Date Received 2-22-82

MECKLENBURG COUNTY ... FEB 22 ...

SIR No. 19343

T. C. P.O. No. 215-15-2-04

Map Date 2/22/83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Malone (LAST) Samuel (FIRST) P. (MIDDLE)

2) ADDRESS OF OWNER 644 W. John St. Matthews ZIP 28105

3) PHONE NO. Home 847-7113 Office 847-9026

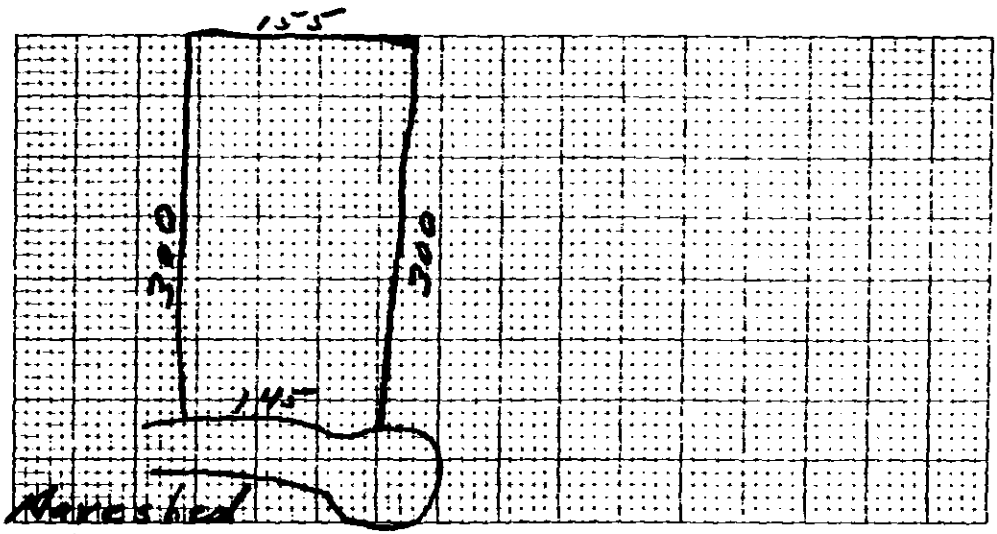
4) LOCATION OF PROPERTY Idlewild Rd Moreshead Ln and Creekside Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION ____ LOT NO. 1 BLOCK NO. B

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

OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 14343

T.C. NO. PO 415-152-04

(Ground Absorption Sewage Disposal)

OWNER: Samuel C. Malone
ADDRESS: 644 Wilson Farm Dr. Matthews N.C. 28105

PLAT NO: 21-B
LOT SIZE: 45,000

LOCATION OF SITE: Proposed Mansard E.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay 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) 30-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S Saprolite (PS) 30"+ U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) >36" ground water 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	IVA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cec. I.A.			

S - Suitable PS - Provisionally Suitable U - Unsuitable

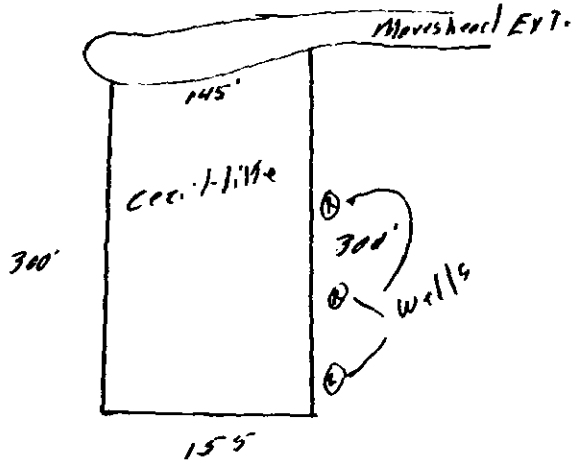
**See Diagram on Back (includes soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William G. Charles
Title: Soil Scientist

Date: 7-14-83

✓


Mooreshead Ext.
145'
Cec. Line
300'
300'
A
B
C
Wells
155'

Serial No. 4907

PTR No. 19343

Date Issued March 14, 1983

T. C. No. P0 215-152-04

Map Date

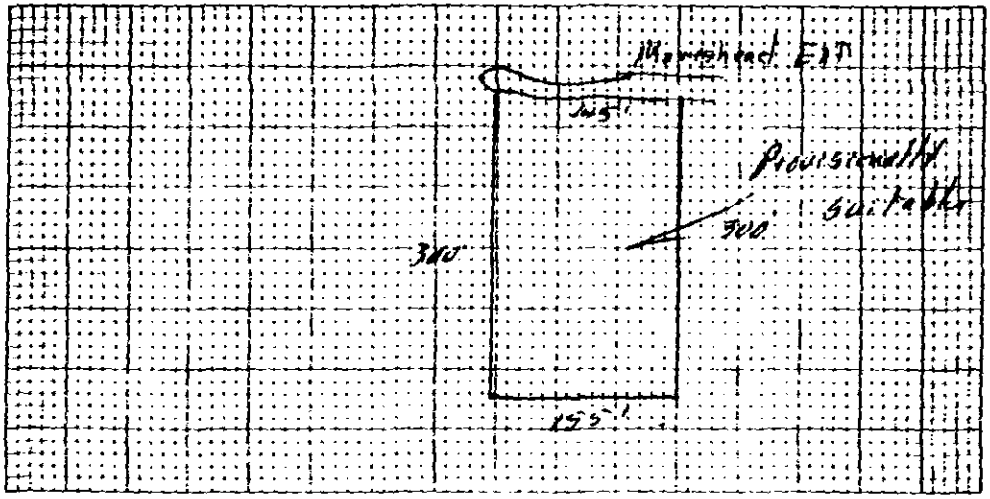
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Malone, Samuel P.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 644 W. John Street, Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY Proposed Moreshead Ext.
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site inspection 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 plan. **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 from the Mecklenburg County Department of Environmental Health before the construction of the wastewater treatment system on the said lot.
2. The system must be constructed as determined by the Mecklenburg County Department of Environmental Health in the area indicated above, and on the site plan submitted and made a part hereof.
3. This approval is for the issuance of a provisionally suitable system installation on the above lot.
4. This approval is based upon tests performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health indicated as acceptable for system installation. Installation of the 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 at 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.

William R. Martin
Soil Scientist

Mike Sexton
Environmental Health Director or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

Date Issued 8-17-84

Serial No. 7782

SIR No. 19343

T. C. No. PO 215-152-84

Map Date L, CRT

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 Chapman, (LAST) Ronald (FIRST) S. (MIDDLE)

ADDRESS OF OWNER 7605 Reddman Rd., Charlotte, NC ZIP 28212

LOCATION OF LOT 14010 Hareshead Lane (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 19343. 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

Date Received 8-17-84

RECEIVED
SEE INSTRUCTIONS ON BACK
AUG 17 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19343

T. C. No. P0215-152-C4

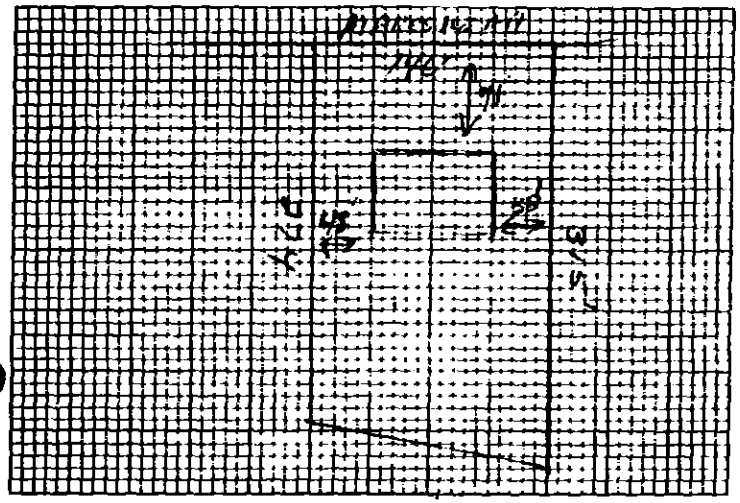
Map Date L

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) ✓ 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)

4) Mobile Home ____Yes ____No
Residence X Yes ____No

4) No of Bedrooms 3

5) Business Use - - Max No Employees _____

6) Washing Machine X Yes ____No

7) Garbage Disposal X Yes ____No

8) Dishwasher X 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 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 CHAMPION (LAST) RONALD (FIRST) S. (MIDDLE)

14) ADDRESS OF OWNER 6705 REDDMAN RD. 2812

15) PHONE NO. Home 563-7552 Office 536-1608

16) LOCATION OF SYSTEM 14216 MALESHEAD LN. (STREET OR COUNTY ROAD)

17) SUBDIVISION CREEKSIDE Lot No. 1 Block No. B

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES _____ NO DATE RUN 3-14-83

20) PTR NUMBER (See Instructions) 19343

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.

8-17-84
DATE OF APPLICATION

Ronald S. Champion
OWNER

EHD-S-76

Environmental Health Department's Copy

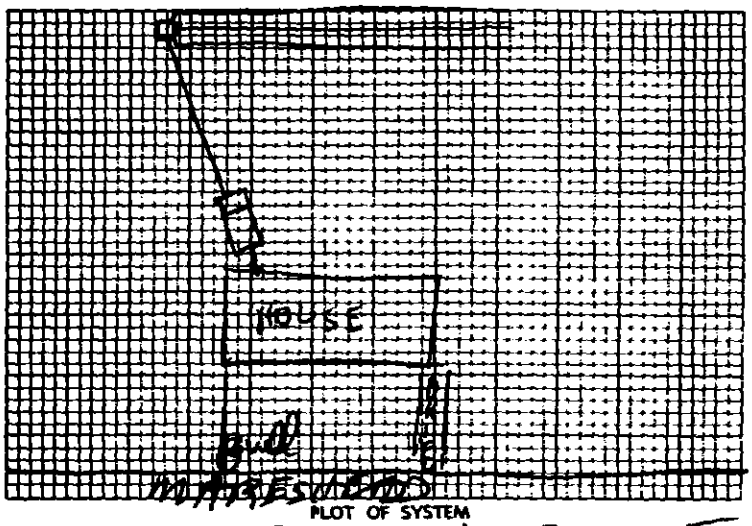
Date Issued 10-1-94 Serial No. 07632 ICAR(S) Permit No. 9343

T. C. No. 00215152 04

Map Date 1

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 9343, dated 8-17-94 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 11-1-94, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 3x100

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER CHAPMAN, ROBERT

LOCATION OF PROPERTY 14010 MARESHEAD LN

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 line x 100' long x 3' wide x 12" stone x straw cover w/ grd boards

Comments:

B. Hankster
Division or Section Head

Kelly Rondall
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-5-74

Environmental Health Department's Copy

C of A (s) No. 19343

Date Issued 10-2-84 **Serial** 7034 T. C. No P0215-152-04 L CRT

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 CHAPMAN (LAST) ROBERT (FIRST) (MIDDLE)

Location of Property 19010 MARES HEAD LN

Application Number 19343 Permit Number 19343

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 300' Number of Lines 3x100

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 10-2-84 (DATE) Tank Inspected 10-2-84 (DATE)

Nitrification Field Inspected 10-2-84 (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-S-76

Environmental Health Department's Copy

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR AN IMPROVEMENT PERMIT

MECK COUN Y DEPARTMENT OF
RECEIVED
MAY 4 1987
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: 19343
TC:
SERIAL: Nº 13360
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 14010 (STREET NO.) Marshead (STREET) Ln. ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 215-152-57
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Ronald (FIRST) S. (MIDDLE) Chapman (LAST)
⑨ MAILING ADDRESS: 14010 Marshead Ln.
⑩ CITY: Matthews ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 847-4165 ⑭ (HOME) 847-0241

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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
㉓ Type?
㉔ Maximum occupancy?
㉕ Maximum number of employees?
㉖ 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: Ronald Chapman

Date: 5-4-87

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 / Date

Director or Authorized Section Head / 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

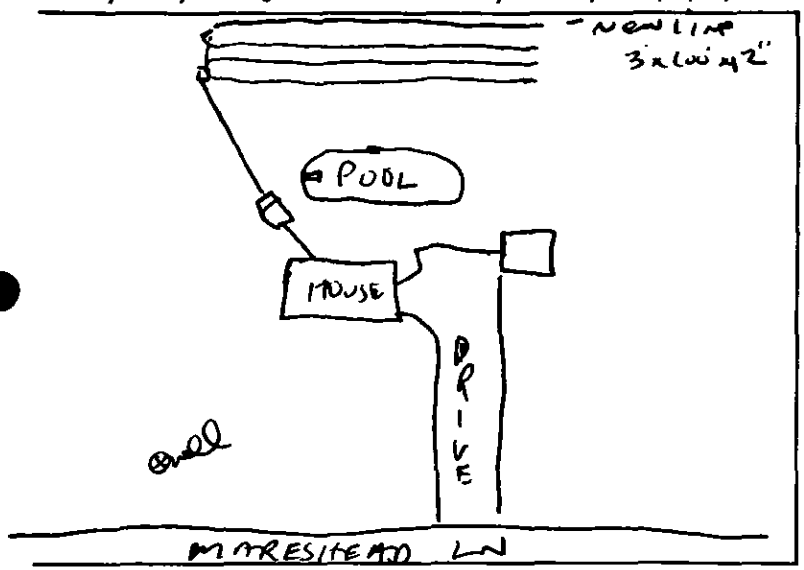
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19343 DATE: 5-5-87

TC: 215-152-57 L

SERIAL № 10895

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 5-4-87. All work shall be completed on or before 6-5-87, 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

REPAIR

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100 feet

Number of Lines 1

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER CHAPMAN, RONALD

LOCATION OF PROPERTY 14010 MARESHEAD LN

Comments: 1 line 3x100x12" rock

Division or Section Head

Environmentalist Kelly Hill

* 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: 19343 DATE: 5-11-87

TC: 215-152-57 L ☐ CRT

SERIAL № 10184

Name of Owner CHAPMAN RON Juris.:

Address of Property 14010 MARESHEAD LN

Inspection Data:

Tank Material REPAIR

Total Length of Drainfield 200

Number of Lines 2 @ 100

Cover Depth 1'

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 5-11

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1987 REPAIR CTR# 103

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:

Kelly R[illegible]

Environmentalist

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