Date Received 8-12-83

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 12 1983
ENVIRONMENTAL HEALTH

SIR No. 19946
P.E. 007-072-31
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Newton Kenneth Warren
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER P.O. Box 984 Cornelius Fields St. ZIP 28031

3) PHONE NO. Home 892-0617 Office 545-9763

4) LOCATION OF PROPERTY Fields St. - Cornelius
(STREET OR COUNTY ROAD)

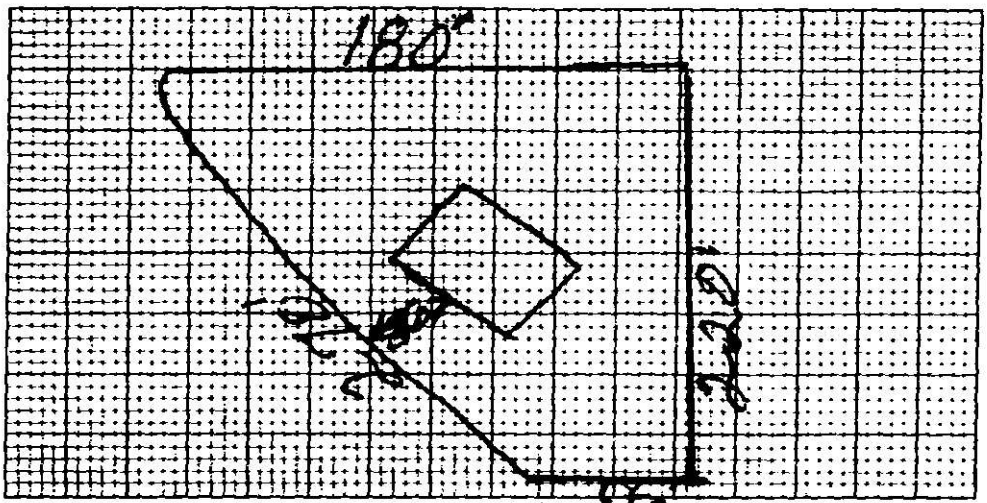
5) SUBDIVISION _____ LOT NO. 1 BLOCK NO. _____

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

Lot #1



7) ACCURATELY DIAGRAM & DIMENSION LOT

K. W. Newton
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28208

SIR. NO. 19946
T.C. NO. PO 007-072-31
DATE: 8-30-83

Mr. Kenneth W. Newton
P.O. Box 984
Cornelius, NC 28031

Re: Property located at Field Street, Lot 1

Dear Mr. Newton:

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.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19946

T.C. NO. PO 007-072-31

(Ground Absorption Sewage Disposal)

OWNER: Kenneth W. Newton
ADDRESS: PO Box 984
Cornelius 28031
LOCATION OF SITE: Field Street
Lot #1

PLAT NO:
LOT SIZE: 17,300 .46

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-10	S (PS) U 2-10	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clayey	S (PS) U Clayey	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-40	S PS (U) 10-15	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S (PS) U None	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S (PS) U Adequate	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	IIa		
9. SITE CLASSIFICATION	Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Enlod Cecil over Saprolite		

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)

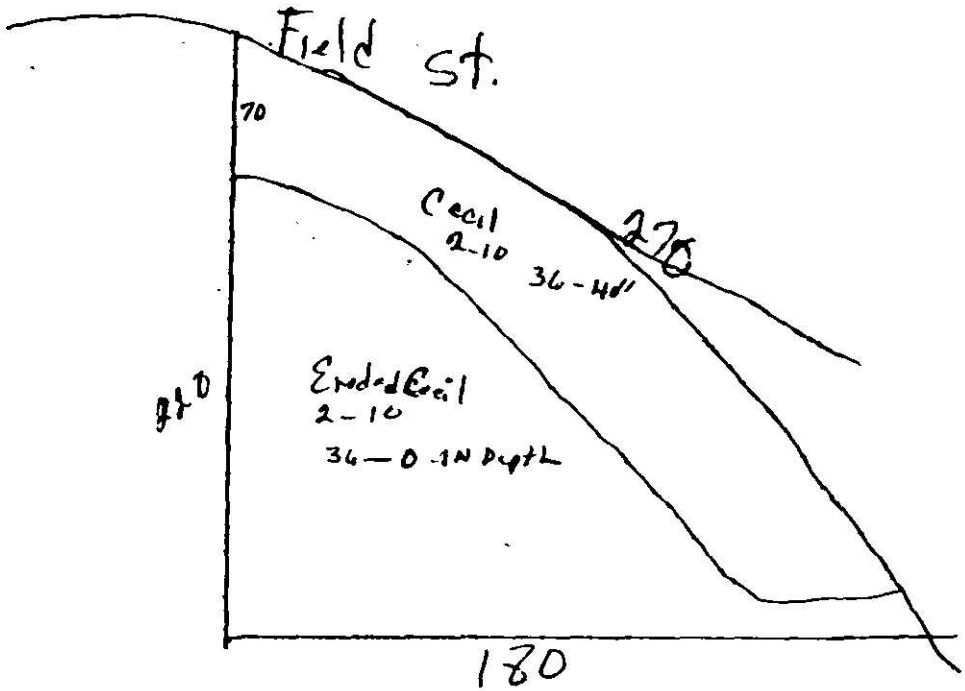
Recommendations/Comments: May Have Elevation problem

Described by: W. B. Ramsey
Title: Sanitarian

Date: 8-24-83

EHD 539 (Revised: 6/82)

1
11


Field St.
70
Cecil
2-10
36-48"
270
Ended Soil
2-10
36—0.1N Dept
180

19946

SITE EVALUATION REPORT
SERIAL NUMBER 17603

Parcel: PO 007-072-31 ☐ PC

Location: Field Street

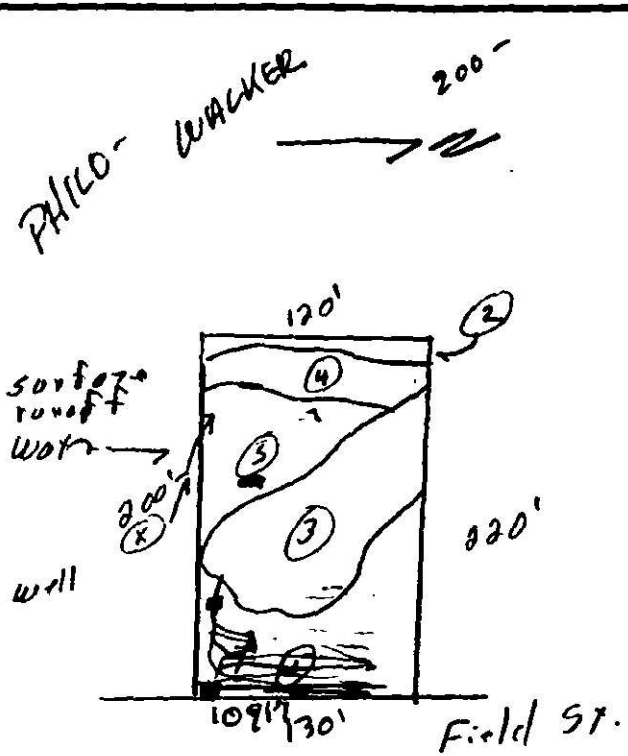
Subdivision:

Lot: 3 **Block:** **Acres:** Approx .6

Owner: Iris Lathe
Address: 9100 Harrisburg Rd.
Charlotte, NC 28215

Comments: _____

Described by: William A. Meeks
Date: 2-14-90



••• EVALUATION KEY •••
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) Depression	S PS (U) complex slope	(S) PS U 2-8%	(S) PS U 2-10%	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS (U) Mixed 2:1	S (PS) U Clay	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S (PS) U Blocky	S PS U
Drainage	S (PS) U 7.5 36" to water	S PS U —	S PS U —	S (PS) U 7.5 36" to water	S (PS) U 7.5 36" to water	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S (PS) U 30"+	S PS (U) 26-30"	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S (PS) U >36"	S (PS) U >36"	S PS U
Available Space	S PS (U) Agricultural	S PS U —	S PS U	S PS (U) Agricultural	S PS (U)	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Hilo	Depression	complex slope-Depression	Vance-like Eroded Clay	IV Pacolet-Lilo	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

(OFFICE USE ONLY)
FILE: 19946
TC:
SERIAL: No 20314 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11917 (STREET NO) FIELD (STREET) ST ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: PD 007 072 31
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: IRIS (FIRST) C (MIDDLE) LATHE (LAST)
⑨ MAILING ADDRESS: 9100 HARRISBURG RD
⑩ CITY: CHARLOTTE, N.C. ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) ⑭ (HOME) 537 8943

REQUEST

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 ㉓ Type?
㉔ Maximum occupancy? 3 ㉕ Maximum number of employees?
㉖ 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: Iris C Lathe
Date: 20 Feb 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 previsions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by the Department.

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

Lift station required. LPP repair area

Philip A. Walker, 3/12/90
Environmentalist Date

Director or Authorized Section Head 3-13-90
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: 2-20-90

Name/Company: County Services

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp Plumb - Rem
1417 Enid St.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID File # 14946

FEB 20 1990

Fee: $ 200.00

CK # 1963
$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.

Fire Station #4

Completed by

Collected by

PROPOSED PLOT PLAN

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

FILE: 19946

TC: PO. 007 - 012 - 31

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.

LPP Repair Area

Area 5

60' LPP lines

1500 SF Septic Tank 1200 Gal.

1000 Lift Station

Lift station required

5 Trenches x 80' long

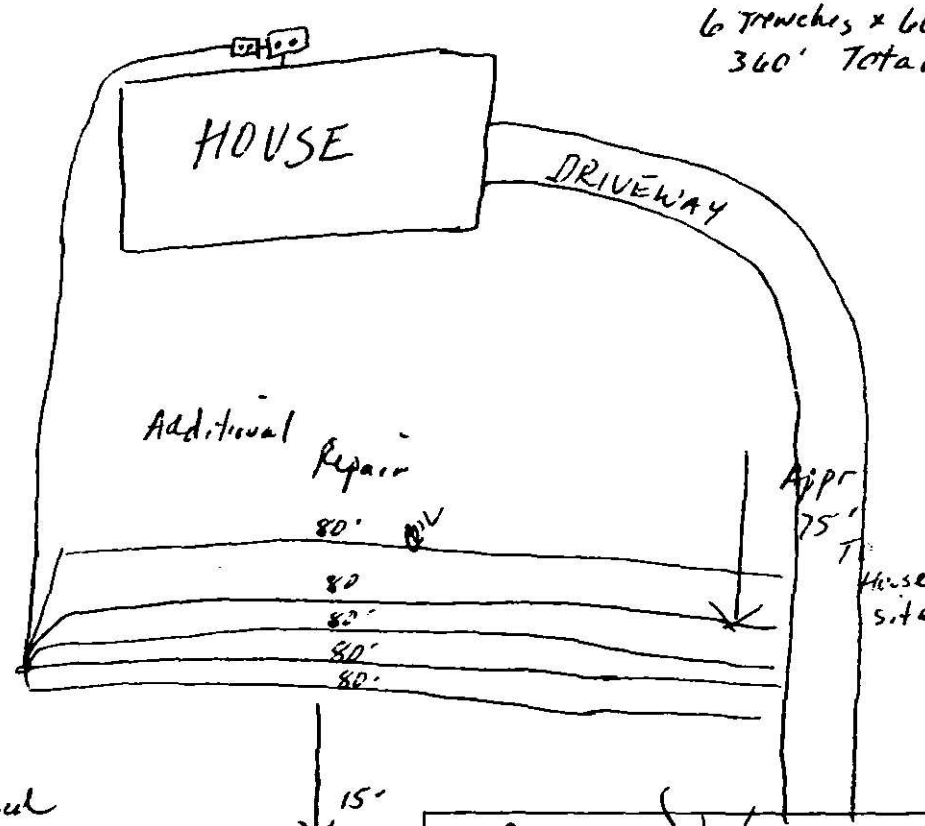
400' Total

Repair Area

Low Pressure Pipe System

6 Trenches x 60' long

360' Total



Approved 3/12/90

Signed:

Date: 12 Mar 90

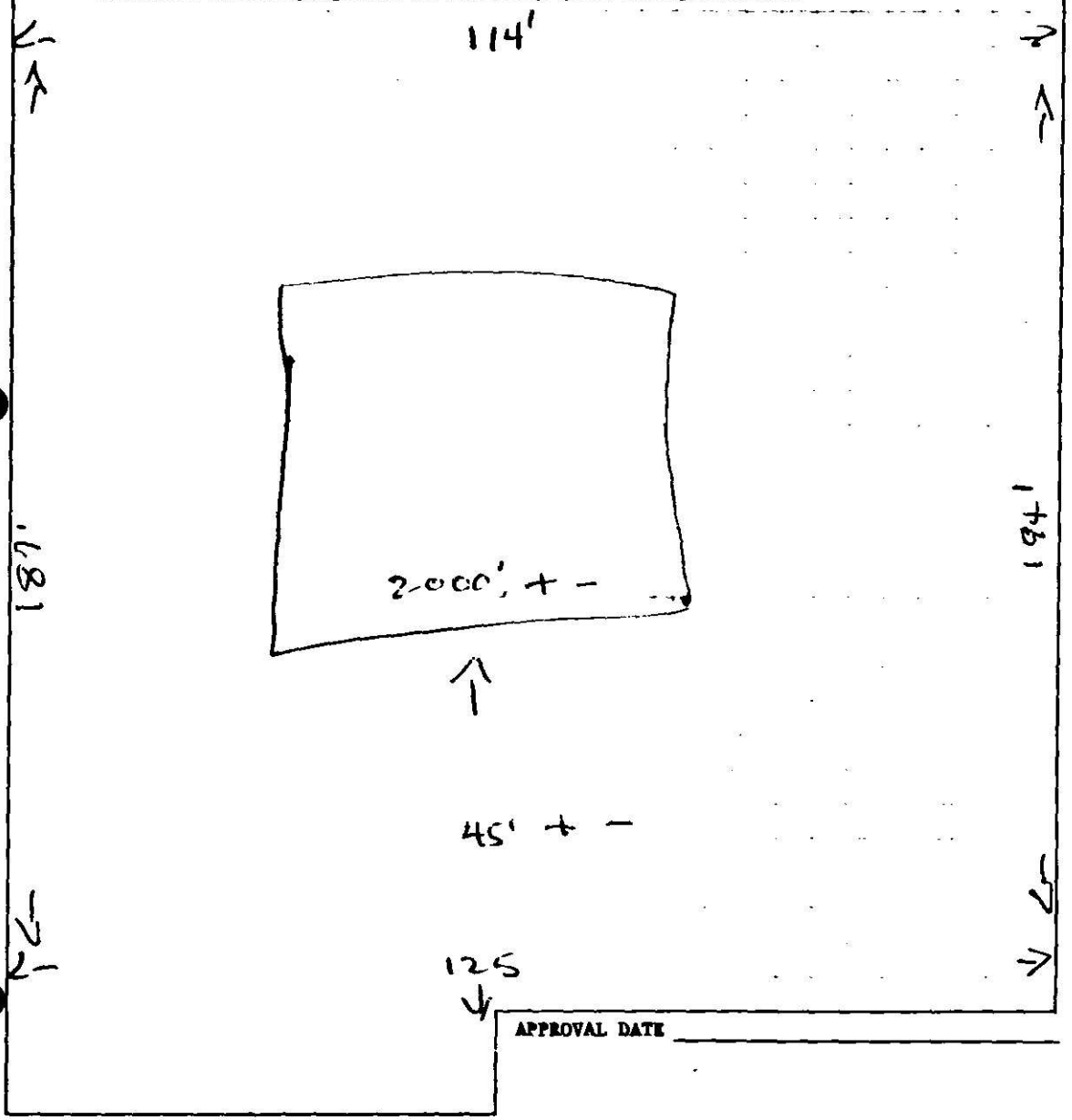
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 19946

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

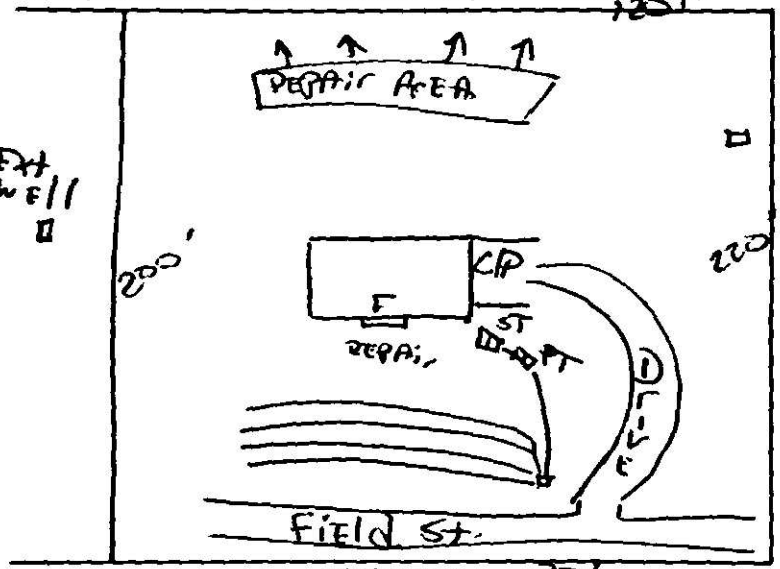
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19946 DATE: 5/29/90

TC: 207 072 31 01

SERIAL № 12810

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 2/20/90. All work shall be completed on or before 6/29/90, 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 Department of Environmental Health 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4/5

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 150 feet

cont. # 3

NAME OF OWNER Iris C. Lathe

LOCATION OF PROPERTY 11917 Field St.

Comments: 3 bedrm. (4) 3'x100'x12" G, Straw. Or (5) 3'x80'x12" G.

Division or Section Head

Tim Whitaker, R.S.
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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19946 DATE: 6/1/90

TC: 007-072 31 ☐ L ☐ CRT

SERIAL № 13250

Name of Owner Iris C Lathe Juris.:

Address of Property 1917 Field St.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source P/W Well

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected Installed

PLOT

Design: 1500 SF, 1000 PT, 3 BR CON, 1200 SFT, 12" 6 CECIL CTR# 3

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: 3 bedrm. (4) 3' x 1.2' x 12" G, Liberty pump ½ hrs. straw

Tim Whittaker, R.S.
Environmentalist

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