Date Received 4-22-85

MECK. COUNTY DEPARTMENT OF
RECEIVED
APR 2 1 1985
ENVIRONMENTAL HEALTH

SIR No. 19593

T. P. No. 227-121-05

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Yount (LAST) Alan (FIRST) Thompson (MIDDLE)

2) ADDRESS OF OWNER 4445 McKee Road, Matthews, N.C. ZIP 28105

3) PHONE NO. Home (704) 847-3376 Office (704) 821-9229

4) LOCATION OF PROPERTY McKee Road (STREET OR COUNTY ROAD)

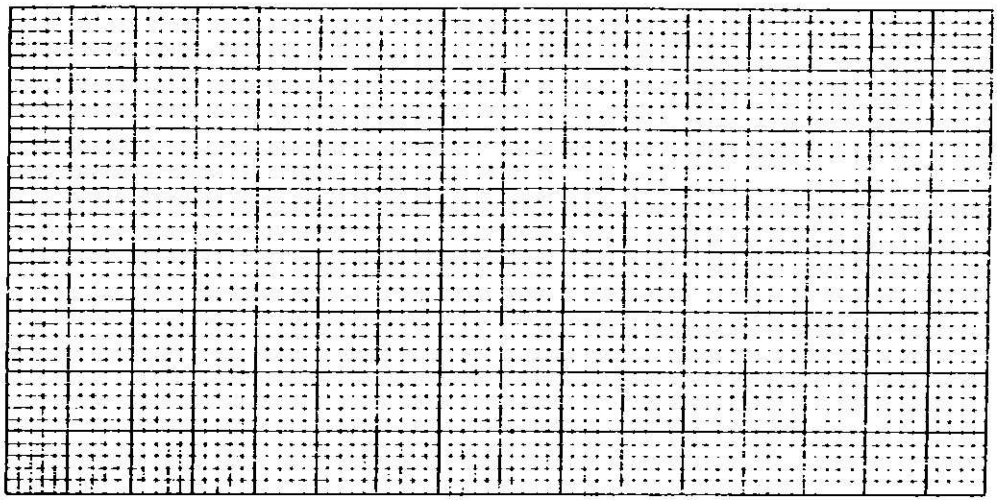
5) SUBDIVISION Providence Plantation LOT NO. #9 BLOCK NO.

MAP BOOK NO 227 PAGE NO. 121

6) DEED REFERENCE DEED BOOK PAGE NO

PLEASE SEE ATTACHED DRAWING

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

Alan T. Yount
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 5013

SIR No. 19593

T. C. No. PO 227-121-05

Date Issued 5-17-83

Map Date

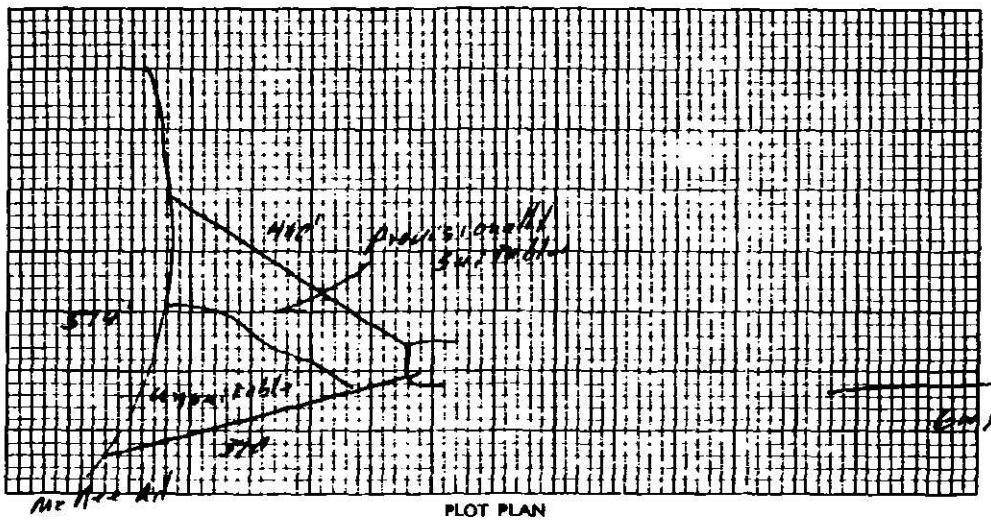
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Grier, (Estate) N. C.
LAST FIRST MIDDLE

ADDRESS OF OWNER 3316 McKee Rd., Matthews, NC ZIP 28105

LOCATION OF PROPERTY McKee Road
STREET OR COUNTY ROAD

SUBDIVISION LOT NO. 9 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 building, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William R. Marlin
EHD-5-76 Soil Scientist

John R. Atkisson
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19593

T.C. NO. P0227-1205

(Ground Absorption Sewage Disposal)

OWNER: W. C. Friar Estate
ADDRESS: 3316 McKee Road Charlotte N.C.
LOCATION OF SITE: McKee Rd

PLAT NO: Lot #4
LOT SIZE: Approx 75,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-8%	(S) PS 2-8% U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S PS 2-1 clay (U)	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-40" U	S (PS) 36-40" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) Saprolite 36"+ U	S (PS) saprolite 36"+ U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 30"+ to ground water U	S Colluvial PS soil for wet U perched water	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IUA	IUB		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Appling-Like	Depression		

S - Suitable PS - Provisionally Suitable U - Unsuitable

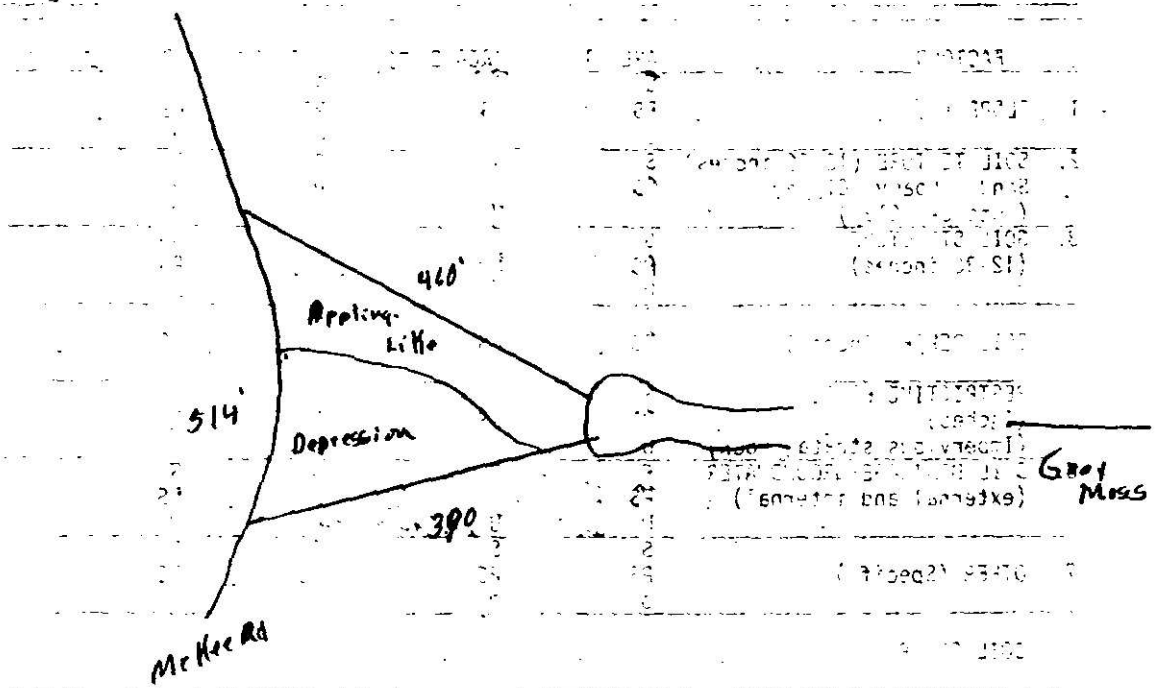
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William A. Martin
Title: Soil Scientist

Date: 5-12-83

EHD 539 (Revised: 6/82)


460'
Appalog. Lake
514'
Depression
390'
McKee Rd
Gravel Mass

DATE: 5/14/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 227-242-37

ASSIGNED ADDRESS 3443 Gray Moss Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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	☐ *	☐

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: _____

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

SIGNED: _____

OPWEAR 02/86

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 19593
TC:
SERIAL: Nº 13471
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 3443 (STREET NO.) GRAY MOSS (STREET) RD. ② FILE: 19593
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 227-242-37
⑤ SUBDIVISION: PROV. GRAY MOSS ⑥ LOT: 5 ⑦ BLOCK: 242

OWNER

⑧ NAME: ROSS, E C. (FIRST) & RENA A. (MIDDLE) HARRIS (LAST)
⑨ MAILING ADDRESS: 3430 GRAY MOSS RD.
⑩ CITY: MATTHEWS ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 846-1828 ⑭ (HOME) 846-1812

REQUEST

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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
㉓ Maximum occupancy? 8
㉔ Basement? ☐ yes ☑ no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Rossie C. Harris Jr.
Date: JUNE 30, 1987

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 7-9-87

Director or Authorized Section Head — Date 7-10-87

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

PROPOSED PLOT PLAN

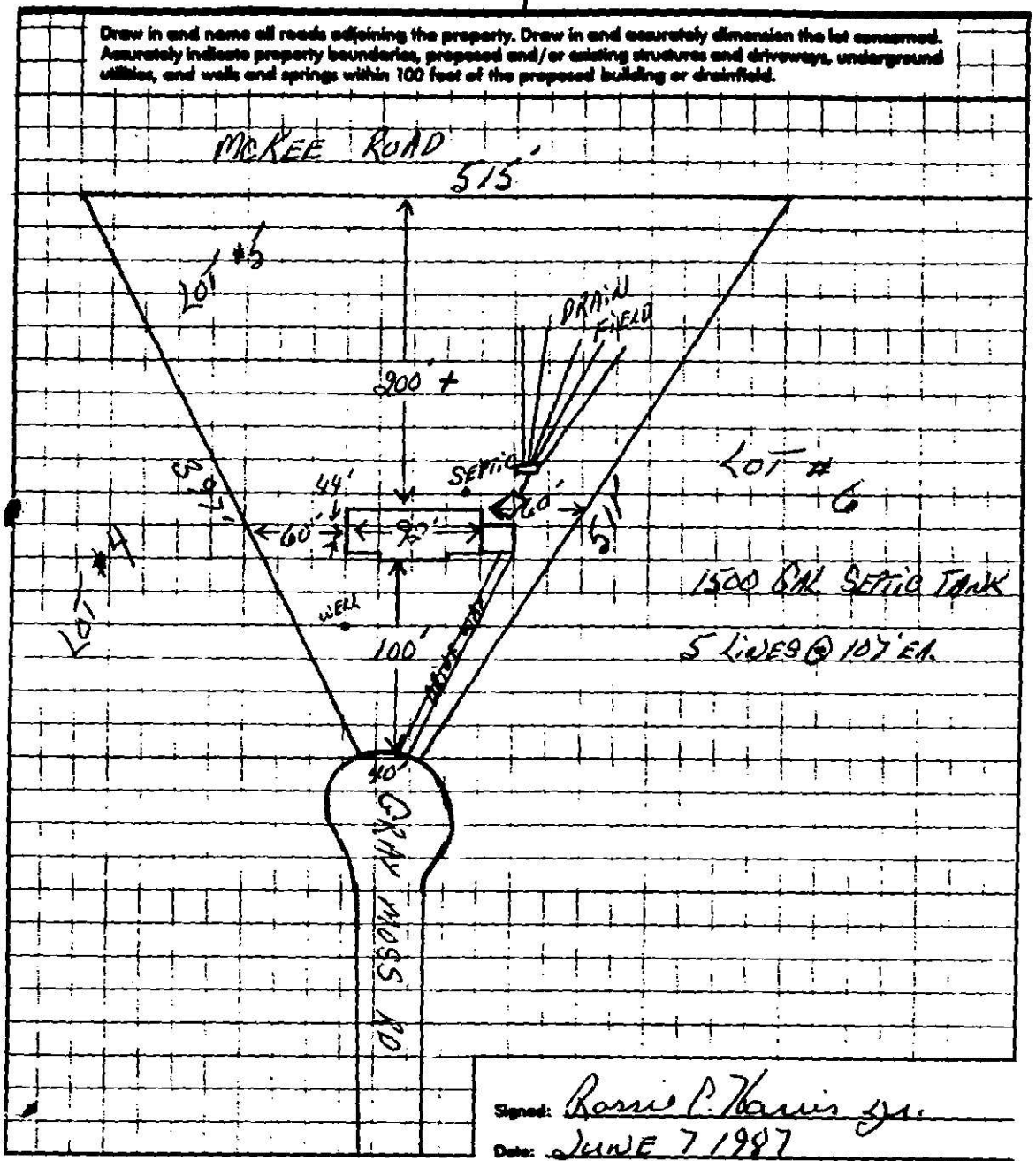
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

FILE: 19593

TC: 227-242-37

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: Ronnie C. Harris Jr.

