Date Received Sept 26th 83

SIR No. 20069

T. C. No. 215-021-91

Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Lawrence (LAST) John (FIRST) Macedonia Ch. S. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 533 Matthews ZIP 28105

3) PHONE NO. Home 847-9346 Office 372-0210

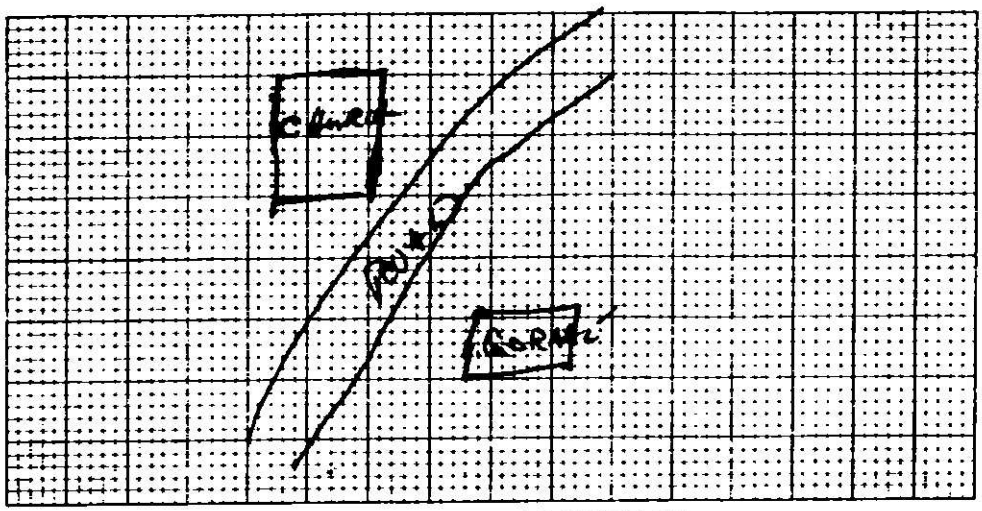
4) LOCATION OF PROPERTY 615 Matthews Chapel Rd (STREET OR COUNTY ROAD)

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

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

John S. Lawrence
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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

SIR. NO. 20069
T.C. NO. 215-021-01
DATE: Sept. 28, 1983

J. Lawrence
P.O. Box 533
Matthews, N.C. 28105

RE: Property located at 615 Matthews Chapel Rd.

At your request, a field investigation was conducted on the property designated above and was classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Sites classified as unsuitable may be utilized for soil absorption disposal systems provided engineering, hydrogeologic, soil and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be reasonably expected to function satisfactorily.

Should you desire to file for permission to install an alternate system, plans and specifications prepared by a person with a demonstrated knowledge of ground absorption sewage treatment disposal systems, soil and rock characteristics, groundwater hydrology and drainage systems should be submitted to this office. They will be reviewed and if it is found that the system may be reasonably expected to function satisfactorily, approval will be given upon the execution by you of "Septic Tank Agreemnt Form" provided 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. 20069

T.C. NO. 215-021-01

(Ground Absorption Sewage Disposal)

OWNER: J. Lawrence
ADDRESS: P.O Box 533 Matthews 28105
LOCATION OF SITE: 615 Matthews Chapel Rd

PLAT NO:
LOT SIZE: 1AT

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S (PS) 2-4 U | 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) Mixed Clay | S PS U | S PS U | S PS U |
| 3. SOIL STRUCTURE (12-36 inches) | S PS (U) Weak Blocky | S PS U | S PS U | S PS U |
| 4. SOIL DEPTH (inches) | S (PS) 25-40 U | S PS U | S PS U | S PS U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S (PS) None U | S PS U | S PS U | S PS U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S PS (U) Slow | 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 | IV B | | | |
| 9. SITE CLASSIFICATION | Unsuitable | | | |
| 10. SOIL SERIES | FNCN (12-15 Fillon Top. | | | |

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)

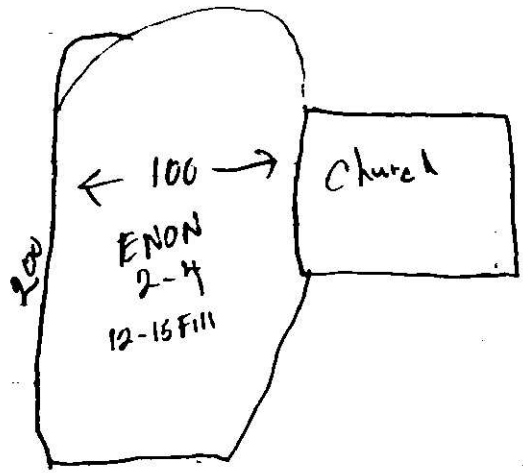
Recommendations/Comments:

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

Date: 8-27-83

EHD 539 (Revised: 6/82)

2H




Matthews Chapel Rd

R. R

Tank Town Rd

Date Received Sept 26th 1983 CAR(S) Application No. 20069

T C. No. 215-021-01

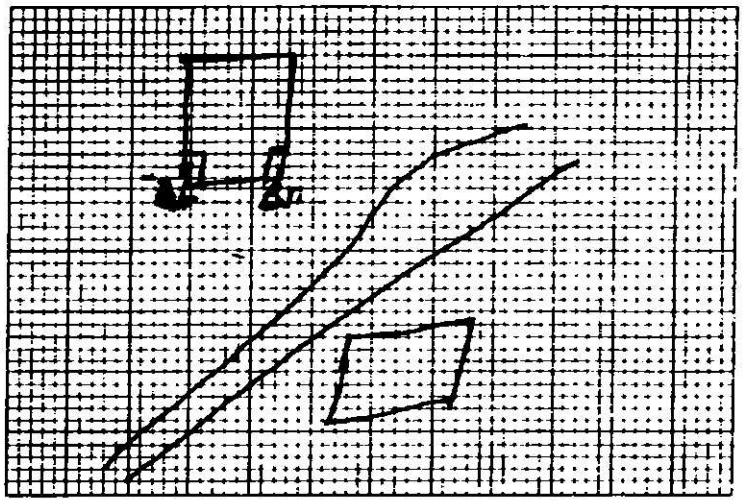
Map Date _____

# 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 ___ Yes ✓ No

4) No of Bedrooms NO
5) Business Use — Max No Employees Church 15
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 Lawrence (LAST) John (FIRST) S. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 533 Matthews N.C. 28105

15) PHONE NO. Home 847-9346 Office 372-0210

16) LOCATION OF SYSTEM 645 Matthews Chapel Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ 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) _____

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.

9-26-83
DATE OF APPLICATION

John S. Lawrence
OWNER

EHB-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

# PLOT PLAN
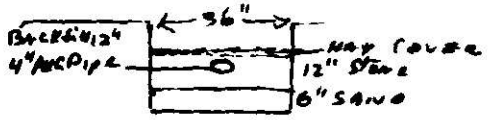
HNR. 20069

SEPTIC TANK SYSTEM PROPOSAL

JOHN LAWRENCE
POBOX 533
311 MATTHEWS CHAPEL ROAD
MATTHEWS, NC 28105

John Lawrence cc
DOC 2ND 11YS

THREE TRENCHES - 67 FT long each
THREE FEET WIDE
1500 gal SEPTIC TANK
WATER METER PT ABSOLUTE PROPERTY




WATER METER TO CHURCH

DRAINAGE DITCH

CHURCH

MEN'S REST ROOM

PORCH

WOMEN'S REST ROOM

67'

7' 7'

3' 2' 3'

DRIVE

CE 1-1384

Date Issued 1-11-84

Serial No. 7117

SIR No. 20069

T. C. No. 215-021-01

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 Lawrence, (LAST) John (FIRST) S. (MIDDLE)

ADDRESS OF OWNER P.O. Box 533, Matthews, NC ZIP 28106

LOCATION OF LOT 615 Matthews Chapel 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 20069. 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.

*** AGREEMENT FORM ON FILE ***

Ralph Miller
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

**Environmental Health Department's Copy**

Serial No. 6889

Date Issued JAN 13th 1984

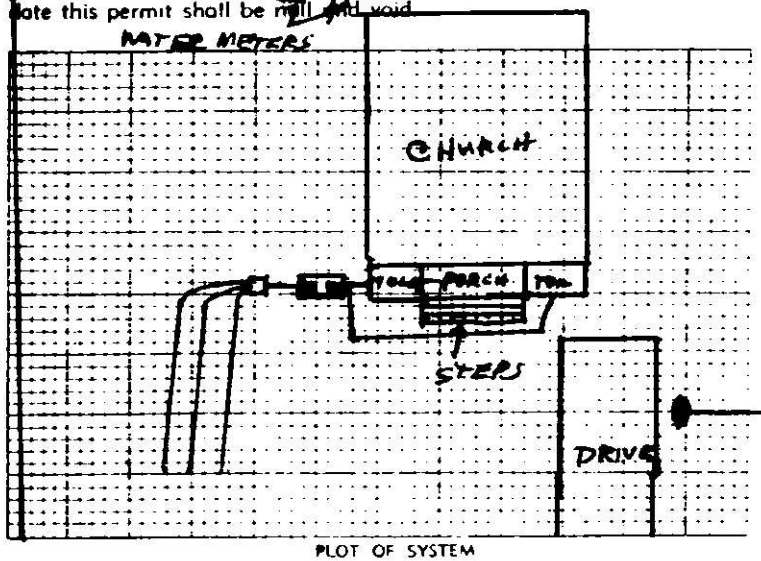
ICAR(S) Permit No. 20069

T C No 215-021-01

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 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 20069, dated 9-26-83 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 FEB 28th 1984, after which date this permit shall be null and void.




Permeability Rate U IUB

Liquid Capacity of Tank 1500 gal

Tank Construction PRE CAST CONCRETE

Absorption Unit or Distribution Unit

Total Line Length 200 1/2 FT

Number of Lines THREE

Distance from House 10 FT.

Distance from Property Line 50 FT

Distance from Well City Source 100 FT

NAME OF OWNER LAWRENCE, JOHN

LOCATION OF PROPERTY 615 MATTHEWS CHAPEL 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.

THREE TRENCHES TO BE 68 FT x 3FT x 12 inches stone & 6 inches sand hay or straw cover - guide BDS.
Comments:

MODIFIED SYSTEM
Division or Section Head

Ralph Hollis
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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

COPY

SEPTIC TANK AGREEMENT 20069

The undersigned, John S. Lawrence, owner of property located at 615 Matthews Chapel Rd, ("the site") and described in instrument recorded in Book 3737 at Page 952, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as unsuitable and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction, and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation operation, or failure of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under autnority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 4 day of January, 1984.

John S. Lawrence (Seal)
_____ (Seal)

PRESENTED FOR REGISTRATION
JAN 5 12 45 PM '84
CHARLES L. ROBERTS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Anne H. Goss, a Notary Public for said County and State, do hereby certify that JOHN S. LAWRENCE personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 4 day of January, 1984.

Anne H. Goss
Notary Public
My Commission Expires: 4/24/88

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19 __.

_____
Notary Public
My Commission Expires: