Date Received 1-25-84

RECEIVED
JAN 25 1984
ENVIRONMENTAL HEALTH

SIR No. 20557
T.B. No. 223-

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Wilkerson (LAST) Dennis (FIRST) Mac (MIDDLE)

2) ADDRESS OF OWNER 5001 Green Pea Rd Charlotte NC ZIP 28211

3) PHONE NO. Home 542-1777 Office 889 4222

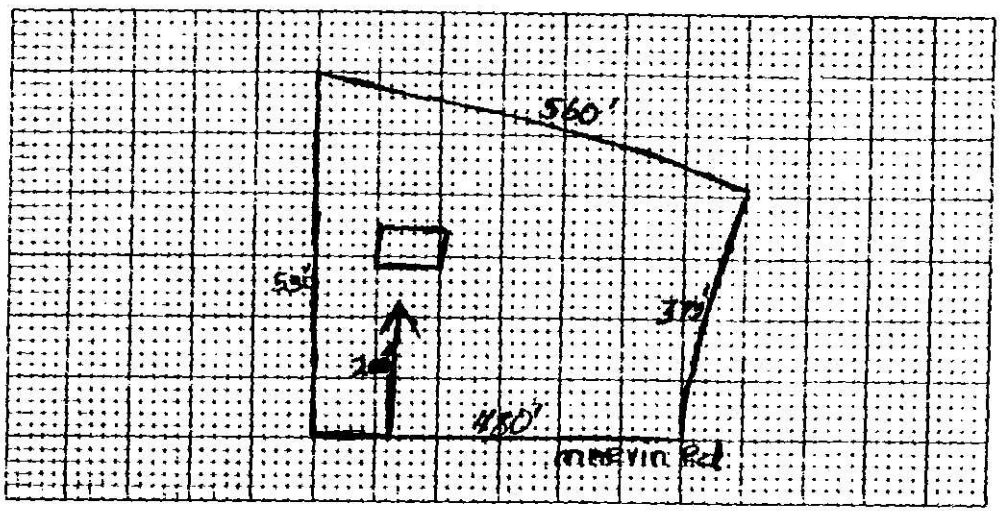
4) LOCATION OF PROPERTY ~~16348~~ 16378 Marvin Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Farmington LOT NO. _____ BLOCK NO. _____

MAP BOOK NO 4418 PAGE NO 684

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

Dennis Mac Wilkerson
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5692

SIR No. 20557

T C. No. 223-

Map Date

Date Issued 3-13-84

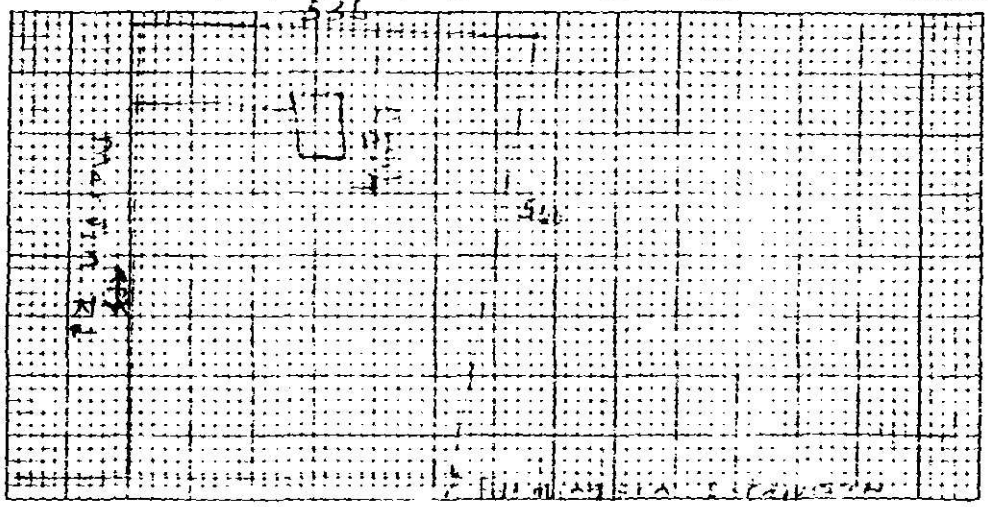
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Wilkerson, Dennis Mac
(LAST FIRST MIDDLE)

ADDRESS OF OWNER 5031 Green Rea Rd., Charlotte, NC ZIP 28211

LOCATION OF PROPERTY Mervin Road
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a soil investigation and site investigation was made by the Mecklenburg County Department of Environmental Health on the property described above. The said 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 complete set of plans for the system shall be submitted to the Mecklenburg County Department of Environmental Health for review and approval prior to the issuance of a permit for the wastewater treatment system on the said lot.
2. The size of the septic tank and the treatment system shall be determined by the Mecklenburg County Department of Environmental Health according to the terms of this report contained above and in the size and type of building proposed.
3. This approval is valid only for the system installation as described above.
4. The approval of the plans and specifications for the system is subject to the system performing in the manner described in the Mecklenburg County Department of Environmental Health Rules governing the operation of wastewater treatment systems. The system shall be located as acceptable for system installation and shall be constructed in accordance with the approved plans and specifications for 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 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 laws, rules and regulations been in effect on the issue date.

