Date Received 3-11-83

APT No. 19438

T. C. No. 057-202-02

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Wise (LAST) Frank- (FIRST) Elem (MIDDLE)

2) ADDRESS OF OWNER 7033 Old Mt. Holly Rd- ZIP 28214-

3) PHONE NO. Home 1-376-1520 Office 375-8818-

4) LOCATION OF PROPERTY Old Mt Holly Rd- (STREET OR COUNTY ROAD)

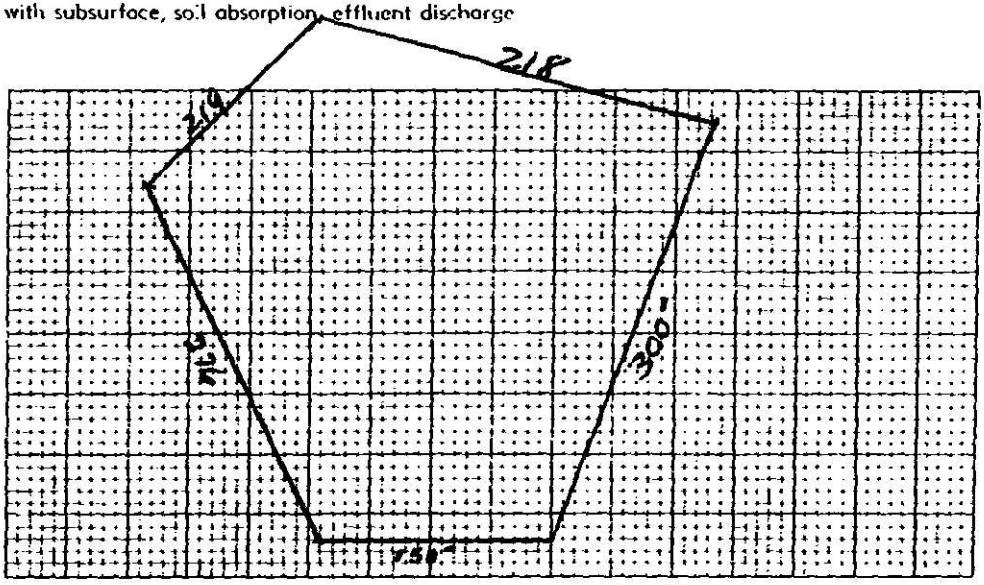
5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 1263 PAGE NO. 379-

TAX 057-202-02-

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

Frank Wise-
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4912

PTR No. 19438

T. C. No. 057-202-02

Date Issued 3-18-83

Map Date

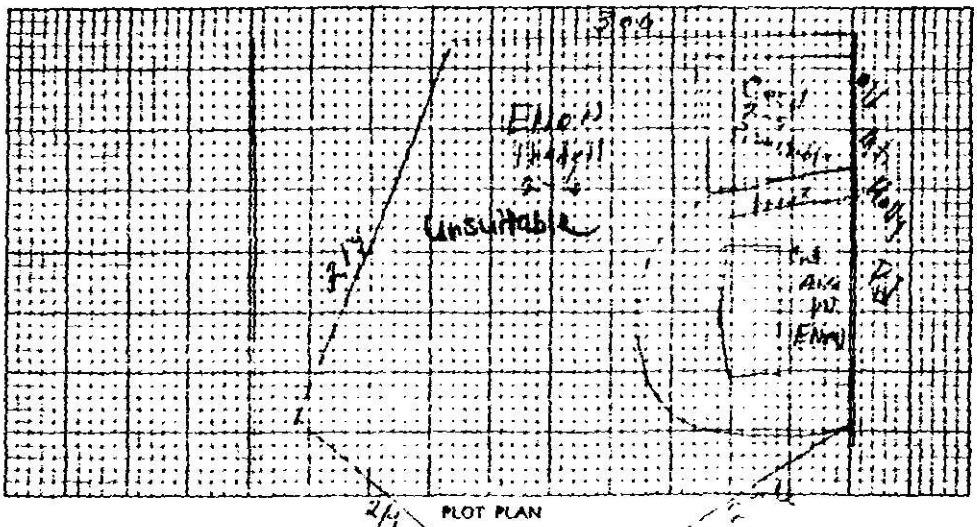
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Wise, (LAST) Frank (FIRST) Elem (MIDDLE)

ADDRESS OF OWNER 7033 Old Mt. Holly Rd., Charlotte, NC ZIP 28214

LOCATION OF PROPERTY Old Mt. Holly Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and [illegible] investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was conducted on that portion of the lot as indicated on the above plot. **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 [illegible] system shall be issued by the Mecklenburg County Department of Environmental Health prior to the [illegible] construction of the wastewater treatment system on the said lot.
2. The size of the septic tank and wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health on the basis of the information obtained above, and on the size and type of building to be constructed.
3. This approval is valid only if the system, or [illegible] on the immediate area, is acceptable for system installation on the above plot.
4. This approval is void if any [illegible] or [illegible] performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health render the area indicated as acceptable for system installation unsuitable for installation of the 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 B. Kamsey
Soil Scientist

EHD-S-76

Mike Sexton
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. 19438

T.C. NO. 057-202-02

(Ground Absorption Sewage Disposal)

OWNER: Frank E. Wise
ADDRESS: 7033 Old Mt Holly Rd 28214
LOCATION OF SITE: Old Mt Holly Rd

PLAT NO:
LOT SIZE: 2A ±

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(PS) 2-5	(PS) 2-8	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	(PS) Clayey	(U) Mixed Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	(PS) Blocky	(U) Weak Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	(PS) 47"	(U) 20-40"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(PS) None	(U) Clays Saprolite	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(PS) Mod-Good	(U) Very Slow	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa	IVa		
9. SITE CLASSIFICATION	P. SUITABLE	Unsuitable Phased Areas		
10. SOIL SERIES	Cecil	Enon-Tirdell Complex		

S - Suitable PS - Provisionally Suitable U - Unsuitable

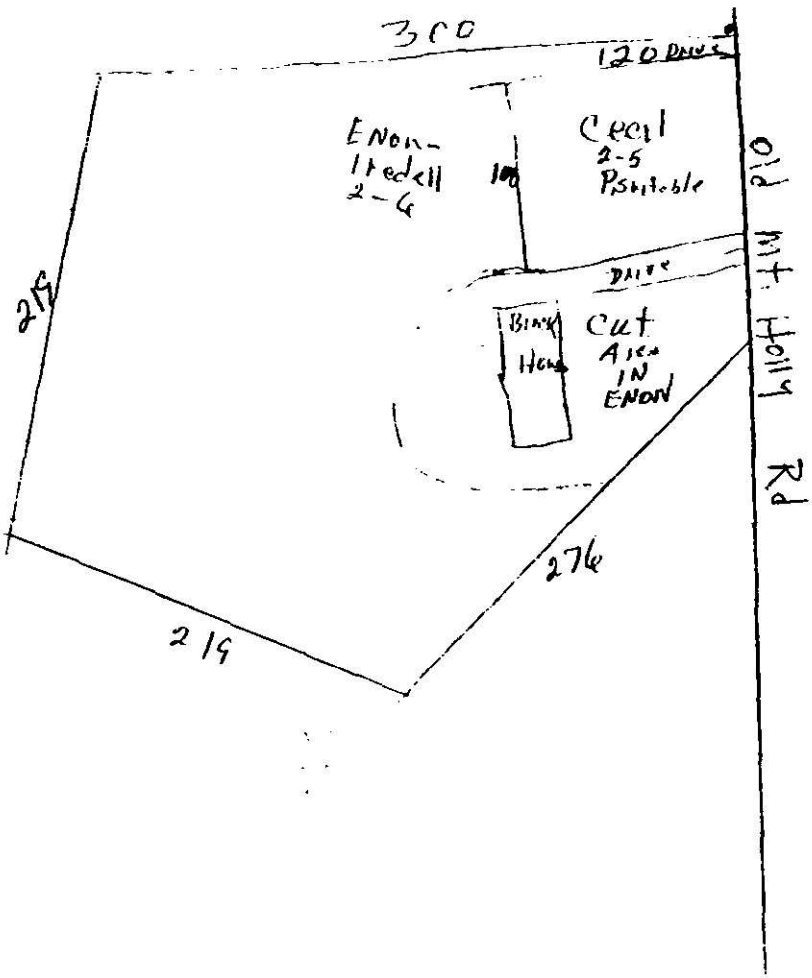
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 3-15-83

EHD 539 (Revised: 6/82)


300
120 Drive
Old Mt. Holly Rd
Enon-
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2-6
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Area
IN
ENON
215
276
219

Date Received 7-11-83

SEE INSTRUCTIONS ON BACK

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JUL 11 1983

ICAR(S) Application No. 19438

T. C. No. 057-202-02

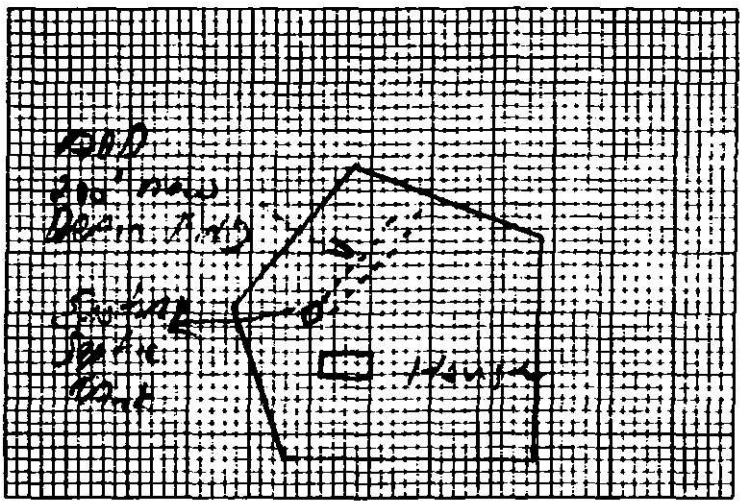
Map Date

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: Repair Septic Tank

1) ___ Install or Construct 2) X 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 Y No
Residence ___ Yes X No
4) No of Bedrooms 3
5) Business Use — Max No Employees 4
6) Washing Machine ___ Yes X No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X 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 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 Wesley (LAST) Carl (FIRST) Alfred (MIDDLE) Jr.

14) ADDRESS OF OWNER 361 Brunswick Rd Charlotte, N.C.

15) PHONE NO. Home 552-3536 Office 525-4124

16) LOCATION OF SYSTEM 7033 Old Statesville Rd (STREET OR COUNTY ROAD) Charlotte

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 57 Page No. 20

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.

7/11/83
DATE OF APPLICATION

Carl Wesley
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: 19439
TC:
SERIAL: № 14340

MECK CO ENV HEALTH
RECD
AUG 31 1987
ENVIRONMENTAL HEALTH

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 7033 Old Nations Ford Rd (STREET NO. / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 057-201-02

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Gael (FIRST) C. (MIDDLE) Wallace Jr (LAST)

⑨ MAILING ADDRESS: 301 Kinnswick Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214

⑬ PHONE: (WORK) 392-6000 ⑭ (HOME) 392-8536

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) Building Addition

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? ㉓ Type? Cabinet Shop

㉔ Maximum occupancy? ㉘ Maximum number of employees? 8

㉕ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☒ Municipal system

C ☐ Community well

D ☐ Community system

㉚ 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: Gael C Wallace Jr

Date: 8/31/87

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

Director or Authorized Section Head / Date

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