Date Received 5 24 84

MECK COUNTY H... DEPT
RECEIVED
MAY 2 ... 1984
ENV. ... DEPT

SIR No. 21107
T. C. No. 109-191-18
Map Date L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Taylor (LAST) Muriel (FIRST) Caughman (MIDDLE)

2) ADDRESS OF OWNER 8315 Kerrybrook Circle ZIP 28214

3) PHONE NO Home 392-3421 Office 374-8177

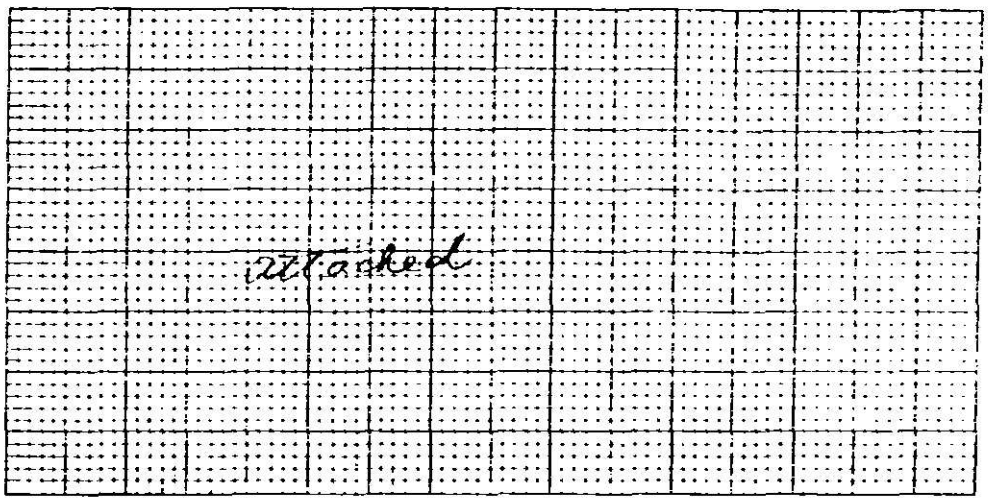
4) LOCATION OF PROPERTY Dooley Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Marlwood Acres LOT NO 13 & 14 BLOCK NO

MAP BOOK NO 6 PAGE NO 517

6) DEED REFERENCE DEED BOOK 1634 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

Muriel C. Taylor
OWNER

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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

SIR. NO. 21107
T.C. NO. 109-191-18
DATE: 7-2-84

Muriel C. Taylor
8315 Kerrybrook Circle
Charlotte, NC 28214

RE: Property located at Dooley Drive, Lots 13 & 14

Dear Ms. Taylor:

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

SLAGLE SEPTIC SERVICE

Dug ground
9/24/84
B Handley
SIR 21107

Muriel C. Taylor

Doe Ivy Drive, Lots 13 & 14

1. Pump Tank
   (a) Tank with minimum capacity of 1000 gallons.
   (b) Effluent pump capable of delivering 60 gallons per minute at ___ feet total dynamic head.
   (c) Controls to consist of high water alarm, dual, buoyant, weighted floats or mercu float switches. High water alarms to be on separate electric l curcuit.
   (d) Pump tank shall have a check valve.
   (e) All electrical connections to be outside of the pump chamber and shall be protec from the weather.
   (f) Tank shall be of a watertight design and have access manhole to surface.
   (g) Drill small hole, 1/8 inch or smaller, in pipe between pump and check valve.
2. Distribution System
   (a) 12 laterals off of distribution manifold. Laterals to be arranged in 3 groups with 4 laterals in each group.
   (b) Each group of laterals to be preceeded with a gate valve.
   (c) Laterals to be 1 1/4 inches diameter PVC, 160 PSI and to be 60 feet long.
   (d) Each lateral to be capped at the end with a 3 foot stand pipe. Stand pipe c be cut and capped at 2 inches after pressure has been set.
   (e) Laterals to be installed level on contour of slope on five (5) foot centers.
   (f) Laterals to be installed in trenches 6 inches wide and 8 inches deep wit 1 inch(es) of stone under and 1 inch(es) over laterals.
   (g) Earthen dam to be at the head of each lateral to prevent backflow into other l
   (h) Supply manifold shall be slightly higher than distribution manifold.
   (i) Supply manifold to be 2 diameter PVC, 160 PSI.
   (j) Distribution manifold to be 1 1/2 diameter PVC, 160 PSI.
   (k) Each lateral to have 10 holes 5/32 inch diameter. Holes to be spaced 60 inches apart with the first hole in each line to be 30 inches from the end of the lateral.
   (l) Pressure to be set at 3 feet of head using gate valves. Pressure to be reset after 6 weeks of use.
   (m) Stabilize area with grass as soon as possible after completion of the system.
   (n) Drainage improvements shall be made as necessary to divert surface and subsurfac water around or away from entire system area.
   (o) The system shall not be ins lled while the soil is wet.
   (p) Heavy vehicle traffic is prohibited over the system area prior to installation, during installation and after installation.
   (q) Backfilling of trenches should be done by hand or by light equ ment in order to minimize compaction of the soil in the disposal area.
   (r) _____

Date Received 11-1-84

SEE INSTRUCTIONS ON BACK

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 3 - 1984
ENVIRONMENTAL HEALTH

ICAR (S) Application No 2117

T. C No. 109-171-18

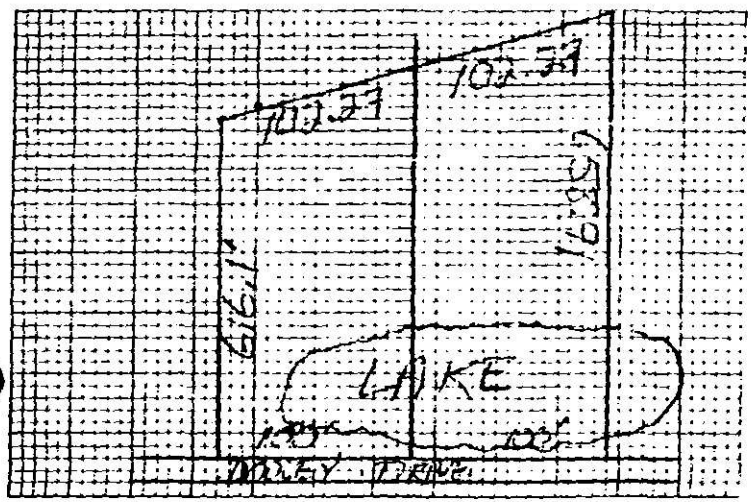
Map Date

# 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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home 531-4145 Office 531-5341

16) LOCATION OF SYSTEM 7046 [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. [illegible] Block No. [illegible]

Map Book No. [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 11-2-84

20) PTR NUMBER (See Instructions) [illegible]

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.

11-1-84
DATE OF APPLICATION

[illegible]
OWNER

EHD-5-76

[illegible] Copy

**MECKLENBURG COUNTY**
**DEPARTMENT OF ENVIRONMENTAL HEALTH**
1200 Blythe Boulevard
Charlotte, North Carolina 28203

September 24, 1984

John Francis
Century 21 Vision Realty
3545 N. Sharon Amity
Charlotte, NC 28205

Reference: Property located on Dooley Drive, Lots 13 & 14

Dear Mr. Francis:

We have received the plan for an alternate system of liquid waste disposal proposed for installation on the above referenced property. A preliminary review has been completed of the plan. Our comments are listed below:

1) We have not received an application for an Improvement Permit detailing the proposed construction.

2) The system is of a general nature and has not been designed for the particular soil and site considerations on the lot.

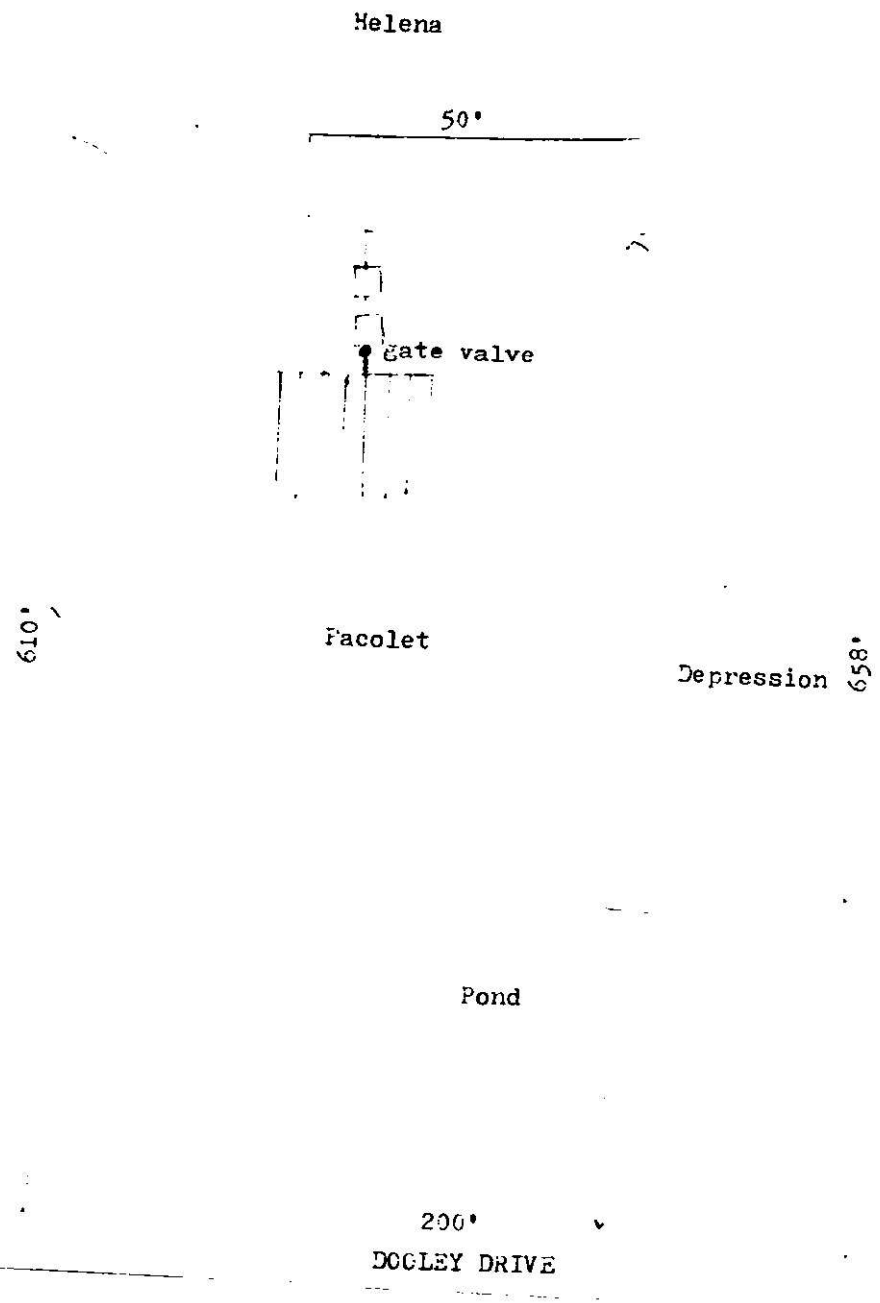
For these reasons, the plan as submitted, has been disapproved. If there are any questions regarding this matter, please feel free to contact me.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor
On Premises Waste Disposal Section

BDH/kbg

Enclosure



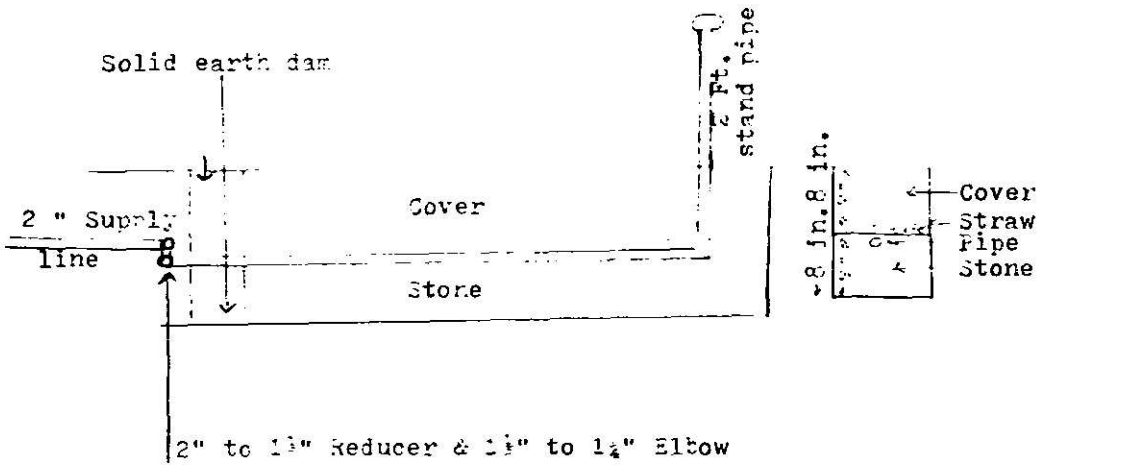

ICAR #21107
Dooley Drive
Submitted by: Slagle Septic Tank Service, Inc.

SIR 21107

Daily waste flow 450 Gal.
Septic tank size 1500 Gal.
Pumping tank size 1000 Gal.
Effluent loading rate ~~16 Sq. Ft.~~ .16gpd/ft²
Absorption area 2812 Sq. Ft.
Total length of laterals ~~470~~ Ft. 560 ft
Lateral diameter 1¼ In.
Lateral configuration ~~Parallel~~ 8 x 70 ft ea
Supply line length 50 Ft.
Supply line diameter 2 In.
Manifold placement End
Hole size* 5/32 In.
Hole spacing 5 Ft. (Start holes 30" from manifold)
Number of holes. 112 14/Lateral
Pressure head 3 Ft.
Flow per hole .50 G.P.M.
Total flow 56 G.P.M.
Elevation head 5 Ft.
Friction head 2 Ft.
Pressure head 3 Ft.
Total head 10 Ft.
Pump requirements 5.9 G.P.M. at 10 Ft. Total Head
Storage volume in laterals 36 Gals.
Storage volume in supply line 8 Gals.
Total storage volume 44 Gals.
Dosing volume 150 Gals.
Dosing depth 6 In.
Check valve needed? No

*Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

| Line No. | Hole Size | # Holes | Head Pressure | Flow/Hole | Hole Spacing* | Flow/Line |
|---|---|---|---|---|---|---|




ICAR #21107

Dooley Drive

Submitted By: Slagle Septic Tank Service, Inc. Jesse Slagle

Date Issued 10-17-84

Serial No. 7926

SIR No. 21107

T. C. No. 109-191-18

Map Date L CRT

# 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 Harris, (LAST) Dwight (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 3245-G Shamrock Dr., Charlotte, NC ZIP 28215

LOCATION OF LOT 1046 Dooley Drive (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 21107. 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.

Site reclassified Provisionally Suitable pursuant to 10 NCAC 10A .1946(c) per Department's policy requiring a curtain septic tank system installation.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

# APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 21167

TC:

( ) PC ( ) REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 22 1987
ENVIRONMENTAL HEALTH

**JOB LOCATION**

① ADDRESS: LOT 14

② SUBDIVISION: DOOLEY ACRES ③ LOT: 14 ④ BLOCK: 191

⑤ PARCEL REFERENCE: BOOK NO.: 109 PAGE NO.: 19 PARCEL NO.: 14

⑥ DEED REFERENCE: BOOK NO.: 3459 PAGE NO.: 392

**OWNER**

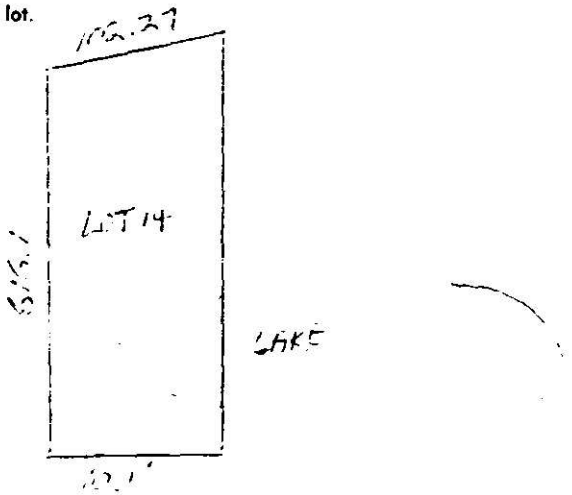
⑦ NAME: DWIGHT (FIRST) FRANKLIN (MIDDLE) HARRIS (LAST)

⑧ MAILING ADDRESS: 3245-E CHARNOCK DR

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28215

⑫ PHONE: (WORK) 536-5311 (HOME) 536-4145

⑬ Accurately diagram and dimension lot.




⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 6-17-87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 8007

T.C. NO. 108-191-18

(Ground Absorption Sewage Disposal)

OWNER: Mattie T. Taylor
ADDRESS: 8315 Ringwood Ln Charlotte NC 28214
LOCATION OF SITE: Lancaster

PLAT NO: 2005 1314
LOT SIZE: Parcel 12 2.0 ac

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S<br>PS 2-8%<br>U | S<br>PS —<br>U | S<br>PS 2-10%<br>U | S<br>PS<br>U |
| 2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Rate 2-1 Clay) | S Sandy<br>PS Sandy<br>U Clay | S<br>PS —<br>U | S<br>PS Sandy<br>U Clay | S<br>PS<br>U |
| 3. SOIL STRUCTURE (12-36 inches) | S<br>PS Blocky<br>U | S<br>PS —<br>U | S<br>PS Blocky<br>U | S<br>PS<br>U |
| 4. SOIL DEPTH (inches) | S<br>PS 24-36"<br>U | S<br>PS —<br>U | S<br>PS 24-36"<br>U | S<br>PS<br>U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S<br>PS 24" Seasonal water<br>U | S<br>PS —<br>U | S<br>PS Seasonal water 36"<br>U | S<br>PS<br>U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S<br>PS Seasonal water<br>U | S Depression<br>PS<br>U | S Perched water table 24-36" Loss<br>PS<br>U | S<br>PS<br>U |
| 7. OTHER (Specify) | S<br>PS Slope<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 8. SOIL GROUP | II-A | — | | |
| 9. SITE CLASSIFICATION | Unsuitable | Unsuitable | Unsuitable | |
| 10. SOIL SERIES | Georgeville Enon | Depression | Helena Lilly | |

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: Area suitable for conventional sewage system

low pressure system

Described by: W. Glenn McMurtrie
Title: Soil Scientist

Date: 6-22-04

24

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 11599

File: 21107 Action 1

Parcel: 20129-191-16 PC

Location: Dooley Drive

Subdivision:

Lot: 14 Block: Acres: 1.4

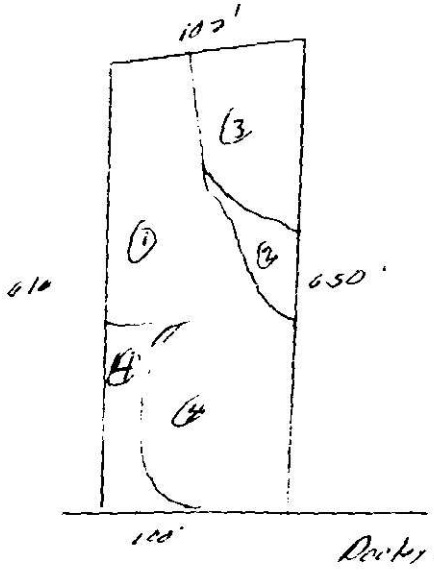
Owner: Dwight Franklin Harris
Address: 3245-G Shamrock Drive
Charlotte, N. C. 28215

Comments:

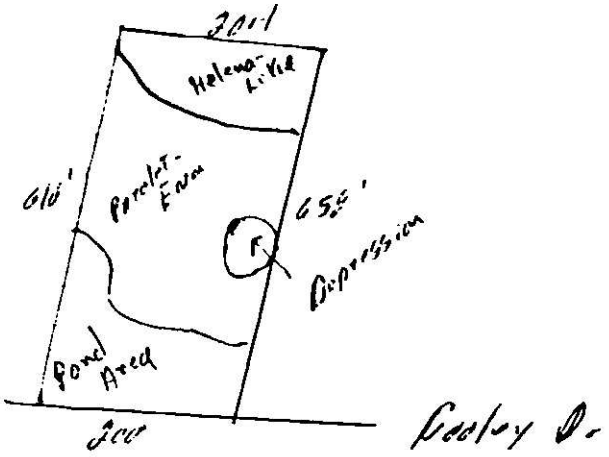
Described by: William A. Marks

Date: 7-29-87

*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.




| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-10% | (S) PS U 2-8% | (S) PS U 2-10% | S PS (U) Depression & Pond | S PS U | S PS U |
| Texture | S (PS) U Clay | S (PS) U Some Clay | S PS (U) Clay | S PS U — | S PS U | S PS U |
| Structure | S (PS) U Blocky | S (PS) U Blocky | S (PS) U Blocky | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 24-36" to water | S (PS) U 24-36" to water | S PS (U) perched water 24" | S PS U | S PS U | S PS U |
| Depth | S (PS) U 36"+ | S PS (U) 24-36" | S PS (U) 24-36" | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 24-36" | S (PS) U 24-36" | S (PS) U 24-36" | S PS U | S PS U | S PS U |
| Available Space | S (PS) U limited | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IVA Cecil-like | IVA Pacolet-Enon | IVB Helena-like | Depression & Pond | | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U |


300'
Helena-Lisle
610'
Parcel-Ewan
655'
Depression
Pond Area
Jeep
Cooley Dr.

# MECKLENBURG COUNTY
Department of Environmental Health

July 30, 1987

Mr. Dwight Franklin Harris
3245-G Shamrock Drive
Charlotte, NC 28215

RE: Property located at Dooley Drive, Lot 14
FILE: 21107
PARCEL: 103-191-10 FO

Dear Mr Harris

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the site evaluation report (Serial No. 11599) is enclosed for your information

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

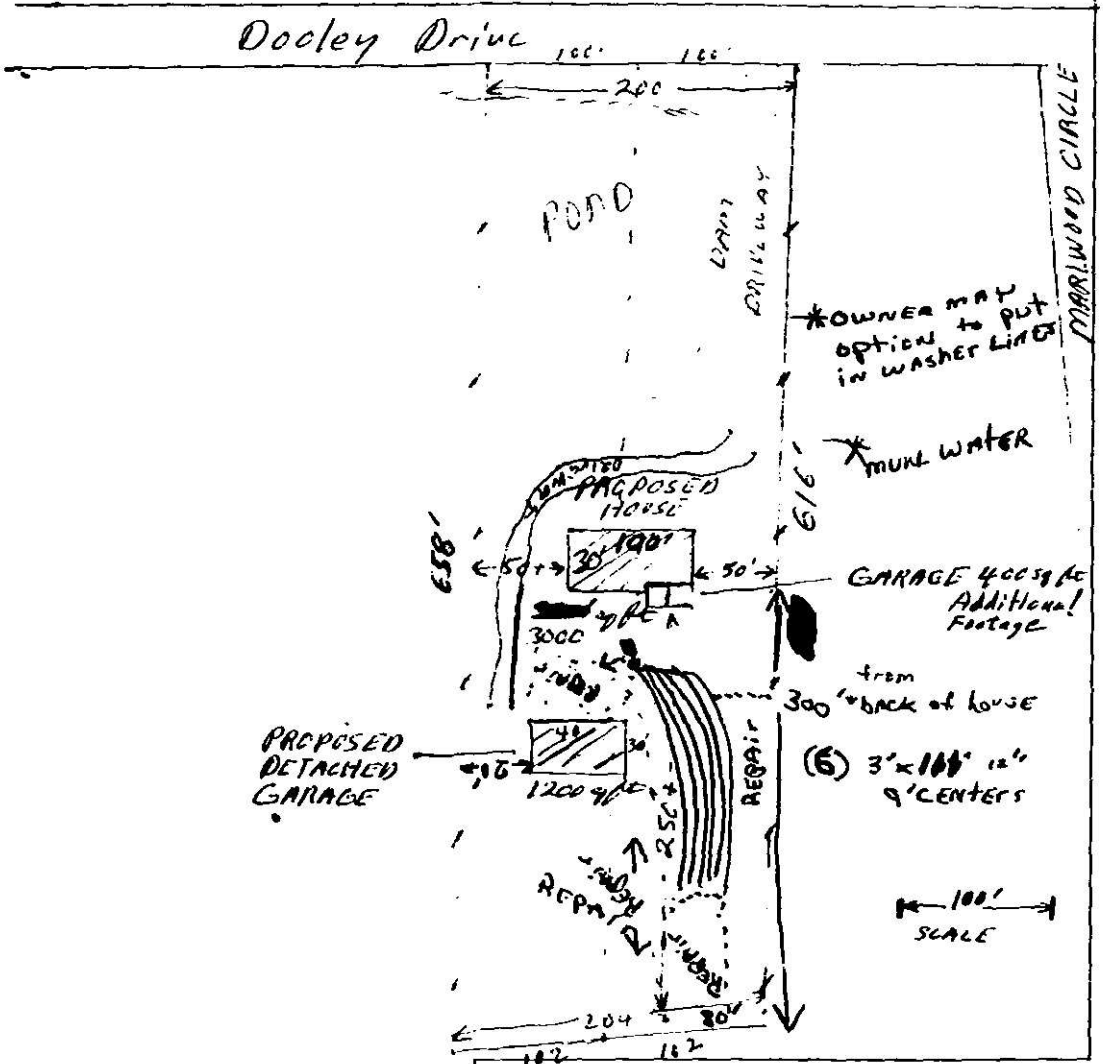
# PROPOSED PLOT PLAN

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

FILE: 21107

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: Michael A. McKinney

Date: August 22-1989 FW

8/25/89

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 8/22/89

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]
2107

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 22 1989

Fee: $ [illegible]

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Completed by

Collected by

BILLING -- WHITE

20002

# 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: 21107
TC: _____
SERIAL: № 19102 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 1046 (STREET NO) Dooley (STREET) Drive ② FILE: 21107
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 109-191-18 PC
⑤ SUBDIVISION: Marlwood Acres ⑥ LOT 13 & 14 ⑦ BLOCK: _____

**OWNER**

⑧ NAME: Michael (FIRST) Anderson (MIDDLE) McKinney (LAST)
⑨ MAILING ADDRESS: 1956 Margate Ave
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28205
⑬ PHONE: (WORK) 379-2725 Voice Message ⑭ (HOME) 535-6127

**REQUEST**

This request is for a(n)
⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other specify _____

**DESIGN CRITERIA**

System will serve:
⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 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: Michael A. McKinney
Date: August 22 1989

## 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.

Environmentalist — Date 8/25/89

Director or Authorized Section Head — Date 8-25-89

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 021107 DATE: 1/21/98

TC: _____ ☐ L ☑ CRT

SERIAL Nº 14079

Name of Owner Mike McKinley Juris.: _____

Address of Property 1040 Dooley Dr.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 235

Number of Lines 5 @ 127

Cover Depth 12"

Water Supply Source City water

Distance to Water Source -

Excavation Inspected 1/21

Tank(s) Inspected 1/21

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design: 1771, 1500 gal. Con. S/S, 1w 235 ft, 12" Cecil Lyle CTR# 5

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: GTII

Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

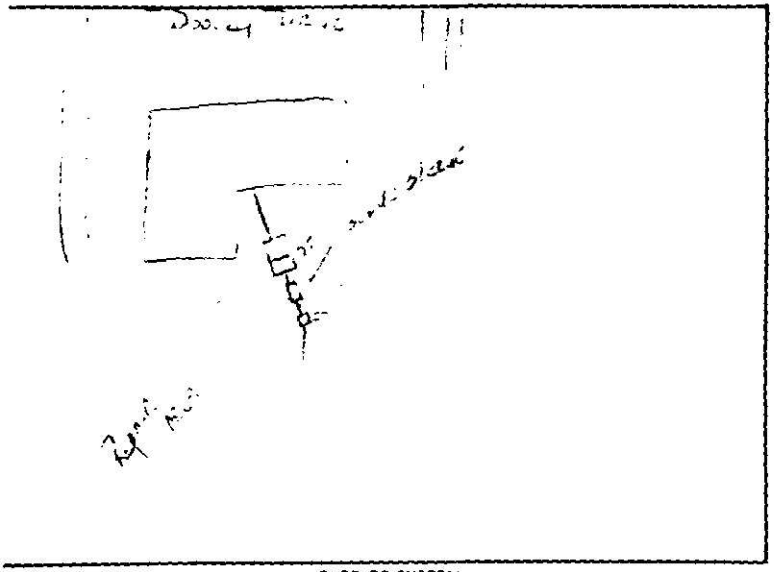
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: _____ DATE: 4/11/90

TC: _____ ☐ L

SERIAL Nº 14100

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 the application dated 4/2/90. All work shall be completed on or before 9/11/90, 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 Health Department 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 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Conc

Absorption and or Nitrification Lines

Trench Width 3 feet

Total Line Length 550 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 20 feet

Distance from Property Line 200 feet

Distance from Well Septic feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 104 Briley Dr

Comments: Use 1000 gal Septic Tank

Stub out 24 feet w/ 6 in PVC

Division or Section Head

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY