Date Received 2/8/80

send copy to

APT No. 16590

T C. No. 201-071-05

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GABLE (LAST) Rebecca (FIRST) M. (MIDDLE)

2) ADDRESS OF OWNER 4907 GABLE Rd. ZIP 28216

3) PHONE NO. Home 588-1733 Office _____

4) LOCATION OF PROPERTY GABLE ROAD (STREET OR COUNTY ROAD)

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

MAP BOOK NO 201 PAGE NO 07

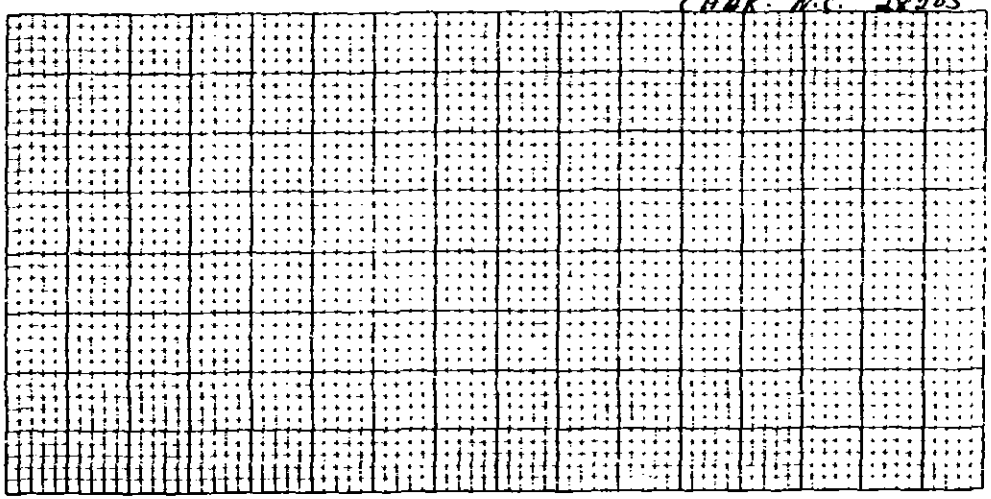
6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

INTERESTED PARTY
Guy BURROWES, 1806 BURKEN ST
CHAR. N.C. 28205 535-0581

IF POSSIBLE PLEASE SEND COPY OF RESULTS

THANK YOU!



7) ACCURATELY DIAGRAM & DIMENSION LOT

Mrs. Rebecca M. Gable
OWNER

EHD-S-74

Environmental Health Department's Copy

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

APPENDIX II
SITE EVALUATION

S.I.R. No. 16590
T.C. No. 201-A1145

(Ground Absorption Sewage Disposal)

OWNER: Rebecca M. Hall
ADDRESS: 4404 Hall Road
COUNTY: Charlotte, NC.
LOCATION OF SITE: Hall Road

DATE REQUESTED:
PLAT NO:
LOT SIZE: Approx 34000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-10%	S complex slopes Eroded (U)	S	S
	PS	PS	PS	PS
	U		U	U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S	S	S	S
	(PS) clay	(PS) clay	PS	PS
	U	U	U	U
3. SOIL STRUCTURE (12-36 inches)	S	S	S	S
	(PS) Blocky	(PS) Blocky	PS	PS
	U	U	U	U
4. SOIL DEPTH (inches)	(S) 40"	S Depth Variable (U)	S	S
	PS	PS	PS	PS
	U		U	U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	(S) None	(S) None	S	S
	PS	PS	PS	PS
	U	U	U	U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) 70 to ground water	S Eroded Areas (U) channel	S	S
	PS	PS	PS	PS
	U	U	U	U
7. SOIL PERMEABILITY (percolation rate)	S	S	S	S
	(PS) Moderate	(PS) Moderate	PS	PS
	U	U	U	U
8. OTHER (specify)	S	S	S	S
	PS	PS	PS	PS
	U	U	U	U
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Cecil	complex slopes		

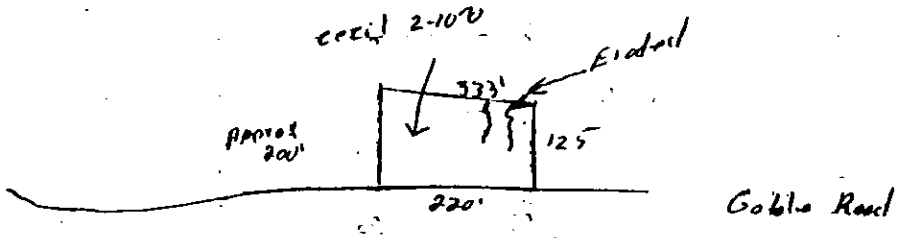
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described By: William R Marlin
Title: Soil Scientist
Date: 2-25-80

DHS Form 2601
Sanitation
EHD 539 (2/80)


cecil 2-107
Existing
333'
125'
approx 200'
220'
Gobble Road

Serial No. 3380

PTR No. 16590

T C No 201-071-05

Date Issued February 26, 1980

Map Date

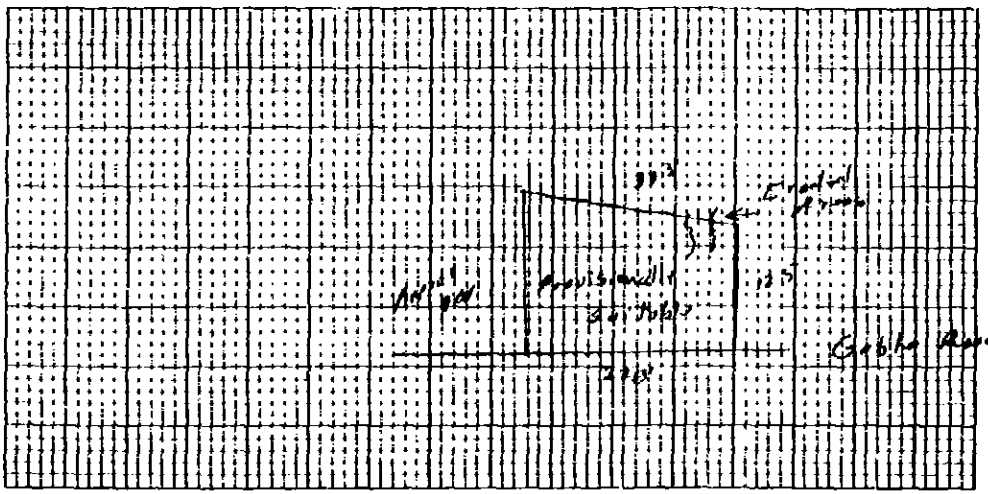
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Gable, Rebecca M.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 4907 Gable Road, Charlotte, NC ZIP 28210

LOCATION OF PROPERTY GABLE ROAD
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 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. The permeability rate determined by the investigation was **Provisionally Suitable** 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 or building permit 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 A. Mullin
Soil Scientist

John R. Hobson
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received May 7, 1980

ICAR(S) Application No. 16590

T C. No. 201-07-05

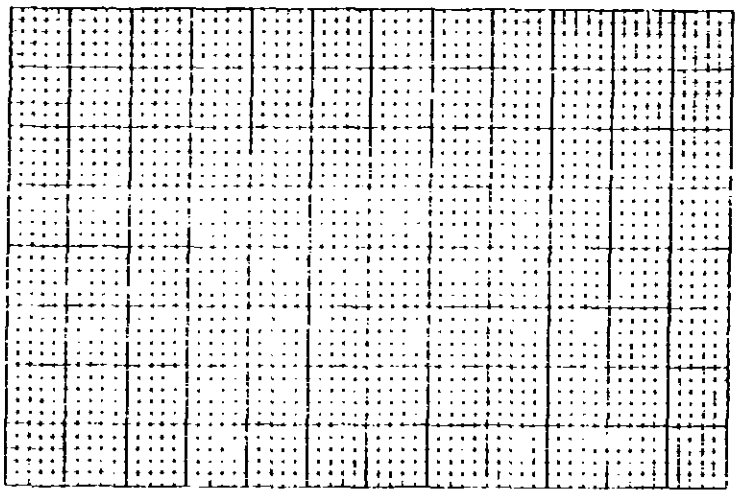
Map Date

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 ___

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 Burrowes (LAST) Deborah (FIRST) McCorkle (MIDDLE)

14) ADDRESS OF OWNER 5110 Gable Rd.

15) PHONE NO. Home 588-3520 Office ___

16) LOCATION OF SYSTEM Gable Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ 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 ___

20) PTR NUMBER (See Instructions) 16590

The undersigned person hereby agrees that he has read the foregoing application and that the contents of some 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.

6-7-80
DATE OF APPLICATION

Deborah M. Burrowes
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 4309

LA No. 16590

Date Issued August 7, 1980

T. C. No. 201-071-05

Map Date _____

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 Burrowes, Deborah McCorkle
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 5110 Gable Road, Charlotte, NC ZIP 28210

LOCATION OF LOT GABLE ROAD
(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 16590 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.

Marshall Edwards
Environmentalist

John N. Atkinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 4/9/80

Serial No. 4188

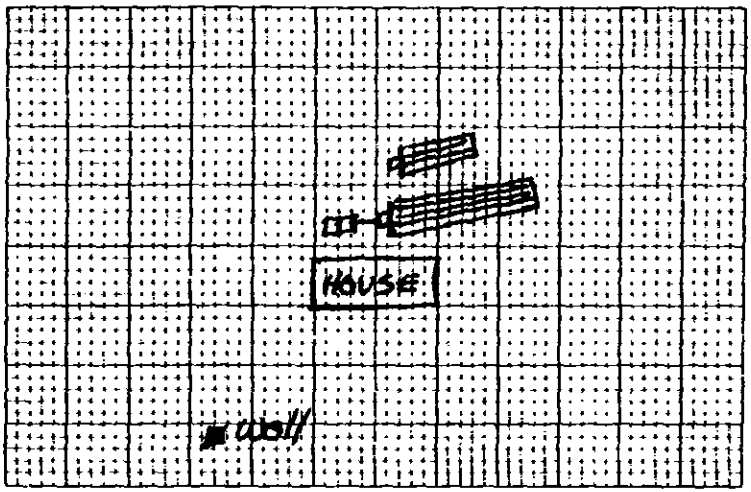
ICAR(S) Permit No. 16590

T C No. 20-071-05

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 16590, dated 4/7/80 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 9/30/80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction P/C

Absorption and/or Nitrification Lines

Total Line Length 330'+125'

Number of Lines 5+4

Distance from House >10'

Distance from Property Line >10'

Distance from Well 100'

NAME OF OWNER Deborah Burrowes

LOCATION OF PROPERTY 4912 Gable Road

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'X66'X17" of STONE for septic tank
12'X32'X17" of STONE for Washing machine

Division or Section Head

Environmentalist Robert Wyfield

* 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

Date Issued 9/12/80 Serial 3978 C of A (s) No 16590 T C No 201-071-05

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 BUHOWES (LAST) DEBORAH (FIRST) ____ (MIDDLE)

Location of Property 4912 GABLE ROAD

Application Number 16590 Permit Number 16590

Inspection Data:

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

Total Length of Drain Tile 330'+125' Number of Lines 5+4

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — Tank Inspected 9/12/80 (DATE)

Nitrification Field Inspected 9/12/80 (DATE)

Washing Machine Line Inspected, If Applicable 9/11/80 (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 Wyfield
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 8 April 1982

ICAR (S) Application No 16590

T C No. 201-071-05

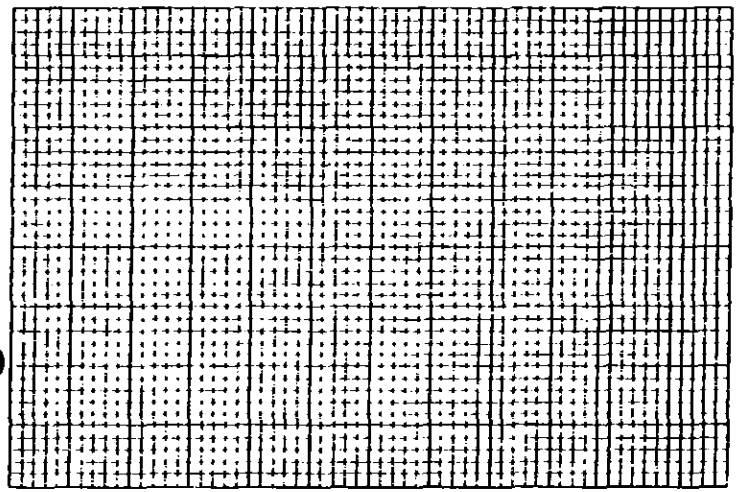
Map Date _____

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)

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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 N/A
12) VA Case No. N/A

13) NAME OF OWNER Sizemore (LAST) Deborah (FIRST) Sue Rowes (MIDDLE)

14) ADDRESS OF OWNER 4912 Gable Rd Mailing Address 5505 Monroe Rd Char 28212

15) PHONE NO. Home 537 7318 Office 537 7318

16) LOCATION OF SYSTEM 4912 Gable Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ 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 _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of some 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.

4/8/82
DATE OF APPLICATION

Douglas S Carson, agent
OWNER

EHD-5-76

[illegible] ARTMENT [illegible]