

12800 TWILIGHT DR

13531255

5/10/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3935A

1-14-97 Good
Cash #50.00 X 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: COOKE (last) WILLIAM (first) D. (mi)

ADDRESS: 12800 TWILIGHT DR PHONE: (704) 545-1451

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

Date: 2-14-97

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-312-55

STREET ADDRESS: 12800 Twilight Dr.

ZONING:

PROPERTY OWNER:

NAME: COOKE (last) WILLIAM (first) D. (mi)

ADDRESS: 12800 TWILIGHT DR PHONE: (704) 545-1451

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT 16 BLOCK 1 LOT SIZE (in acres): .75

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Enclosed porch, storage b/dg.

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

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)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] 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: William Cooke Date: 2/14/97

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.

W/S - enclosed porch & storage building.

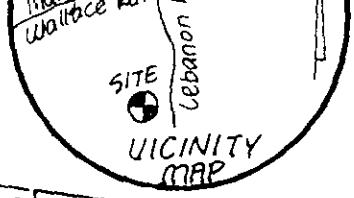
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...2/18/97 On-site visit. Mr. Cooke present. Approval to use existing system for enclosed porch & storage building. No change in sewage flow. Sewage disposal system located to front of residence - See record.

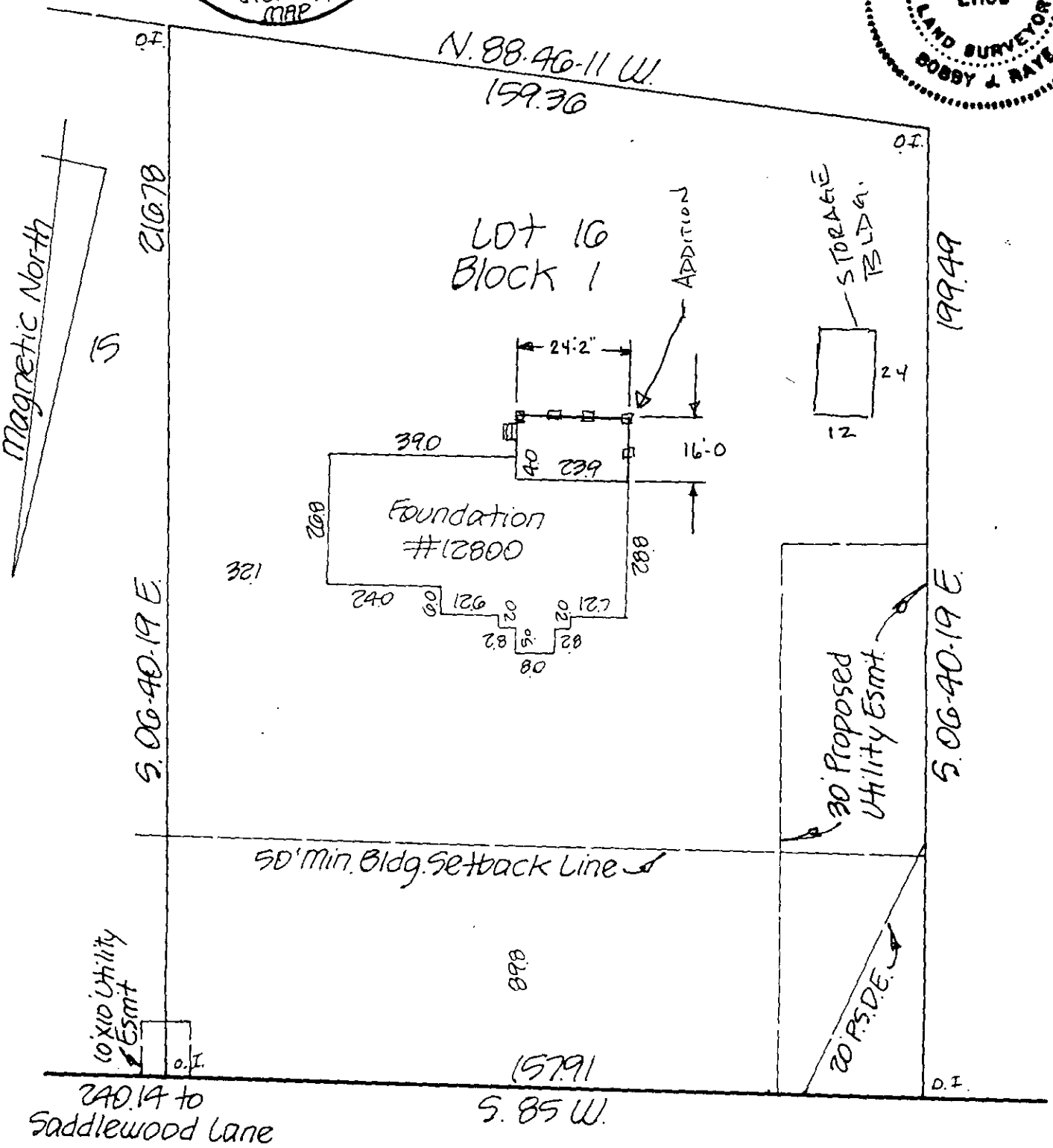
Lisa B. Mialik, RS 2/18/97
Environmentalist Date

WWATER : 122791

627 Eastway Drive
Charlotte, N.C. 28205







60' TWILIGHT DRIVE

Note: Submitted with 2/14/97 application to

Physical SURVEY OF

3935A
2/14/97

EXISTING STRUCTURE

Back of House

Front of House

Entrance Driveway

.91

.91

24'-2"

16'-0"

8'-0"

8'-0"

16'-0"

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3935A DATE: 1/16/92

TC: ☑ L ☑ CRT

SERIAL № 14004

Name of Owner William D. Cooke Juris.:

Address of Property 12800 Twilight Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107

Cover Depth 12"

Water Supply Source Comm Well

Distance to Water Source -

Excavation Inspected 1/16/92

Tank(s) Inspected 1/16/92

Wash Line Inspected -

High Water Alarm Inspected 1/16/92

PLOT

Design: 1992, 1500/ST, 1000 PT, Cont. 11,005 Sq/FT, 12" Cg Cecil Like CTR# 113

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:

TYPE II SYSTEM

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

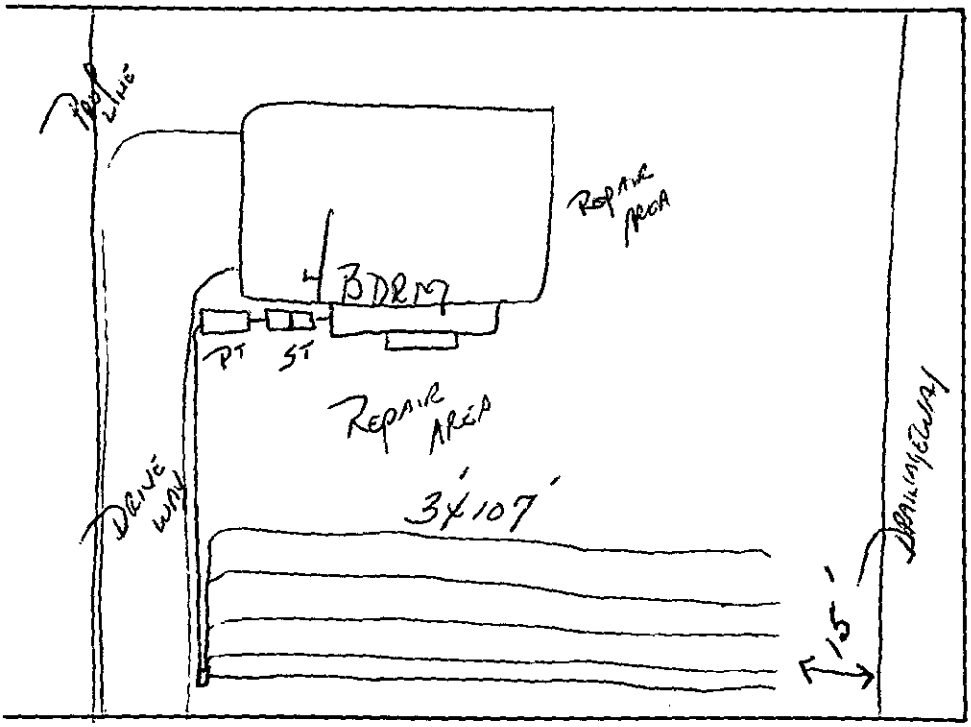
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3935A DATE: 12/18/91

TC: BL

SERIAL Nº 14094

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 12/18/91. All work shall be completed on or before 1/18/92, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5

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 William D Cooke

LOCATION OF PROPERTY 12800 Twilight Dr.

Comments: Install 5 Lines @ 3'x107' Start West to Drive

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.

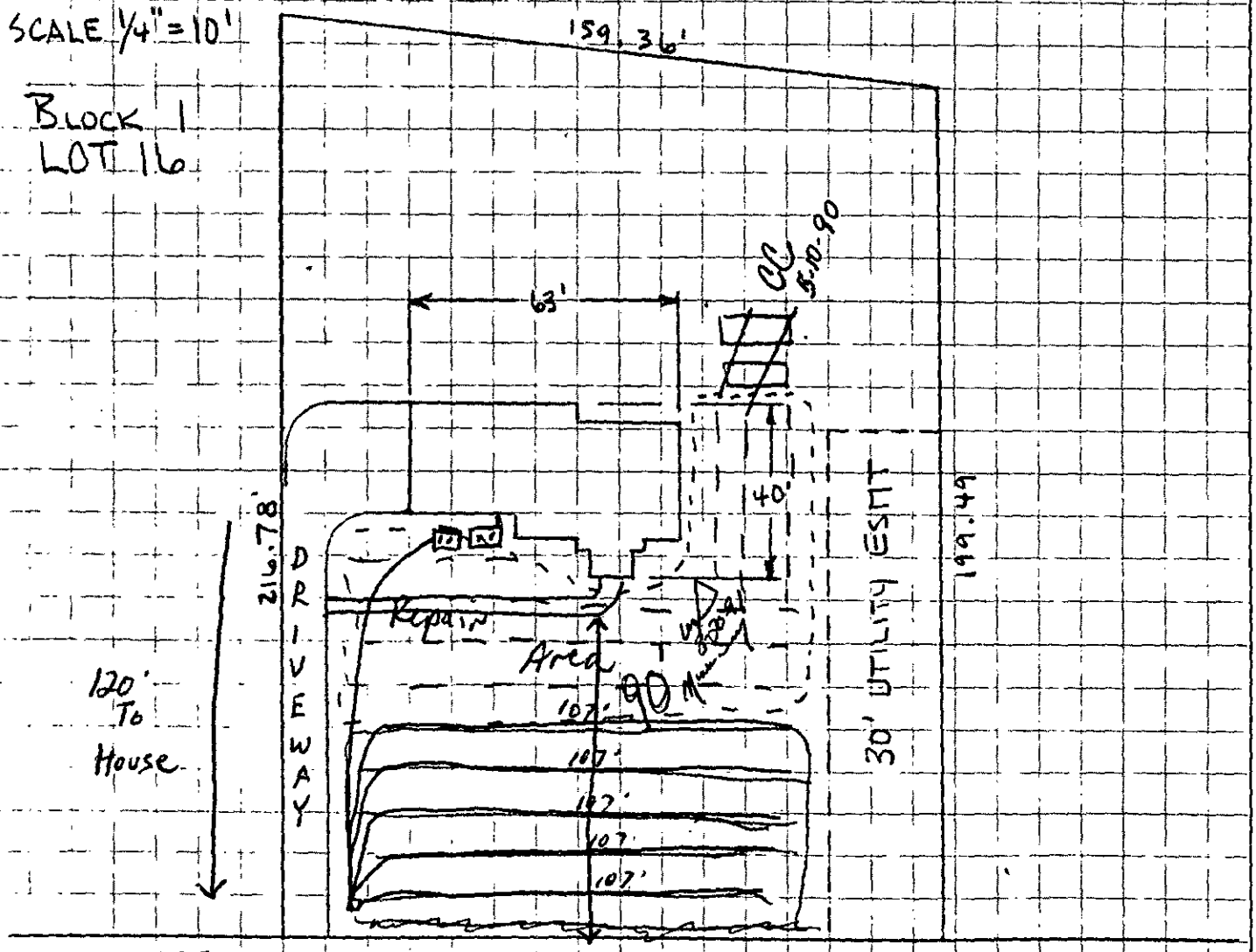
PROPOSED PLOT PLAN

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

FILE: 3935A

TC: 135 - 312 - 12 pv

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.



Cheryl Cooke 5-10-90

APPROVAL DATE 5/10/90 PSW

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: 3935A
TC: 135-312-1200
SERIAL: № 20981 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 2800 (STREET NO.) TWILIGHT DRIVE (STREET) ② FILE:
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 13531212 PO
⑤ SUBDIVISION: HIDDEN HILLS ⑥ LOT: 16 ⑦ BLOCK: 1

OWNER

⑧ NAME: WILLIAM (FIRST) DANIEL (MIDDLE) COOKE (LAST)
⑨ MAILING ADDRESS: 9115 MILTON MORRIS DR
⑩ CITY: CLT ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 334-7631 ⑭ (HOME) 545-1451

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? 4 ㉕ Type?
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☒ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: William D Cooke
Date: 5/4/90

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.

Phyllis S. Walter, 5/10/90
Environmentalist Date

Director or Authorized Section Head, 5/11/90
Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-4-90

Name/Company: William D. Cooke

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

[illegible]

[illegible]

I16

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: $ 200.00 MAY 4 [illegible]

NOTICE:

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

[illegible]
Completed by

CW
Collected by

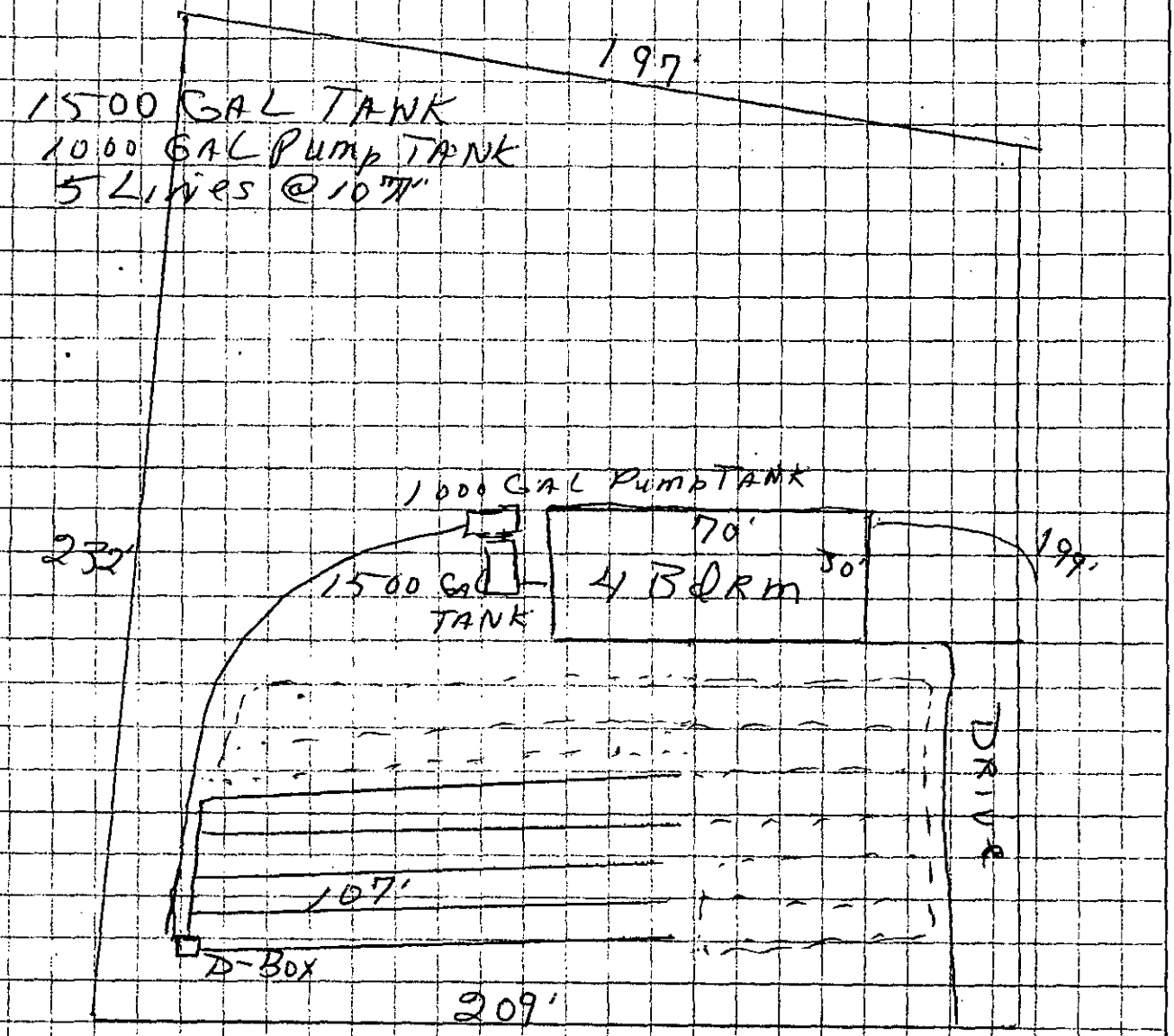
PROPOSED PLOT PLAN

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

FILE: 3935-A

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.



Section I Lot 16 [redacted] Twilight

Signed: Richard Williams

Date: 4-17-89

Mecklenburg County
Health Department

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

November 15th, 1988

Firstmark Development Corp.
6035 Florence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at 12800 Twilight Drive 16/1
FILE: 3935A
PARCEL: 13521212 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 11931) 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 11931

File: 3935A Action 1

Parcel: 0135-212-12 ☐ PC

Location: 12800 Twilight Drive

Subdivision:

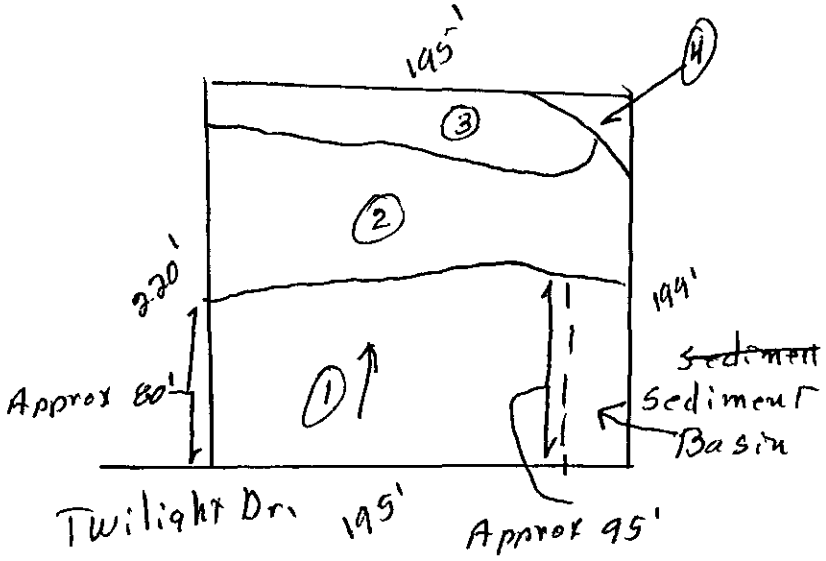
Lot: Block: Acres: .94

Owner: Firstmark Development Corp.
Address: 6035 Florence Avenue
Charlotte, N. C. 28212

Comments: System may need lift pump

Described by: William R. Marlin

Date: 11-13-86



***** 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 2-10%	S PS (U) Drainageway Depression	S PS (U) complex slopes	(S) PS U 2-12%	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S (PS) U Some 2-clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S (PS) U Blocky	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS (U) seasonal water 24-30"	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S (PS) U 36"+	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S (PS) U >36"	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	IVA Cecil-Lilla	Drainageway Depression	complex slopes	IVA Cecil-Helena		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Old 1977A 30.00 3933A

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 3935A

TC: _____

☐ PC ☐ REPT

see file 3933A for charge slip

JOB LOCATION

① ADDRESS: 12800 TWILIGHT DRIVE

② SUBDIVISION: HIDDEN HILLS ③ LOT: 16 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: PD 135 PAGE NO.: ~~312~~ 212 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 22 PAGE NO.: 126

OWNER

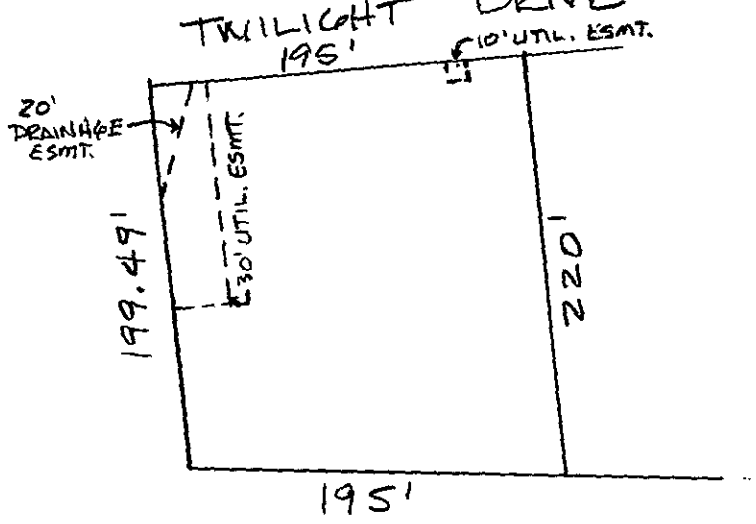
⑦ NAME: FIRSTMARK DEVELOPMENT CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6035 FLORENCE AVENUE

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536.1495 (HOME) —

⑬ Accurately diagram and dimension lot.



1"=100'

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: _____ -V.Pres.

Date: Nov. 1, 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

Cck. #50 & 5/25/88 Imp. Permit

Ck#1214

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

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

(OFFICE USE ONLY)

FILE: 3935A

TC: _____

SERIAL: Nº 14857

☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 12800 (STREET NO.) Twilight (STREET) Drive ② FILE: 3935A

③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 135 312 12 P.O.

⑤ SUBDIVISION: Hidden Hills ⑥ LOT: 16 ⑦ BLOCK: 1

OWNER

⑧ NAME: Firstmark (FIRST) Development (MIDDLE) Corp. (LAST)

⑨ MAILING ADDRESS: 6035 Florance Ave., Suite 100

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212

⑬ PHONE: (WORK) 536-1495 ⑭ (HOME) N/A

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? 3

㉕ Type? _____

㉓ Maximum occupancy? 6

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☒ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Richard Williams

Date: 5-25-88

IMPROVEMENT PERMIT

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

. . . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Lot Stat. on required

Environmentalist — Date

Director or Authorized Section Head — 7-29-88 — Date

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

PROPOSED PLOT PLAN

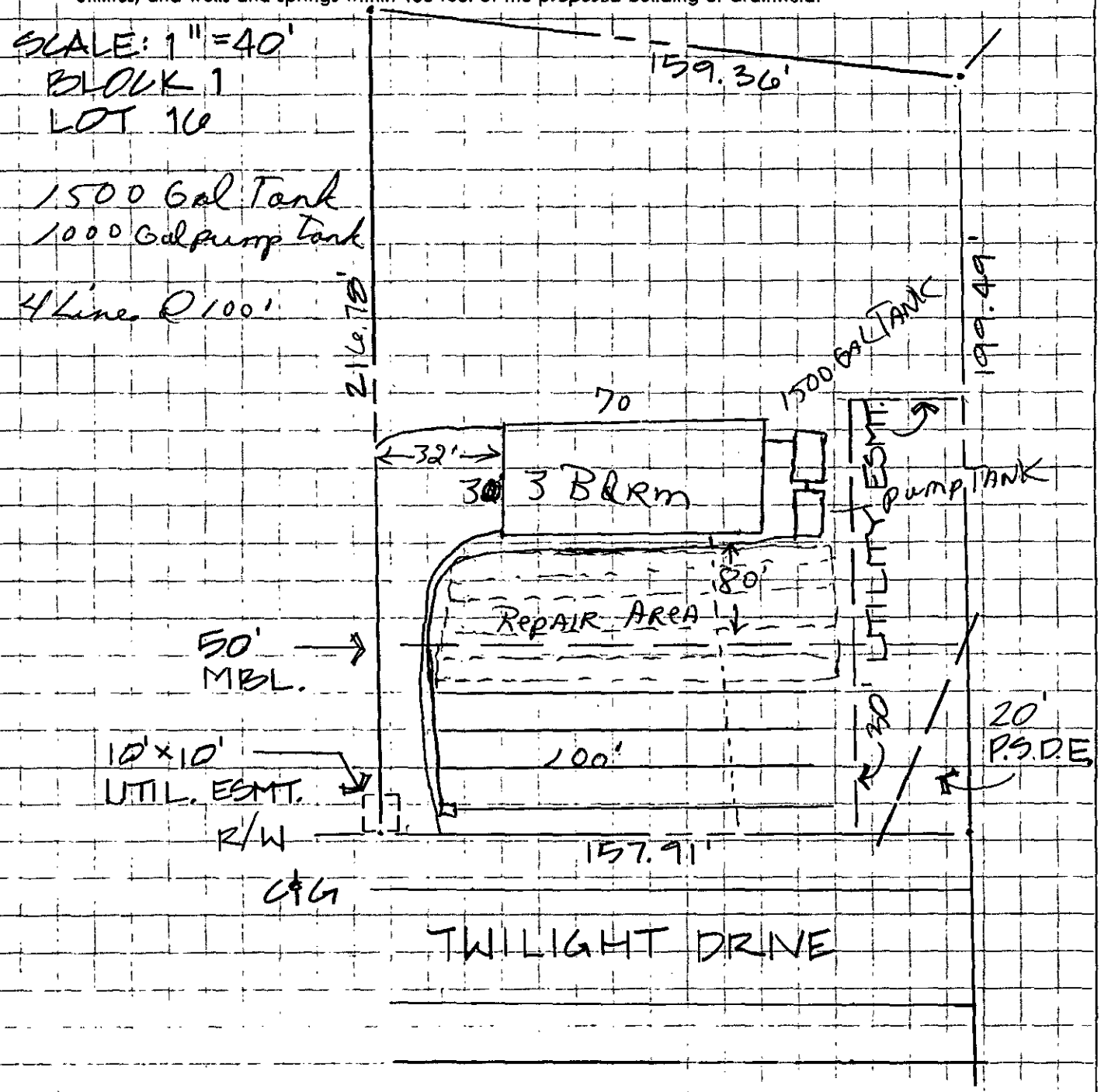
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

FILE: 3935 A

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: Richard Williams

Date: 5-19-88

MECKLENBURG COUNTY
Department of Environmental Health

September 22nd, 1987

Firstmark Development Corp.
6035 Florence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at Twilight Drive 16/1
FILE: 3935A
PARCEL: 13521212 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 14630) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14630

File: 3935A

Action 1

Parcel: 13521212 PO

☐ PC

This is lot 16, not 14- Application in error.

Location: Twilight Drive

Subdivision:

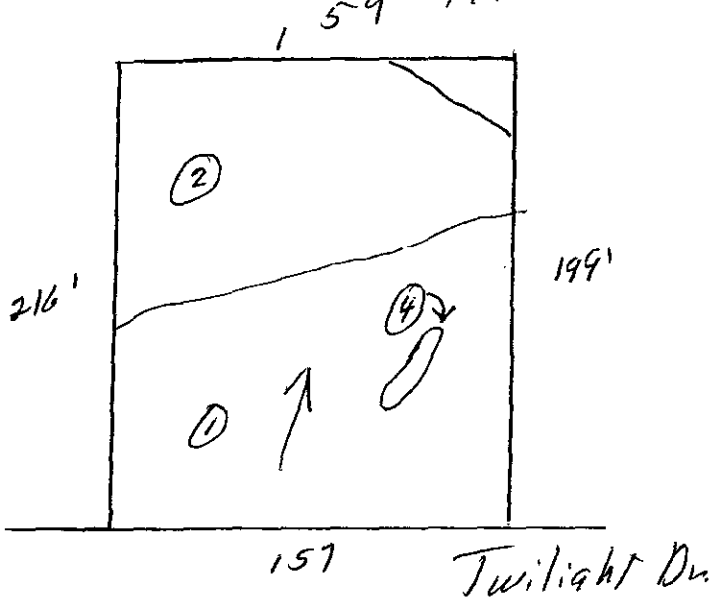
Lot: ~~16~~ 16 Block: Acres: .75

Owner:
Address: Firstmark Development Corp.
6035 Florence Avenue, Suite 100
Charlotte, NC 28212

Comments: System may need lift pump

Described by: William R. Marlin

Date: 9-22-87



***** 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) Depression	(S) PS U 2-8%	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U Clay	S PS (U) 2-4 clay	S PS (U) 2-4 Clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS (U) seasonal water 10-24"	S PS (U) perched water 18"	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U 36"+	S (PS) U 36"+	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U 36"+	S (PS) U >36"	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	IVA Cecil-Lilly	IVB Depression Drainageway	IVB Helena-Lilly	Depression		
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: 3935A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Twilight Drive

② SUBDIVISION: Hidden Hills ③ LOT: 14 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 135-312-12 ~~135-312-12~~

⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

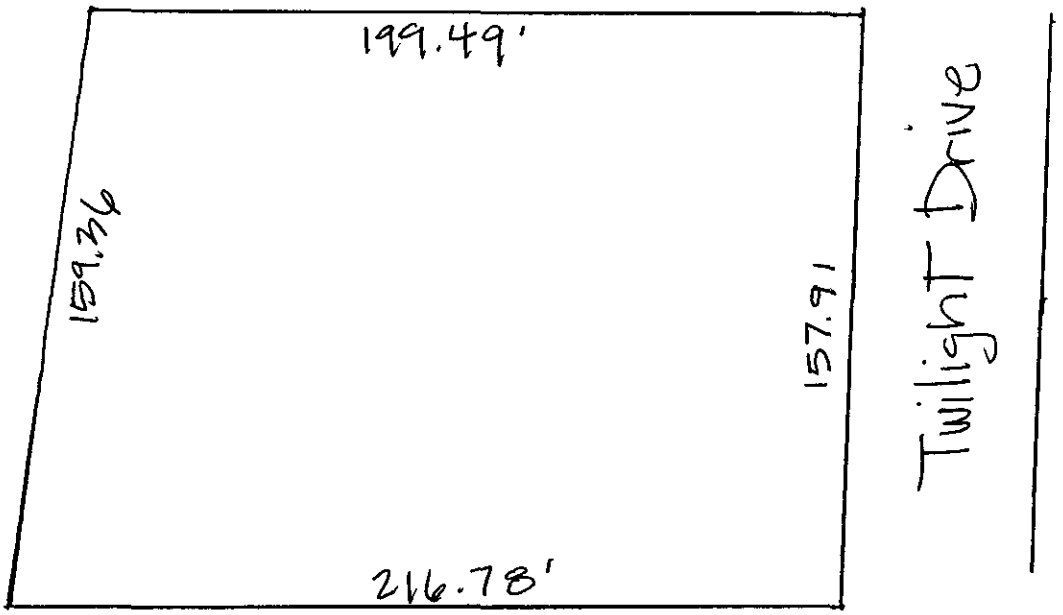
⑦ NAME: Firstmark Development Corp.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6035 Florence Ave., Suite 100

⑨ CITY: Charlotte, ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536-1495 (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: Steven D Caldwell

Date: 9-15-87

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