Date Received 9-15-78

APT No. 14542

T C. No. 113-161-04

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Wilkerson, James P.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 2114 Princeton Ave. ZIP 28207

3) PHONE NO Home 377-1472 Office None

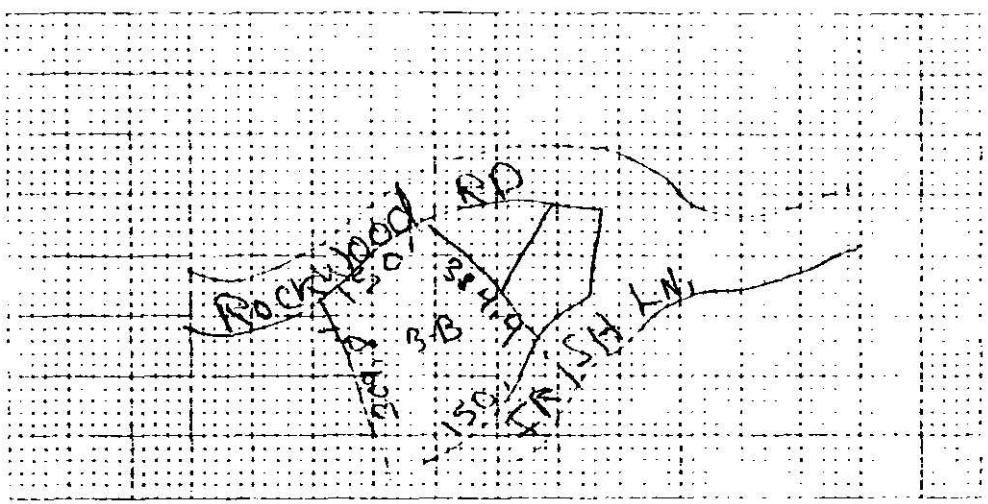
4) LOCATION OF PROPERTY Rockwood
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO 3 BLOCK NO B

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 [illegible] investigation and [illegible] of the [illegible] for the purpose of determining if the [illegible] and [illegible] sewage treatment [illegible] and subsurface soil [illegible]



7) ACCURATE DIAGRAM & DIMENSIONS

OWNER

Environmental Health Department's Copy

Sept. 14542

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

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: James P. Wilkerson
ADDRESS: 2114 Fenelon Ave
COUNTY:
LOCATION OF SITE: Parkwood Dr.

DATE REQUESTED: 9-15-78
PLAT NO.: 113-161-04
LOT SIZE: 64,035 SQ. FT.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-6% 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 PS 48" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S = 4' PS U rock	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S = 4' PS U wet	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 adequate PS U fine	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisional Suitable 3			
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: [illegible]
Title: Environmental Sanit. Date: Sept. 19, 1978

DHS Form 2601 (2/77)
Sanitation

Serial No. 2188

PTR No. 14542

Date Issued September 19, 1978

T C No. 113-161-04

Map Date

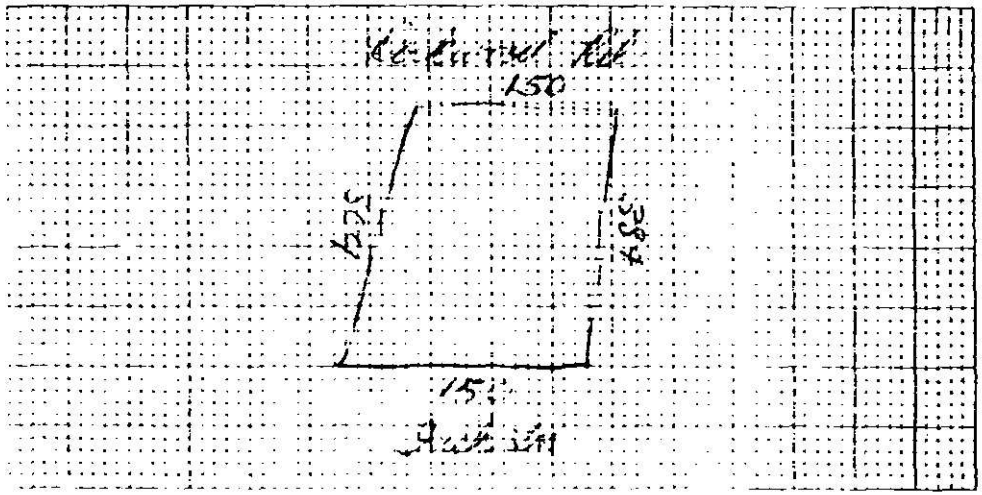
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Wilkerson (LAST) James (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 2114 Princeton Avenue, Charlotte, NC ZIP 28207

LOCATION OF PROPERTY Rockwood (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 3 BLOCK NO B



LOT PLAN

[illegible] Mecklenburg County [illegible] was conducted [illegible] **Provisionally Suitable** [illegible] This said lot is approved [illegible] with subsurface, soil ab- [illegible] effluent discharge [illegible] the following terms and conditions:

[illegible] Mecklenburg County Depart- [illegible] the wastewater treatment [illegible]

[illegible] the Mecklenburg [illegible]

[illegible] system installation [illegible]

[illegible] the [illegible] responsible for [illegible]

[illegible] and regulations [illegible] and the Mecklen- [illegible] void at any time [illegible] and regulations changed such that [illegible] have been in effect on the issue date.

Environmentalist

[illegible] Health Director
[illegible] Soil & Heal

SEE INSTRUCTIONS ON BACK

Date Received 4/27/79

ICAR(S) Application No. 14542

T C No 133-161-04

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
Public Water ✓ Yes No
No. of Bedrooms 3
Water Line Main No.
Footage
Well Required Yes ✓ No
Well Drilled Yes ✓ No
Easement Yes ✓ No
Soil Type(s)
Percolation Rate ✓
Percolation Rate from
Well Site
Septic Tank Size
Soil Evaluator
Distance to Well feet
Distance to Water No
Distance to Property feet of
Property Line Yes ✓ No
Site Plan No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Webb (LAST) Sara (FIRST) Elizabeth (MIDDLE)

14) ADDRESS OF OWNER 1108 Kenilworth Ave Charlotte NC 28204

15) PHONE NO Home 332-4360 or 377-5134 Office

16) LOCATION OF SYSTEM Rockwood (STREET OR COUNTY ROAD)

17) SUBDIVISION Rockwood Acres LOT NO 3 Block No B

Map Book No 7 Page No 347

18) DEED REFERENCE - DEED BOOK AT PAGE

19) WATER SUPPLY AT PRESENT: ✓ YES WATER RUN ? (GPM)

20) PETITION NUMBER (IF APPLICABLE) 14542

The undersigned hereby agrees that he has read the foregoing application and that the contents thereof are true as stated and understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true

4-26-79
DATE OF APPLICATION

Sara E. Webb
OWNER

Environmental Health Department's Copy

Date Issued April 27, 1979

Serial No. 2961

LA No. 14542

T. C. No. 113-161-04

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

~~WELL~~ PERMIT.

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

NAME OF OWNER Webb, (LAST) Sara (FIRST) Elizabeth (MIDDLE)

ADDRESS OF OWNER 1108 Kenilworth Avenue, Charlotte 28204

LOCATION OF LOT Rockwood (STREET OR COUNTY ROAD)

SUBDIVISION Rockwood Acres 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 14542. 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 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 any contractor is not having installed, constructed, altered and or repaired in accordance with a valid Installation Construction, Alteration, and/or Repair Permit

Michael A. Sexton
Environmentalist

John R Atkinson
Environmental Health Director or Authorized Section Head

EHC 5 76

Environmental Health Department's Copy

Serial 3275

Date Issued 15 Oct 1979

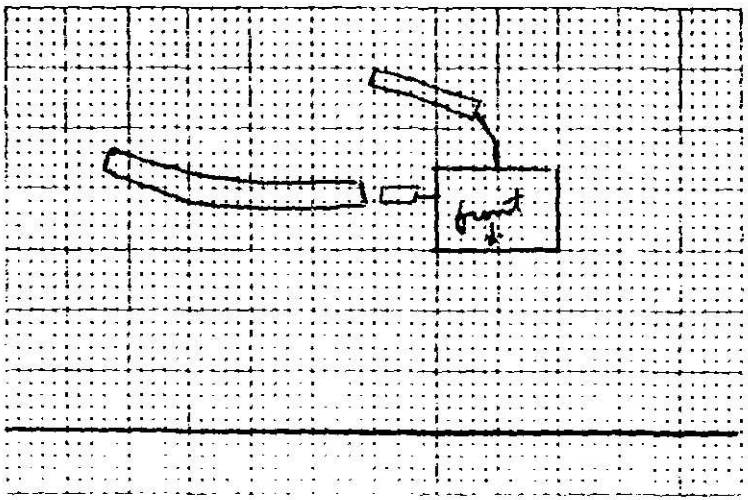
ICAR (S) Permit No. 14542

T. C. No 113-161-02

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 14542, dated 4-26-79 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 1 Dec 1979, after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate prov unsat

Liquid Capacity of Tank 1500 gal

Type Construction pre cast

Absorption Bed or Nitrification Lines

Total Line Length 495 & 125

Nearest Water Lines

Nearest Corner of Home 10'

Nearest Property Lines 10'

Distance to Well 50'

NAME OF OWNER Webb Jane E.

LOCATION OF PROPERTY Rockwood Rd

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 unin spectable 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

install in bed 15'x99'x17"

wash line in bed 9'x42'x17"

Division or Section Head

John R Atkinson
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

Copy

Date Issued 19 Oct 79 Serial 3124 C of A (s) No. 14542 T C. No. 113-161-04

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Webb (LAST) Dana (FIRST) E. (MIDDLE)

Location of Property Rockwood Rd

Application Number _____ Permit Number 14542

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material pre cast

Total Length of Drain Tile 495 & 125 Number of Lines 5 & 3

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected — (DATE) Tank Inspected 10-19-79 (DATE)

Nitrification Field Inspected 10-19-79 (DATE)

Washing Machine Line Inspected If Applicable 10-19-79 (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(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

Environmentalist

EHD-5-76

Environmental Health Department's Copy