S. I. R. NO. 16146

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

APPENDIX II
SITE EVALUATION

T. C. # 227-227-06

(Ground Absorption Sewage Disposal)

OWNER: RAYMOND SIX
ADDRESS: 600 RADIATOR RD
COUNTY: MATTHEWS, N.C. 28103
LOCATION OF SITE: FOREST MINTUE + 149

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 10266

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-10	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1 Clay)	S PS (U) clayey 2-1	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS (U) Massive	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS (U) 48	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S PS (U) clays	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & internal)	S PS (U) Slow	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS (U) Slow	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U inadequate ~~Setback area~~	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Unsuitable			
SOIL SERIES	HELENA			

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.

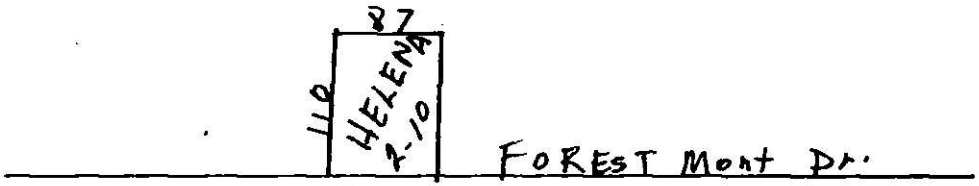
Recommendations/Comments:

Described By: W.B. Ramsey

Title: Soil Scientist Date: 9-12-79

DHS Form 2601
Sanitation
EHD 539 (3/79)

3


87
110
HELENA
2-10
FOREST Mont Dr.

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. 16146
T.C.NO. 227-227-06
MAP DATE
DATE Sept. 13, 1979

NAME OF OWNER Six, Raymond

ADDRESS OF OWNER 600 Radiator Road, Matthews, NC 28103

LOCATION OF LOT ForestMont Rd., Lot 149

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

Sites classified as Unsuitable are not acceptable for soil absorption of sewage effluent. However, if engineering, geologic, soil, and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be expected to function satisfactorily, such sites may be re-classified as Provisionally Suitable. (Section 10 of the North Carolina Administrative Code 10 A,.1910)

If you desire to file for permission to install an "alternate or modified" 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

R

SEE INSTRUCTIONS ON BACK

Date Received 4-24-80

ICAR(S) Application No 16146

T C No 227-227-06

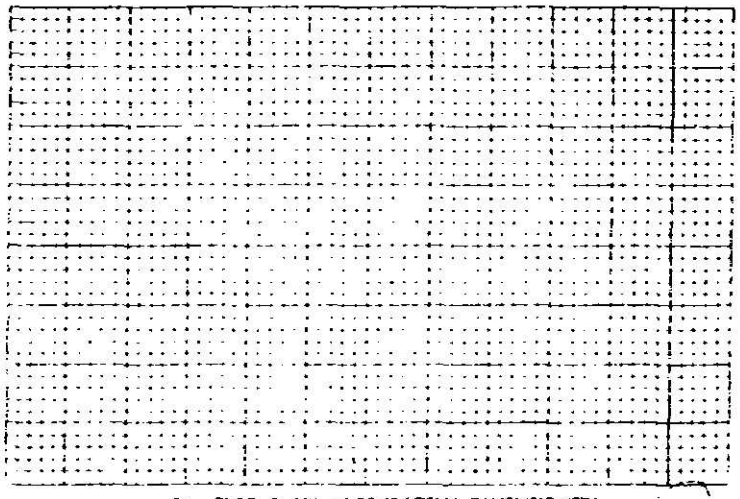
Map Date

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 ___

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 Lee (LAST) Raymond. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Fourstment Dr.

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM ___ (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 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.

4-24-80
DATE OF APPLICATION

Raymond D. Lee
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 7/14/80

ICAR(S) Application No. 16146

T C No 227-227-06

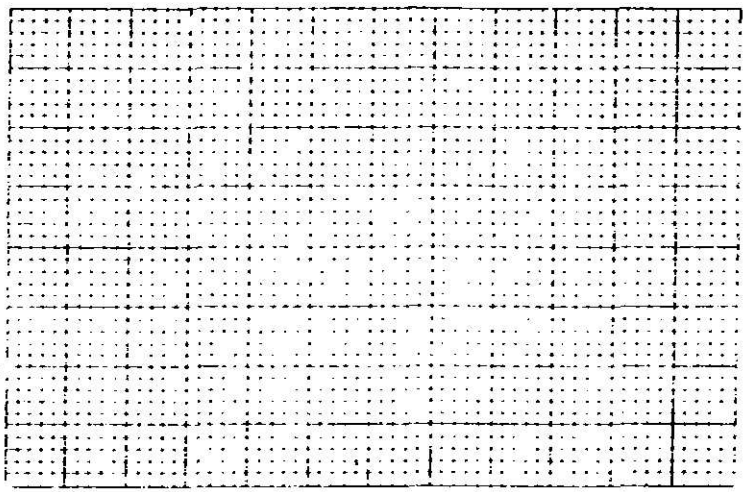
Map Date —

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: Use Existing System

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 Harris (LAST) Madeline (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 241 Windsor Dr. 28173

15) PHONE NO. Home 543-2667 Office 213-5165

16) LOCATION OF SYSTEM ___ (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 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.

7-14-80
DATE OF APPLICATION

Madeline H Harris
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 7/14/80

Serial No. 4258

LA No. 16146

T C. No. 227-227-06

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 Howie (LAST) Modene (FIRST) M. (MIDDLE)

ADDRESS OF OWNER Route 1, Waxhaw, N. C. ZIP 28173

LOCATION OF LOT Forestmont Drive (STREET OR COUNTY ROAD)

SUBDIVISION Eastwood Forest LOT NO. 149 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 16146 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.

*May use existing system.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

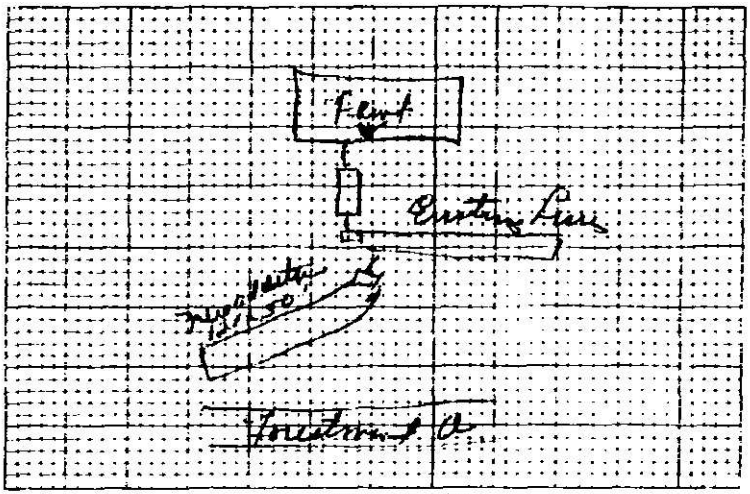
Date Issued 4-24-80 Serial 3857 ICAR (S) Permit No 16146

T. C No 227-227-OC

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 _____, dated _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate US

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 4

Distance from House 30

Distance from Property Line 10

Distance from Well 100'

NAME OF OWNER Raymond Sox

LOCATION OF PROPERTY Forestmont 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.

12' x 50' + 17' Step addition

Division or Section Head

Bob Wilson
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-5-76

Environmental Health Department's Copy

C of A (s) No. 16146

Date Issued 4-25-80 Serial 3669

T C No 227-227-06

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

Repair Addition

CERTIFICATE OF APPROVAL

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

Name of Owner Sig (LAST) Raymond (FIRST) (MIDDLE)

Location of Property Forestmont Dr.

Application Number _____ Permit Number _____

Inspection Date:

Liquid Capacity of Tank 1500 gal. Tank Material PC.

Total Length of Drain Tile 200' addition Number of Lines 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Com well. Distance from Water Source 100'+

Excavation Inspected 4-25-80 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 4-25-80 (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 _____

Bob Wilson

Environmentalist

EHD-S-76

Environmental Health Department's Copy