Date Received 1-3-84

RECEIVED
JAN 3 1984
ENVIRONMENTAL HEALTH

SIR No 20457

T. C. No 193-204-21, 22

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER _____ ZIP _____

3) PHONE NO. Home _____ Office MATTHEWS 847-6185

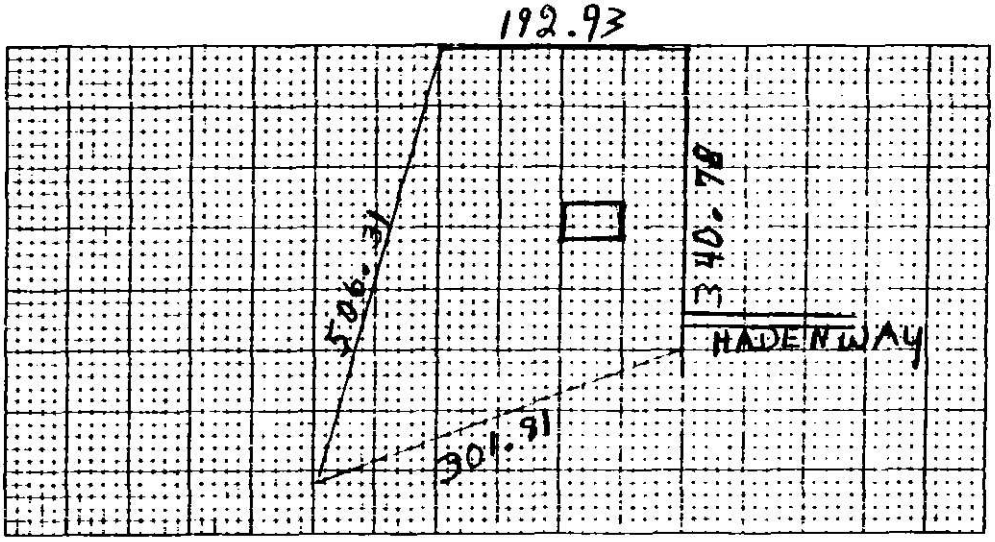
4) LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD) 2024 Hadenway

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

MAP BOOK NO. 7 PAGE NO. 235

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

Wade Dean Welch
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20457

T.C. NO. 193-311-21,22

(Ground Absorption Sewage Disposal)

OWNER: Wade D. Walker
ADDRESS: 3615 Shadowood Matthews N.C.
LOCATION OF SITE: Mecklenburg

PLAT NO:
LOT SIZE: Approx 2 Acres

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2 to 10%	(S) PS U 2-10%	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS (U) 2-1 Clay	S (PS) U Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Weak Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS (U) 15-30"	S (PS) U 30-40"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS (U) saprolite < 36"	S (PS) U > 30"	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U > 36" to ground water	S (PS) U > 36" to ground water	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U See Note	S PS U	S PS U
8. SOIL GROUP	IIB	IIA		
9. SITE CLASSIFICATION	unsuitable	Provisionally Suitable		
10. SOIL SERIES	Wilkes Mecklenburg	Cecil 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)

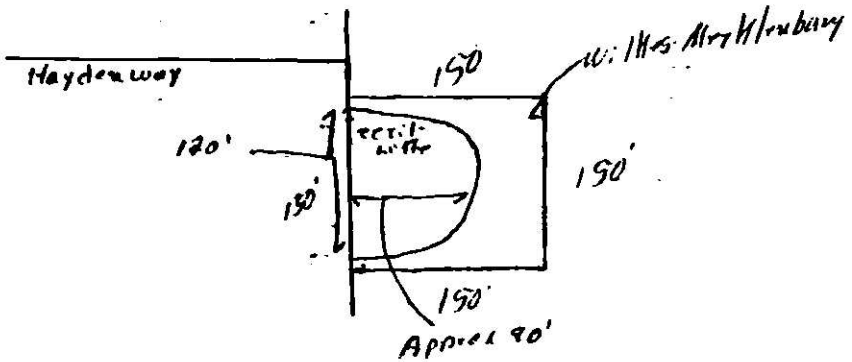
Recommendations/Comments: Recommend sites for house & system locations 2 well
to be staked out. System may require LPP station

Described by: William R. Marden
Title: Soil Scientist

Date: 1-18-84

EHD 539 (Revised: 6/82)

1H


Hayden way
150
120'
150'
150'
150'
Approx 90'

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

SIR. NO. 20457
T.C. NO. 193-204-21.22
DATE: 1-19-84

Wade D. Welch
2015 Hadenway
Matthews, NC 28105

Re: Property located at 2024 Hadenway

Dear Mr. Welch:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued 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

BUILD, STAND '86 08/05 07:34 001

DATE 8/5/86

$7.00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
DEPARTMENT PERMIT ISSUING SECTION

FROM: COUNTY ENGINEERING DEPARTMENT

JURISDICTION Mint

193-204-1
PARCEL NUMBER

2034 Fairview Rd Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐
2. FLOODWAY REGULATIONS	☐	☐
3. EROSION CONTROL REGULATIONS	☐	☐
4. COMMERCIAL DRAINAGE PLAN	☐	☐

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ YES	☐ NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ YES	☐ NO
7. DRIVEWAY PERMIT REQUIRED	☐	☐

REMARKS: _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

04-05-84
ALL OTHER FORMS OBSOLETE

SIGNED: _____

Date Received 1-3-84

RECEIVED
SEE INSTRUCTIONS ON BACK
JAN 3 1984
ENVIRONMENTAL HEALTH

CAR(S) Application No. 20457

T. C. No. 193-204-21,22

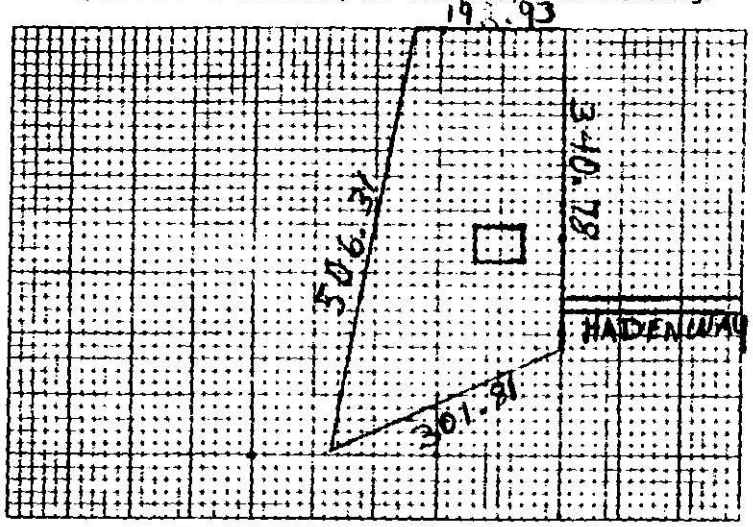
Map Date _____

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



31 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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ 847-6185 Office _____

16) LOCATION OF SYSTEM 3024 Hadenway (STREET OR COUNTY ROAD)

17) SUBDIVISION BIN ACRES Lot No. _____ Block No. _____

Map Book No. 7 Page No. 535

18) DEED REFERENCE — DEED BOOK 4626 AT PAGE 225

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.

Dec 30, 83
DATE OF APPLICATION

Linda Dean Welch
SIGNED

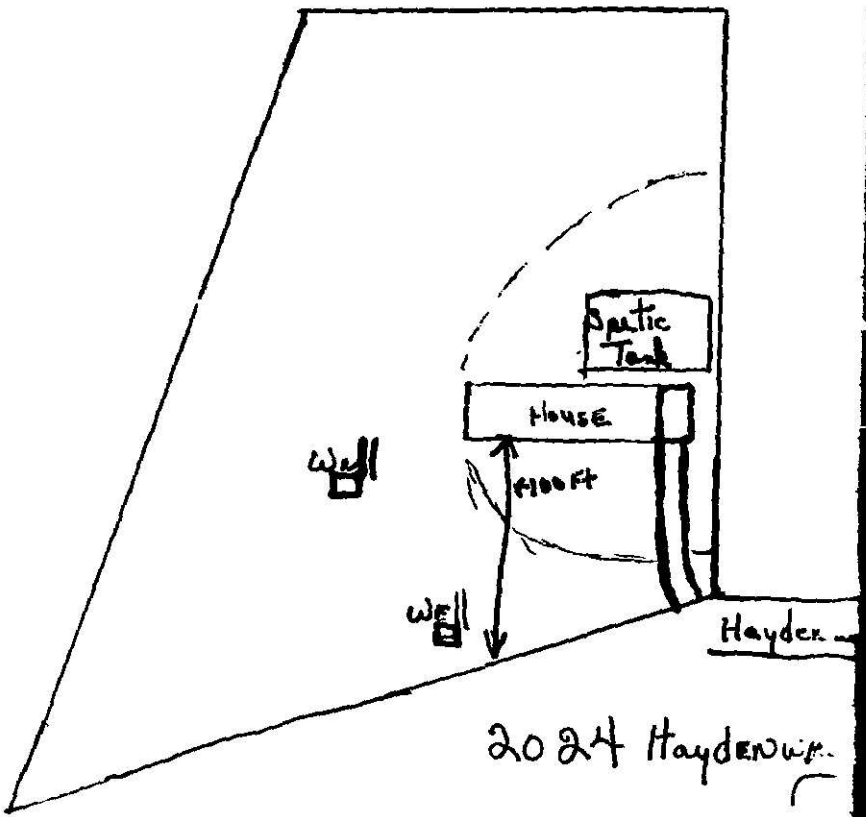
EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SIR 20457

Wade Dean Welch
2024 Haydenway
Matthews NC
704-847-2140

Plot Plans



RECEIVED
FEB
DIV. FOR ENVIRONMENTAL HEALTH

BT 2-13-84

Serial No. 7205

SIR No. 20457

Date Issued 2-10-84

T. C. No. 193-204-21,22

Map Date CRE 5. 8/5/76

[illegible] PERMIT

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 Welch, (LAST) Wade (FIRST) Dean (MIDDLE)

ADDRESS OF OWNER 2015 Haydenway, P.O.Box 1072, Matthews, NC ZIP 28106

LOCATION OF LOT 2024 Hayden Way (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 20457 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

C of A (s) No. 20457

Date Issued 12-22-96 **Serial** 8997 T. C. No. 193-204-21-22

CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner WELCH (LAST) WADE (FIRST) D. (MIDDLE)

Location of Property 2024 HARDENWAY

Application Number 20457 Permit Number 20457

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 12-22-96 (DATE) Tank Inspected 12-22-96 (DATE)

Nitrification Field Inspected 12-22-96 (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 1996, 1500 ST CON, 400 LF, 12", CLCLC

Environmentalist

EHD-5-76

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

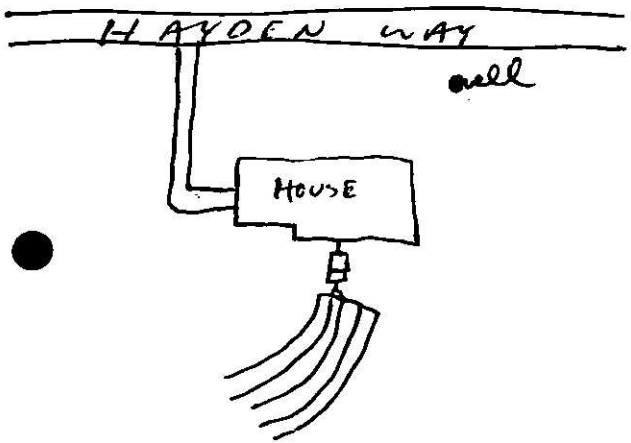
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20457 DATE: 10-29-86

TC: 193-204-2122

SERIAL № 10488

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 12-30-83. All work shall be completed on or before 11-29-86, 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 x 90

Depth of Stone 12 inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

NAME OF OWNER WELCH, WADE D

LOCATION OF PROPERTY 2024 HAYDEN WAY

Comments: A line x 100' long x 3' wide x 12" stone

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 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

Sirs,
The original application and site plan design is for a Three bedroom House, Now the house has Five bedrooms!! I tried to contact me which by phone...

Told him his approval is in danger of being revoked because of [redacted] (proposed change from 1937 sq. ft.) readings w/out approval (w.r.t. building size). Tell him we cannot approve any improvements to the system until we come into compliance with the regs. Do DEP require BR? [illegible] or treat to avoid

2500/

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: 20457 /
TC: _____
SERIAL: № 18810 ☐ L ☐ CR

JOB LOCATION

① ADDRESS: 2094 Hayden Way (STREET NO / STREET) ② FILE: 20457
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 193-204-21
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Wade (FIRST) Dean (MIDDLE) Welch (LAST)
⑨ MAILING ADDRESS: 2094 Hayden Way Dr
⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) 704 525-1231 ⑭ (HOME) 704 847-0398

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization 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? 5
㉕ Type? _____
㉓ Maximum occupancy? 3
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 on the property for the purpose of processing this request.

Signed: Wade Dean Welch
Date: 7-6-89

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 the Department.

... This permit is not transferable, and shall become null and void 5 months from the date of issuance.

Environmentalist _____ Date _____

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.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7-7-89

NAME/COMPANY: Mark D. Welch

Sanitation _____

Vector Control _____

OPMD ✓

SERVICE: Imp. Well

2024 Hargrave Dr

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 7 1989

File # 20457

FEE: 25.00

Completed By

Collected By

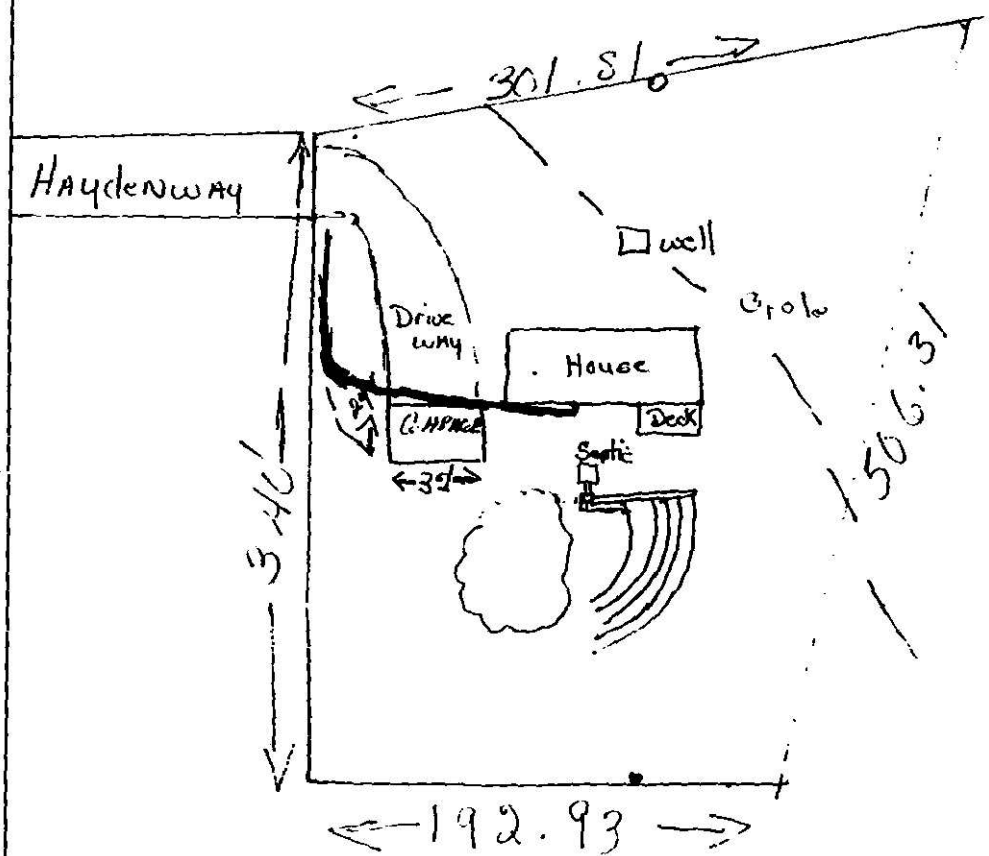
PROPOSED PLOT PLAN

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

FILE: 2057

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: Wade Dean Welch

Date: 7-6-89