Date Received 10-18-84

RECEIVED
OCT 18 1984
ENVIRONMENTAL HEALTH

SIR No. 21555

T. C. No. Pt. 001-121-44

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER McConnell (LAST) Lottie (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 539-A, Davidson, N. C. ZIP 28036

3) PHONE NO. Home 892-1480 Office

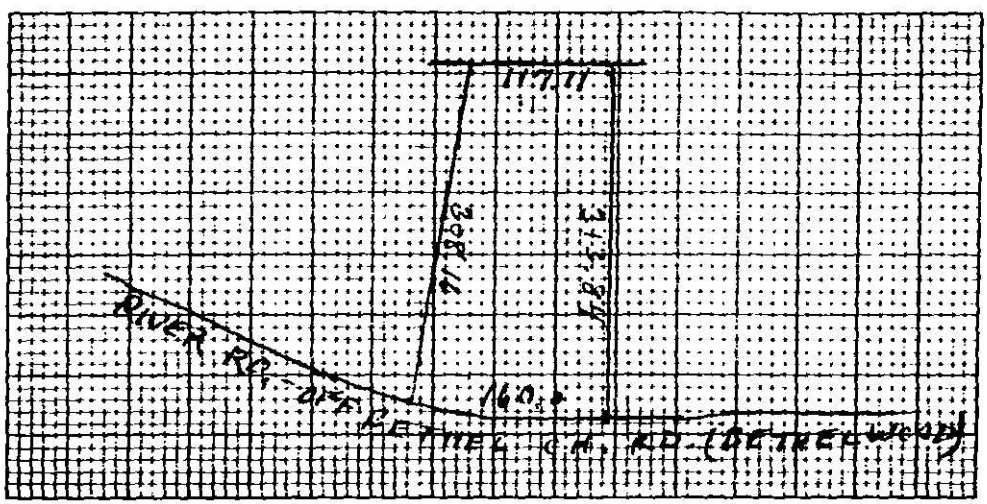
4) LOCATION OF PROPERTY River Rd. Off Bethel Church Rd. (New name-Bethelwood)
STREET OR COUNTY ROAD

5) SUBDIVISION LOT NO. 5 As per attached map BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE. DEED BOOK 2215 PAGE NO. 382

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

Lottie A. McConnell
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21555

T.C. NO. PO 001-121-44

(Ground Absorption Sewage Disposal)

OWNER: LOTTIE McCONNELL
ADDRESS: R.1 Box 539A DAVIDSON 28036
LOCATION OF SITE: LOT 5 Bethel Wood

PLAT NO:
LOT SIZE: 1.068

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 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey 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 40-48 (PS) 36-40 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) NONE U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	FISUITABLE			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

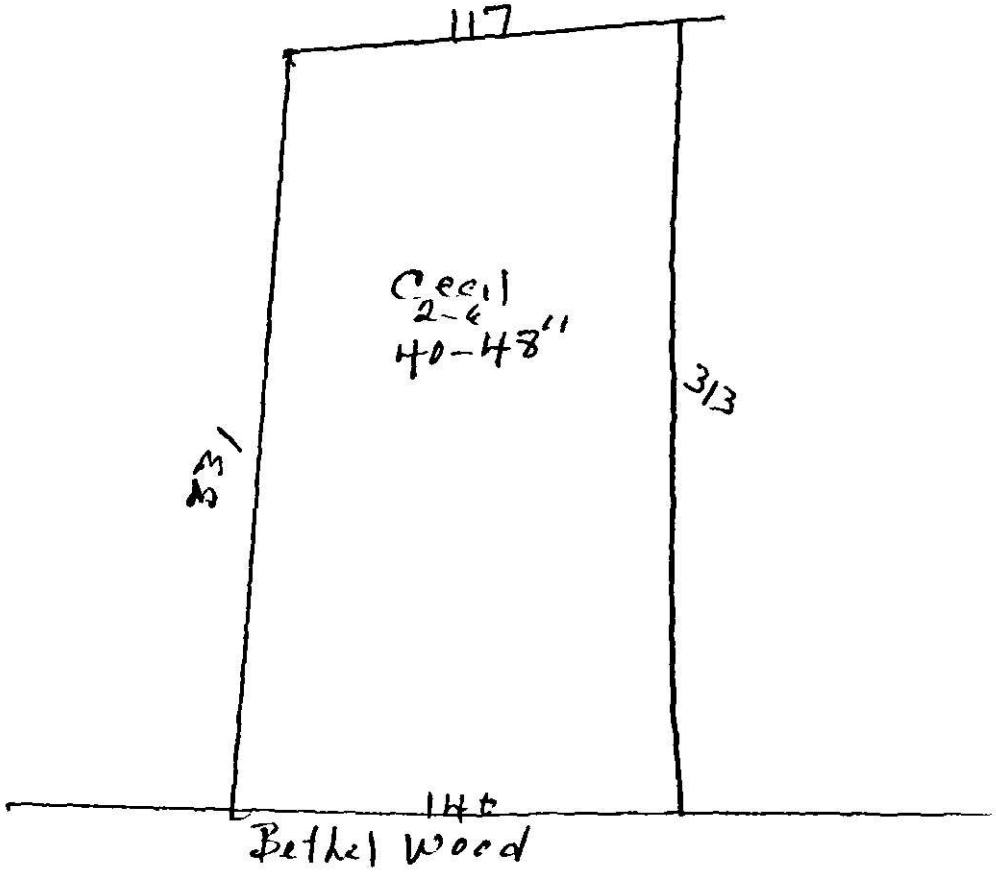
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: SOIL SCIENTIST

Date: 11-20-84

4


117
Cecil
2-6
40-48"
313
351
144
Bethel Wood

Serial No. 5954

SIR No. 21555

Date Issued 11-21-84

T. C. No. PO 001-121-44

Map Date L

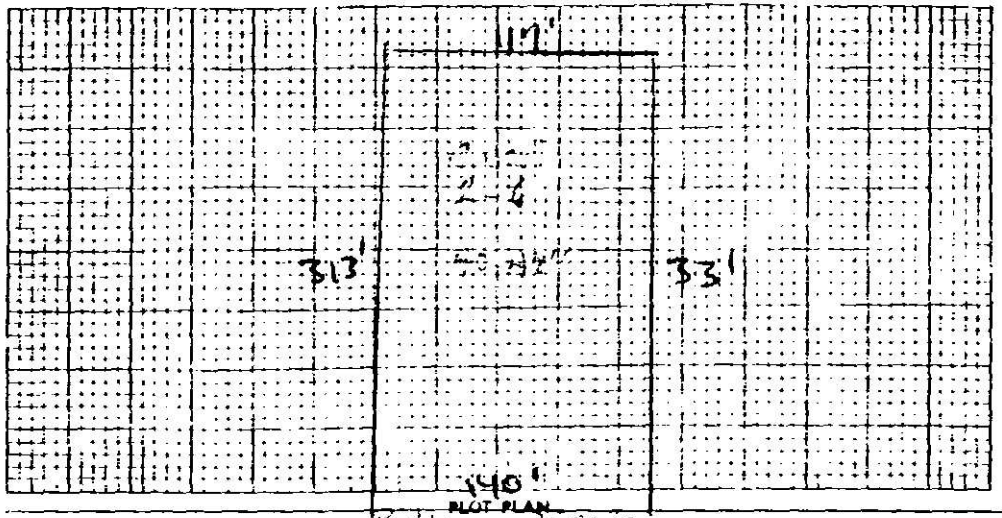
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER McConnell, (LAST) Lottie (FIRST) A. (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 539-A, Davidson, NC ZIP 28036

LOCATION OF PROPERTY Bethel Church Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 5 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. PROVISIONALLY SUITABLE The permeability rate determined by the investigation was _____. The said lot is approved for the installation of an individual septic tank waste water treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install or construct a waste water treatment system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank, wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to the issuance of the permit for the lot described above and on the size and type of building constructed thereon.
3. This approval is valid only for the system installation immediately described above. Any other system installation on the above plot.
4. This approval is valid for a period of one year from the date of the well permit issued in the lot, in the event the Mecklenburg County Department of Environmental Health has not denied the area indicated as acceptable for system installation unsuitable for installation. Construction of a system in an unsuitable area.

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.

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 415-3-19-85

RECEIVED MAR 19 1985 APR 12 1985

Application No. 21555

T. C. No. PO 001-121-44

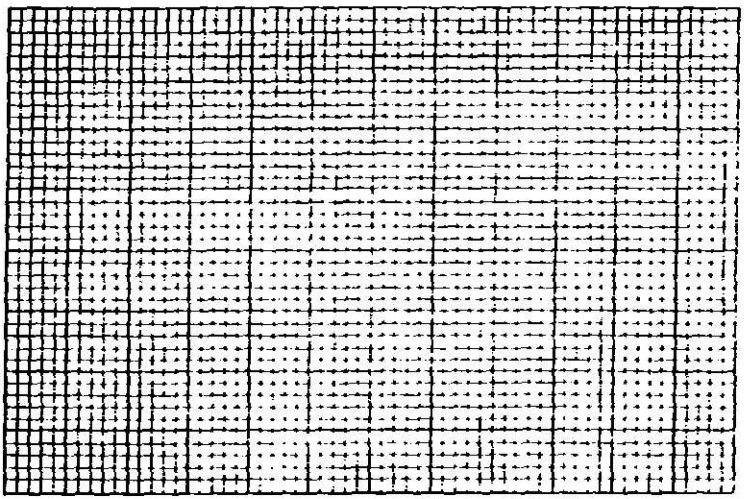
Map Date L

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) X 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 X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well X
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 Mady Construction Company, Inc. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 20347 Walter Henderson Rd., Davidson, NC 28036

15) PHONE NO. Home ___ Office 568-7740

16) LOCATION OF SYSTEM 20417 Bethelwood Drive (McConnell Estate Phase Two) (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 5 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2215 AT PAGE 382

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 11-21-84

20) PTR NUMBER (See Instructions) 21555

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.

4-11-85
DATE OF APPLICATION

OWNER

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received [illegible]

ICAR(S) Application No. 21555

T. C. No. PO 001-121-44

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) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

SEE ATTACHED DRAWING

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ___ No
Residence X Yes ___ No

4) No. of Bedrooms 3

5) Business Use — Max No. Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply
A) Individual Well X
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 Mady Construction Company, Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 20347 Walter Henderson Rd., Davidson, NC 28036

15) PHONE NO. Home _____ Office 892-5105

16) LOCATION OF SYSTEM 20417 Bethelwood Drive (McConnell Estate Phase Two)
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. 5 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2215 AT PAGE 382

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN 11-21-84

20) PTR NUMBER (See Instructions) 21555

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.

7-2-85
DATE OF APPLICATION

OWNER

END-5-76

Environmental Health Department's Copy

Serial No. 8400

SIR No. 21555

Date Issued 4-17-85

T. C. No. PO 001-121-44

Map Date L CR1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Mady Const. Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 20347 Walter Henderson Rd., Davidson, NC ZIP 28036

LOCATION OF LOT 20417 Bethelwood ~~Dr.~~ Ln
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 21555 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.

Kelly Crabtree
Environmentalist

Rice D. Hardister
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department Copy

Date Issued 11-6-85

Serial No. 08672

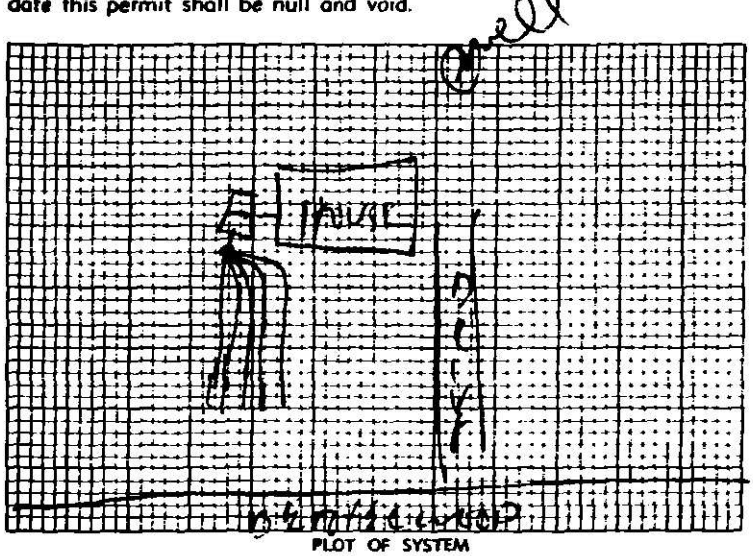
ICAR(S) Permit No. 21555

T C No. A00M121-94

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 ✓ 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 21555, dated 7-2-85 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 12-6-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 5 x 80'

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER MADY CONSTRUCTION CO.

LOCATION OF PROPERTY 20417 BETHERWOOD DR ~~WATER HEATER~~

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.

5 lines x 90 long x 3 inch x 12" stone

Comments:

B. Hendricks
Division or Section Head

Kelly Rudd
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

Environmental Health Department's Copy

C of A (s) No. 21555

Date Issued 11-8-85 **Serial** 8023 T. C. No. P 0 001-121-44 L CICT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner MADY CONSTRUCTION
LAST FIRST MIDDLE

Location of Property 20417 BETHELWOOD DR.

Application Number 21555 Permit Number 21555

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 8

Depth of Filter Material 12" Cover Depth 3'

Water Supply Source well on lot Distance from Water Source [illegible] 100'

Excavation Inspected 11-5-85 DATE Tank Inspected 11-5-85 DATE

Nitrification Field Inspected 11-5-85 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 ✓ installed or 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 1985; 1500 ST; 400; 12" SFT; 8 C; ELEC

Environmentalist

EHD-5-76

Environmental Health Department's Copy