Date Received 6/14/78

APT No. 14203

T. C. No. 105-165-22

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Allen (LAST) William (FIRST) L (MIDDLE)

2) ADDRESS OF OWNER 4449 Whispering Oaks ZIP 28213

3) PHONE NO. Home _____ Office _____

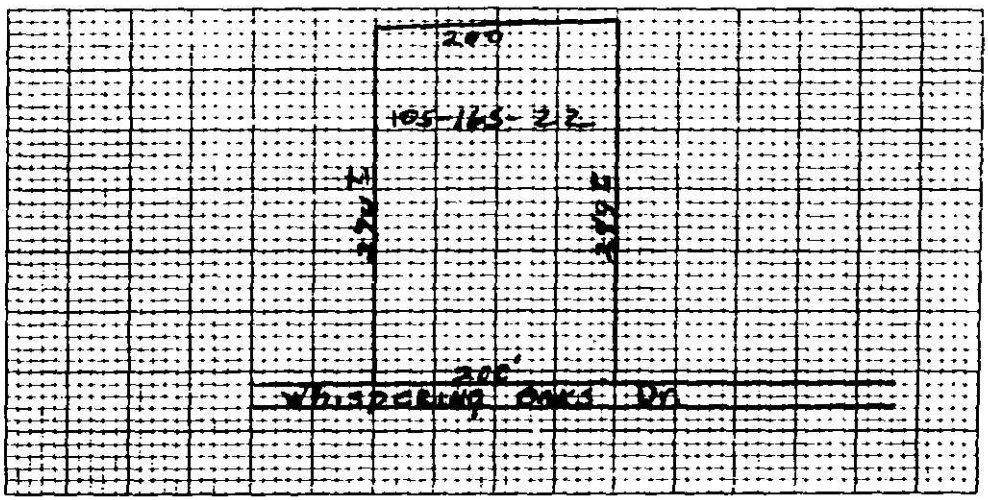
4) LOCATION OF PROPERTY Whispering Oaks Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Tax Code 105-165-22 LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK 3098 PAGE NO 210

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

William Allen
OWNER

EHD-5-76

Environmental Health Department's Copy

GB. 1103

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: William L. Allen
ADDRESS: 2499 Whispering Lake Dr
COUNTY:
LOCATION OF SITE: Whispering Lake Dr.

DATE REQUESTED: 6-14-78
PLAT NO.: 105.165.22
LOT SIZE: 59,000 Sq Ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-6% U	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S 2:1 PS Expand. (U) Clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS Massive (U)	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) PS 48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	(S) ≥ To 6' Rock PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) ≥ To 6' Water PS U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS Very Slow (U)	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Unsuitable			
SOIL SERIES				

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: Eddie Reynolds
Title: Environmentalist Date: June 21, 1978

DHS Form 2601 (2/77)
Sanitation

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

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SIR.NO. 14203
T. C.NO 105-165022
MAP DATE -----
DATE 6-21-78

NAME OF OWNER Allen, William L.

ADDRESS OF OWNER 4449 Whispering Oaks Charlotte, N. C. 28213

LOCATION OF LOT Whispering Oaks Drive

At your request and pursuant to Section. 1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Health Services, Subchapter 10A, a site evaluation has been made for an on premises ground absorption sewage disposal system on the property designated above and the following conditions were found:

Soil Structure Massive
Soil Permeability Unsuitable
Site Classification Unsuitable

Section 10 of the North Carolina Administrative Code 10A, .1910 of these regulations states "Sites originally classified as unsuitable may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soils studies indicate to the local agency that a suitable alternate system can reasonably be expected to function satisfactorily.

Section 10, North Carolina Administrative Code 10A, .1916 states that "The design, construction, and maintenance of ground absorption sewage systems, whether septic tank systems or alternate systems shall be the responsibility of the owner, developer, installer, and user of the system as applicable in the circumstances."

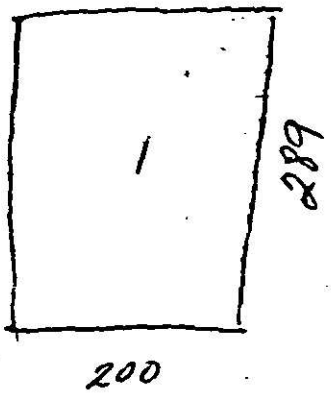
We would also advise you that according to Regulation 10, North Carolina Administrative Code 10A, . 1916(b), "Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect compliance with the provisions of this section shall in no way be taken as a guarantee that sewage disposal systems approved and permitted will function in a satisfactory manner for any given period of time or that such employees assume any liability for damages, consequential or direct, which are caused or which may be caused, by a malfunction of such system.

These regulations became effective July 1, 1977. Since that time the second sentence of Section .1910(c) has been found to be mugatory. For this reason, if you desire to file for permission to install an "alternate" system you should present this office with your proposals in the form of plans and specifications. These would be reviewed and if it is found that the system may reasonably be expected to function satisfactorily approval may be given on the execution by you of a "Septic Tank Agreement Form" available in this office.

John R. Adkisson

John R. Adkisson, Environmentalist

KHD #584


1
289
200
Whispering Oak Dr.

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

APT 14203
TT 105/165-22

(Ground Absorption Sewage Disposal)

OWNER: William J. Allen
ADDRESS: 4448 Wilkinson Blvd
COUNTY: Charlotte, N.C. 28213
LOCATION OF SITE: Wilkinson Blvd.

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 36000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-8% U	(S) PS 2-6% U	(S) 2-6% PS U	(S) 2-6% PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) 2-1 (U) Clay	S (PS) 2-1 clay (U)	S (PS) 2-1 (U) clay	S (PS) some 2-1 clay U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS Massive (U)	S PS Massive (U)	S PS Massive (U)	S (PS) Blocky U
4. SOIL DEPTH (In.)	(S) 48" PS U	S (PS) 48" (U)	(S) 48" PS U	(S) 48" PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	(S) None PS U	(S) None PS U	(S) None PS U	(S) None PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S Seasonal (PS) perched (U) water Table	S Seasonal (PS) perched (U) water Table	(S) To ite PS ground U water	(S) To ite (PS) ground U water
7. SOIL PERMEABILITY (Percolation Rate)	S U. Slow (PS) (U)	S U Slow (PS) (U)	S Slow ⇒ PS U. Slow (U)	S Moderate (PS) to slow U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S Encroachment (PS) Area (U)
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	unsuitable
SOIL SERIES	Helena	Enon/II	Mecklenburg	Cecil-Mecklenburg Intergrade

S - Suitable PS - Provisionally Suitable U - Unsuitable

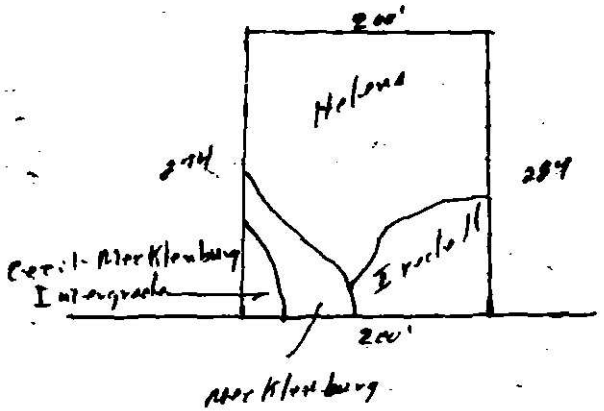
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: William A. Medlin

Title: Sanitarian Date: 11-10-78

DHS Form 2604 (2/77)
Sanitation


200'
Helena
289
Cert.- Mor Klenburg
Interest
Interest
200'
Mor Klenburg
Whispering Oak's Dr

SEE INSTRUCTIONS ON BACK

Date Received 5/31/79

ICAR(S) Application No. 14203

T. C. No. 105-165-22

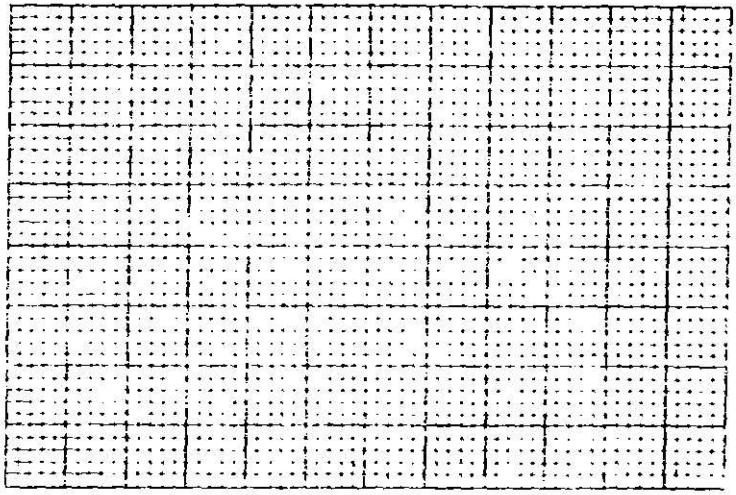
Map Date _____

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ___No
Residence ✓Yes ___No

4) No. of Bedrooms 3
5) Business Use — Max. No. Employees No
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 Taylor (LAST) Bill (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 4201 Shobuck Rd. Charlotte N.C.

15) PHONE NO. Home 537-8616 Office 537-8616

16) LOCATION OF SYSTEM Whispering Oaks Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Whispering Oaks 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 11/28/78

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.

5/31/79
DATE OF APPLICATION

Bill Taylor
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6/8/79

ICAR(S) Application No. 14203

T. C. No. 105-165-22

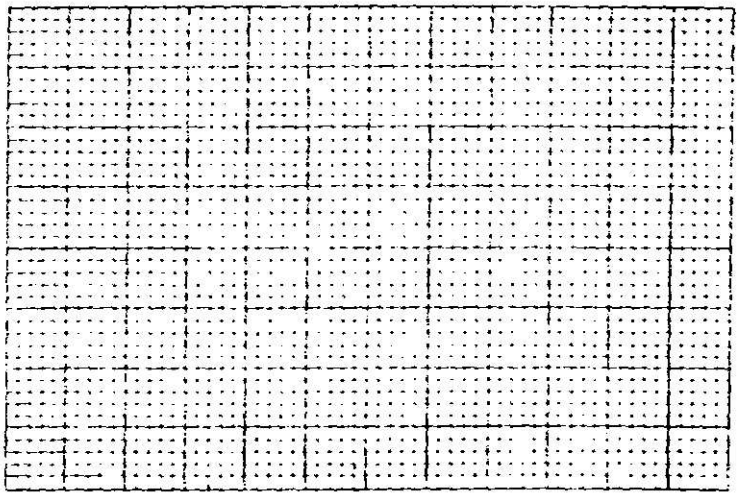
Map Date 6-21-78

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 Allen (LAST) William (FIRST) Lamar (MIDDLE)

14) ADDRESS OF OWNER 4449 Whispering Oaks Drive

15) PHONE NO. Home 596-6208 Office ____

16) LOCATION OF SYSTEM Whispering Oaks Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Whispering Oaks Lot No. 22 Block No. ____

Map Book No. 105 Page No. 16

18) DEED REFERENCE — DEED BOOK 3098 AT PAGE 210

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ____ NO DATE RUN 1-13-76

20) PTR NUMBER (See Instructions) 14203

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.

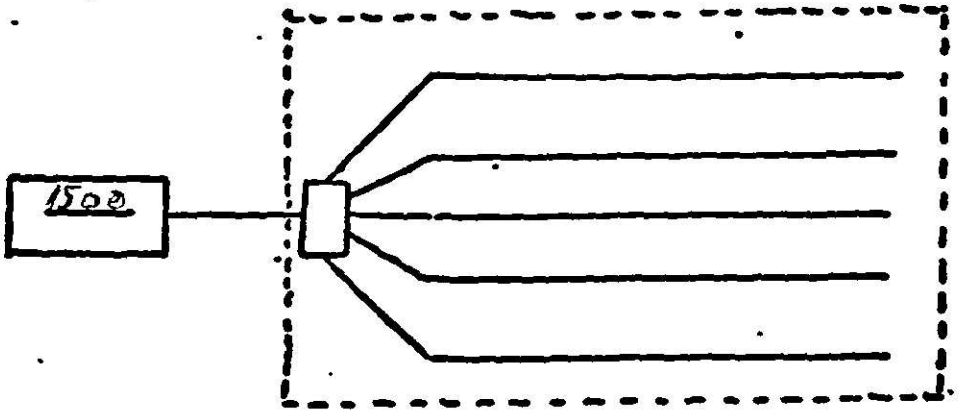
6-8-79
DATE OF APPLICATION

William L. Allen
OWNER

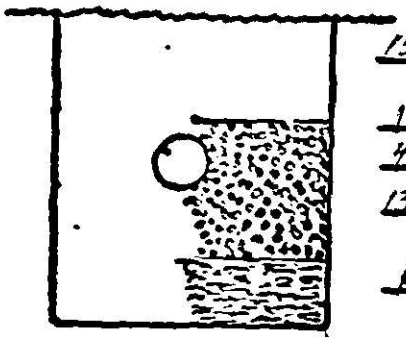
EHO-5-76

Environmental Health Department's Copy

#14203



5 drain pipe 97
long 3' on center
1485 sq foot
bottom area.



15" minimum cover
1" stone over pipe
4" drain pipe
13" under pipe
6" sand

Submitted for consideration and approval:

[illegible] Engineering PAKS PC
Property Location

William L Allen
Owner's Signature

Bed System

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

4107 0412

AGREEMENT 1/2 07

131

OFFICE OF REGISTER OF DEEDS MECKLENBURG CO., N.C.

The undersigned, William I. Allen, Lot 22 Chesapeake Hills 2, by instrument recorded in Book 3098 at Page 244 of the Mecklenburg County Registry, hereby certifies that he applied to the Department of Environmental Health for the installation of a septic tank sewage disposal system on the site; the Department evaluated the suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as Unsuitable and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction and maintenance of said septic tank system is his responsibility and that neither the Department nor any of its employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner, and does hereby release and forever discharge the Department, its officials, employees or agents and any liability for damages, both special or general, which are caused, or which may be caused, by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County, and indexed thereon under the Grantor Index in the name or names of the undersigned, and the foregoing covenants and agreements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns, that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any claims or other claims of any person or persons whatsoever arising out of the installation, existence, or failure, of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event the septic tank system installed under authority of the aforesaid permit fails to perform adequately or correct, he will take whatever measures are required to correct same; or if such is not possible, he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 8th day of June, 1979.

William I. Allen (Seal)

(Seal)

STATE OF NORTH CAROLINA,
COUNTY OF MECKLENBURG

I, Mamie B. Barnes, a Notary Public for said County and State, do hereby certify that William I. Allen, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of June, 1979.

Mamie B. Barnes
Notary Public

My Commission Expires: 6/14/82

STATE OF NORTH CAROLINA,
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by _____, sealed with its corporate seal and attested by _____ as its _____.

WITNESS my hand and notarial seal, this ____ day of _____, 19__.

Notary Public

My Commission Expires _____

Drawn By mail
City County Health Dept.
1200 Blythe Blvd.

PRESENTED FOR REGISTRATION
1979 JUN 21 PM 2:22
REGISTER OF DEEDS MECKLENBURG CO., N.C.

