Date Received 3/21/78

APT No. 13146

T. C. No. 07151.14

Map Date 8-7-7

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Poole (LAST) Chris (FIRST) Arnold (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 121, 301-A N. Main St. Cornelius ZIP 28031

3) PHONE NO. Home 892-8765 Office _____

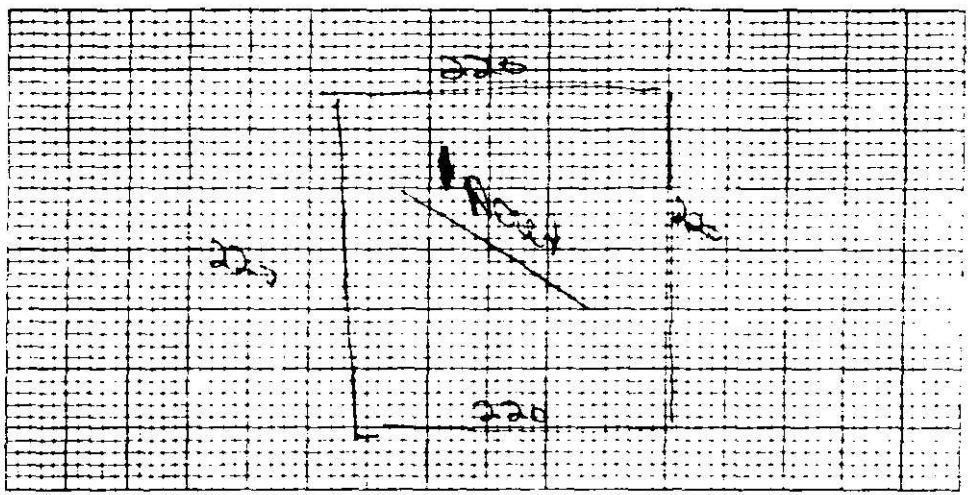
4) LOCATION OF PROPERTY Mayes Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 3926 PAGE NO. 18

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test 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

Chris A. Poole
OWNER

*Need 4 wheel drive to get in.....
They have 25 acres and are marking off 1 acre for house site
If this doesn't perc. please check other areas right around

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

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

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Poole Chris A
DATE REQUESTED: —
ADDRESS: P.O. Box 131 701-A N Highway
PLAT NO.: P.O. 007-151-14
COUNTY: Meck
LOT SIZE: 18,400 sq ft
LOCATION OF SITE: Mayes Rd.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) U CLAY	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) U BLOCKY	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) PS U 48"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	(S) PS U 76' to Rock	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) PS U 76' to water	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) U MOD	S PS U	S PS U	S PS U
8. OTHER (Specify)	(S) PS U adequate area	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION →	PROV SUITABLE			
SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

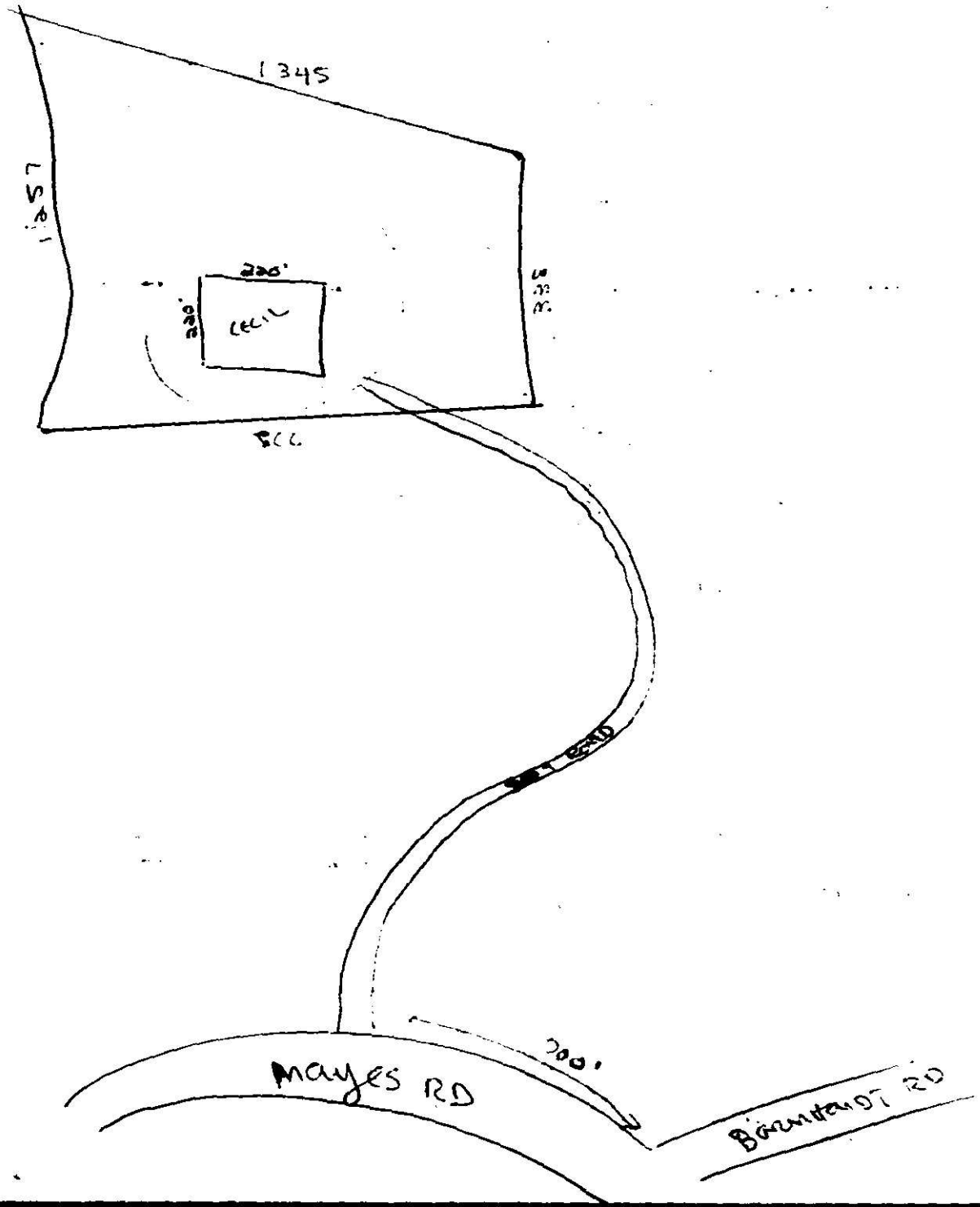
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: [signature]

Title: Environmentalist Date: 29 Mar 78

DHS Form 2601 (2/77)
Sanitation


1345
1257
220'
220'
CECIL
Mayes RD
200'
Barnhardt RD

Serial No. 1697

PTR No. 13746

T C No. P.O. 007-151-14

Date Issued 3/30/78

Map Date 8-9-77

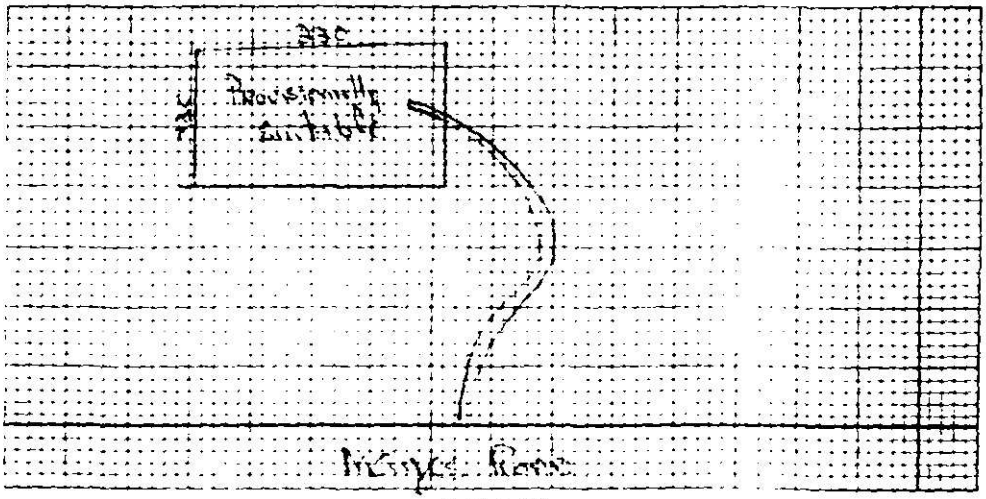
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Poole (LAST) Chris (FIRST) Arnold (MIDDLE)

ADDRESS OF OWNER P. O. Box 121, 301 A N. Main St. Cornelius, N.C. 28031 (ZIP)

LOCATION OF PROPERTY Mayes Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that [illegible] investigation and [illegible] site investigation was made by the Mecklenburg County Department of Environmental Health on the [illegible] described [illegible]. The said investigation was conducted on that [illegible] on the above plot Provisionally Suitable

The permeability [illegible] determined by the investigation was [illegible]. 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. [illegible] the Mecklenburg County Department of Environmental Health [illegible] wastewater treatment system [illegible]
2. [illegible] be determined by the Mecklenburg County Department of Environmental Health [illegible] permeability rate [illegible] above, and on the [illegible]
3. [illegible] system installation in the above plot.
4. [illegible] performed on the lot which [illegible] Department of Environmental Health [illegible] indicated as acceptable for [illegible]

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.

[signature] Environmentalist

EHD-5-76

[signature] Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

Date Received 3/30/78 ICAR(S) Application No. 13740

T C/Rd. 007-151-14

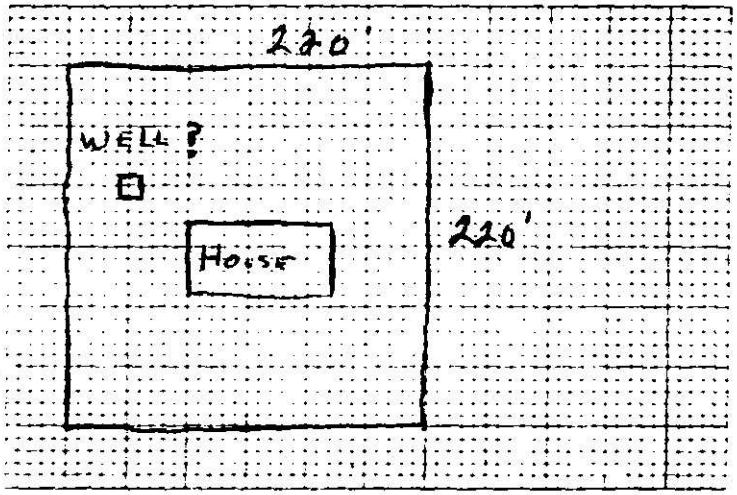
Map Date

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 2

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 ___
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 Poole (LAST) Chris (FIRST) Arnold (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 121 301-A N. Main St. Cornelius, N.C. 28031

15) PHONE NO. Home 892-8965 Office

16) LOCATION OF SYSTEM North of Mayes Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3926 AT PAGE 18

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 3-23-78

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.

March 29, 1978
DATE OF APPLICATION

Chris D. Poole
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 3/31/78

Serial No. 1677

LA No. 13746

T. C. No. P. O. 007-151-14

Map Date 8-9-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

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

NAME OF OWNER Poole (LAST) Chris (FIRST) Arnold (MIDDLE)

ADDRESS OF OWNER P. O. Box 12, 301 A North Main St. Cornelius, N.C.

LOCATION OF LOT North Mayes 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 13746. 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, altred 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

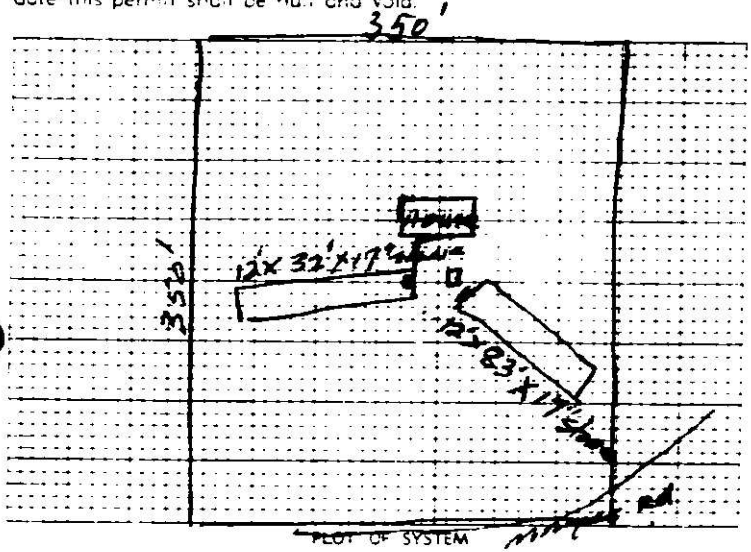
Date Issued 9-8-78 Serial No. 1948 ICAR (S) Permit No 13746

T 067-151-14

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 13746, dated 3-30-78 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 10-8-78, after which date this permit shall be null and void.



Permeability Rate P/3

Liquid Capacity of Tank 1500

Tank Construction PRECAST

Absorption Area or Nitrification Lines

Total Line Length 330 - 125

Number of Lines 4 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Cris Arnold Poole

LOCATION OF PROPERTY North of Mayes Rd

This system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Commissioners 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

Marshall Edwards
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

Date Issued 10-6-78 Serial No. 1951 C of A (s) No. 13746

T & R No. 007-151-14

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Poole (LAST) Cris (FIRST) [redacted]-Arnold (MIDDLE)

Location of Property North of Mayes Rd

Application Number 13746 Permit Number 13746

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast

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

Depth of Filter Material 17" Cover Depth 36"

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 10-6-78 (DATE) Tank Inspected 10-6-78 (DATE)

Nitrification Field Inspected 10-6-78 (DATE)

Washing Machine Line Inspected, If Applicable 10-6-78 (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 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

Marlene Edwards
Environmentalist

EHD-5-76

Environmental Health Department's Copy