

8830 FERGUSON RD

13922242

5/29/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PE 50° cut 75' 6/14/94 NK ☐ CRT

4986A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: THOMPSON (last) PORT (first) M. (mi)
ADDRESS: 6404 OLD PLANK RD PHONE: (__) 399-5129
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

Date: 6-14-94

PROPERTY OWNER:
NAME: THOMPSON (last) PORT (first) M. (mi)
ADDRESS: 6404 OLD PLANK RD PHONE: (__) 399-5129
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 035-132-05
STREET ADDRESS: 6404 Old Plank Rd.
ZONING:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
(1) 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
(1) ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DETACHED
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) (1) MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
(1) Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the 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: Port M Thompson Date: 6-14-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...Use existing system (No plumbing)

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phillip A. Walker 6/15/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

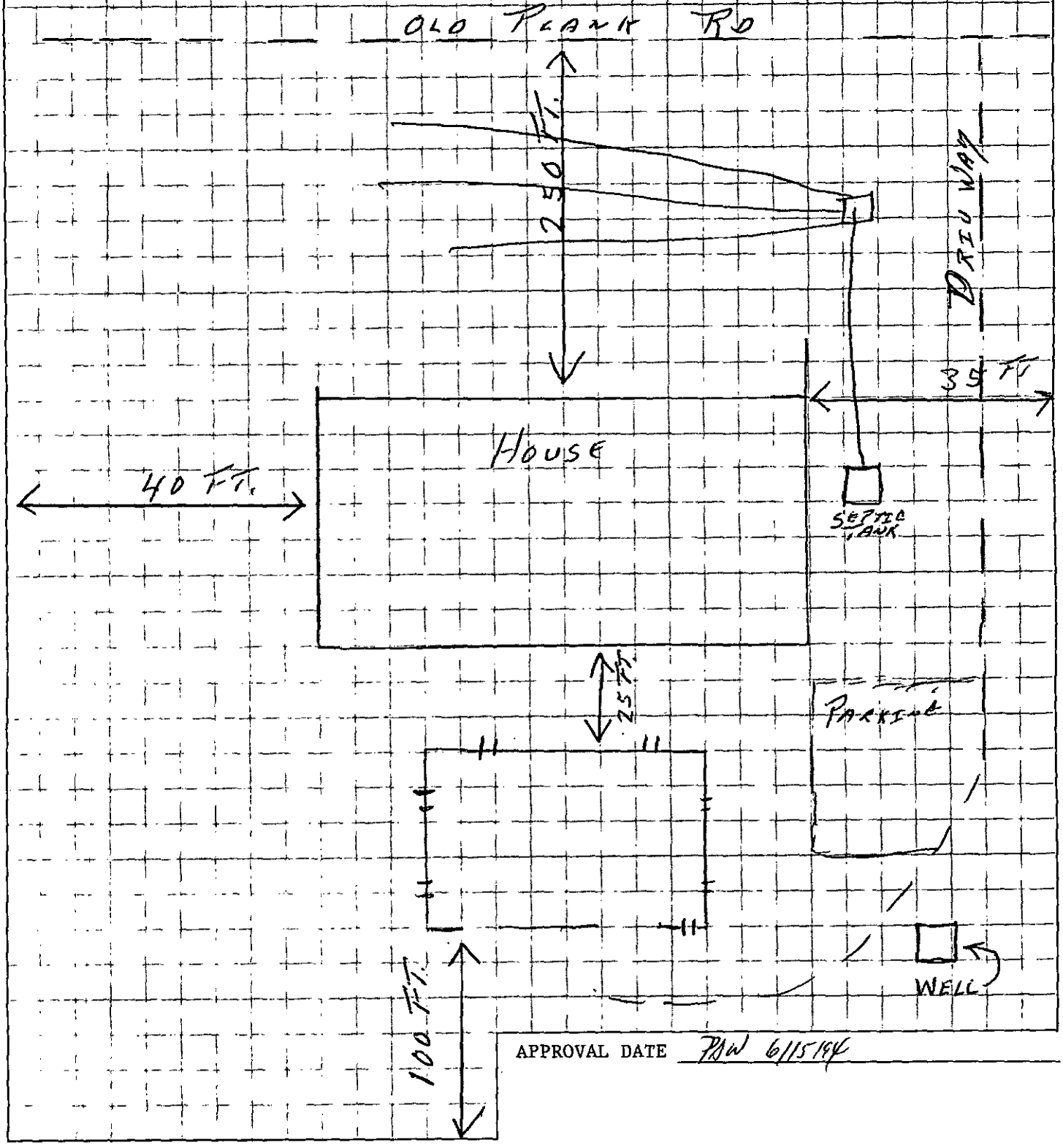
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4986A

