Date Received 6/6/78

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED JUN 5 1978

APT No. 14165

P.O. T. C. No. 193-331-15

Map Date 11/9/77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Griffin (LAST) Johnny (FIRST) Alvin (MIDDLE)

2) ADDRESS OF OWNER 1316 Marjorie Dr. Matthews ZIP 28105

3) PHONE NO. Home 847-6573 Office 373-3728

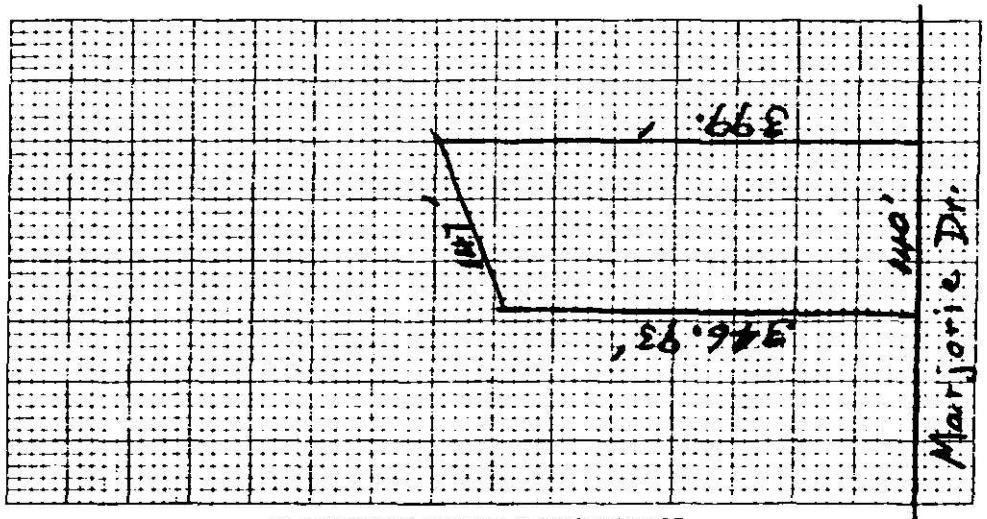
4) LOCATION OF PROPERTY Marjorie Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 7 BLOCK NO. _____

MAP BOOK NO 12 PAGE NO 375

6) DEED REFERENCE DEED BOOK 2772 PAGE NO 307

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and on 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

Johnny A Griffin
OWNER

EHD-5-76

Environmental Health Department's Copy

Apt. 14163

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

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: John A. Griffin
ADDRESS: 1316 Marjorie DR 28105
COUNTY: Mecklenburg
LOCATION OF SITE: Lot #2 Marjorie DR.

DATE REQUESTED: 6/6/78
PLAT NO.:
LOT SIZE: ≈ 54,325 sq ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-6% PS U	(S) 2-6% PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) clay U	S (PS) Clay U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) Blocky U	S Blocky PS to (U) None	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) ≥ 36" U	S PS ≤ 36" (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	(S) None PS Noted U	S SAprolite PS (U)	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) ≥ 6' to PS water table U	(S) ≥ 6' to PS water table U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) moderate U	S moderate PS to (U) slow	S PS U	S PS U
8. OTHER (Specify)	(S) PS area U	S PS ——— U	S PS U	S PS U
9. SITE CLASSIFICATION →	Provisionally Suitable	UNSUITABLE		
SOIL SERIES	Cecil	Eroded Cecil		

S - Suitable PS - Provisionally Suitable U - Unsuitable

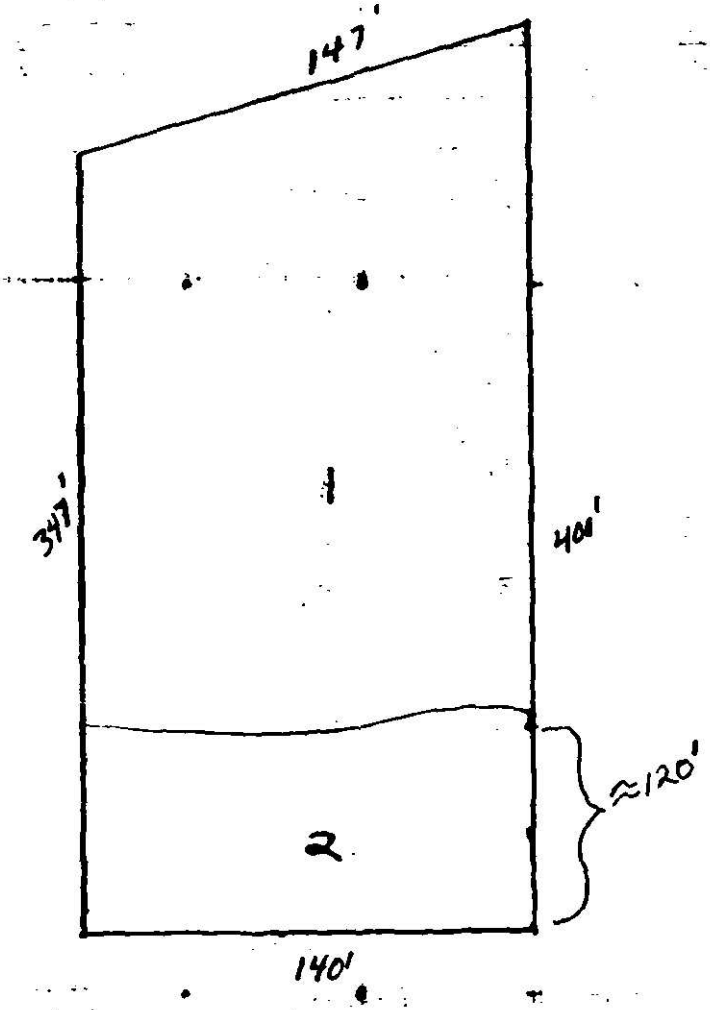
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments: _____

Described By: Steve Lubow

Title: Environmentalist Date: 6/6/78

DHS Form 2601 (2/77)
Sanitation


147'
347'
401'
1
2
≈120'
140'

Serial No. 1966

PTR No. 14166

Date Issued 6/7/78

T. C. No. P.O. 193-331-15

Map Date 11-9-75

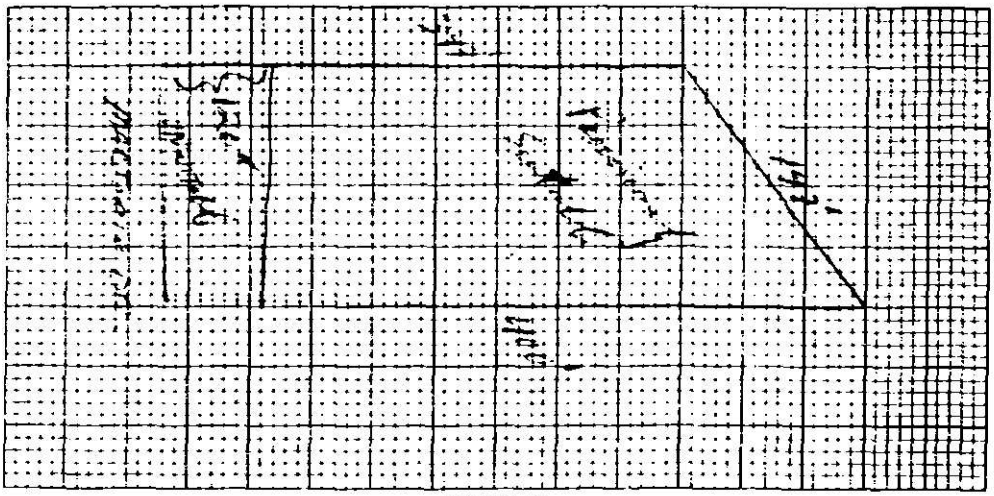
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Griffin (LAST) Johnny (FIRST) Alvin (MIDDLE)

ADDRESS OF OWNER 1316 Marjorie Drive, Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY Marjorie Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 7 BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot **Provisionally Suitable**

The permeability rate determined by the investigation was _____ The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit 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.

EHD-5-76 Environmentalist

Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 6 June

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 13 1978
ENVIRONMENTAL HEALTH

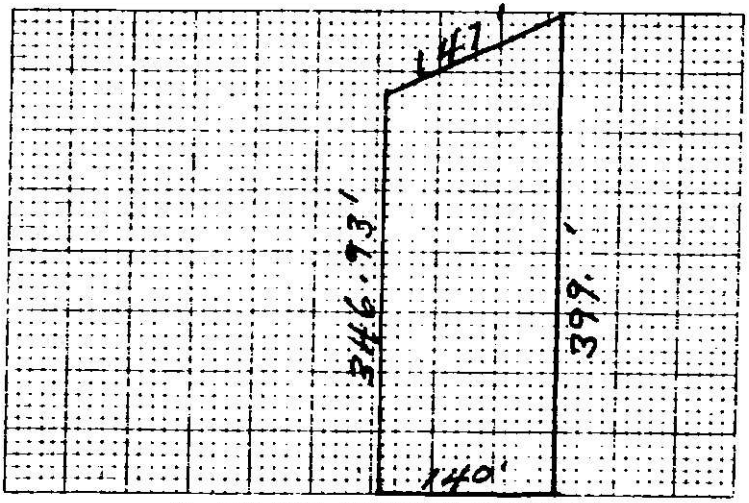
ICAR (S) Application No. 14165
T. C. No. 193-331-15
Map Date 11/9/77

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 yes
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 Griffin (LAST) Johnny (FIRST) Alvin (MIDDLE)

14) ADDRESS OF OWNER 1316 Marjorie Dr. Matthews N.C.

15) PHONE NO. Home 847-6573 Office 373-3728

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

17) SUBDIVISION _____ Lot No. 7 Block No. _____

Map Book No. 12 Page No. 375

18) DEED REFERENCE — DEED BOOK 2772 AT PAGE 307

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 6 June 78

P.S.

20) PTR NUMBER (See Instructions) 14165

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.

6-6-78
DATE OF APPLICATION

Johnny A. Griffin
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 1946

LA No. 14165

Date Issued 6-14-78

T. C. No. P.O. 193-331-15

Map Date 11-9-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

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

NAME OF OWNER Griffin, Johnny Alvin
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 1316 Marjorie Dr. Matthews, NC ZIP 28105

LOCATION OF LOT Marjorie Drive
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 7 BLOCK NO. _____

MAP BOOK NO. 12 PAGE NO. 375

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 14165. 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

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 9-13-78 Apt. No. (S) _____ Application No. (W) 14165

T. C. No. P0193-331-15

Map Date 11-9-75

MECK COUNTY DEPARTMENT
RECEIVED
SEP 13 1978
ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Griffin (LAST), Johnny (FIRST), Alvin (MIDDLE)

ADDRESS OF OWNER 1316 Marjorie Dr., Matthews, NC ZIP 28105

PHONE NO. Home 847-6573 Office _____

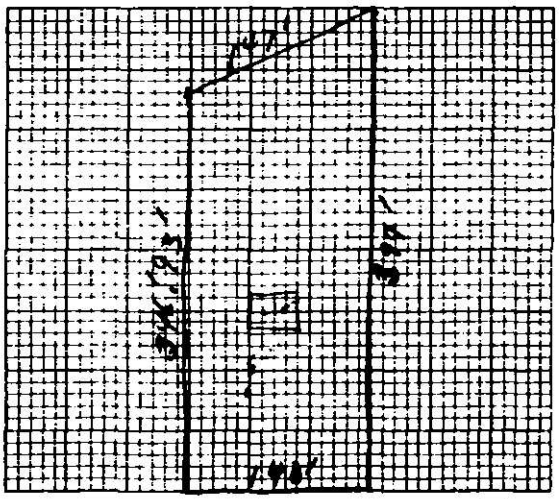
LOCATION OF PROPERTY Marjorie Dr. Matthews, N.C. (STREET OR COUNTY ROAD)

WELL CONTRACTOR Robert M. Oehler, Jr. LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, ____ semi public, or ____ public water supply.

Sept. 12, 1978
DATE OF APPLICATION

Johnny A. Griffin
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks: 50' from House
50' from Road

Application approved and permit hereby granted

Permit No: _____

_____
ENVIRONMENTALIST

EHC-5-74

Environmental Health Department's Copy

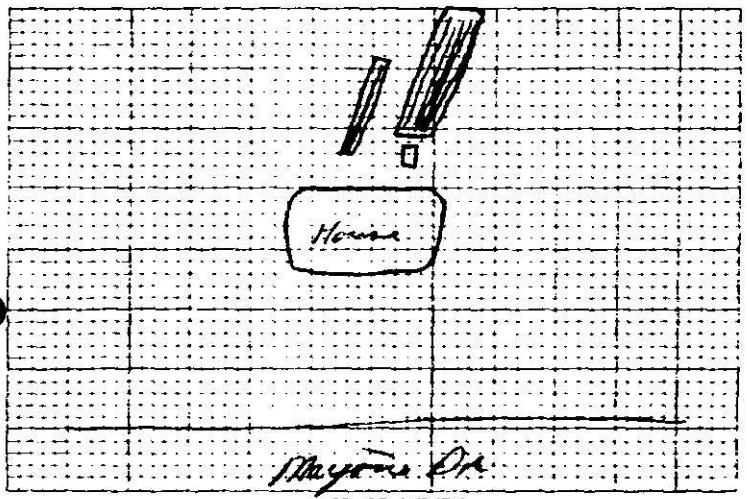
Date Issued 17 October 78 Serial No. 2085 ICAR(S) Permit No. 14165

T. C No 193-339-32

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 14165, dated 6 June 78 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 17 Nov, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction R.C. Concrete

Absorption and/or Nitrification Lines:

Total Line Length 660' & 167'

Number of Lines 5 & 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Johnny A. Griffin

LOCATION OF PROPERTY 1308 Marjorie 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.**

Comments: (15' x 132' x 17" stone)

Comments: (9' x 56' x 17" stone)

Division or Section Head

Environmentalist Steve Ward

* 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

Date Issued 24 Oct '78 Serial No. 2036 C of A (s) No. 14165

T C No. 193-339-32

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner GRIFFIN (LAST) Johnny (FIRST) A. (MIDDLE)

Location of Property 1308 MARJORIE DR.

Application Number 14165 Permit Number 14165

Inspection Data:

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

Total Length of Drain Tile 660' & 167' Number of Lines 5 & 3

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 24 Oct (DATE) Tank Inspected 24 Oct (DATE)

Nitrification Field Inspected 24 Oct (DATE)

Washing Machine Line Inspected, If Applicable 24 Oct (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 Trailers On. — Installed as permitted

Steve Wood

Environmentalist

END-5-76

Environmental Health Department's Copy