Date Received 7/6/78

APT No. 14312

T. C. No. 001-461-34

Map Date 5 23 78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Cline (LAST) Marvin (FIRST) Bobby (MIDDLE)

2) ADDRESS OF OWNER PO Box 511 Statesville, NC ZIP 28677

3) PHONE NO. Home _____ Office 872-8219

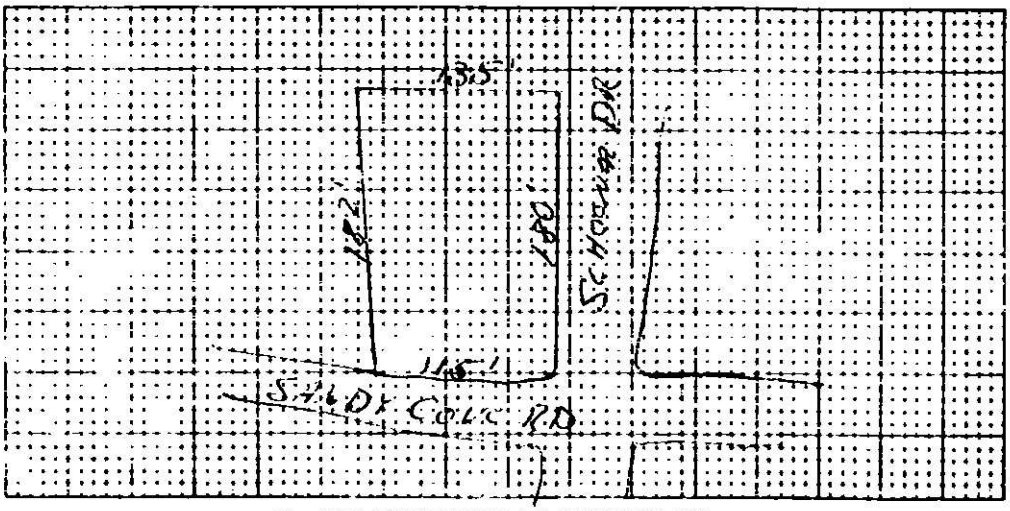
4) LOCATION OF PROPERTY South Cole Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Rockridge Shores LOT NO. 35 BLOCK NO. 1

MAP BOOK NO. 18 PAGE NO. 153

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 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

MB Cline
OWNER

EHD-5-76

owners ~~Environmental Health Department's Copy~~

S. I. R. NO. 14312

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

APPENDIX II
SITE EVALUATION

T. C. # 201-401-39

(Ground Absorption Sewage Disposal)

OWNER: Mr. Jones Construction
ADDRESS: Po Box 5827
COUNTY:
LOCATION OF SITE: Douglas Road

DATE REQUESTED:
PLAT NO.: 10-35 M
LOT SIZE: 22,000 S.F.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 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 U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata Rock)	S PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & internal)	S PS U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS 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	✓			
SOIL SERIES				

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:

Title: Date:

DHS Form 2601
Sanitation
EHD 539 (3/79)

2

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. # 14312

T.C. # 001-401-34

DATE September 10, 1979

NAME OF OWNER McGuire Construction Company

ADDRESS OF OWNER PO Box 5829, Winston-Salem, North Carolina

LOCATION OF LOT Sandy Cove Road, Lot 35-A, Rockridge Shores

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:

Soil Structure Massive
Fill Material Over Helena
Site Classification Unsuitable

John R. Adkisson

John R. Adkisson, Environmentalist

R

Date Received _____

SEE INSTRUCTIONS ON BACK
MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
SEP 4 1979

ICAR(S) Application No. 14312

T C No. 001-401-34

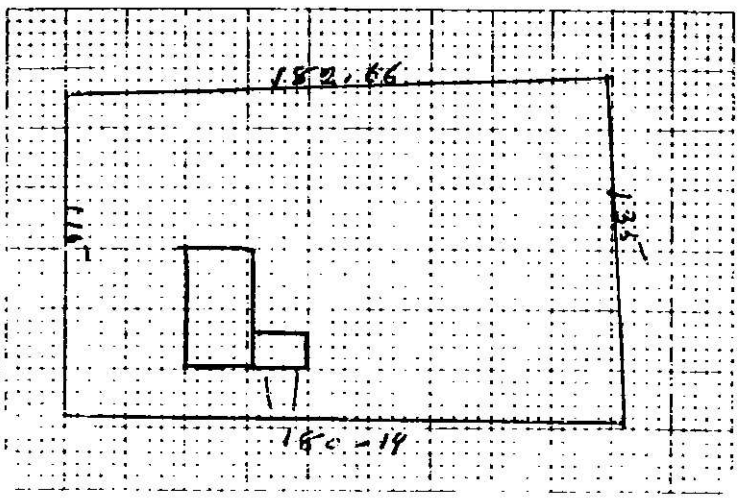
Map Date _____

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 DRAWN AND SIGNED)

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 ___
D) Sewage System
1 Septic Tank within 200 feet ___ Yes ✓ No
2 Public Sewer within 200 feet of property ___ Yes ✓ No
E) ___
F) ___

13) NAME OF OWNER McGuire (LAST) Construction (FIRST) Co. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 5824 Winston Salem

15) PHONE NO Home _____ Office 7229344

16) LOCATION OF SYSTEM Sandy Cove Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Rockridge Shores Lot No 35 Block No. A

Map Book No 18 Page No. 154

18) DEED REFERENCE — DEED BOOK 1 AT PAGE 40

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.

8-29-79
DATE OF APPLICATION

C. D. McGuire
OWNER

EHD 5 76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY