Date Received 3-4-78

APT No. 14026
P.O. T. C. No. 221-101-05
Map Date 4-5-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Smith-Allen Company, Inc. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 5511 Monroe Road ZIP 28212

3) PHONE NO. Home _____ Office 568-5517

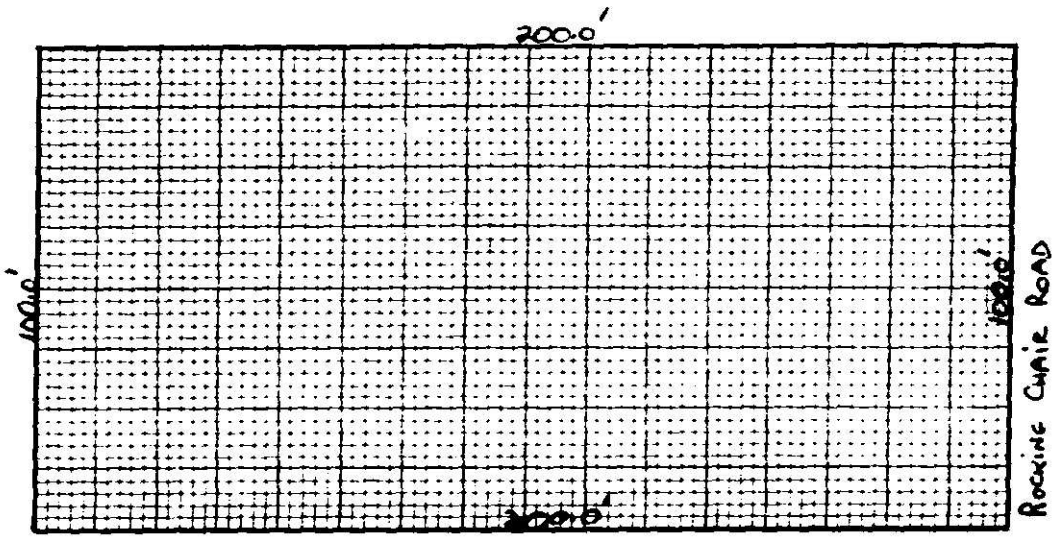
4) LOCATION OF PROPERTY Rocking Chair Road (STREET OR COUNTY ROAD)

5) SUBDIVISION Hearthstone LOT NO. 3 BLOCK NO. 1

MAP BOOK NO. 18 PAGE NO. 213

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

Grady L. Allen Jr.
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

(Ground Absorption Sewage Disposal)

APT 14026
PO 231-101-05
[redacted] Lot 3, Block 1

OWNER: Smith Allen Co.
ADDRESS: 5511 Monroe Rd
COUNTY: Charlotte, N.C.
LOCATION OF SITE: Rocky Chair Road

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 20,000

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) 48" PS U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In. (Imprevious Strata, Rock)	(S) None PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) 72" 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	Cat. 1			

S - Suitable PS - Provisionally Suitable U - Unsuitable

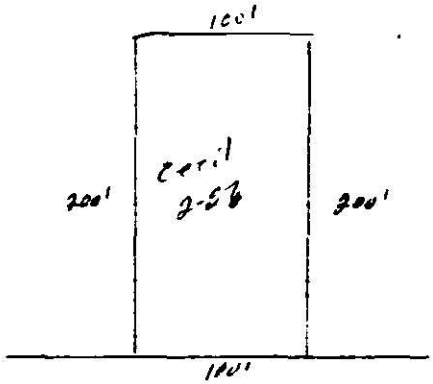
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: William A. Martin

Title: Soil Scientist Date: 6-2-78

DHS Form 2601 (2/77)
Sanitation


100'
Cecil
2-26
200'
200'
100'
Ave King Chair Rd

Serial No. 1950

PTR No. 14026

Date Issued 6/5/78

T C No. P.O. 231-101-05

Map Date 4-5-78

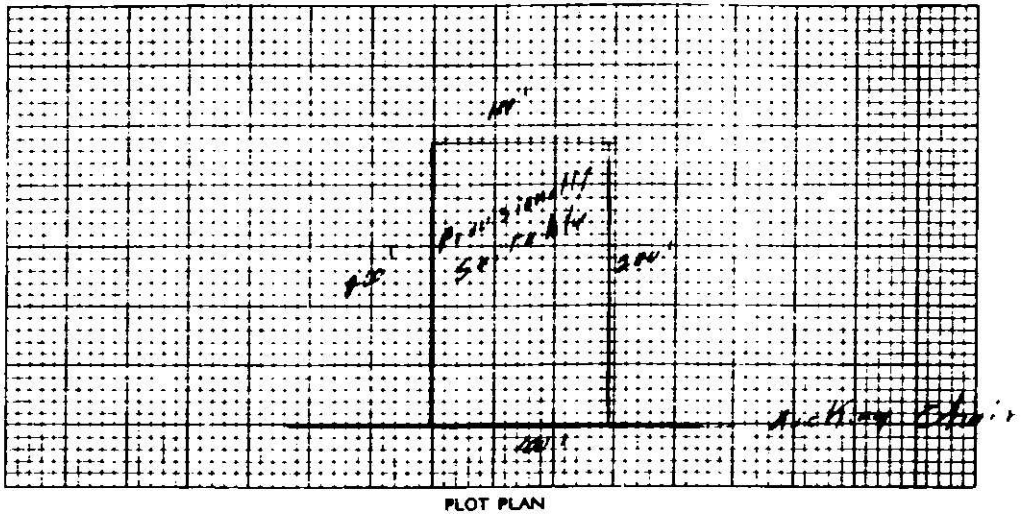
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Smith-Allen Company, Inc.

ADDRESS OF OWNER 5511 Monroe Road, Charlotte, N. C. 28212
(LAST, FIRST, MIDDLE, ZIP)

LOCATION OF PROPERTY Rocking Chair Road
(STREET OR COUNTY ROAD)

SUBDIVISION Hearthstone LOT NO 3 BLOCK NO 1



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, construct, alter, or repair the specific 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 drilling of a well 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, and 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.

William A. Marlin
Soil Scientist
EHD-S-76

John C. Gleason
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 6-5-78

ICAR(S) Application No 14026

T C No. PC. 231-101-C

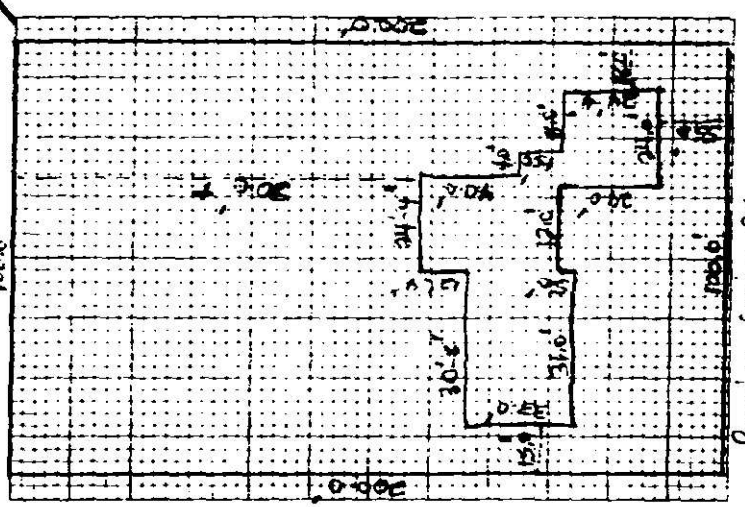
Map Date 4-5-78

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)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
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 Smith Allen Company, Inc.
(LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 5511 Monroe Rd.

15) PHONE NO Home ___ Office 568-5517

16) LOCATION OF SYSTEM 10520 Rocking Chair Rd.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Hearthstone Lot No. 3 Block No. 1

Map Book No 18 Page No. 213

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 6-5-78 — PB

20) PTR NUMBER (See Instructions) 14.2k

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.

6/7/78
DATE OF APPLICATION

Grady L. Allen Jr.
OWNER

END-5-76

Environmental Health Department's Copy

Serial No. 1922

LA No. 14026

Date Issued 6-8-78

T. C. No. P.0.231-101-05

Map Date 4-5-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Smith Allen Company, Inc. _____
LAST FIRST MIDDLE

ADDRESS OF OWNER 5511 Monroe Road Charlotte, NC ZIP _____

LOCATION OF LOT 10520 Rocking Chair Road
STREET OR COUNTY ROAD

SUBDIVISION Hearthstone LOT NO. 3 BLOCK NO. 1

MAP BOOK NO. 18 PAGE NO. 213

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 14026. 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 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

Stephen J. Ward
Environmentalist

John M. Atkinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 3-7-79

Serial No. 2428

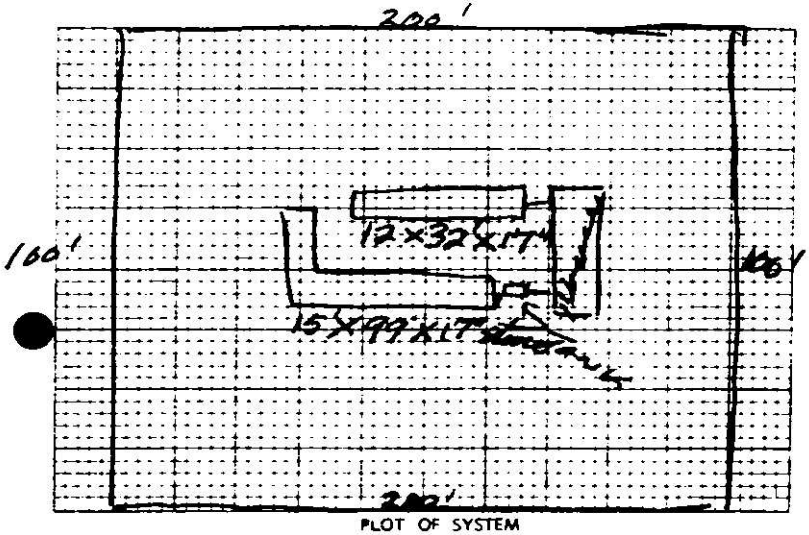
ICAR (S) Permit No. 14026

T C No. PO231-101-05

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 14026, dated 6-5-78 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 4-7-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and or Nitrification Lines

Total Line Length 495-125

Number of Lines 5-4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well COMM-Supply

NAME OF OWNER Smith Allen & Co.

LOCATION OF PROPERTY 10520 Rocking Chair Rd.

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 [illegible] thereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Septic Tank Field

15'x99'x17' Stone - Washing Machine 12'x32'x17"

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 10 Apr. 79

Serial No. 2472

C of A (s) No. 14026

T C No. PO.23-101-05

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 Smith Allen & Co. (LAST, FIRST, MIDDLE)

Location of Property 10520 Rocking Chair Rd.

Application Number 14026 Permit Number 14026

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C. Conc.

Total Length of Drain Tile 495' & 125' Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 18"-50"

Water Supply Source Community Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected 10 Apr. (DATE)

Nitrification Field Inspected 10 Apr. (DATE)

Washing Machine Line Inspected, If Applicable 10 Apr. (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 Joe Squires ST. as permitted
W.M. in front yard



Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Received 4/25/80

RECEIVED
APR 15 1980
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 14026

T. C. No. 231-101-05

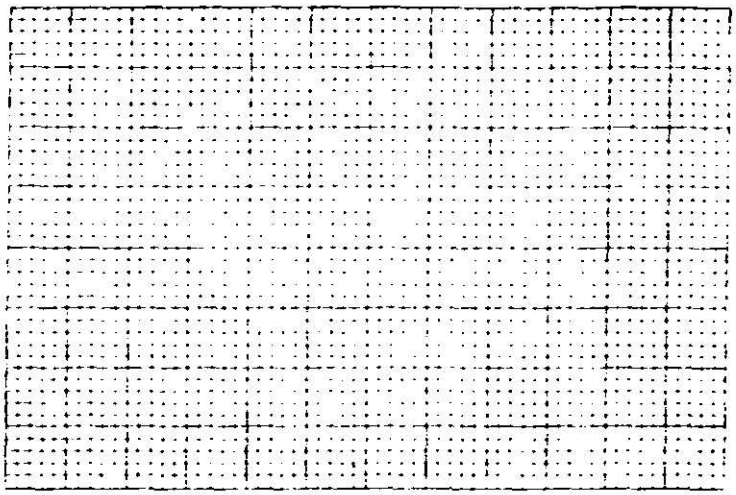
Map Date

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) X 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 Lewis (LAST) Paula David (FIRST) H. F. (MIDDLE)

14) ADDRESS OF OWNER 10520 Rocking Chair Rd. Matthews

15) PHONE NO Home 847-0442 Office ___

16) LOCATION OF SYSTEM ___ (STREET OR COUNTY ROAD)

17) SUBDIVISION Hearthstone 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 ___

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.

4-11-80
DATE OF APPLICATION

Paula H. Lewis
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3770

Date Issued 4-22-80

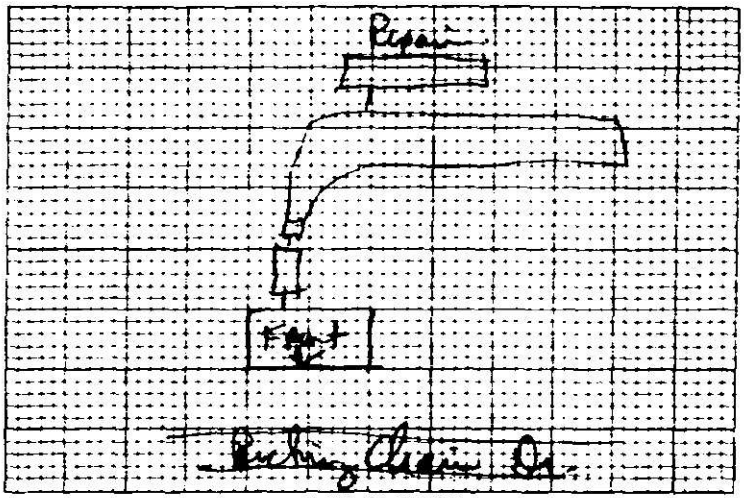
ICAR(S) Permit No. 14026

T. C. No. 231-101-05

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, L 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 _____ 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.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100' Repair

Number of Lines One

Distance from House 10

Distance from Property Line 10

Distance from Well 50'

NAME OF OWNER Smith Allison Co.

LOCATION OF PROPERTY 10520 Rocking Chair Dr.

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.

10' x 16' + 9' Stone Repair

Division or Section Head

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.

BHD-S-76

Environmental Health Department's Copy

Date Issued 4-23-80 Serial 3663 C of A (s) No. 14026

T C. No. 231-101-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Lewis (LAST) Mr. (FIRST) Rocky Clair O. (MIDDLE)

Location of Property 10520

Application Number 14026 Permit Number 14026

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC.

Total Length of Drain Tile _____ Number of Lines 100' Repair.

Depth of Filter Material 9' Stone Cover Depth _____

Water Supply Source Com Well. Distance from Water Source 100'+

Excavation Inspected 4-23-80 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 4-23-80 (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 _____

Bob Wilson
Environmental Health Supervisor

EHD-5-75

Environmental Health Supervisor's Copy