

9908 NEWELL-HICKORY GROVE RD

10534105

6/14/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department** 9908 Newell Hickory Grove Rd., 28213 **Location**	Structural Integrity Associates, Inc. **Name of Establishment** 15-Employee Office **Type of Establishment** Same as location address **Address**	6427A **Permit/Project No.** 375 GPD **Design Flow** (704) 597-5554 **Phone**
Angela Kimball **Owner/Agent** N/A **Operator** IIIb **System Type**	N/A **Address** 5/23/2005 **Date of Inspection**	N/A **Phone** May 2010 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured >8" of solids in pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.b. High water alarm not
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	functioning.
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Conduit in tank not sealed.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No sewage observed on ground surface at time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump both tanks (septic & pump) to remove excess solids.
2. Repair high water alarm.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

1. Place duct seal in both ends of electircal conduit between tank and control panel. This will prevent corrosion inside the control panel.

DATE: 5/24/2005

SIGNED: _____ AGENT

Division of Environmental Health

Structural Integrity Associates, Inc.

JKA 4/15/05
RCVD 85 CO
Money order

9908 Newell Hickory Grove Road
Charlotte, NC 28213

Phone: 704-597-5554
Fax: 704-597-0335
www.structint.com

AAK-05-020

4/13/05

Trevor Thomason
Managed Systems Program Coordinator
Mecklenburg County Health Dept.
700 North Tryon Street Ste. 211
Charlotte, NC 28202

RE: MCHD File # 6427A 9908 Newell Hickory Grove Road Charlotte 28213

Dear Mr. Thomason,

Attached you will find a money order (SN#08476880681) in the amount of $85.00 for the Type IIb Septic system inspection per your letter dated 3/31/05. Please update your records with a corrected contact address of 9908 Newell Hickory Grove Road, Charlotte, NC 28213, Attention- Angela Kimball or Lawrence Nottingham.

Should you have any questions please feel free to call Larry or myself.

Sincerely,

Angela Kimball
East Coast Administrator

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 64 22A DATE: 5-5-00

TC: 105-013-09 ☒ L ☐ CRT

SERIAL Nº 17623 (10)

Name of Owner EAGLE ELECTRIC CO. / ANDREW MCKEE Juris.:

Address of Property 9908 NEWELL-HICKORY GROVE ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 416'

Number of Lines 4 @ 104'

Cover Depth 12" SOIL

Water Supply Source MUNICIPAL

Distance to Water Source >10'

Excavation Inspected 5-5-00

Tank(s) Inspected 5-5-00

Wash Line Inspected

High Water Alarm Inspected 5-5-00

5-9-00 Recorded as a Type IIIb file.

* SEE PLOT PLAN *

PLOT

Design 1500 ST 1000 DT 1920 SFT PRESSURE MANIFOLD 12G CTR# STEVE RUTTY

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III-B

PUMP IS HYDROMATIC "SHEF" 20

Andrew Walk RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

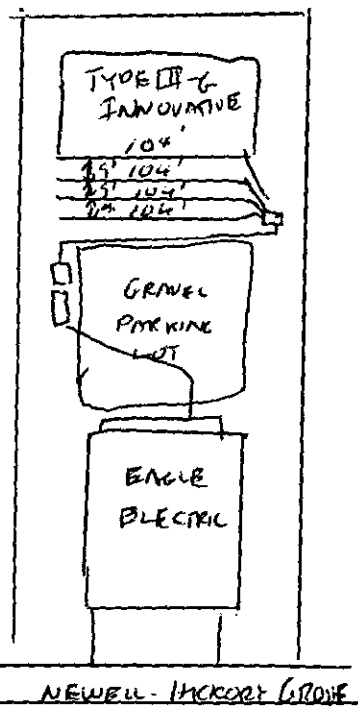
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6427A DATE: 4-7-06

TC: 105-013-09 ☐ L

SERIAL Nº 18392

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous YES

Total Line Length 416' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 25' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER EAGLE ELECTRIC / ANDREW MCKEEN

LOCATION OF PROPERTY 9908 NEWELL-HICKORY GROVE RD.

Comments: (1) REQUIRES PRESSURE MANIFOLD,

(2) REQUIRES TYPE III-G INNOVATIVE REPAIR

(3) WILL REQUIRE INSPECTIONS ONCE EVERY 5 YEARS

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

w acct B31800 Project # 000972146

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/25/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** XCS X

DATE: 3/17/2000 PERMIT NO: 6421A
PARCEL NO: 105-013-09

JOB LOCATION ADDRESS: 9908 NEWELL-HICKORY GROVE ROAD
PROPERTY OWNER: EAGLE ELECTRIC
BUILDING CONTRACTOR: EDISON FOARD
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Andrew Walther DATE: 3-17-2000
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6421A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: (1) REQUIRE AGREEMENT FORMS FOR INNOVATIVE SYSTEM
(2) REQUIRE 5 YEAR MAINTENANCE INSPECTION
(3)

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Douglas Bradley
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 6421A

Tax Number 105-013-09

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	375 Max gallons/day wastewater flow 15 EMPLOYEES @ 25GPD	1250 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
___ Serviced by private well	1500 Gallon septic tank	312 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence 15 EMPLOYEES x 25GPD	1000 Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions (1) AGREEMENT FORMS REQUIRED!!! (2) 5 YEAR MAINTENANCE INSPECTION REQUIRED (3) PRESSURE MANIFOLD REQUIRED.				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1275 Absorption Area (Sq ft) 312 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmer
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 3/17/2000

X Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

2-1-2000 BUILDING PERMIT WAS ISSUED WITHOUT I.P.
ONSITE VISIT REVEALED THERE IS AVAILABLE SPACE
TO INSTALL SYSTEM. I CONTACTED DOUG GARDY
W/ EDISON FORD, INC. @ 304-329-0038 WHO IS
GENERAL CONTRACTOR. I ADVISED HE WOULD HAVE TO
SUBMIT A SET OF PLANS FOR THE PROJECT AND
PAY ALL APPLICABLE FEES BEFORE WE COULD CONTINUE.

