

1722 POPLARCREST LN

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Groundwater and Wastewater Services File Imaging Project
May 2007
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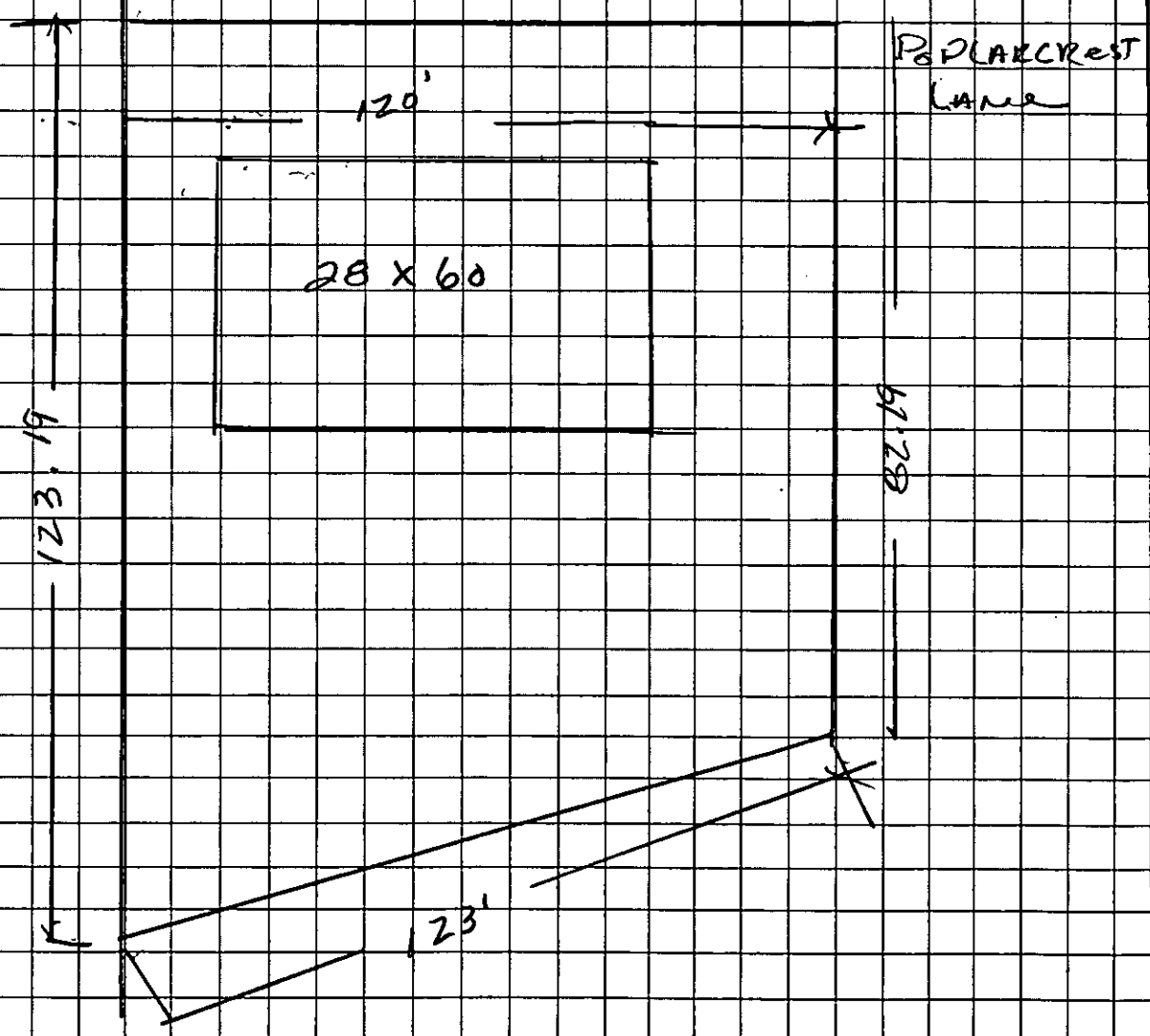
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18429

TC: 053-181-11

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Paul D. Gibson
OWNER/AGENT SIGNATURE

DATE 5-14-96

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

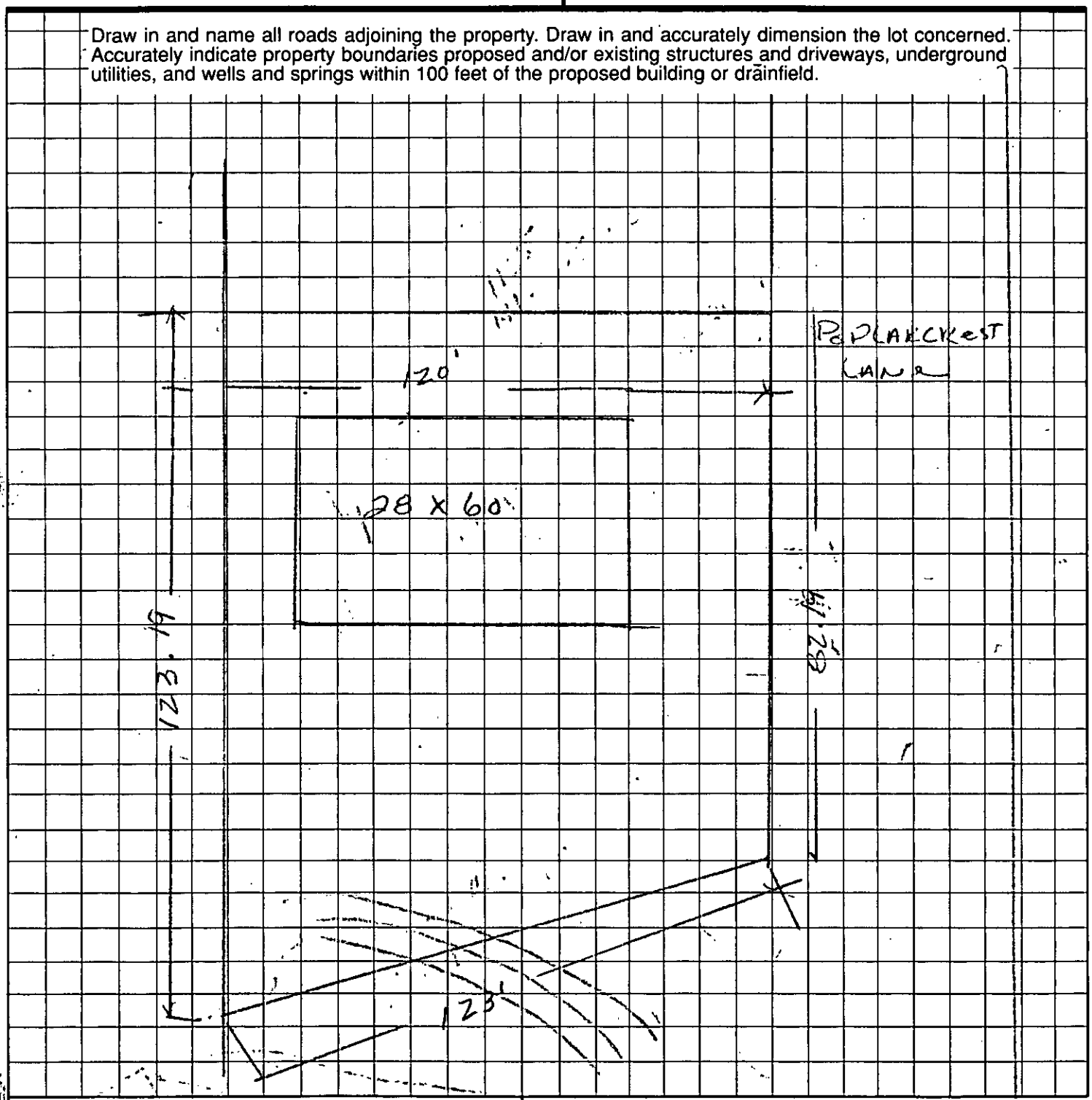
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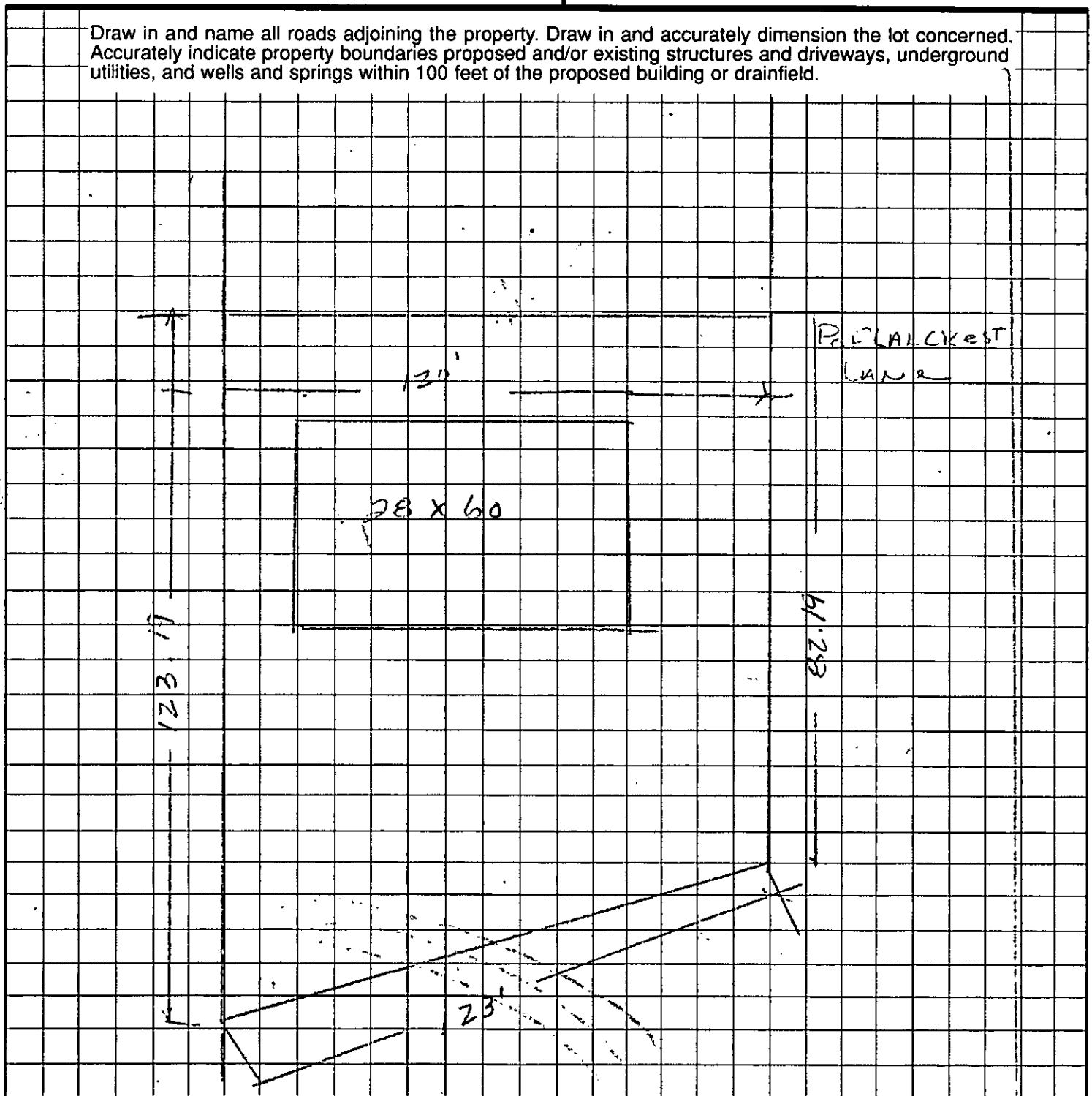
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OWNER/AGENT SIGNATURE

DATE 5-14-16

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Date Received 30 Dec 1981

ICAR(S) Application No 16429

T C No 053-181-11

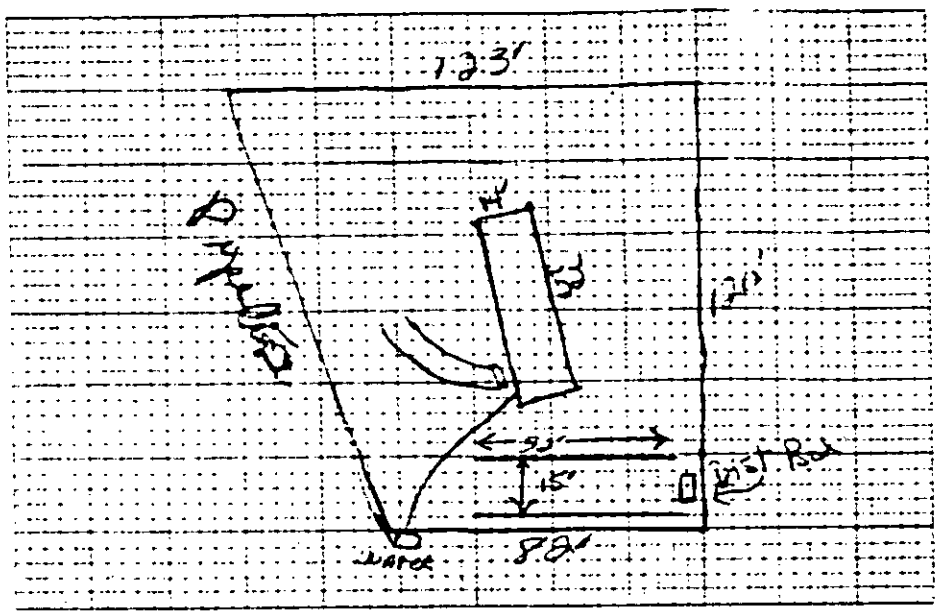
Map Date _____

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)

4) 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 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 Johnston (LAST) Ross (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER RT 5 Burns Charlotte, NC 28205

15) PHONE NO. Home 392-1487 Office ____

16) LOCATION OF SYSTEM 1722 Poplar Crest Ln. (STREET OR COUNTY ROAD)

17) SUBDIVISION Westwood Forest Lot No. 11 Block No. 181

Map Book No 53 Page No. 14

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.

30 Dec 1981
DATE OF APPLICATION

H. Ross Johnston
OWNER

(OWNER'S COPY) (DEPARTMENT'S COPY)

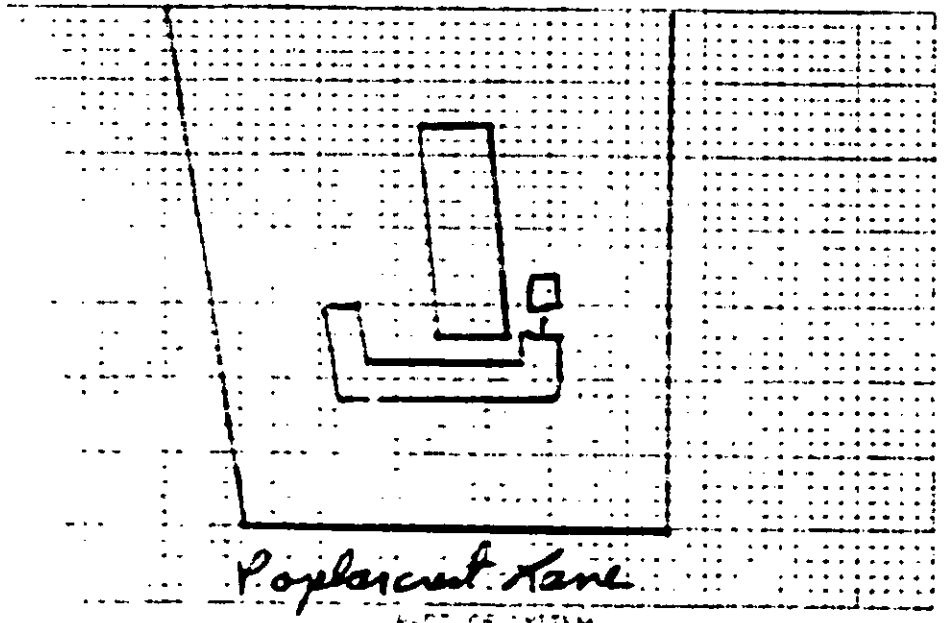
Date Issued 4 Jan 1982 **Serial No. 5129** ICAR(S) Permit No. 18429

T C No. 053-181-11

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 18429, dated 30 Dec 81 and it is 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 1 Feb 82, after which date this permit shall be null and void.



LOT OF SYSTEM

Permeability Rate provisional

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Distribution Line

Total Bore Length 330 l/ft

Number of Lines 4

Distance from House 5'

Distance from Property Lines 5'

Distance from Well NA

Owner's Name Johnston, Rose H.

Location of Property 1722 Poplarcrest Lane

This permit is issued subject to requirements as set forth in the Regulations of the Mecklenburg [illegible] 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 inaccessible. The issuance of this permit does not in any way guarantee that the system will operate properly, or relieve any person now or hereafter owning, controlling or using the facility resulting from the failure of the system to operate properly.

Remarks: in bed 12x82x17" stone - stay 10' from bank at front portion of property

John R Adkisson
Sanitarian (Agent)

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a supervisor 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.

[illegible] HEALTH DEPARTMENT'S COPY

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

APPENDIX H
SITE EVALUATION

S.I.R. no. 18429
T.C. No. 053-181-11

(Ground Absorption Sewage Disposal)

OWNER: Ross H. Johnston
ADDRESS: R-5 Box 1025
COUNTY: Meck. 92acx
LOCATION OF SITE: Pepper Crest Lane

DATE REQUESTED:
PLAT NO:
LOT SIZE: 12,863 sq

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-10 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) Clayey U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) Moderate U	S PS U	S PS U	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	P. Suitable			
10. SOIL SERIES	Cecil			

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: Note Undersize Lot. Community Water System Available Lot Area 20A owned By Applicant.

Described By: W. L. Burgess
Title: Soil Scientist
Date: 12-16-81

DHS Form 2031
Sanitation
DHD 559 (2 80)

Date Received 12-15-81

ICAR(S) Application No. 18429

T. C. No. 053-181-11

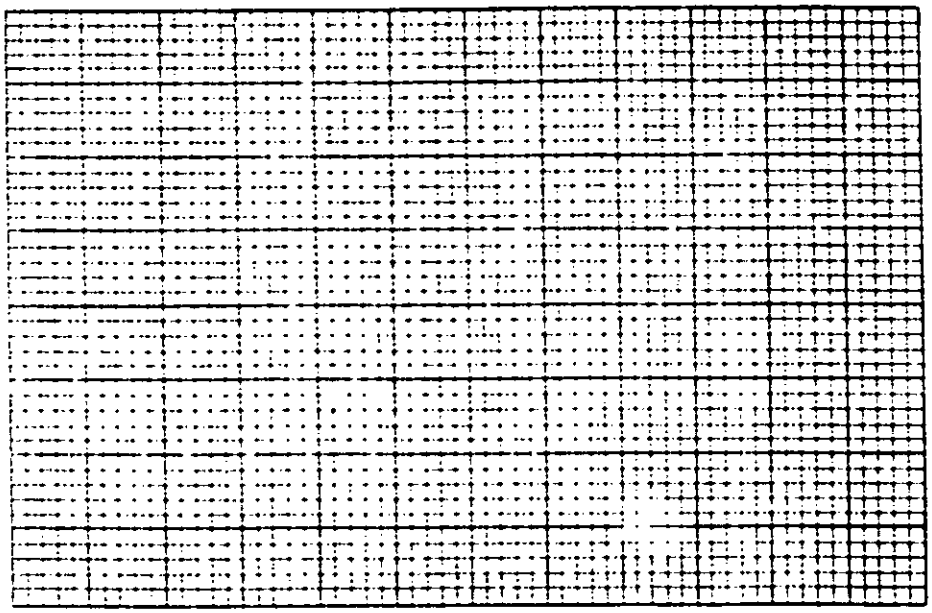
Map Date _____

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 2
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 at community sewer ___ Yes ✓ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER JOHNSTON (LAST) ROSS (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER RT. 5 Box 1025 CHARLOTTE NC. 28208

15) PHONE NO. Home 392-1487 Office _____

16) LOCATION OF SYSTEM 1722 ARARCREST LN. (STREET OR COUNTY ROAD)

17) SUBDIVISION WESTWOOD FOREST Lot No. 11 (72) Block No. 181

Map Book No. 53 Page No. 18

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.

12-17-81
DATE OF APPLICATION

Ross H Johnston
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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

S.I.R. # 18429

T.C. # 053-181-11

DATE: 12-17-81

NAME OF OWNER Johnston, Ross H.

ADDRESS OF OWNER Rt. 5, Box 1025, Charlotte, NC 28208

LOCATION OF LOT 1722 Poplar Crest Lane, Lot 72, Blk. 181

As determined under the Rules and Regulations promulgated by the Commission for Health Services, Division of Health Services, North Carolina Department of Human Resources, Raleigh, North Carolina, the soils on the lot described above were found to be unsuitable for the installation of an individual septic tank - soil absorption system, due to the following reason:

PROVISIONALLY SUITABLE

Limited area of provisionally suitable soils.
Please submit plot plans of proposed residence,
septic tank system and well location.

John R. Adkisson, Environmentalist
On Premises Waste Disposal Section

C of A (s) No. 18429

Date Issued 10 Feb 1982 Serial 4937 T. C. No. 053-18-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Johnston, Ross H. (LAST, FIRST, MIDDLE)

Location of Property 1722 Poplarcrest Lane

Application Number _____ Permit Number 18429

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 330 Number of Lines 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected / (DATE) Tank Inspected 10 Feb 1982 (DATE)

Nitrification Field Inspected 10 Feb 1982 (DATE)

Washing Machine Line Inspected If Applicable NA (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 as permitted

John R. Atkisson
Environmentalist

Environmental Health Department's Copy

5/14/96
Cash $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

18429 [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: GIBSON (last) Paul (first) D. (mi)
ADDRESS: 11501 Moores Chapel Rd PHONE: 704 392-4588
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-181-13
STREET ADDRESS: ~~11501 Moores Chapel Rd~~ 1722 Polo Lacrosse Lane
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 72 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Paul D. Gibson Date: 5-14-96

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 approval is granted by this Department.

...This permit is not transferable.

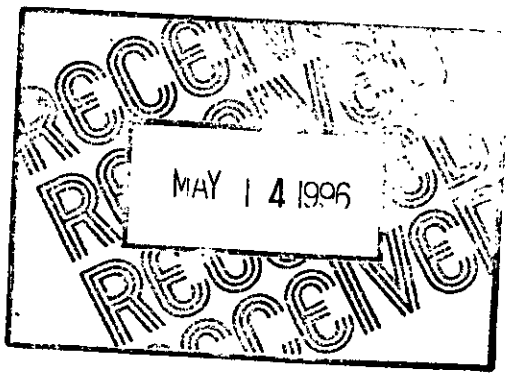
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

5/96 Met with Mr. Gibson. IOS Visit it appeared that septic system was functioning properly; however, the existing system is for a two bedroom residence only. I advised Mr. Gibson of his options to add classified or utilize 2 bedrooms for a three bedroom. He stated he would be in touch. TNB

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


MAY 14 1996

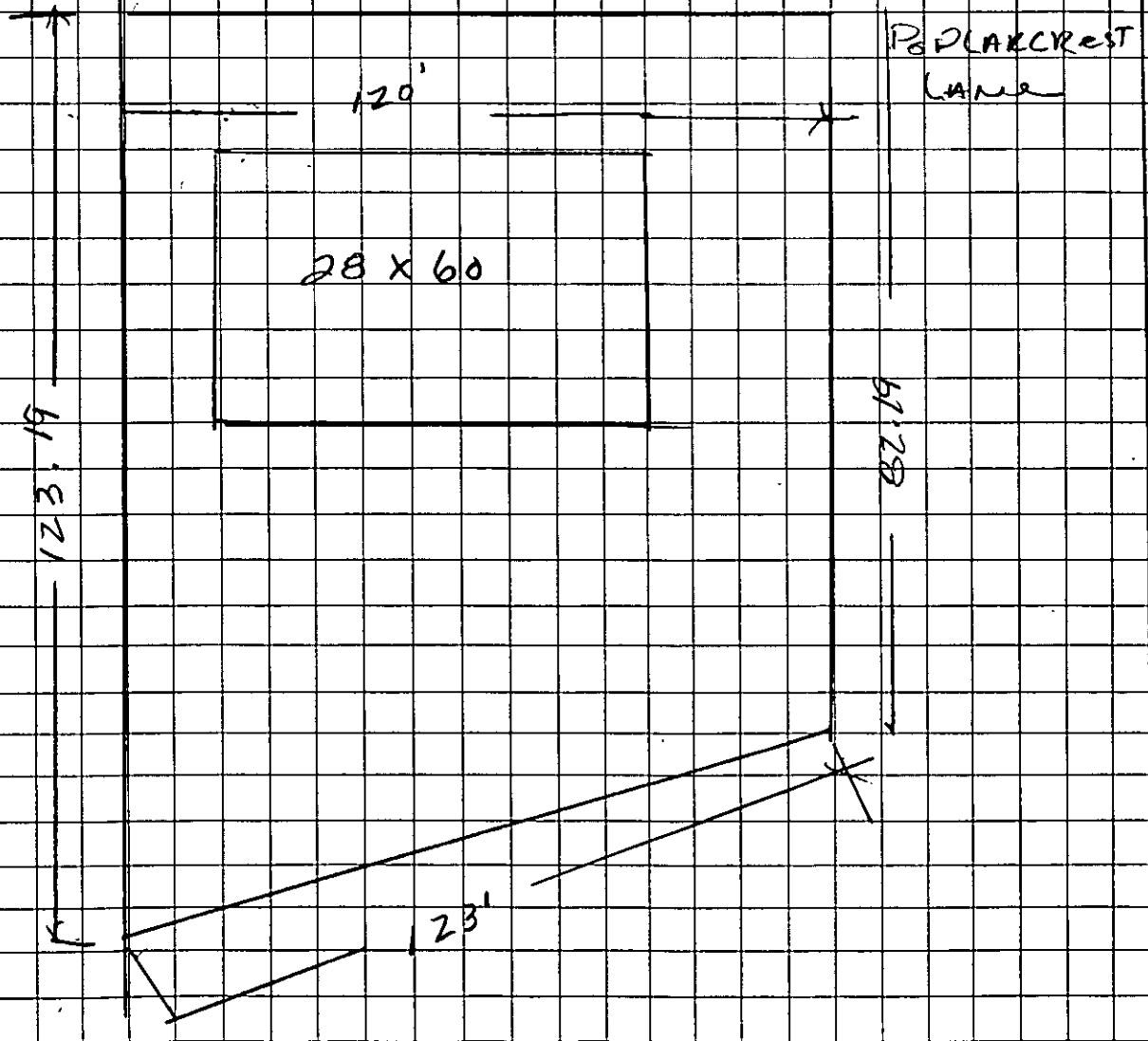
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