

6404 OLD PLANK RD

03513208

5/29/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: DOUG WILLIAMS TELECOPIER # 588-4364

8830 FERGUSON RD

FROM: J. ANDREW WALKER DATE 9-4-98

MECK. CO. HEALTH DEPT

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4987-A DATE: 12-5-88
PO
TC: 139-222-06 ☐ L ☑ CRT
SERIAL № 11593

Name of Owner Iris Ferguson Juris.:
Address of Property 8830 Ferguson Rd.

Inspection Data:

Tank Material PVC
Total Length of Drainfield 270'
Number of Lines 3 @ 90'
Cover Depth 18"-32"
Water Supply Source well
Distance to Water Source > 50'
Excavation Inspected 12-5-88
Tank(s) Inspected 12-5-88
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1988, 1500ST, con, 810SFT, 12G, cecil CTR# 79

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: Installed for 2 bedrooms

B. R. Ferguson
Environmentalist

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

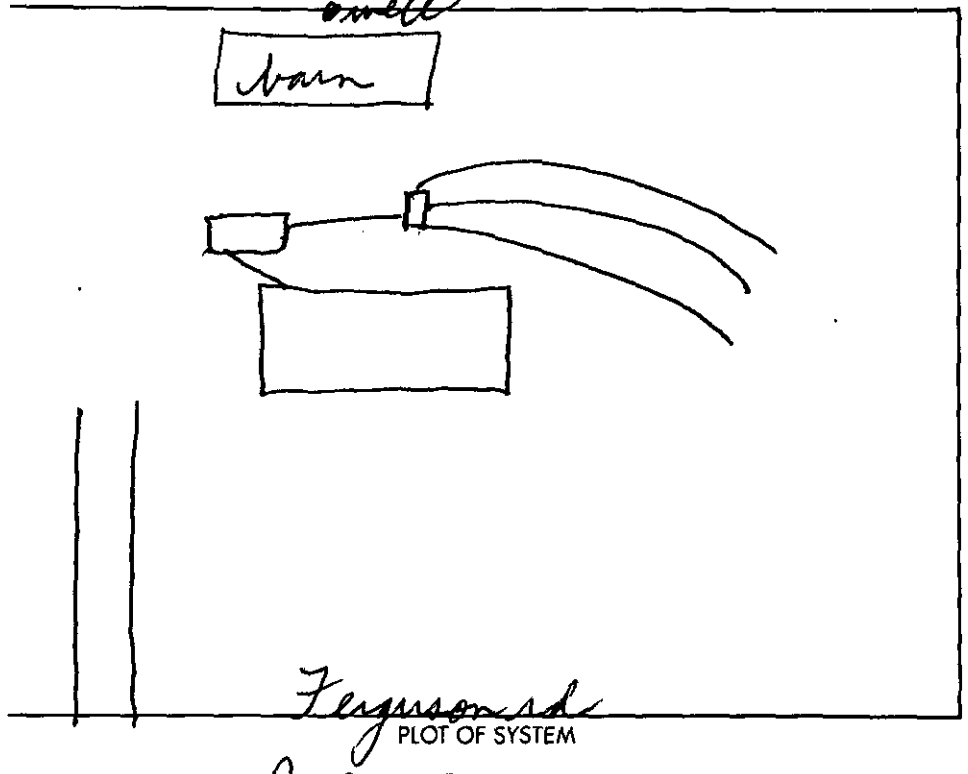
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4987-A DATE: 11-30-88
PO
TC: 139-222-06 ☐ L
SERIAL № 12303

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 9-20-88. All work shall be completed on or before 12-30-88, 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 _____ gallons
Tank Construction Rcc

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 270 feet
Number of Lines 3
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well >50 feet

NAME OF OWNER Iris Ferguson
LOCATION OF PROPERTY 8830 Ferguson Rd
Comments: 3 lines 3'X90'X12" stone

Division or Section Head

B.R. Ferguson
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

Mecklenburg County
Health Department

MEMORANDUM

TO: Susan Latimer

FROM: Sylvia D. Daniel, R.S.
Program Chief

DATE: April 15, 1991

SUBJECT: Refund on 8830 Ferguson Road, Charlotte, N.C.

FILE NO: 4987A

Please issue a refund in the amount $100.00 for an Improvements Permit at 8830 Ferguson Road, Charlotte, N.C. The existing system did not have to be altered. Please make refund payable to the following address:

Irs D. Ferguson
8830 Ferguson Road
Charlotte, North Carolina 28227

Thank you for your prompt attention to this matter.

lw

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

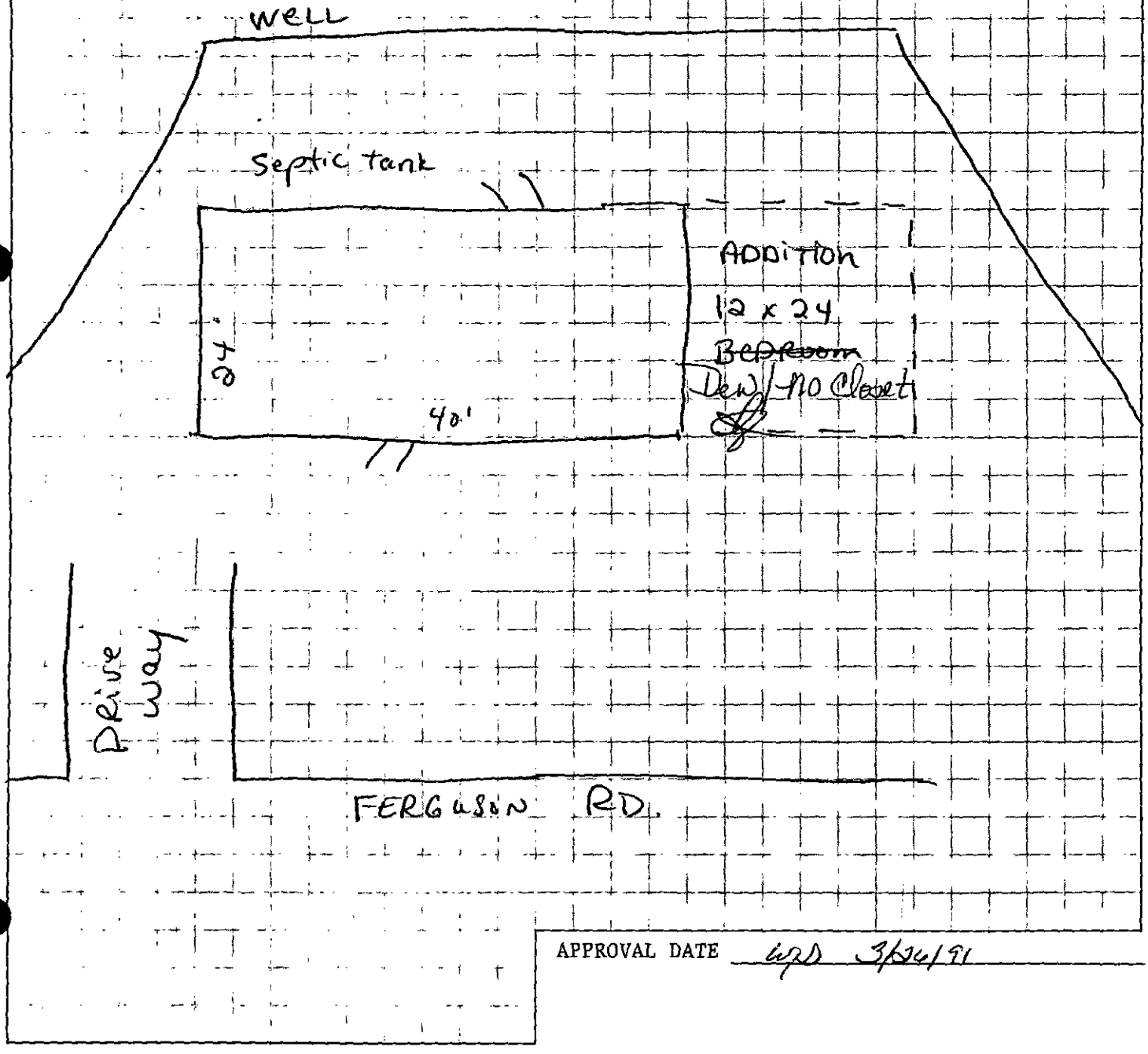
PROPOSED PLOT PLAN

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

FILE: 4987A

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 GJD 3/26/91

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

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: 4987A
TC: _____
SERIAL: № 21776
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 8830 (STREET NO.) Ferguson Rd. (STREET) Charlotte ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 139-222-42
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Iris (FIRST) D (MIDDLE) Ferguson (LAST)
⑨ MAILING ADDRESS: 8830 Ferguson Rd.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 336-2564 ⑭ (HOME) 573-0709

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Dem/no Closet of Bedroom

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 2
㉕ Type? _____
㉓ Maximum occupancy? 5
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: Iris P. Ferguson
Date: 3/20/91

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 ~~24~~ 60 months from the date of issuance.

Environmentalist — 3/26/91 Date

Director or Authorized Section Head — 3/26/91 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: 3-20-91

Name/Company: Ira D Ferguson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Inp. (Bedroom add.)
3330 Ferguson Rd.
T.P. 139-22-42
Rec. 4987A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 20 1991

Fee: $~~15.00~~ 125.00 CK#13259

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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 4987A

TC: 139-222-06 P.D.

SERIAL: № 12991 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8830 (STREET NO.) FERGUSON RD. (STREET) CHARLOTTE, N.C. 28212 ② FILE: —

③ JURISDICTION: MECK. Co. ④ TAX PARCEL NO.: 139-222-06 P.D.

⑤ SUBDIVISION: — ⑥ LOT: — ⑦ BLOCK: —

OWNER

⑧ NAME: IRIS (FIRST) D. (MIDDLE) FERGUSON (LAST)

⑨ MAILING ADDRESS: 8930 FERGUSON RD.

⑩ CITY: CHARLOTTE, ⑪ STATE: N.C. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 704-545-3432 ⑭ (HOME) 704-

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? 2 ㉕ Type? —

㉓ Maximum occupancy? 3 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Iris D. Ferguson

Date: 9-20-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

B R Ferguson — Environmentalist — 9-21-88 Date

S R Cobb — Director or Authorized Section Head — 9-22-88 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/20/88

Name/Company Jim Hatter Homes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Irr/Inst
4987H

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 20 1988

Fee: $ 150 — ck#1623 #150.00

Completed by

Collected by

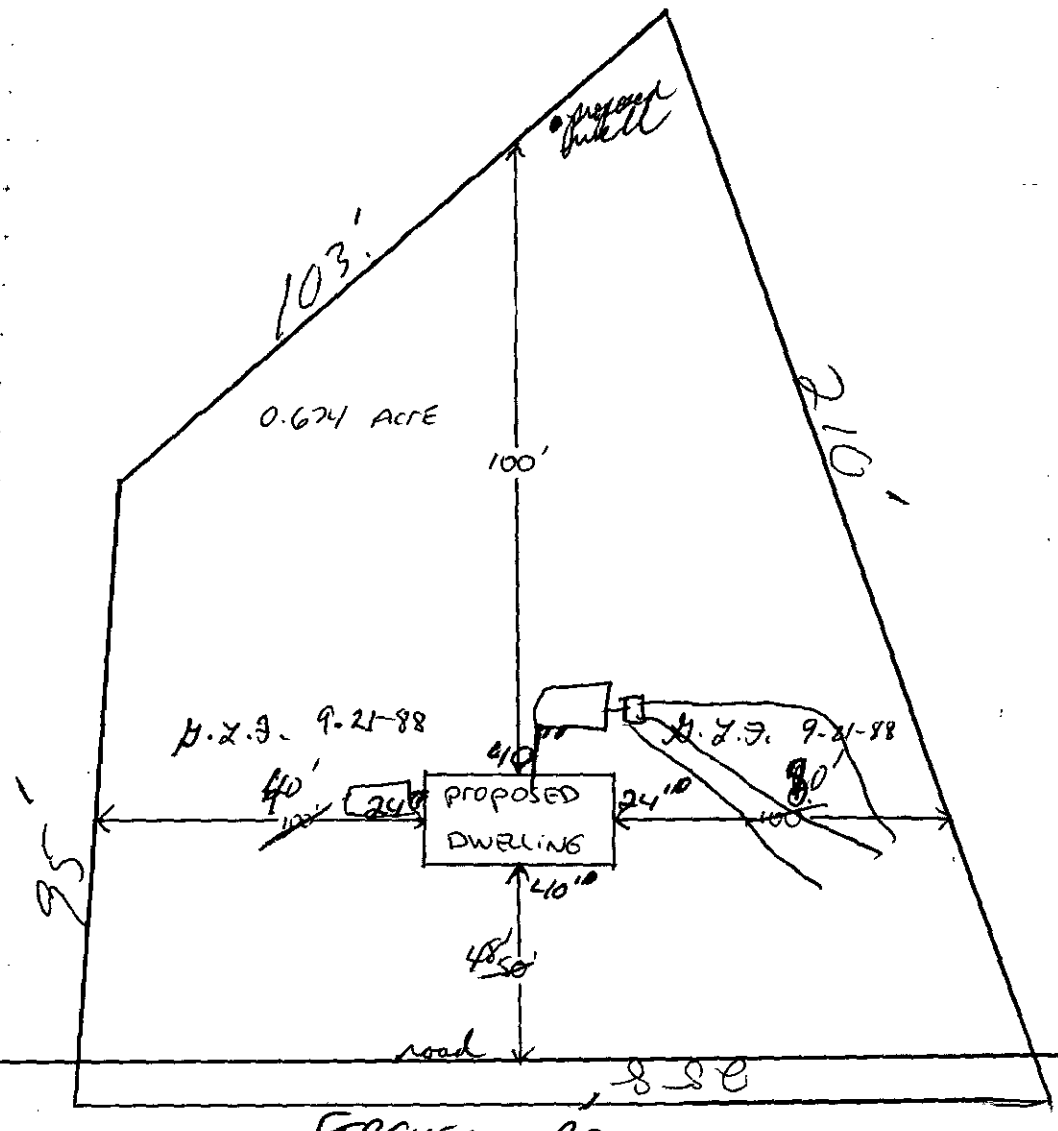
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: _____

TC: 139-222-06

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.



Signed: Lisa D. Ferguson

Date: 9-20-88

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

September 19th, 1988

Iris D. Ferguson
8930 Ferguson Road
Charlotte, NC 28212

RE: Property located at Ferguson Road
FILE: 4987A
PARCEL: 13922206 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15610) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15610

File: 4987A

Parcel: 13922206 PO

Action 4

☐ PC

Location: Ferguson Road

Subdivision:

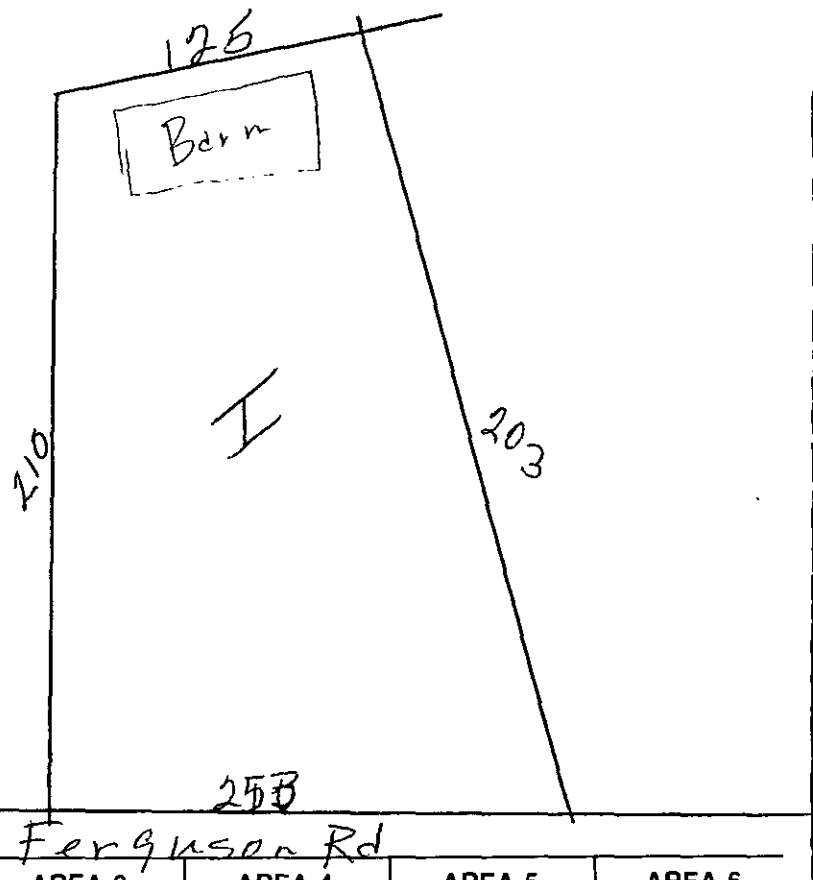
Lot: Block: Acres:

Owner: Iris D. Ferguson
Address: 8930 Ferguson Road
Charlotte, NC 28212

Comments:

Described by: W. B. Ramsey

Date: 7-12-88



***** 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 — 6	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-42	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	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	IVc Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4987A

TC: 139 - 222 - 06 P.O.

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: FERGUSON RD. CHARLOTTE, N.C. 28212

② SUBDIVISION: N/A ③ LOT: N/A ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: ~~TO BE RECORDED~~ 139 PAGE NO.: ~~TO BE RECORDED~~ 222 PARCEL NO.: ~~139-222-06~~ 06 P.O.

⑥ DEED REFERENCE: BOOK NO.: TO BE RECORDED PAGE NO.: TO BE RECORDED
PREVIOUS OWNER BOOK 2689 PAGE 21 IN THE NAME OF: LOUISE R. FERGUSON

OWNER

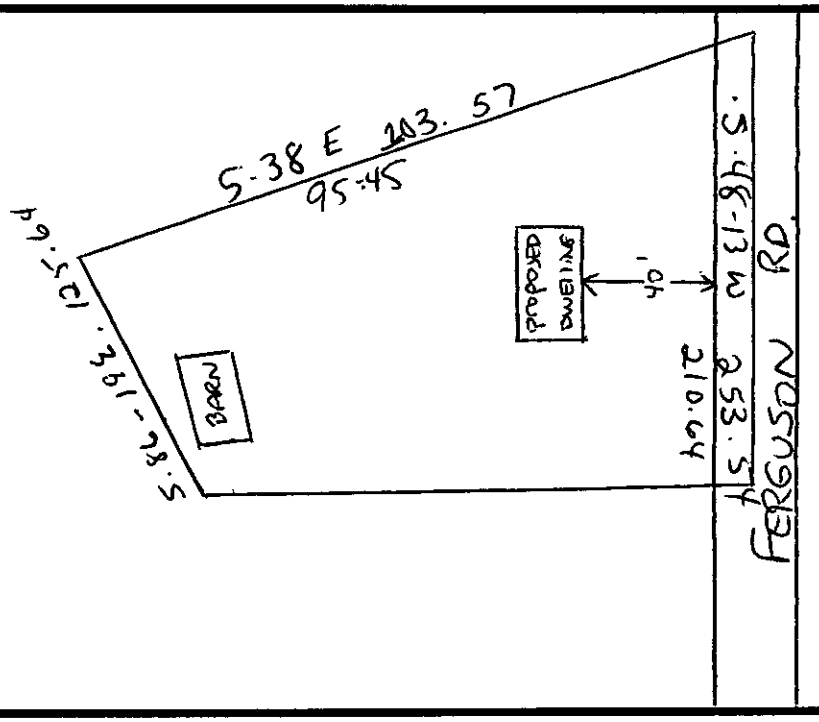
⑦ NAME: "IRIS" (FIRST) FERGUSON D. (MIDDLE) FERGUSON (LAST)

⑧ MAILING ADDRESS: 8930 FERGUSON RD.

⑨ CITY: CHARLOTTE, ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 704-545-3432 (HOME) 704-545-3432

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Iris D. Ferguson

Date: SEPTEMBER 6, 1988

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/6/88

Name/Company Jim Walter Homes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
#49877

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 6 1988

Fee: $30 —

CK#16168
30.00
P. Karres

Completed by

P. Karres
Collected by

DATE: SEP 6, 1988

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER 139-222-06-P.O.

ASSIGNED ADDRESS 8900 FERGUSON RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☑	☐ *
3. EROSION CONTROL REGULATIONS	☑	☐ *
4. COMMERCIAL DRAINAGE PLAN	☑	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☑
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: SF HOME

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: RTW

OPWEAR 02/86