Date Received 9-8-83

RECEIVED
MAY : 8 1983
ENVIRONMENTAL HEALTH

SIR No. 19693
T. C. No. P.O. 05-143-05
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER WASHAM (LAST) ANNIE (FIRST) P. (MIDDLE)

2) ADDRESS OF OWNER RT. 1 BOX 1617 DAVIDSON, NC ZIP 28036

3) PHONE NO. Home 892-8661 Office 377-6945

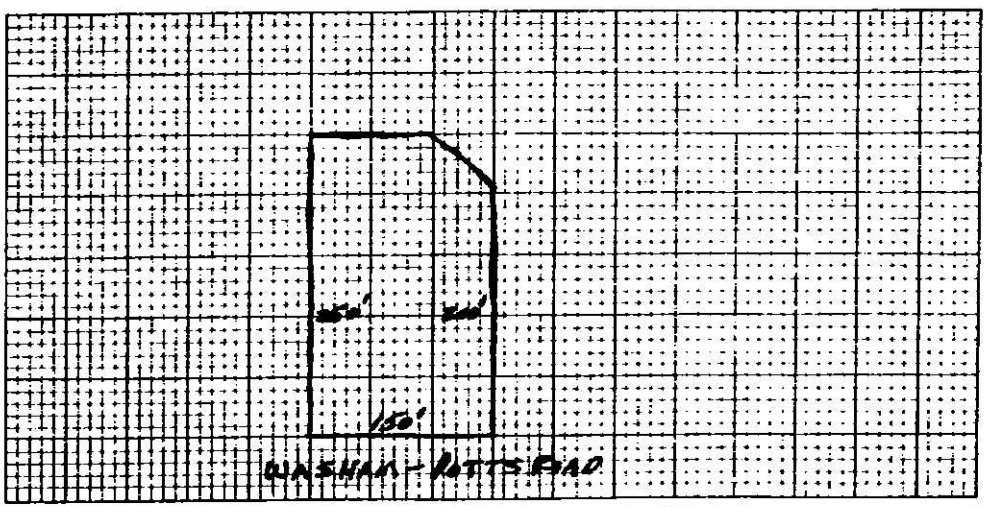
4) LOCATION OF PROPERTY WASHAM-POTTS RD. (CORNELIUS, NC)
(STREET OR COUNTY ROAD)

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

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 2699 PAGE NO. 65

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

Annie P Washam
OWNER

EHD-S-76

Environmental Health Department's Copy

Serial No. 5042

SIR No. 19693

T. C. No. PO 005-143-05

Date Issued 5-27-83

Map Date

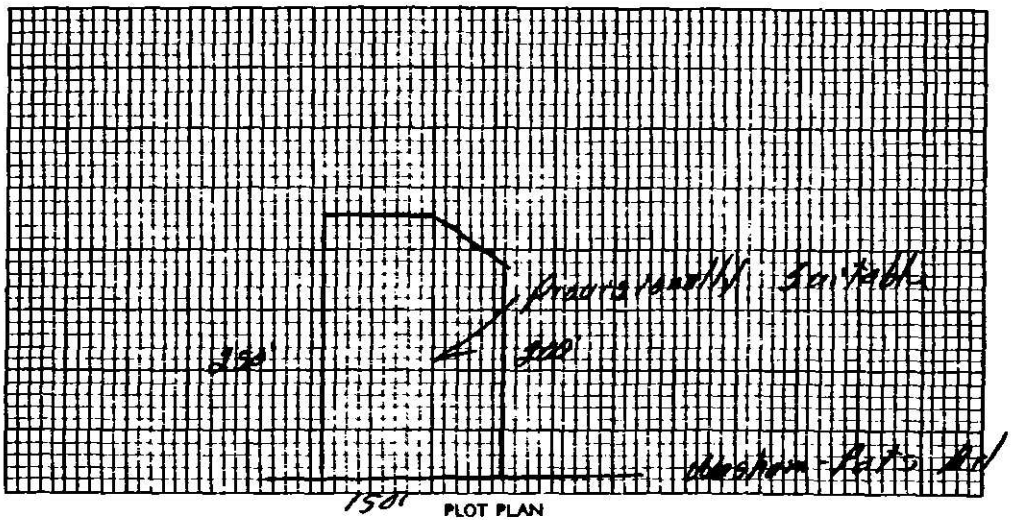
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Washam, (LAST) Annie (FIRST) P. (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 1617, Davidson, NC ZIP 28036

LOCATION OF PROPERTY Washam-Potts 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 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 permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of 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 installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction, including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a 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.

William A. Mullin
Soil Scientist

John P. Atkinson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19693

T.C. NO. PO 005-143-05

(Ground Absorption Sewage Disposal)

OWNER: Angie P. Washam
ADDRESS: R.L. Box 1617
LOCATION OF SITE: Davidson N.C. 28036 Washam - Potts Road

PLAT NO:
LOT SIZE: Approx 35,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-8%	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 clay	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 36-48+	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U Saprolite 36"	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U 48"+ to ground water	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	1 & A			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil Like			

S - Suitable PS - Provisionally Suitable U - Unsuitable

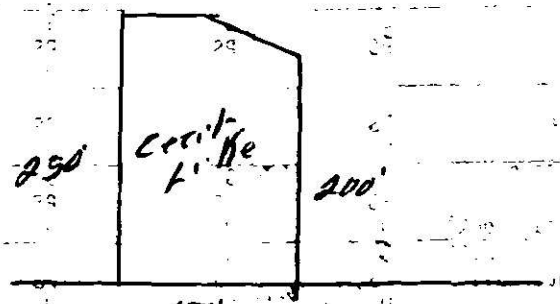
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William B. Marlin
Title: Soil Scientist

Date: 5-26-83

EHD 539 (Revised: 6/82)


250
Cent'l
Line
200'
150'
Wesham-Fo Tk Rd

Date Received 3/2/84

RECEIVED
MAR 2 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19693

T.P. No. 005-143-05

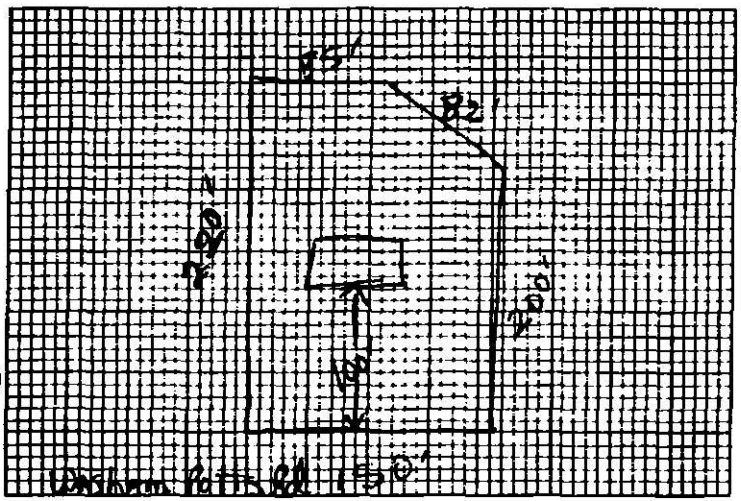
Map Date

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 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 ____ City ✓
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 CALDWELL (LAST) CLYDE (FIRST) P. (MIDDLE)

14) ADDRESS OF OWNER WASHAM Potts Rd Cornelius, NC.

15) PHONE NO. Home 892-8215 Office 892-8861

16) LOCATION OF SYSTEM 10339 Washam Potts Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Washam Potts 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) ____ TAX Code No. 005-143-05

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.

3/2/84
DATE OF APPLICATION

Clyde Caldwell
OWNER

EHD-5-76

Environmental Health Department's Copy

BF 3-15-84

Serial No. 7287

SIR No. 19693

Date Issued 3-8-84

T. C. No. PO 005-143-05

Map Date

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 Caldwell, (LAST) Clyde (FIRST) P. (MIDDLE)

ADDRESS OF OWNER Washam-Potts Road, Cornelius, NC ZIP 28031

LOCATION OF LOT 10339 Washam Potts 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 19693. 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.

William B. Yancey
Environmentalist

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

EHD-5-76

Environmental Health Department's Copy

Serial No. 07602

Date Issued Sept 24th 1984

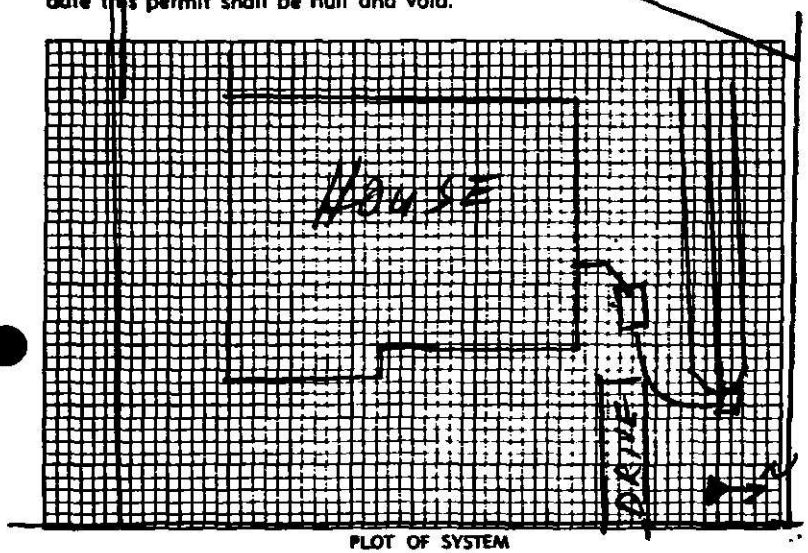
ICAR (S) Permit No. 19693

T. C. No. 005-143-05

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 X 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 19693, dated 3-2-84 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 Oct 25th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS IWT

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 300 Lin. Ft

Number of Lines THREE

Distance from House 5 FT

Distance from Property Line 10 FT.

Distance from Well City Source

NAME OF OWNER CALDWELL, CLYDE

LOCATION OF PROPERTY 10339 WILLIAM POTTS ROAD

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: Three Trenches to be 100FT x 3FT x 12 inches stone-layer 5 Then Coupon-grade Pvc-

B. Hardister
Division or Section Head

Ralph Miller
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.

BHD-5-74

Environmental Health Department's Copy

C of A (s) No. 19693

Date Issued Sept 25th 1984 Serial 7002 T. C. No. 005-143-05 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 CALDWELL, CLYDE (LAST, FIRST, MIDDLE)

Location of Property 10339 WASHAM POTTS ROAD

Application Number 19693 Permit Number 19693

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 Lin. FT. Number of Lines Three

Depth of Filter Material 12 inches Cover Depth 2 to 3 FT.

Water Supply Source Well Distance from Water Source City

Excavation Inspected 9-25-84 (DATE) Tank Inspected 9-25-84 (DATE)

Nitrification Field Inspected 9-25-84 (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 X 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: _____

Rebel Miller
Environmentalist

EHD-5-76

Environmental Health Department's Copy