

10816 PARKTON RD

11116416

6/25/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Soil # 01 Lot 3 1/19 [] 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 7095A

PERSON FILING APPLICATION:
NAME: MATTHIA Q. HARRISON
(last) (first) (mi)
ADDRESS: 10816 PARKTON RD PHONE: (__) 573 3135
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date:

PROPERTY OWNER:
NAME: HARRISON MATTHIA Q.
(last) (first) (mi)
ADDRESS: SAME PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-164-16
STREET ADDRESS: 10816 PARKTON RD
CHARLOTTE
ZONING:

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:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

1963

[] 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) Detached

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: 3 NUMBER OCCUPANTS: 2

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)
[X] 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: Matthia Q. Harrison Date: 2-19-99

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.

...2/23/99 USE EXISTING SYSTEM

[] 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 2/23/99 Date

WATER : 122791

DW

PROPOSED PLOT PLAN

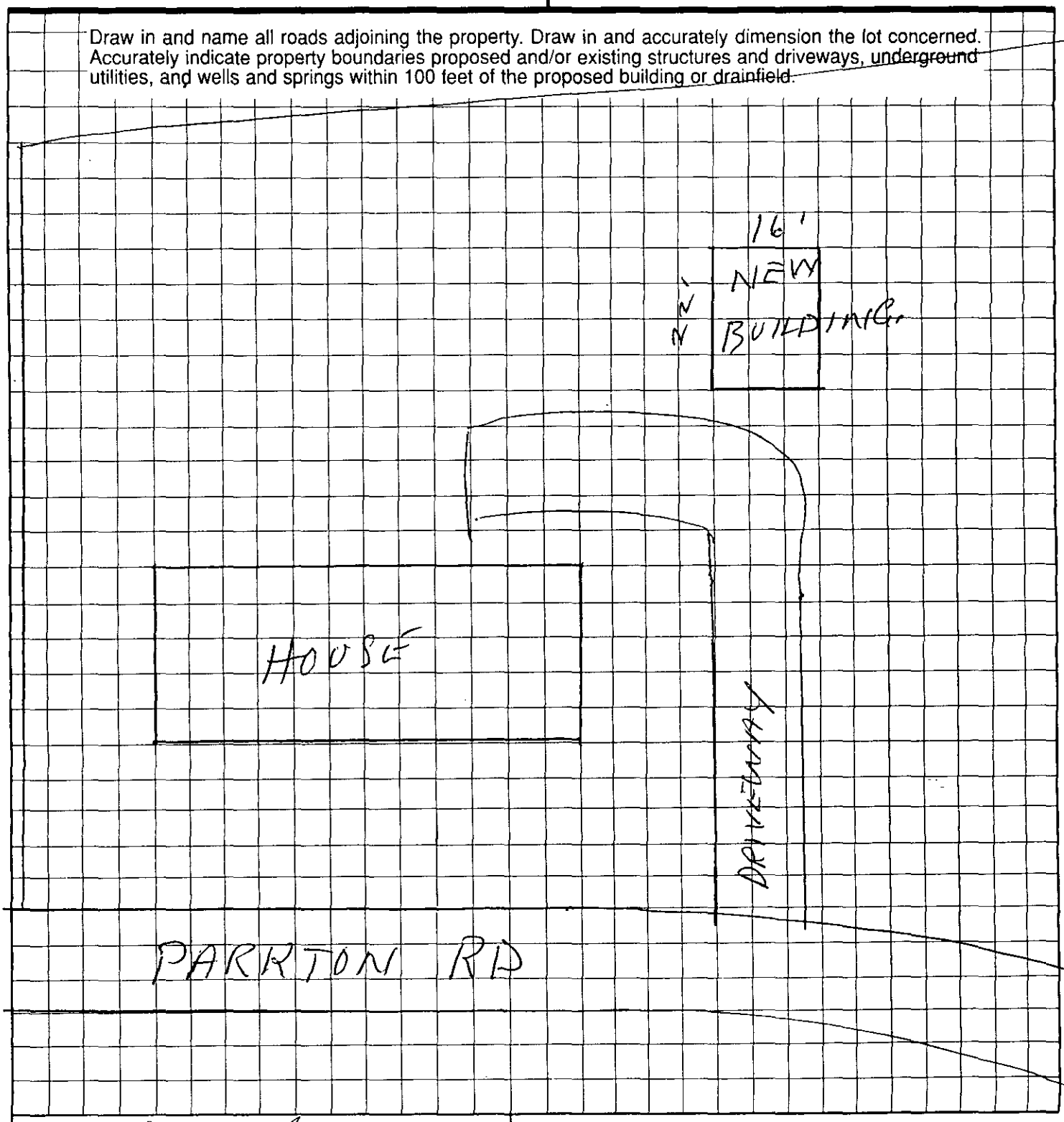
COPY

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

FILE: 1095A

TC: 111-164-16

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.