Soil Scientist

Environmental Health Director or Authorized Section Head

L40-5-76

Form approved by Department of Human Resources

Date Received 1-25-84

RECEIVED
JAN 25 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20557
T. C. No. 22360

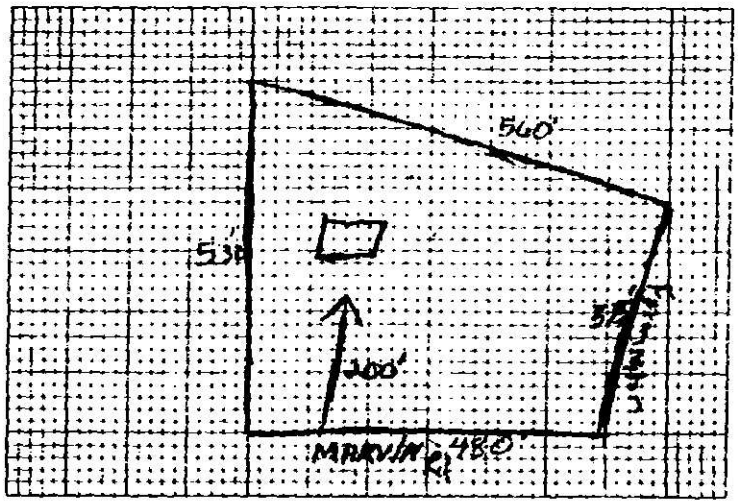
Map Date

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) 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 ___ 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 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 ___

13) NAME OF OWNER Wilkerson (LAST) Dennis (FIRST) Mac (MIDDLE)
14) ADDRESS OF OWNER 5001 Green Rea Rd Charlotte, N.C. 28211
15) PHONE NO. Home 542 1722 Office 889 4222
16) LOCATION OF SYSTEM 1635 Marvin Rd. (STREET OR COUNTY ROAD)
17) SUBDIVISION Farmington Lot No. ___ Block No. ___
Map Book No 4418 Page No. 584
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 ___

Dennis Mac Wilkerson
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20557

T.C. NO. ~~FF 223~~ 131-34

(Ground Absorption Sewage Disposal)

OWNER: DENNIS MAC WILKERSON
ADDRESS: 6801 Green Rock Rd
Charlotte 28211
LOCATION OF SITE: Marvin Rd — 16371

PLAT NO:
LOT SIZE: 1A - Part of home Tract

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2 - 4	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 40-48	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	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	Suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

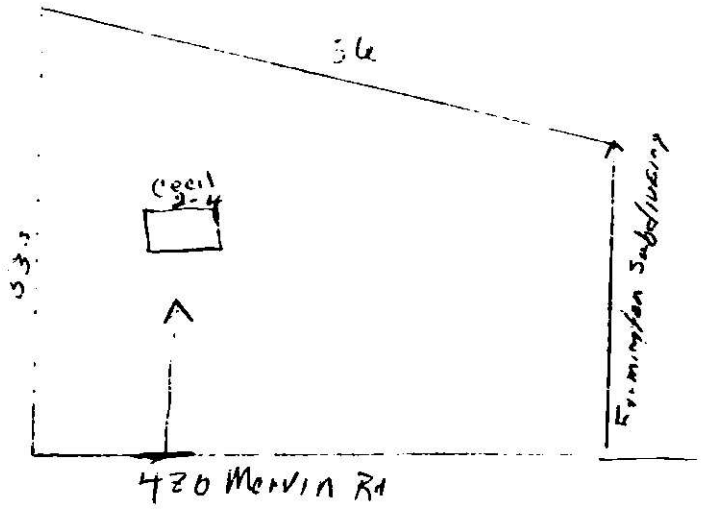
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

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

Date: 6-12-84

4


56
Cecil
2-4
33.3
Farmington Subdivision
420 Marvin Rd

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT
ENVIRONMENTAL HEALTH DIVISION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 20557
TC:
SERIAL: № 16985

JOB LOCATION

① ADDRESS: 11321 Marvin Rd (STREET NO / STREET) ② FILE:
③ JURISDICTION: Mecklenburg Co. ④ TAX PARCEL NO.: 223-131-34
⑤ SUBDIVISION: — ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: W Russell & LeAnna (FIRST / MIDDLE) Shuttle (LAST)
⑨ MAILING ADDRESS: 11321 Marvin Rd.
⑩ CITY: Charlotte ⑪ STATE: N C ⑫ ZIP: 28226
⑬ PHONE: (WORK) 333-0194 ⑭ (HOME) 542-6461

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 ㉕ Type?
㉓ Maximum occupancy? 5 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: W. R. Shuttle
Date: 10-2-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 Mecklenburg County Health Department or an authorized section head in order to be valid.

Date Issued 6-15-84

Serial No. 7584

SIR No. 20557

T. C. No. ~~20~~ 223-~~081-10~~ 137-3V

Map Date L CRT

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 Wilkerson, (LAST) Dennis (FIRST) Mac (MIDDLE)

ADDRESS OF OWNER 5001 Green Rea Rd., Charlotte, NC 28211 ZIP 28211

LOCATION OF LOT 16~~3~~48 Marvin 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 20557. 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 Issued 7-30-84

Serial No. 07378

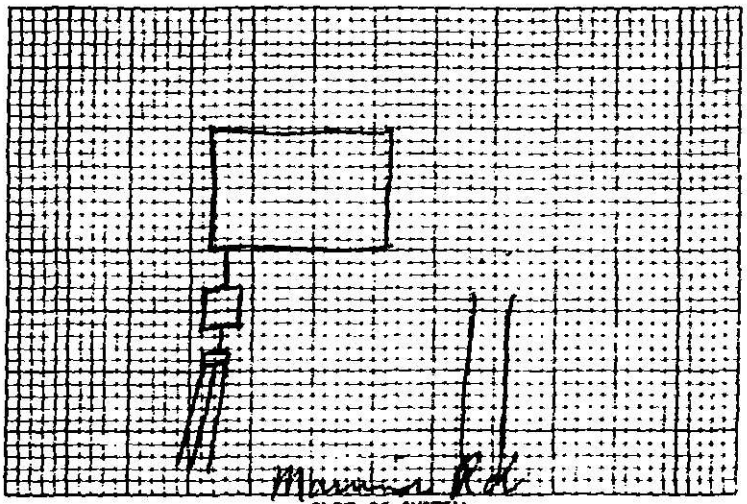
ICAR(S) Permit No. 20557

T.C. No. 223-131-34

Map Date L

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 20557, dated 1-25-84 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 8-30-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate RL

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 3

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dennis Wilkerson

LOCATION OF PROPERTY 16321 Marvin 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 lines 3'X100'X12" stone, straw cover, 9' centers

Comments

B. Hamilton
Division or Section Head

D. K. Ferguson
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 Dept. Inspector's Copy

C of A (s) No. 20557

Date Issued 8-17-84 **Serial** 6837 T C No 223-131-34

S/CPT

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 Wilkerson (LAST) Dennis (FIRST) (MIDDLE)

Location of Property 16321 Marvin Rd.

Application Number 20557 Permit Number 20557

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material S.C.C.

Total Length of Drain Tile 300 Number of Lines 3

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source 100

Excavation Inspected 8-14-84 (DATE) Tank Inspected 8-14-84 (DATE)

Nitrification Field Inspected 8-14-84 (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

B. R. Ferguson
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH FROM MECKLENBURG COUNTY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

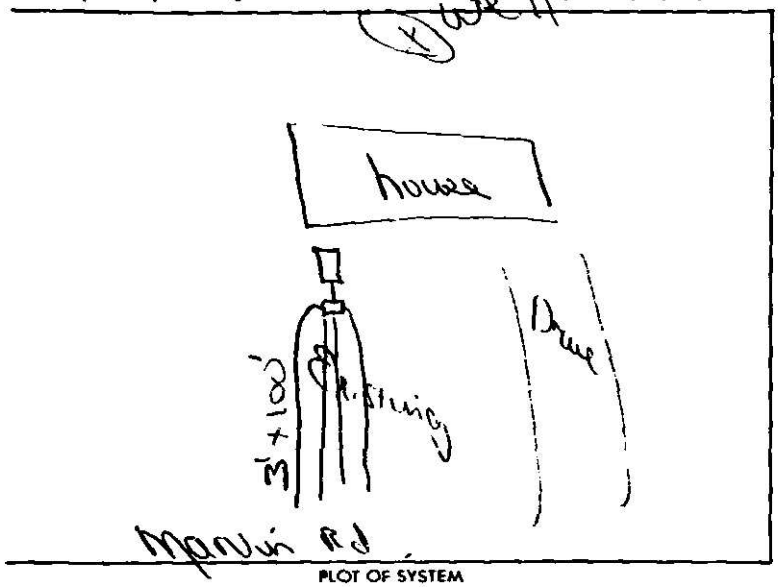
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20557 DATE: 10/14/98

TC: 223-1134 ☐ L

SERIAL Nº 12242

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 10/8/98. All work shall be completed on or before 11/14/98, 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction Repair

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 100' feet

NAME OF OWNER Stutkie, W R

LOCATION OF PROPERTY 16321 Marvin Rd

Comments: Install one (1) 3'x 100' Trench, 12" Stone, Straw Cover.

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: 20557 DATE: 12-2-88

TC: 223-131-341 ☐ L ☐ CRT

SERIAL № 11585

Name of Owner W. R. Starkie Juris.:

Address of Property 16321 Marvin Rd

Inspection Data:

Tank Material —

Total Length of Drainfield 100

Number of Lines 1 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source ≥ 100'

Excavation Inspected 12-2-88

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1966 Repair 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: Howell Gould Grading

Jim Grimm
Environmentalist

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