Date Received 7-31-84

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 31 1984
ENVIRONMENTAL HEALTH

SIR No. 2128
T. PID. 139-051-02
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Norman D. Reynolds + N. Dennis Reynolds Jr.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 12200 Bain School Road ZIP 28212

3) PHONE NO. Home 545-3582 Office 545-4857

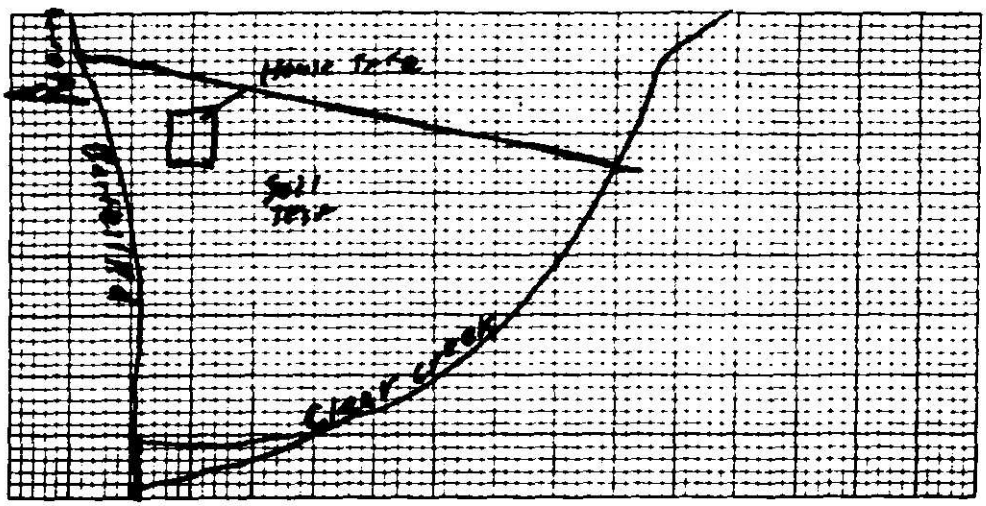
4) LOCATION OF PROPERTY 9736 Bartlett Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO 139 PAGE NO 051

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

Norman D Reynolds
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21284

T.C. NO. To, 139-051-01

(Ground Absorption Sewage Disposal)

OWNER: Norman D. Reynolds
ADDRESS: 12209 Bain School Rd 28212
LOCATION OF SITE: 7736 Barfield Rd

PLAT NO:
LOT SIZE: 1A±

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-6	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 40-48"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	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	Provisionally Suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

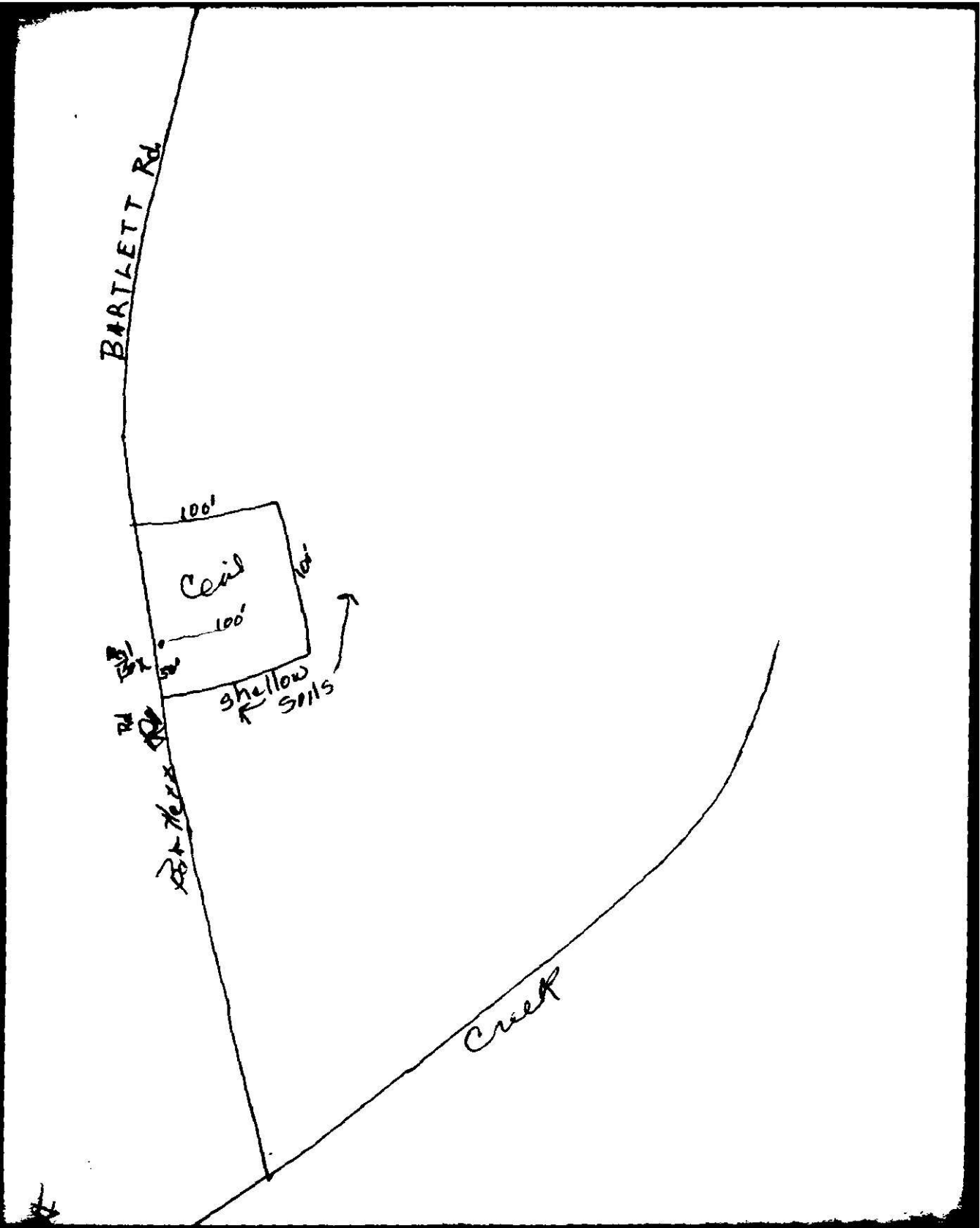
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

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

Date: 8-24-84

4


BARTLETT Rd
100'
Ceil
100'
100'
Shallow Soils
Creek

Serial No. 5839

SIR No. 21284

T. C. No. PO 13[illegible]-051-01

Date Issued 8-27-84

Map Date L

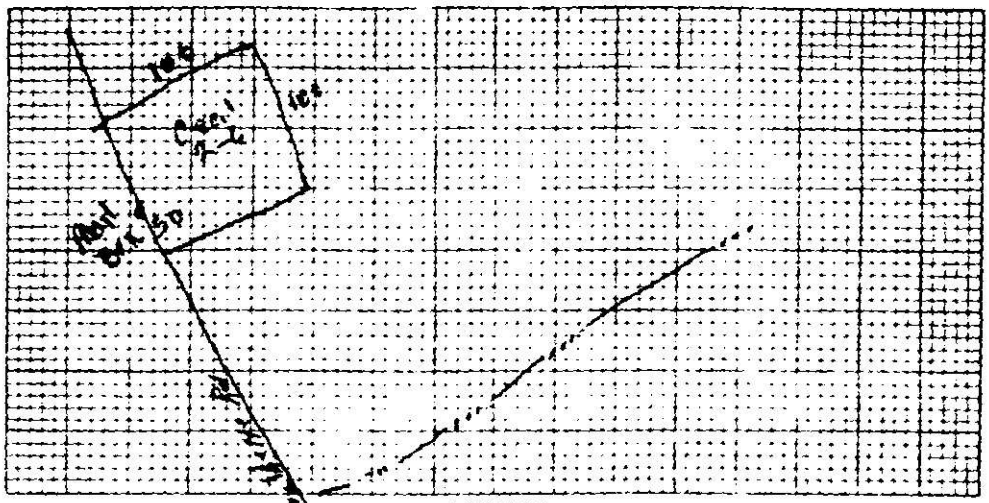
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Reynolds, Norman D. & N. Dennis, Jr.
LAST FIRST MIDDLE

ADDRESS OF OWNER 12200 Bain School Rd, Charlotte, NC ZIP 28212

LOCATION OF PROPERTY 9736 Bartlett 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 [illegible] from the Mecklenburg County Department of Environmental Health [illegible] wastewater treatment system on the [illegible]
2. The size [illegible] the Mecklenburg County Department [illegible] the size [illegible]
3. This approval [illegible] on the above plot.
4. This approval [illegible] in the [illegible] in the [illegible] as acceptable for system installation [illegible]

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.

Willard Kamsey
Soil Scientist

Bill D. Hudson Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 11-1-84

ICAR(S) Application No. 21284

T. C. No. 139051 4

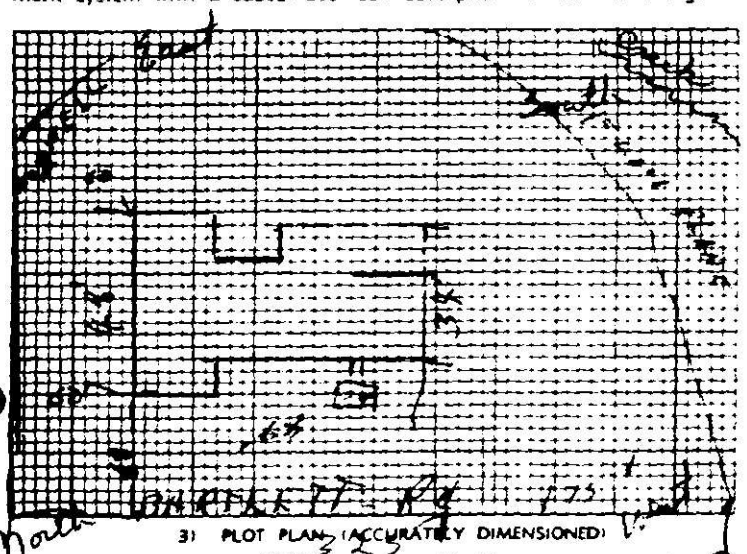
Map Date _____

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) _____ 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 We ✓
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 Norman D Reynolds + J. Dennis Reynolds Jr.
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 12200 Bain School Road

15) PHONE NO Home 545-3582 Office 545.4457

16) LOCATION OF SYSTEM ~~Bartlett Road~~ 9500 Bartlett Rd.
(STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. 139 Page No. 051

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 8-27-84

20) PTR NUMBER (See Instructions) 21284

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.

_____ Norman D Reynolds
DATE OF APPLICATION OWNER

BHB-5-76

Environmental Health Department's Copy

Date Issued 11-5-84

Serial No. 07698

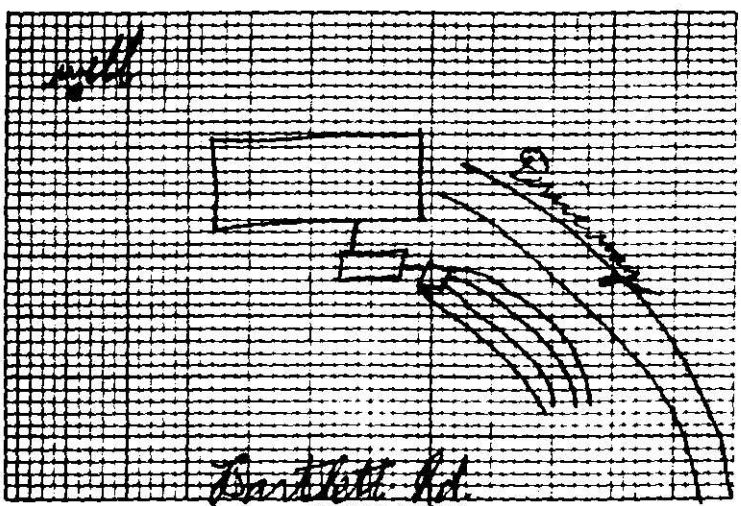
ICAR(S) Permit No. 21284

T. C No. 139-051-04

Map Date L

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 21284, dated 11-1-84 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 12-5-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank [redacted] 1500

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 300'

Number of Lines [redacted] 3

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Norman Reynolds

LOCATION OF PROPERTY 9500 Bartlett 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 now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

4 lines 3' X [redacted]100' X 12" stone

Comments:

B. Henderson
Division or Section Head

D. R. Ferguson
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

C of A (s) No. 21284

Date Issued 11-9-84 **Serial** 7114 T C. No. 139-051-04 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

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

Name of Owner Reynolds (FIRST) Norman (MIDDLE)

Location of Property 9500 Bartlett Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 11-9-84 (DATE) Tank Inspected 11-9-84 (DATE)

Nitrification Field Inspected 11-9-84 (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

B. R. Ferguson
Environmentalist

EHD-S-76

Environmental Health Department's Copy

PROPOSED PLOT PLAN

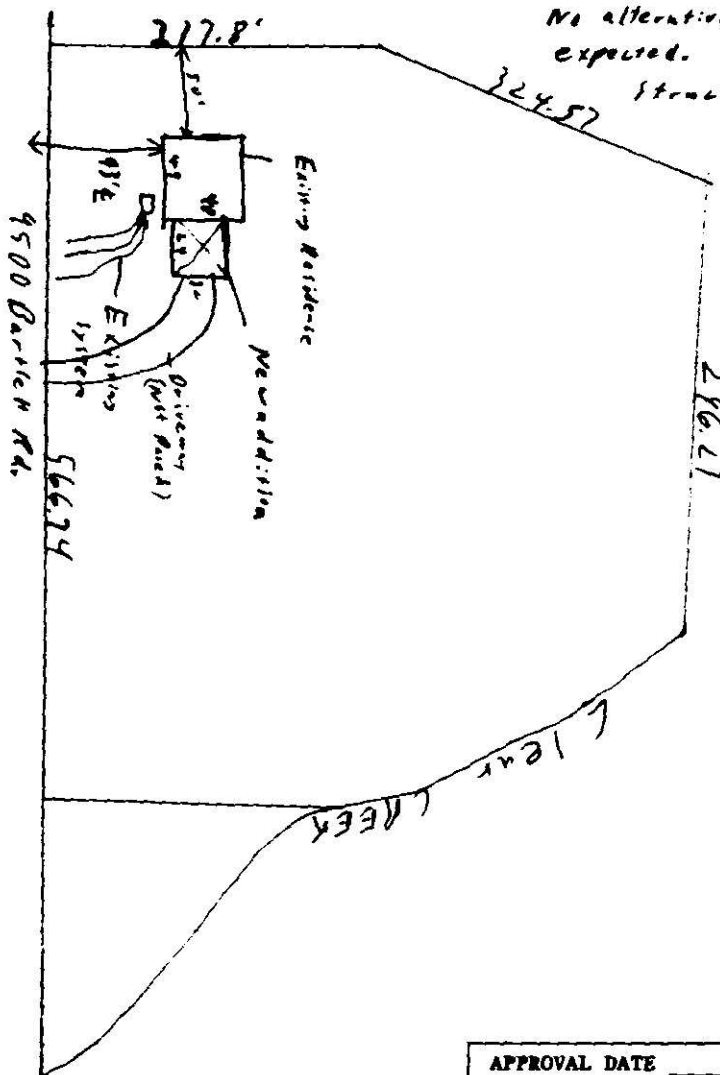
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 378-4603

FILE: 21284

TC: 139-051-04

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.

Proposed addition - J.B. Mellon Res.
No alteration to existing system expected. No bedrooms added to structure.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-16-90

Name/Company: Dennis Reynolds

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applt for Impr Permit

Tile # 21284

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: FEB 26 1990 $ 25.00

Cr # 2531
$ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-8-512.

Completed by

Collected by

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: 21284

TC: 139-051-04

SERIAL: № 20360 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 9500 Bartlett Rd (STREET NO / STREET) ② FILE:

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 139-051-04

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: James (FIRST) Darrell (MIDDLE) Mellon (LAST)

⑨ MAILING ADDRESS: 9500 Bartlett Rd.

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) ⑭ (HOME: 545-0187

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

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

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

Signed: [signature]

Date: Feb. 26, 1990

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. Use existing system

B. R. Ferguson 2-28-90
Environmentalist Date

[signature] RS 2/28/90
Director or Authorized Section Head Date

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