SEE INSTRUCTIONS ON BACK

Date Received 9-11-84

ICAR (S) Application No. 21466

T. CRO 045-431-12

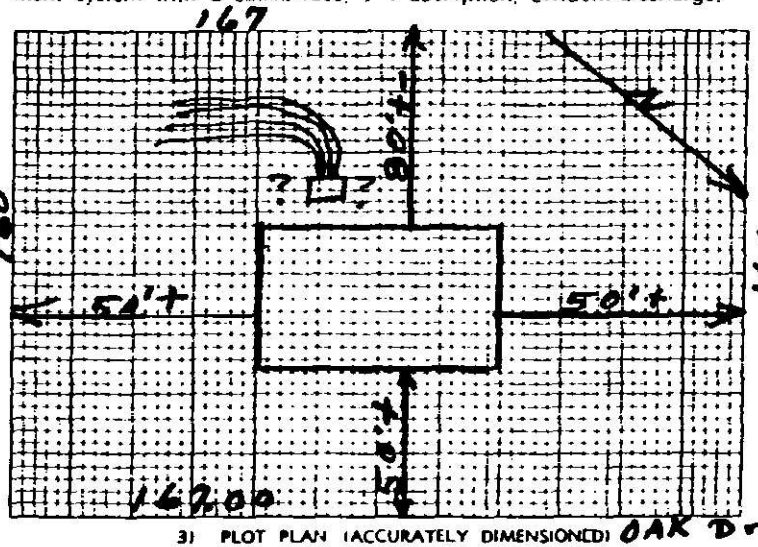
Map Date L

# 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) X 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 X No
Residence X 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 CRATER water System
2 ~~Governmental source~~
10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No. ___

13) NAME OF OWNER Crater (LAST) Robert (FIRST) Dewey (MIDDLE)

14) ADDRESS OF OWNER 4515 Garvin Dr, Charlotte NC 28213

15) PHONE NO. Home 596-4020 Office ___

16) LOCATION OF SYSTEM 4601 Oak Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Crater Park Lot No. 1 + pt of 127 Block No. 1

Map Book No. 8 Page No. 25

18) DEED REFERENCE — DEED BOOK ___ AT PAGE Parcel # 045-431-12

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X 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.

9-15-84
DATE OF APPLICATION

Robert D. Crater
OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 9-18-84

SIR No. 21466

T. P. No. 045-431-12

Map Date L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER CRATER (LAST) Robert (FIRST) Dewey (MIDDLE)

2) ADDRESS OF OWNER 4515 Garvin Dr City ZIP 28213

3) PHONE NO. Home 596-4020 Office ____

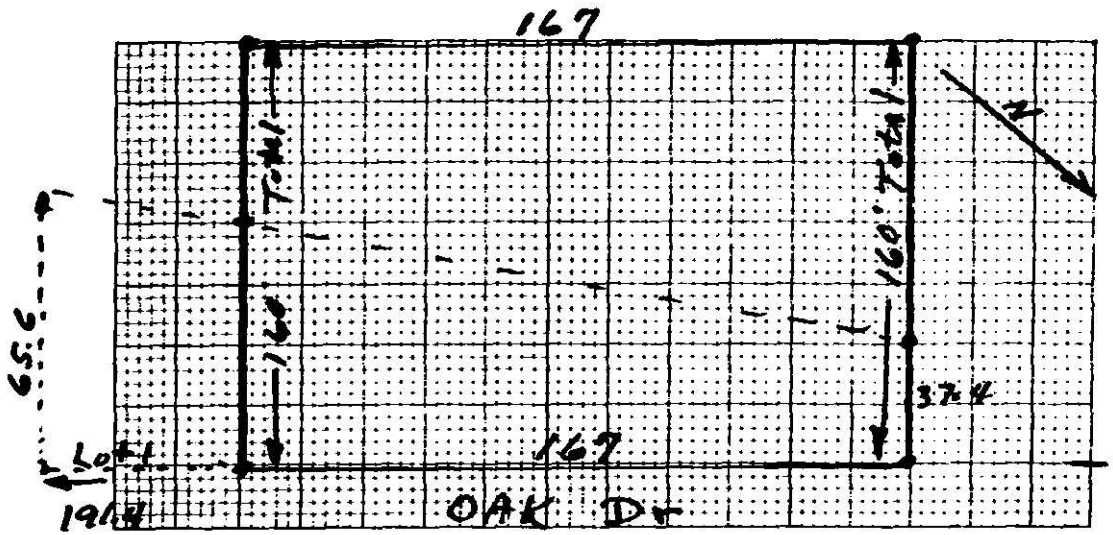
4) LOCATION OF PROPERTY 4601 OAK Dr (STREET OR COUNTY ROAD) (@ 45-431-12 Parcel #)

5) SUBDIVISION Crater Park LOT NO 1 partial BLOCK NO 1 + Part of 17 acres.

MAP BOOK NO 8 PAGE NO. 257

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

L. D. Crater
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21466

T.C. NO. R0045-431-12

(Ground Absorption Sewage Disposal)

OWNER: Robert Chester
ADDRESS: 4515 GARVIN Dr. 28213
LOCATION OF SITE: 4681 Oak Drive

PLAT NO:
LOT SIZE: 24,720 .61

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S (PS) 2-6 U | S PS U | S PS U | S PS U |
| 2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay) | S (PS) Clayey U | S PS U | S PS U | S PS U |
| 3. SOIL STRUCTURE (12-36 inches) | S (PS) Blocky U | S PS U | S PS U | S PS U |
| 4. SOIL DEPTH (inches) | S (PS) 40-45 U | S PS U | S PS U | S PS U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S (PS) None U | S PS U | S PS U | S PS U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S (PS) Adequate U | 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 | IVc | | | |
| 9. SITE CLASSIFICATION | Provisionally | | | |
| 10. SOIL SERIES | Cecil | | | |

S - Suitable PS - Provisionally Suitable U - Unsuitable

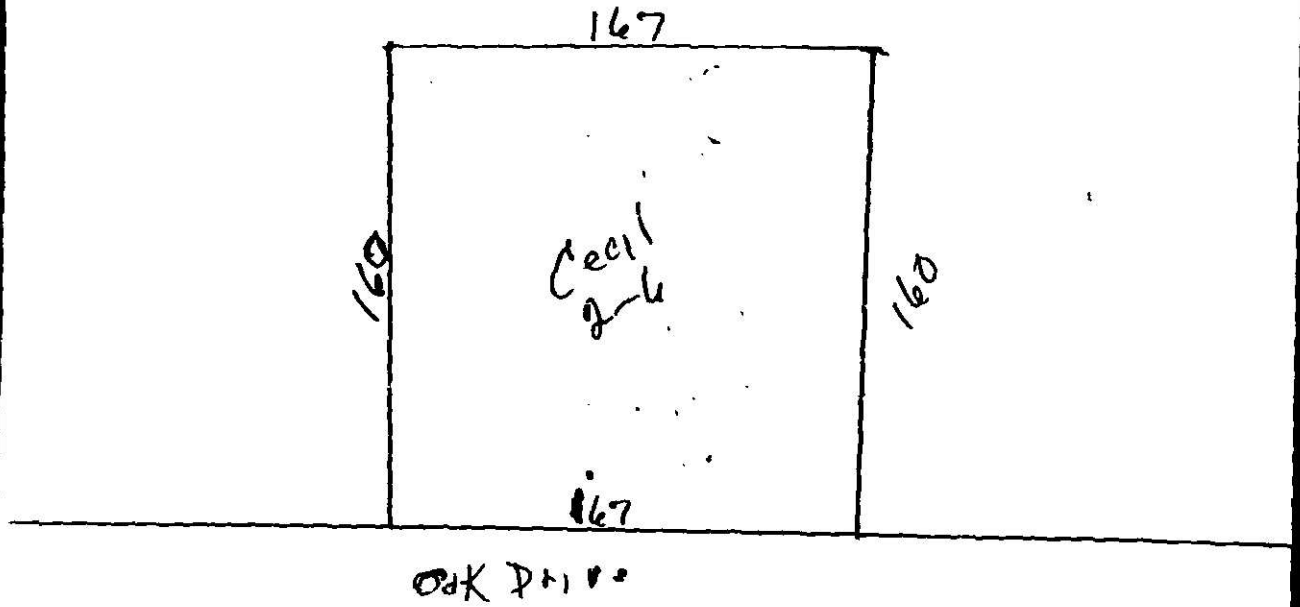
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

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

Date: 11-2-84

4


167
160
Cecil
2-4
160
167
Oak Drive

Serial No. 5901

SIR No. 21466

T. C. No. PO 045-431-12

Date Issued 10-5-84

Map Date L

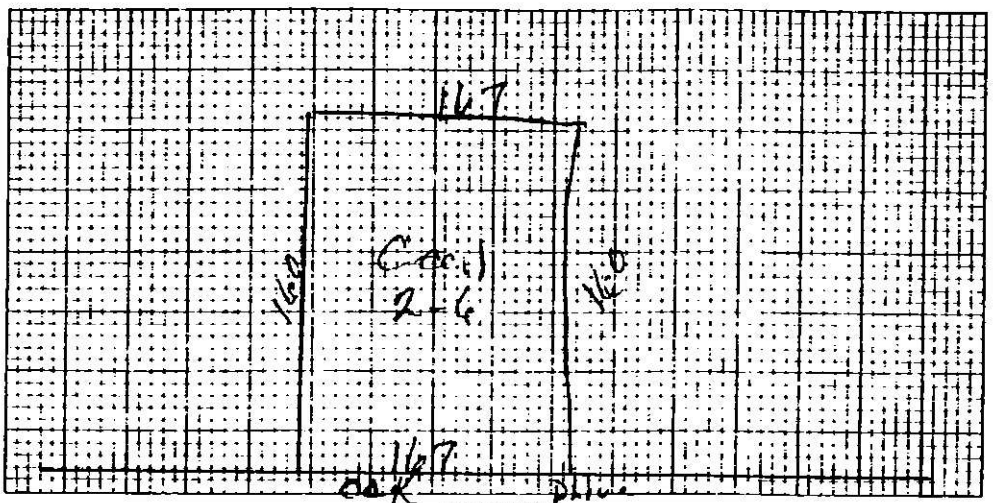
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## SOIL INVESTIGATION REPORT

NAME OF OWNER Crater, (LAST) Robert (FIRST) Dewey (MIDDLE)

ADDRESS OF OWNER 4515 Garvin Dr., Charlotte, NC ZIP 28213

LOCATION OF PROPERTY 4601 Oak Drive (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. The said lot is approved PROVISIONALLY SUITABLE 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 may be installed will be determined by the Mecklenburg County Department of Environmental Health at the time of installation based on the permeability rate obtained above and on the size and type of building constructed thereon.
3. This approval is valid only at the location and in the manner indicated as acceptable for system installation on the above plot.
4. This approval is void at any time if any grading or construction including the driving 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 of the system as originally approved.

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.

W. B. Ramsey
Soil Scientist

Brice D. Hamilton Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 7901

SIR No. 21466

Date Issued 10-5-84

T. C. No. PO 045-431-12

Map Date L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

**TO THE BUILDING INSPECTION DEPARTMENT**

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

NAME OF OWNER Crater, (LAST) Robert (FIRST) Dewey (MIDDLE)

ADDRESS OF OWNER 4515 Garvin Dr., Charlotte, NC ZIP 28213

LOCATION OF LOT 4601 Oak 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 20466. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

# PROPOSED PLOT PLAN

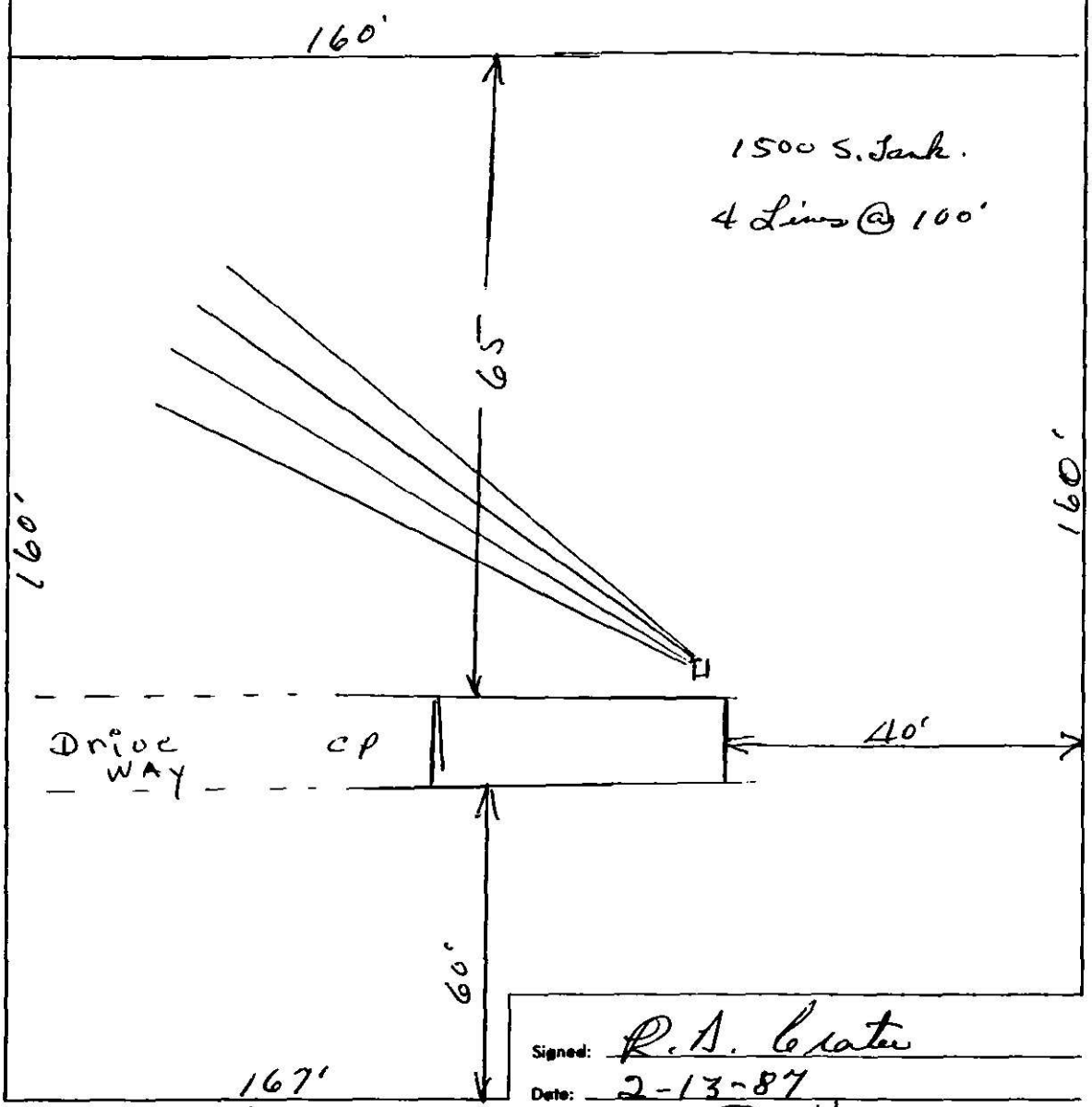
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21466

TC: 045-431-12

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.




Signed: R. A. Crater

Date: 2-13-87

# APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, ... [illegible]

(OFFICE USE ONLY)
FILE: 21466
TC: _____
SERIAL: No 11272

☒ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 4601 (STREET NO) OAK Dr (STREET) ② FILE: 21466 2a 045 431-12

③ JURISDICTION: Mech ④ TAX PARCEL NO.: 045-431-12

⑤ SUBDIVISION: Crater Park ⑥ LOT: 1 ⑦ BLOCK: 1

**OWNER**

⑧ NAME: Robert (FIRST) Kersey (MIDDLE) Crater (LAST)

⑨ MAILING ADDRESS: 4515 Garvin Dr

⑩ CITY: Charlotte NC ⑪ STATE: N.C ⑫ ZIP: 28213

⑬ PHONE: (WORK) 596-4020 ⑭ (HOME) 596-4020

**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? 6 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: R. K. Crater

Date: 2-3-87

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 _____ 12-16-87 Date

Director or Authorized Section Head _____ 12-16-87 Date

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

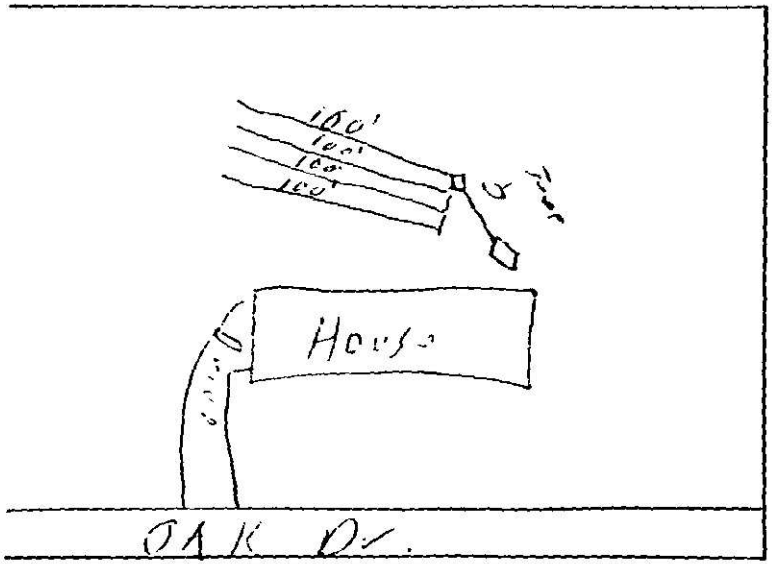
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21466 DATE: 6-15-87

TC: 045-451-12 PL

SERIAL № 11047

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 2-3-87. All work shall be completed on or before 7-15-87, 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 Department of Environmental Health 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 — gallons

Tank Construction PC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400 feet

Number of Lines Four

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 11 feet (Comm. lot)

Distance from Well >100' feet

NAME OF OWNER Robert Crater

LOCATION OF PROPERTY 4601 OAK Dr.

Comments: Four Trenches 100'X3'X12" Stone

System Design to be located from House

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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21466 DATE: 6-15-87

TC: 046-431-12 ☒ L ☐ CRT

SERIAL № 10351

Name of Owner Robert [illegible] Juris.:

Address of Property [illegible]

**Inspection Data:**

Tank Material Concrete

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12 - 24"

Water Supply Source Well

Distance to Water Source ND Well

Excavation Inspected 6-19-87

Tank(s) Inspected 6-19-87

Wash Line Inspected N.R

High Water Alarm Inspected —

PLOT

Design: 1987, 1500ST, Con, 1200ST, T, 12G, Cec: I 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:

W. B. Ramsey
Environmentalist

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