Date Received 3-12-84

RECEIVED
MAR 1 [illegible]
ENVIRONMENTAL HEALTH

SIR No. 20774

T. C. No 031-151-04

Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Cowan (LAST) Mildred (FIRST) M (MIDDLE)

2) ADDRESS OF OWNER R.5, Box 944-Z ZIP 28208

3) PHONE NO. Home 394-2513 Office 372-6303

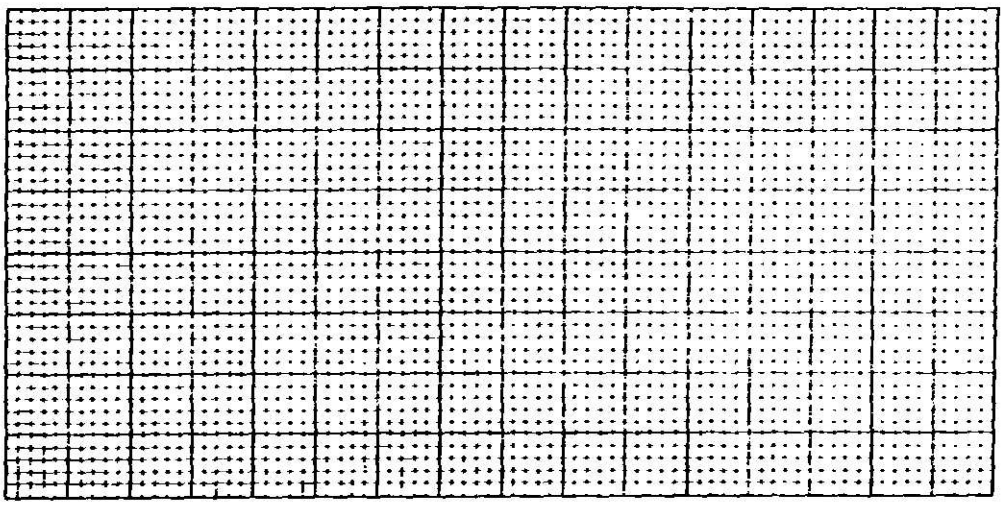
4) LOCATION OF PROPERTY 917 Riverside Dr (STREET OR COUNTY ROAD)

5) SUBDIVISION Riverside Dr LOT NO 20 PART 19 BLOCK NO 4

MAP BOOK NO 7 PAGE NO. 735

6) DEED REFERENCE DEED BOOK 4715 PAGE NO 0751

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

Mildred M. Cowan 3-9-84
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20994

T.C. NO. 031-151-04

(Ground Absorption Sewage Disposal)

OWNER: [illegible] McEWAN
ADDRESS: [illegible] BOX 2444

PLAT NO:
LOT SIZE: 1.160

LOCATION OF SITE: [illegible]

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S<br>PS 2-4<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 2. SOIL TEXTURE (12-36 inches)<br>Sandy, Loamy, Clayey<br>(Note 2-1 Clay) | S<br>PS Loamy Sand<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 3. SOIL STRUCTURE<br>(12-36 inches) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 4. SOIL DEPTH (inches) | S<br>PS 48+<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 5. RESTRICTIVE HORIZONS<br>(Inches)<br>(Impervious strata, Rock) | S<br>PS None<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 6. SOIL DRAINAGE/GROUNDWATER<br>(external and internal) | S Adequate<br>PS Light<br>U Water table at 54+ | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 7. OTHER (Specify) Restrictive Horizon - Rock within 48" | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |

8. SOIL GROUP: [illegible]

9. SITE CLASSIFICATION: [illegible]

10. SOIL SERIES: [illegible] - Formed By River

S - Suitable PS - Provisionally Suitable U - Unsuitable

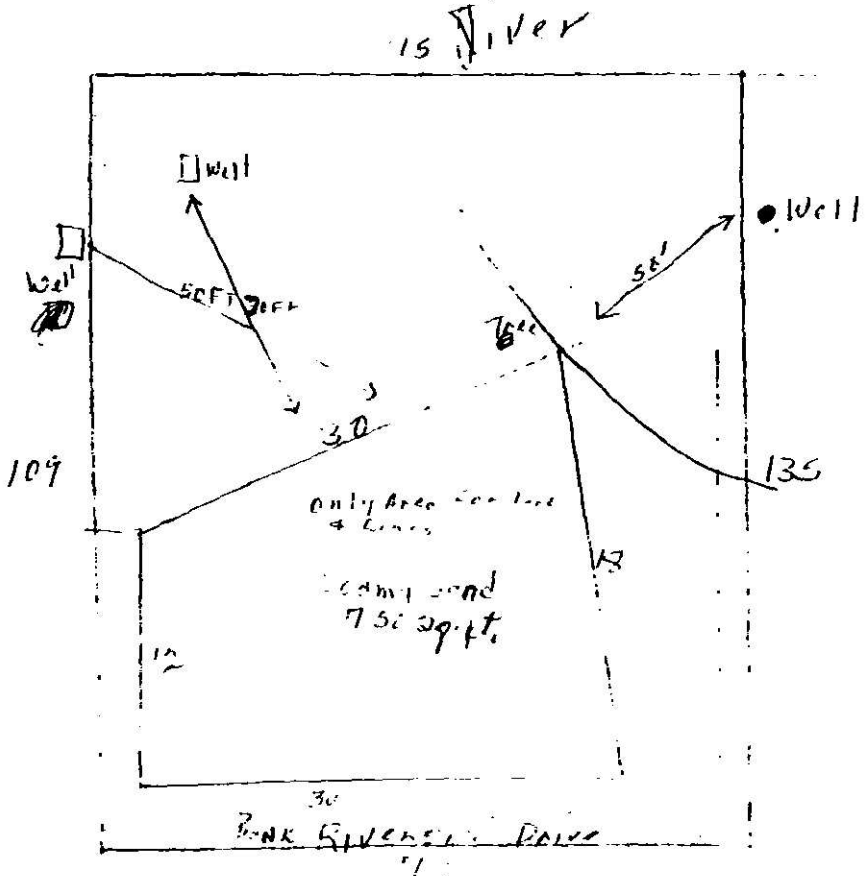
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: [illegible]

Described by: [illegible]
Title: [illegible]

Date: 3-12-84

EHD 539 (Revised: 6/82)




Top of This Lot is About 5 Feet Above Level of River.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
[illegible] BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA [illegible]

SIR. NO. 20774
T.C. NO. 031-151-04
DATE: 3-15-84

Mildred M. Cowan
Route 5, Box 944-Z
Charlotte, NC 28208

RE: Property located at 917 Riverside Drive

Dear Ms. Cowan:

At your request, a field investigation was conducted on the property designated above and was classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Sites classified as unsuitable may be utilized for soil absorption disposal systems provided engineering, hydrogeologic, soil and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be reasonably expected to function satisfactorily.

Should you desire to file for permission to install an alternate system, plans and specifications prepared by a person with a demonstrated knowledge of ground absorption sewage treatment disposal systems, soil and rock characteristics, groundwater hydrology and drainage systems should be submitted to this office. They will be reviewed and if it is found that the system may be reasonably expected to function satisfactorily, approval will be given upon the execution by you of "Septic Tank Agreement Form" provided by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Date Received 3-14-84

ICAR (S) Application No. 20774

T. C. No. 031-151-04

Map Date _____

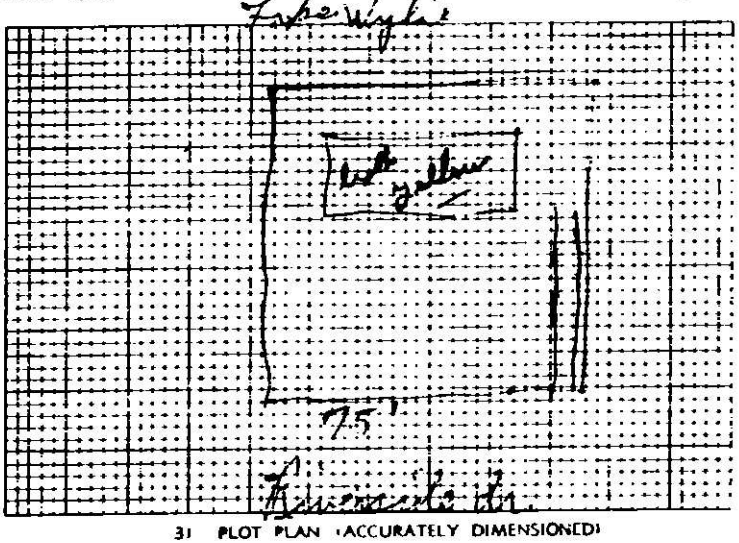
SEE INSTRUCTIONS ON BACK

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

CRT 4/24/84 JAH

**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 ~~[illegible]~~ Alter ✓ Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge




31) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4 No of Bedrooms 2
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 Cowan (LAST) Mildred (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER RT 5, Box 444 Z

15) PHONE NO. Home 394-2513 Office 342-6303

16) LOCATION OF SYSTEM 917 Riverside Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Riverside Inc Lot No 20 & part 19 Block No. A

Map Book No. 7 Page No. 735

18) DEED REFERENCE — DEED BOOK 4715 AT PAGE 0151

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.

5 MARCH 1984
DATE OF APPLICATION

Mildred M. Cowan
OWNER

EHD-5-76

Environmental Health Department's Copy

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

SEPTIC TANK AGREEMENT 20774

The undersigned, Mildred M. Cowan, owner of property located at ~~4320~~ 917 Riverside Dr., ("the site") and described in instrument recorded in Book 4713 at Page 0751, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as unsuitable and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction, and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation operation, or failure of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 20 day of April, 1984

Mildred M. Cowan (Seal)
(Seal)

COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Sara B. Johnson, Deputy Register of Deeds, a Notary Public for said County and State, do hereby certify that Mildred M. Cowan personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20 day of April, 1984.

CHARLES E. CROWDER, REGISTER OF DEEDS By Sara B. Johnson
Notary Public Deputy
My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19___.

_____
Notary Public
My Commission Expires: _____

Serial No. 7435

SIR No. 20774

Date Issued 4-26-84

T. C. No. 031-151-04

Map Date L CRT

# 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 Cowan, (LAST) Mildred (FIRST) M. (MIDDLE)

ADDRESS OF OWNER Rt. 5, Box 944-Z, Charlotte, NC ZIP 28208

LOCATION OF LOT 917 Riverside Drive (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 20774. 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

*** AGREEMENT FORM ON FILE ***

John R Atkinson

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

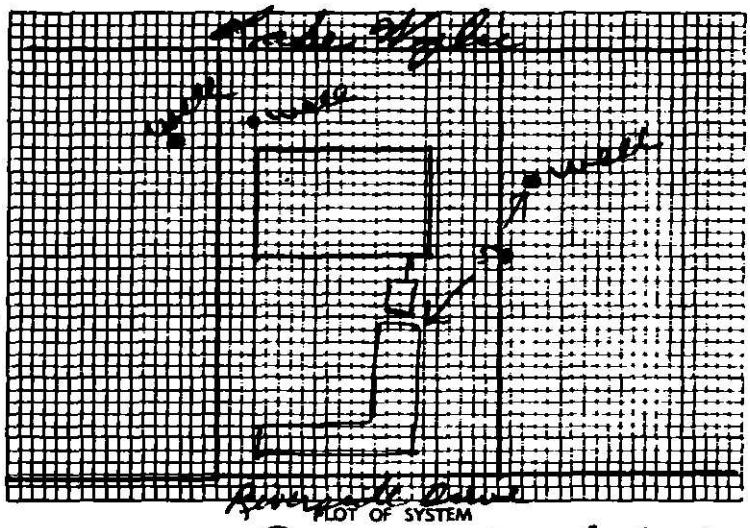
Date Issued 11 July 1984 Serial No. 07299 ICAR(S) Permit No. 20774

T. C. No. 031-151-04

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 20774, dated 5 Jun 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 8-11-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Low Suit

Liquid Capacity of Tank 1000 gal

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Length 200 ft

Number of Lines 4

Distance from House 5'+

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Cowan Mildred M.

LOCATION OF PROPERTY 917 Riverside Drive

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.

in bed 12'x 5-0 x 12"

Comments: ___

Division or Section Head ___ Environmentalist John R Atkisson

* 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. 20774

Date Issued 7-26-84 **Serial** 6799 T. C No. 031-151-04 L CRT

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner Cowan (LAST) Mildred (FIRST) (MIDDLE)

Location of Property 917 Riverside Dr.

Application Number 20774 Permit Number 20774

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 50

Excavation Inspected 7-26-84 (DATE) Tank Inspected 7-26-84 (DATE)

Nitrification Field Inspected 7-26-84 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has approved 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 at 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 the restrictions and conditions shown on the permits 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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

WHP