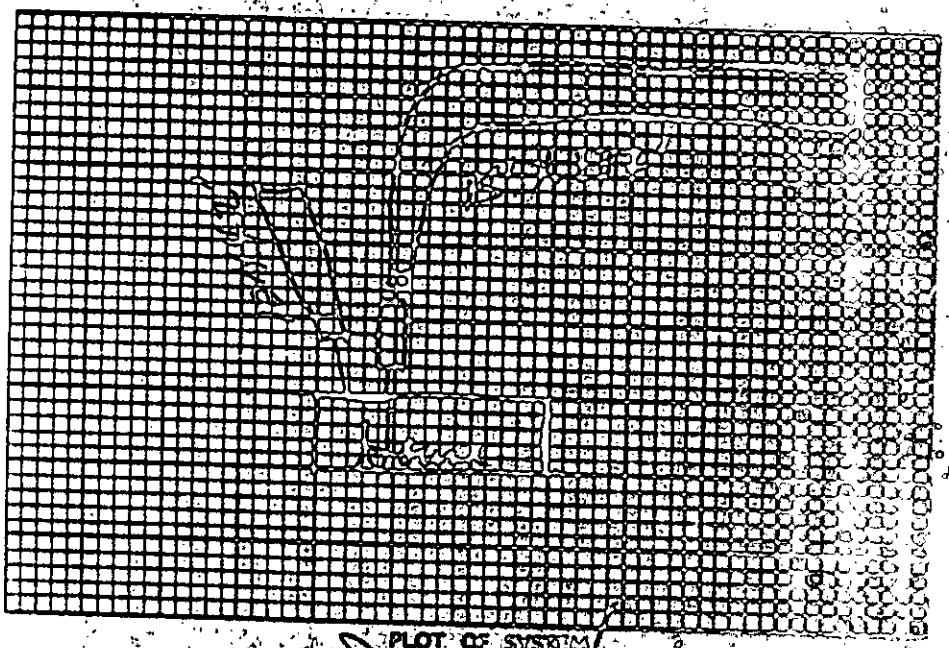
Date 9-25-80 Soil No. 4261 Lot No. 4 Block F2

T.C. 605-034

Map Bk. 9-9-74

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTRUCTION, 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-sanitary water 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 4261 dated 5/16/80 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 10/20/80 after which date this permit shall be null and void.



PLOT OF SYSTEM

Suitability Rate P.C.

Required Capacity of Tank 1500 gal

Tank Construction P.C.

Absorption Field or Trench Line

Total Line Length 660' + 165'

Number of Lines 5 & 4

Distance from Well 101

Distance from Lake 101

Distance from Well 50'

NAME OF OWNER John Thomas & Lee & Lee C Bowman

LOCATION OF PROPERTY Rocky River Ch. 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.

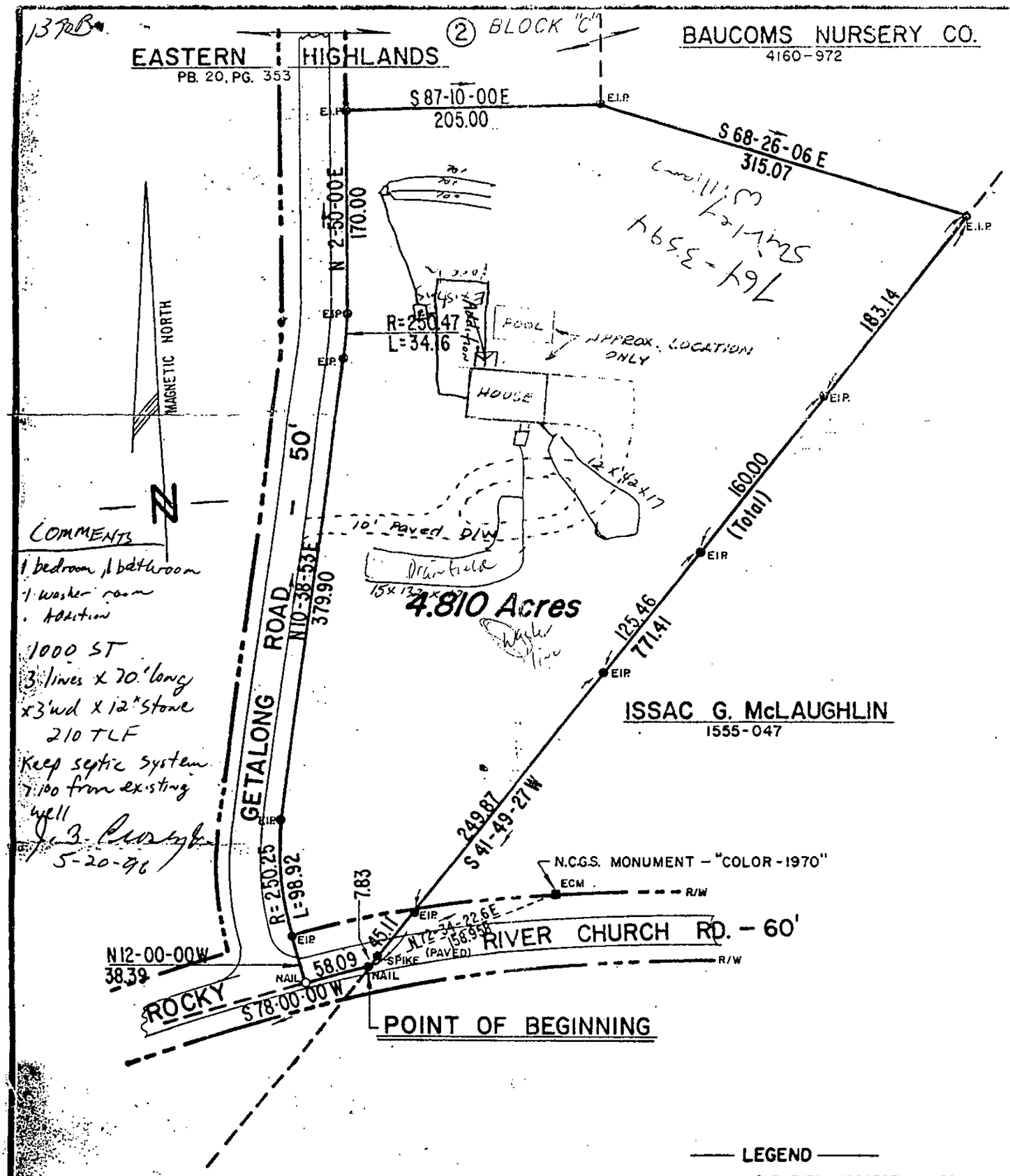
Comments: 151 X 132' + 17" Stone on Septic Syste
121 X 42' + 17" Stone on Absorption Trenches

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the Director or a Section Head of the Department of Environmental Health in order to be valid. The signature of the Environmentalist is required where an existing system is being changed or repaired.

HD-270



— LEGEND —

- SURVEYED PROPERTY LINES
- UNSURVEYED PROPERTY LINES
- STREET R/W LINES
- APPROX. CENTER OF CREEK
- ● EXISTING IRON PIN - E.I.P.
- ○ NEW IRON PIN - N.I.P.
- ⊠ EXISTING CONC. MONUMENT - E.C.M.
- □ CONC. MONUMENT SET - C.M.S.

This is to certify that this property is not in the Flood Hazard Zone as defined and described by the U. S. Dept. of Housing and Urban Development.

Barry R. Ritter
N. C. Registered Surveyor

— PROPERTY OF —

GARY C. BAUCOM and wife
PATRICIA F. BAUCOM

DEED BOOK 5363 PAGE 0653
CRAB ORCHARD TWSP — GASTON COUNTY, N. C.

