Date Received 3.31.83

RECEIVED
MAR 31 1983
ENVIRONMENTAL HEALTH

SIR No. 19514

T. C. No. 037-214-04

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ballard (LAST) Walter & Katy (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 7601 Old Statesville Rd. Cha. ZIP 28213

3) PHONE NO Home 596-4764 Office 597-1798

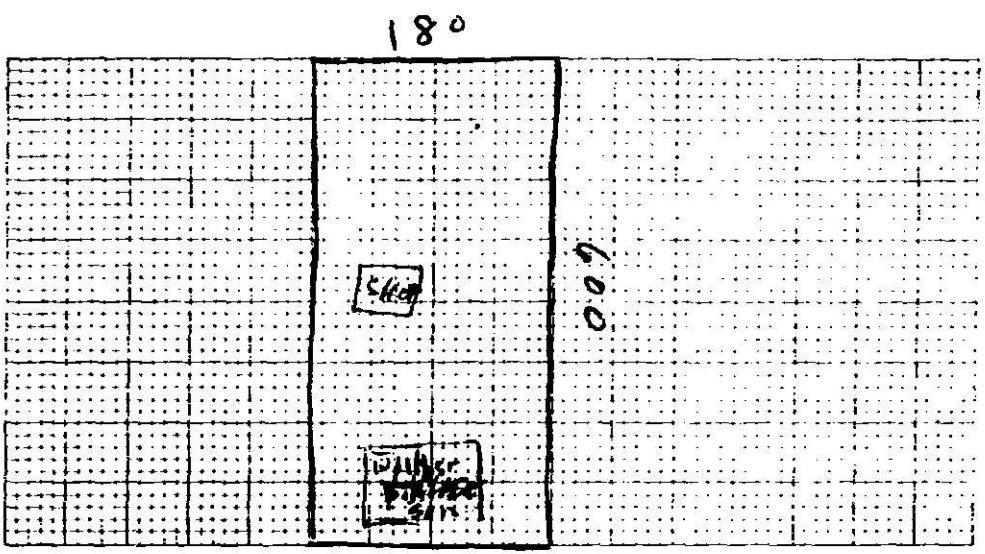
4) LOCATION OF PROPERTY 7601 Old Statesville Rd. Charlotte (STREET OR COUNTY ROAD)

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

old statesville Rd.

Katy Ballard
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4956

PTR No. 19514

T. C. No. 037-214-04

Date Issued 4-12-83

Map Date

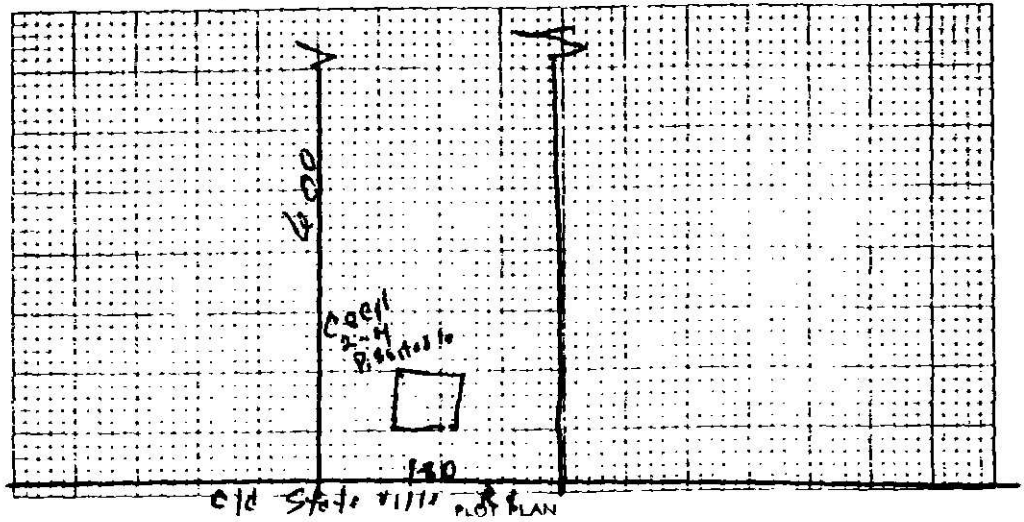
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ballard, (LAST) Walter & Katy (FIRST) (MIDDLE)

ADDRESS OF OWNER 7601 Old Statesville Rd., Charlotte, NC ZIP 28213

LOCATION OF PROPERTY 7601 Old Statesville Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



This is to certify that the site evaluation of the above lot for the subsurface sewage disposal system was made by the Mecklenburg County Department of Environmental Health in accordance with the rules described above. The said investigation was conducted on that portion of the lot designated on the plot plan. The lot was classified as **Provisionally Suitable**

The permeability rate determined for the lot was The said lot is approved for the installation of an individual subsurface sewage disposal system with subsurface, soil absorption effluent disposal, subject to the following terms and conditions:

1. [illegible] Mecklenburg County Department [illegible] wastewater treatment sys[illegible]
2. [illegible] by the Mecklenburg [illegible] as noted above, and on [illegible]
3. [illegible] system installation [illegible]
4. [illegible] the [illegible] which [illegible] as acceptable for [illegible]

This approval is granted subject to the laws of the State of North Carolina, 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

Mike Sexton
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19514

T.C. NO. 037-214-04

(Ground Absorption Sewage Disposal)

OWNER: WALTER BALLARD
ADDRESS: 7601 Old Statesville Rd 28213
PLAT NO:
LOT SIZE: 2.5A

LOCATION OF SITE: 7601 Old Statesville 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 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) 48" 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	IIA			
9. SITE CLASSIFICATION	P. Suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

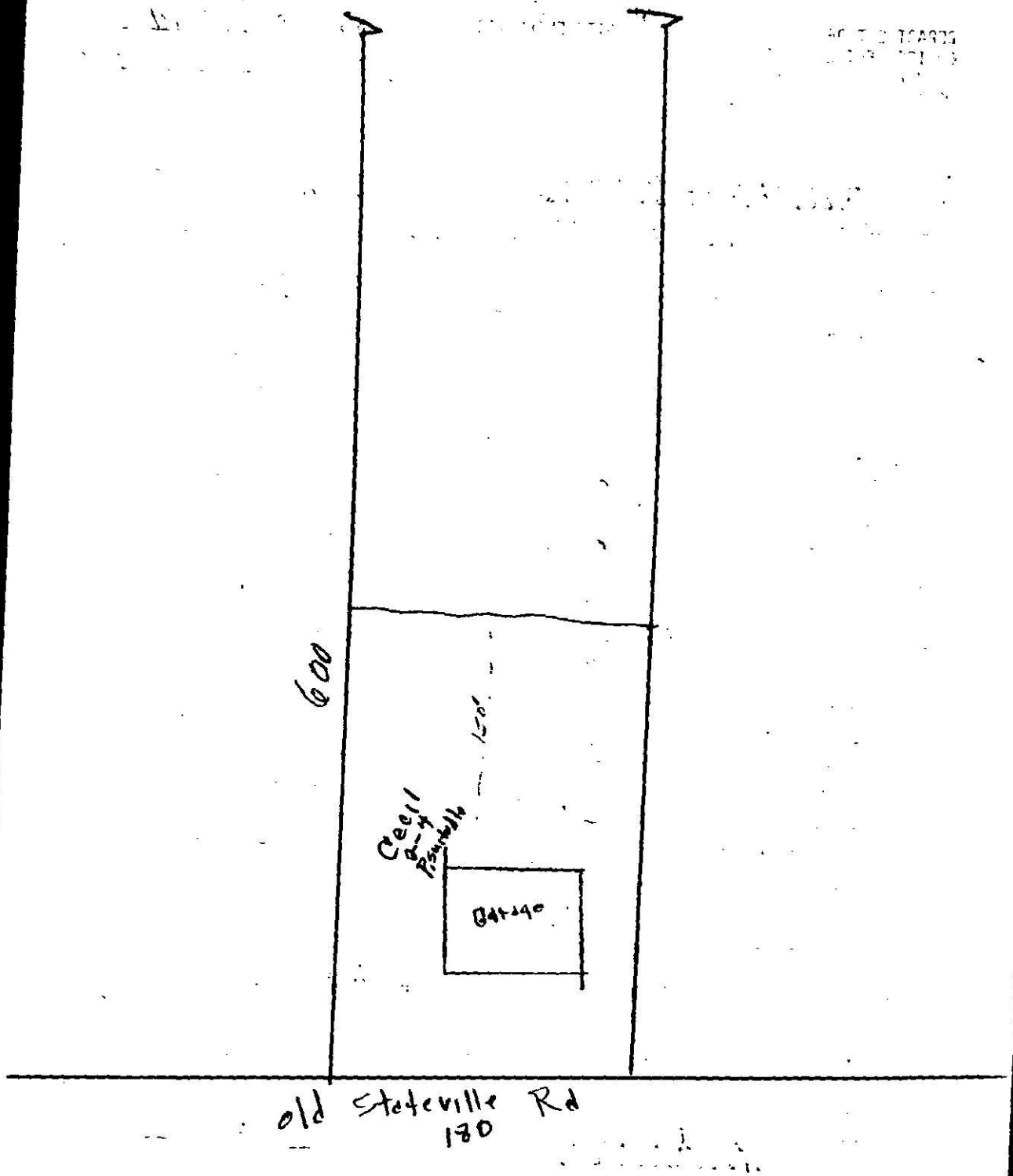
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Need Bathroom for garage

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

Date: 3 - 8 - 83

EHD 539 (Revised: 6/82)


600
150'
Cecil & Pamela
Garage
old Statesville Rd
180

Date Received 4-13-83

MECK. COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 13 1983

ICAR(S) Application No. 19514

T. C. No. 037 214-04

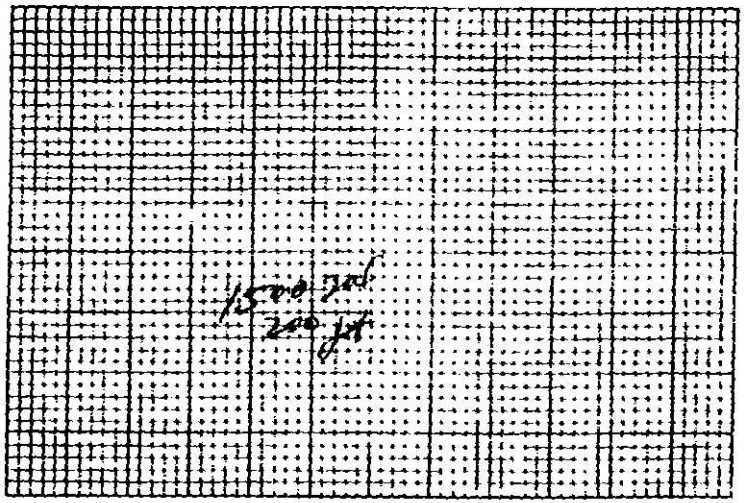
Map Date

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 ___
5) Business Use — Max No Employees ___ 1
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 Ballard (LAST) Walter (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 7601 Old Statesville Rd. Char. 28213

15) PHONE NO. Home 597-1798 Office 597-1798

16) LOCATION OF SYSTEM 7601 Old Statesville Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION NA Lot No. NA Block No. NA

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 4/83 BS

20) PTR NUMBER (See Instructions) 19514

The undersigned person hereby agrees that he has read the foregoing application and that the contents of some 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.

4-13-83
DATE OF APPLICATION

Walter Ballard
OWNER

EHD-5-74

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BI. 4-20-83

SIR No. 19514

Serial No. 6350

Date Issued 4-15-83

T. C. No. 037-214-04

Map Date

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 Ballard, (LAST) Walter (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 7601 Old Statesville Rd., Charlotte, NC ZIP 28213

LOCATION OF LOT 7601 Old Statesville 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 19514 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.

R P Lafon
Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 5-19-83

Serial No. 6272 8

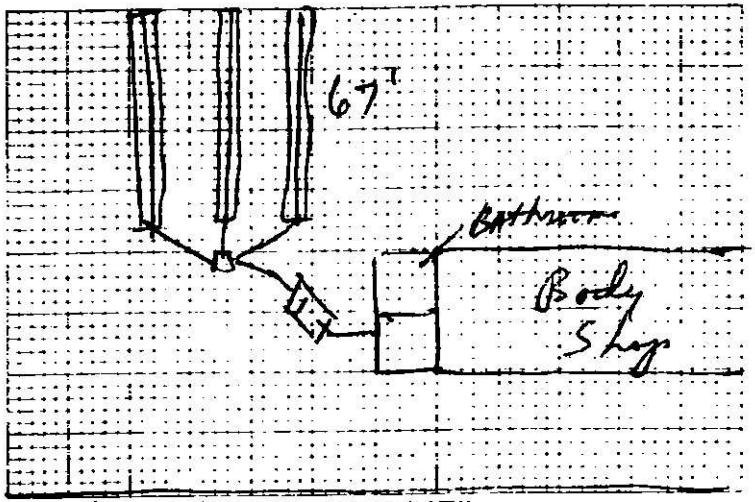
ICAR (S) Permit No. 19514

T. C No. 037-214-04

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 19514, dated 4-13-83, 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 6-19-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P/C Concrete

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 3

Distance from House 75'

Distance from Property Line 710'

Distance from Well 750'

Old Statesville Rd.

NAME OF OWNER Walter H. Ballard

LOCATION OF PROPERTY 7601 Old Statesville 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.

3- 67 ft long x 3 ft wide x 12" stone

Comments: _____

Division or Section Head

Environmentalist B. C. Hedgepeth

* 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

BI 5-26 13

C of A (s) No. 19514

Date Issued 5-25-83 **Serial** 5859

T. C. No 037-214-04

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 Ballard (LAST) Walter (FIRST) H. (MIDDLE)

Location of Property 7601 Old Statesville Rd.

Application Number 19514 Permit Number 19514

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material R/C Concrete

Total Length of Drain Tile 200' Number of Lines 3

Depth of Filter Material 12" Cover Depth 1½ - 2'

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 5-24-83 (DATE)

Nitrification Field Inspected 5-24-83 (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

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Paid 2/15/88 #50. Septic Permit Fee

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, sex, or disability.

(OFFICE USE ONLY)
FILE: 19514
TC: 037-214-04
SERIAL: Nº 15509
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 7601 (STREET NO) OLD STATESVILLE RD (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 037 214 - 04
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WALTER (FIRST) H. (MIDDLE) BALLARD (LAST)
⑨ MAILING ADDRESS: 7601 OLD STATESVILLE RD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28213
⑬ PHONE: (WORK) 597-1798 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Shop building
no bathrooms

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉕ Type? Shop building
㉓ Maximum occupancy?
㉖ Maximum number of employees? 5
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: Walter Ballard
Date: 2-12-88

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 — Date 2-16-88

Director or Authorized Section Head — Date 2-16-88

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

PROPOSED PLOT PLAN

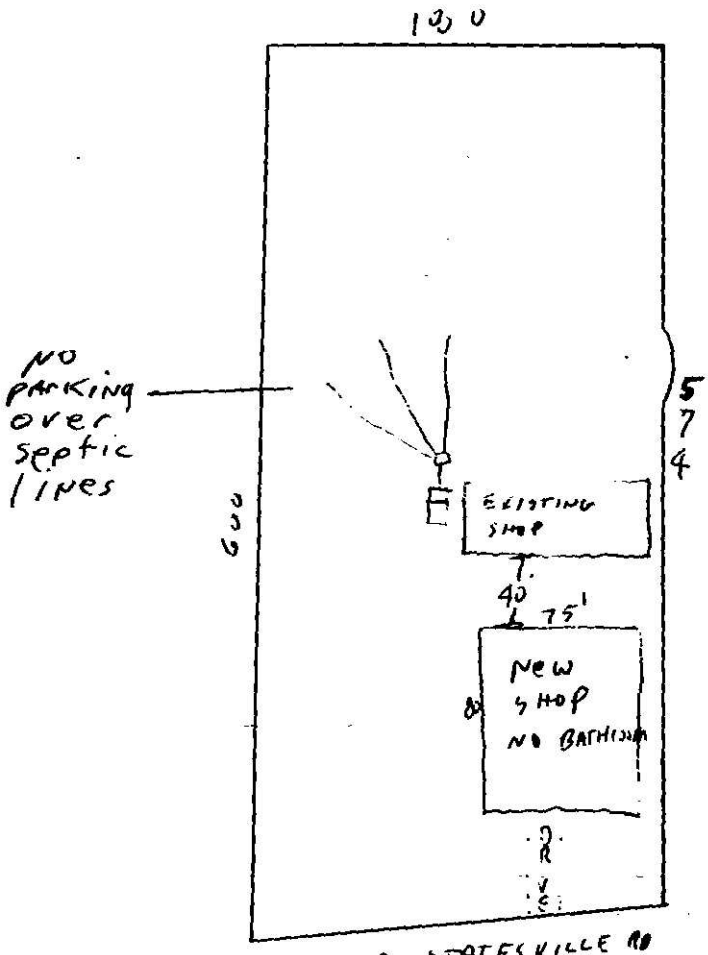
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 19514

TC: 037-214-04

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.



Signed: Walter Ballard

Date: 2-12-88