Date Received 5-24-84

RECEIVED
MAY 24 1984
ENVIRONMENTAL HEALTH

SIR No. 21098

T. C. No. 139-171-02

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Haney (LAST) Sally (FIRST) B. (MIDDLE)

2) ADDRESS OF OWNER P. O. Box 25311 Charlotte, N. C. ZIP 28212

3) PHONE NO Home _____ Office 536-2100

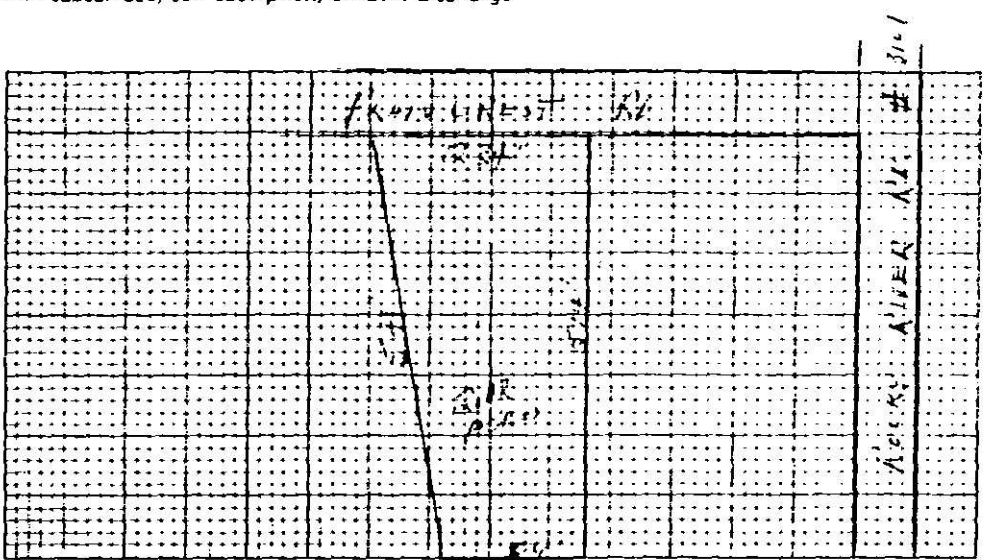
4) LOCATION OF PROPERTY Plaincrest Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Clear Creek Acres LOT NO 23 BLOCK NO _____

MAP BOOK NO _____ PAGE NO. _____ Tax Code #139-171-02

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

OWNER _____

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE NORTH CAROLINA 28203

SIR. NO. 21398
T.C. NO. 139-171-02
DATE: 7-5-84

Sally B. Haney
P. O. Box 25311
Charlotte, NC 28212

RE: Property located at Plaincrest Road, Lot 23

Dear Ms. Haney:

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 Agreemnt Form" provided by this office.

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

Sincerely,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr,
Environmental Health Supervisor

BDH/kbg

Enclosure

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: 21098

TC: 13917102

SERIAL: № 18642 ☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 16832 PLAINCREST RD (STREET NO / STREET) ② FILE: 21098

③ JURISDICTION: ④ TAX PARCEL NO.: 13917102

⑤ SUBDIVISION: CLEAR CREEK ACRES ⑥ LOT: #2 ⑦ BLOCK:

OWNER

⑧ NAME: JAMES (FIRST) STEVEN (MIDDLE) POOVEY (LAST)

⑨ MAILING ADDRESS: 702 FOX HUNT RD.

⑩ CITY: INDIAN TRAIL ⑪ STATE: N.C. ⑫ ZIP: 28079

⑬ PHONE: (WORK) [redacted]-847-8804 ⑭ (HOME) 882-9607

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

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? 4 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 on the property for the purpose of processing this request.

Signed: James Steven Poovey

Date

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

B. R. Ferguson (Environmental) orig. 5-26-89 6-9-89 (Date)

Jim [illegible] (Director or Authorized Section Head) 6-9-89 (Date)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1 59

Name/Company [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

[illegible] 21098

ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 16 1989

Fee: $ 150.00

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: _____

TC: _____

SERIAL: № 18408 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 16832 Plaincrest Rd (STREET NO / STREET) ② FILE: 21098

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 13917102

⑤ SUBDIVISION: Clear Creek Acres ⑥ LOT: # 2 ⑦ BLOCK: _____

OWNER

⑧ NAME: William A Collins (FIRST / MIDDLE / (LAST))

⑨ MAILING ADDRESS: PO Box 492

⑩ CITY: Harner, ⑪ STATE: NC ⑫ ZIP: 27529

⑬ PHONE: (WORK) 289-9591 (Cathy Helms agent) ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

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? 4 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: James [illegible]

Date: _____

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.

B.R. Ferguson 5-26-89
Environmentalist Date

Jim Ewin 6-1-89
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.

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2108

T.C. NO. 139-171-62

(Ground Absorption Sewage Disposal)

OWNER: Sally B. Haney
ADDRESS: PO Box 25311 Charlotte, N.C. 28212
PLAT NO: Lot 23
LOT SIZE: Approx 8 Acres
LOCATION OF SITE: Plainview Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-8%	S (PS) U 2-8%	S (PS) U 2-8%	S PS U —
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S PS (U) 2-1 Clay	S (PS) U Clay	S PS U —
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U —
4. SOIL DEPTH (inches)	S (PS) U 30-40"	S PS (U) 20-30"	S PS (U) 18-30"	S PS U —
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36"	S PS (U) <36"	S PS (U) <36"	S PS U —
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U >36" To ground water	S (PS) U >36" To ground water	S (PS) U >36" To ground water	S PS (U) Depression
7. OTHER (Specify)	S (PS) U Limited Area	S PS U	S PS U	S PS U
8. SOIL GROUP	10 B	10 B	10 B	—
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable	unsuitable	unsuitable
10. SOIL SERIES	Georgeville Lake	Lignum Lake	Badin Lake	Depression

S - Suitable PS - Provisionally Suitable U - Unsuitable

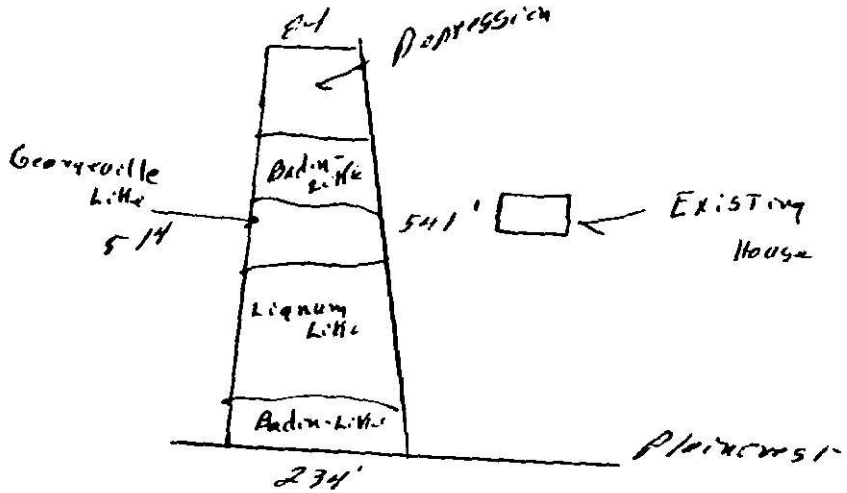
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Families use for septic tank system installation.

Described by: William B. Martin
Title: Soil Scientist

Date: 7-3-84

2d


Depression
Georgeville Lake
514
Badin Lake
541'
Existing House
Lignum Lake
Badin Lake
Pleincrest
234'

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 021078 DATE: 3/12/91

TC: 131-171-02 ☐ L ☐ CRT

SERIAL № 13710

Name of Owner James Pooney Juris.:

Address of Property 116 3.2 Plainfield Rd.

Inspection Data:

Tank Material Pvc

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12'

Water Supply Source Well

Distance to Water Source 210

Excavation Inspected 3/12/91

Tank(s) Inspected 3/12/91

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: [illegible] CTR#

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: [illegible]

[signature]
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

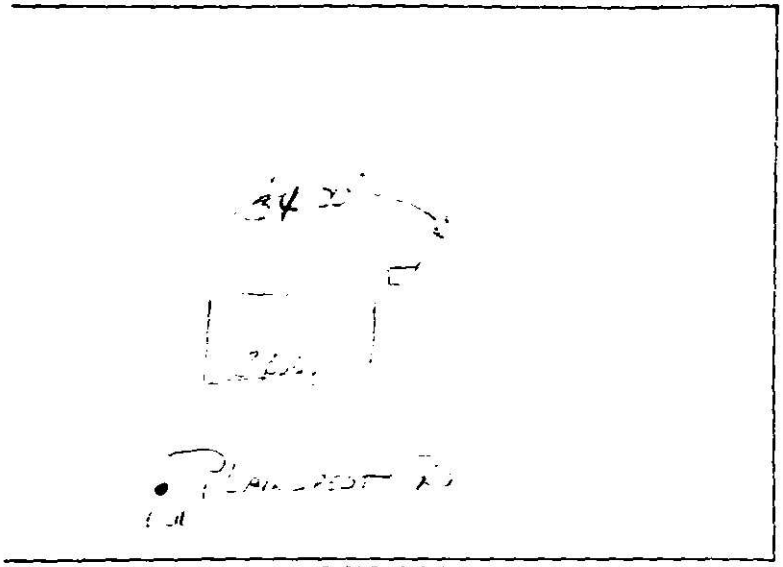
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: [illegible] DATE: 2/[illegible]/91

TC: [illegible] ☐ L

SERIAL № 14898

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 2/[illegible]/91. All work shall be completed on or before 3/[illegible]/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank n/a gallons

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Trench Width 3' feet

Total Line Length 4[illegible]' feet

Number of Lines 4

Depth of Stone [illegible]" inches

Distance from House [illegible] feet

Distance from Property Line [illegible] feet

Distance from Well [illegible] feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: [illegible]

[illegible]
Division or Section Head

[illegible]
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

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: _____

TC: _____

SERIAL: 14612 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: [illegible] (STREET NO) [illegible] (STREET) ② FILE: [illegible]

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: [illegible] ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: [illegible] (FIRST) [illegible] (MIDDLE) [illegible] (LAST)

⑨ MAILING ADDRESS: [illegible]

⑩ CITY: [illegible] ⑪ STATE: [illegible] ⑫ ZIP: [illegible]

⑬ PHONE: (WORK) [illegible] ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

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㉒ Number of bedrooms? _____ 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 [illegible]ECKLENBURG COUNTY HEALTH DEPARTMENT to enter [illegible] the property for the purpose of processing this request.

Signed: [illegible]

Date: _____

OFF CABINETS OFF CANTON [illegible]

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.

_____ Environmentalist Date

_____ 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.