— SURVEYED FOR —

GARY C. BAUCOM and wife
PATRICIA F. BAUCOM

— SURVEYED BY —

FOX & RITTER, INC.
CIVIL ENGINEERS _____ SURVEYORS
1612 E. OZARK AVE. GASTONIA, N. C.
TELEPHONE: 704-865-6861

SCALE: 1" = 100' DATE: NOV. 21, 1986

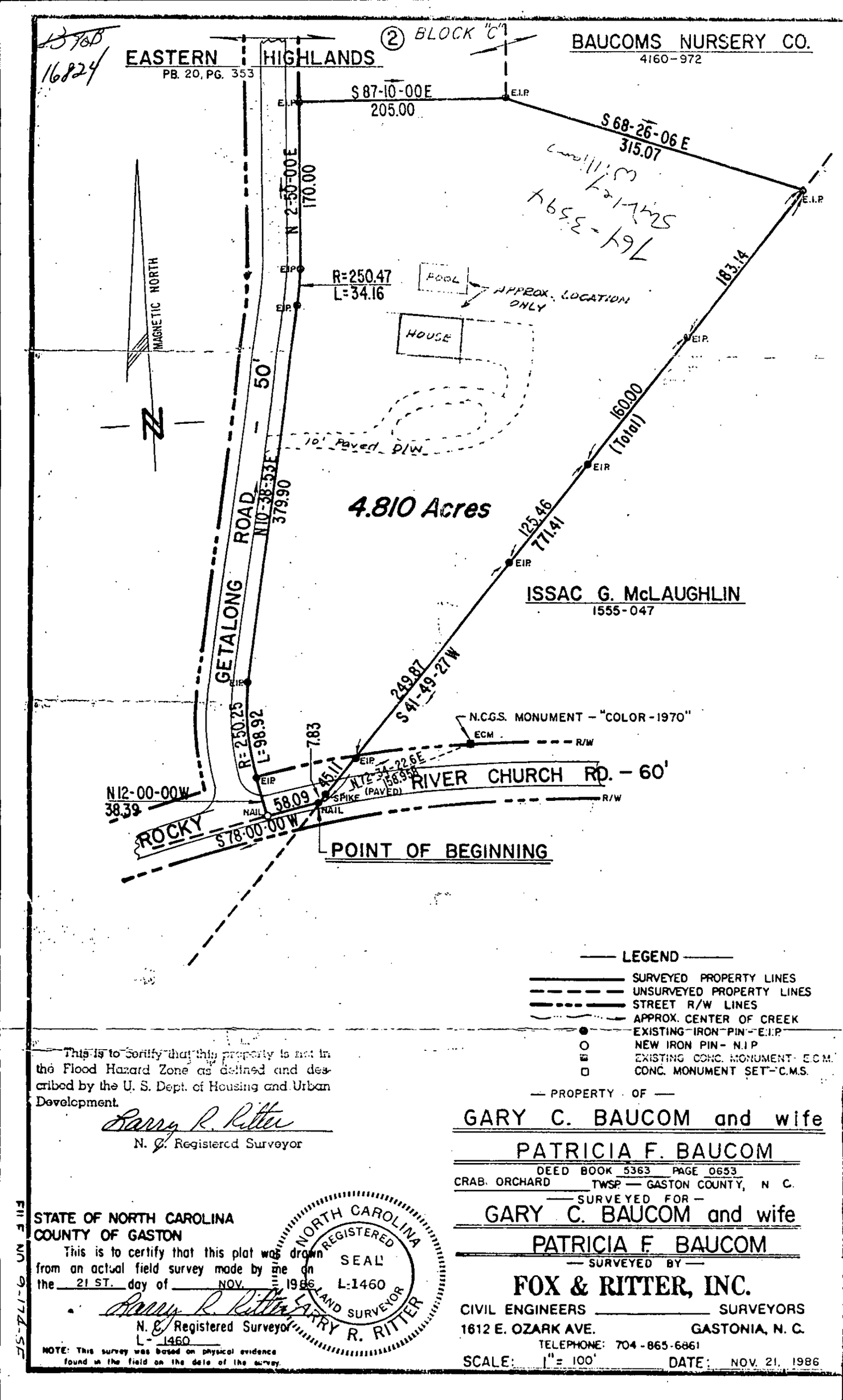
STATE OF NORTH CAROLINA
COUNTY OF GASTON

This is to certify that this plat was drawn from an actual field survey made by me on the 21 ST. day of NOV. 1986

Barry R. Ritter
N. C. Registered Surveyor
L-1460

NORTH CAROLINA REGISTERED SEAL L-1460 LAND SURVEYOR LARRY R. RITTER

NOTE: This survey was based on physical evidence found in the field on the date of the survey



LEGEND

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FILE NO. 6-173-SF

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

A/ ~~13707B~~ 16624
105-034-03

OWNER: Gary & Bonnie Brown
APPLICANT: ___
ADDRESS: 2425 Rocky River Road West, APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 4 Bdrm BR PROPERTY SIZE: 1 ac
LOCATION OF SITE: 2425 Rocky River Rd. PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) 1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11%	0-6"	gr/cl	Fr/SEXP/ SS/SP	7.46" TO soil wetness	48"	N/A	None	PS IV .3g/ft²
		6-46"	SBK/c	Fr/SEXP/ S/P					
2	10%	0-6"	gr/cl	Fr/SEXP/ SS/SP	7.46" TO Chroma 2 Mottles	46"	N/A	None	PS IV .3g/ft²
		6-36"	SBK/ c	Fr/SEXP/ S/P					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: W.R. Mundy
OTHER(S) PRESENT: ___

COMMENTS: Should not require 100% Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRUCTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

