

12011 PLATON AV

01515137

6/27/2007

duponbj

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

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

40 #2

Sheet: _____

Property ID: 015-153-17 #5

Lot #: _____

File #: 7216A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Arthur L. Wallace APPLICANT: Tallye & Janice Lenders

ADDRESS: 12011 Pleston Ave; Huntersville DATE EVALUATED: 5-4-99

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .17

LOCATION OF SITE: Common Drive PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☐~~Well~~ ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	2-8% .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	0-4"	gr/cl	Fr/SEXPl SS/SP	748" TO soil wetness	46"	N/A	None	PS .391 F2 IV
		4-48"	SBK/ C	Fi/SEXPl SlP					
2	LS	0-5"	gr/ Cl	Fr/SEXPl SS/SP	748" TO soil wetness	46"	N/A	None	PS .391 F2 IV
		5-40"	SBK/C	Fi/SEXPl SlP					
		40-48"	SBK/Cl	Fr/SEXPl SS/SlP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	45	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W.R. Mullis 5-5-99

OTHER(S) PRESENT: DSS

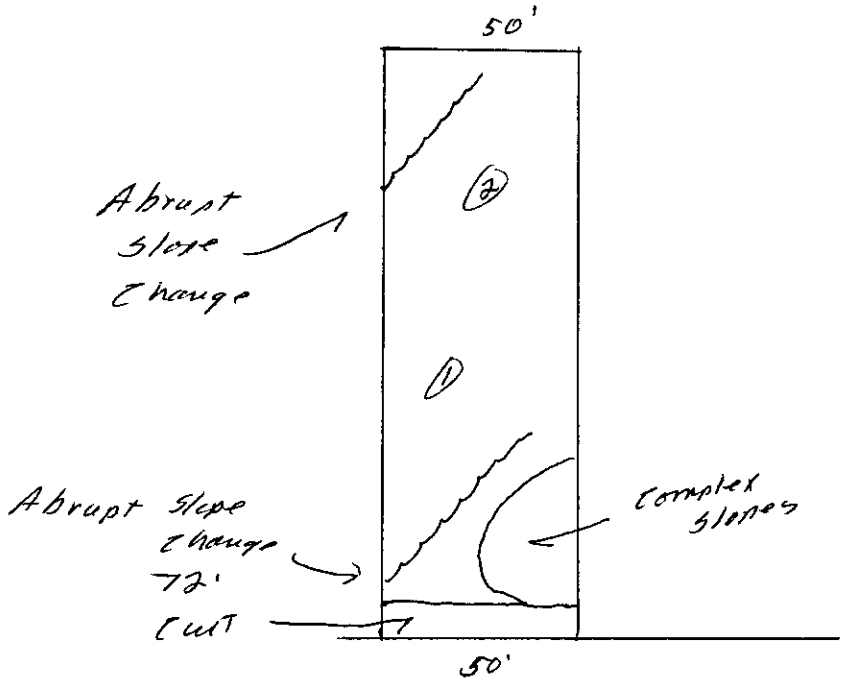
FILE # 1276 A

COMMENTS

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	



FEE: 100.00 CK# 858
DATE: 3-23-99
Well fee slip

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

COPY 1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 7276A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-153-20-19

STREET ADDRESS: Louben Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 8 & 7 465

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
✓ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 2,000

NUMBER OF BEDROOMS: 3/4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

None

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

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
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Arthur L. Wallace, Jr & Deborah F. Wallace
(LAST) (FIRST) (MI)

ADDRESS: 12011 Platon Ave

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: 704 875-2960

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Lindsey (FIRST) Tallye and Janice (MI)

DAYTIME PHONE: ~~704-~~ -704-388-3649 (W)

Mobile (704) 906-1374

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8-10-94

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Arthur & Deborah Wallace DATE: 3/18/99

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

PROPOSED PLOT PLAN

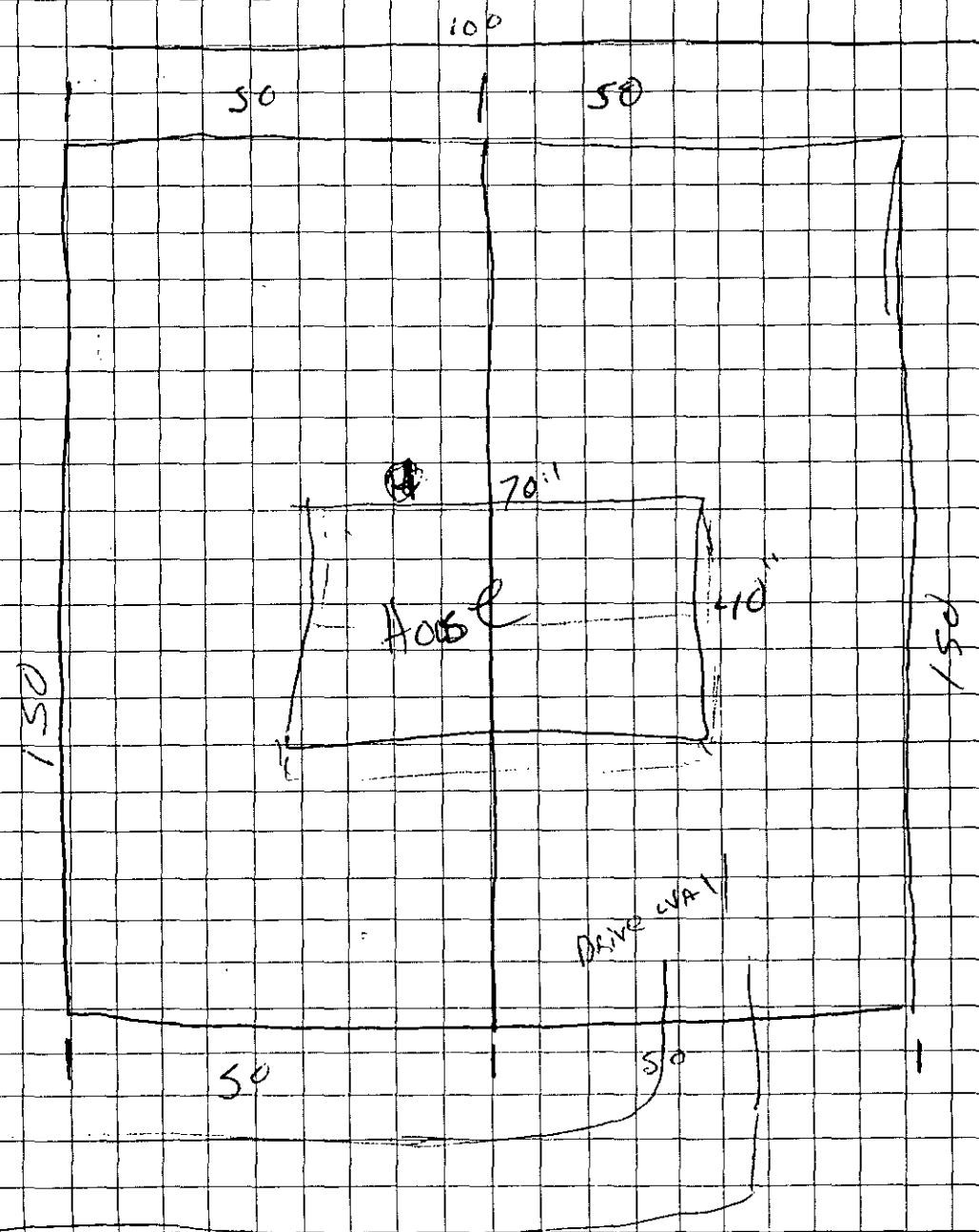
COPY

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

FILE: 7276A

TC: 015-153-19 12

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.



Tallye & Janice Lindsey
OWNER/AGENT SIGNATURE

DATE 3/18/99

APPROVAL DATE _____

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

017

019

PG. 18

PG. 14

PG. 16

TAX LINE MAP
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 4-30-36 | SCALE 1" = 200' | BOOK 15 PAGE 15

FOR TAX PURPOSES ONLY

386-1344 FAX
Janice Lindsey

MONTECARLO DR.
RD #2117
HAMBRIGHT
AVE.
TITAN
PLATON
GABLE LN.
MALABAR RD.
VENUS LN.
COWAN DR.
O'HARA ST.
DR.

157 156 155 154 153 152 151

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

#2

Sheet: _____
Property ID: 015-153-15,16
Lot #: 324
File #: 1276A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Arthur L. Wallace APPLICANT: Tully & Janice Sanders
ADDRESS: 17011 Bladon Ave, Huntersville DATE EVALUATED: 4-6-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .34
LOCATION OF SITE: Cowan Drive PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 2-10% .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	0-6"	gr/cl	Fr/SExP/SS/SP	7.5YR 6/8 to soil wetness	46"+	N/A	None	PS .391 Fz II
		6-46"	SBK/c	Fi/SExP/S/P					
2	LS	0-8"	gr/cl	Fr/SExP/SS/SP	7.5YR 6/8 to soil wetness	46"	N/A	None	PS .391 Fz III
		8-40"	SBK/c	Fi/SExP/S/P					
		40-48"	SBK/cl	Fr/SExP/SS/SP					

Jeff, this one is going to be tight.

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	46	46
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin LSS 4-7-99
OTHER(S) PRESENT: A. Wallace

FILE # 1276A

COMMENTS System should not require NOC Repair using previously recorded data 324

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

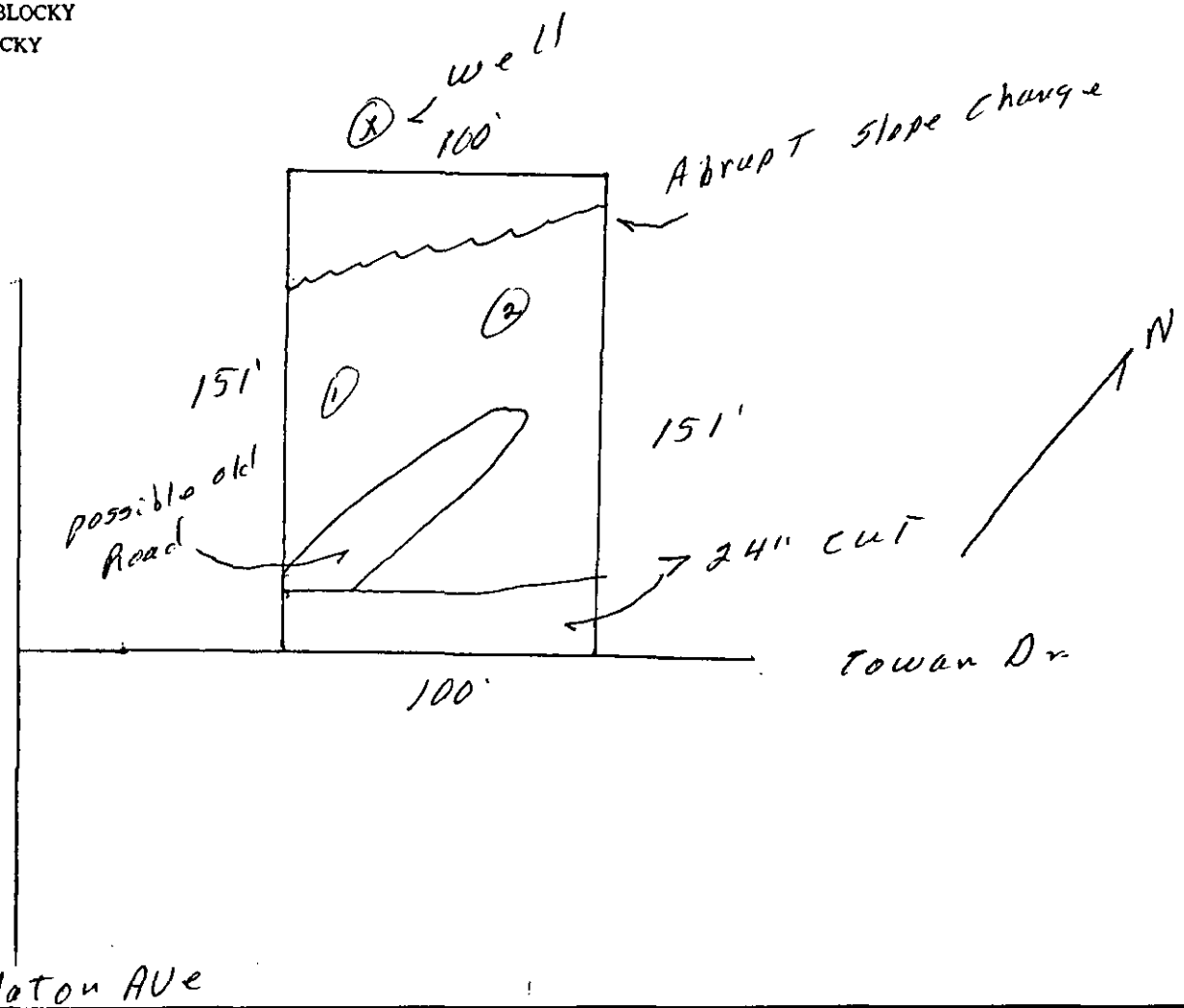
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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

Sheet: _____
Property ID: 015-153-15,16
Lot #: 3 2 4
File #: 2276A

pd. 750 ck# 880 4-28-99 VW

Upgraded 2nd Site #2 (400)

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Arthur L. Wallace
APPLICANT: Tullye & Janice Teasley
ADDRESS: 12011 Pluton Cove, Huntersville
DATE EVALUATED: 4-6-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: .34
LOCATION OF SITE: Cowan Drive 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS Slopes 2-10%	0-6"	gr/cl	Fr/SExP/ss/sp	7.5YR 5/8 mottles wetness	46"+	N/A	None	PS .391 Fz IV
		6-46"	SBK/cl	Fi/SExP/ss/p					
2	LS	0-8"	gr/cl	Fr/SExP/ss/sp	7.5YR 5/8 mottles wetness	46"	N/A	None	PS .391 Fz IV
		8-40"	SBK/cl	Fi/SExP/ss/p					
		40-48"	SBK/cl	Fr/SExP/ss/sp					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Medlin LSS 4-7-99
OTHER(S) PRESENT: A. Wallace

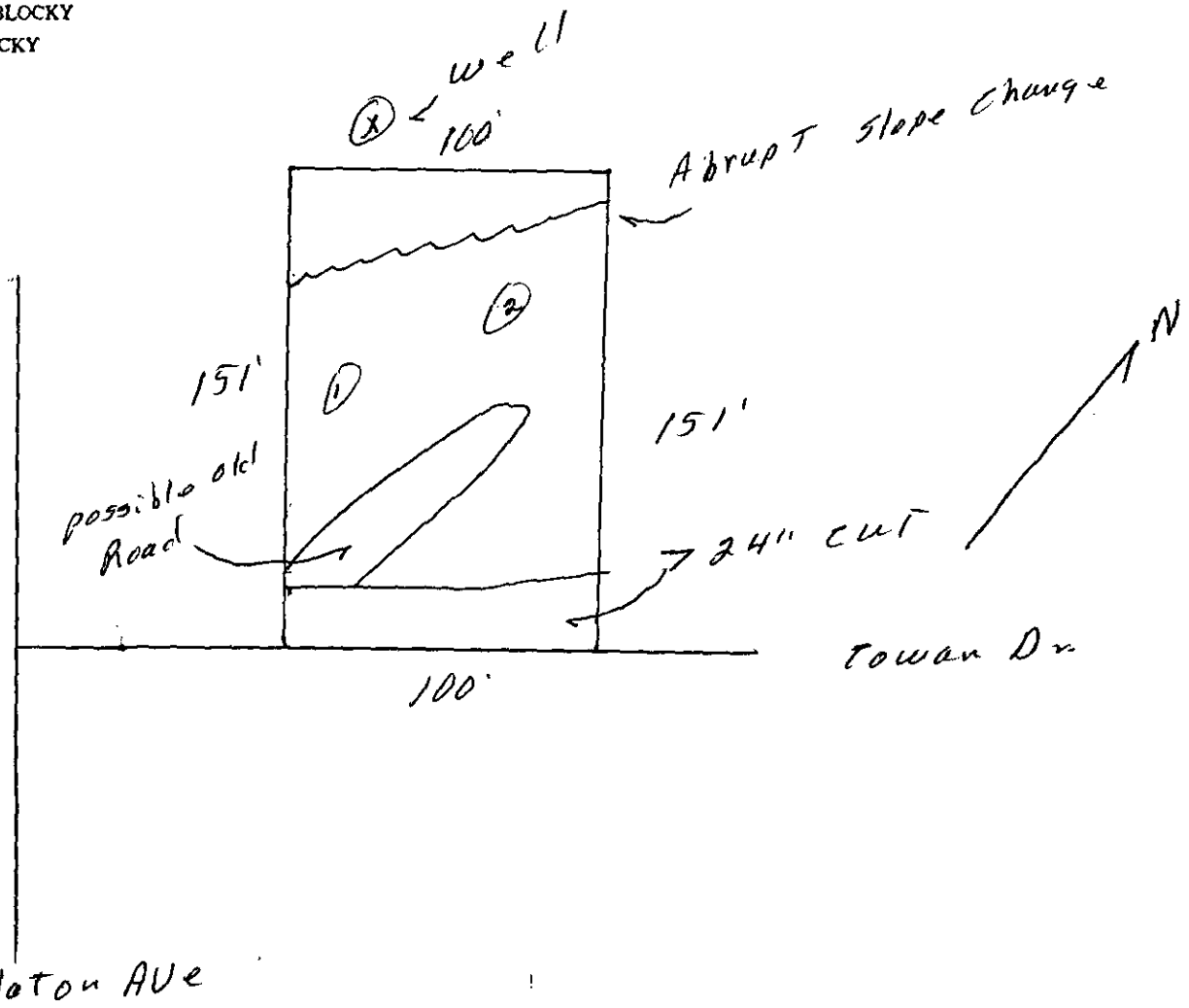
FILE # 1276A

COMMENTS System should not require NOT Repair using previously recorded lots 324

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	



TradeStreet

DATE April 19, 1999

TO Jeff Knight

COMPANY

FAX 336-6894

FROM Janice Lindsey

TEL 388-3649

COMMENTS

Total number of pages 2

FEE: 100.00 CK# 858
DATE: 3-23-99
Fee slip

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 7276A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 15 + 16

TAX/PARCEL NUMBER: 015-153-20-6.19

STREET ADDRESS: Lowan Drive

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
✓ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~8~~ 7 ~~3~~ 4 ~~4~~ 65

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3/4 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

None

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

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
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Arthur L. Wallace, Jr + Deborah R Wallace
(LAST) (FIRST) (MI)

ADDRESS: 12011 Platon Ave

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: 704 875-2960

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Tallye and Janice
(LAST) Lindsey (FIRST) (MI)

DAYTIME PHONE: ~~704~~ - 704-388-3649 (W)

Mobile (704) 906-1374

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8-10-94

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Arthur & Deborah Wallace DATE: 3/18/99

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

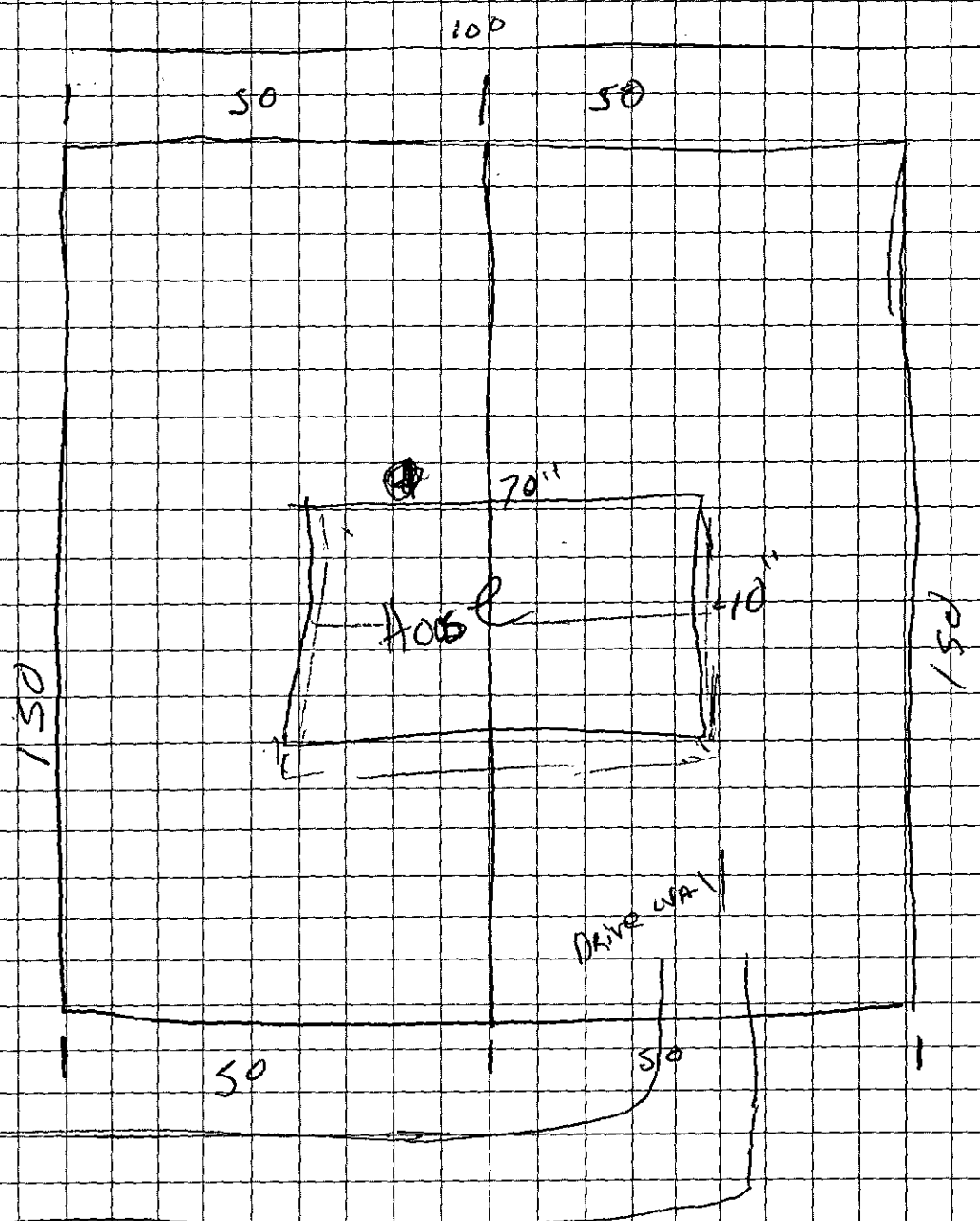
PROPOSED PLOT PLAN

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

FILE: 7276A

TC: 015-153-19-2020

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.



Tallye & Janice Lyndsey
OWNER/AGENT SIGNATURE

DATE 3/18/99

APPROVAL DATE _____

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 3/19/99

Name/Company: Tallie and Janice Lindsey

Sanitation _____

Vector Control _____

IWWS ✓

Service: soil test

Fee: $ 100.00 Ck # 858

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

JSW
Completed by

Natalie Y. Jones
Collected by

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
3/19/99	IWWS Soil Test	100 00	100 00	0	0	0	Jamie B. Lindsey

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

11727

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

Clk 858

Thank you

Mecklenburg County
Health Department

March 5th, 1991

Lakeside Estates Inc./Americana Pk.
1320 E. Morehead
Charlotte, NC 28204

RE: Property located at Cowan Drive L.3-8/f
FILE: 7276A
PARCEL: 015-153-(15-20

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 17021) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17021

File: 7276-A Action 1

Parcel: 015-153-5 15320 PC

Location: COWAN DR

Subdivision: NORMAN PARK

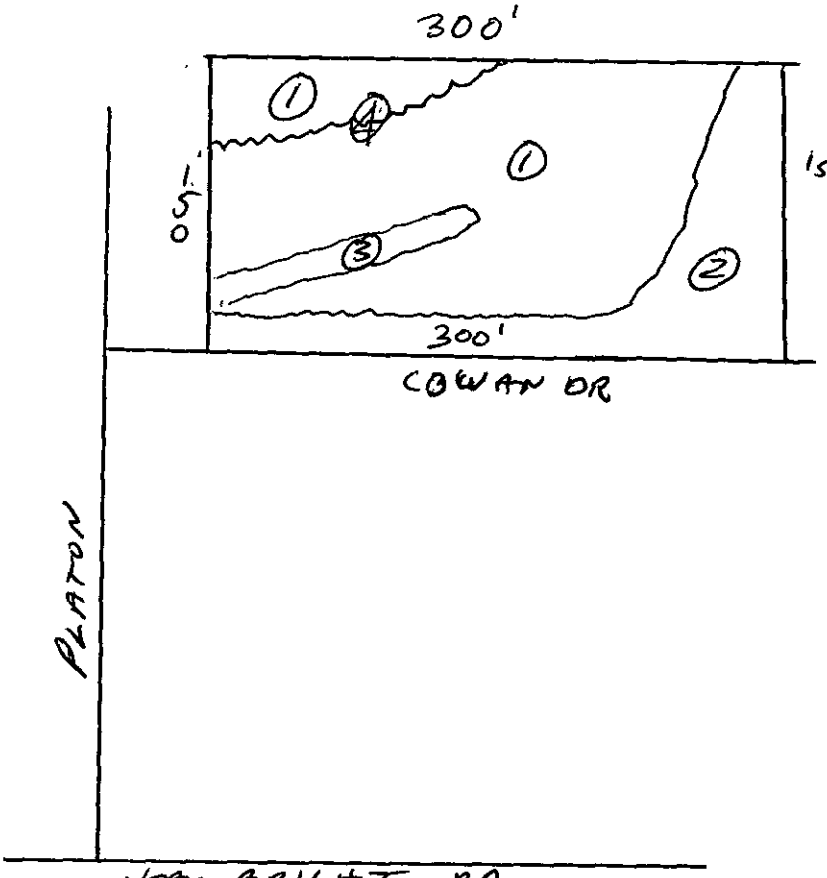
Lots: 3,4,5,6,7,8 Block: Acres: 1.00

Owner: LAKESIDE ESTATES INC
Address: 1320 E. MOREHEAD ST
CHARLOTTE, N.C. 28204

Comments: 100% REPAIR

Described by: Kelly Randall

Date: 2-28-91



***** 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 2–15%	S PS (U) COMPLEX SLOPE EMBANKMENT	S PS (U) DEPRESSION	S PS (U) TERRACE	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 <48"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U <48"	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 17021

File: [illegible] Action [illegible]

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision: [illegible]

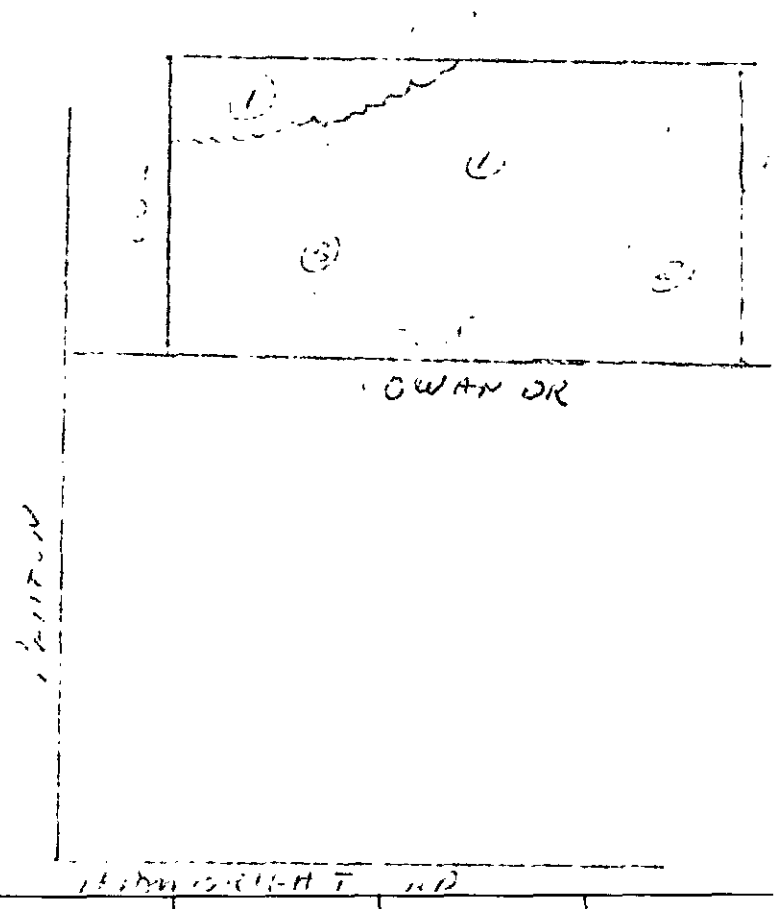
Lot: [illegible] Block: Acres:

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
Soil Group/Series	[illegible]					
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: 7276A

TC: 015-153-~~[illegible]~~15-20

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS:

② SUBDIVISION: NORMAN PARK COWAN DR ③ LOT: 3-4-5-6-7-8 ④ BLOCK: F

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 015-153/15-20

⑥ DEED REFERENCE: BOOK NO.: 2392 PAGE NO.: 279

LAKESIDE ESTATES. INC./AMERICANA PARK ~~INC~~.

⑦ NAME: _____
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1320 E. Morehead.

⑨ CITY: Charlotte ⑩ STATE: N.C ⑪ ZIP: 28204

⑫ PHONE: (WORK) 377-6451. (HOME) _____

⑬ Accurately diagram and dimension lot. COWAN DR.

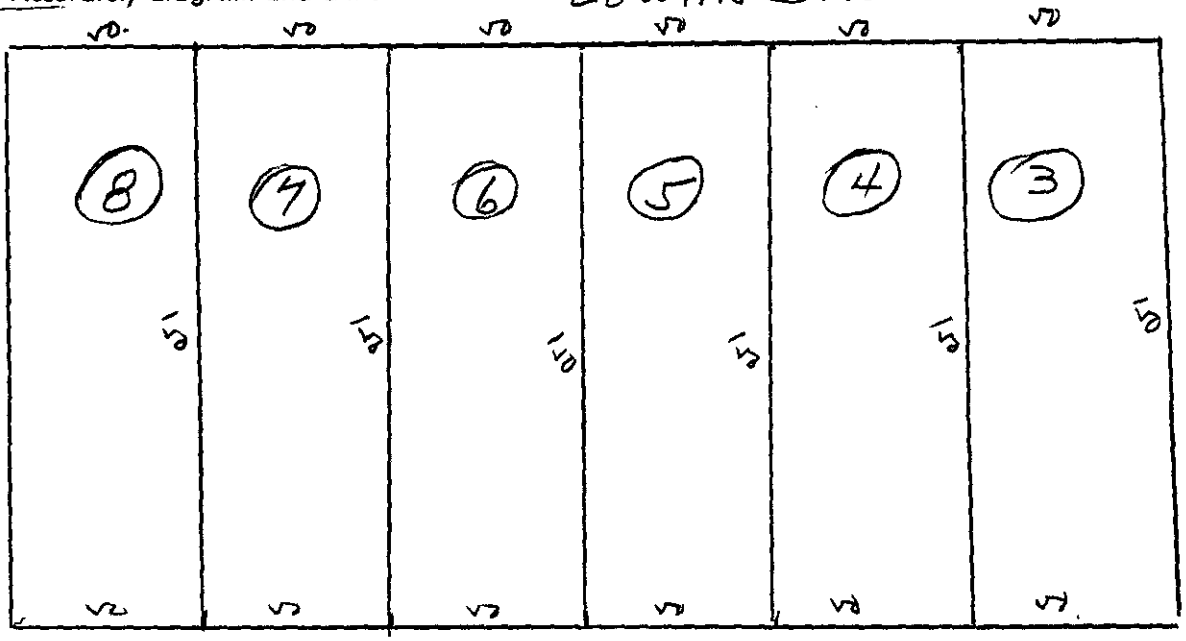


Diagram as

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: A. Lucas Pruett

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

Date: 2-7-91.

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-11-91

Name/Company: Cove Lakeside Estates, Inc

c/o in reply: Robert D. Wallace Jr.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Soil Invest. (1 acre total)
Lots 3, 4, 5, 6, 7 & 8 Cavern Drive

P: 015-153/15-20

T/A: 7276A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 11 1991

Fee: $ 50.00 CK # 3003

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