Date Received 5/4/83

MECK. COUNTY DEPARTMENT OF
RECEIVED
MAY 12 1983
ENVIRONMENTAL HEALTH

SIR No. 19669

T. C. No. 139-129-51

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Summers (LAST) Daniel (FIRST) C. (MIDDLE)

2) ADDRESS OF OWNER P. O. Box 220383 Charlotte, N. C. ZIP 28222

3) PHONE NO. Home 366-8181 Office

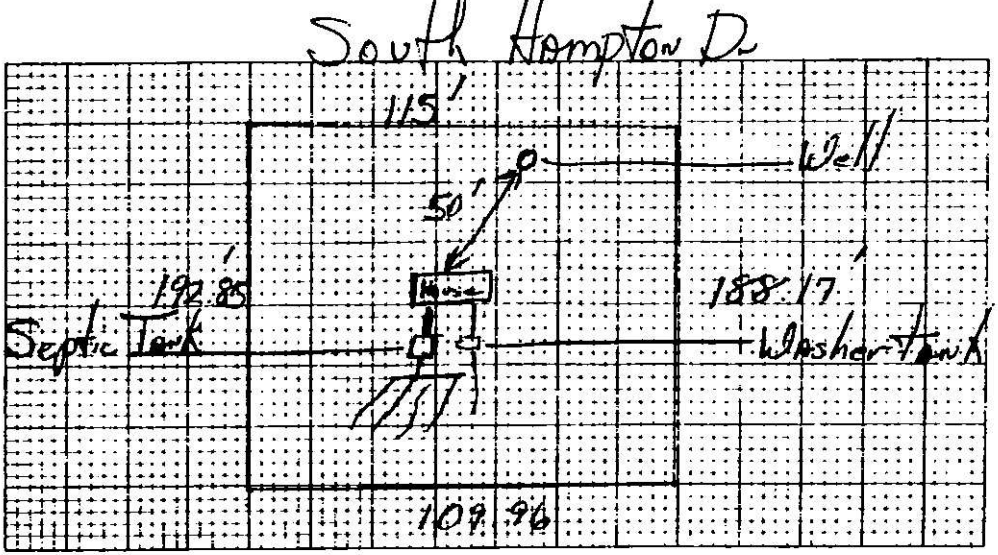
4) LOCATION OF PROPERTY 10610 South Hampton Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Arlington Forest LOT NO. 106 BLOCK NO. 129

MAP BOOK NO 139 PAGE NO. 12

6) DEED REFERENCE DEED BOOK 3020 PAGE NO. 314

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

OWNER

EHD-S-76

Environmental Health Department's Copy

Serial No. 5024

SIR No. 19669

Date Issued 5-23-83

T. C. No. 139-129-51

Map Date

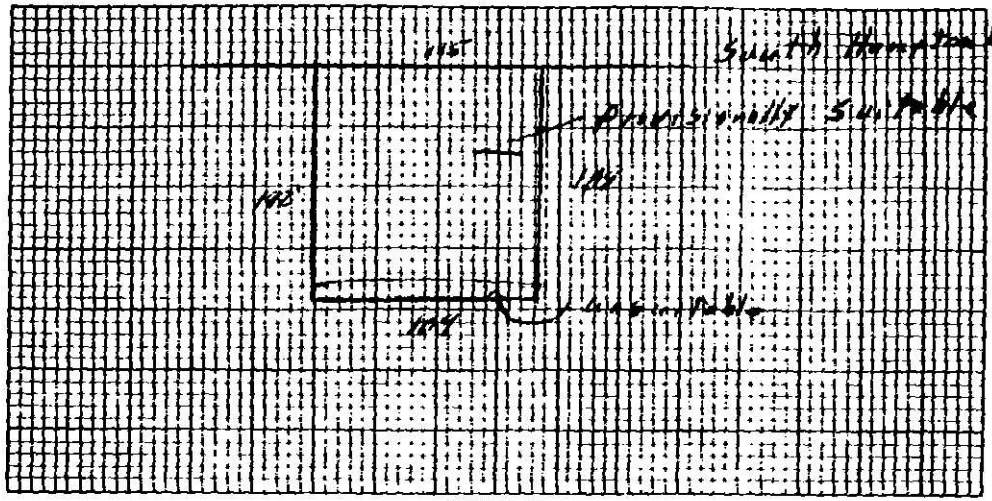
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Summers, (LAST) Daniel (FIRST) C. (MIDDLE)

ADDRESS OF OWNER P. O. Box 220383, Charlotte, NC ZIP 28222

LOCATION OF PROPERTY 10610 South Hampton Drive (STREET OR COUNTY ROAD)

SUBDIVISION Arlington Forest LOT NO 106 BLOCK NO. B



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. Martin
EHD-S-74 Soil Scientist

John R. Dickerson
Environmental Health Director or Authorized Section Head

Environmental Health Department's C...

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19669

T.C. NO. 139-129-51

(Ground Absorption Sewage Disposal)

OWNER: Daniel C. Summers
ADDRESS: PO Box 220303 Charlotte N.C. 28222

PLAT NO: Lot 106, Block B
LOT SIZE: 22,200

LOCATION OF SITE: 10610 South Hampton Dr.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 6-10%	(S) PS U 6-10%	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 clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Block	S (PS) U Block	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-48"	S (PS) U 36-48"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S Saprolite (PS) >36" U	S Saprolite (PS) >36" U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >36" to (PS) ground U water	S Surface PS water collection (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	IVA	IVA		
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable		
10. SOIL SERIES	Cecil Like	Depression		

S - Suitable PS - Provisionally Suitable U - Unsuitable

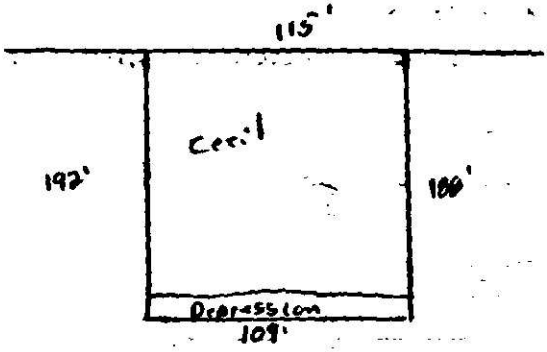
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William A. Marlin
Title: Soil Scientist

Date: 5-19-83

EHD 539 (Revised: 6/82)


115'
South Hampton Dr.
Cecil
192'
100'
Depression
109'

SEE INSTRUCTIONS ON BACK

Date 5-12-83

RECEIVED
MAY 12 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19669

T. C. No. 139-129-51

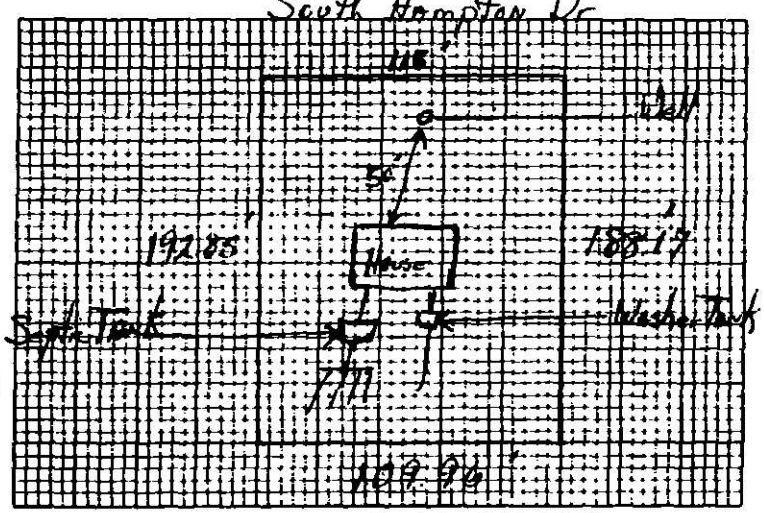
Map Date _____

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 ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well Yes
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 Summers (LAST) Daniel (FIRST) C. (MIDDLE)

14) ADDRESS OF OWNER P. O. Box 220383 Charlotte, N. C. 28222

15) PHONE NO. Home 366-8181 Office _____

16) LOCATION OF SYSTEM 10610 South Hampton Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Arlington Forest Lot No. 106 Block No. 139

Map Book No. 139 Page No. 12

18) DEED REFERENCE — DEED BOOK 3020- AT PAGE X 314

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X 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.

5-10-83
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 5-23-83

Serial No. 6457

SIR No. 19669

T. C. No. 139-129-51

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 Summers, (LAST) Daniel (FIRST) C. (MIDDLE)

ADDRESS OF OWNER P.O. Box 220383, Charlotte, NC ZIP 28222

LOCATION OF LOT 10610 South Hampton Drive (STREET OR COUNTY ROAD)

SUBDIVISION Arlington Forest LOT NO. 106 BLOCK NO. B

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 19669. 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

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 19669
TC:
SERIAL: № 18954 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10610 (STREET NO.) SOUNTH HAMPTON DR (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 139-122-51
⑤ SUBDIVISION: ARLINGTON FOREST ⑥ LOT: 106 ⑦ BLOCK: B

OWNER

⑧ NAME: Joel (FIRST) WILBURN (MIDDLE) CARRIKER (LAST)
⑨ MAILING ADDRESS: P.O. Box 23419
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 334 7970 ⑭ (HOME) 545-5304

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? 4 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: Joel Carriker
Date: 8-2-89

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.

B.R. Ferguson (Environmentalist) 8-11-89 Date

(Director or Authorized Section Head) 8-11-89 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 8/2/89

NAME/COMPANY: [illegible]

Sanitation ____

Vector Control ____

OPWD ✓

SERVICE: [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 2 1989

19669

FEE: 200 cash 2 @ 100

Completed By

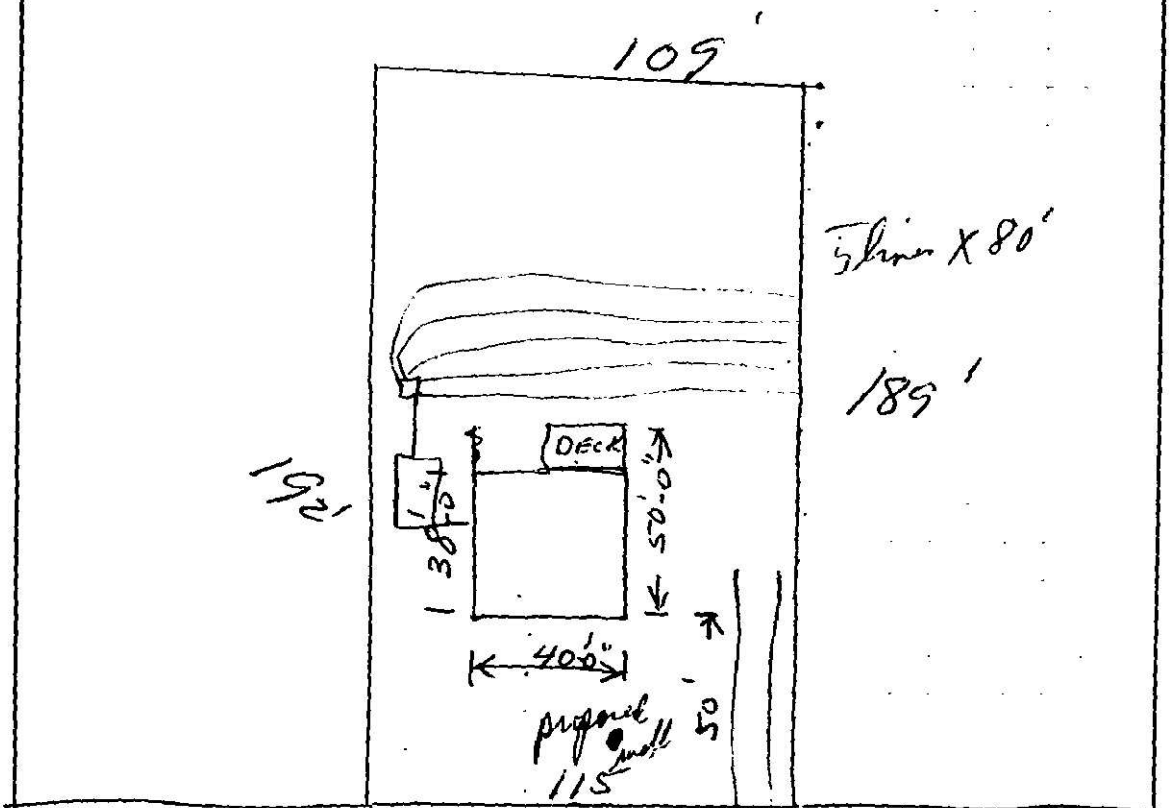
Collected By

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19669
TC: 139-129-5

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: Joel W. Cox
Date: 8-2-89

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

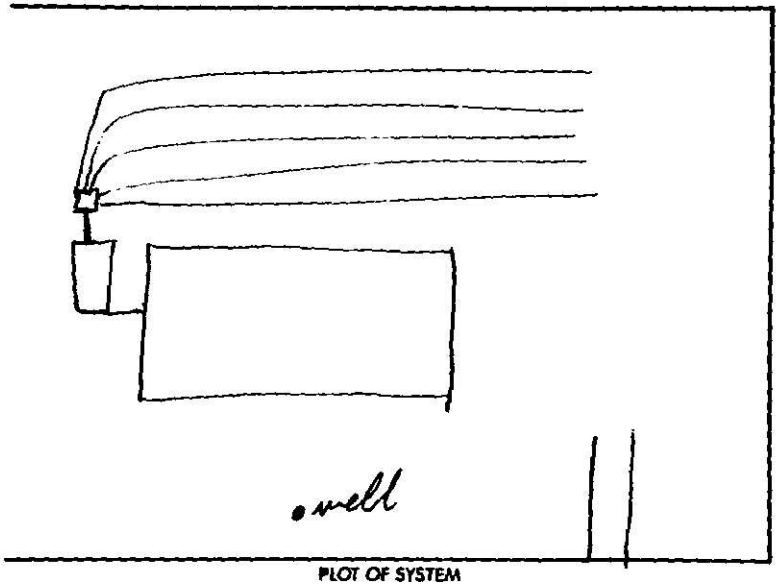
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

FILE: 19669 DATE: 8-30-89

TC: 139-129-51 ☐ L

SERIAL № 12856

Permission is hereby given to V Install or Construct, _____ After 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 8-2-89. All work shall be completed on or before 9-30-89, 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Joel Carriker

LOCATION OF PROPERTY 10610 South Hampton Dr.

Comments: 5 lines 3'X80'X12" stone

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.

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: 19669 DATE: 8-31-89
TC: 139-129-51 ☐ L ☑ CRT
SERIAL № 11987

Name of Owner Joel Carriker Juris.:
Address of Property 10610 South Hampton Dr.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 5 @ 80'
Cover Depth 12" - 18"
Water Supply Source well
Distance to Water Source > 50'
Excavation Inspected 8-31-89
Tank(s) Inspected 8-31-89
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1989, 1500 ST, con, 1200 SFT, 12", cecil CTR# 63

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:

B.R. Ferguson
Environmentalist

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