

9218 SOUTH BV

1/29/08

thomatc

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Date Received 12-18-84

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
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DEC 5 1984
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MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
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DEC 18 1984
ENVIRONMENTAL HEALTH

SIR No. 20585

T. C. No. 205.111.06 part of 205.111.05

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER WILKINSON (LAST) WILLIAM (FIRST) ANDREW III (MIDDLE)

2) ADDRESS OF OWNER RT 1, 15 TRADERS TR WAKE FOREST NC ZIP 27587

3) PHONE NO. Home 556 4690 Office 834 0395

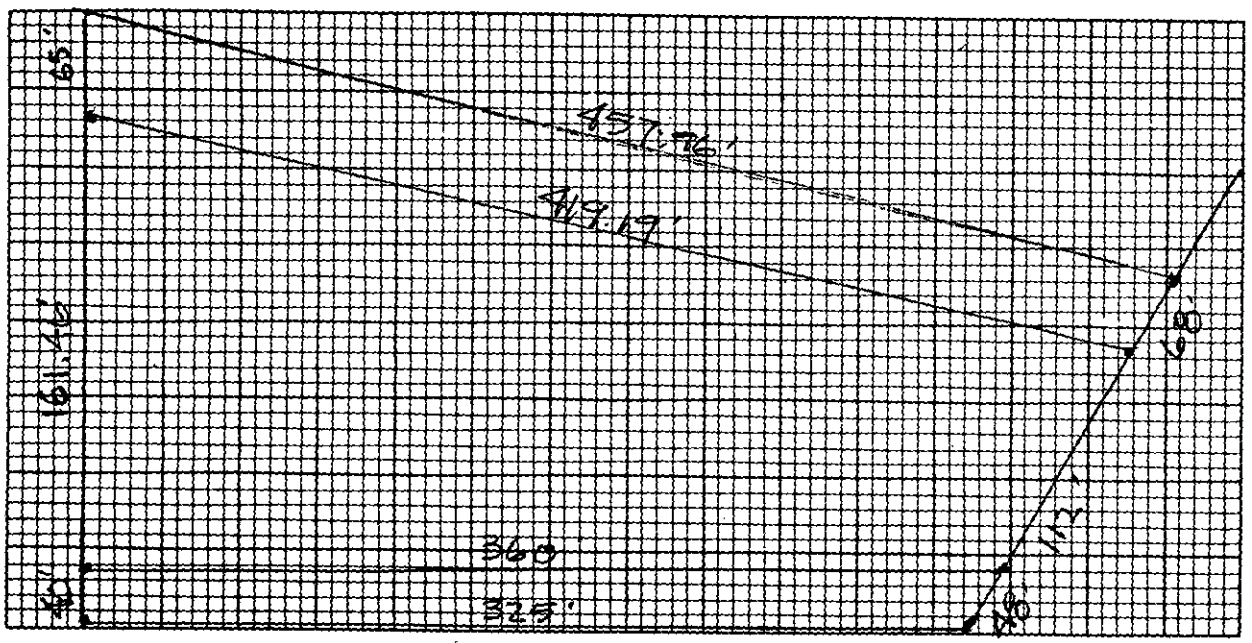
4) LOCATION OF PROPERTY 9218 SOUTH BLVD.
STREET OR COUNTY ROAD

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

MAP BOOK NO 5 PAGE NO. 97

6) DEED REFERENCE: DEED BOOK 3787 PAGE NO. 82

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

* SURVEY ATTACHED

OWNER

EHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20585
T.C. NO. PO 205-111-06, 05
DATE: 1-7-84

William A. Wilkinson III
Route 115
Traders Terrace
Wake Forest, NC 27587

RE: Property located at 9218 South Boulevard

Cear Mr. Wilkinson:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO 20595

T.C. NO. 205-1106
also 205-1105

(Ground Absorption Sewage Disposal)

OWNER: William Andrew Wilkinson III PLAT NO: _____
ADDRESS: Rt. 6, 15 Finders Tr. LOT SIZE: Approx 17,000
Wake Forest, NC 27587
LOCATION OF SITE: 9218 S. Bend

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-10% U	S PS (U) complex slopes	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) clay U	S PS — U	S PS mixed (U)
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS — U	S PS — (U) compacted fill
4. SOIL DEPTH (inches)	S (PS) 30-40" U	S (PS) 736" U	S PS — U	S PS — U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) 736" U	S (PS) 736" U	S PS - U	S PS — U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 736" to ground water U	S Some PS (U) ponding of surface water	S Depression PS (U)	S PS — U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	WA	WA	—	—
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable	unsuitable	unsuitable
10. SOIL SERIES	Creedmoor Like	complex slopes	Depression	Fill

S - Suitable PS - Provisionally Suitable U - Unsuitable

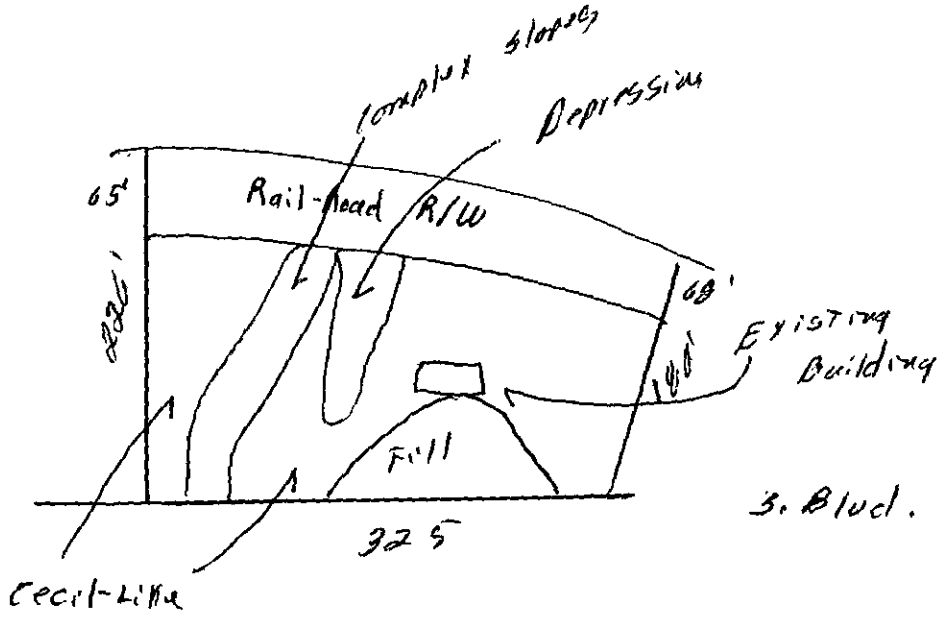
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Need plans for system & building location

Described by: William B. Mullis
Title: Soil Scientist

Date: 1-7-05

14


complex slopes
Depression
65'
Rail-Road R/W
68'
Existing Building
Fill
3. Blvd.
325
Cecil-Lillie

SEE INSTRUCTIONS ON BACK

Date Received 3/14/85 ICAR(S) Application No. 20585

CALL 394-6371 JIM FARLEY OR DOUG MILES PRIOR TO SITE VISIT. T. C. No. PO 205-111-06,05

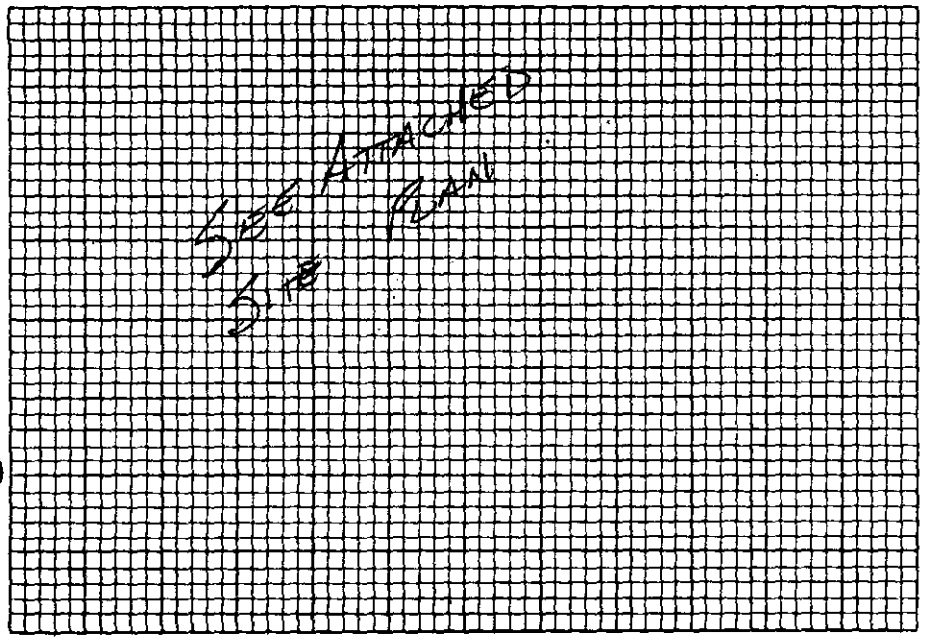
Map Date L

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)

Mobile Home ____Yes____No
Residence ____Yes____No
4) No. of Bedrooms N/A.
5) Business Use — Max No Employees 5 - PLUMBING SUPPLY
6) Washing Machine N/A Yes ____No
7) Garbage Disposal N/A Yes ____No
8) Dishwasher N/A Yes ____No
9) Water Supply:
A) Individual Well ____
B) Governmental System CITY
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. N/A.
12) VA Case No. N/A.

13) NAME OF OWNER ~~[illegible]~~ WILKINSON (LAST) WILLIAM (FIRST) A. III (MIDDLE)

14) ADDRESS OF OWNER P.O. BOX ROUTE 115 TRADERS TERRACE WAKE FOREST, N.C. 27587

15) PHONE NO. Home SEE BELOW. Office ____

16) LOCATION OF SYSTEM 9218 SOUTH BLVD. (STREET OR COUNTY ROAD)

17) SUBDIVISION N/A. Lot No. N/A. Block No. N/A.

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 1-7-85

20) PTR NUMBER (See Instructions) 20585

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.

3/13/85
DATE OF APPLICATION

Jim Farley
OWNER JERRY WILKE CONST. CO.
394-6371

EHD-5-76

Environmental Health Department's Copy

Serial No. 8323

SIR No. 20585

Date Issued 3-26-85

T. C. No. PO 205-111-06,05

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 Wilkinson, III (LAST) William (FIRST) A. (MIDDLE)

ADDRESS OF OWNER P. O. Box Route 115, Traders Terrace, Wake Forest, N.C. ZIP 27587

LOCATION OF LOT 9218 South Blvd. (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 ~~20585~~ 20585. 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. Provisionally suitable area.

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.

*** LIFT STATION MAY BE REQUIRED ***

B. R. Ferguson
Environmentalist

Bill D. Harbinson Jr
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

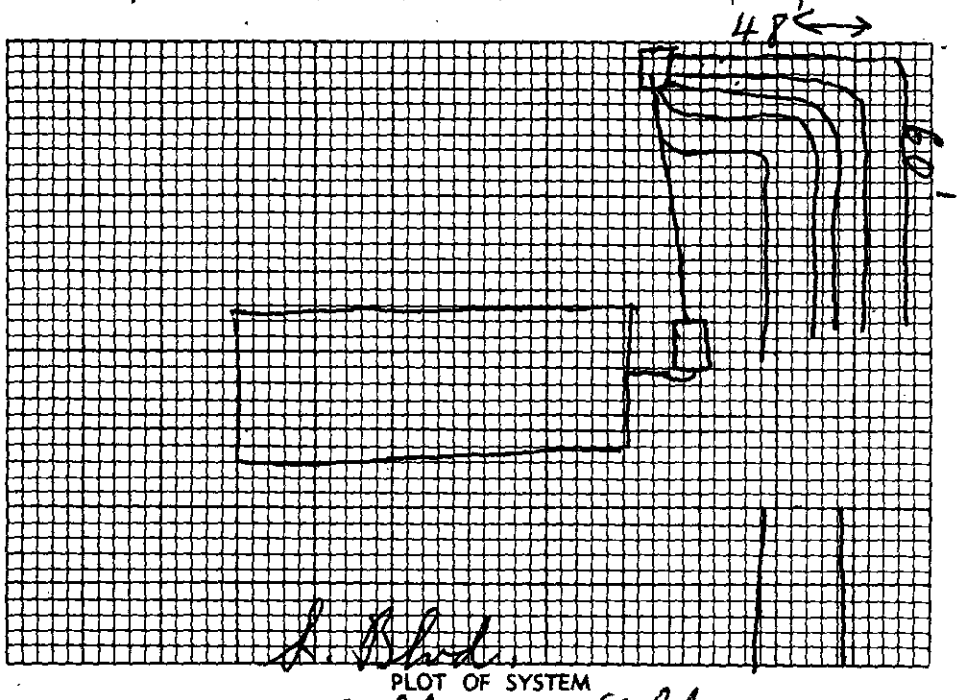
Date Issued 5-21-85 Serial No. 08176 ICAR (S) Permit No. 20585

T. C. No. PP 205-111-06, 05

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 20585, dated 3-13-85 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 6-21-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well City

NAME OF OWNER William Wilkinson

LOCATION OF PROPERTY 9218 L. Blvd.

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.

5 liner 3' X 60' X 12" stone

Comments: _____

Division or Section Head

B. R. 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 Department's Copy

C of A (s) No. 20585

Date Issued 5-29-85 **Serial** 7543 T. C. No. 205-111-06,05 PD

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

v CRT

CERTIFICATE OF APPROVAL

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

Name of Owner Wilkinson (LAST) William (FIRST) (MIDDLE)

Location of Property 9218 L. Blvd.

Application Number —

Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500

Tank Material PVC

Total Length of Drain Tile 300'

Number of Lines 5

Depth of Filter Material 12"

Cover Depth 12"-18"

Water Supply Source city

Distance from Water Source —

Excavation Inspected 5-29-85 (DATE)

Tank Inspected 5-29-85 (DATE)

Nitrification Field Inspected 5-29-85 (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: 1500ST, CON, 1200SFT, 12G, Cecil

B. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy