Date Received 8-9-82

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 9 1982
ENVIRONMENTAL HEALTH

SIR No. 18914

T. C. No. 033-092-05

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Faircloth (LAST) Sandra (FIRST) B. (MIDDLE)

2) ADDRESS OF OWNER 3840 Ashton Ct. Charlotte, N.C. ZIP 28210

3) PHONE NO. Home 552-0327 Office

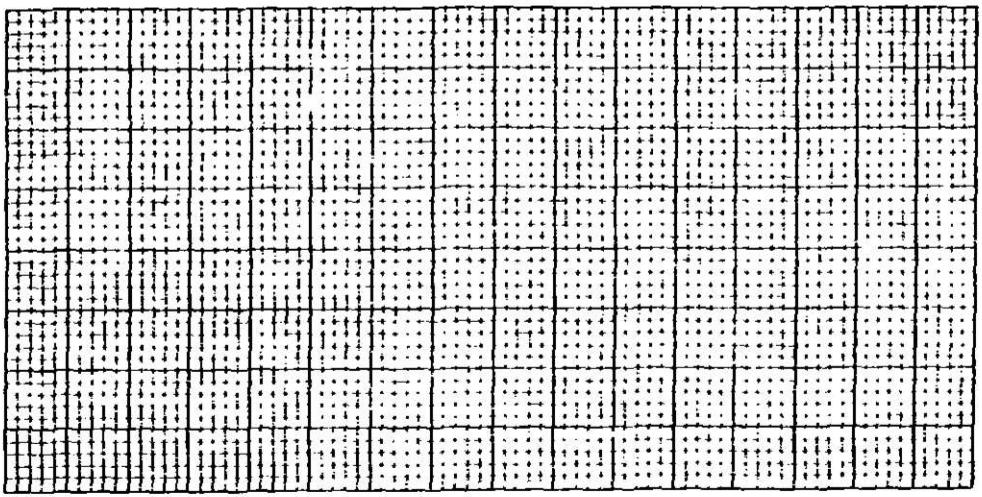
4) LOCATION OF PROPERTY Stonegate Drive – off Kelly Road. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. 3 BLOCK NO. B.

MAP BOOK NO. 8 PAGE NO. 421

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

Sandra B. Faircloth
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4693

PTR No. 18914

Date Issued 9-10-82

T. C. No. 033-092-05

Map Date

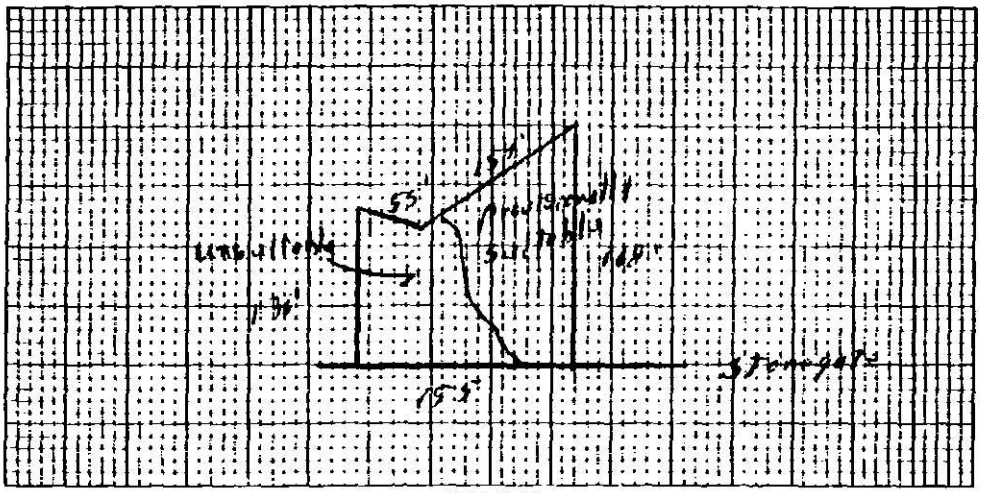
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Faircloth, (LAST) Sandra (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 3840 Ashton Dr., Charlotte, NC ZIP 28210

LOCATION OF PROPERTY Stonegate Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 3 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 S. Mackie
Soil Scientist

Mike Sexton
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. 18914

T.C. NO. 033-09205

(Ground Absorption Sewage Disposal)

OWNER: Sandra B Faircloth
ADDRESS: 3600 Ashton Dr Charlotte, NC
PLAT NO: 130B
LOT SIZE: 21,344
LOCATION OF SITE: Stonegate Dr

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2 gen	(S) PS U 2-8%	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 2:1 clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 30-40" U	S PS < 36" (restrict) U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) None PS U	(S) None PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) >70" to ground water PS U	(S) >70" to ground water 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	1UA	1UB		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Enon / Mecklenburg			

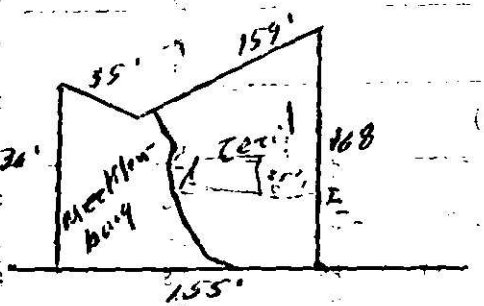
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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 R Martin
Title: Soil Scientist
Date: 9-10-87

EHD 539 (Revised: 6/82)


159'
55'
136'
168'
Stonegate
155'

SEE INSTRUCTIONS ON BACK

Date Received 1-4-83

ICAR(S) Application No. 18914

T. C. No. 033-092-05

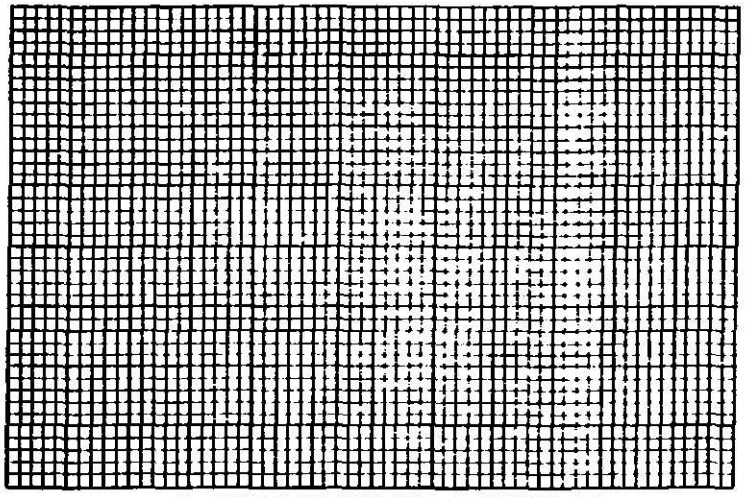
Map Date

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 ✓
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 Dillard (LAST) Jack (FIRST) R (MIDDLE)

14) ADDRESS OF OWNER 4221 Sudbury Road, Charlotte, N.C. 28205

15) PHONE NO. Home 536-3670 Office Same

16) LOCATION OF SYSTEM 9517 Stonegate Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Stonegate Lot No. 3 Block No. B

Map Book No. 8 Page No. 421

18) DEED REFERENCE — DEED BOOK 4278 AT PAGE 38

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 9-10-82

20) PTR NUMBER (See Instructions) 18914

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.

1-4-83
DATE OF APPLICATION

Jack R Dillard
OWNER

EHD-S-76

GI-1-6-82-1

SIR No. 18914

Serial No. 6125

Date Issued 1-4-83

T. C. No. 033-092-05

Map Date

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 Dillard, (LAST) Jack (FIRST) R. (MIDDLE)

ADDRESS OF OWNER 4221 Sudbury Rd., Charlotte, NC ZIP 28205

LOCATION OF LOT 9519 Stonegate Drive (STREET OR COUNTY ROAD)

SUBDIVISION Stonegate LOT NO. 3 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 18914 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.

R P Helps
Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 1-5-83

Serial No. 5885

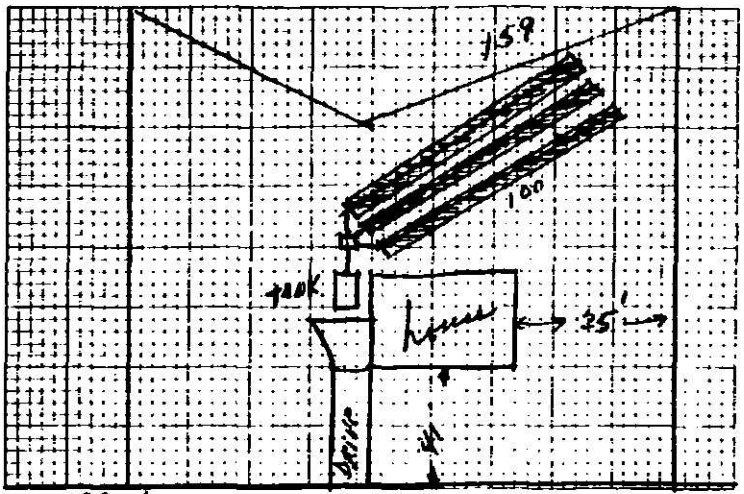
ICAR(S) Permit No. 18914

T. C. No 033-092-05

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 18914, dated 1-4-83 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 3-4-83, after which date this permit shall be null and void.



Stonegate

PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P/C concrete

Absorption and or Nitrification Lines:

Total Line Length 300'

Number of Lines 3

Distance from House 75'

Distance from Property Line 710'

Distance from Well 750' not in yet

NAME OF OWNER Jack R. Dillard

LOCATION OF PROPERTY 9519 Stonegate Dr.

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.

3-100 ft long x 3 ft wide x 12" stone on 4' centers

Comments: trenches

Division or Section Head

R P Phelps
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. 18914

Date Issued 4-14-83 Serial 5707 T. C. No. 053-092-05

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 Dillard (LAST) Jack (FIRST) R (MIDDLE)

Location of Property 9519 Stonegate Dr

Application Number 18914 Permit Number 18914

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material p/c concrete

Total Length of Drain Tile 300' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'-3'

Water Supply Source well Distance from Water Source 750'

Excavation Inspected — (DATE) Tank Inspected 4-14-83 (DATE)

Nitrification Field Inspected 4-14-83 (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 4 lines instead 3

Environmentalist R P Lyon

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

RECEIVED
MECKLENBURG COUNTY HEALTH DEPT.

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: 18914
TC:
SERIAL: № 17002

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 9519 (STREET NO.) Stonegate (STREET) Dr ② FILE:
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: (Numbers) 0330905
⑤ SUBDIVISION: Kelly Park-Stonegate ⑥ LOT: 3 ⑦ BLOCK: B

OWNER

⑧ NAME: Todd (FIRST) Franklin (MIDDLE) Shirn (LAST)
⑨ MAILING ADDRESS: 9519 Stonegate Dr
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) 542-1240 ⑭ (HOME) 393-7612

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Autherization for mobile home exchange
⑱ ☐ Other (specify) Garage

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 2
㉔ Basement? ☐ yes ☒ no
㉕ Type?
㉖ Maximum number of employees?
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 on the property for the purpose of processing this request.

Signed: [signature]
Date: 10/11/88

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. Use existing

Options:
Karla W. Johnson, 10/18/88
Environmentalist Date
[signature], RS 10/19/88
Director or Authorized Section Head Date

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

PROPOSED PLOT PLAN

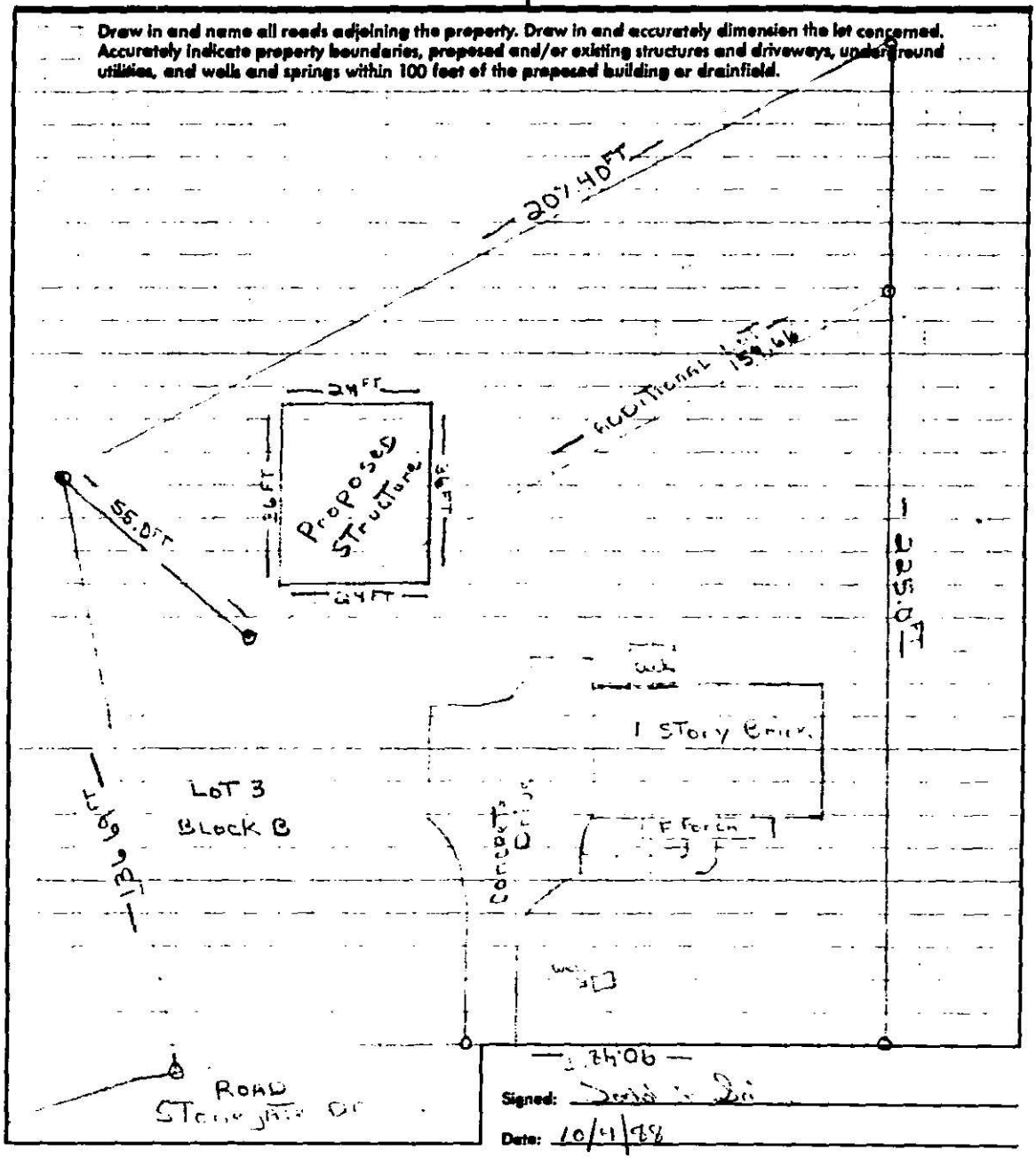
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18914

TC: _____

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: _____

Date: 10/1/98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 10/12/88

Name/Company Elvira Sims

Sanitation _____
Vector Control _____
O.P.W.D. 1

Service: Subd. Addition
15914

MECKLENBURG
HEALTH D...
ENVIRONMENTAL ...
PAID

OCT 12 1988

C024712

Fee: $ 20 -

1120

Completed by

Collected by