Date Received 4/5/78

APT No. 13799
P.O.
T.C. No. 001-301-06

Map Date 4-19-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Boyd Mrs Scott (Ruth G)
LAST FIRST MIDDLE

2) ADDRESS OF OWNER c/o Joyce Stamble Rt 1 Box 355 Davidson ZIP 28036

3) PHONE NO Home 892-0445 Office

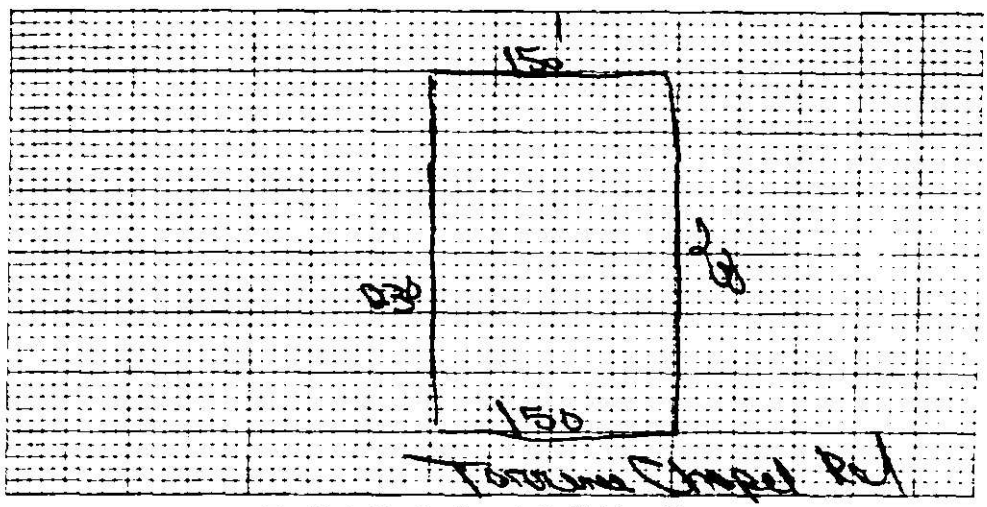
4) LOCATION OF PROPERTY Torrence Chapel Road
STREET OR COUNTY ROAD

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

Ruth G. Boyd
OWNER

EHD-5-76

Environmental Health Department's Copy

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

APPENDIX H
SITE EVALUATION

apt # [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible] DATE REQUESTED: [illegible]
ADDRESS: [illegible] PLAT NO.: [illegible]
COUNTY: [illegible] LOT SIZE: [illegible]
LOCATION OF SITE: Terrence Lloyd Rd.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS [illegible] 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 [illegible] U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS [illegible] U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS [illegible] U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S [illegible] PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S PS U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS [illegible] U	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION →	[illegible]			
SOIL SERIES	[illegible]			

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: [illegible]

Title: [illegible] Date: [illegible]

DHS Form 2601 (2/77)
Sanitation

Serial No. 1709

PTR No. 15799
P.O. 001-301-06
T C No.
Map Date 4-19-77

Date Issued 4/5/78

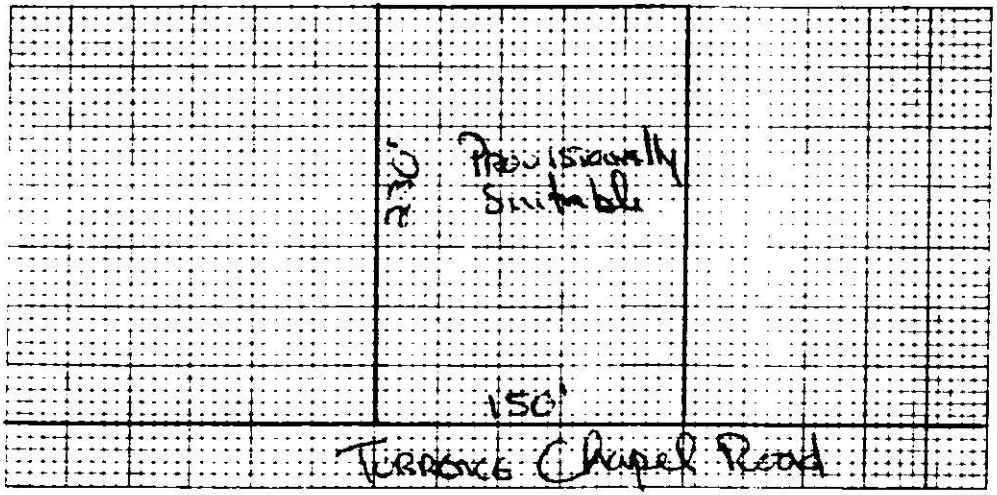
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Boyd (LAST) Mrs. Scott (FIRST) (Ruth G.) (MIDDLE)

ADDRESS OF OWNER %Joyce Gamble, Rt. 1, Box 350 Davidson ZIP 28036

LOCATION OF PROPERTY Torrence Chapel Road (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 soil investigation was conducted on that 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 permit must be obtained before the proposed system may be installed from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of the building which the wastewater treatment system on the said lot
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to the issuance of the permit at the rate obtained above, and on the size and type of building to be installed thereon
3. This approval is valid only for the system recommended on the plot indicated as suitable for system installation on the above plot
4. This approval is valid for one year from the date of construction including the date that tests were performed on the lot which time period will be the Mecklenburg County Department of Environmental Health rating indicated as acceptable for system installation unless prior to construction alterations are made to the lot or proposed system

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.

Environmentalist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 4/3/78

ICAR(S) Application No 13799

T.C. No 001-3606

Map Date 4-19-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

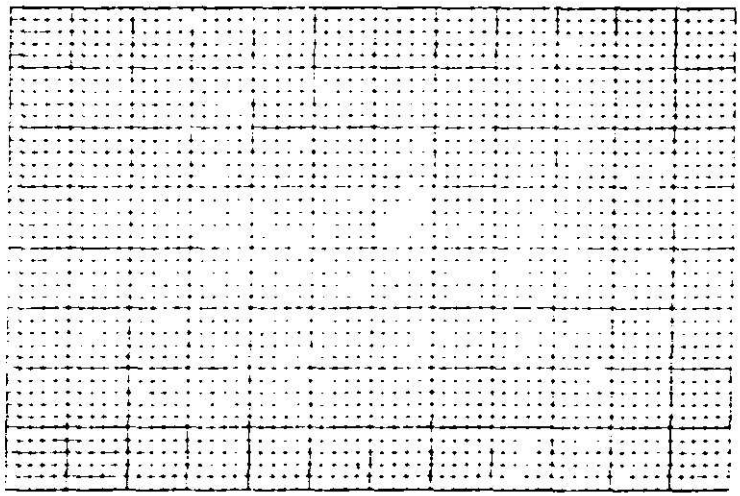
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) X Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Mobile Home ___ Yes ___ 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 X
B) Governmental System ___
C) Community System
1) Well source ___
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 ___



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Boyd (LAST) Mo Scott (FIRST) (Ruth G) (MIDDLE)

14) ADDRESS OF OWNER % Joyce Double Rt 1, Box 350, Davidson 28036

15) PHONE NO. Home 892-0465 Office ___

16) LOCATION OF SYSTEM Torrence Chapel Rd (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 ___

OWNER Ruth G. Boyd

EHD-5-76

Environmental Health Department's Copy

Date Issued 4/5/78

Serial No. 1687

LA No. 13799

T. C. No. P.O. 001-301-06

Map Date 4-19-77

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 Boyd (LAST) Mrs. Scott (FIRST) (Ruth G.) (MIDDLE)

ADDRESS OF OWNER %Joyce Gamble, Route 1, Box 350, Davidson ZIP 28036

LOCATION OF LOT Torrence Chapel 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 13799. 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.

J M Reynolds
Environmentalist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 6 JULY 77

Serial No. 1767

ICAR(S) Permit No. 13799

T C No. 001-301-06

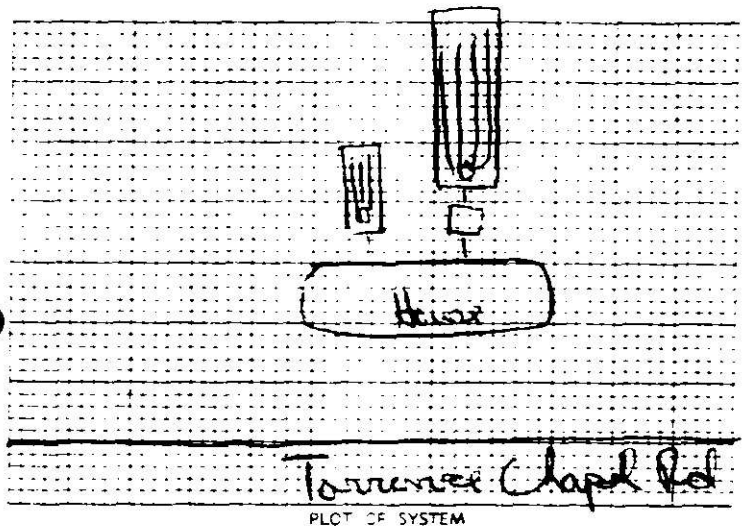
Map Date

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 13799, 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 6 Aug 78, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 330' - 125'

Number of Lines 4 - 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Boyd, R.G.

LOCATION OF PROPERTY Torrence Chapel 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

Division or Section Head

J. M. Fayoldo

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-5-76

Environmental Health Department's Copy

Serial No. 1717

C of A (s) No. 13799

Date Issued 7 July 78

T C No 001-301-06

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Boyd, R.G. (LAST / FIRST / MIDDLE)

Location of Property Torrence Chapel Road

Application Number 13799 Permit Number 13799

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 330'-125' Number of Lines 4-3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7 July 78 (DATE) Tank Inspected 7 July 78 (DATE)

Nitrification Field Inspected 7 July 78 (DATE)

Washing Machine Line Inspected, If Applicable 7 July 78 (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

G M Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy