Date Received 12-20-83

RECEIVED
DEC 20 1983
ENVIRONMENTAL HEALTH

20495
SIR No. 10235

T. C. No. 001-001-05

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER King, Mary Anne B.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 101 Nixon Road, Oak Ridge, TN ZIP 37830

3) PHONE NO. Home 615-824-7111 Office 615-741-2941

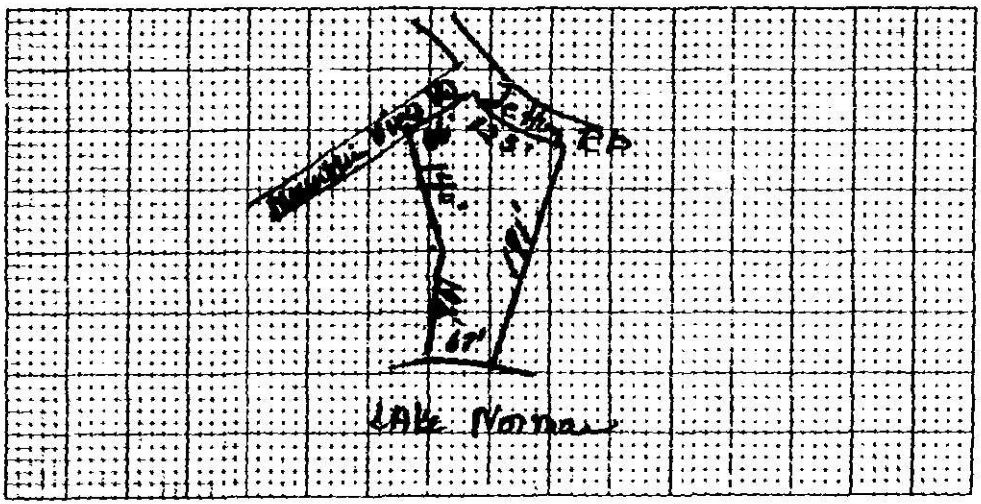
4) LOCATION OF PROPERTY 17051 Mountain View Road Dr.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Mountain View Beach LOT NO. 15 BLOCK NO.

MAP BOOK NO. 11 PAGE NO. 243

6) DEED REFERENCE DEED BOOK 2508 PAGE NO. 555

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

Mary Anne B. King
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1300 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20495
T.C. NO. 001-081-05
DATE: 1-18-84

Mary Anne King
101 Nixon Road
Oak Ridge, TN 37830

Re: Property located at 17051 Mountain View Drive

Dear Ms. King:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20445

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: Mary Anne B. King
ADDRESS: 101 Dilton Road
Fort Mills, S.C. 29730
PLAT NO: Lot 15
LOT SIZE: 23,522
LOCATION OF SITE: 17051 Mountain View Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 15-22% 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) Sandy loam 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) 36-40" U	S PS — U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) >36" U	S PS — U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) >48" to ground water PS U	S Surface water PS (U) Drainway	S PS U	S PS U
7. OTHER (Specify)	S See Note PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	10A	—		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Cecil Litt	Surface water drain		

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)

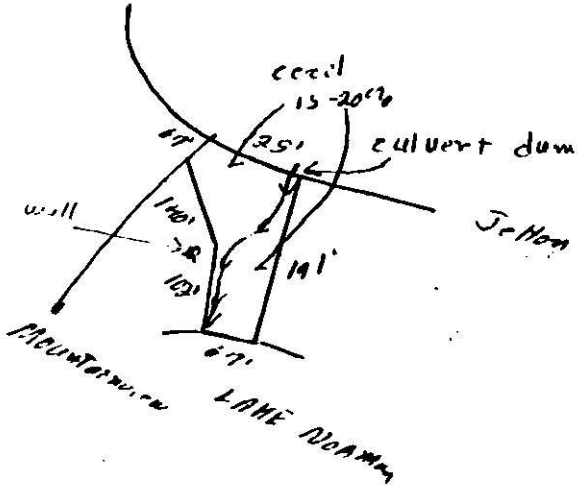
Recommendations/Comments: Somewhat limited area, recommend plans for house, system & well locations be submitted

Described by: William R. Martin
Title: Soil Scientist

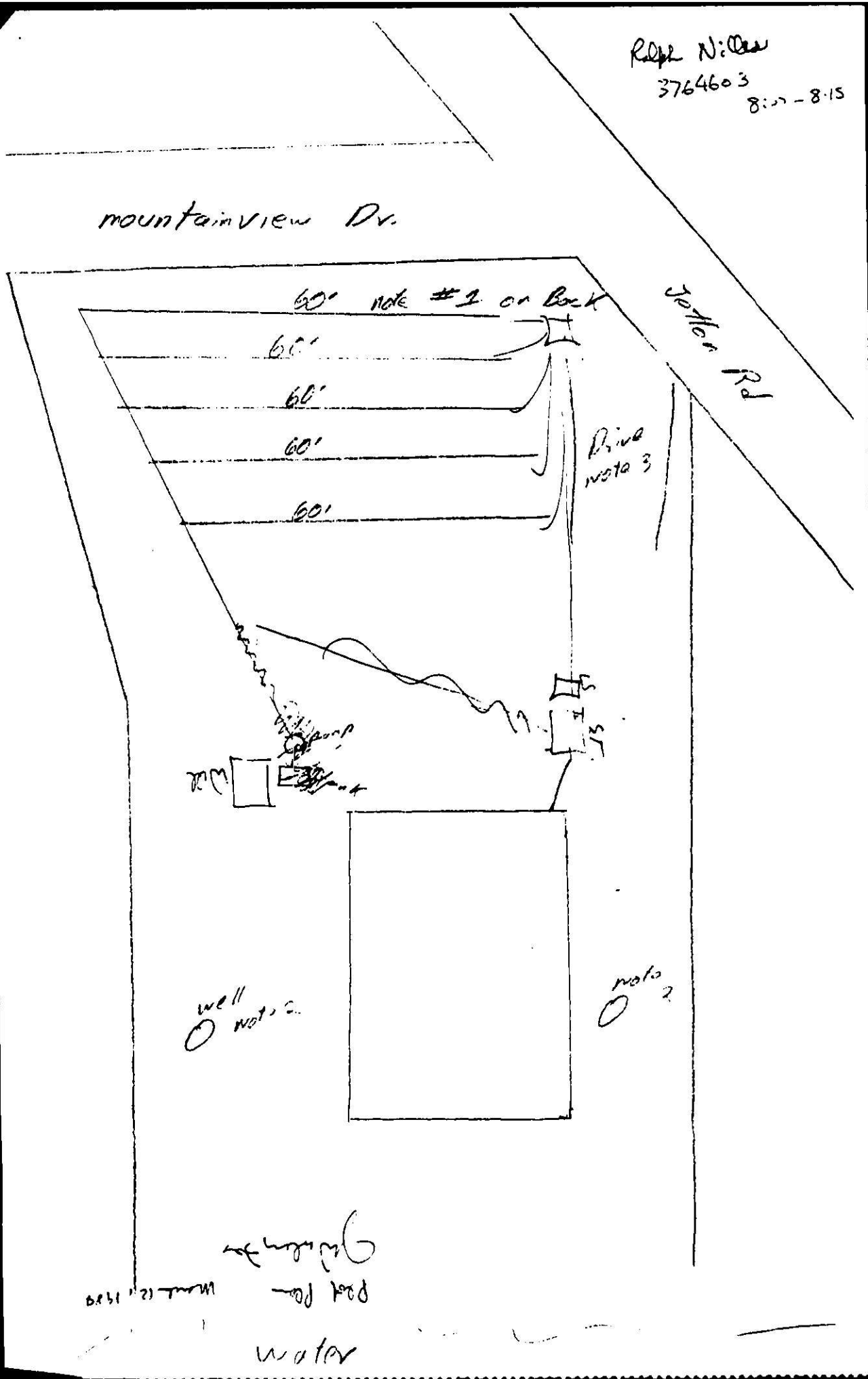
Date: 1-12-84

EHD 539 (Revised: 6/82)

1A


cecil
15-20%
25'
culvert dumps water onto lot
wall
140'
130'
19'
To Hom
6'?
MOUNTAINVIEW
LAKE NORMAN

Ralph Nixon
376-4603
8:00 - 8:15



note #1 you need 5 or 60' long they can be routed around the big trees

note #2 your well need to be 50' from septic system.

note #3 the drive cannot go on top of the septic system

note #4 the system has been approved and you can start building any time.

1 ST
2 APP Co. ST
3: I.P.
4 Co P.
5. S.T. POINT. SWOOK Station

note #1 you need 5 runs 60' long they can be routed around the big trees

note #2 your well need to be 50' from septic system

note #3 the drive cannot go on top of the septic system

note #4 the system has been approved and you can start building any time.

1 ST
2 APP for ST
3 I.P.
4 Use P.
5 S.T. Print Book Plans

Date Received 2-29-84

MECK. COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
FEB 29 1984
ENVIRONMENTAL HEALTH

SIR NO 20495 1
ICAR(S) Application No.

T. C. No. 001-081-05

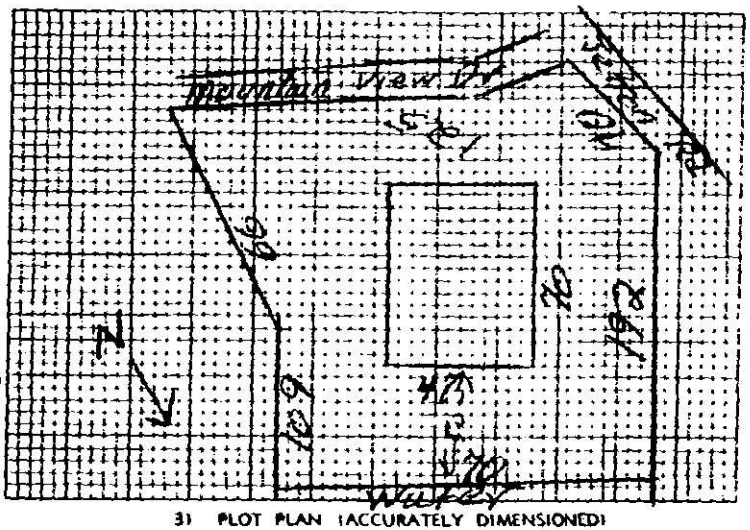
Map Date 2-28-84

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 (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 X Yes ___ No
4. No of Bedrooms 3
5. Business Use — Max No Employees ___
6. Washing Machine ✓ Yes ___ No
7. Garbage Disposal ___ Yes X 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 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 Fox (LAST) Wesley (FIRST) — (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 548 Mooresville N.C. 28115

15) PHONE NO. Home 663-2164 Office ___

16) LOCATION OF SYSTEM 17051 Mountain View Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 001-081-05 Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 1-19-84

20) PTR NUMBER (See Instructions) 20495

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.

2-25-84
DATE OF APPLICATION

Wesley Edward Fox
OWNER

EHD-5-76

Environmental Health Department's Copy

BI 3-13-84

SIR No. 20495

Serial No. 7296

T. C. No. 001-081-05

Date Issued 3-12-84

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Fox, (LAST) Wesley (FIRST) (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 549, Mooresville, NC ZIP 28115

LOCATION OF LOT 17051 Mountain View Drive (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 20495 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, altered, 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.

Ralph Nilles
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued Aug 31ST 1984 Serial No. 07523

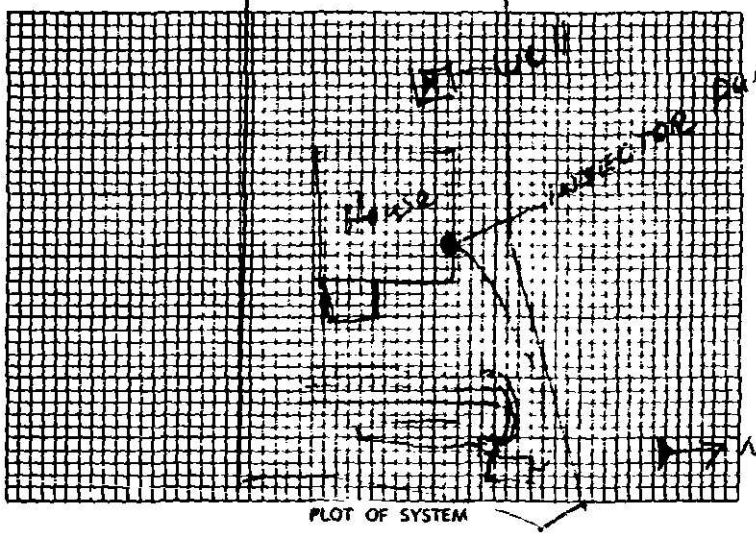
ICAR(S) Permit No. 20945

T. C. No. 001-081-05

Map Date L

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 X 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 20945, dated 2-28-84 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 SEPT 30TH 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS LV4

Liquid Capacity of Tank 1500 gal

Tank Construction PRE CAST Concrete

Absorption and/or Nitrification Lines

Total Line Length 300 Lin. FT

Number of Lines FOUR

Distance from House 30 FT

Distance from Property Line 10 FT

Distance from Well 85 FT.

NAME OF OWNER FOX, WESLEY

LOCATION OF PROPERTY 17051 MOUNTAIN VIEW DRIVE

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 uninspectable 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.

Comments: FOUR TRENCHES TOBE 75FT x 3FT x 12inches STONE thruout STRAW COVER - grade bowls - INSPECTOR Pump will be used to check TANK - AT OWNERS REQUEST Ans to Rock layer AT house

Division or Section Head ___ Environmentalist Ralph Miller

* 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

Environmental Health Department Copy

C of A (s) No. 20945

Date Issued Sept 20 1984 Serial 6955

T C. No 001-081-05 L CLT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner FOX, WESLEY (LAST, FIRST, MIDDLE)

Location of Property 17051 MOUNTAIN VIEW DRIVE

Application Number 20945 Permit Number 20945

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 Lin FT Number of Lines FOUR

Depth of Filter Material 12 inches Cover Depth 18 inches

Water Supply Source Well Distance from Water Source 85 FT.

Excavation Inspected 9-20-84 (DATE) Tank Inspected 9-18-84 (DATE)

Nitrification Field Inspected 9-20-84 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

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

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH