Date Received 10/4/78

APT No. 14592

T. C. No. 111-162-14

Map Date 11-9-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Atlantic Flight Service, Inc.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER P.O. Box 26156 Charlotte ZIP 28213

3) PHONE NO. Home 764-3840 Office 545-6652

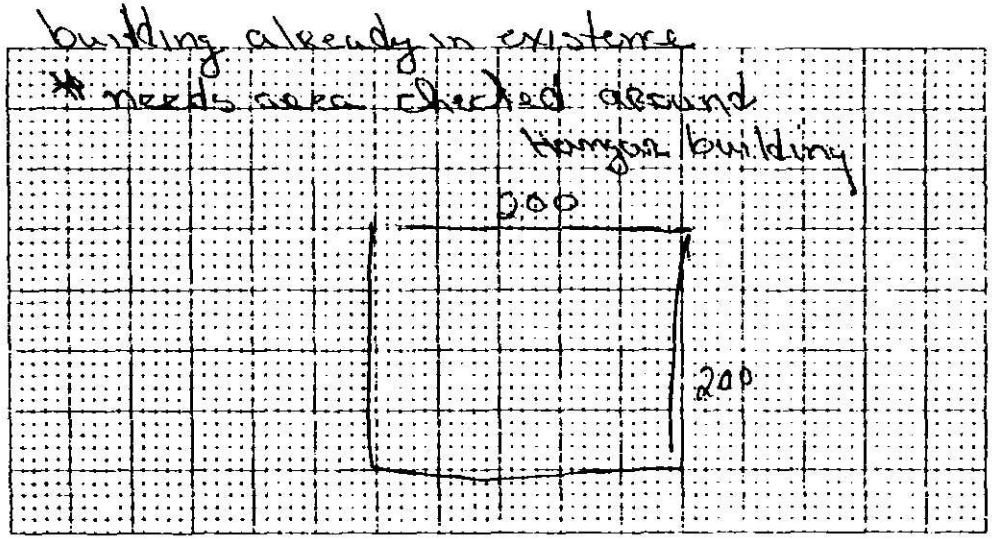
4) LOCATION OF PROPERTY Parkton Rd.
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

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

Kevin L. Dutch
OWNER

EHD-5-76

Environmental Health Department's Copy

Apt. #3592

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Atlantic Light Service DATE REQUESTED: 10-9-78
ADDRESS: P.O. Box 26158 Charlotte, N.C PLAT NO.: 111-162.14
COUNTY: LOT SIZE: 40,000 SQ FT.
LOCATION OF SITE: Barton Rd.

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 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) PS 48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	(S) ≥ 4' PS ? Rock U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) ≥ 4' PS 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) Adequate PS U Area	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable			
SOIL SERIES				

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: Eddie Haywood
Title: Environmental Sanitarian Date: October 11, 1978

DHS Form 2601 (2/77)
Sanitation

Serial No. 2257

PTR No. 14592

Date Issued October 11, 1978

T. C. No. 111-162-14

Map Date 11-9-77

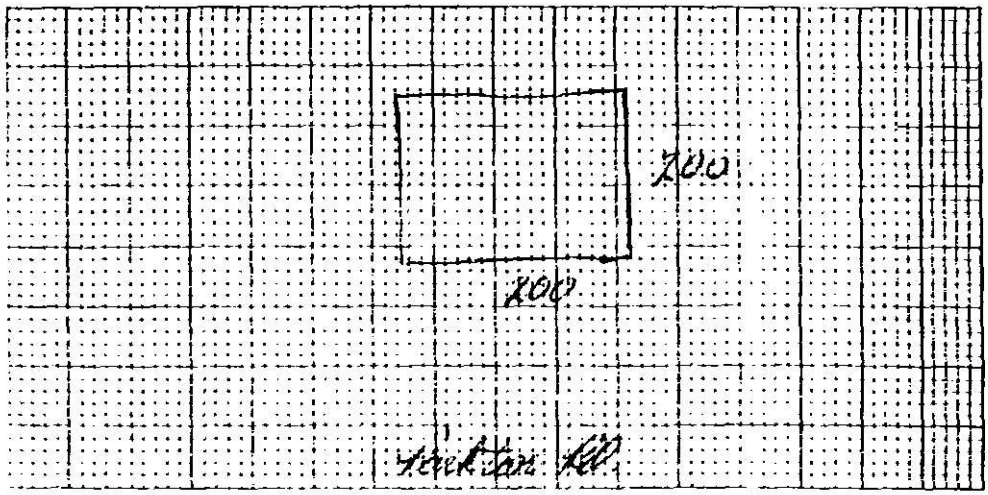
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Atlantic Flight Service, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 26156, Charlotte, NC ZIP 28213

LOCATION OF PROPERTY Parkton Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is a report of a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was conducted on the 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 granted soil suitability letter is valid for the system that is planned at the Mecklenburg County Department of Environmental Health prior to the beginning of construction of the building, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which will be installed will be determined by the Mecklenburg County Department of Environmental Health prior to the permeability rate obtained above, and on the size of the building to be served thereby.
3. The approved soil suitability letter is valid for the system installation as described above.
4. The soil investigation and report is valid for the system that was performed on the lot which the Mecklenburg County Department of Environmental Health has inspected and rated as acceptable for the system installation.

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 Board of Commissioners as they 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 the approval would not have been granted had the newly revised laws, rules, and regulations been in effect on the issue date.

Ellen Reynolds
DHS 3-76 Environmentalist

John R. Adkisson
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 10/4/78

ICAR (5) Application No. 14592

T. C. No. 111-162-14

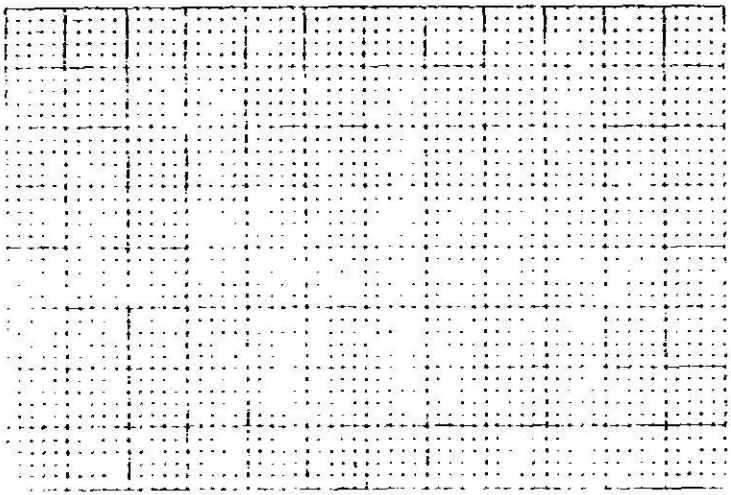
Map Date 11-9-77

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 Business

5. Business Use ___ Max No. Employees 3

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
    A. Is any part within 200 feet of public sewer ___Yes ___No
    B. Is any part within 200 feet of community sewer ___Yes ___No

11. Lot Size _____

12. Lot Location _____

13) NAME OF OWNER Atlantic (LAST) Flight Service, (FIRST) Inc. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 36156 Charlotte 28213

15) PHONE NO Home 764-3840 Office 545-6652

16) LOCATION OF SYSTEM Packtrain Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ 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

October 4, 1978
DATE OF APPLICATION

Freeman C. Dietz
OWNER

EHD-5 76

Environmental Health Department's Copy

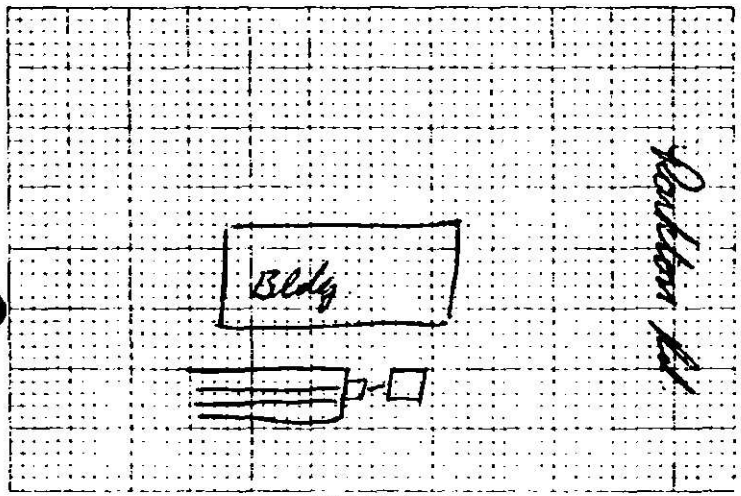
Date Issued Oct. 31, 1978 Serial No. 2102 ICAR (S) Permit No. 14592

T C No. 111-162-14

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 14592, 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 ✓

Liquid Capacity of Tank 1000 /gal.

Tank Construction X

Absorption and / Nitrification Lines

Total Line Length 220 l/ft.

Number of Lines 4

Distance from House 10'

Distance from Property Line 10' +

Distance from Well 100'

NAME OF OWNER Atlantic Light Service, Inc.

LOCATION OF PROPERTY Rankton 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.**

Comments: 12' x 55' x 11' stone

Division or Section Head

Eddie Reynolds
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-S 76

Environmental Health Department's Copy

41 330 00

Date Issued Nov. 9, 1978 Serial No. 2048 C of A (s) No. 14592

T C. No. 111-162-14

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 Atlantic Flight Service, Inc. (LAST, FIRST, MIDDLE)

Location of Property Berkley Rd.

Application Number 14592 Permit Number 14592

Inspection Date:

Liquid Capacity of Tank 1000/gal Tank Material PC

Total Length of Drain Tile 220 Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected 11-9-78 (DATE)

Nitrification Field Inspected 11-9-78 (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 as 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

Edward Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Mecklenburg County

Department Of Building Standards
And Code Enforcement

P. O. Box 31097

Charlotte, North Carolina 28231-1097

To: ENVIRONMENTAL HEALTH DEPT.

Reference: MOBILE HOME APPROVALS

Dear MR SEXTON

The parcel of land located at 10525 PARKTON RD.

and further identified by tax parcel number 111-162-14

is zoned R-9 (Residential).

Permitted uses in this district include: mobile homes on individual lots as non-conforming uses.

If this office can be of any further assistance, please contact us.

Very truly yours,

Zoning Inspector

SEE INSTRUCTIONS ON BACK

Date Received 2-22-84

ICAR (S) Application No. 14592

T. C. No. III-162-14

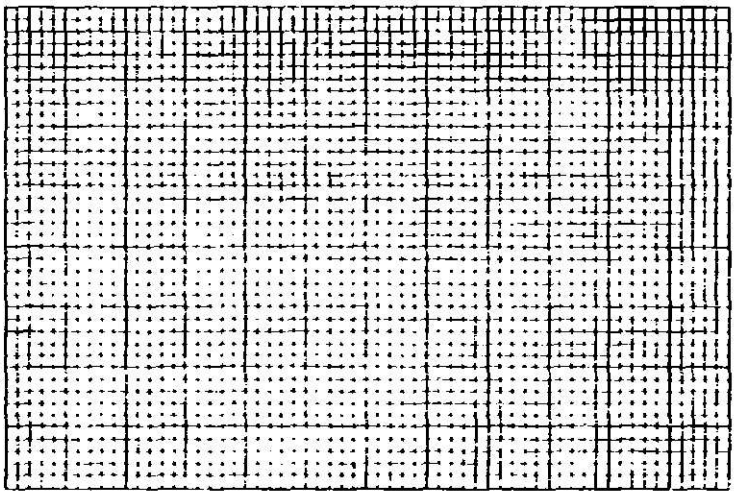
Map Date _____

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: Use existing & replace

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 BECK (LAST) GEORGE (FIRST) L (MIDDLE) 28212

14) ADDRESS OF OWNER ~~10525 PARKTON RD~~ (RES. 6320 FARM POND LN.)

15) PHONE NO. Home 535-2431 Office 545-6156

16) LOCATION OF SYSTEM 10525 PARKTON RD (WILGROVE AIRPORT) (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ 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.

DATE OF APPLICATION 2/22/84

OWNER George L Beck

EHD-5-76

Department's Copy

BE 3-1-84

Serial No. 7255

SIR No. 14592

Date Issued 2-29-84

T. C. No. 111-162-14

Map Date

art

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 Beck, (LAST) George (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 6320 Farm Pond Ln., Charlotte, NC ZIP 28212

LOCATION OF LOT 10525 Parkton Road (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 14592. 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.

*** USE EXISTING SYSTEM ***

Ralph Willis
Environmentalist

Rick D. Hardison
Environmental Health Director, or Authorized Section Head

EHD 5-76

Environmental Health Department's Copy