Matthew S. Hamm
OWNER/AGENT SIGNATURE

DATE 2-19-99

APPROVAL DATE _____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

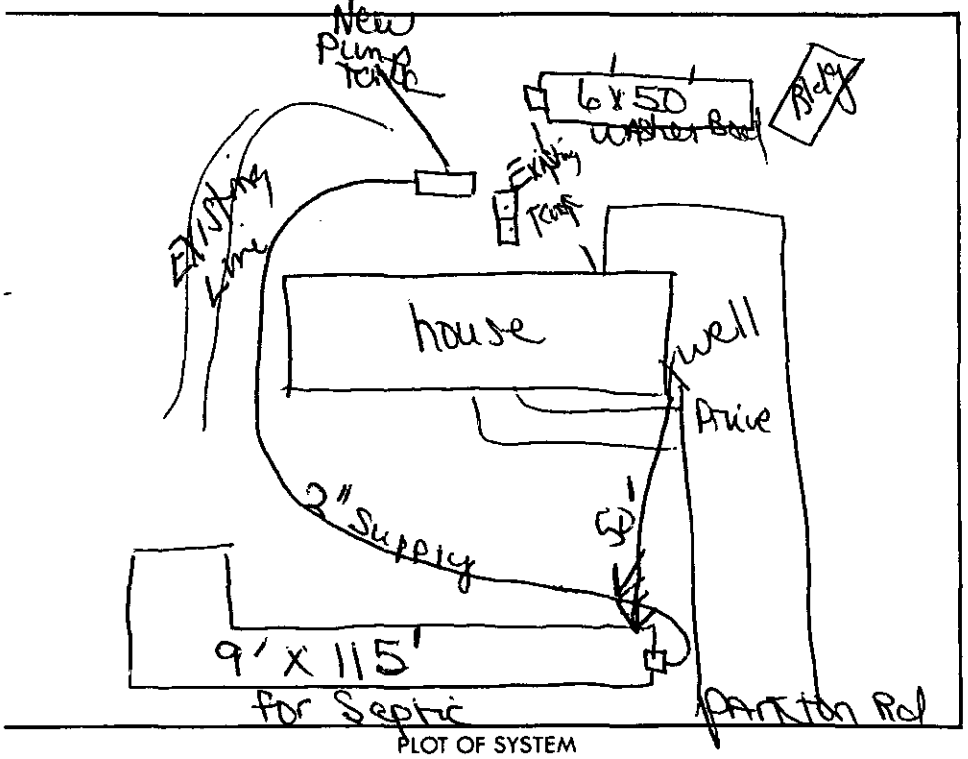
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7095A DATE: 1/3/91

TC: 111-181-15 R L

SERIAL Nº 14912

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 1/3/91. All work shall be completed on or before 2/3/91, 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 _____ gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 9 X 115 feet

Total Line Length 345' feet

Number of Lines 3

Depth of Stone 17" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Worley Everette

LOCATION OF PROPERTY 10816 Parton Rd

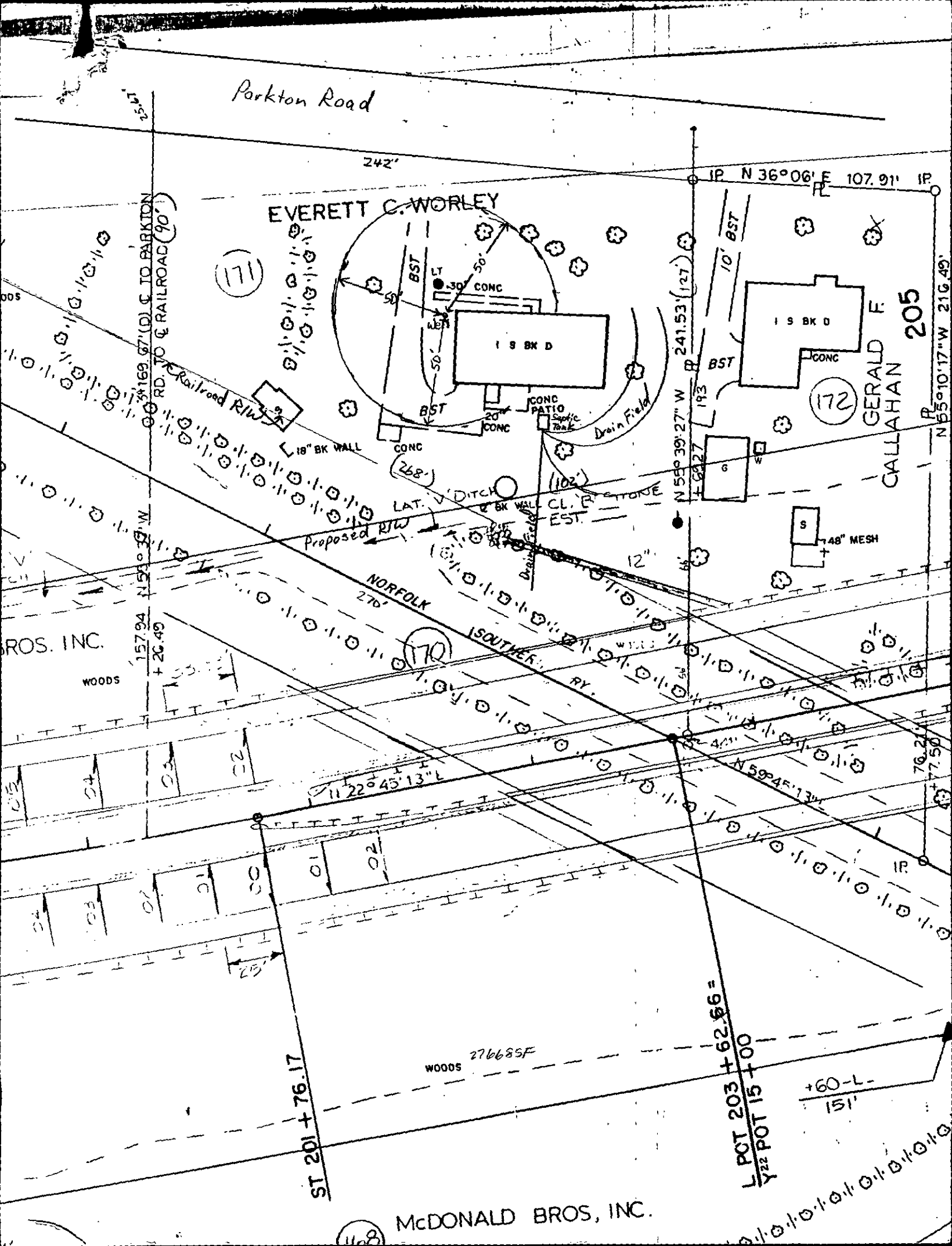
Comments: INSTALL for Washer 6'X50' bed, 12" Stone
INSTALL for Septic: New Pump Tank, 2" Supply Line w/ D-Box
New 9'X115' 17" Rock

Division or Section Head

Judy J. Kiser R.I.
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.

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


Parkton Road
242'
IP N 36°06' E 107.91' IP
EVERETT C. WORLEY
171
BST
50'
30' CONC
1 S BK D
CONC PATIO
Septic Tank
Drain Field
20' CONC
CONC
18" BK WALL
Railroad R/W
3+169.67 (D) ℄ TO ℄ RAILROAD
RD. TO ℄ RAILROAD (90')
(268')
LAT. V. DITCH
Proposed R/W
N 53° 39' W
157.94
+ 26.49
NORFOLK SOUTHERN RY.
170
WOODS
BROS. INC.
(102')
6" BK WALL
CL. 'R' STONE EST.
N 55° 39' 27" W
241.53' (127')
193
+ 64.27
G
W
S
48" MESH
10' BST
1 S BK D
CONC
172
GERALD F. CALLAHAN
205
N 65° 10' 17" W 216.49'
12"
Drainfield
11 22° 45' 13" L
N 59° 45' 13" W
IP
76.27
77.50
276685SF
ST 201 + 76.17
L POT 203 + 62.66 =
Y22 POT 15 + 00
+60-L-
151'
McDONALD BROS, INC.

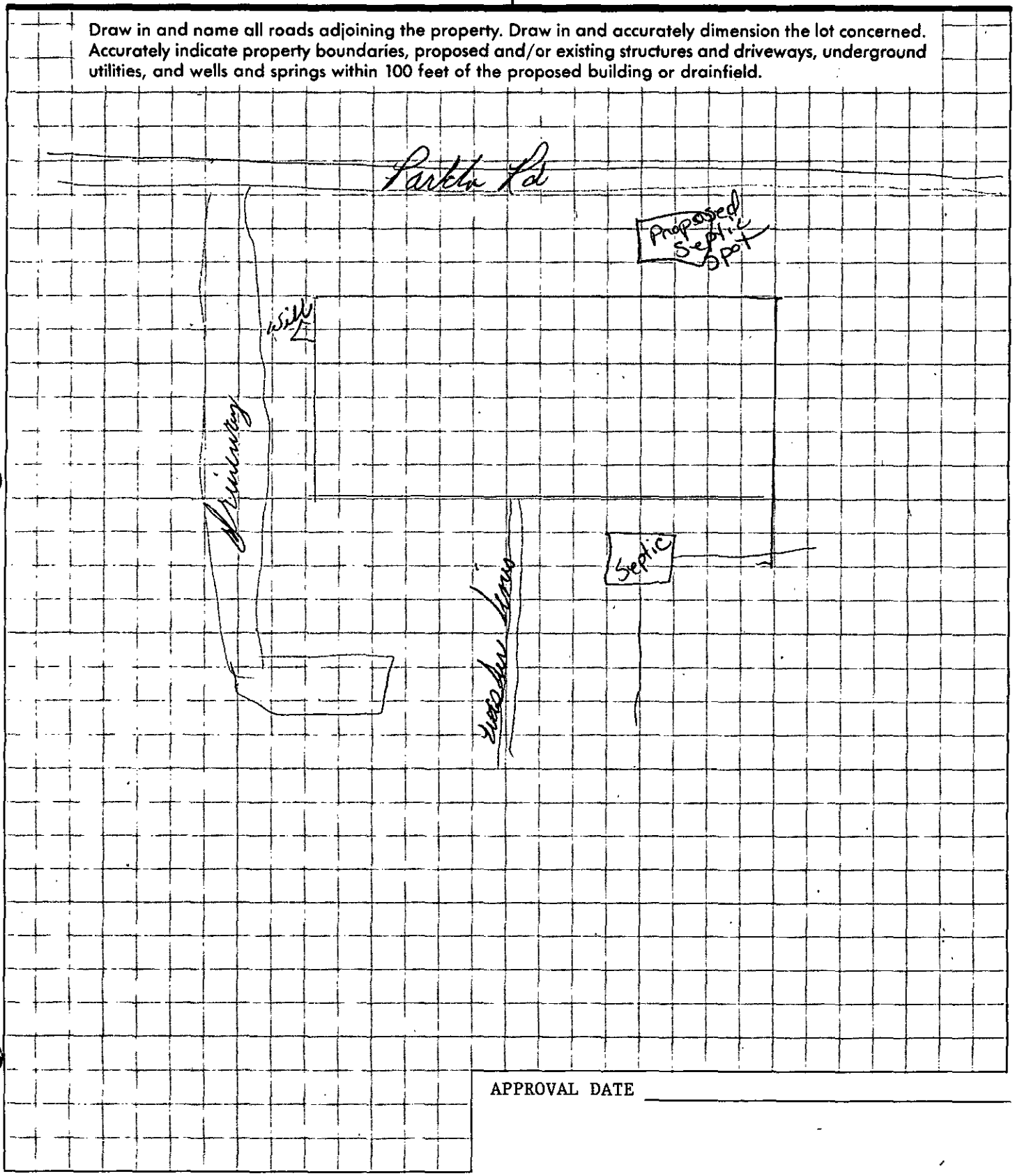
PROPOSED PLOT PLAN

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

FILE: 7095A

TC: 111-181-13

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

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

(OFFICE USE ONLY)

FILE: 7095A

TC: 111-181-15

☑ PC ☐ REPT Parcel 171

JOB LOCATION

① ADDRESS: 10816 Parkton Road

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

⑤ PARCEL REFERENCE: BOOK NO.: 111 PAGE NO.: 181 PARCEL NO.: 15

⑥ DEED REFERENCE: BOOK NO.: 5271 PAGE NO.: 97

OWNER

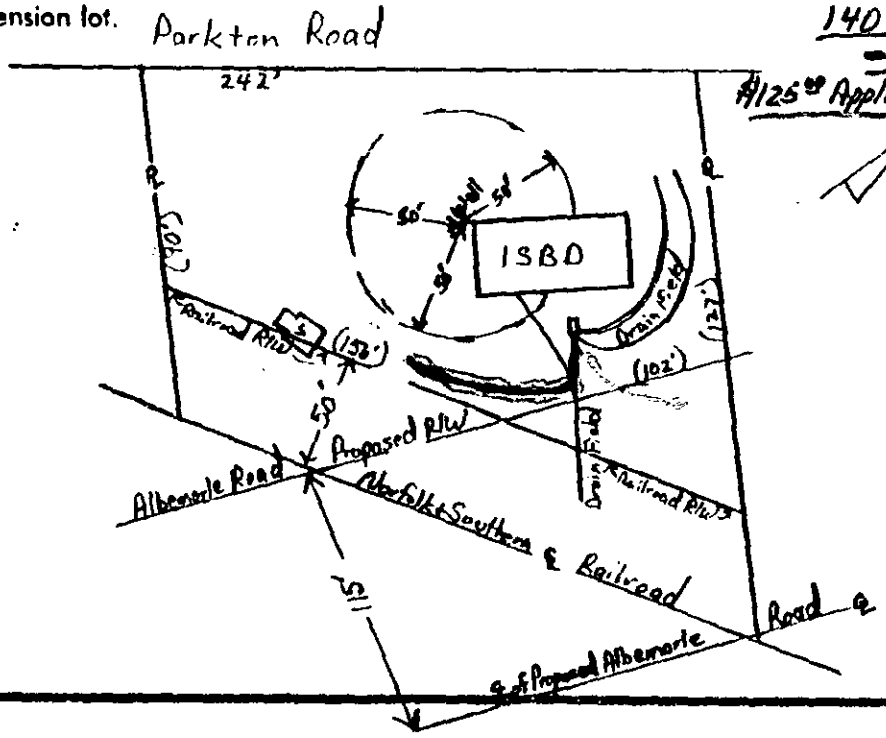
⑦ NAME: Everett (FIRST) C. (MIDDLE) Worley (LAST)

⑧ MAILING ADDRESS: 10816 Parkton Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 545-9737 (HOME) 545-8454

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: Everett C. Worley

Date: 10/18/90

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

SITE EVALUATION REPORT
SERIAL NUMBER 16775

Parcel: 111-181-15

Action 1

PC

Location: 1016 Parkton Road

Subdivision:

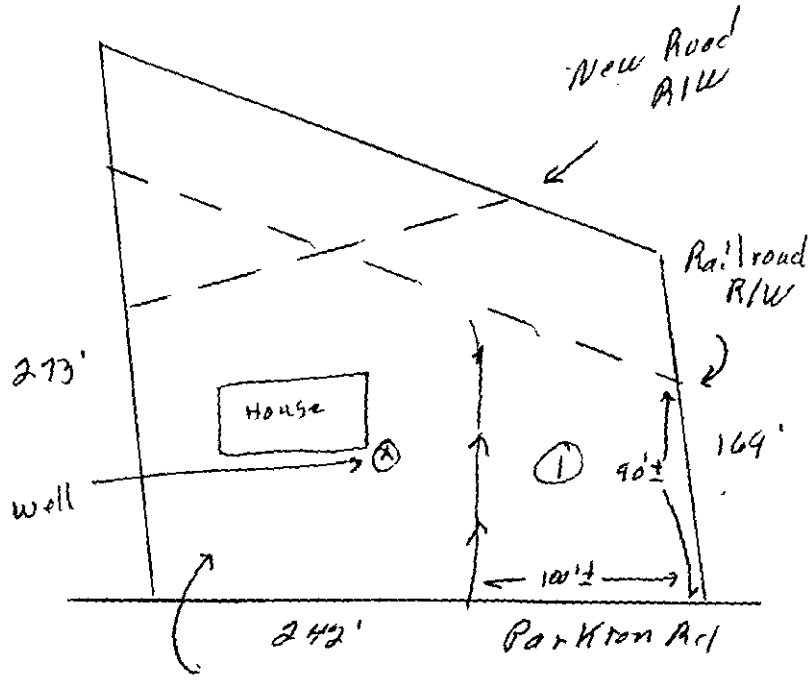
Lot: Block: Acres: .21

Owner:
Address:

Comments: Will probably need lift pump

Described by: William R. Mudi

Date: 10-25-90



Area # Soils in this vicinity also

***** 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 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	IV Conowingo					
Area Classification	S (PS) U	S PS U	S PS U	S PS U		

70958

APPRAISAL SUMMARY SHEET

I. D. NO. R-203-B

1. STATE PROJECT 8.1671903 F.A. PROJECT F-54-1(11) COUNTY MECKLENBURG

2. OWNER(S) EVERETTE C. WORLEY & WIFE JALAIN V. WORLEY PARCEL NO. 171

3. Plan Sheet No. 7 Survey Stations 201+25 - 203+70 LEFT Survey Line - L - Med.

4. Land Areas:

	AREA LEFT OF RIGHT OF WAY	AREA IN RIGHT OF WAY	AREA RIGHT OF RIGHT OF WAY	TOTAL
	0.849 AC	0.26 OR 11326 S.F.	0	1.109 AC.
5. Less: Land Area in Existing ~~Highway~~ RAILROAD Right of Way	* 0.12 AC	* 0.19 AC OR 8276 AC.	0	* .31 AC.
6. Appraise Net Areas:	0.729 AC.	0.07 AC. OR 3250 S.F.	0	.799 AC

7. Easements: Slope _____ Drainage _____ Other _____

8. IMPROVEMENTS LT. OF R/W	IMPROVEMENTS TO BE ACQUIRED	IMPROVEMENTS RT. OF R/W
	SEPTIC LINES	

9. Rights and Interests to be Appraised: Unencumbered Fee Simple Interest (Subject to Existing Easements and Restrictions) as Affected by Highway Acquisition.

10816 Pawtuxet Rd.

10. Estimated Fair Market Value of Property Immediately Before:

*0.31 AC IN RR R/W.

RECEIVED
MAY 10 1990
CHARLOTTE APPRAISAL

LAND $ _____

IMPROVEMENTS $ _____

TOTAL $ _____

Estimated Fair Market Value of Property Immediately After:

LAND $ _____

IMPROVEMENTS $ _____

TOTAL $ _____

Jimmy Pasley 3/16 Hld Dg

Difference Between Before and After Value (If Benefited, Type "Benefits")

$ _____

Signed: _____ Date of Appraisal: _____
APPRAISER

Name: _____ Street: _____

Phone: _____ City: _____ State: _____ Zip _____

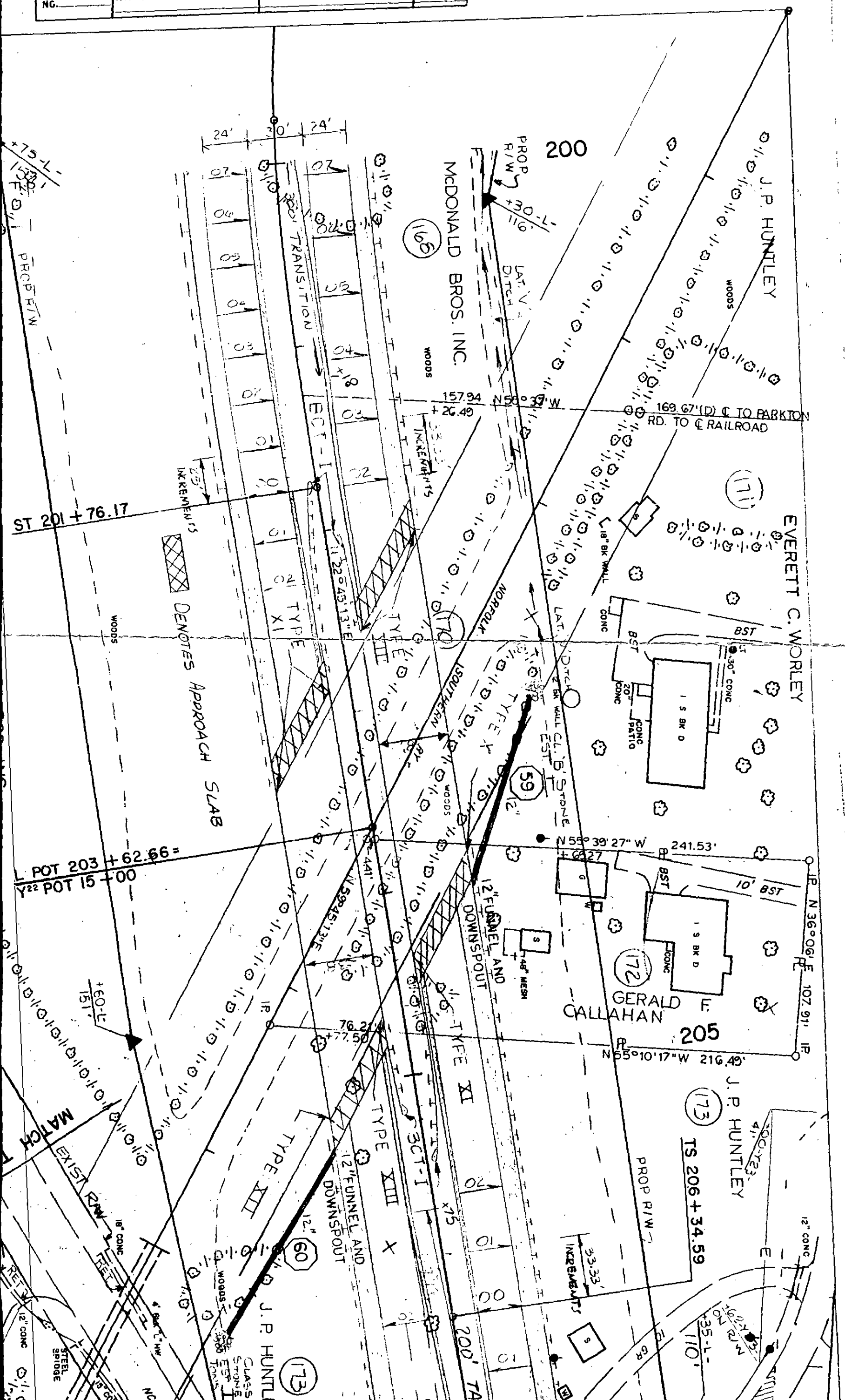
REVIEWED BY: _____ RECOMMENDED: Yes ____ No ____ Date: _____

APPROVED BY: _____ DATE: _____

R/W Form 5.043
Revised 1/1/81

-L- STA. 199+75, 206+75, 209+12.57
+30 ... RT. of -Y24- STA. 10+00

PLAN		BY	DATE
NOTE BOOK NO.	SURVEYED		
	PLOTTED		
	ALIGNMENT CHECKED		
	RT. OF WAY CHECKED		



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: 7095A
TC: 111-181-15
SERIAL: № 21449
☐ L ☐ CRT

JOB LOCATION

(1) ADDRESS: 10816 Parkton Road (STREET NO. / STREET) (2) FILE:
(3) JURISDICTION: (4) TAX PARCEL NO.: 111-181-15
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Everett (FIRST) C. (MIDDLE) Worley (LAST)
(9) MAILING ADDRESS: 10816 Parkton Road
(10) CITY: Charlotte (11) STATE: N.C. (12) ZIP: 28215
(13) PHONE: (WORK) 704-545-9737 (14) (HOME) 704-545-8454

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? (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: Everett C. Worley
Date: 1-3-91

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~~ 60 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.

Wynn

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 1/3/91

FROM: COUNTY ENGINEERING DEPARTMENT

LOG FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER H1-181-15

PROPOSED ADDRESS 10816 Parkton Rd

PROPOSED ACCESS _____

PROJECT NAME _____ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED FOR/FOR:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /
2. FLOODWAY REGULATIONS	/ /	/ /
3. EROSION CONTROL REGULATIONS	/ /	/ /
4. PUBLIC UTILITY EASEMENT	/ /	/ /

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWZAR 05-88

DEH ADDRESS / /

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-3-91

Name/Company: Salaam Worley

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Temp Permit - Amb. Svc.
10816 Ralston Road
Tax # 111-181-15
File # 7095A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 3 1991

Fee: $ 125.00 CK#8189 $125.00

NOTICE:

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

W. Lloyd Ed Dickson
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: 7095A
TC: 111-181-15
SERIAL: NC 21449 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10816 Parkton Road (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 111-181-15
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Everett (FIRST) C. (MIDDLE) Worley (LAST)
⑨ MAILING ADDRESS: 10816 Parkton Road
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) 704-545-9727 ⑭ (HOME) 704-545-8454

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

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㉒ Number of bedrooms? 3 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

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Date: 1-3-91

IMPROVEMENT PERMIT

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... This permit is not transferable, and shall become null and void ~~36~~ 60 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

October 25th, 1990

Everett C. Worley
10816 Parkton Road
Charlotte, NC 28212

RE: Property located at 10816 Parkton Road
FILE: 7095A
PARCEL: 111-181-15

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 16775) 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
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 16775

File: 7095A Action 1

Parcel: 111-181-15 PC

Location: 10816 Parkton Road

Subdivision:

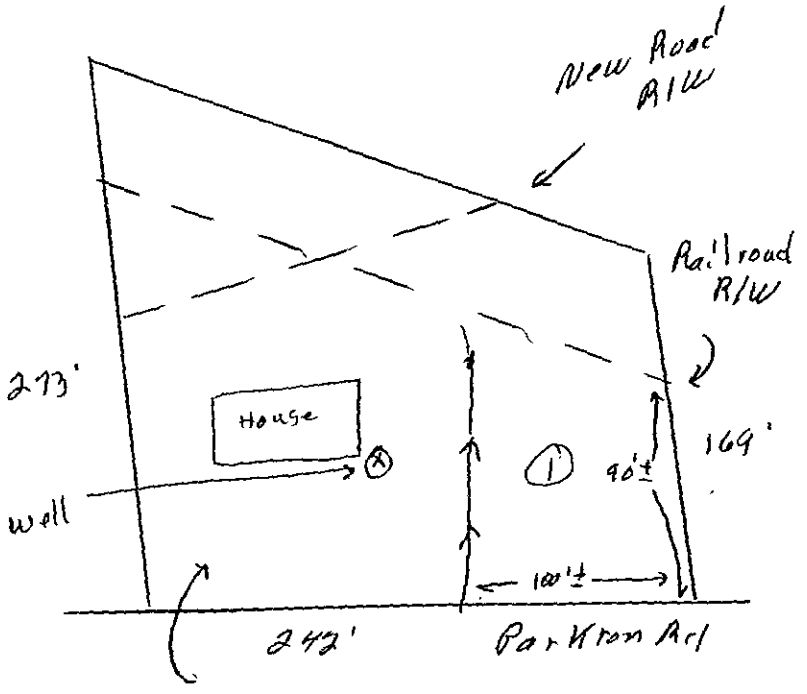
Lot: Block: Acres: .21

Owner:
Address:

Comments: Will probably need lift pump

Described by: William R. Medlin

Date: 10-25-90

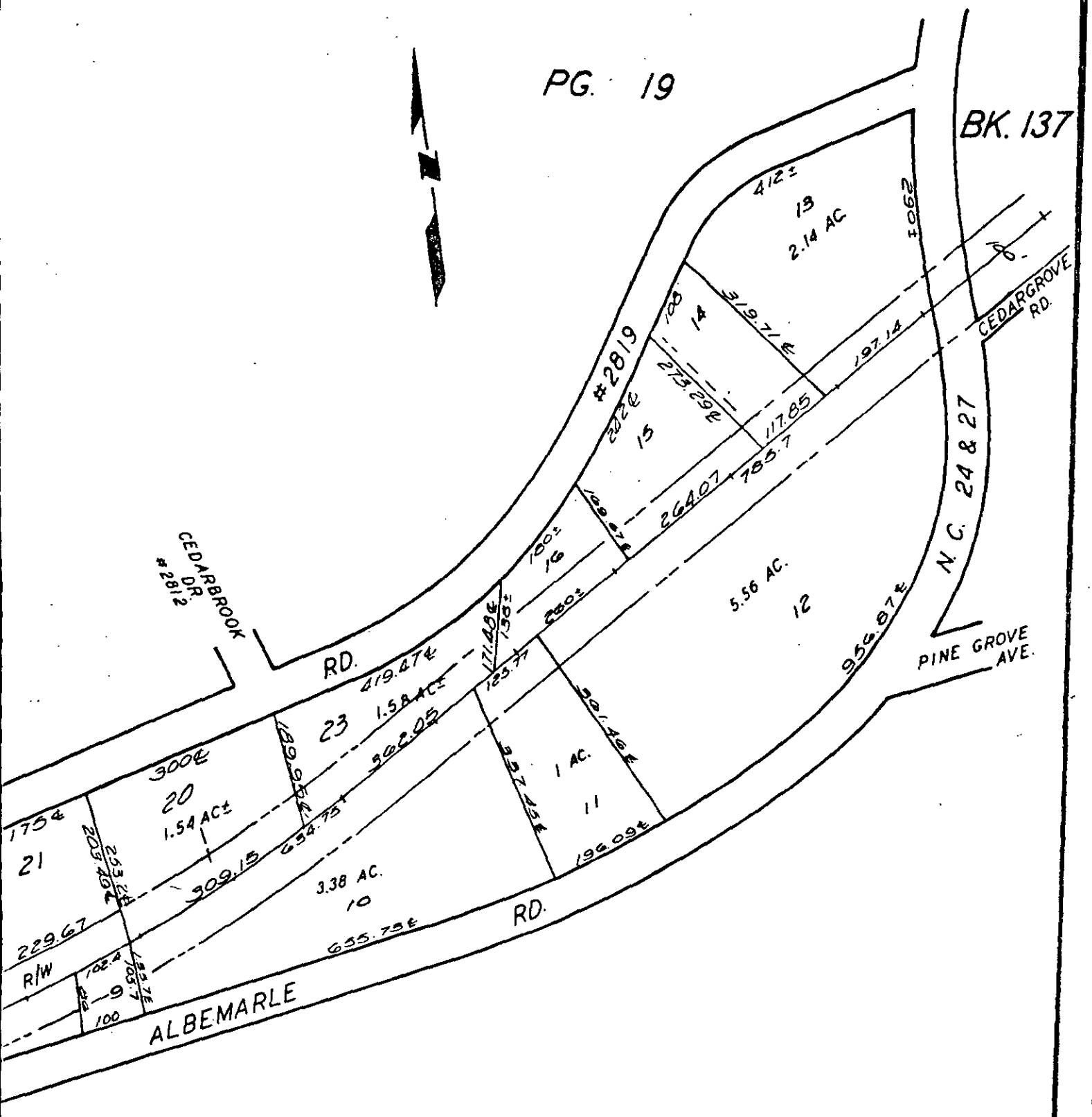


Area # soils in this vicinity also

***** 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 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	IV Cecil-Hkd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U


PG. 19
BK. 137
#2819
CEDARBROOK DR. #2812
RD.
CEDARGROVE RD.
N.C. 24 & 27
PINE GROVE AVE.
ALBEMARLE
RD.
13
2.14 AC.
412±
1062
14
319.71±
197.14
273.29±
282±
15
117.85
265.7
264.07
16
100±
280±
5.56 AC.
12
956.87±
23
1.58 AC±
419.47±
171.48±
138±
125.77
300±
20
1.54 AC±
309.15
654.75
3.38 AC.
10
1 AC.
11
201.48±
327.45±
196.09±
655.75±
175±
21
253.44
209.49±
229.67
R/W
102.4
103.7±
9
100

BK. 137

These are soil test applications submitted by the Department of Transporation (State Office). Bill Marlin is accepting these applications for checking since the Department of Transporation (DOT) is widening ALBEMARLE ROAD and in doing so may be destroying parts or areas of septic systems. Sylvia has previously ok the application without fees in advance due to time.

Judy
10/22/90

For _____

Date _____ Time _____

WHILE YOU WERE OUT

M _____

From _____

Phone No. _____

Area Code Number Extension

TELEPHONED		**URGENT**	
PLEASE CALL		WANTS TO SEE YOU	
WILL CALL AGAIN		CAME TO SEE YOU	
RETURNED YOUR CALL			

Message _____

_____

_____

_____

_____

_____

Operator

DataCom 9161

APPLICATION FOR SOIL INVESTIGATION

$/pd $50

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

(OFFICE USE ONLY)

FILE: 7095A

TC: D 111-181-15

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10816 Parkton Road

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

⑤ PARCEL REFERENCE: BOOK NO.: 111 PAGE NO.: 181 PARCEL NO.: 15

⑥ DEED REFERENCE: BOOK NO.: 5271 PAGE NO.: 97

OWNER

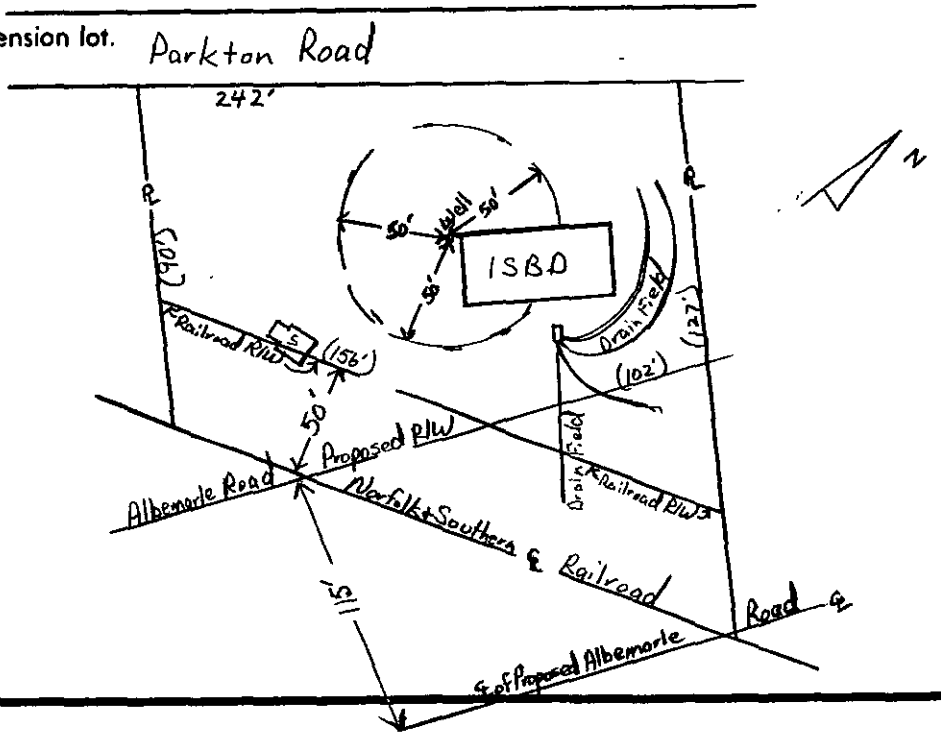
⑦ NAME: Everett (FIRST) C. (MIDDLE) Worley (LAST)

⑧ MAILING ADDRESS: 10816 Parkton Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 545-9737 (HOME) 545-8454

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: Everett C. Worley

Date: 10/18/90

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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-31-90

Name/Company: NC Dept of Transportation

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil-Dur. - Iacue
10816 Parkton Road
File # 7095A
Tax # 111-181-15

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 31 1990

Fee: $ 50.00 Ck# 104396 $50.00

NOTICE:

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

W T Compton E Dodd

Completed by Collected by