D. Wells

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 JUN 09 04:44 PM
BOOK:11346 PAGE:469-472 FEE:$12.00
INSTRUMENT # 2000081295

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 6427A
PARCEL # 105-013-09

The undersigned, E and M Enterprises, LLC by A Douglas Mickler Jerry W Ellenburg, owner of property located at 9908 Newell-Hickory Grove Road, (the "site") and described in an instrument recorded in Book 10487 at Page 492, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

DEBBIE LEO-AMIS

This instrument was prepared by: above A Douglas Mickler

Mail after recording to: 9908 NEWELL HICKORY GROVE RD

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 6th day of June, 19 2000

E & M Enterprises, LLC _____ (SEAL)
~~(Corporate Name)~~

_____ (SEAL)

By: Jerry Ellenburg-Partner _____ (SEAL)
~~President~~

_____ (SEAL)

~~ATTEST~~:
A Douglas Mickler - Partner
~~Secretary~~ ~~Secretary~~

(Corporate Seal)

EIN# 56-2137066

STATE OF NORTH CAROLINA
COUNTY OF Cabarrus

I, Deborah J. Lo-Allis, a Notary Public for said County and State, do hereby certify that A. Douglas Mickler*/ Jerry W. Ellenburg* personally appeared before me this date and acknowledged the due execution of the foregoing instrument. *Partners of E & M Enterprises, LLC

WITNESS my hand and notarial seal, this 9th day of June ~~19~~ 2000

Deborah J. Lo-Allis
Notary Public

My Commission Expires:
May 02 2001

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 06/09/2000 04:44 PM

Book: RE 11346 Page: 469-472

Document No.: 2000081295

PRMIT 4 PGS $12.00

Recorder: REBECCA MCGOWAN

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of DEBORAH J. LEO-ALLIS Notary is certified to be correct. This 9TH of June 2000

JUDITH A. GIBSON, REGISTER OF DEEDS By: Rebecca McGowan
Deputy/Assistant Register of Deeds

****

2000081295

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DO HEREBY CERTIFY THIS TO BE A TRUE COPY OF DOCUMENT FILED AND RECORDED

IN BOOK 11346 PAGE(S) 469-472

THIS 9th DAY OF June 2000

JUDITH A. GIBSON, REGISTER OF DEEDS

BY: Rebecca McDowell

DEPUTY REGISTER OF DEEDS



DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet: 1
Property ID: 105-01309
Lot #: 105-341-05
File #: 6429A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Andrew D. Meckler
APPLICANT:
ADDRESS: 3259 Roberta Farms Ct, Concord
DATE EVALUATED: 3-2-99
PROPOSED FACILITY: not given
PROPOSED DESIGN FLOW (.1949) 375gpd
PROPERTY SIZE: 2.0
LOCATION OF SITE: 9908 Hickory Grove Road
PROPERTY RECORDED:
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-6% Slopes .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-8"	gr/sl	Fr/SEXP/SS/SP	39" TO soil wetness	39"	N/A	None	IV PS .39/F2
		8-30"	SBK/SC	Fi/SEXP/S/P					
		30-39"	SBK/SCl	Fr-Fi/SEXP/SS/SP					
2	LS	0-20"	gr/scl	Fr/SEXP/SS/SP	36" TO soil wetness	36"	N/A	None	IV US .39/F2
		20-30"	SBK/SC	Fi/SEXP/S/P					
		30-36"	SBK PI/SC	Fi/SEXP/S/P					
3	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	46" TO soil wetness	46"	N/A	None	IV PS .39/F2
		6-46"	SBK/C	Fi/SEXP/S/P					
4	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	39" TO soil wetness	39"	N/A	None	IV US
		8-39"	SBK PI/C	Fi/SEXP/S/P					
5	LS	0-3"	gr/sl	Fr/SEXP/SS/SP	46" TO soil wetness	46"	N/A	None	IV .39/F2 PS
		3-9"	SBK/scl	Fr-Fi/SEXP/SS/SP					
		9-46"	SBK/C-SC	Fi/SEXP/S/P					
6	LS	0-7"	gr/scl	Fr/SEXP/SS/SP	40" TO soil wetness	40"	N/A	None	US
		7-40"	PI-SBK/SC	Fi/SEXP/S/P					
7	LS	0-8"	gr/scl	Fr/SEXP/SS/SP	46" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		8-46"	SBK/SC	Fi/SEXP/S/P					
8	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	44" TO soil wetness	44"	N/A	None	PS .39/F2 IV
		6-34"	SBK/SC	Fi/SEXP/S/P					
		34-44"	SBK/scl	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin 3-3-99
OTHER(S) PRESENT: LSS

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet: 1

Property ID:

Lot #:

File #: 6421A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:

ADDRESS: DATE EVALUATED:

PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:

LOCATION OF SITE: PROPERTY RECORDED:

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
9	LS	0-6"	gr/sc1	Fv/SExP/3S/p	730" TO soil wetness	30"	N/A	None	US IV .39/F2
		6-30"	SBK/Sc	Fi/SExP/SL/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

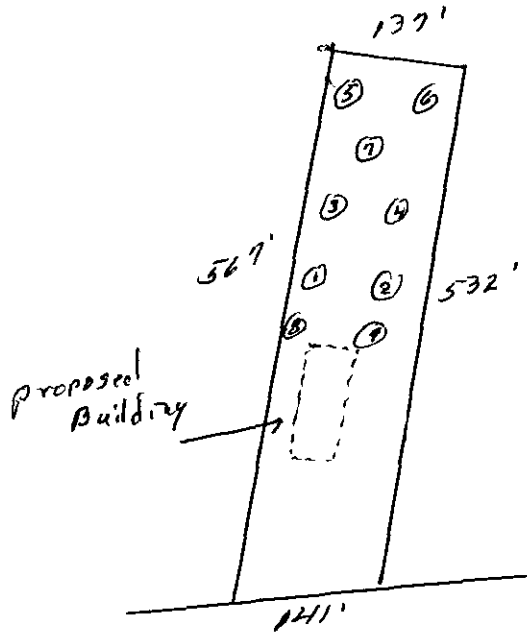
FILE # 64277

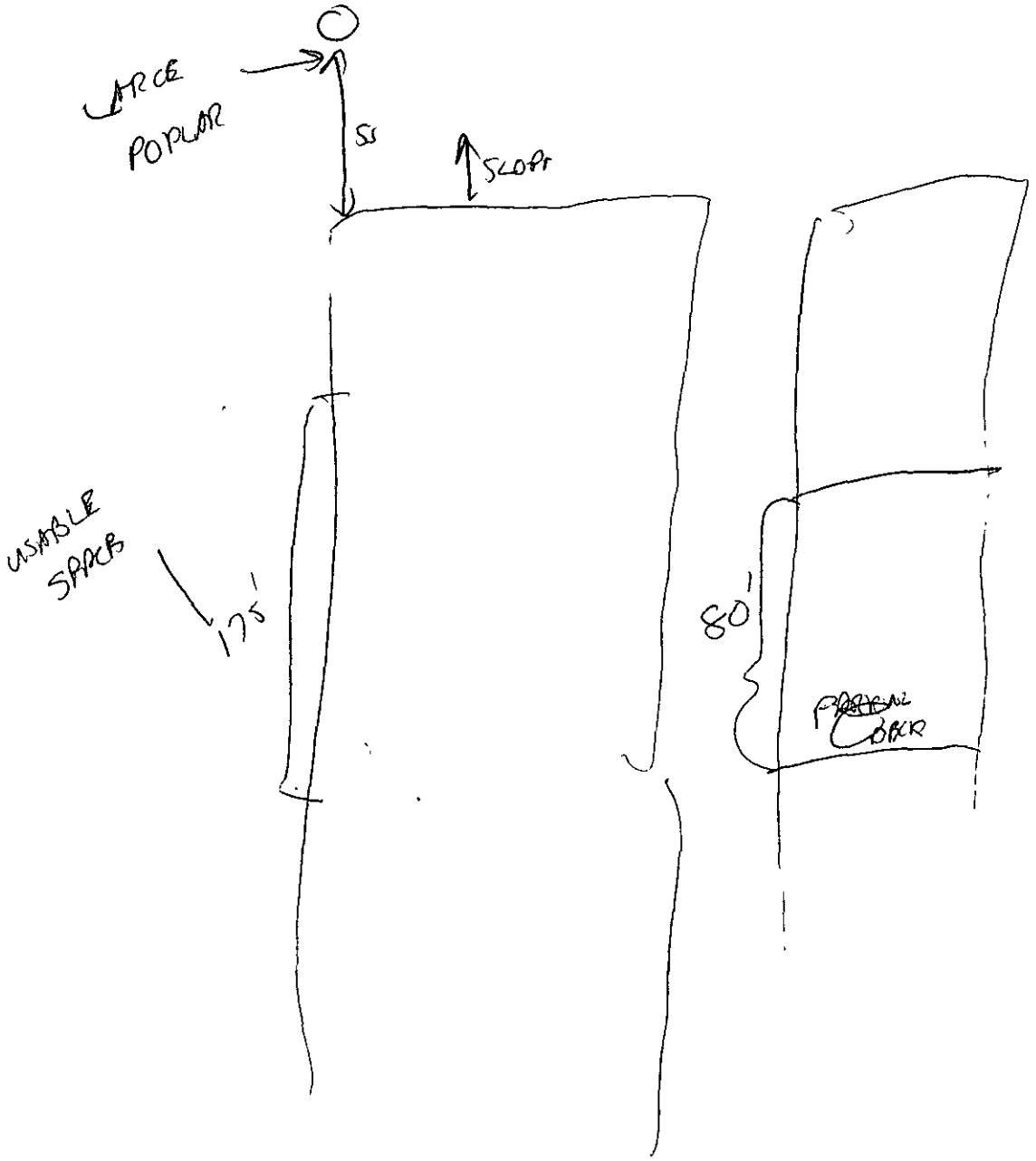
COMMENTS Not sure if 100% Repair is required

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	




LARGE
POPLAR
55
SLOPE
USABLE
SPACE
175'
80'
PARKING
LOT

PROPOSED PLOT PLAN

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

FILE: 6427A

TC: 105-013-09

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.

SCALE 1" = 60'

PERMIT FOR EAGLE ELECTRIC CO.
4908 HICKORY GROVE ROAD

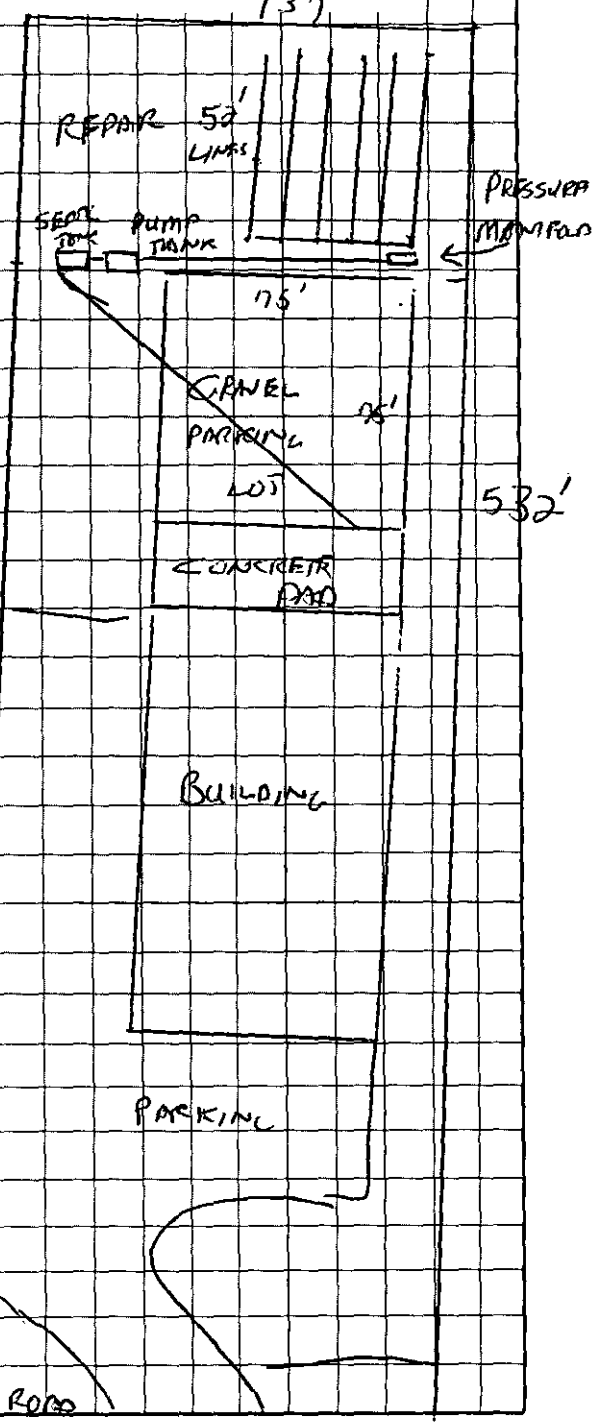
(1) SYSTEM WILL REQUIRE AN INNOVATIVE TYPE II-G THAT ALLOWS FOR 25% REDUCTION IN TOTAL LINEAR FEET. THIS WILL REQUIRE AN AGREEMENT FORM TO BE FILED WITH THE REGISTER OF DEEDS OFFICE AND A COPY SUBMITTED TO THIS OFFICE

(2) THIS IS A TYPE III-B PUMP SYSTEM WHICH WILL REQUIRE AN INSPECTION BY THE TPE LOCAL HEALTH DEPT ONCE EVERY 5 YEARS AS REQUIRED BY N.C. STATE LAW, WITH THE HOMEOWNER RESPONSIBLE FOR ANY FEES AS SET BY THE COUNTY BOARD OF COMMISSIONERS

(3) INSTALL PRESSURE MANIFOLD AS A DISTRIBUTION DEVICE.

(4) INSTALL DRAINLINES SHALLOW 30" AND ON CONTOUR.

(5) IF BOTH TANKS HAVE OVER 36" OF SOIL COVER, REINFORCED TANKS WILL BE REQUIRED.



OWNER/AGENT SIGNATURE Douglas Gadd

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

02/25/00 PROJECT MEMO LIST BSPT04O

PROJECT NUMBER: 000 972146 PROJECT NAME: EAGLE ELECTRIC OFC/W PHS: ARE SEC: HS

AGENCY	MEMO DESCRIPTION	ACTION	COMMENTS	RELEASE
E&BS	BUILDING	H		991021
	ELECTRICAL	H		991102
	MECHANICAL	H	TP-AAN	990919
	PLUMBING	H	TP	991025
	ZONING	H		991025
	COUNTY-FIRE	O		000000
ENVH	SEPTIC TANKS	H	ADDED 000225 PER HD	000000
COEN	COUNTY ENGINEERING	H		991130
	COUNTY ENGINEERING	O	COMMERCIAL DRAINAGE FINAL INSP	000000
CMUD	WATER/SEWER QUALITY	O	BACKFLOW INSPECTION 391-5188	000000
PFAC	ANGELA MCIVER			000000
	PROJ STATUS CALL 3368000			000000

END OF LIST

CLR=TRACKING MENU PF4=MEMOS ADD PF9=PROJECT INQ/UPD PF11=REVIEW LIST
PF1=MAIN MENU PF7=FORWARD PF10=MEMO INQ/UPD PF12=PRINT DISC'S

02/25/00 ADDRESS MEMO BSPC15C
PAGE 1 LAST INQUIRY

HOUSE NO: DIR: ST. NAME: TYPE: APT: JURISDICTION:
09908 NEWELL-HICKORY GROVE RD MECK
PROJECT:

ENTER 'ADD' FOR NEW MEMO

ITEM NO:	ADDR MEMO:	DATE IN:	BY:	AC-TION:	NARRATIVE:	JOB NO:	RELEASED - BY:	DATE:
2	A	000225	R	H	NEED SEPTIC TANK APP			
1	A	000119	Z	O	COMPLIANCE/R0884760	9001		

END OF MEMOS! SELECT MEMO & ENTER, OR PF1, OR PF12

ENTER=ADD/INQ PF1=MENU PF5=ST BROWSE PF12=ADDRESS
CLEAR=RESTART PF4=ADR BROWSE PF6=JOBS

DATE 8-24-99

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

105-013-09
PARCEL NUMBER

9908 Newell-Hickory Grove RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

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. WATERSHED PROTECTION	____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
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	____NO

REMARKS: Address Verification

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

REVISED 1/91

SIGNED: [signature]

FEE: 100.00 CK#5557

DATE: 2-9-99 V/C

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

1 | CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 64279

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-013-09

STREET ADDRESS: 9908 NEWELL ~~HICKORY GROVE~~ HICKORY GROVE RD

LOT NUMBER: 9

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Square Footage of Facility: 10,000

NUMBER OF EMPLOYEES: 15
PER SHIFT: 15 — —

HOW WILL WATER BE USED IN THE FACILITY:

2 TOILETS/URINALS
2 HANDSINK
1 SHOWERS
0 FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ✓ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: MICKLER ANDREW D.
(LAST) (FIRST) (MI)

ADDRESS: 3259 ROBERTA FARMS CT

CITY: CONCORD STATE: NC ZIP: 28027

DAYTIME PHONE: (704) 597 - 0300

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McLaughlin Joe & Delores
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

2700 Juniper Drive
Charlotte, NC 28269

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Andrew Douglas Mickler

DATE: 2-9-99

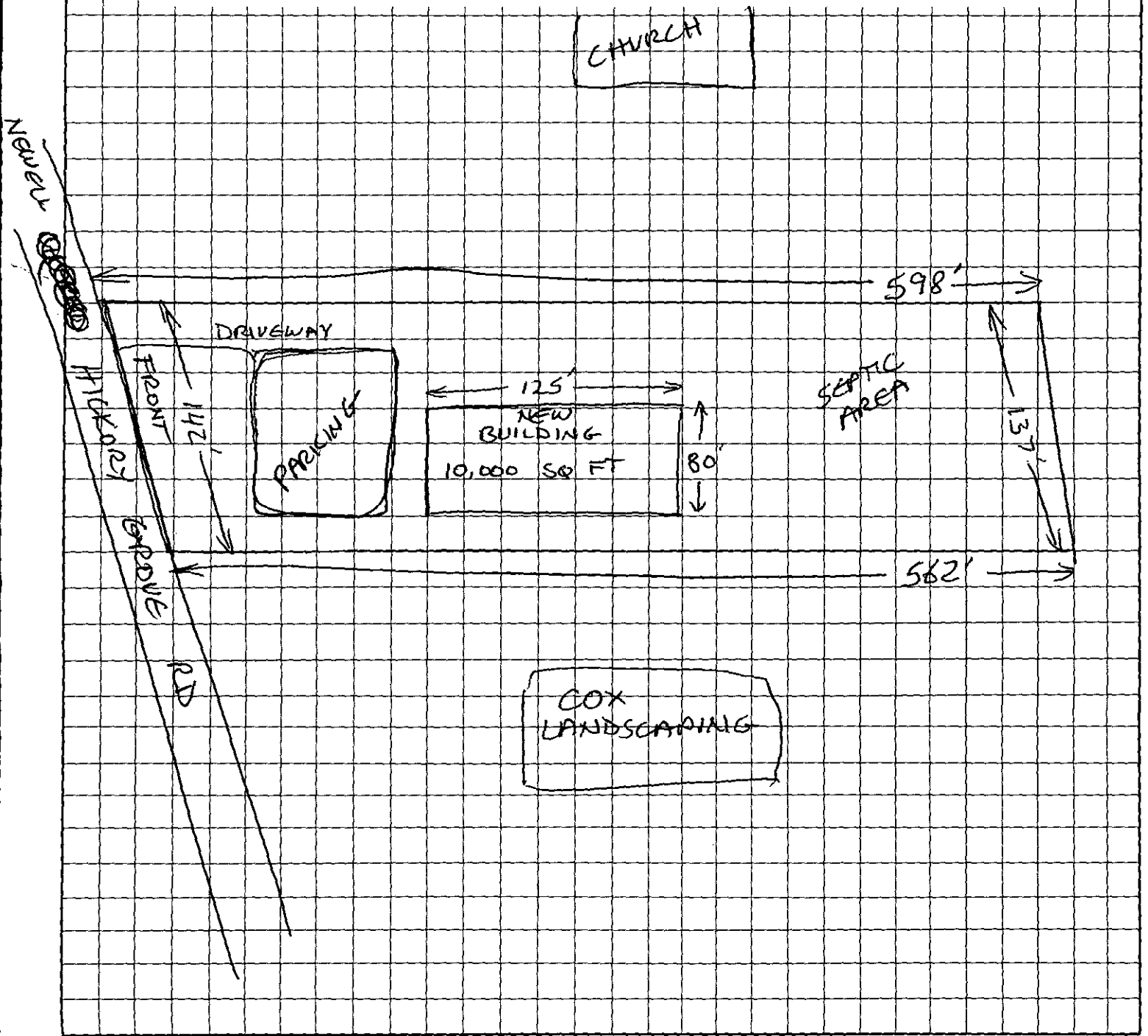
PROPOSED PLOT PLAN

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

FILE: 64087A

TC: 05-013-09

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.



a Douglas Mickle
OWNER/AGENT SIGNATURE

DATE 2-9-99

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County
Health Department

January 19th, 1990

Edward Joe McLaughlin
2700 Juniper Dr.
Charlotte, NC 28213

RE: Property located at Newell Hickory Grove Rd.
FILE: 6427A
PARCEL: 10501309

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 17521) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17548

