


2527 BELMEADE DR

05301143

6/11/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6094-A DATE: 9-7-90

TC: 053-011-43 ☐ L ☑ CRT

SERIAL Nº 13490

Name of Owner George Jones Juris.:

Address of Property 2524 Belmeade Dr.

**Inspection Data:**

Tank Material PVC

Total Length of Drainfield 810'

Number of Lines 6 @ 135'

Cover Depth 28" - 18"

Water Supply Source well

Distance to Water Source 100'

Excavation Inspected 9-7-90

Tank(s) Inspected 9-7-90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990, 1500 ST, [redacted], DV, MOD, 2430SFT, 12E/LS, enon CTR# 57

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: Installed for 2 bedrooms

B.R. Ferguson
Environmentalist

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

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

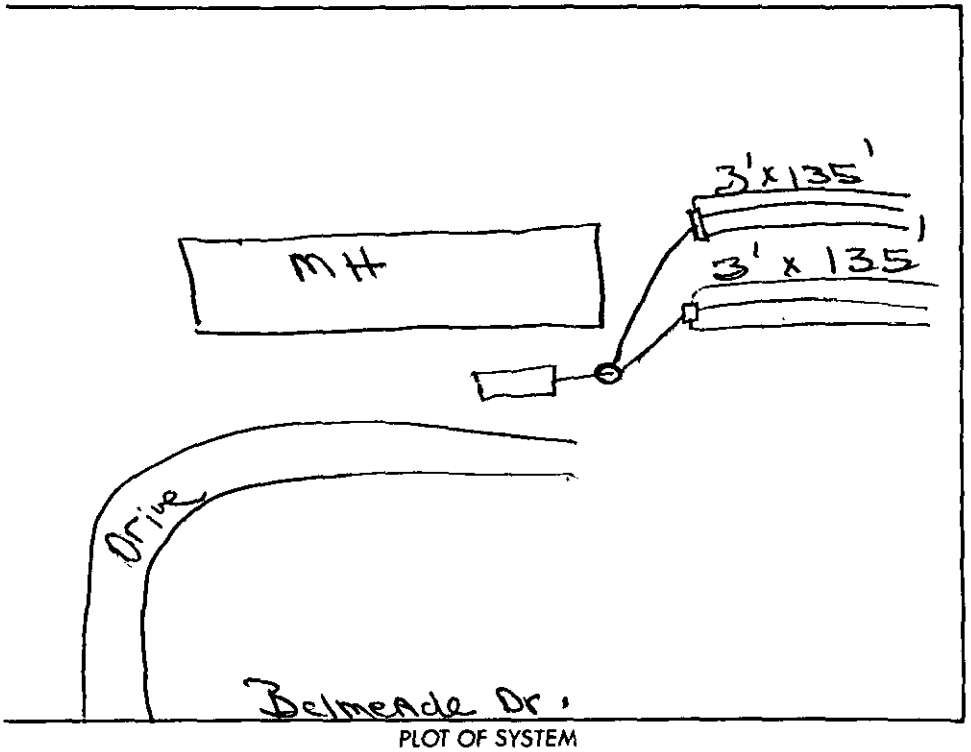
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6094 A DATE: 12/7/89

TC: 053 011-43 pt

SERIAL Nº 13026

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 12/6/89. All work shall be completed on or before 1/7/90, 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 800' feet

Number of Lines 6

Depth of Stone 12" Stone / 6" SAND inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 5' feet

NAME OF OWNER Jones, George

LOCATION OF PROPERTY 2521 Belmeade Dr.

Comments: INSTALL Diversion Valve, 2 D-Boxes, 6 Trenches 3'x135' 12" Stone, 6" SAND, RAKE Sidewalls - Lime Sidewalls See Approval #268 / Design of System

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.

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

# Mecklenburg County
## Health Department

December 6, 1989

RE: Property located at 2521 Belmeade Dr.
FILE: 6094A
PARCEL: 053-011-43

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush or microflush toilets must be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Raking and liming of trench walls required.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/ir

Enclosures - 3 Septic Tank Agreement Forms

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

PRESENTED FOR REGISTRATION

89 DEC -6 PM 12:24

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

FILE NO. 6094A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, George Jones

owner of property located at 2521 Belmeade Dr.

("the site") and described in an instrument recorded in Book 6066 at Page 0522, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 6 day of December, 1989.

George Jones (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Alpha Jones, a Notary Public for said County and State, do hereby certify that George Jones personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 6 day of December, 1989.

Alpha C Jones
Notary Public

My Commission Expires September 29, 1994

My Commission Expires _____

Field I.D. Number _____ Phone:

Site Sampled 2601 Belmeade Dr Home _____

Address [illegible] Work _____ Lab I.D. # 708

Source Sampled Well Delivered To Lab On: Rec'd By Williams

Sample & Evaluation By J Kiser Date 11/30 Time 515 ☐AM ☐PM Data Rec'd DEC 1 1989

Date Sampled 11/30 Time 905 ☐AM ☐PM Delivered By J Kiser Time 0800

| | | | |
|---|---|---|---|
| Chloride ☐ _____ ppm | Total Coliform ☐ 41 /100 ml | Cu ☐ _____ ppm | Ca ☐ _____ ppm |
| Nitrate ☐ | Non-Coliform ☐ 3 /100 ml | Fe ☐ _____ ppm | Mg ☐ _____ ppm |
| UV spec _____ ppm | Fecal Coliform ☐ _____ /100 ml | Mn ☐ _____ ppm | Hardness ☐ _____ ppm |
| Chromatrophic acid _____ ppm | Fecal Strep ☐ _____ /100 ml | Zn ☐ _____ ppm | pH ☐ _____ Units |

Remarks _____

Analyst [illegible] DEC 1 1989

Date _____

Date Completed _____ Lab Director _____

| | | | | |
|---|---|---|---|---|
| (1) Well greater than 50' from building foundation? | ☐ Y | ☐ N | ☐ UNK* | COMMENTS: |
| (2) Well greater than 50' from other source of pollution? | ☐ Y | ☐ N | ☐ UNK* | |
| (3) Site sloped to divert surface water? | ☐ Y | ☐ N | ☐ UNK* | |
| (4) Well house provided? | ☐ Y | ☐ N | ☐ UNK* | |
| (5) Enclosure properly drained and free of storage? | ☐ Y | ☐ N | ☐ UNK* | |
| (6) Well grouted to depth of 20'? | ☐ Y | ☐ N | ☐ UNK* | |
| (7) Well properly vented? | ☐ Y | ☐ N | ☐ UNK/NA* | |
| (8) Slab extending at least 2' from casing provided? | ☐ Y | ☐ N | ☐ UNK* | |
| (9) Casing extended at least 6" above slab? | ☐ Y | ☐ N | ☐ UNK* | |
| (10) Sanitary seal intact? | ☐ Y | ☐ N | ☐ UNK/NA* | |
| (11) Septic tank effluent absent on surface of ground? | ☐ Y | ☐ N | ☐ NR/NA* | |

*SPECIFY IN COMMENT SECTION.

!name! _____ !salutation! _____

_____ PARAGRAPHS

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ Notified _____

Field I.D. Number _____ Phone: _____

Site Sampled 2517 Bellmeade Dr. Home 393-2698

Address Smith, Clifford Work _____ Lab I.D. # 707

Source Sampled Well Delivered To Lab On: Rec'd By Williams

Sample & Evaluation By J Kiser Date 11/30 Time 515 ☐AM ☐PM Data Rec'd DEC 1 1989

Date Sampled 11/30 Time 905 ☐AM ☐PM Delivered By J Kiser Time 0800

| | | | |
|---|---|---|---|
| Chloride ☐ _____ppm | Total Colifors ☑ <1 /100 ml | Cu ☐ _____ppm | Ca ☐ _____ppm |
| Nitrate ☐ | Non-Colifors ☐ <1 /100 ml | Fe ☐ _____ppm | Mg ☐ _____ppm |
| UV spec _____ppm | Fecal Colifors ☐ _____/100 ml | Mn ☐ _____ppm | Hardness ☐ _____ppm |
| Chromatrophic acid _____ppm | Fecal Strep ☐ _____/100 ml | Zn ☐ _____ppm | pH ☐ _____Units |

Remarks _____

SSW

Analyst _____ DEC 4 1989

Date Completed _____ Lab Director Dave

| | | | | |
|---|---|---|---|---|
| (1) | Well greater than 50' from building foundation? | ☐ Y | ☐ N | ☐ UNK* |
| (2) | Well greater than 50' from other source of pollution? | ☐ Y | ☐ N | ☐ UNK* |
| (3) | Site sloped to divert surface water? | ☐ Y | ☐ N | ☐ UNK* |
| (4) | Well house provided? | ☐ Y | ☐ N | ☐ UNK* |
| (5) | Enclosure properly drained and free of storage? | ☐ Y | ☐ N | ☐ UNK* |
| (6) | Well grouted to depth of 20'? | ☐ Y | ☐ N | ☐ UNK* |
| (7) | Well properly vented? | ☐ Y | ☐ N | ☐ UNK/NA* |
| (8) | Slab extending at least 2' from casing provided? | ☐ Y | ☐ N | ☐ UNK* |
| (9) | Casing extended at least 6" above slab? | ☐ Y | ☐ N | ☐ UNK* |
| (10) | Sanitary seal intact? | ☐ Y | ☐ N | ☐ UNK/NA* |
| (11) | Septic tank effluent absent on surface of ground? | ☐ Y | ☐ N | ☐ NR/NA* |

*SPECIFY IN COMMENT SECTION.

COMMENTS:

!aaa! _____

!salutation! _____

PARAGRAPHS

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Notified _____

171711 — [illegible] Waste Disposal Section

Field I.D. Number _____ Phone: _____

Site Sampled 2527 Belmeade Home _____

Address Sewer Tract Work _____ Lab I.D. # 706

Source Sampled well Delivered To Lab On: Rec'd By Williams

Sample & Evaluation By J Kiser Date 11/30 Time 55 ☐AM ☑PM Data Rec'd DEC 1 1989

Date Sampled 11/30/81 Time 905 ☐AM ☐PM Delivered By J Kiser Time 0800

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Chloride ☐ | _____ ppm | Total Coliform ☑ | <1 /100 ml | Cu ☐ | _____ ppm | Ca ☐ | _____ ppm |
| Nitrate ☐ | | Non-Coliform ☐ | <1 /100 ml | Fe ☐ | _____ ppm | Mg ☐ | _____ ppm |
| UV spec | _____ ppm | Fecal Coliform ☐ | _____ /100 ml | Mn ☐ | _____ ppm | Hardness ☐ | _____ ppm |
| Chromatrophic acid | _____ ppm | Fecal Strep ☐ | _____ /100 ml | Zn ☐ | _____ ppm | pH ☐ | _____ Units |

Remarks _____

analyst SJ Date DEC 4 1989

Date Completed _____ Lab Director _____

| | | | | |
|---|---|---|---|---|
| (1) | Well greater than 50' from building foundation? | ☐ Y | ☐ N | ☐ UNK* |
| (2) | Well greater than 50' from other source of pollution? | ☐ Y | ☐ N | ☐ UNK* |
| (3) | Site sloped to divert surface water? | ☐ Y | ☐ N | ☐ UNK* |
| (4) | Well house provided? | ☐ Y | ☐ N | ☐ UNK* |
| (5) | Enclosure properly drained and free of storage? | ☐ Y | ☐ N | ☐ UNK* |
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| (9) | Casing extended at least 6" above slab? | ☐ Y | ☐ N | ☐ UNK* |
| (10) | Sanitary seal intact? | ☐ Y | ☐ N | ☐ UNK/NA* |
| (11) | Septic tank effluent absent on surface of ground? | ☐ Y | ☐ N | ☐ NR/NA* |

*SPECIFY IN COMMENT SECTION.

COMMENTS:

!name! _____ !salutation! _____

PARAGRAPHS

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Notified _____

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 11-7-89

Name/Company: George MACK Jones

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit

F96 6094A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 7 1989

Fee: $ 200.00

Check 3076.00 $200

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

BILLING — WHITE [redacted]

# APPLICATION FOR AN IMPROVEMENT PERMIT

ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 7 1989

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: 6094A
TC: 053-011-43 $200.00
SERIAL: № 19468 ☐ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 2521 (STREET NO.) BELMEADE (STREET) Dr. ② FILE: 6094A
③ JURISDICTION: ④ TAX PARCEL NO.: 05301143
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: GEORGE (FIRST) MARK (MIDDLE) JONES (LAST)
⑨ MAILING ADDRESS: 2527 BELMEADE Dr.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28214
⑬ PHONE: (WORK) 374-1231 ⑭ (HOME) 393-1669

**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? 2
㉕ Type?
㉓ Maximum occupancy? 1
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: George Mark Jones
Date: 11-7-89

## IMPROVEMENT PERMIT

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

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

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

Environmentalist — Date

Director or Authorized Section Head — Date 12-6-89

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

WATER NEGATIVE / SUPPLY

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

DATE 11-2-89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 053-011-14

ASSIGNED ADDRESS 2521 Belmeade Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | 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: Mobile home on acre 23.03

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: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

# PROPOSED PLOT PLAN

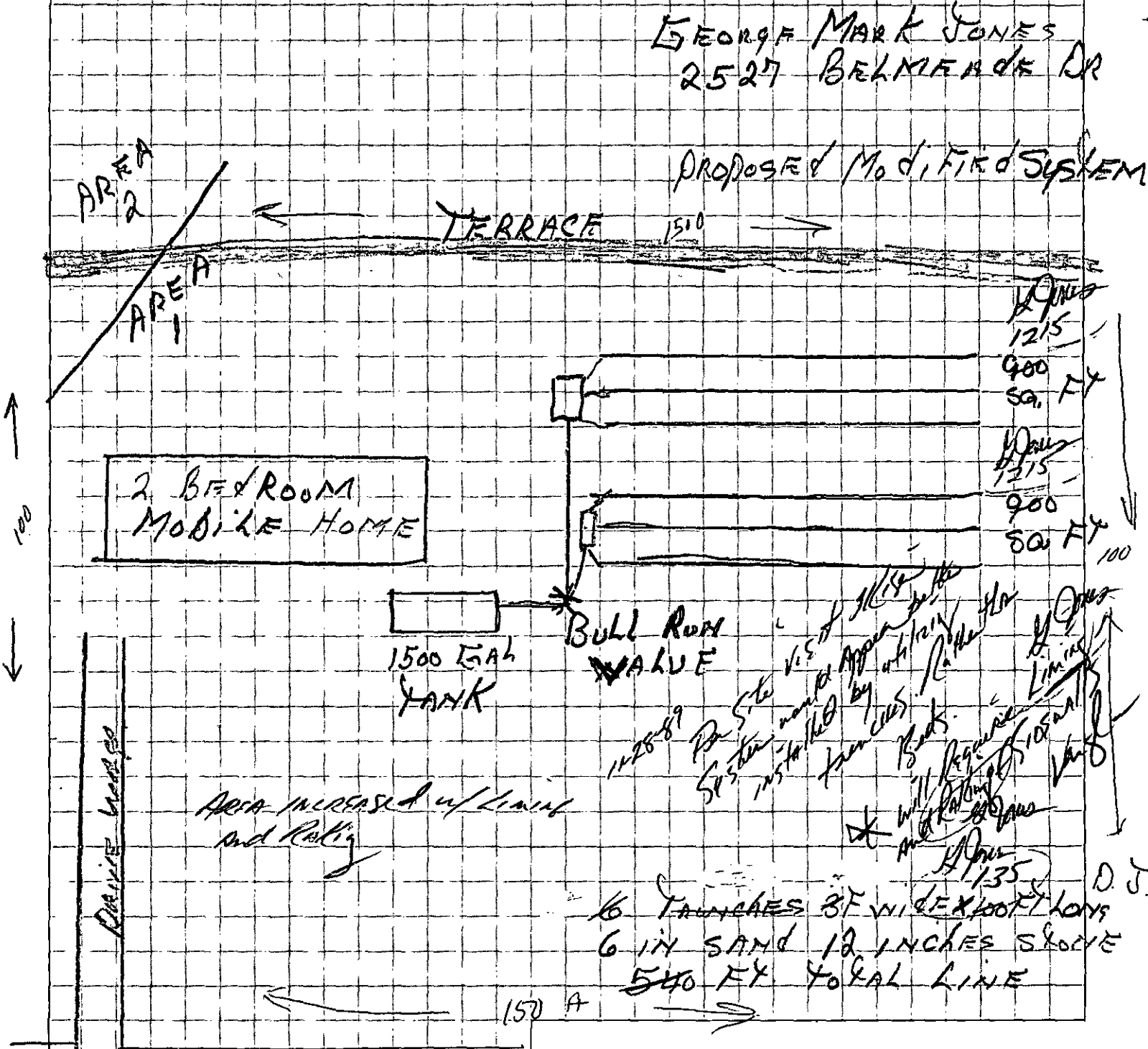
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

PARCEL # 05301143

FILE: #6094A

TC: 053-011-43

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: _____

Date: _____

# Mecklenburg County
## Health Department

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

September 14th, 1989

George Mark Jones
2527 Belmeade Drive
Charlotte, NC 28214

RE: Property located at Belmeade Drive
FILE: 6094A
PARCEL: 05301143

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16408) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16408

File: 6094A Action 2

Parcel: 05301143 ☐ PC

Location: Belmeade Drive

Subdivision:

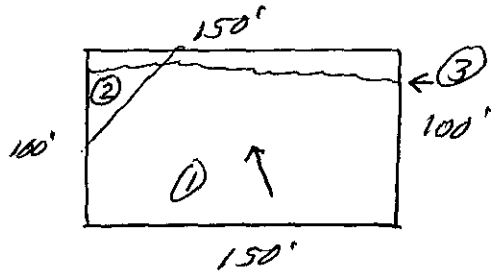
Lot: Block: Acres: .34

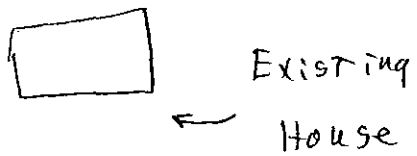
Owner: George Mark Jones
Address: 2527 Belmeade Drive
Charlotte, NC 28214

Comments: _____

Described by: William A. Marlin

Date: 9-14-89




Belmeade Dr.

***** 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 8-15% | (S) PS U 8-15% | S PS (U) Terrace | S PS U | S PS U | S PS U |
| Texture | S PS (U) 2-1c loy | S PS (U) 2-1c loy | S PS U — | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S (PS) U Blocky | S PS U — | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" to water | S PS (U) perched water 24" | S PS U — | S PS U | S PS U | S PS U |
| Depth | S PS (U) 13-30" | S (PS) U 36"+ | S PS U — | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >36" | S (PS) U >36" | S PS U — | S PS U | S PS U | S PS U |
| Available Space | S (PS) U limited | S PS (U) restricted | S PS U — | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IVB Enon-Wilkes | IVB Helena-Lilly | Terrace | | | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

**CHARGE SLIP**

Date: 8/29/89

Name/Company: Mark Jones

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 29 1989

Sanitation _____

Vector Control _____

O.P.W.D. ✓

ck 2977

Service: Soil
Iacue
6094A

Fee: $ 40.00

NOTICE:

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

Completed by

Collected by

BILLING – WHITE [redacted]

40.00

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6094A

TC: _____

☐ PC ☐ REPT

1

**JOB LOCATION**

① ADDRESS: 2527 Belmeade Drive, Charlotte N.C. 28214

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 053-01-143

⑥ DEED REFERENCE: BOOK NO.: 6066 PAGE NO.: 0522

**OWNER**

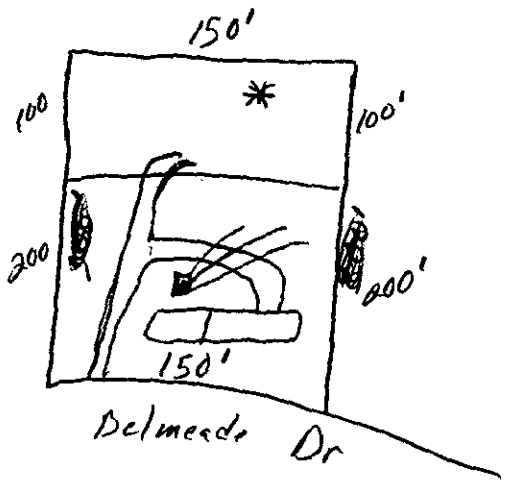
⑦ NAME: George (FIRST) Mark (MIDDLE) Jones (LAST)

⑧ MAILING ADDRESS: 2527 Belmeade Drive, Charlotte, N. C. 28214

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 394-1231 (HOME) 399-3721

⑬ Accurately diagram and dimension lot.



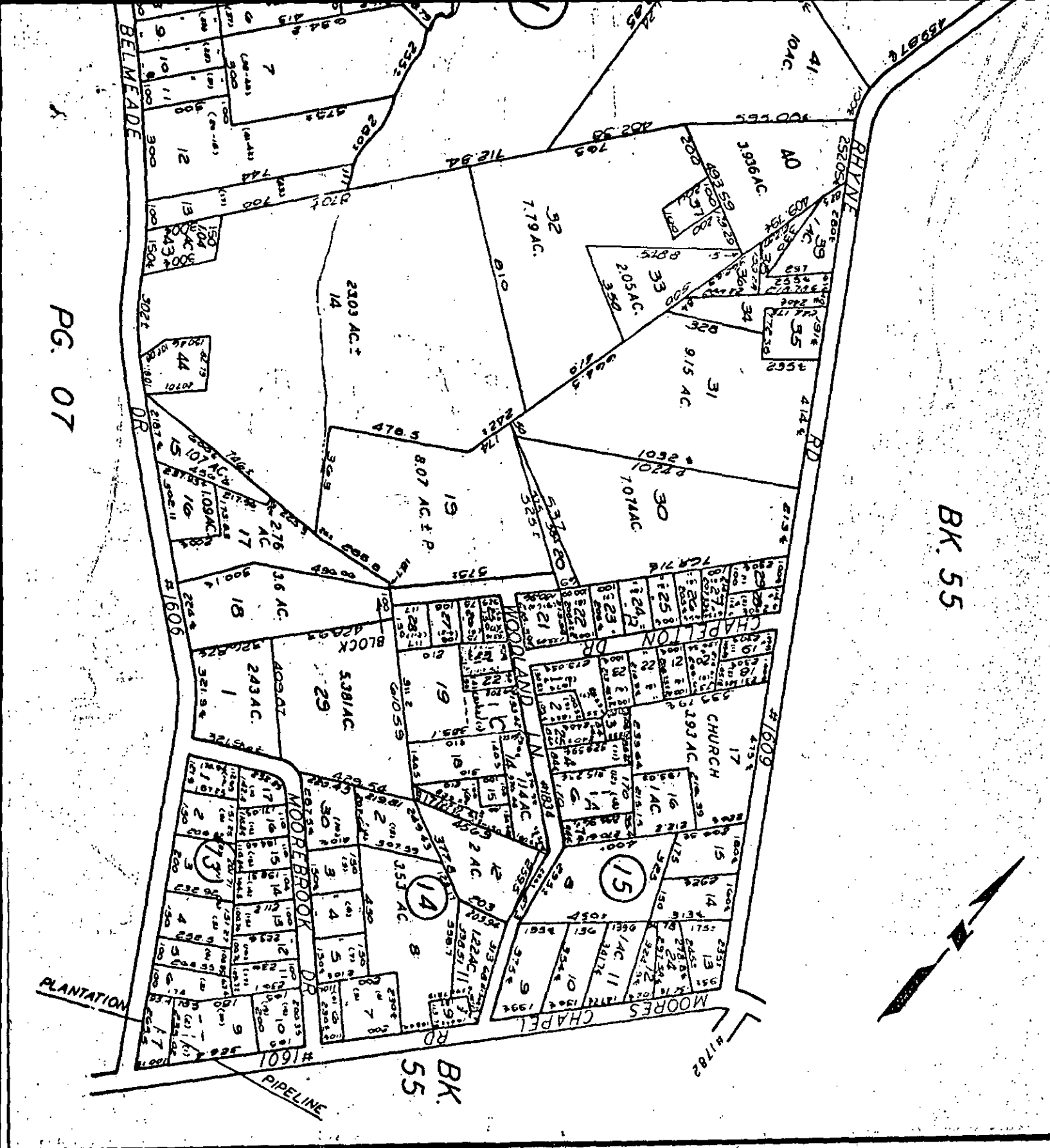

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

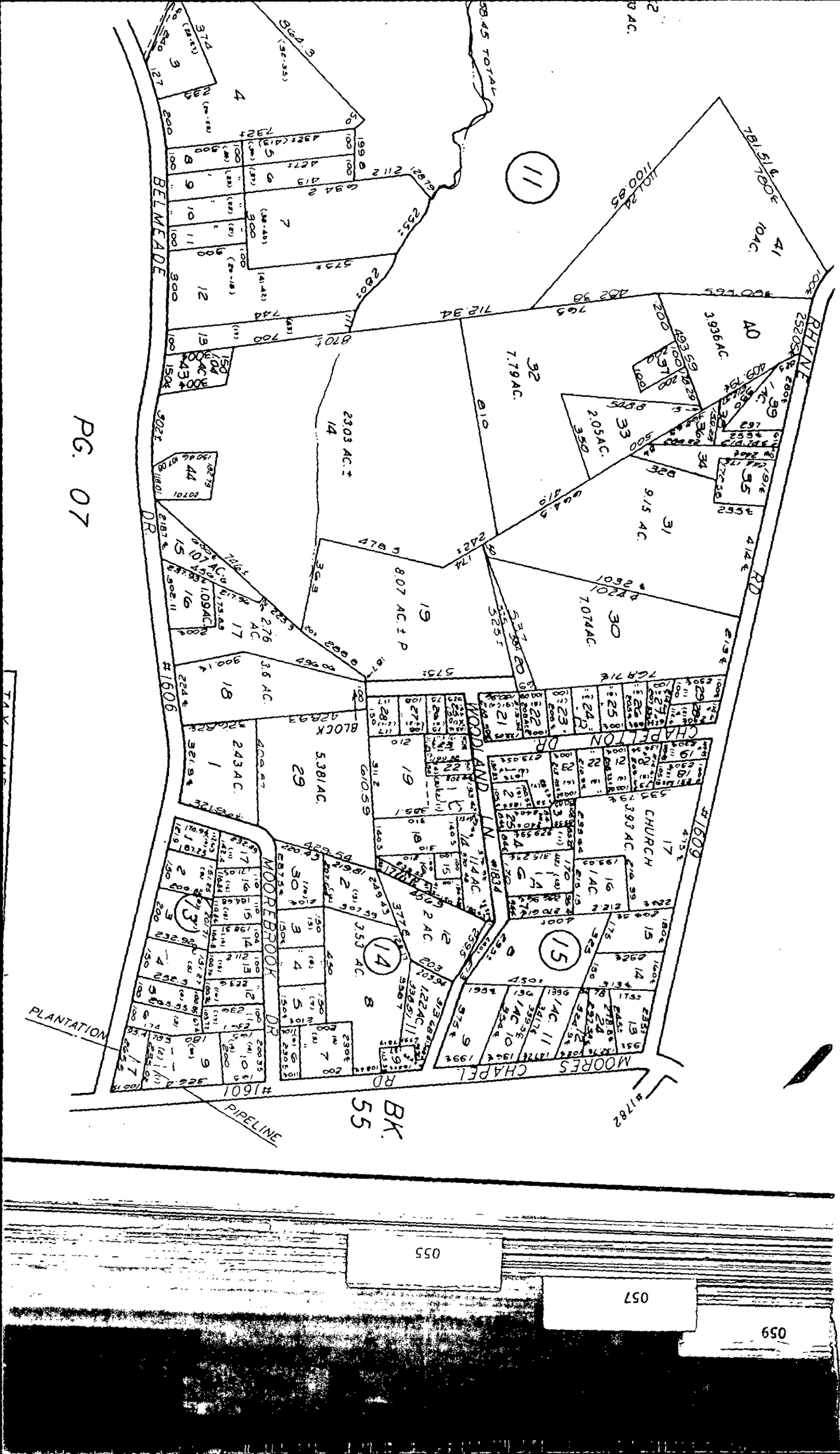
Signed: George Mark Jones

Date: 8-28-89

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


PG. 07
BK. 55
BK. 55
BELMEADE DR
RHYNE RD
MOOREBROOK DR
WOODLAND LN
CHAPELTON DR
MOORES CHAPEL RD
PLANTATION
PIPELINE
#1606
#1609
#1601
#1782
BLOCK 29
CHURCH
7.79 AC.
2303 AC.±
9.15 AC.
7.074AC
8.07 AC.± P.
3.6 AC.
5.38 AC.
2.43 AC.
1.09AC
2.76 AC
1.14 AC
2 AC.
1.53 AC.
1.22AC
1.93 AC.
1.936AC.
2.05AC.
1.0 AC.
1.0 AC.
1.0 


PG. 07
BK. 55
BELMEADE DR
#1606
#1601
#1782
#1834
PLANTATION PIPELINE RD
MOOREBROOK DR
WOODLAND DR
CHAPELTON DR
MOORES CHAPEL RD
RHYNE RD
BLOCK
CHURCH
055
057
059