Date: JUNE 7, 1987

CERTIFICATE OF COMPLETION/OPERATION PERMIT

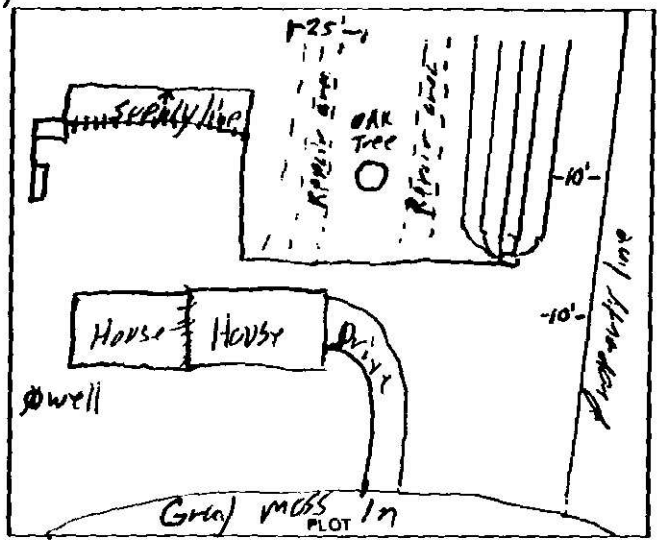
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19593 DATE: 5-31-89
TC: 227-242-57 ☑ L ☐ CRT
SERIAL № 10555

Name of Owner Rassie Rena Harris Juris.:
Address of Property 3443 Gray Moss Rd

Inspection Data:

Tank Material PCC
Total Length of Drainfield 535
Number of Lines 5 @ 107'
Cover Depth 12"
Water Supply Source well
Distance to Water Source >50'
Excavation Inspected 5-31-89
Tank(s) Inspected 5-31-89
Wash Line Inspected —
High Water Alarm Inspected 5-31-89



Design: 1986, 150057, 10cont, PI, Con, 1605FT, 126, Cec. 1 CTR# 113

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:

Jim Green
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

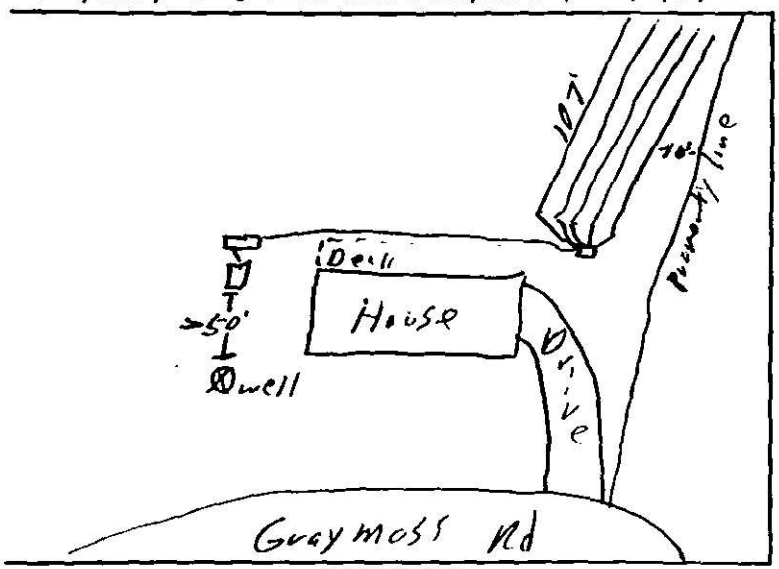
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19593 DATE: 5-20-88

TC: 227-242-3701

SERIAL № 11909

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 6-30-87. All work shall be completed on or before 6-20-88, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Rossie & Rena Harris

LOCATION OF PROPERTY 3443 Graymoss Rd.

Comments: 5 Five Trenches 107'x3'x12" stone; lift station

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

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: 19593
TC:
SERIAL: № 19205
☐ L ☐ CERT

JOB LOCATION

① ADDRESS: 3443 GRAY MOSS RD. (STREET NO / STREET) ② FILE:
③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 227-242-37
⑤ SUBDIVISION: PROV. GRAY MOSS ⑥ LOT: 5 ⑦ BLOCK: 242

OWNER

⑧ NAME: ROSSIE (FIRST) C (MIDDLE) HARRIS (LAST)
⑨ MAILING ADDRESS: 3443 GRAY MOSS RD.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28206
⑬ PHONE: (WORK) 376-1378 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) ADD DET. GARAGE

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉓ Type?
㉔ Maximum occupancy? 4
㉕ Maximum number of employees?
㉖ 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: Rossie C. Harris Sr.
Date: 18 SEPT., 1999

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.

Like Existing Fac

Environmentalist, 10/5/99 (Date)

Director or Authorized Section Head, 10-6-99 (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: 9/18/89

Name/Company: R & L Harris

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: D2-66
M593

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 18 1989

Ck # 2045

Fee: $ 25.00 — 9/25.00

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 [redacted] – YELLOW

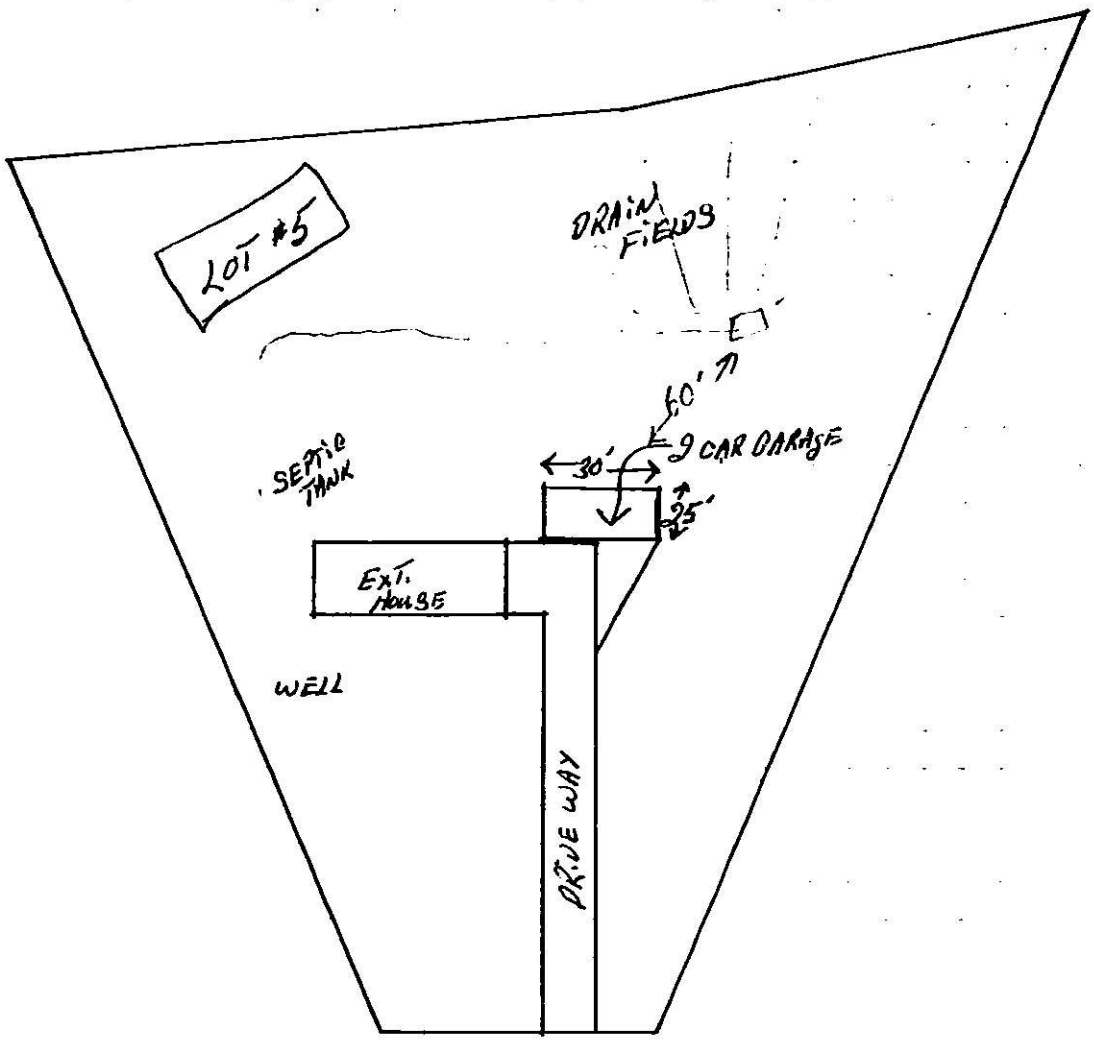
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 19593

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: Rossie C. Tarver Jr.

Date: 18 SEPT., 1989