TC: 035-13-08

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 PAW 6/15/94

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

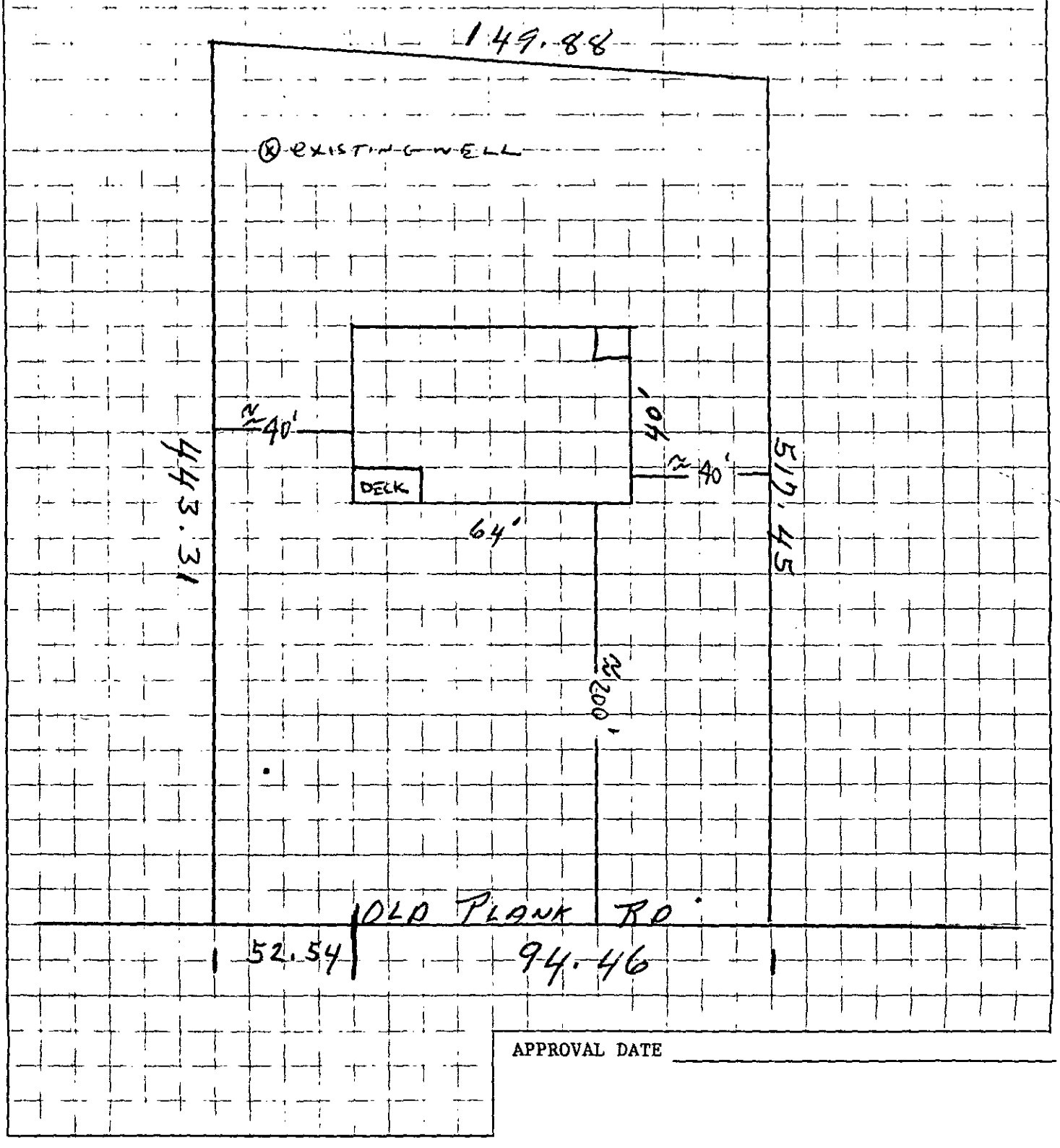
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4986A.

TC: 035-132-06 PO

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4986A DATE: 11/16/92

TC: 035 132 0610 ☒ L ☐ CRT

SERIAL № 12389

Name of Owner Port Thompson Juris.:

Address of Property 6404 Old Plank Rd

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 11/16/92

Tank(s) Inspected 11/16/92

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design: 1992, 1500 ST, CON, 1200 SFT, 12" stone CON CTR# Jack Stewart

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 house
TYPE II

Phil A Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

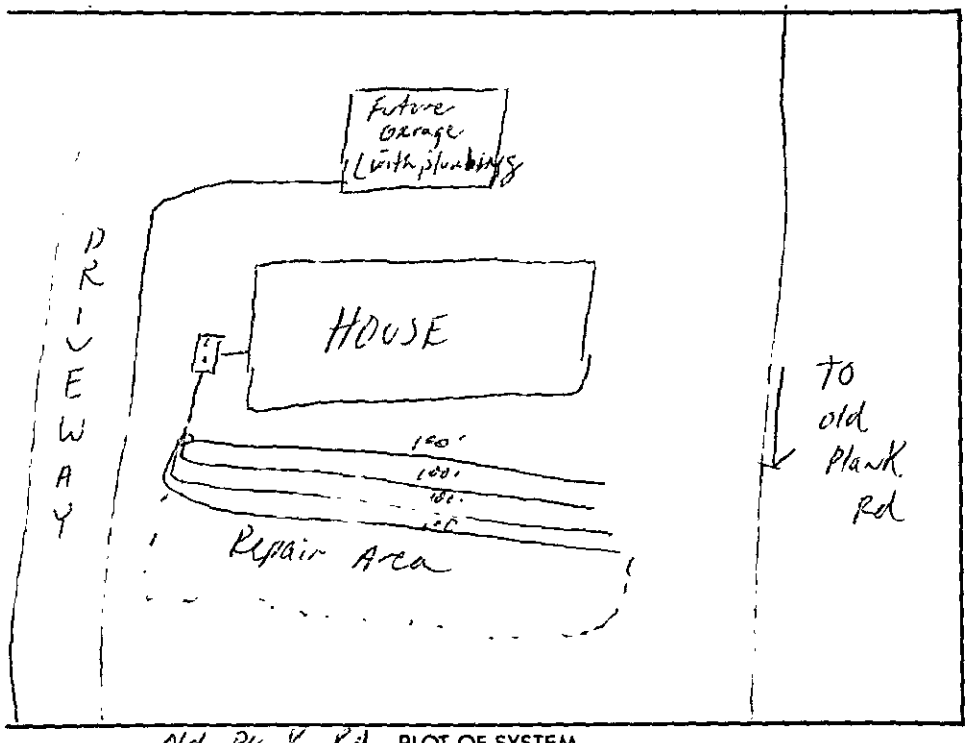
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4986 A DATE: 11/9/92

TC: 035 132 06 Po ☐ L

SERIAL Nº 13510

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 10/5/92. All work shall be completed on or before 12/9/92, 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.



Old Plank Rd PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Port Thompson

LOCATION OF PROPERTY 6404 Old Plank Rd

Comments: 4 lines x 100' long x 3' wd x 12" stone | Keep lines on contour of land | Keep septic system >100 from shared well

Kelly Rudd
Division or Section Head

Phillip A Walker 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 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.

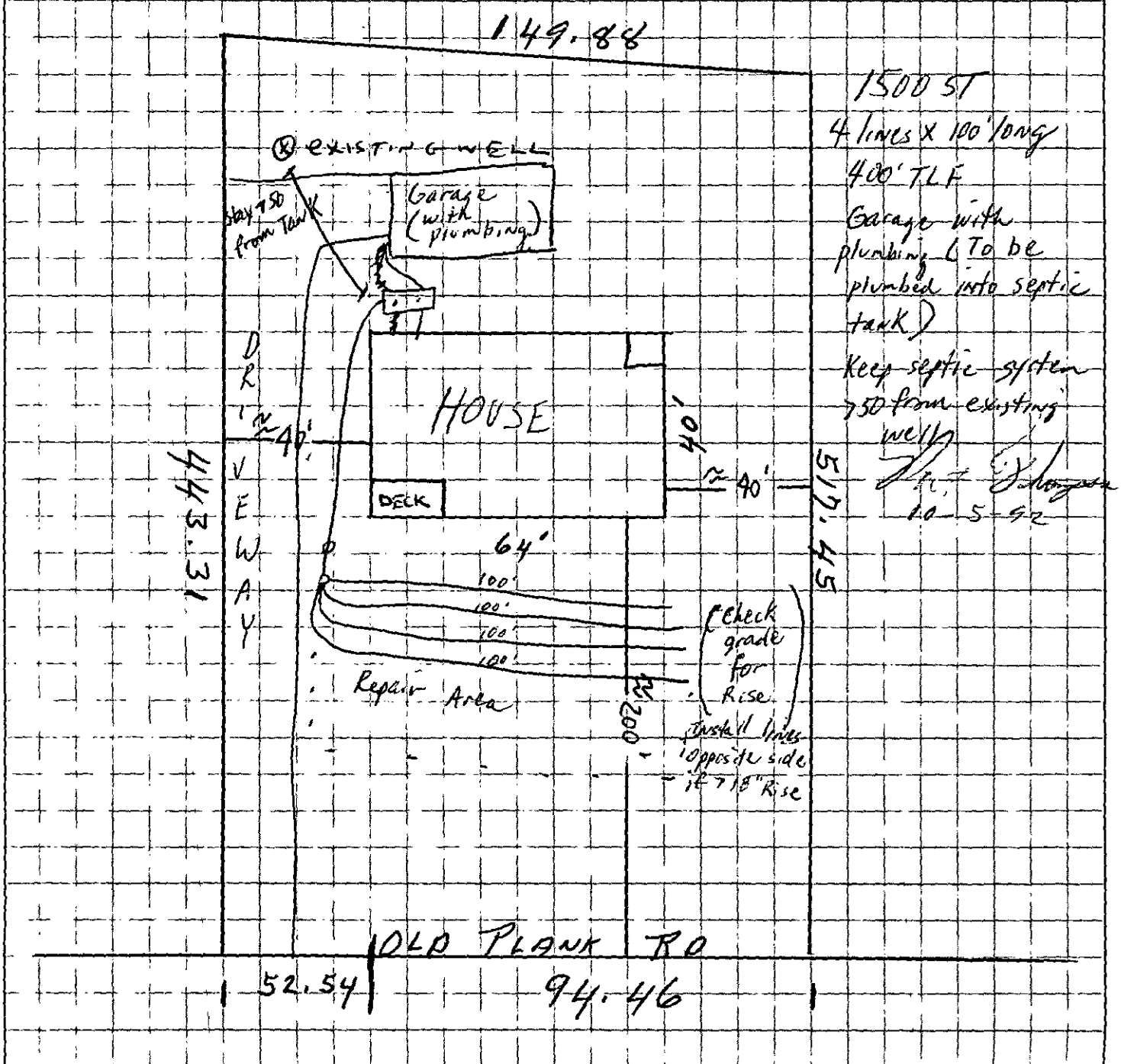
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4986A.

TC: 035-132-06 PO

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 AW 10/5/92

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

W400 LM

file #4986A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 20 9/25 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Thompson (last) Pert (first) M. (mi)
ADDRESS: 6404 old Plank R. PHONE: 704 399-5179
CITY: Charlotte N.C STATE: ZIPCODE: 28216

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 035 - 132 - 06
STREET ADDRESS: 6404 Old Plank Rd.
ZONING:

PROPERTY OWNER:
NAME: Thompson (last) Pert (first) M. (mi)
ADDRESS: 6404 old Plank Rd PHONE: 704 399-5179
CITY: Charlotte STATE: N.C ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P) EXISTING

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [ ] Storage Building [X] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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: Pat M. Thompson Date: 9-25-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo S. Walker R.S. 10/5/92
Environmentalist Date

Kelly Rowell 10-6-92
Director or Authorized Section Head Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 12/1/88

Name/Company Keith Thompson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Insp/Inst
4986A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 1 1988

Fee: $ 150

CR# 4951
$150.00

Completed by

Collected by

PROPOSED PLOT PLAN

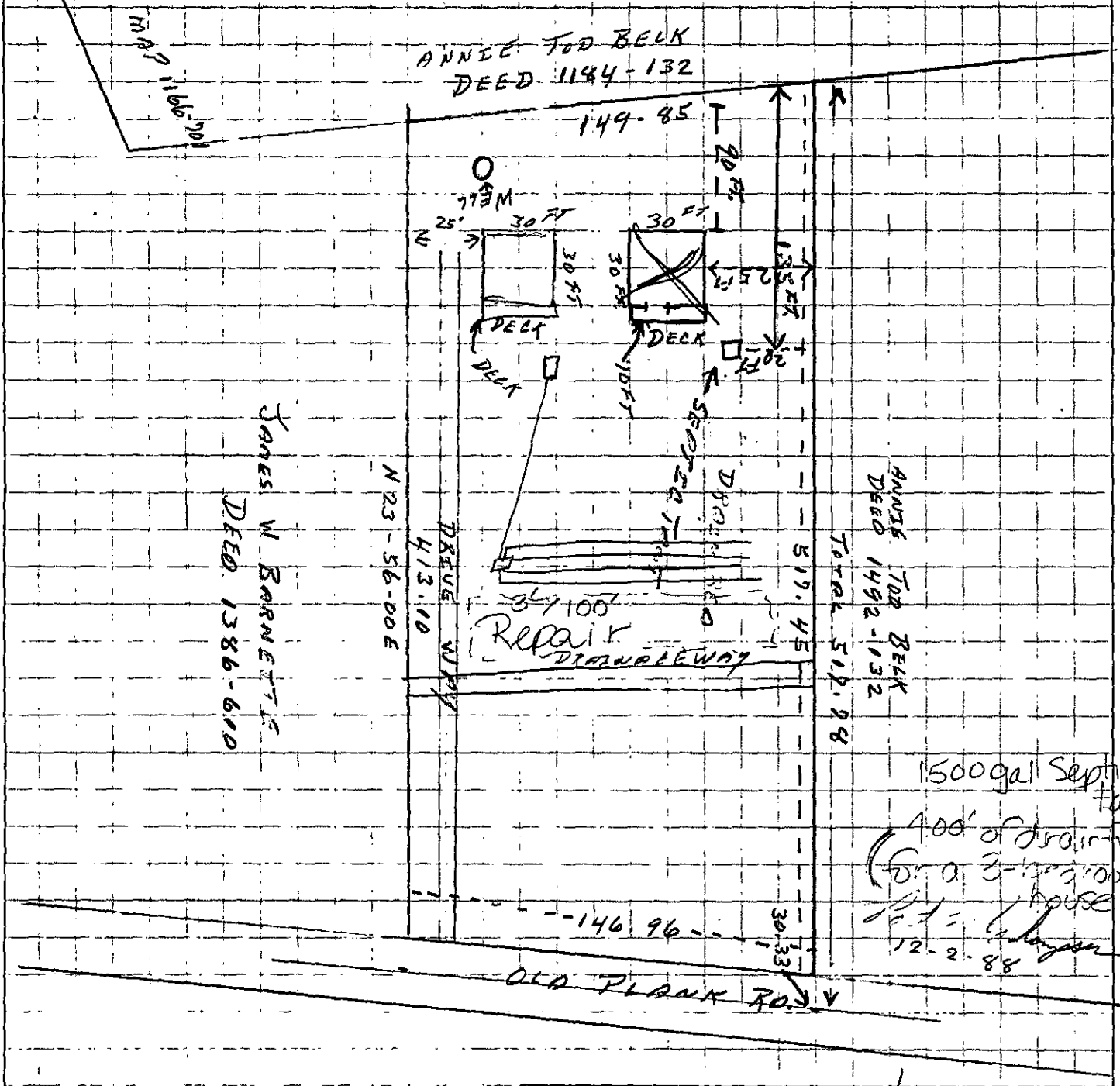
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

FILE: _____

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.



Signed: Lot M. Longaker

Date: 12-1-86

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: 4986A
TC: 035-132-03P0
SERIAL: № 17363 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6404 (STREET NO.) PLANK RD. (STREET) ② FILE:
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: PORT (FIRST) McDONALD (MIDDLE) THOMPSON (LAST)
⑨ MAILING ADDRESS: 6415 PLANK RD.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) 831-3589 ⑭ (HOME) 399-5179

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 1 ㉕ Type?
㉓ Maximum occupancy? 2 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: Pat M. Thompson

Date: 12-1-88

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.

Environmentalist / Date

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.

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: 4926H
TC: 025-132-0800 PD 150
SERIAL: 17363 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: [redacted] Farm Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: [redacted] ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: [redacted] (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: [redacted]
⑩ CITY: [redacted] ⑪ STATE: [redacted] ⑫ ZIP:
⑬ PHONE: (WORK) [redacted] ⑭ (HOME)

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 1
㉕ Type?
㉓ Maximum occupancy? 2
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 on the property for the purpose of processing this request.

Signed: [redacted]

Date: 12-1-88

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.

POK KJ — Environmentalist — 12/2/88 Date

S R Davis — Director or Authorized Section Head — 12/6/88 Date

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

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

6100

DATE 11/29/88

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

035-132-03p0
PARCEL NUMBER

6404 Old Plank Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS		APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS		APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS		APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN		APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE		YES	NO
7.	DRIVEWAY PERMIT REQUIRED		YES	NO

REMARKS: Detached Garage/apt.

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

7/7/88
ALL OTHER FORMS OBSOLETE

☑ NEW ADDRESS

SIGNED: [signature]

Mecklenburg County
Health Department

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

September 28th, 1988

Annie T. Belk
6400 Old Plank Road
Charlotte, NC 28216

RE: Property located at Old Plank Road
FILE: 4986A
PARCEL: 03513206 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. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15609) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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 to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel

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

Enclosure

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

ECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15609

File: 4986A Action 1

Parcel: 03513206 PO ☐ PC

Location: Old Plank Road

Subdivision:

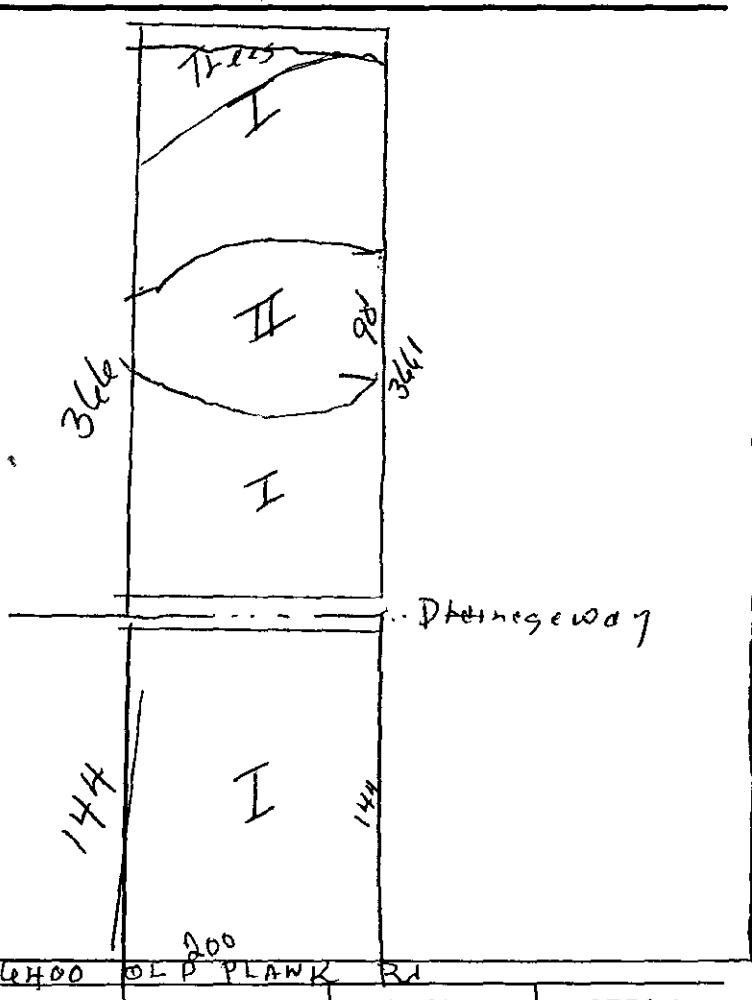
Lot: Block: Acres: 2

Owner: Annie T. Belk
Address: 6400 Old Plank Road
Charlotte, NC 28216

Comments: _____

Described by: W. B. Ramsey

Date: 9-27-88



*** 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 2-4	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U) 2-Clay	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 36-42	S PS (U) 26-30	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	IVa Cecil	IVa Intrusion of Enon				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/2/88

Name/Company Willie Thompson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test - 2 ac.
#4736H

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 2 1988
ck #4780
$60.00

Fee: $ 60.00

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 4986A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6400 Old Plank Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 035 PAGE NO.: 13 PARCEL NO.: pt 7. 035-132-06

⑥ DEED REFERENCE: BOOK NO.: 1386 PAGE NO.: 610

OWNER

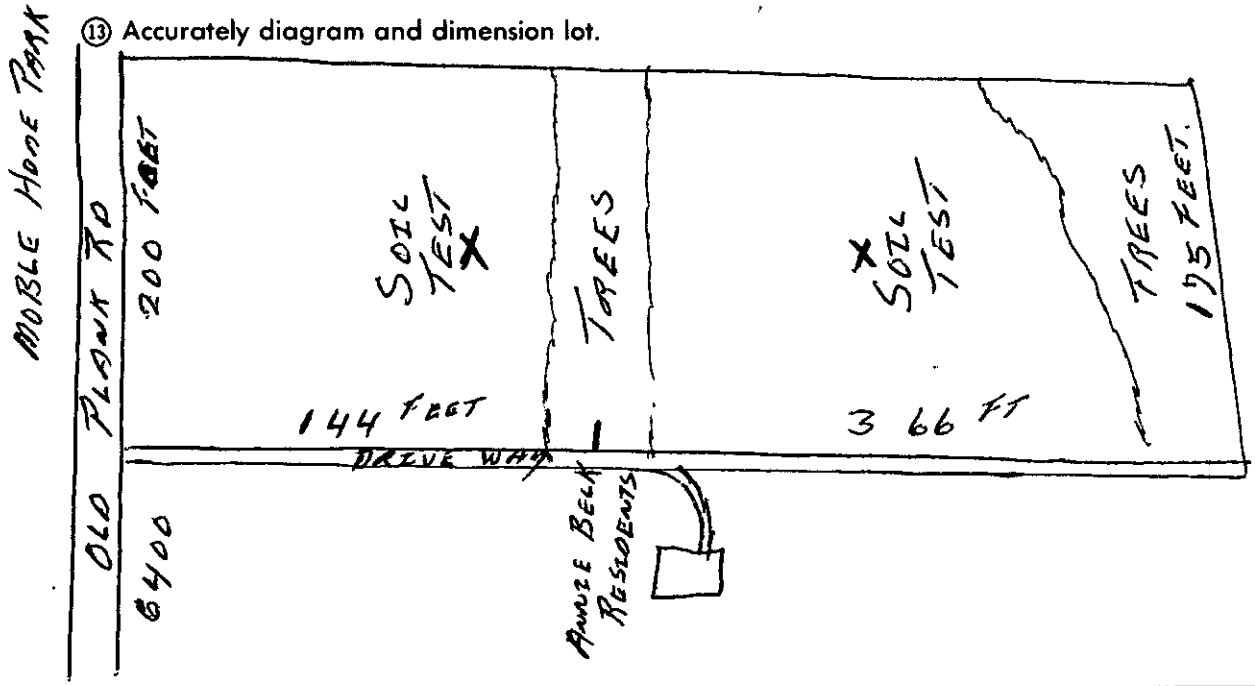
⑦ NAME: Annie T. Belk
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6400 Old Plank Rd

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28216

⑫ PHONE: (~~WORK~~) 399-6203 (HOME) 399-6203

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: Annie T. Belk

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

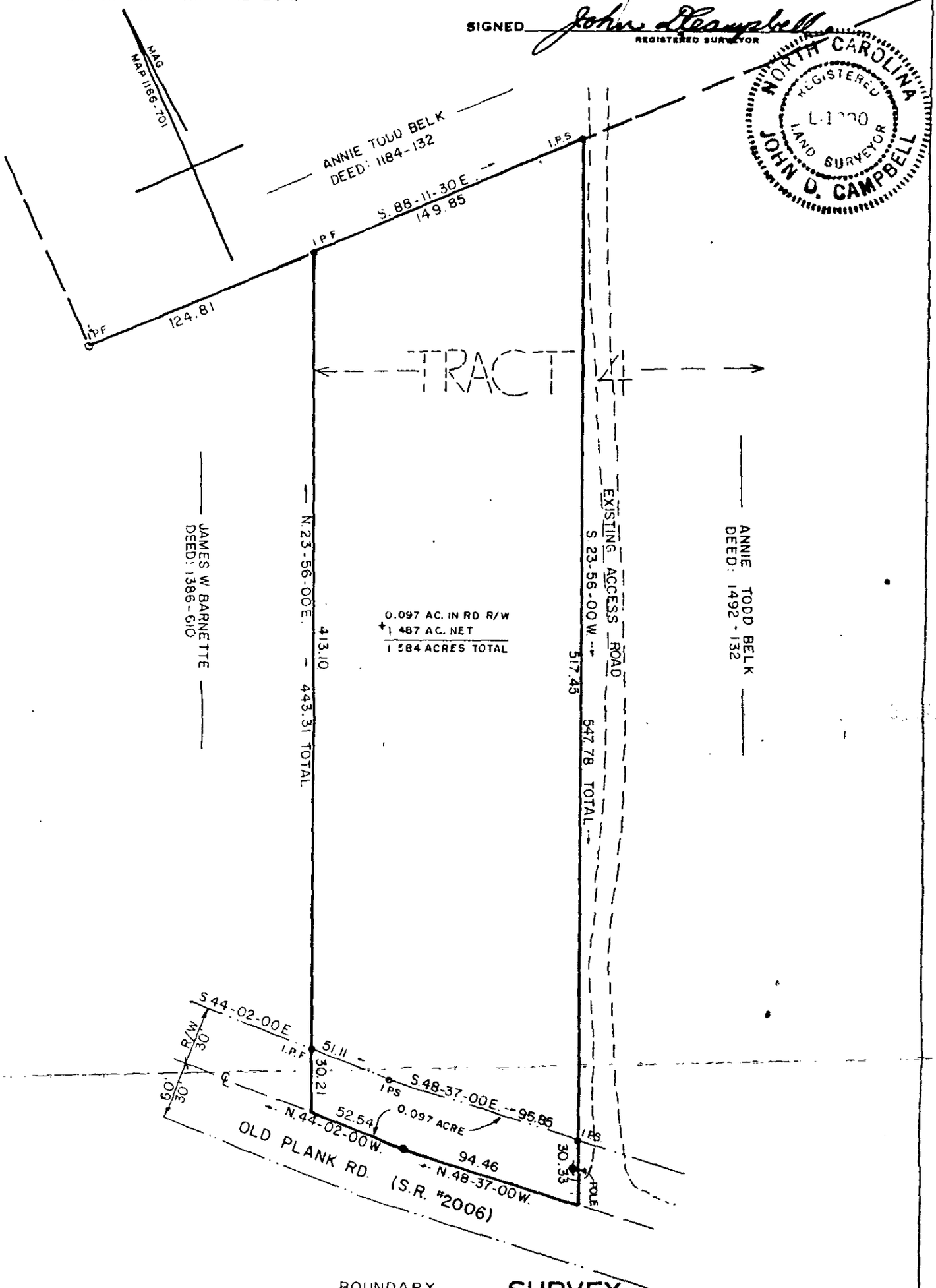
Date: 9-2-1988

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

THIS IS TO CERTIFY THAT ON THE 21st DAY OF SEPTEMBER 19 88 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED John D Campbell
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED L-1[illegible] LAND SURVEYOR JOHN D. CAMPBELL



BOUNDARY SURVEY OF

A 1.584 PORTION OF ANNIE TODD BELK PROPERTY (PART OF TR. 4 OF R.W. TODD ESTATE)

PAW CREEK TOWNSHIP, MECKLENBURG COUNTY, N.C.

SURVEY FOR PORT M. THOMPSON AND WIFE PATSY J. THOMPSON

MAP RECORDED IN BOOK 1166 AT PAGE 701 DEED RECORDED IN BOOK PAGE

SCALE 1" = 60' DRAWN BY CINDI FIELD WORK R.F.B. FIELD BOOK # 592 W.O.

PARCEL I.D. NO. 035-132-03

I.R.F. = IRON PIN FOUND I.P.S. = IRON PIN SET