

8039 ASHELEY GLEN DR

19716112

5/30/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7/17/90

Name/Company: BMI Leasing Co, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: (3) Imp - new
S181A, S182A, S185A

[redacted]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 17 1990

CK# 01864

Fee: $ 600.00 $600.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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: 5182A
TC: _____
SERIAL: № 17528
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8039 (STREET NO.) Ashley Glenn (STREET) Drive ② FILE: 5182A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 197 161 01
⑤ SUBDIVISION: Ashe Plantation 7 ⑥ LOT: 2A ⑦ BLOCK: _____

OWNER

⑧ NAME: Bob (FIRST) McLemore (MIDDLE) Co. Inc (LAST)
⑨ MAILING ADDRESS: P.O. Box 25746
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28229
⑬ PHONE: (WORK) 545-6112 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? _____
㉕ Type? _____
㉓ Maximum occupancy? _____
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: Bob McLemore
Date: 6/22/90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following 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.

Mecklenburg County
Health Department

April 10th, 1990

Bob McLemore Co., Inc.
PO Box 25746
Charlotte, NC 28229

RE: Property located at Ashley Glen Dr. 2a
FILE: 5182A
PARCEL: 19716101 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 17698) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17698

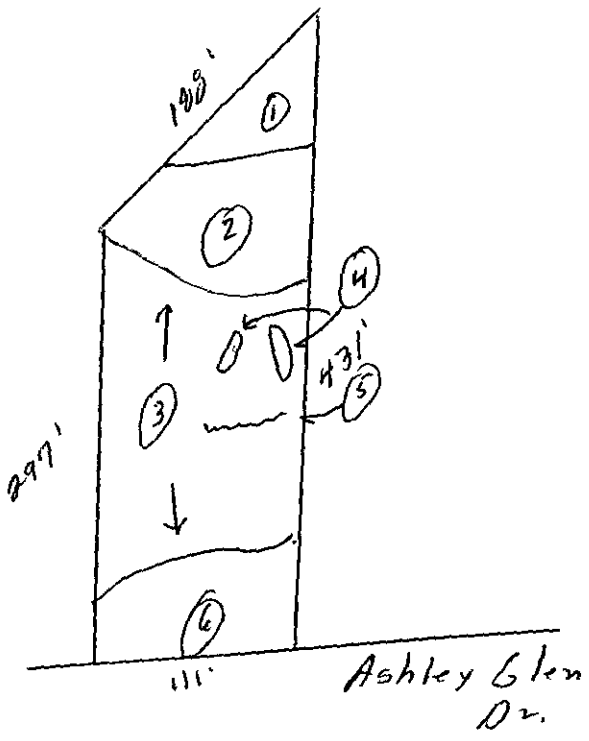
File: 5182A
Parcel: 19716101 PO
Action 1
☐ PC

Location: Ashley Glen Dr.
Subdivision:
Lot: 2a Block: Acres: .89

Owner:
Address: Bob McLemore Co., Inc.
PO Box 25746
Charlotte, NC 28229

Comments: 100% Repair

Described by: William R. Marks
Date: 4-10-90



*** 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) Drainageway Depression	(S) PS U 2-8%	(S) PS U 6-12%	S PS (U) Depressions	S PS (U) Complex slope	(S) PS U 2-8%
Texture	S PS U —	S PS (U) 2-1 clay	S (PS) U clay	S PS U —	S PS U —	S (PS) U clay
Structure	S PS U —	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky
Drainage	S PS U —	S PS (U) perched water 24"	S (PS) U 7-36" To water	S PS U —	S PS U —	S (PS) U 7-36" To water
Depth	S PS U —	S PS (U) 24-36"	S (PS) U 36"+	S PS U —	S PS U —	S PS (U) 24-36"
Restrictive Horizons	S PS U —	S (PS) U 7-36"	S (PS) U 7-36"	S PS U —	S PS U	S (PS) U 7-36"
Available Space	S PS U —	S PS (U) Restricted	S (PS) U limited	S PS U —	S PS U	S PS (U) Restricted
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Dunnoway-Depression	Lignum-Like Expansive clay	IV Tecil-1.4%	Depressions	Complex slope	IV Tatum-Like
Area Classification	S PS (U)	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS (U)

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

Sw 5181A

FILE: 5182A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Ashley Glen Drive

② SUBDIVISION: Ashe Plantation (7) ③ LOT: 2A ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197 PAGE NO.: 161 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: 5814 PAGE NO.: 72

OWNER

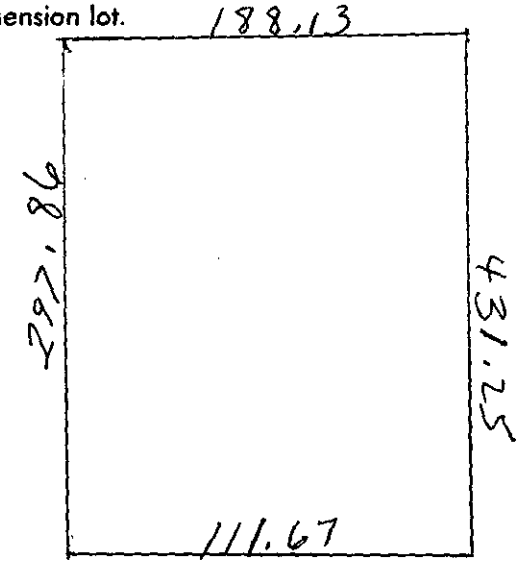
⑦ NAME: Bob (FIRST) McLemore (MIDDLE) Co. Inc. (LAST)

⑧ MAILING ADDRESS: P.O. Box 25746

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28229

⑫ PHONE: (WORK) 545-6112 (HOME) _____

⑬ Accurately diagram and dimension lot.



Ashley Glenn DR

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: Bob McLemore

Date: 3/30/90

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

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

November 18th, 1988

W. Manning & Associates
P. O. Box 2762
Matthews, NC 28106

RE: Property located at Trey Court 2
FILE: 5182A
PARCEL: 19716101 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 15765) 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, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15765

File: 5182A Action 1

Parcel: 19716101 PO ☐ PC

Location: Trey Court

Subdivision:

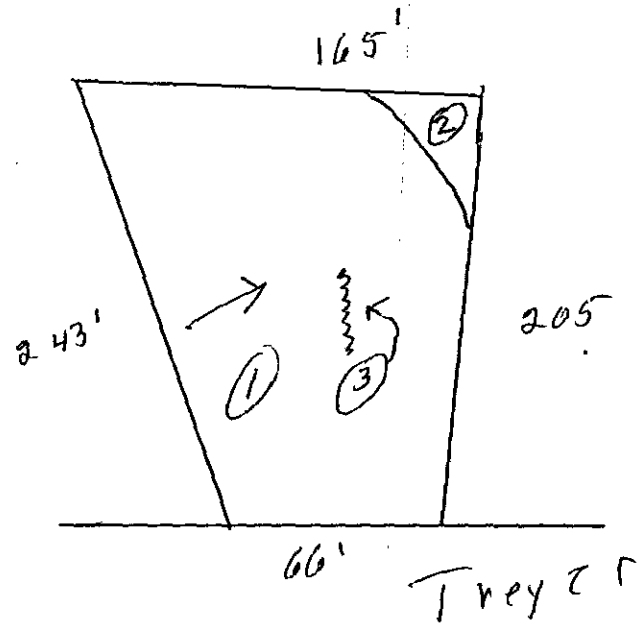
Lot: 2 Block: Acres: Approx .58

Owner: W. Manning & Associates
Address: P. O. Box 2762
Matthews, NC 28106

Comments: _____

Described by: William A. Mendini

Date: 11-18-86



***** 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 6-12%	(S) PS U 6-12%	S PS (U) Complex Slope	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS (U) 2-clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" TO water	S PS (U) Perched water 24-36"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"-38"	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U) restricted	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	10A Cecil-Lilo	10B Helena-Lilo	Complex Slope			
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: 5182A

TC: _____

☐ PC ☐ REPT

see file 5184A for change slip

JOB LOCATION

① ADDRESS: Trey Court

② SUBDIVISION: Travis Woods ③ LOT: # 2 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197-121-07 PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5839 - 335 / 5814 - 72 PAGE NO.: _____

OWNER

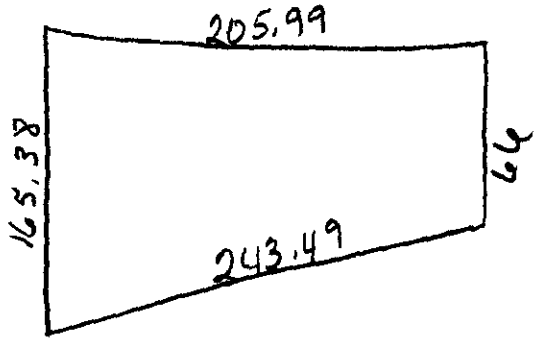
⑦ NAME: W. Manning & Assoc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P. O. Box 2762

⑨ CITY: Matthews ⑩ STATE: N. C. ⑪ ZIP: 28106

⑫ PHONE: (WORK) 704/821-6291 (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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ward Manning

Date: November 7, 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