Job # 906

Date Received 12-23-83

MECK COUNTY DEPARTMENT OF
RECEIVED
DEC 22 1983
ENVIRONMENTAL HEALTH

SIR No. 20440

T. C. No. 223-201-17

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER William Trotter Company
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER P. O. Box 35269, Charlotte, N. C. ZIP 28235

3) PHONE NO. Home _____ Office 333-8804

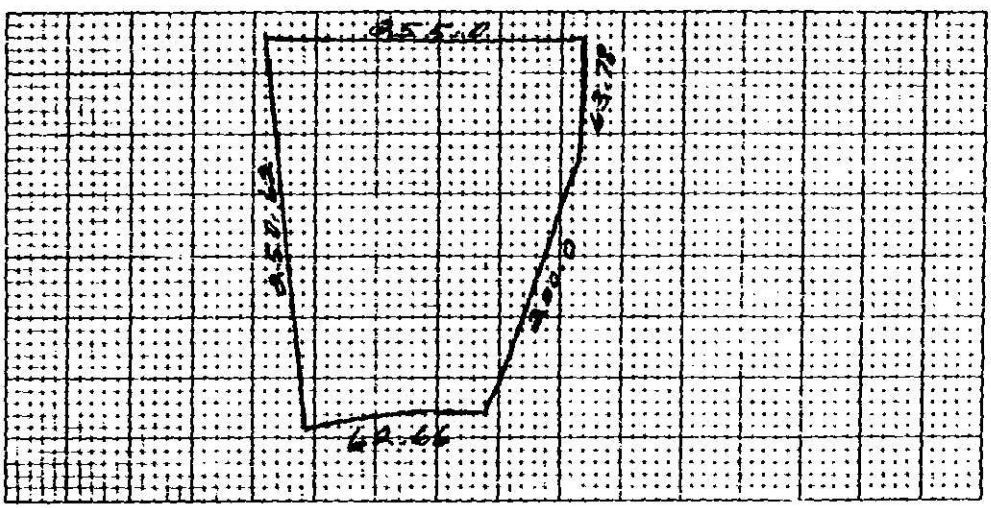
4) LOCATION OF PROPERTY 8004 Matteson Place (Off Providence Road West)
(STREET OR COUNTY ROAD)

5) SUBDIVISION Providence West LOT NO. 8 BLOCK NO. 4

MAP BOOK NO. _____ PAGE NO. _____

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

OWNER William Trotter Company

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2CHHC

T.C. NO. PO 323-301-17

(Ground Absorption Sewage Disposal)

OWNER: William Trotter Co.
ADDRESS: PO Box 35264 Charlotte NC. 28235

PLAT NO: LA-84
LOT SIZE: Rural Home

LOCATION OF SITE: 9614 Mallison Place

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-10%	S (PS) U 2-10%	S (PS) U 2-10%	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 Clay	S PS U —
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U —
4. SOIL DEPTH (inches)	S PS (U) 24-36"	S (PS) U 30-40"	S (PS) U 30-40"	S PS U —
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS (U) ± 36"	S (PS) U > 30"	S (PS) U > 36"	S PS U —
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS (U) > 36" To groundwater	S (PS) U 7 30" To groundwater	S (PS) U > 36" To groundwater	S PS (U) Drainageway Depression
7. OTHER (Specify)	S PS U	S PS (U) Restricted Area	S PS (U) Restricted Area	S PS U
8. SOIL GROUP	4: B	4: A	N/A	—
9. SITE CLASSIFICATION	Unsuitable	Unsuitable	Unsuitable	Unsuitable
10. SOIL SERIES	Enon-Lilac	Cecil-Lilac	Appling-Lilac	Drainageway Depression

S - Suitable PS - Provisionally Suitable U - Unsuitable

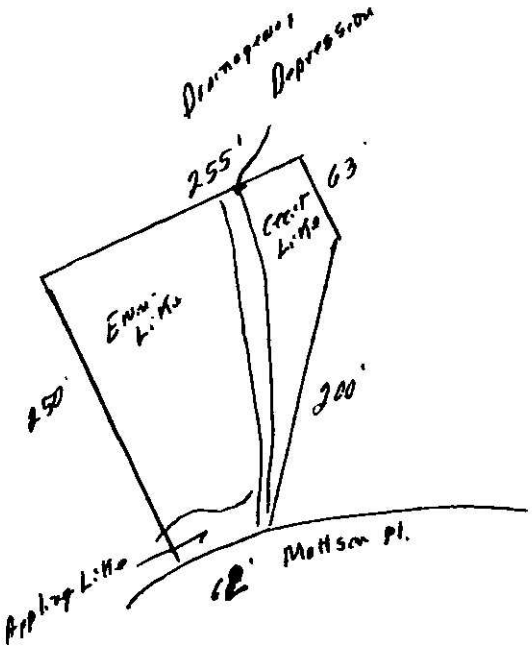
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William R. Martin
Title: Soil Scientist

Date: 6-7-84

24


Drainage
Depression
255'
63'
Center Line
East Line
450'
200'
Building Line
62' Mathson Pl.

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

SIR. NO. 20440
T.C. NO. PO 223-201-17
DATE: June 8, 1984

William Trotter Company
PO Box 35269
Charlotte, NC 28235

Dear Sir:

RE: Property located at 8004 Mattson Place

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.

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Serial No. 8583

SIR No. 20440

Date Issued May 31, 1985

T. C. No PO 223-201-17

Map Date L CCT

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 William Trotter Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 35269 Charlotte, NC ZIP 28235

LOCATION OF LOT 8004 Mattson Place
(STREET OR COUNTY ROAD)

SUBDIVISION Providence West LOT NO. 8 BLOCK NO. 4

MAP BOOK NO. 20 PAGE NO. 566

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_____. 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.

B. K. Ferguson
Environmentalist

Eric D. Lambert Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

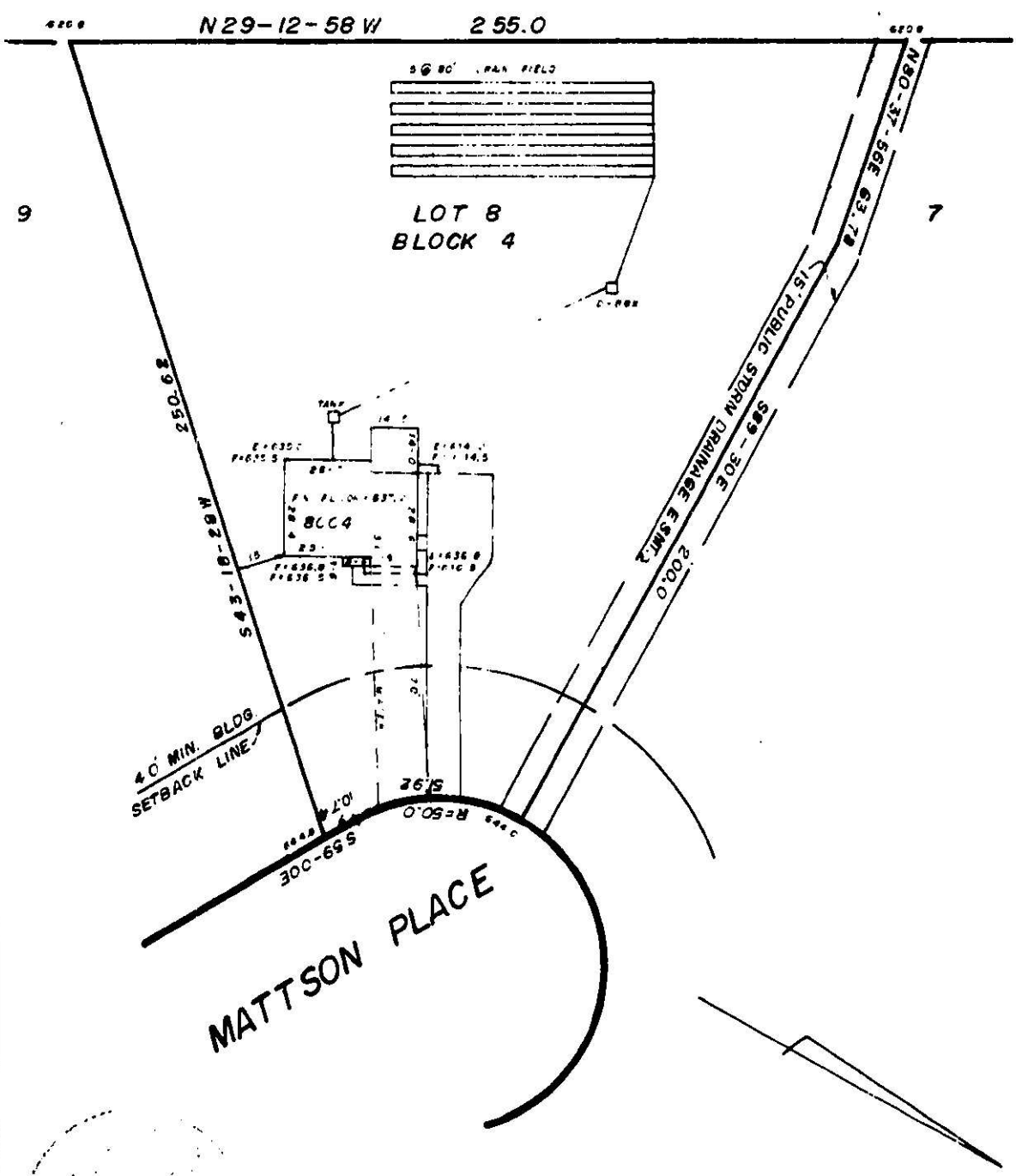
Site reclassified Provisionally Suitable pursuant to 10 NCAC 10A .1945(c, e-i Departmental policy regarding alternate septic tank system installation.

Environmental Health Department's Copy

THIS IS TO CERTIFY THAT ON THE 26 DAY OF APRIL 1985 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R.B. PHARR

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS



PLOT PLAN OF SURVEY

LOT 8, BLOCK 4, PROVIDENCE WEST, MAP 4

PROVIDENCE TOWNSHIP, MECKLENBURG COUNTY, N.C

CHARLOTTE, N. C.

SCALE 1" = 40'

THE PROPERTY OF WILLIAM TROTTER CO.

MAP RECORDED IN BOOK 20 AT PAGE 566 DEED RECORDED IN BOOK ____ PAGE ____

BRUNING 40-22 22208-4

Job 986

Date Received 5-3-85

RECEIVED
SEE INSTRUCTIONS ON BACK
MAY 3 1985
ENVIRONMENTAL HEALTH

Job # 986

ICAR(S) Application No. 20440

T. C. No. PO 223-201-17

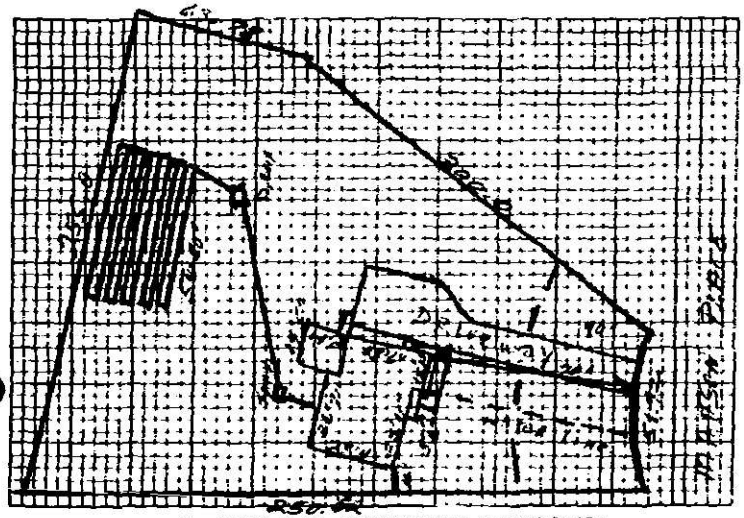
Map Date L

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) X 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 X Yes ___ No

4) No. of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source X
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No. ___

13) NAME OF OWNER William Trotter Company (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P. O. Box 35269 Charlotte, N. C. 28235

15) PHONE NO. Home NA Office 333-8804

16) LOCATION OF SYSTEM 8004 Mattson Place (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence West Lot No. 8 Block No. 4

Map Book No. 20 Page No. 566

18) DEED REFERENCE — DEED BOOK NA AT PAGE NA

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 6/7/84

20) PTR NUMBER (See Instructions) 20440

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.

May 3, 1985
DATE OF APPLICATION

William M. Trotter
OWNER William Trotter Company

EHD-5-76

Environmental Health Department's Copy

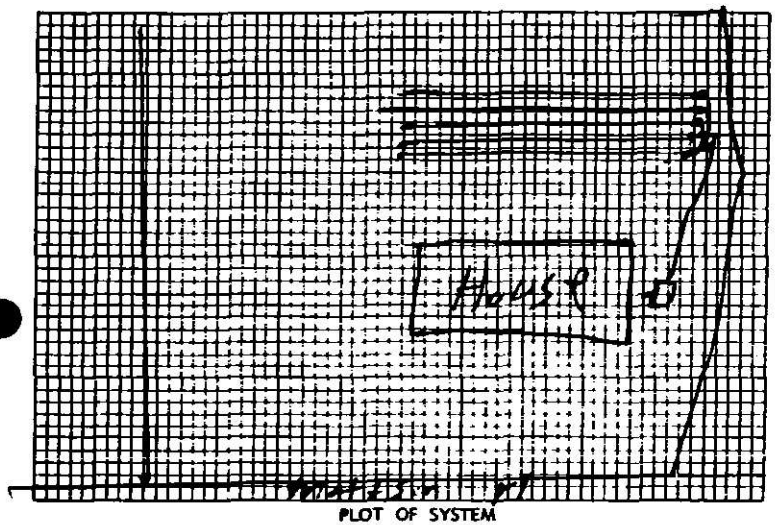
Date Issued 8-2-85

Serial No. 08343

ICAR(S) Permit No. 20440
T. C. No. 223-201-17
Map Date L

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 20440 dated 5-3-85 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 9-2-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVa

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines Five

Distance from House 5'

Distance from Property Line 10'

Distance from Well >100' Common

NAME OF OWNER William Trotter Co.

LOCATION OF PROPERTY 8004 Mattson Place

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.

Five Trenches 80'X3'X12" Stone

Comments:

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.

EHD-S-76

Environmental Health Department's Copy

C of A (s) No. 20440

Date Issued 9-13-85 **Serial** 7891 P0 T. C. No. 223-201-17 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner William Trotter Co. (LAST FIRST MIDDLE)

Location of Property 8004 Mattson Pl.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material STL

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source Comm. Distance from Water Source —

Excavation Inspected 9-12-85 (DATE) Tank Inspected 9-13-85 (DATE)

Nitrification Field Inspected 9-12-85 (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 1985, 1500ST, Conc, 1200SFT, 12-6, Cecil

B. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy