1

Date Received 7/26/78

MECK COUNTY DEPARTMENT OF
REC
JUL 1978

APT No. 14395
PO 003-061-06
T. C. No.

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Cox (LAST) Ciarnet (FIRST) Olen (MIDDLE)

2) ADDRESS OF OWNER RT. 1 Box 175 Davidson NC ZIP 28036

3) PHONE NO. Home 892-4541 Office

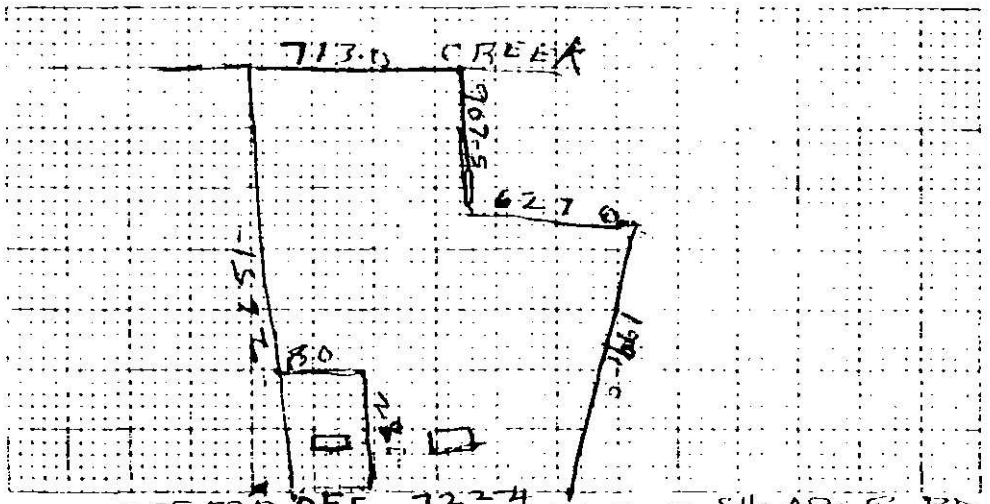
4) LOCATION OF PROPERTY Shearer RD (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE DEED BOOK 3790 PAGE NO 686

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and on-site inspection of the lot hereinafter 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.



ACCURATE DIAGRAM & DIMENSION OF LOT

New Home Ciarnet O. Cox
OWNER

EHD-5-76

Environmental Health Department's Copy

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

APPENDIX H
SITE EVALUATION

APT 14395
PD 003-001-06

(Ground Absorption Sewage Disposal)

OWNER: Clarence A. Cox
ADDRESS: Rt 1, Box 275
COUNTY: Davidson N.C.
LOCATION OF SITE: Shearer Road

DATE REQUESTED:
PLAT NO.:
LOT SIZE: Approx 25,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 2-8% PS U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) Clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) 48" PS U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	(S) None PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) 36" to PS ground U water	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	Provisionally Suitable			
SOIL SERIES	Enon			

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: William R. Maulin

Title: Soil Scientist Date: 8-7-78

DHS Form 2601 (2/77)
Sanitation

✓

Serial No. 2104

PTR No. 14395

T C No. P.O. 003-061-06

Date Issued 8/7/78

Map Date

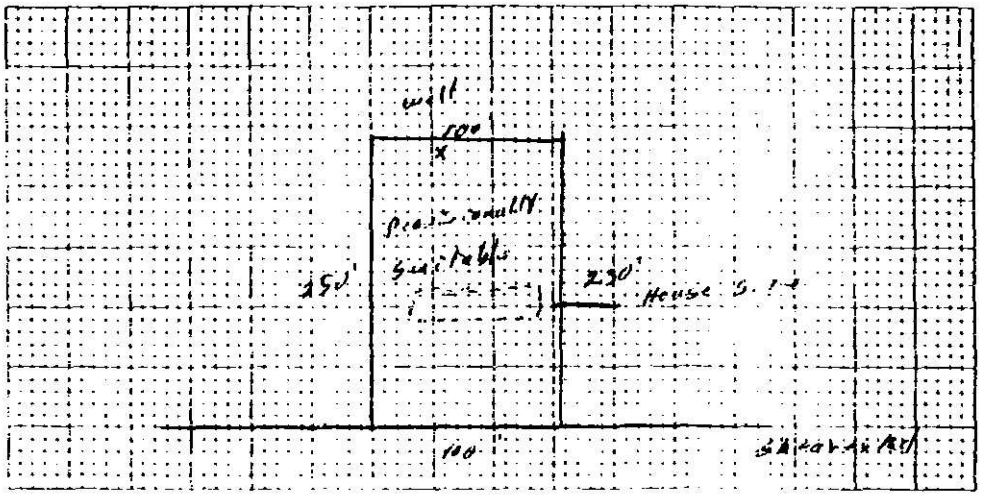
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Cox (LAST) Clarence (FIRST) Oliver (MIDDLE)

ADDRESS OF OWNER Route 1, Box 775, Davidson, N. C. ZIP 28036

LOCATION OF PROPERTY Shearer Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

PROVISIONALLY SUITABLE

The permit is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent disposal subject to the following terms and conditions:

This approval is granted based on the laws of the State of North Carolina, rules and regulations of the North Carolina Department of Human Resources and the Mecklenburg County Board of Health. This approval is void at any time in the future should the regulations or the soil conditions change such that this approval would not have been granted had the new laws and regulations been in effect on the issue date.

William A. Marsh
Soil Scientist

John D. McLeason
Environmental Health Director
Authorized Section Head

Mecklenburg County Health Department

SEE INSTRUCTIONS ON BACK

Date Received 7/26/78

ICAR(S) Application No. 14395

T. C. No. 003-061-06

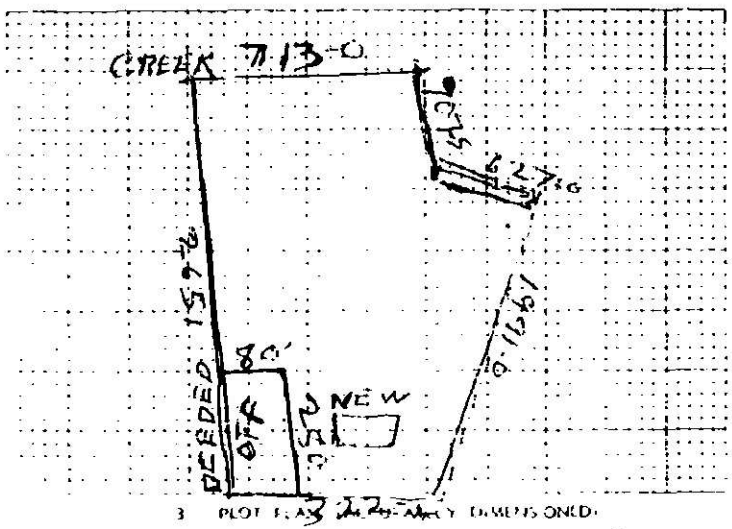
Map Date

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



	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. Community System	
	C. Municipal System	
	1. Well Depth	
	2. Community System	
	Storage System	
	A. Is the septic tank located within 100 feet of a well?	___ No
	B. Is the septic tank located within 50 feet of a stream?	___ No
	C. Is the septic tank located within 100 feet of a lake?	Yes ___ No
10.	Lot Size	
11.	Lot Grade	

12. NAME OF OWNER Carl (LAST) Clarence (FIRST) Oliver (MIDDLE)

13. ADDRESS OF OWNER RT. 11 BOX 775 DAVIDSON NC 28036

14. PHONE NO. Home 892-4541 Office

15. LOCATION OF SYSTEM SHEARER RD. (STREET OR COUNTY ROAD)

16. SUBDIVISION Lot No. Block No.

Map Book No. 3740 Page No. 686

17. DEED REFERENCE DEED BOOK 3790 AT PAGE 686

18. HAS A SOIL TEST BEEN MADE? ✓ NO DATE RUN

19. IS THE WELL WITHIN 100 FEET?

The undersigned person hereby says that he has read the foregoing application and that the contents of same are true to the best of his knowledge, and that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

7/26/78
DATE OF APPLICATION

Clarence O. Carl
OWNER

Environmental Health Department's Copy

Date Issued 8/7/78

Serial No. 2094

LA No. 14395

T. C. No. F. O. 003-061-06

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cox (LAST) Clarence (FIRST) Oliver (MIDDLE)

ADDRESS OF OWNER Route 1, Box 775, Davidson, N. C. ZIP 28036

LOCATION OF LOT Shearer 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 14395 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

Environmentalist

John R. Atkinson

Environmental Health Director, or Authorized Section Head

EHD-5-78

Environmental Health Department's Copy

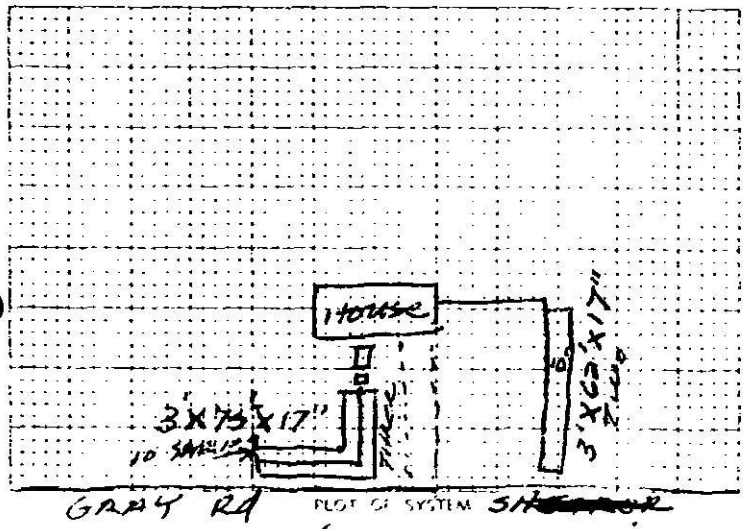
Date Issued 8-31-78 Serial No. 1942 ICAR(S) Permit No. 1439S-

T C No. 003-061-06

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 1439S-, dated 7-26-78 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 10-1-78, after which date this permit shall be null and void.



PLOT OF SYSTEM SHEARER

Permeability Rate P/S

Liquid Capacity of Tank 1000

Tank Construction Precast

Absorption Area (Trench or Bed) Dimensions

Total Line Length 220-125-

Number of Lines 3 - 2

Distance from Building 10'

Distance from Property Lines 10'

Distance from Well 50'

NAME OF OWNER Clarence Oliver Cox

LOCATION OF PROPERTY SHEARER

This system must meet all the requirements as set forth in the Regulations of the Mecklenburg County Board of Commissioners which are in effect at the time of the granting of this permit. A certificate of approval for the system may be issued by the Environmental Health Division only when the system has been constructed in accordance with the approved plans and specifications. If any system is found to be improperly constructed or otherwise rendered unserviceable or unusable, the Health Director may withhold or revoke the certificate of approval. **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.**

Director or Section Head

Environmentalist Marshall Edwards

* 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.

SHDS-5-76

Environmental Health Department's Copy

Date Issued 9-18-78 Serial No. 1914 C of A (s) No. 14395

T C M 003-061-06

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 Cox (LAST) Clarence (FIRST) Olivio (MIDDLE)

Location of Property SHARER Rd. & Grey Rd.

Application Number 14395 Permit Number 14395

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material Precast

Total Length of Drain Tile 220-125 Number of Lines 3-1

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 150'

Excavation Inspected 9-18-78 (DATE) Tank Inspected 9-18-78 (DATE)

Nitrification Field Inspected 9-18-78 (DATE)

Washing Machine Line Inspected, If Applicable 9-18-78 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed / 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 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:

Marshall Edwards
Environmentalist

EHD-5-76

Environmental Health Department's Copy