Date Received 4-5-83

158457

SIR No. [redacted]

T. P. No. 111-151-23

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

Little Country Schoolhouse formerly Enchanted Oaks

1) NAME OF OWNER Wetzig (LAST) Judy (FIRST) Ann (MIDDLE)

2) ADDRESS OF OWNER 9645 Parkton Rd Charlotte ZIP 28

3) PHONE NO. Home 704 541-1335 Office (school) [redacted] 536-0514

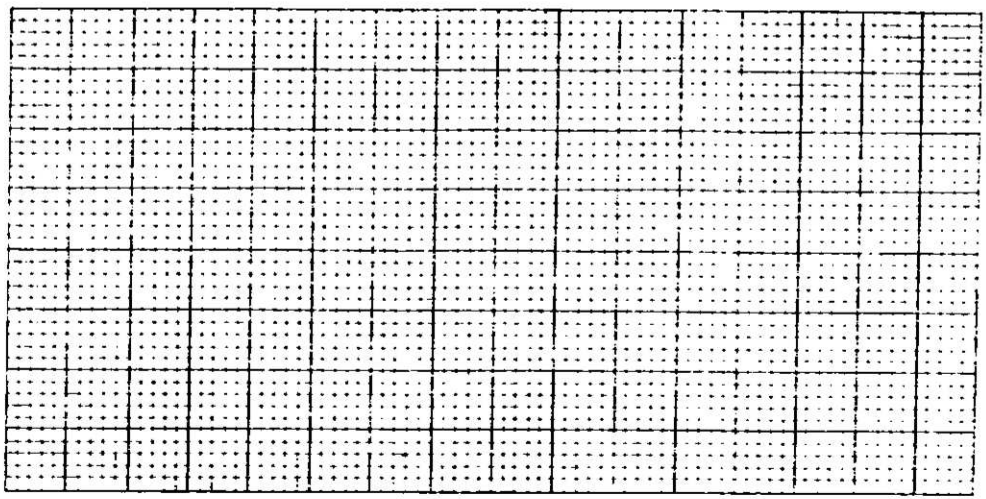
4) LOCATION OF PROPERTY home address 9110 Blakeney Heath Rd. (STREET OR COUNTY ROAD) Matthews N.C. 28105

5) SUBDIVISION C. K. Thomas Property LOT NO. 89 BLOCK NO.

MAP BOOK NO 1840 PAGE NO. 342

6) DEED REFERENCE: DEED BOOK 1840 PAGE NO. 342

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~~

Judy Wetzig

OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 15145

T.C. NO. 80 111-131-23

(Ground Absorption Sewage Disposal)

OWNER: Judy Ann Wetzig
ADDRESS: 9110 Blakeney Heath Rd / Matthews 28105

PLAT NO:
LOT SIZE: Approx 1½ Acres

LOCATION OF SITE: 9145 Parkton Road

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 —	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 — 36-40"	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 — >36" To ground water	S PS (U) — Depression Drainage way	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	Drainageway		

S - Suitable PS - Provisionally Suitable U - Unsuitable

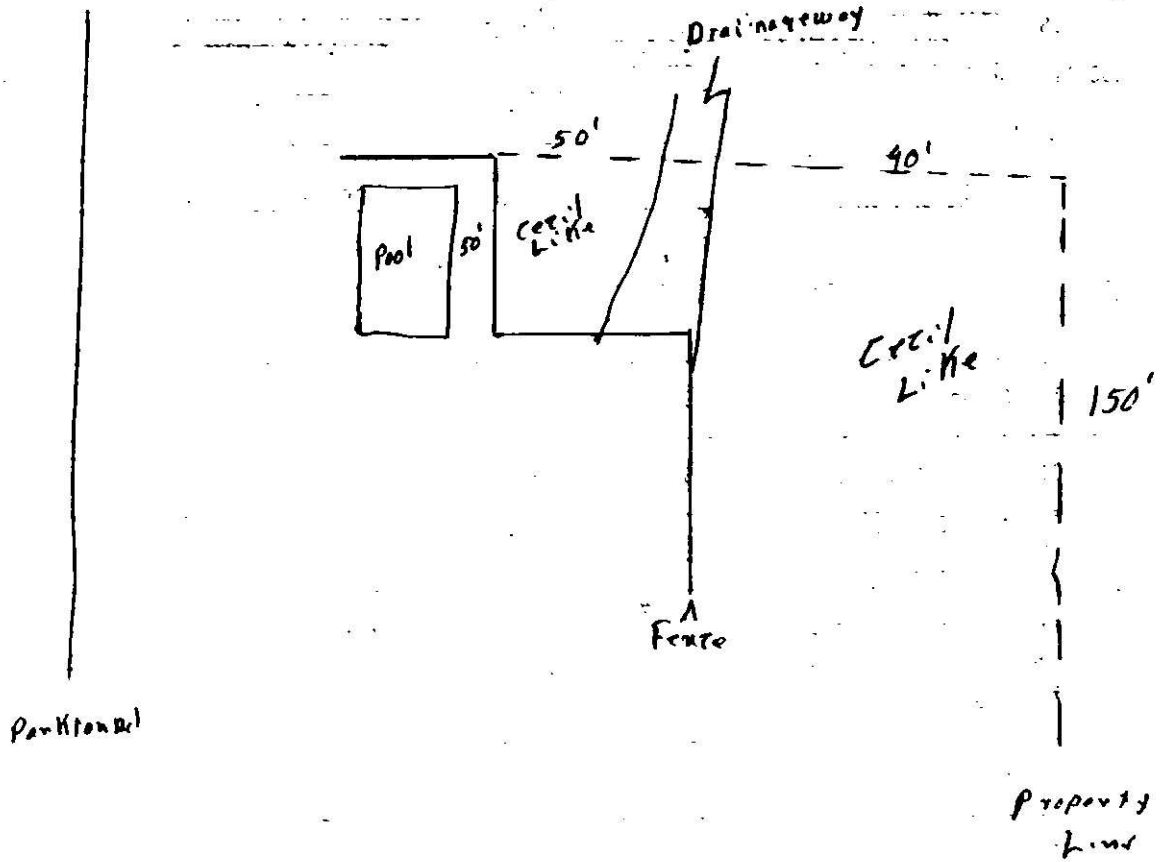
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William A. Martin
Title: Soil Scientist

Date: 4-7-83

EHD 539 (Revised: 6/82)


Drainageway
50'
40'
Pool
50'
Cecil Like
Cecil Like
150'
Fence
Property Line

Serial No. 4953

PTR No. 15845

Date Issued 4-11-83

T. C. No. PO 111-131-23

Map Date

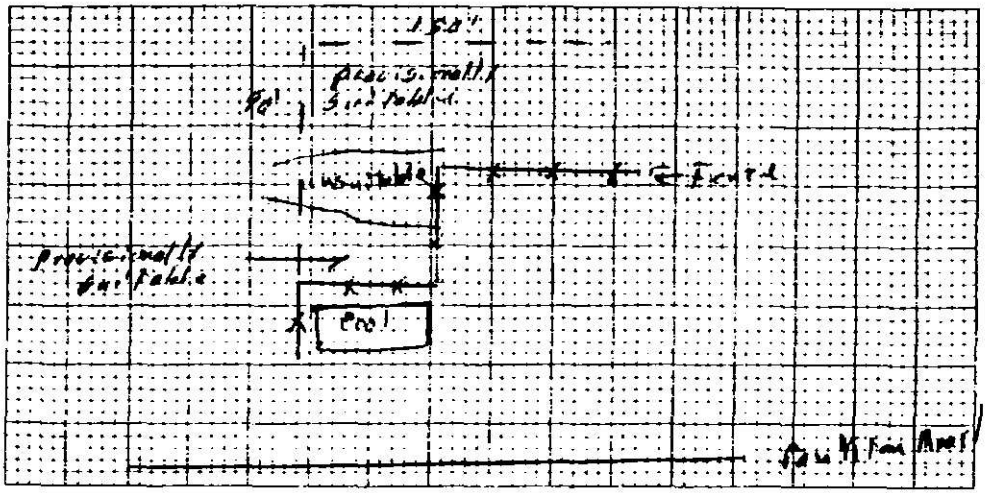
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Wetzig, (LAST) Judy (FIRST) Ann (MIDDLE)

ADDRESS OF OWNER 9110 Blakeney Heath Rd., Matthews, NC ZIP 28105

LOCATION OF PROPERTY 9645 Parkton 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 must be obtained prior to 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 for the system and toilets 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, operation, 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 B. Mueller
Soil Scientist

EHD-5-76

Mike Sexton
Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5-23-73

(CAR(S) Application No 6362

T C No 111-131-23

Map Date 9-1-70

Mr. Atkinson -

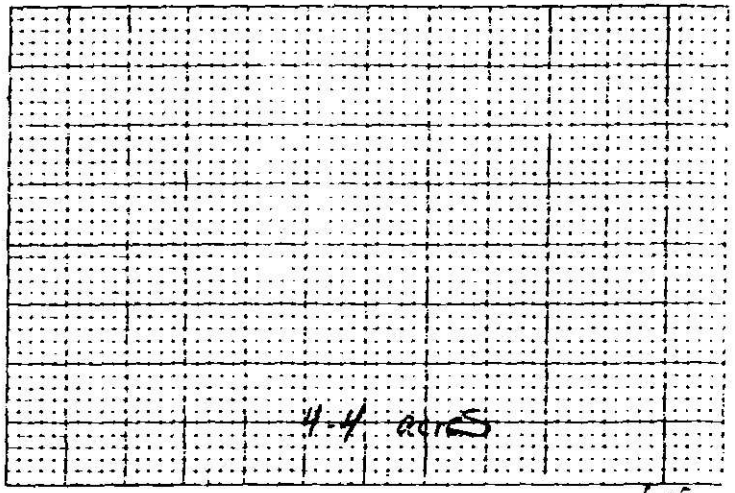
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to:

1) ___ Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use - Max No Employees 5

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher X 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 Reynolds (Georgia) Dickie (Walker) Yates
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 9645 Parkton, Cd.

15) PHONE NO. Home ___ Office 536-0519

16) LOCATION OF SYSTEM 9645 Parkton Rd
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. 89 Block No. ___

Map Book No. 5 Page No. 61

18) DEED REFERENCE — DEED BOOK 1840 AT PAGE 342

19) HAS A PERCOLATION TEST 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.

5-14-73
DATE OF APPLICATION

Georgia W Reynolds
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 24, 1973

Serial No. 2971

LA No. 6362

T. C. No. 111-131-23

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Reynolds (LAST) Dekle (FIRST) Gates (MIDDLE)

ADDRESS OF OWNER 9645 Parkton Road ZIP

LOCATION OF LOT 9645 Parkton 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 Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * , 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 6362. 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 percolation test 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, altred, 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

* To add 1000 gallon septic tank to system.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPAPTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 24 May 79

ICAR (S) Application No. 15845

T. C. No. III-131-23

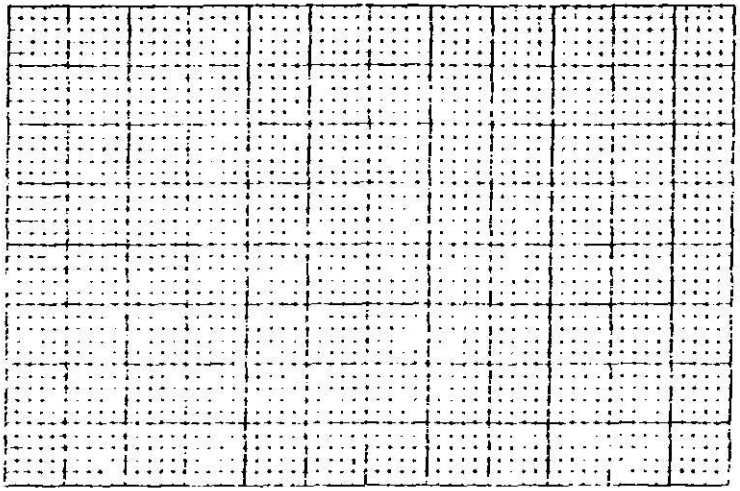
Map Date _____

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 _____
5) Business Use – Max No 60 children
Employees 6
6) Washing Machine ✓ Yes ___No
7) Garbage Disposal ___Yes ✓ No
8) Dishwasher ✓ Yes ___No
9) Wate. 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) EHA Case No _____
12) VA Case No _____

13) NAME OF OWNER Reynolds (LAST) Dorris (FIRST) W (MIDDLE)

14) ADDRESS OF OWNER 1316 Marjorie DR.

15) PHONE NO Home 847-0295 Office 536-0519

16) LOCATION OF SYSTEM 9645 Parkton 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.

_____ DATE OF APPLICATION

Morris W Reynolds OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

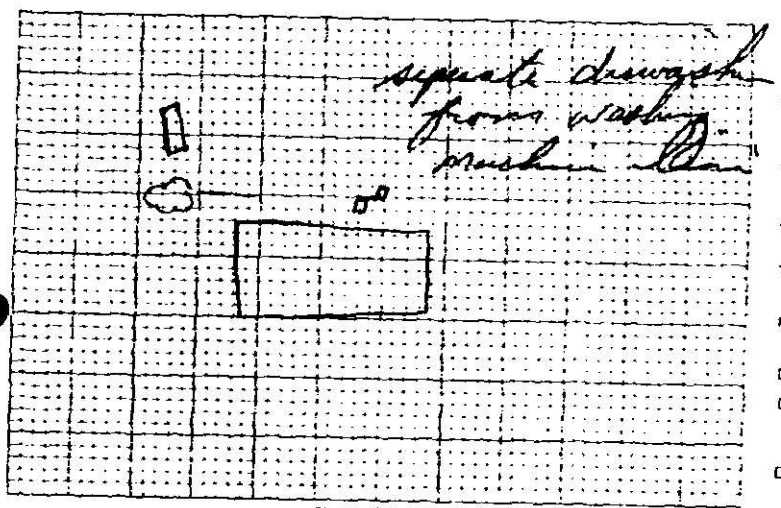
Date Issued 5/24/79 Serial No. 2761 ICAR (S) Permit No. 15845

T C. No. 111-131-23

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 ___ 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 ___ dated 24 May ___ 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 4 June 79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ___

Liquid Capacity of Tank Repair

Tank Construction ___

Absorption and or Nitrification Lines

Total Line Length 125'

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Doris W. Reynolds

LOCATION OF PROPERTY 9645 Parkton Rd. ENCHANTED OAKS DAY CARE

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

Comments:
12' x 32' x 17" stone

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.

Division or Section Head ___ Environmentalist Steve Wood

* 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