Date Received 3/8/82

MECK COUNTY DEPARTMENT OF
RECEIVED
MAR - 8 1982
ENVIRONMENTAL HEALTH

SIR No. 19415
T.C. No. RQ 053-093-01
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Locatis (LAST) Ann (FIRST) R (MIDDLE)

2) ADDRESS OF OWNER 2220 Roswell Ave ZIP 28207

3) PHONE NO. Home 375-9593 Office

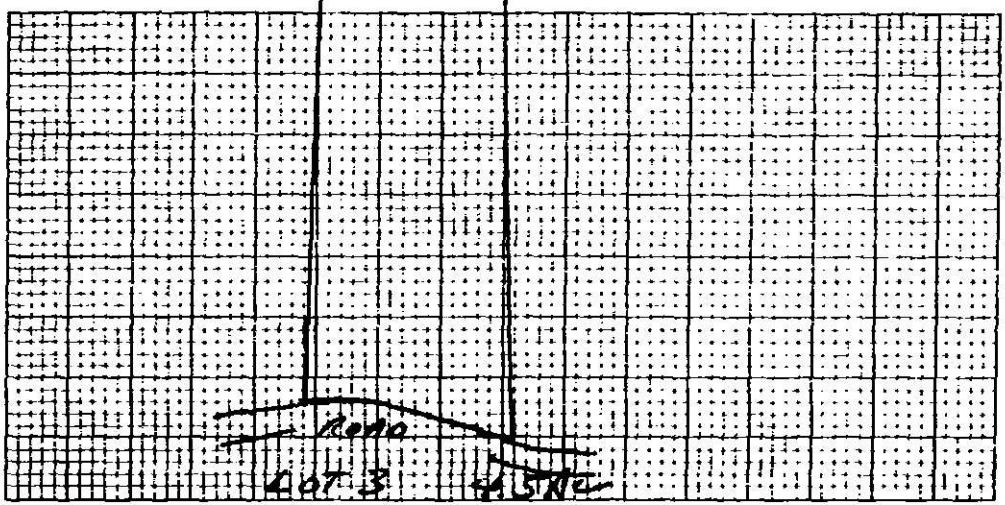
4) LOCATION OF PROPERTY Hawfield Rd SR 1604
STREET OR COUNTY ROAD

5) SUBDIVISION LOT NO. 3 BLOCK NO.

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 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

OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4941

PTR No. 19415

T. C. No. PO 053-093-01

Date Issued 4-7-83

Map Date

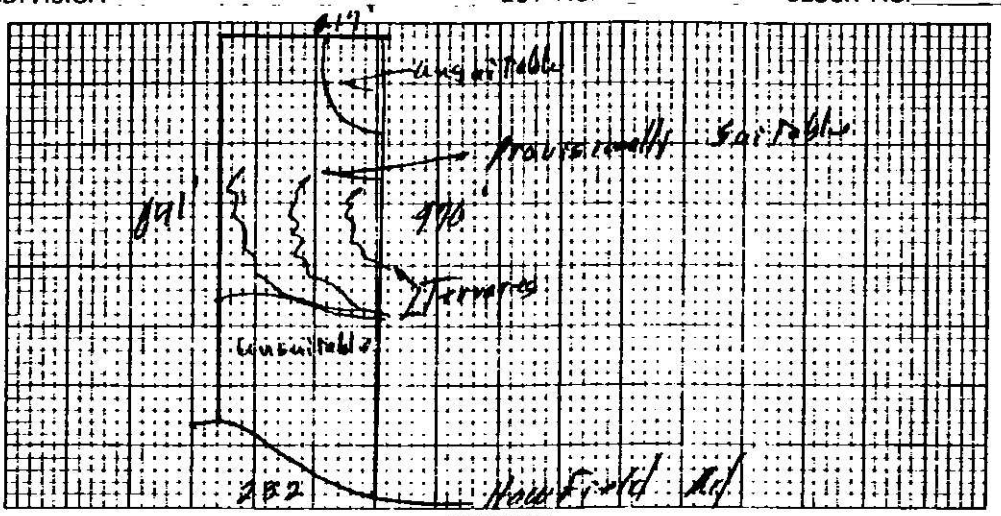
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Locatis, Ron R.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 2220 Roswell Ave., Charlotte, NC ZIP 28207

LOCATION OF PROPERTY Hawfield Road, Lot 3
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was **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, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of construction or building 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 prior to installation based on the permeability rate obtained above, and on the number and type of buildings to be located thereon.
3. This approval is valid only for the system location in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction including the drilling of a well is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a 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 A. Mueller
Soil Scientist

EHO-5-76

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. 19415

T.C. NO. PO 053-093-01

(Ground Absorption Sewage Disposal)

OWNER: Ronald R. Lovatis
ADDRESS: 2220 Roswell Ave
Charlotte

PLAT NO: Lot #3
LOT SIZE: [redacted] 195,000 Approx.

LOCATION OF SITE: Hawfield Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 6-12%	(S) PS U 6-12%	(S) PS U 6-12%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S PS 2-1 clay (U)	S PS ___ U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS ___ U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-48" U	S PS 18-30" (U)	S PS ___ U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) Saprolite 36"+ U	S PS Saprolite 18-30" (U)	S PS ___ U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) 48" or more To ground water PS U	S PS U	S Depressions PS (U)	S PS U
7. OTHER (Specify)	S old terraces PS present U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA	IVB	IVA	
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable	Unsuitable	
10. SOIL SERIES	Cecil-like	Enon-like	Depression	

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)

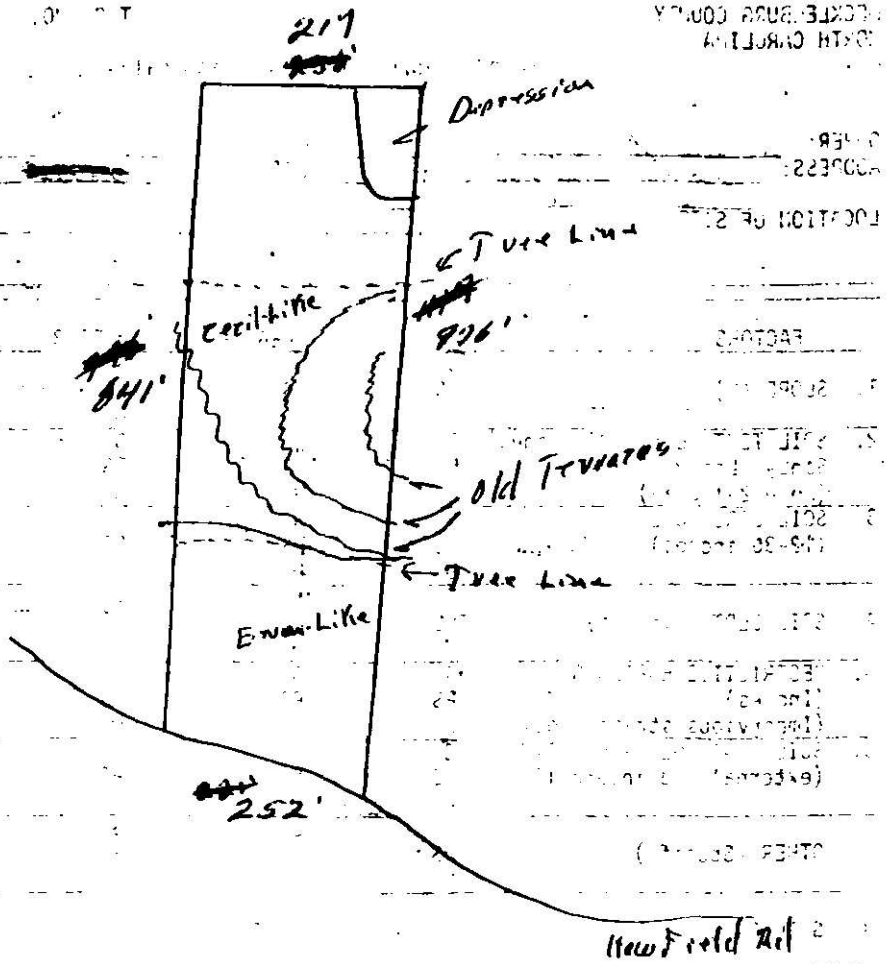
Recommendations/Comments: _____

Described by: William A. Mayfield
Title: Soil Scientist

Date: 4-6-83

EHD 539 (Revised: 6/82)

✓


217'
Depression
Tree Line
926'
Cecil-like
841'
Old Terrace
Tree Line
Ewan-Like
252'
New Field Pit

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 19415
TC: 053-093-32 ; 40
SERIAL: Nº 19708 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1111 (STREET NO.) HAWFIELD (STREET) Rd ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 053-093-32 & 40
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: SHELDON (FIRST) RAY (MIDDLE) SCRUGGS (LAST)
⑨ MAILING ADDRESS: 3330 SAM WILSON RD
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28214
⑬ PHONE: (WORK) ⑭ (HOME) 394-3209

INQUIRY

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Sheldon Scruggs / Florence Joyce Agent
Date: 1-12-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Judy A. Hoon RS, 1/17/90
Sanitarian (Initials) Date

1-17-90
Director or Authorized Section Head Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-12-90

Name/Company: Drennan Construct

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applicant for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 12 1990

File # 19415

Fee: $ 200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

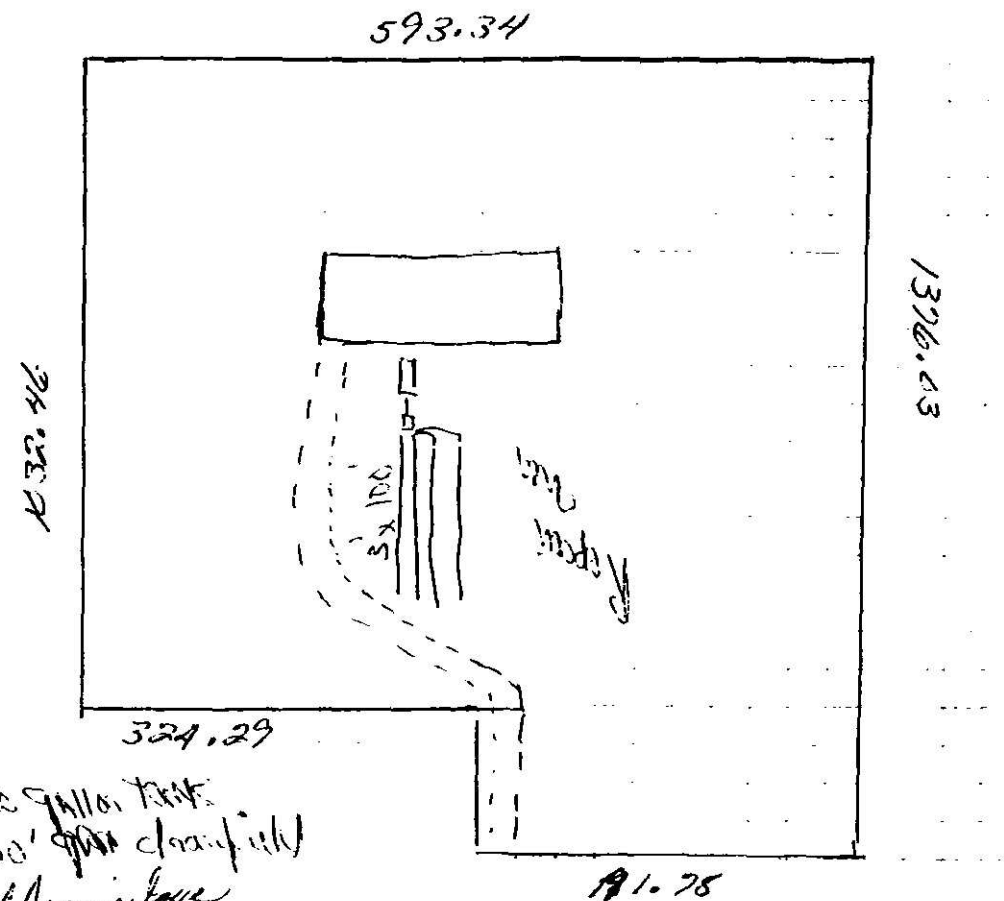
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19415

TC: _____

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.



See Soil Info Sheet
400' from Clearfield
Morris Jaye

Signed: Morris Jaye

Date: 1-12-26

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

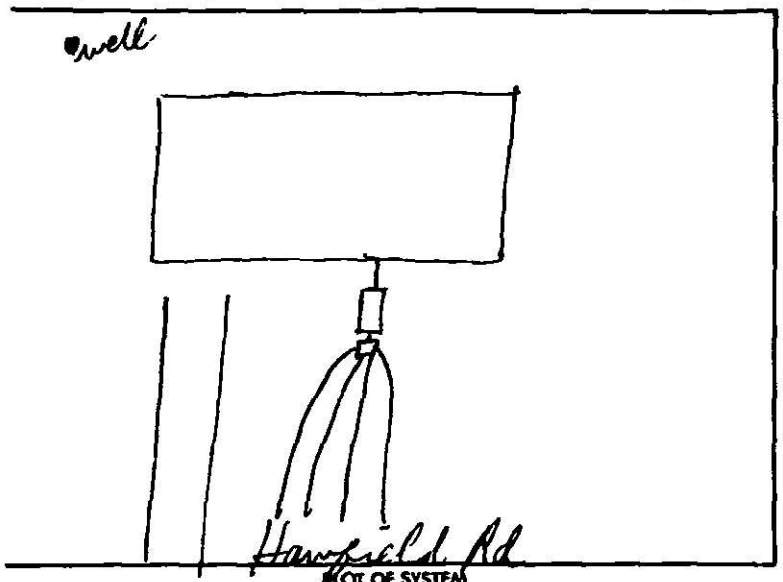
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19415 DATE: 5-31-90

PC 053-091-32,40 ☐ L

SERIAL Nº 13309

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 the application dated 1-12-90. All work shall be completed on or before 6-31-90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PC. C

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well _____ feet

NAME OF OWNER Sheldon Scruggs

LOCATION OF PROPERTY 1111 Hawfield Rd.

Comments: 4 lines 3' X 100' X 12" stone

Division or Section Head C. Vinson

Environmentalist B. R. Ferguson

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19415 DATE: 6/5/90

TC: 053-093 32.40 ☐ L ☑ CRT

SERIAL Nº 13317

Name of Owner Scruggs Sheldon Juris.:

Address of Property 1111 Hollifield Rd

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 50'

Excavation Inspected 6/5/90

Tank(s) Inspected 6/5/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990 1500 Sf Res, 1200 SF+, 12"G, Curt CTR# 57

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ Installed or constructed ☐ altered or repaired

☑ In accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: System designed for 3 bedroom home

Judy J. Kiser R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.