Date Received 1-3-83

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JAN 3 1983
ENVIRONMENTAL HEALTH

SIR No. 20087

T. C. No. 83-153/57-14

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GOUGH ECON INC.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER I-85 AT SAM WILSON ROAD CHARLOTTE NC ZIP 28266

3) PHONE NO. Home — Office 399-4501

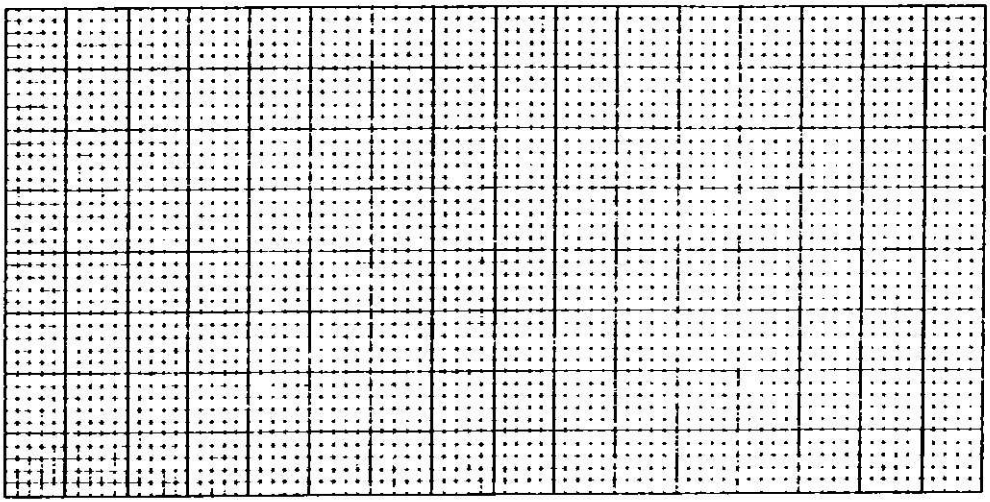
4) LOCATION OF PROPERTY SOUTH 85 AT SAM WILSON ROAD
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and on on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER C. F. WILBANKS

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: 20087
TC: 053-154-14
SERIAL: № 21117 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9400 (STREET NO) N. LAKE BROOK RD. (STREET) ② FILE: 20087
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: GOUGH EDON, INC. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: P.O. Box 668583
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28266-8583
⑬ PHONE: (WORK) 704-399-4501 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) BUILDING 2 ADDITIONS TO BLDG TIE INTO EXISTING SYSTEM

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? MANUFACTURING
㉖ Maximum number of employees? 50
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: HEPLER BLDG CO. BY [signature]

Date: 12-31-90

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.

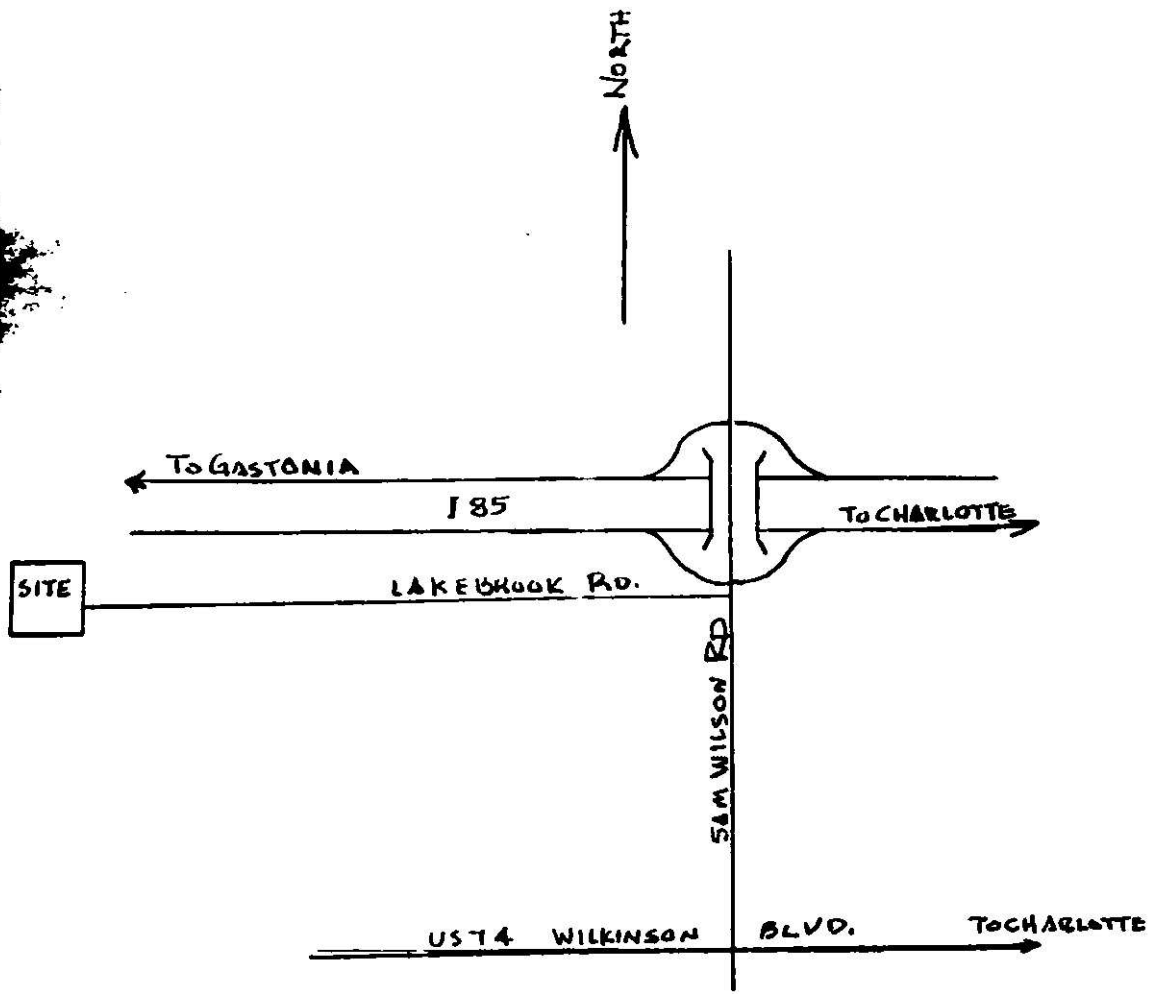
... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

60

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.



VICINITY MAP NO SCALE

GOUGH-ECON Inc
9400 N. LAKEBROOK ROAD
MECKLENBURG COUNTY, N.C.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-31-98

Name/Company: ~~Engineering Inc~~
Tim Hamilton

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. Permit (3 additions)
9400 N. Lake Dride Rd.
use existing system
(Lot is 5-50 engineered)
Lot: 4057, TC: 053-154-1

MECKL... COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 31 1998

Fee: $ [redacted] 25.00

Cash 1-25.00

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

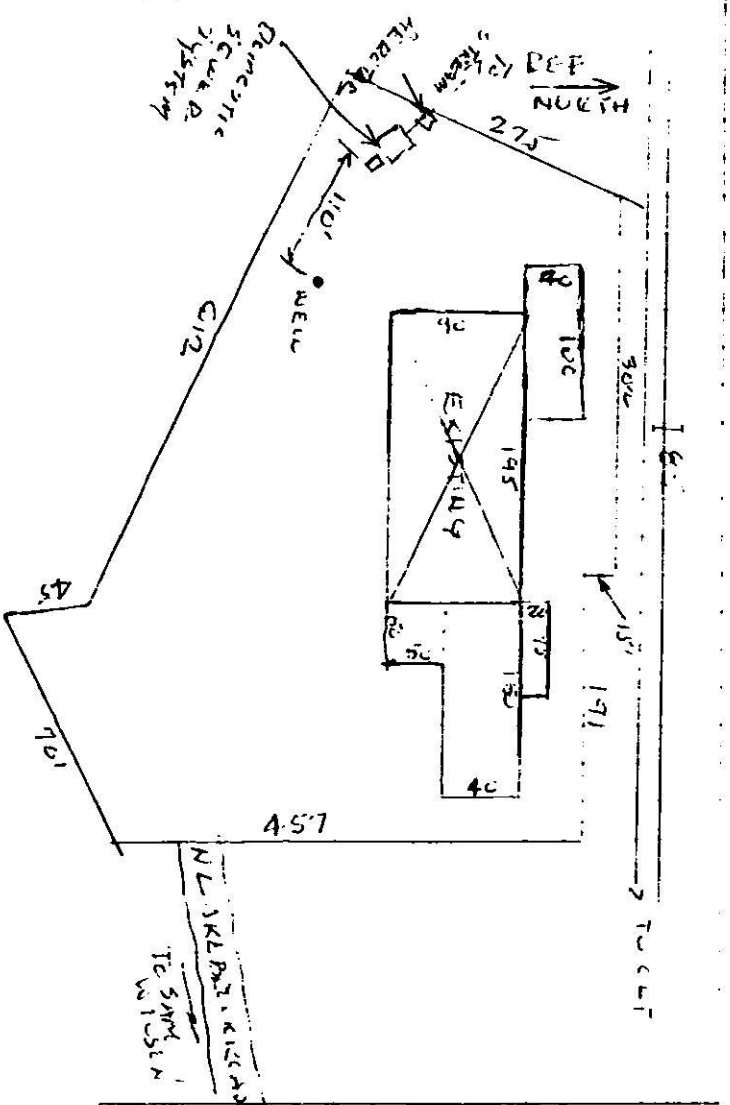
PROPOSED PLOT PLAN

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

FILE: 20087

TC: 053-159-14

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

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

DATE 12/31/90

FROM: COUNTY ENGINEERING DEPARTMENT

SUBD FILE _____ JURISDICTION CODE Mock

PARCEL NUMBER 053-159-14

ASSIGNED ADDRESS 9400 N. Lakebrook Rd

EXISTING ADDRESS _____

PROJECT NAME Gonzalez Econ Inc Addit

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: Att: Chris - Addition to exist

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: _____

OPTEAR 86-88

NEW ADDRESS / /*

TURN 288

Mecklenburg County
Health Department

TO: [illegible]

FROM: [illegible]
Program Chief

DATE: [illegible]

SUBJECT: [illegible]

Please issue a refund in the amount $[illegible] for an Improvement's Permit at [illegible] in Cabarrus. This is a waste treatment system, which is permitted by Mooresville, N. C.

Please make check payable to the following:

Mr. Tim Heater
c/o Gough Const., Inc.
P. O. Box [illegible]
Charlotte, North Carolina 28266

Thank you for your prompt attention to this matter.

Mecklenburg County
Health Department

Lloyd G. Delia, M.D., M.P.H.
Health Director

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $25.00

ORG/ACCOUNT # 462-3511

PAYABLE: Mr. Tim Helper
c/o Gough Econ, Inc/
P. O. Box 668583
Charlotte, N. C. 28266

DATE OF ORIGINAL DEPOSIT: December 31, 1990

REASON: Fee For addition without change in system...$25.00
The Gough Econ is not on a sepitc system, but is operating on a waste treatment system, which is permited by Mooresville.....

/Enclosures

13610 Pine Harbor Rd. Lot 21 John Tyson

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX II
SITE EVALUATION

S.I.R. No. 14728
T.C. No. 109-015-64

(Ground Absorption Sewage Disposal)

OWNER:
ADDRESS:
COUNTY:
LOCATION OF SITE:

DATE REQUESTED:
PLAT NO:
LOT SIZE:

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	
1. SLOPE (%)	S PS U	S PS U	S PS U	S PS U	
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S PS U	S PS U	S PS U	S PS U	
3. SOIL STRUCTURE (12-36 inches)	S PS U	S PS U	S PS U	S PS U	
4. SOIL DEPTH (inches)	S PS U	S PS U	S PS U	S PS U	
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S PS U	S PS U	S PS U	S PS U	
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U	S PS U	S PS U	S PS U	
7. SOIL PERMEABILITY (percolation rate)	S PS U	S PS U	S PS U	S PS U	
8. OTHER (specify)	S PS U Inadequate Area	S PS U	S PS U	S PS U	
9. SITE CLASSIFICATION					
10. SOIL SERIES					

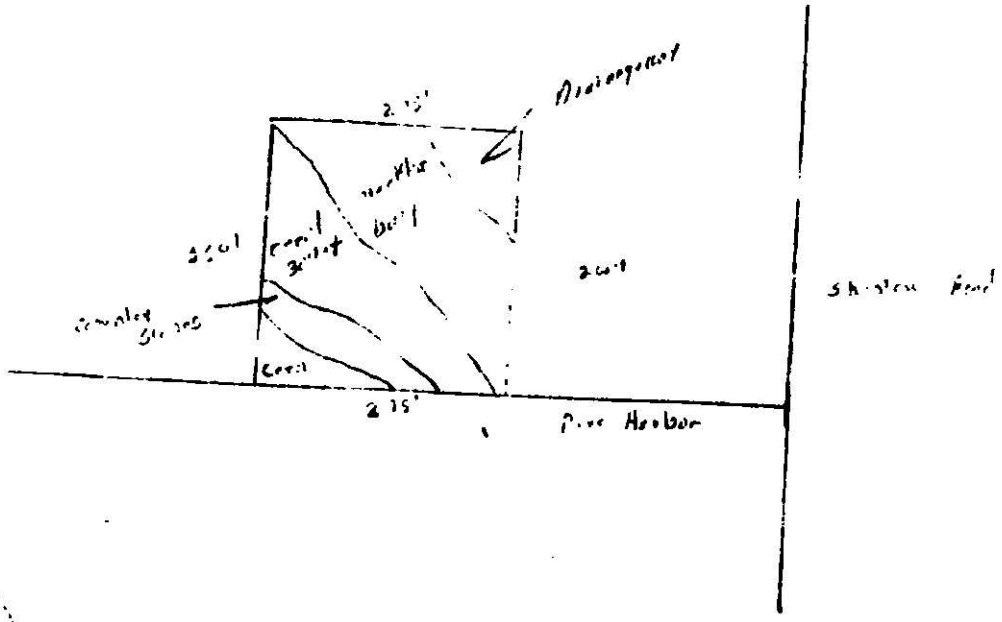
S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments:

Described By:
Title:
Date:

DHS Form 2601
Sanitation
EHD 539 (2/80)


Drainage ditch
Pearl Harbor

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 1
ENVIRONMENTAL HEALTH
DIVISION

North Carolina Department of Human Resources

North Central Regional Office • 310 East Third Street • Winston-Salem, N. C. 27101

James G. Martin, Governor

David T. Flaherty, Secretary

May 16, 1989

MEMORANDUM

TO: Sylvia D. Daniel, Environmental Health Supervisor
Mecklenburg County Health Department

FROM: JWC Joel W. Cawthorn, Soil Specialist
N.C. Division of Health Services

SUBJECT: Soil/Site Evaluation of Charles Kimbrell Property at the Intersection of Dorman Road and Sam Meeks Road. Tax Map #201-063-07, File #17562

On April 20, 1989 Bill Marlin accompanied me and assisted with the soil/site evaluation of the above named property to determine its suitability for the installation of a ground absorption sewage treatment and disposal system for a two bedroom home. There is 1.6 acres of land and water must be obtained from a well. Mr. Kimbrell was present during the evaluation.

There is a storage building erected on the rear portion of the property. The well has been drilled. A drainageway heads near the front of the storage building and exits near the southwest corner. The land is gently sloping and the soils range in thickness from less than 12 to more than 36 inches. The surface layer is loam, clay loam, clay and in some places, a mixture of these textures. The subsoil is clay (group IVb and a small amount of group IVa). The saprolite is unsuitable because it is from basic rock. Depth to seasonal wetness ranges from 9 to 30 inches or is below the depth of the evaluation.

This site is unsuitable for the installation of a ground absorption system because of the shallow depth to unsuitable soil material, shallow depth to saprolite, shallow depth to seasonal wetness and insufficient space.

If there are questions concerning this evaluation, please contact me.

JWC:kd

cc: Dean Harrill
Steve Steinbeck