File: 6427A
Parcel: 10501309

Action 1
☐ PC

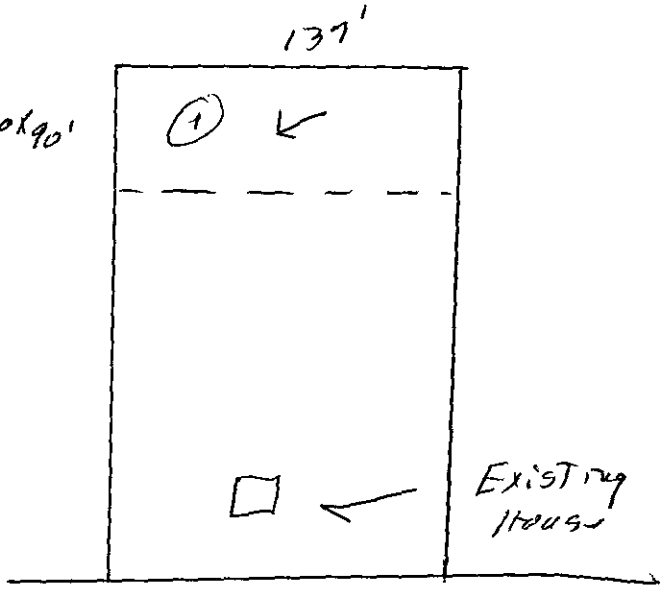
Location: Newell Hickory Grove Rd.
Subdivision:

Lot: Block: Acres: .126 inv.

Owner: Edward Joe McLaughlin
Address: 2700 Juniper Dr.
Charlotte, NC 28213

Comments: Possibly may need 100% repair - approx 90' off rear of house exist

Described by: William R. Marks
Date: 2-22-90



Newell - Hickory Grove Road

*** 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 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited	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	II Cecil-Lille					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6427A

TC: _____

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: Newell Hickory Grove Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 10501309

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

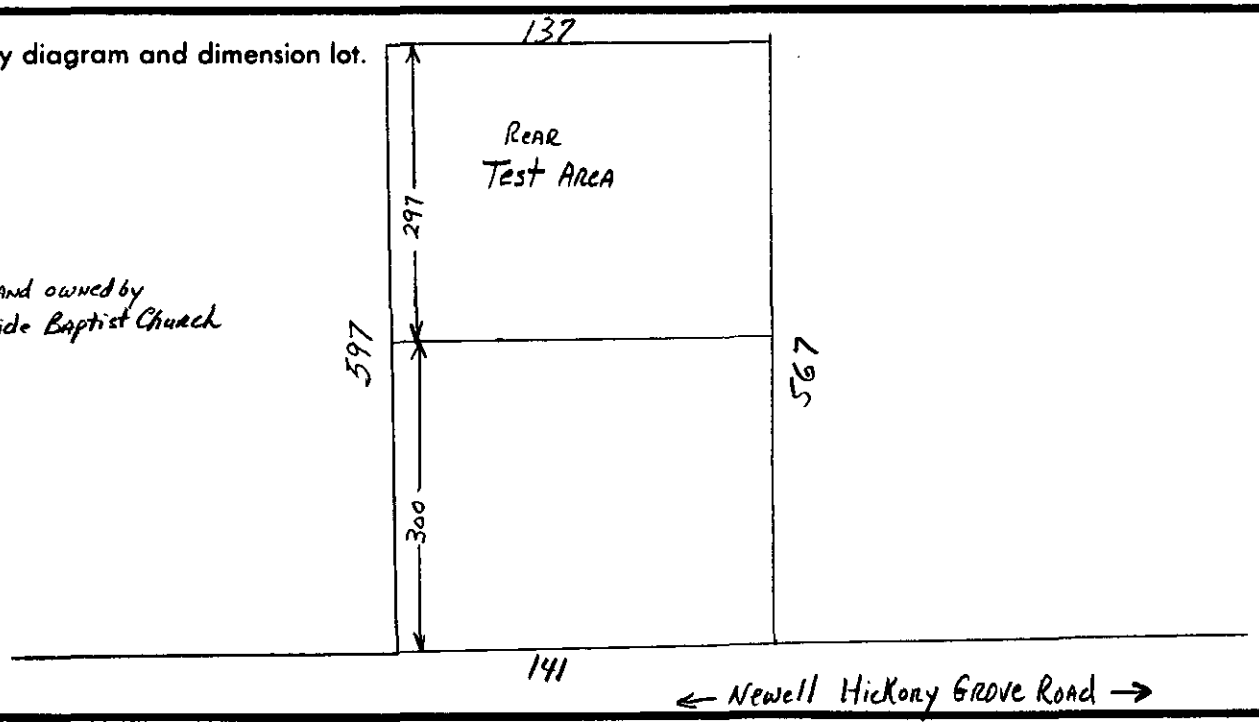
⑦ NAME: Edward (FIRST) Joe (MIDDLE) McLaughlin (LAST)

⑧ MAILING ADDRESS: 2700 Juniper Drive

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) _____

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

Signed: Edward Joe McLaughlin

Date: 1-26-90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17521

File: 6027A Action 1

Parcel: 137 PC

Location: Newell Hickory Grove Rd.

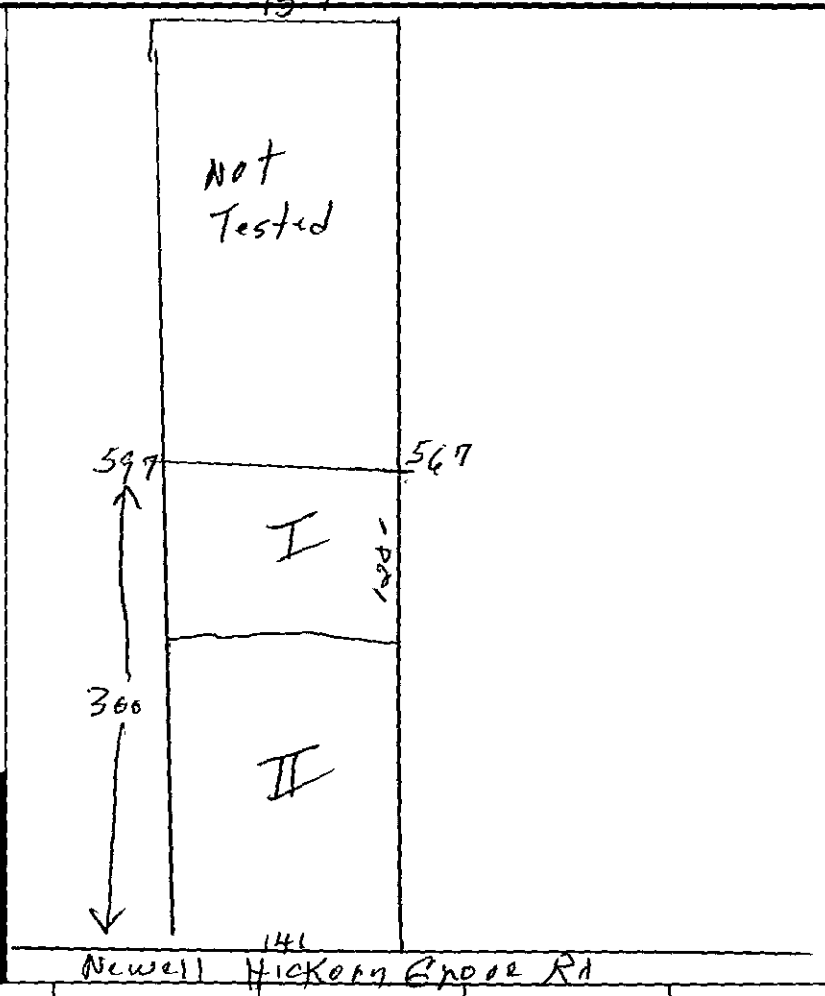
Subdivision:

Lot: Block: Acres: 1

Owner: Edward Joe McLaughlin
Address: 2700 Juniper Dr.
Charlotte, NC 28213

Comments: 100% Repair Area Needed

Described by: W. B. Ramsey
Date: 1-11-90



***** 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 2-4	S (PS) U 2-5	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 38-44	S PS (U) 12-30	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	IV Cecil	2-1 Clay 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

February 23rd, 1990

Edward Joe McLaughlin
2700 Juniper Dr.
Charlotte, NC 28213

RE: Property located at Newell Hickory Grove Rd.
FILE: 6427A
PARCEL: 10501309

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 17548) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6427A

TC: PO 105-013-09

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: Newell-Hickory Grove Rd

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

⑤ PARCEL REFERENCE: BOOK NO.: 105 PAGE NO.: 013 X PARCEL NO.: 09

⑥ DEED REFERENCE: BOOK NO.: 3614 PAGE NO.: 111

OWNER

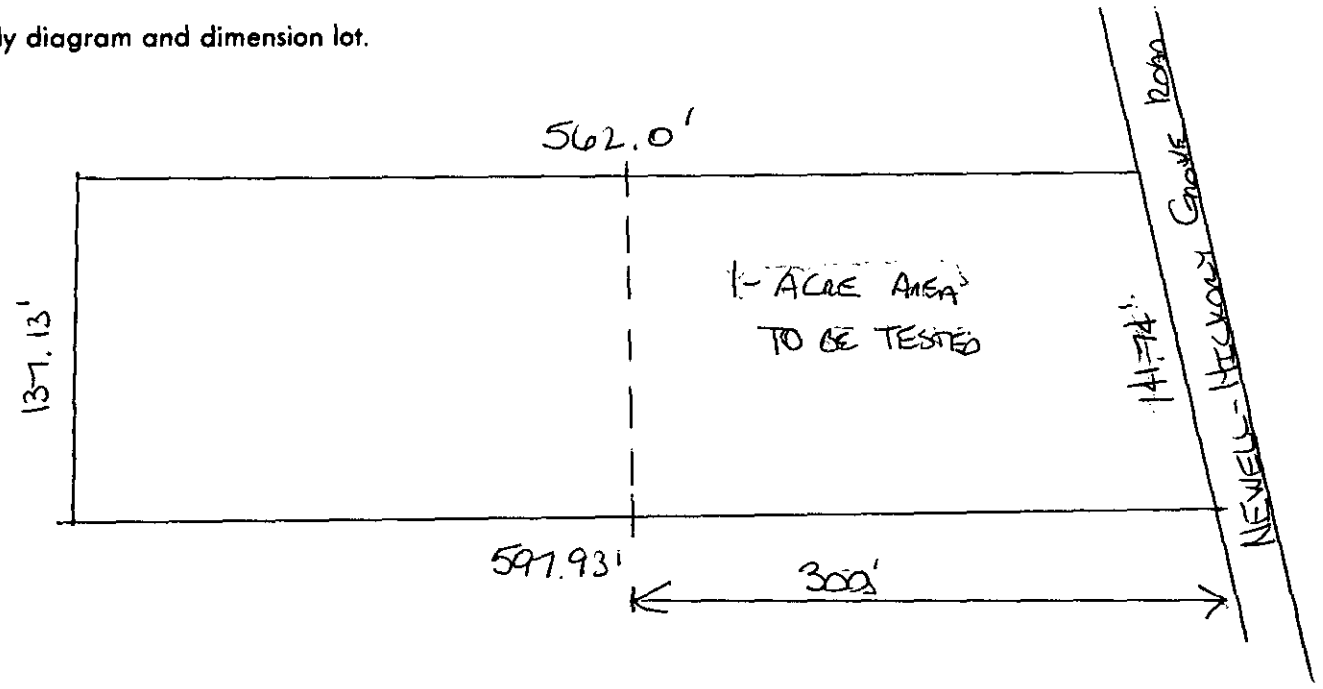
⑦ NAME: Edward Joe McLaughlin (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2700 Juniper Drive

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 596-1600

⑬ Accurately diagram and dimension lot.



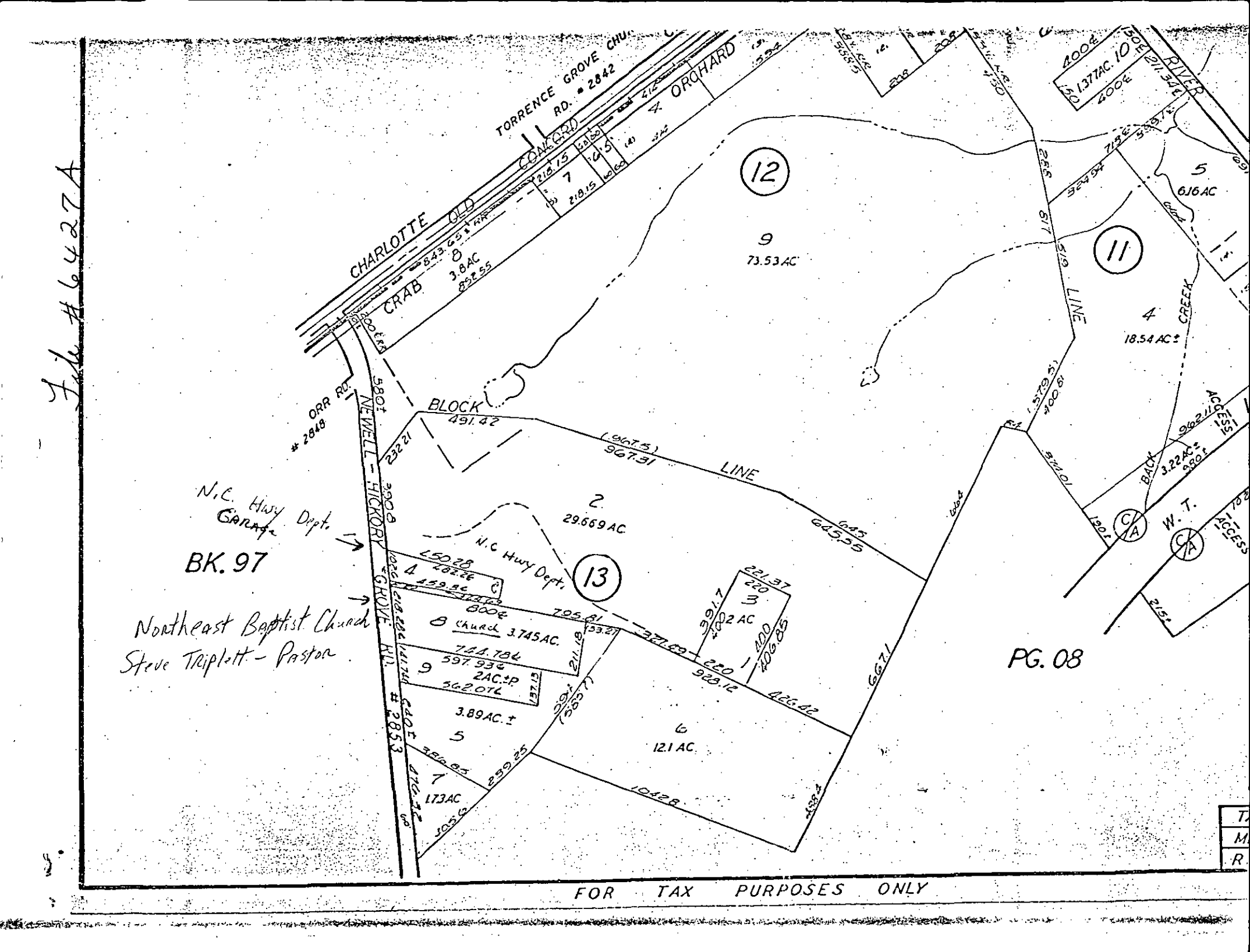
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Edward Joe McLaughlin

Date: 1-3-90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY


File #64274
TORRENCE GROVE CHU
RD. # 2842
OAKGARD
ORCHARD
CHARLOTTE OLD
CRAB
8
3.8AC
852.55
7
218.15
218.15
4.5
4
12
9
73.53 AC
11
5
6.16 AC
4
18.54 AC±
CREEK
RIVER
LINE
BLOCK
491.42
ORR RD.
2848
NEWELL - HICKORY GROVE RD.
2853
N.C. Hwy Dept. Garage
BK. 97
Northeast Baptist Church
Steve Triplett - Pastor
2
29.669 AC
N.C. Hwy Dept.
13
967.31
LINE
645.25
W.T.
ACCESS
3.22AC±
BACK
3
1.402 AC
6
12.1 AC
1042.8
1
1.73AC
3.89AC.±
9
2AC.±P
8
Church
3.745AC.
PG. 08
FOR TAX PURPOSES ONLY