


10113 EDWARD`S PL

13724205

7/11/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7978A (88B)

TC: [illegible]

☐ PC ☐ REPT

$50.00

**JOB LOCATION**

① ADDRESS: 10113 Edward's Place, Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 11 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03

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

**OWNER**

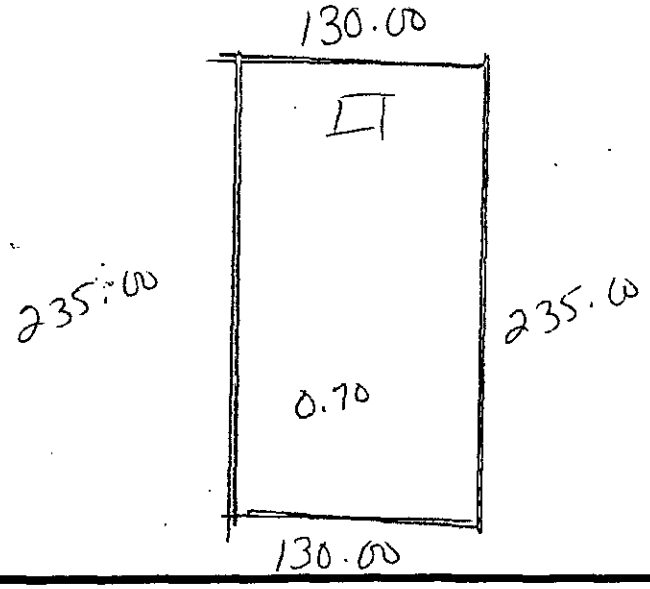
⑦ NAME: Dan (FIRST) Z (MIDDLE) Moore (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan Z Moore

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

Date: 1/9/92

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

02400

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7738A DATE: 4-30-92

TC: 1371.3203 PO ☒ L ☑ CRT

SERIAL Nº 14012

Name of Owner CHERRY HOMES Juris.:

Address of Property 10113 EDWARD'S PL.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 4 @ 133'

Cover Depth 12

Water Supply Source Comm Well

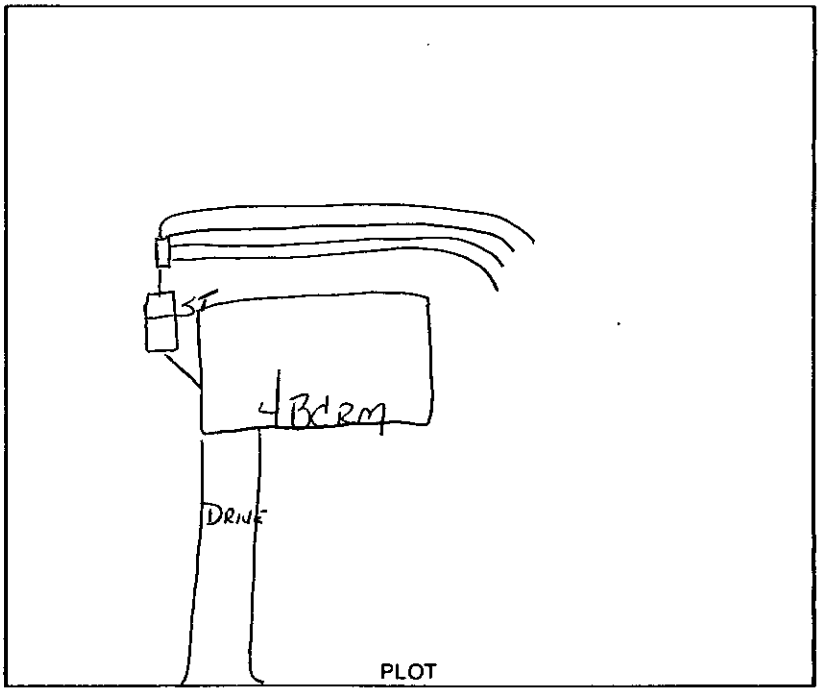
Distance to Water Source -

Excavation Inspected 4-30

Tank(s) Inspected 4-29

Wash Line Inspected -

High Water Alarm Inspected -




Design: 1992, 1500 GT, Conv 343, 11.05 sq ft, 12" S, Cecil CTR# 11.3

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: PERMITTED 3 BDRM, ACTUAL CONSTRUCTED 4 BDRM

Environmentalist

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# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

