Date Received 1/25/84

RECEIVED
JAN 25 '84
ENVIRONMENTAL HEALTH

SIR No. 20556

T. P. No. 001-143-04

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Rhyne Benjamin Garrison
LAST FIRST MIDDLE

2) ADDRESS OF OWNER Rt 2 Box 437 J Huntersville NC ZIP 28078

3) PHONE NO. Home 892-3565 Office 892 6556

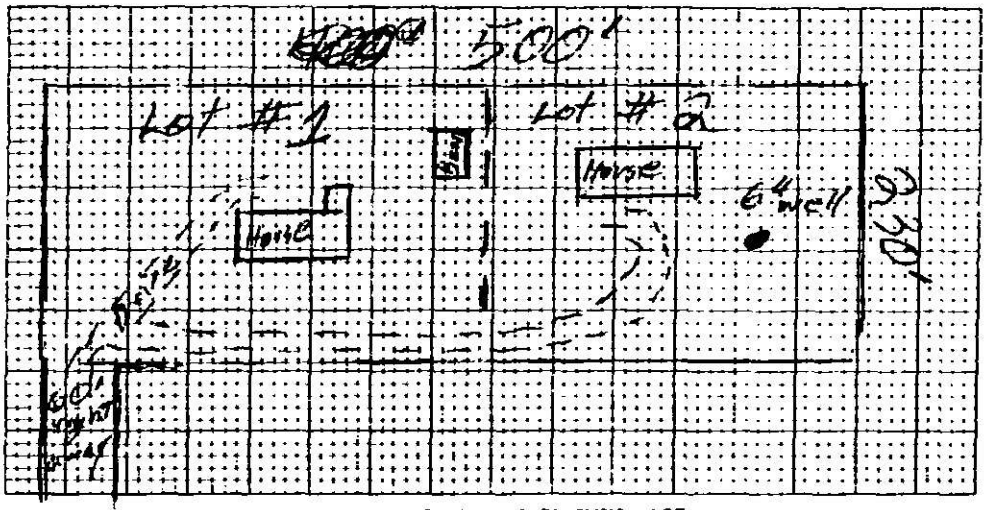
4) LOCATION OF PROPERTY 20730 Schooner Dr. (north neck)
STREET OR COUNTY ROAD

5) SUBDIVISION Rockridge shores. LOT NO. two (2) BLOCK NO.

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 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

OWNER

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 1-25-84

RECEIVED
JAN 25 1984

ICAR(S) Application No. 20556

T.P.No. 001-143-09

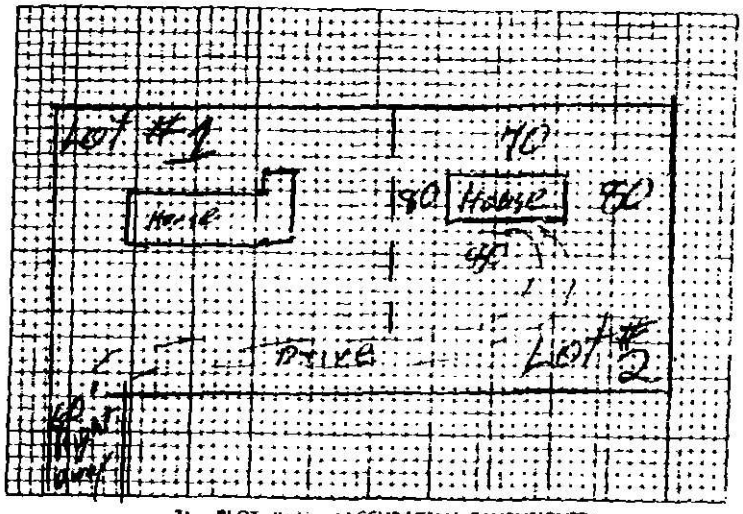
Map Date _____

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 6" ✓
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 none
12) VA Case No none

13) NAME OF OWNER Rhyne (LAST) Benjamin (FIRST) Garrison (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box #37 J Huntersville NC. 28078

15) PHONE NO. Home 892-3468 Office 892-6556

16) LOCATION OF SYSTEM 20020 Sloonee Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Rockridge Shores Lot No. #2 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.

1/25/84
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20556

T.C. NO. PO 001-143-09

(Ground Absorption Sewage Disposal)

OWNER: Benjamin S. Rhyne
ADDRESS: Rt. 2, Box 437-J
Huntersville, N.C. 28078
LOCATION OF SITE: Schooner Dr.

PLAT NO: Lot #2
LOT SIZE: Approx 30,000 inc.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 2-10%	S	S	S
	PS	PS	PS	PS
	U	U	U	U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S	S	S	S
	PS Clay	PS	PS	PS
	U	U	U	U
3. SOIL STRUCTURE (12-36 inches)	S	S	S	S
	PS Blocky	PS	PS	PS
	U	U	U	U
4. SOIL DEPTH (inches)	S	S	S	S
	PS 36-40"	PS	PS	PS
	U	U	U	U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S	S	S	S
	PS >30"	PS	PS	PS
	U	U	U	U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >40" to ground water	S	S	S
	PS	PS	PS	PS
	U	U	U	U
7. OTHER (Specify)	S See note	S	S	S
	PS	PS	PS	PS
	U	U	U	U
8. SOIL GROUP	IVA			
9. SITE CLASSIFICATION	Provisionally suitable			
10. SOIL SERIES	Cecil Lake			

S - Suitable PS - Provisionally Suitable U - Unsuitable

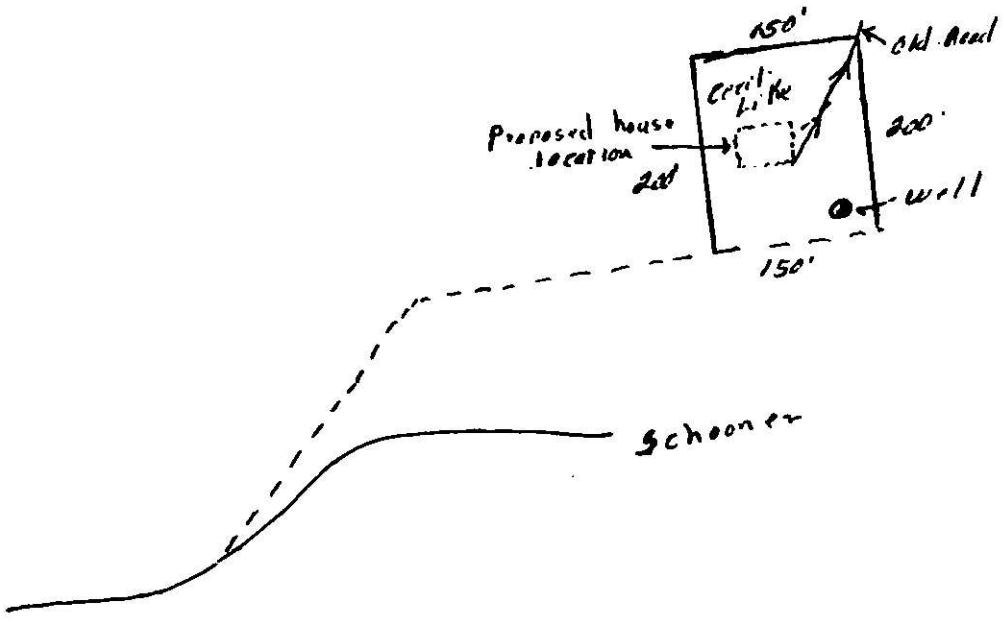
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: System might require lift station (depending on stub-out location) to keep system (drainfield) from going in too deep.

Described by: William A. Martin
Title: Soil Scientist

Date: 2-3-84

EHD 539 (Revised: 6/82)


150'
Old Road
Proposed house location
200'
200'
well
150'
Schooner

Serial No. 5437

SIR No. 20556

T C No. PO 001-143-09

Date Issued 2-7-84

Map Date

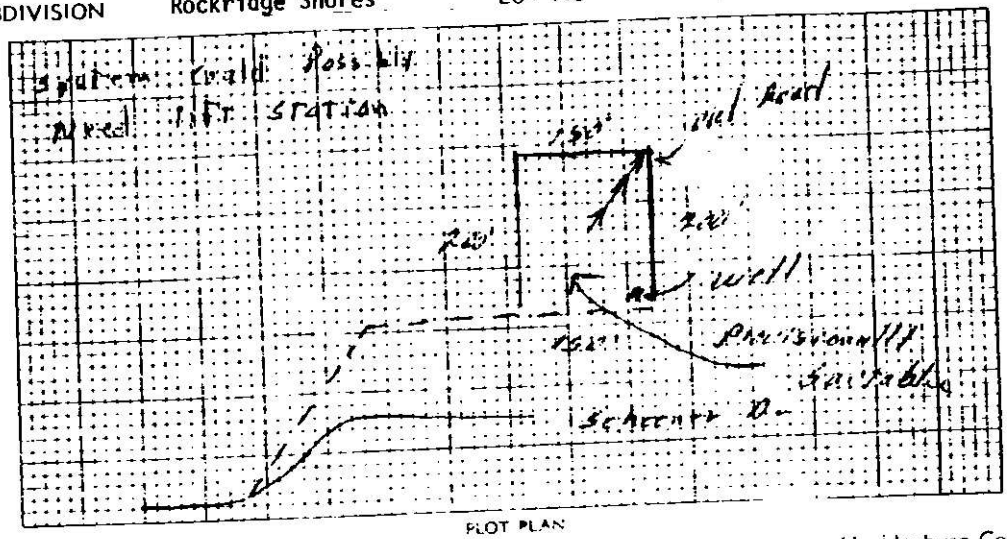
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Rhyne, (LAST) Benjamin (FIRST) Garrison (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 437-J, Huntersville, NC ZIP 28078

LOCATION OF PROPERTY 20020 Schooner Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rockridge Shores LOT NO 2 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation [illegible] the Mecklenburg County Department of Environmental Health [illegible] 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 [illegible] 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 [illegible] the Mecklenburg County Department of Environmental [illegible] the wastewater treatment system on the said lot.
2. The [illegible] determined by the Mecklenburg County Department [illegible] rate obtained above and [illegible] system installation.
3. This approval [illegible] on the above plot.
4. This approval [illegible] as acceptable [illegible] system installation [illegible]

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 [illegible] 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. Mailes
Soil Scientist

Bill D. Hartsten Jr.
Environmental Health Director
Authorized Section Head

EHD-5-76

Environmental Health Department

RE-3-9-84

SIR No. 20556

Serial No. 7192

Date Issued 2-7-84

T. C. No. PO 001-143-09

Map Date

IMPROVEMENT PERMIT

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 Rhyne, (LAST) Benjamin (FIRST) Garrison (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 437-J, Huntersville, NC ZIP 28078

LOCATION OF LOT 20020 Schooner Drive (STREET OR COUNTY ROAD)

SUBDIVISION Rockridge Shores LOT NO 2 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 20556 — 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

CRT

C of A (s) No. 20556

Date Issued 4-2-84 Serial 6515 T C No 001-143-09

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 Rhyne (LAST) Benjamin (FIRST) (MIDDLE)

Location of Property 20020 DeLoomer Dr.

Application Number 20556 Permit Number 20556

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material p.c

Total Length of Drain Tile 300 lin ft, Number of Lines 4

Depth of Filter Material 12" Cover Depth 8" to 15"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 4-2-84 (DATE) Tank Inspected 4-2-84 (DATE)

Nitrification Field Inspected 4-2-84 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 ~~~~ 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

Serial No. 07076

ICAR(S) Permit No. 20556

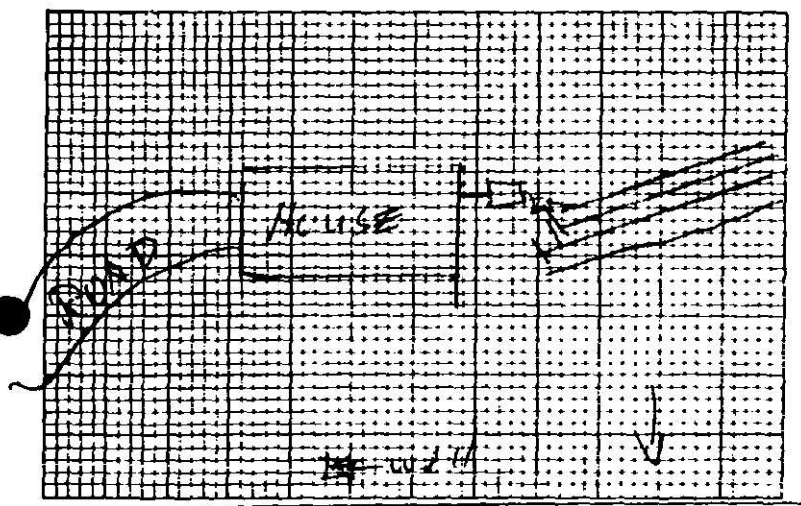
Date Issued 3-30-84

T. C. No. 001-143-09

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 20556, dated 1-25-84 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 APRIL 30th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS TVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 300 lin FT.

Number of Lines FOUR

Distance from House 5 FT

Distance from Property Line 15 FT.

Distance from Well _____

NAME OF OWNER RYNE, BENJAMIN

LOCATION OF PROPERTY 20020 SCHOONER DRIVE

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.

Four Trenches to be 75 FT x 3 FT x 12 inches stone - hay or Straw Cover - grade Bds

Comments:

[signature] Division or Section Head

Ralph Miller 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