Serial No. 3137

Date Issued June 8, 1979

LA No. 14203

T. C. No. 105-165-22

Map Date 6/21/78

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 Allen, (LAST) William (FIRST) Lamar (MIDDLE)

ADDRESS OF OWNER 4449 Whispering Oaks Drive ZIP _____

LOCATION OF LOT Whispering Oaks Drive (STREET OR COUNTY ROAD)

SUBDIVISION Whispering Oaks LOT NO 22 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 14203. 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.

****AGREEMENT FORMS SIGNED AND RECORDED*****

Environmentalist

John R Atkisson

Environmental Health Director, or Authorized Section Head

EHD-5 76

Environmental Health Department's Copy

[redacted] 8180 7818

[redacted] 0187 0419

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Mamie B. Barnes,

a Notary(~~Xxx~~) Public of said County and State
is ~~xxx~~ certified to be correct. This 8 day of June, 19 79
Charles E. Crowder, Register of Deeds, By: [signature] DEPUTY

1.00
3.00
4.00

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 19 1979
ENVIRONMENTAL HEALTH

PRESENTED

SEE INSTRUCTIONS ON BACK

Date Received 8-7-80

ICAR (S) Application No. 14203

T. C. No. 105-165-22

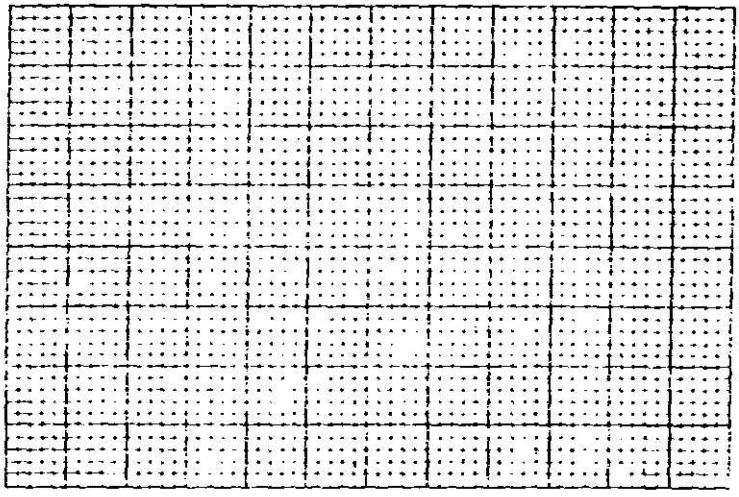
Map Date 6-21-78

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 C'HASTAIN (LAST) JOEL (FIRST) ERNEST (MIDDLE)

14) ADDRESS OF OWNER 3907 IRVINGTON DR. Charlotte

15) PHONE NO. Home 5352428 Office 3774944

16) LOCATION OF SYSTEM WHISPERING OAKS DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION WHISPERING OAKS Lot No. 22 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 11/10/78

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.

8/7/80
DATE OF APPLICATION

Joel E Chastain
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10/8/79

ICAR(S) Application No. 14203

T. C. No. 105-165-22

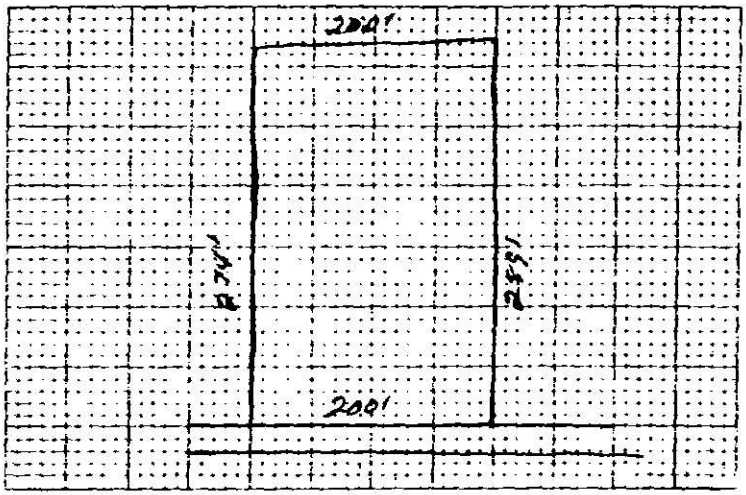
Map Date 6/21/78

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 4

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 CHASTAIN (LAST) JOEL (FIRST) ERNEST (MIDDLE)

14) ADDRESS OF OWNER 3907 IRVINGTON DR. Charlotte

15) PHONE NO. Home 5352428 Office 3774944

16) LOCATION OF SYSTEM WHISPERING OAKS DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION WHISPERING OAKS Lot No. 22 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 11/10/78

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.

10-8-79
DATE OF APPLICATION

Joel E Chastain
OWNER

END-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 3588

Date Issued Oct. 8, 1979

LA No. 14203

T. C. No. 105-165-22

Map Date 6/21/78

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 Chastain, Joel Ernest
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 3907 Irvington Drive, Charlotte ZIP

LOCATION OF LOT Whispering Oaks Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Whirpsering Oaks LOT NO. #22 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 14203 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, 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. See previous Blue Letter

Bob Wilson
Environmentalist

Stephen J. Wood
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 4163

Date Issued 8/11/80

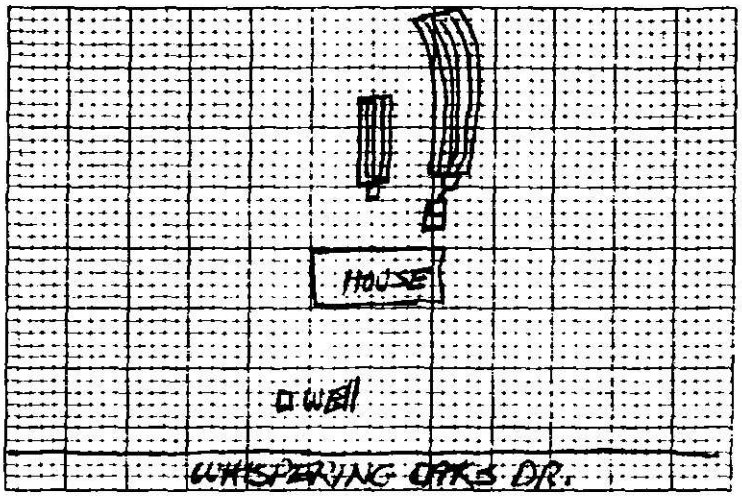
ICAR(S) Permit No. 14203

T. C. No. 105-165-22

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 14203, dated 8/7/80 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 8/30/80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate SEE FILE

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. CONC.

Absorption and or Nitrification Lines

Total Line Length 495'+125'

Number of Lines 5+4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER JOEL CHASTAIN

LOCATION OF PROPERTY WHISPERING OAKS DRIVE

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.

Comments: 15'X99'X18" of STONE with 6" coarse sand for septic TANK
12'X32'X17" of STONE for washing machine

Division or Section Head

Environmentalist Adam Wofford

* 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-S-76

Environmental Health Department's Copy

C of A (s) No. 14203

Date Issued 8/12/80 Serial 3953

T C. No. 105-165-22

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

NOTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner CHASTAIN JOEL (LAST FIRST MIDDLE)

Location of Property WHISPERING OAKS DRIVE

Application Number 14203 Permit Number 14203

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C. CONC

Total Length of Drain Tile 495'+125' Number of Lines 5+4

Depth of Filter Material 18"+6" SAND Cover Depth 24"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — Tank Inspected 8/12/80 (DATE)

Nitrification Field Inspected 8/12/80 (DATE)

Washing Machine Line Inspected, If Applicable 8/12/80 (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 _____

Adam Wingfield
Environmentalist

EHD-5-76

Environmental Health Department's Copy