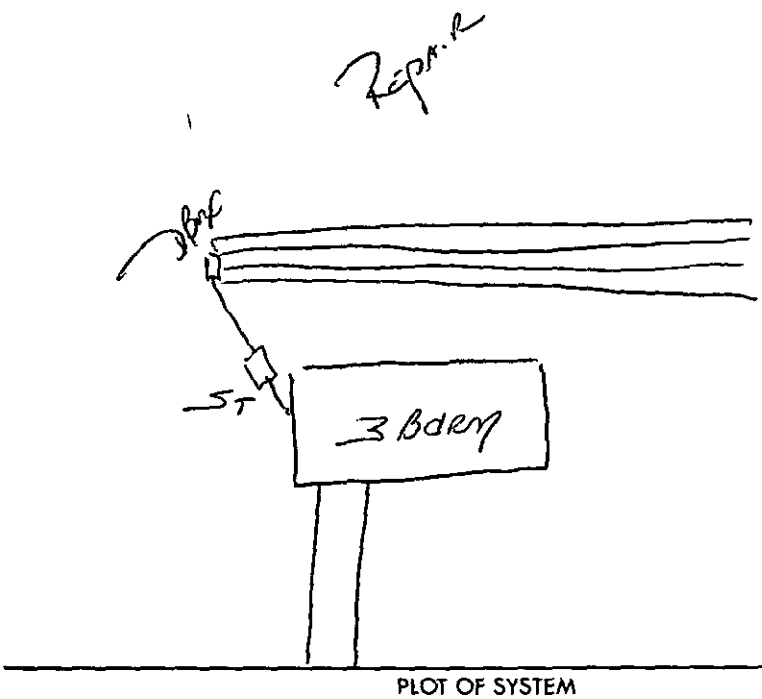
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7738A DATE: 3/23/92

TC: ☑ L

SERIAL Nº 14151

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 3-23-92. All work shall be completed on or before 4-23-92, 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.




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

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well N/A feet

NAME OF OWNER Cherry Homes

LOCATION OF PROPERTY 10113 Edwards Pl. Lot 11, Blk 2

Comments: Install 4 Lines @ 3'x100'

Division or Section Head

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.

1-400 ☒ 1/15/92 CK#1530 #200

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

# 7738A 0052 Pc ☑ [ ] 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

Date: 1/15/92

PERSON FILING APPLICATION:
NAME: Cherry Homes (last) (first) (mi)
ADDRESS: 8519 Foxbridge Dr. PHONE: (704) 846-8300
CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY OWNER:
NAME: Cherry Homes (last) (first) (mi)
ADDRESS: 8519 Foxbridge Dr. PHONE: (704) 846-8300
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03P0
STREET ADDRESS: 10113 Edwards Place
Mint Hill, N.C. 28227
ZONING: R-30

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

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III

LOT NUMBER: 11 Block 2 LOT SIZE (in acres): .70

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)
[ ] 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) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION: 1

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)
[ ] 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: Nick Homes Date: 1/15/92

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

Environmentalist 1/23/92 Date

Director or Authorized Section Head 1-24-92 Date

WWATER : 122791

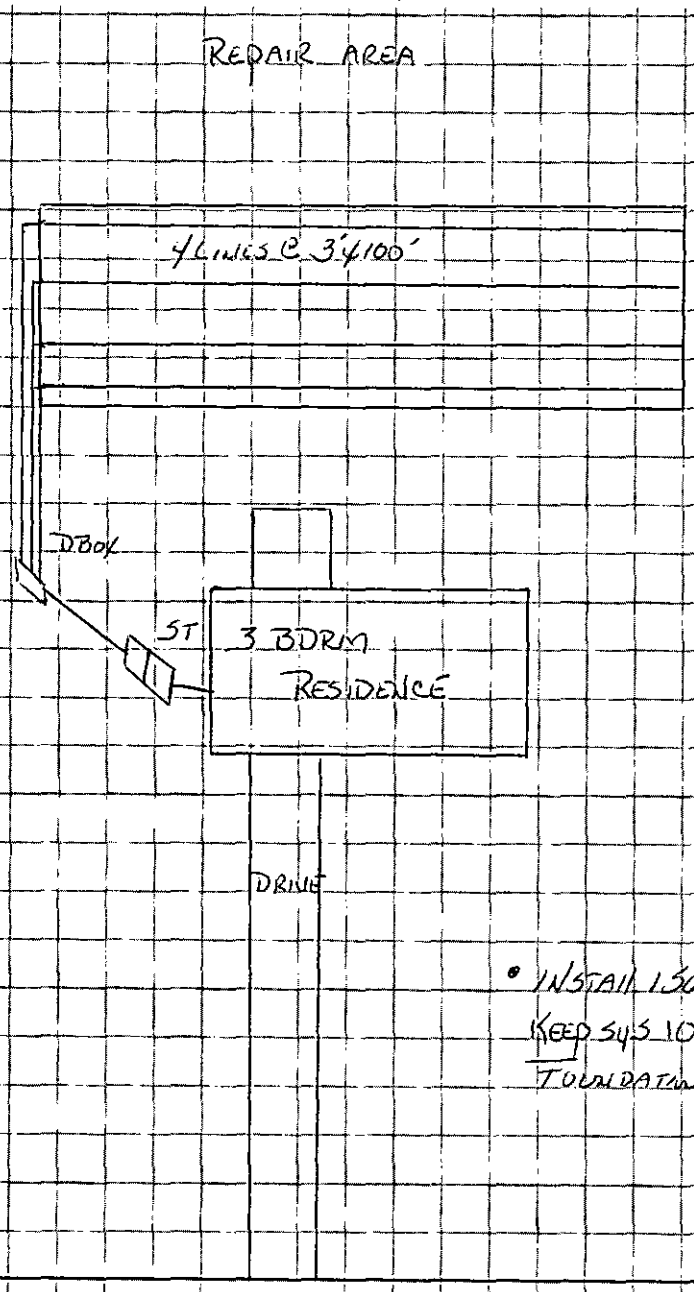
# PROPOSED PLOT PLAN

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

FILE: 7738A

TC: 137-132-03

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.




Lot 11 Block 2

- INSTALL 1500G ST, CONV SYS, 4 LINES @ 3'/100'
KEEP SYS 10' FROM PROP LINES & 5' FROM ALL FOUNDATIONS, 15' FROM ANY CUTS.

1-23-92

Signed: WPD

Date: 1/24/92

# APPLICATION FOR SOIL INVESTIGATION

pd # 1065
9/3/91 $300.00 PAW

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

(OFFICE USE ONLY)

FILE: 7738A

TC:

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 10113 EDWARDS PLACE CHARLOTTE NC 28227

② SUBDIVISION: Bainbridge III ③ LOT: 11 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137-132-03 PAGE NO.: _____ PARCEL NO.: _____

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

**OWNER**

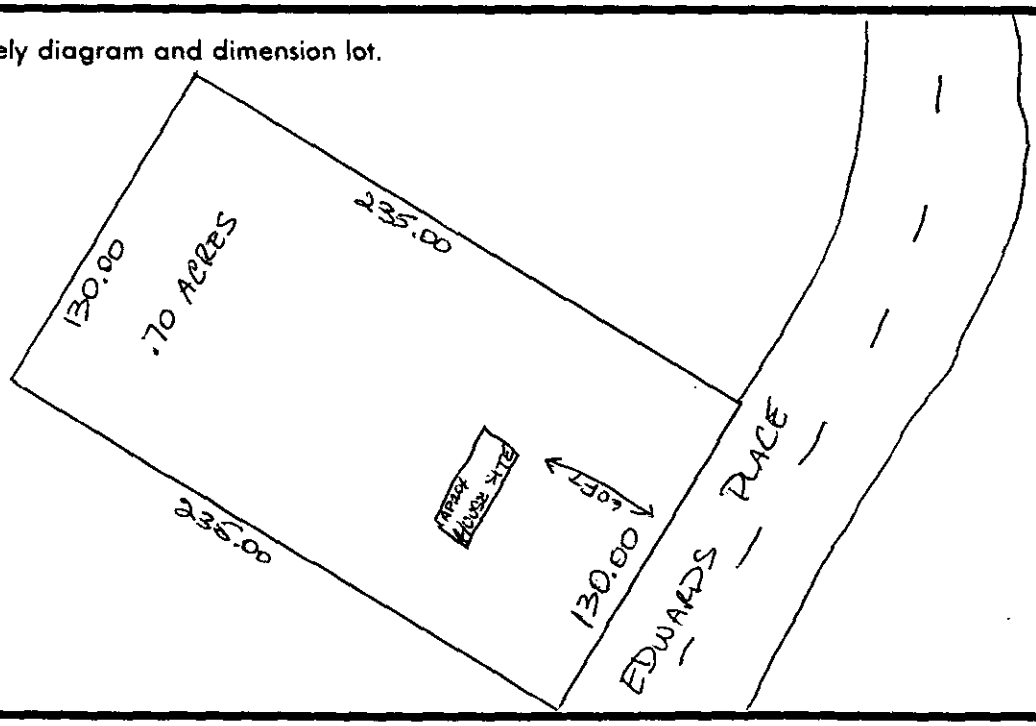
⑦ NAME: CHERRY HOMES
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 8519 FOXBRIDGE DR

⑨ CITY: MATTHEWS ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 846-8300 (HOME) 704 846 1772

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: Phil Cook

Date: 8-29-91

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

# APPLICATION FOR SOIL INVESTIGATION

pd # 1065
9/3/91 $300.00 TW

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

(OFFICE USE ONLY)

FILE: 7738A

TC:

☒ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 10113 EDWARDS PLACE CHARLOTTE NC 28227

② SUBDIVISION: Bainbridge III ③ LOT: 11 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137-132-03 PAGE NO.: _____ PARCEL NO.: _____

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**OWNER**

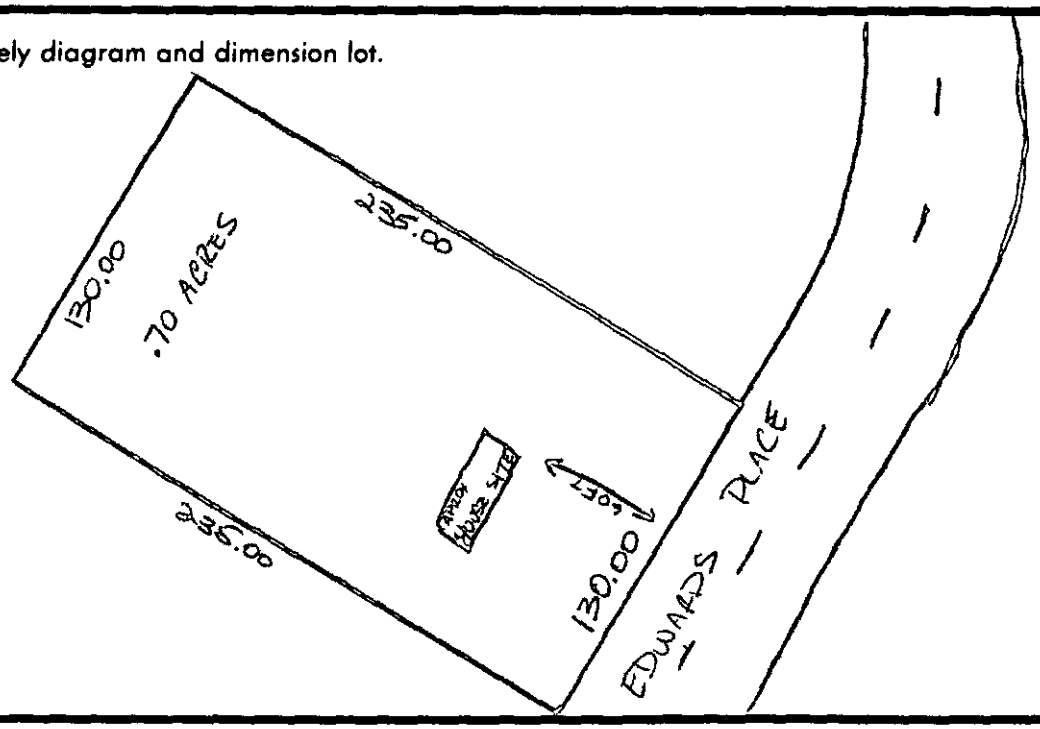
⑦ NAME: CHERRY (FIRST) HOMES (LAST)

⑧ MAILING ADDRESS: 8519 FOXBRIDGE (MIDDLE) DR

⑨ CITY: MATTHEWS ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 846-3300 (HOME) 704 846 1732

⑬ Accurately diagram and dimension lot.




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Signed: Phil Cook

Date: 8-29-91

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# Mecklenburg County
# Health Department

September 6th, 1991

Cherry Homes
8519 Foxbridge Drive
Matthews, NC 28105

RE: Property located at 10113 Edward's Place 11/2
FILE: 7738A
PARCEL: 137-132-03

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 19754) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 19754

File: 7738-A Action 1

Parcel: 137-132-03 ☑ PC

Location: 10113 EDWARDS PLACE

Subdivision: BAINBRIDGE III

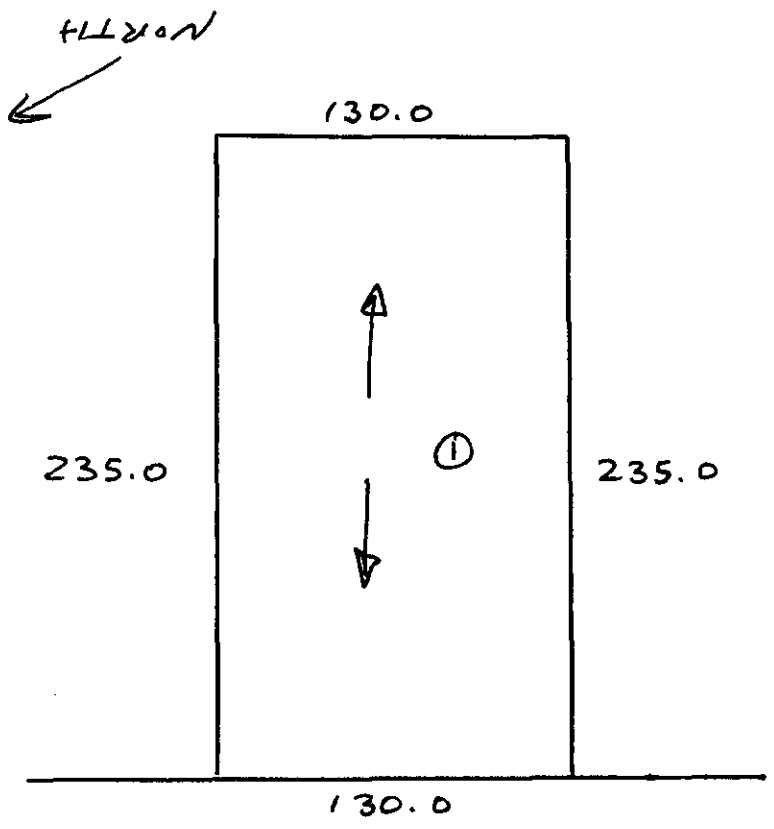
Lot: 11 Block: 2 Acres: .70

Owner: CHERRY HOMES
Address: 8519 FOXBRIDGE DR.
MATTHEWS NC 28105

Comments: 100% REPAIR

Described by: Kelly Rawl

Date: 9-6-91




***** 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 | 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 >40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | (S) PS U >40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S PS U NONE | 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 | CECIL LIKE | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 19754

File: 7738 - A  Action 1

Parcel: 137 - 132 - 03  ☑ PC

Location: [illegible] EDWARDS PLACE

Subdivision: [illegible] III

Lot: 11  Block: 2  Acres: .70

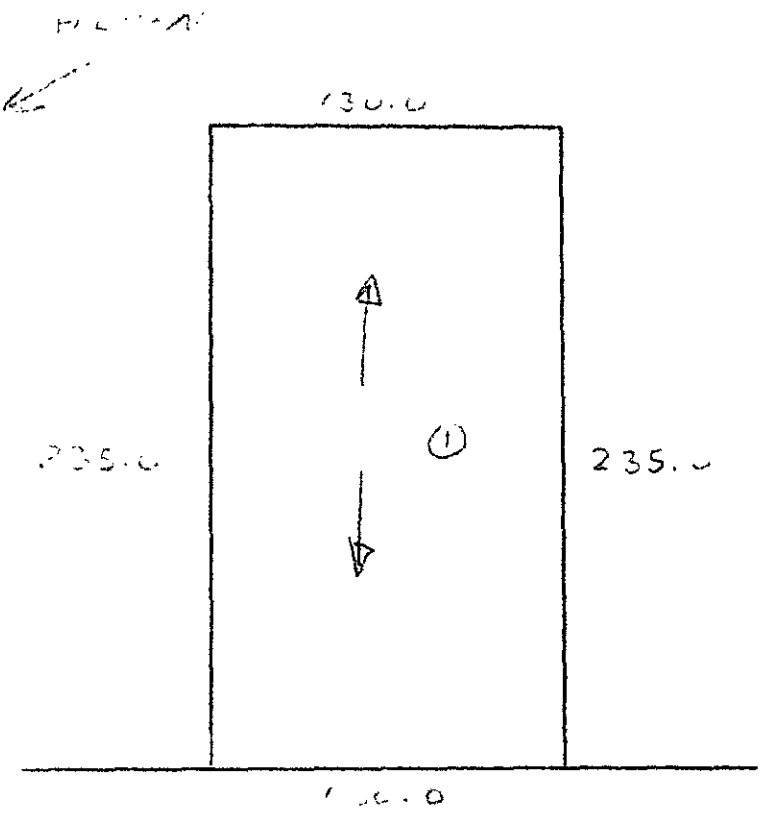
Owner: [illegible]

Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: [illegible]




***** 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 | 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 | 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 |
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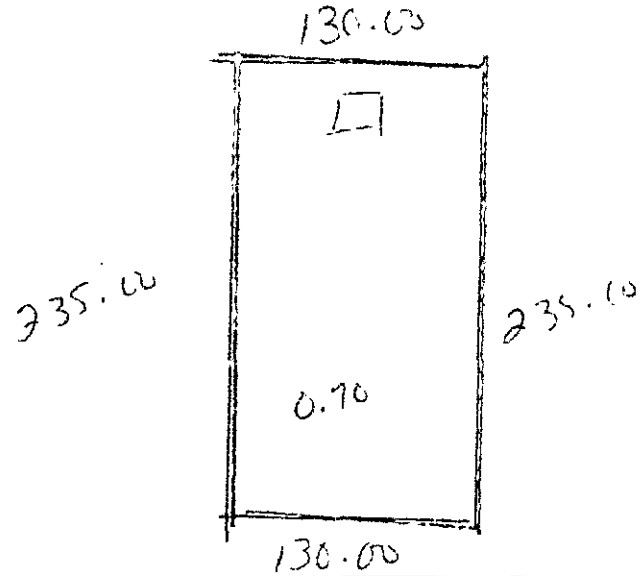
**JOB LOCATION**

① ADDRESS: 10113 Edward's Place Huntersville
② SUBDIVISION: Davidson III ③ LOT: 11 ④ BLOCK: 2
⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 63
⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

⑦ NAME: Lisa (FIRST) J (MIDDLE) Mann (LAST)
⑧ MAILING ADDRESS: 2101 Sardis Rd N #110
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227
⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Lisa J Mann
Date: 1/9/92

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# APPLICATION FOR SOIL INVESTIGATION

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#50 ck#2958 11/09/92

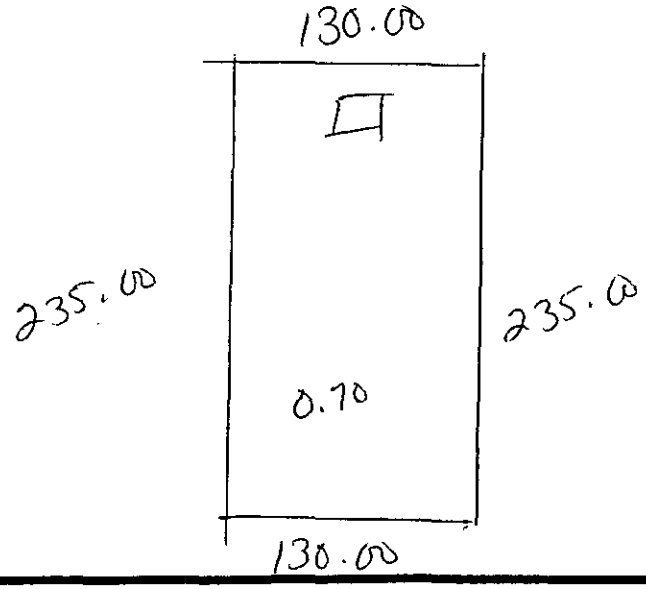
**JOB LOCATION**

① ADDRESS: 10113 Edward's Place, Mint Hill
② SUBDIVISION: Bainbridge III ③ LOT: 11 ④ BLOCK: 2
⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03
⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

⑦ NAME: Dan (FIRST) L (MIDDLE) Moser (LAST)
⑧ MAILING ADDRESS: 2101 Sardis Rd N #110
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227
⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

⑬ Accurately diagram and dimension lot.




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Signed: Dan L Moser
Date: 11/9/92

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