

3301 SHOPTON RD

20106213

1/3/2008

duponbj

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

~~TWWS 43-2-91~~

Mr. Carroll Jenkins
4813 Lemon Drive
Charlotte, NC 28273

~~REC Fate No.~~ Shopton Rd.
TAX Parcel No. = 20106213 A0

Dear Mr. Jenkins:

At your request, ~~this~~ a site investigation was done on your property ~~on~~ on Shopton Rd. trying to subdivide the ~~lot~~ property into 3 lots. The findings were as follows:

Lot 1 - An area was located on this site for a gravity fed conventional system. ~~The type of~~ A three-bedroom proposed house would require 400' of drainfield. The repair area ~~requirement~~ would be met by a pump-to-conventional ~~drain~~ subsurface sewage disposal system.

Lot 2 - This site would be classified unsuitable due to available space. The area available for on site subsurface is at 40' x 100'. This area is not ~~suitable~~ larger enought to meet Rule 1945 Repair Area requirments. This lot may be able to ~~use~~ use a pre-fabricated panel block septic system. This system would require 200' of drainfield and a pump to get to that location. ~~This system would also~~ This may allow the ~~additional~~ remain available area for the replacement area. This system would require a designed plan by someone with a working knowledge of septic systems and approved by this office before a building permit could be issued.

Lot 3 - This protented lot has ~~also~~ space ~~limitations~~ and soil limitations which would also require ~~some~~ further evaluations of this lot by the soil scientist to determine the actual utilization of this lot.

~~At this point~~

There is a consideration ~~of~~ to ~~the~~ ~~lot~~ combining lot 2 & 3. If these proposed lots were combined you would be able to utilize a pump-to-Conventional subsurface system and available ~~area~~ repair area. This would require 400' of drainfield for a 3 bedroom residence.

These proposed lots would have to ~~have the proper agreement forms signed, record~~ the septic tank systems plans approved, all agreement forms signed and surveys for each lot before the septic permits could be issued. The septic permits will have to be issued prior to ~~receiving~~ building permits.

If you have any further questions ~~or need any further assistance~~, please ~~let me~~ contact me at 336-5372.

Sincerely yours,

Dave Heggs

Mecklenburg County
Health Department

June 28, 1995

Mr. Carroll Jenkins
4813 Lebanon Drive
Charlotte, NC 28273

Dear Mr. Jenkins:

Re: Shopton Road
File: 3587B
Parcel: 201-062-13PO

At your request, a site investigation was done on your property on Shopton Road in order to subdivide the property into three (3) lots. The findings were as follows:

Lot 1 - An area was located on this site for a gravity fed conventional system. A three-bedroom proposed house would require 400' of drainfield. The repair area requirement would be met by a pump-to-conventional subsurface sewage disposal system.

Lot 2 - This site would be classified unsuitable due to available space. The area available for an on site subsurface system is 40' X 100'. This area is not large enough to meet RULE .1945 repair area requirements. This lot may be able to use a Pre-fabricated panel block septic system. This system would require 200' of drainfield and a pump to get to that location. This may allow the remaining available area for the replacement area. This system would require a designed plan by someone with a working knowledge of septic systems and approved by this office before a building permit could be issued.

Lot 3 - This potential lot has space and soil limitations which would also require further evaluation of this lot by the soil scientist to determine the actual utilization of this lot.

There is a consideration to combining lots 2 & 3. If these proposed lots were combined you would be able to utilize a pump-to-conventional subsurface system and available repair area. This would require 400' of drainfield for a 3 bedroom residence.

These proposed lots would have to have the septic tank system plans approved, all agreement forms signed and surveys for each lot before the septic permits could be issued. The system permits will have to be issued prior to releasing building permits.

If you have any further questions, please contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

3582B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd Sch 5/19/95

☐ 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

Date:

PERSON FILING APPLICATION:
NAME: Jenkins, Carroll C.
(last) (first) (mi)
ADDRESS: 4513 Lebanon Dr PHONE: (704) 535-1441 w 704-541-5111
CITY: Charlotte STATE: N.C. ZIPCODE: 28273

PROPERTY OWNER:
NAME: Jenkins, Carroll C.
(last) (first) (mi)
ADDRESS: 4513 Lebanon Dr PHONE: (704) 535-1441 w 704-541-5111
CITY Charlotte N.C. STATE: N.C. ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 216 62 13
STREET ADDRESS: ~~4513~~ Stegall Dr
Charlotte N.C.
ZONING: R-3

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: None

LOT NUMBER: | LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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 ☐ 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: Carroll Jenkins Date: 5-19-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

☐ 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 Date

_____ Director or Authorized Section Head Date

WATER 12/94

301
130
491
115
610

COPY

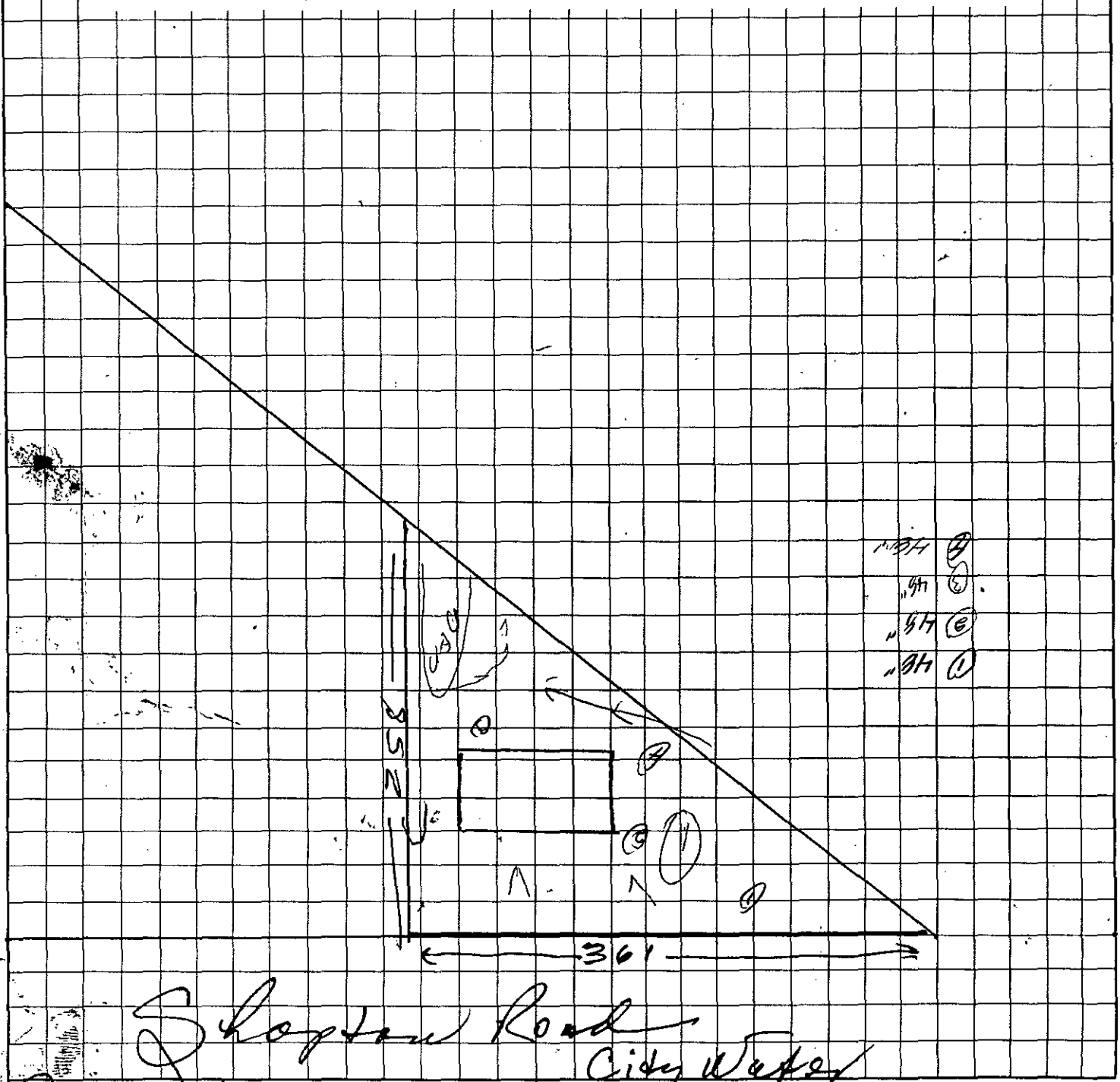
PROPOSED PLOT PLAN

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

FILE: 3587B

TC: 201-062-13RR

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.



OWNER/AGENT SIGNATURE

DATE 5-19-95

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028613

File: 35,918 Action 1

Parcel: PC 021-002-13 ☐ PC

Location: Sharon Road

Subdivision:

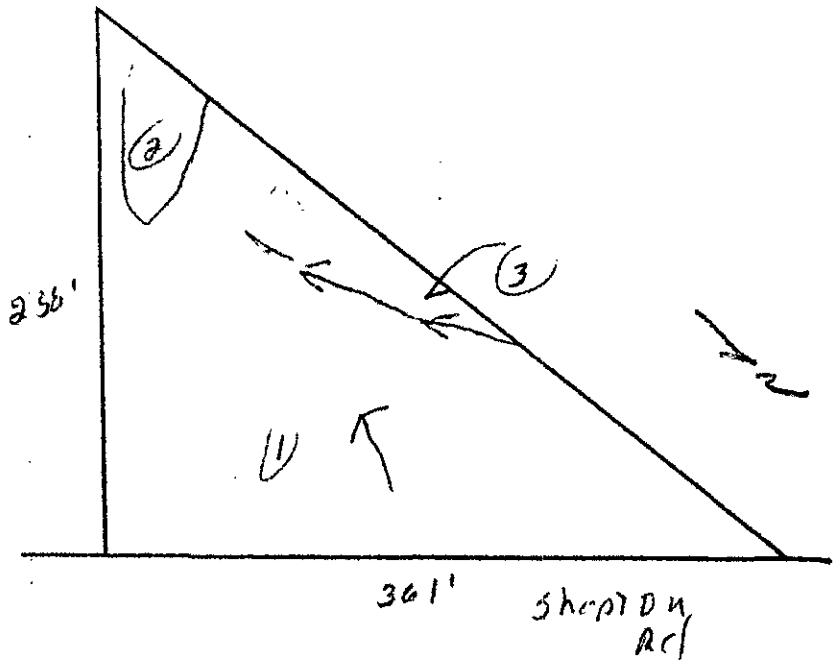
Lot: 1 Block: Acres: 1.0

Owner: Carroll O. Jenkins
Address: 4813 Lebanon Rd. Ln.
Charlotte, N.C. 28213

Comments: 1000 Regain, 3gal/ 4 H/ day LTAR

Described by:

Date:

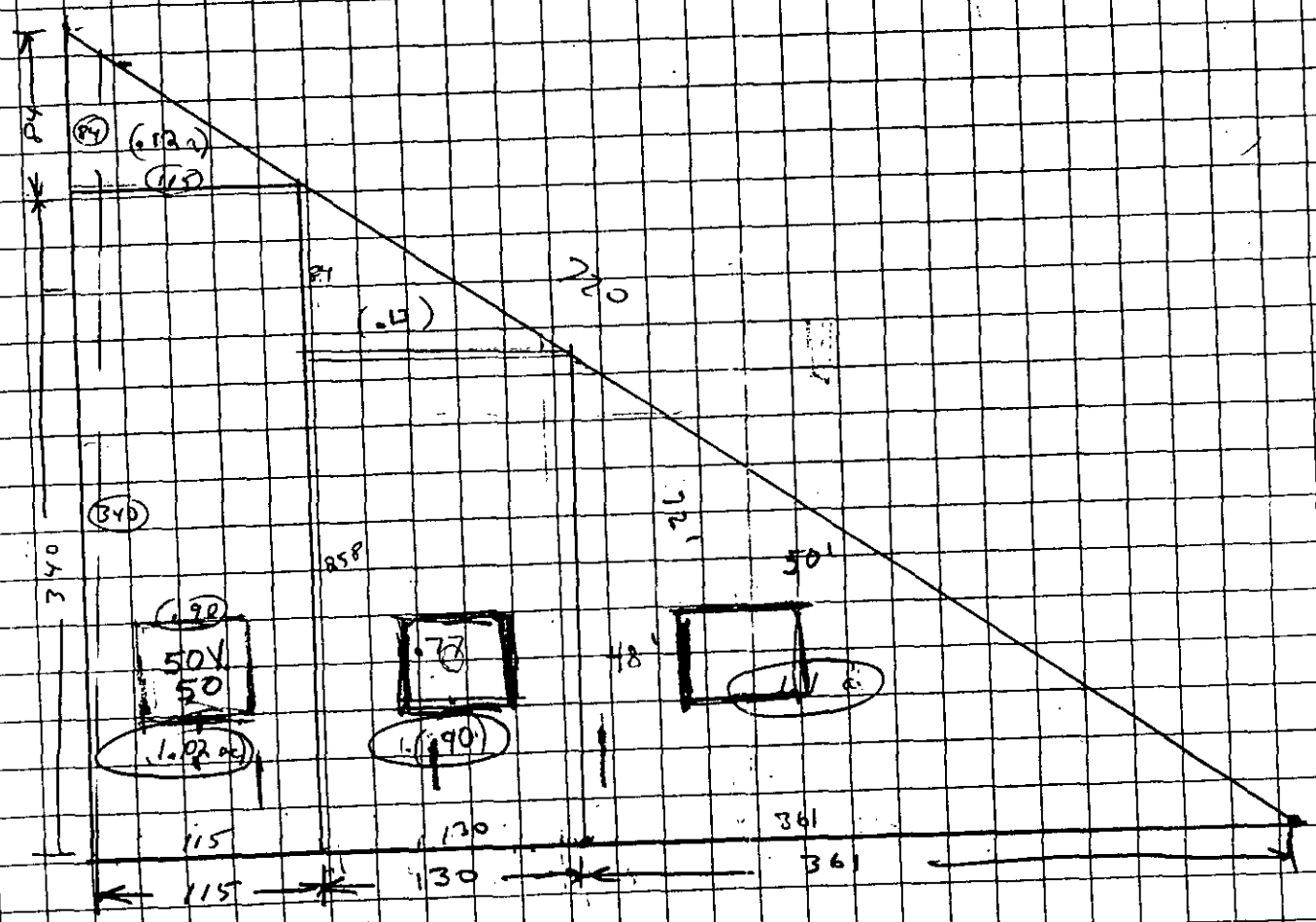


***** EVALUATION KEY *****

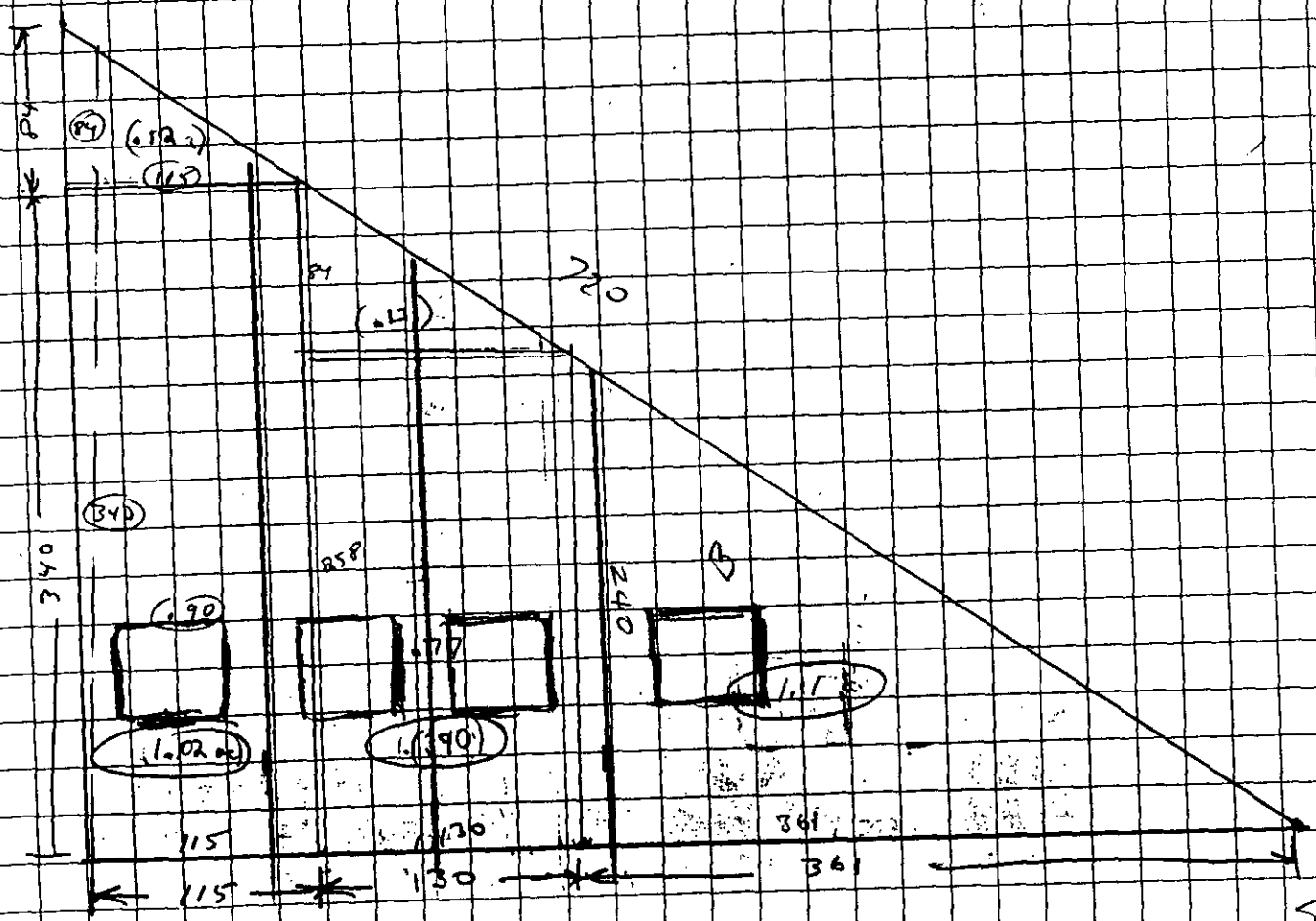
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) Depression	S PS (U) Ditch	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Exp. 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 24"+ Soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 46"+	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	IIE Fairview	Depression	Ditch			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Prepare for 3 Homes



Proposed Proposal for 4 Homes



COPY

35868

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 CK 1663 11/9/95 DK ☐ 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: Jenkins, Cornell C.
(last) (first) (mi)
ADDRESS: 4813 Lebanon Dr. PHONE: (704) 568-1441 w 704-541-5111
CITY: Charlotte STATE: N.C. ZIPCODE: 28273

Date:

PROPERTY OWNER:
NAME: Jenkins, Cornell C.
(last) (first) (mi)
ADDRESS: 4813 Lebanon Dr. PHONE: (704) 568-1441 w 704-541-5111
CITY: Charlotte STATE: NC ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 216 62 13 10
STREET ADDRESS: ~~5364~~ Stegall Rd
Charlotte NC
ZONING: R-3

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: None

LOT NUMBER: 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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 ☐ 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: Cornell Jenkins Date: 5-19-95

NOTICE:

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...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.

...

☐ 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 Date

_____ Director or Authorized Section Head Date

WATER 2270

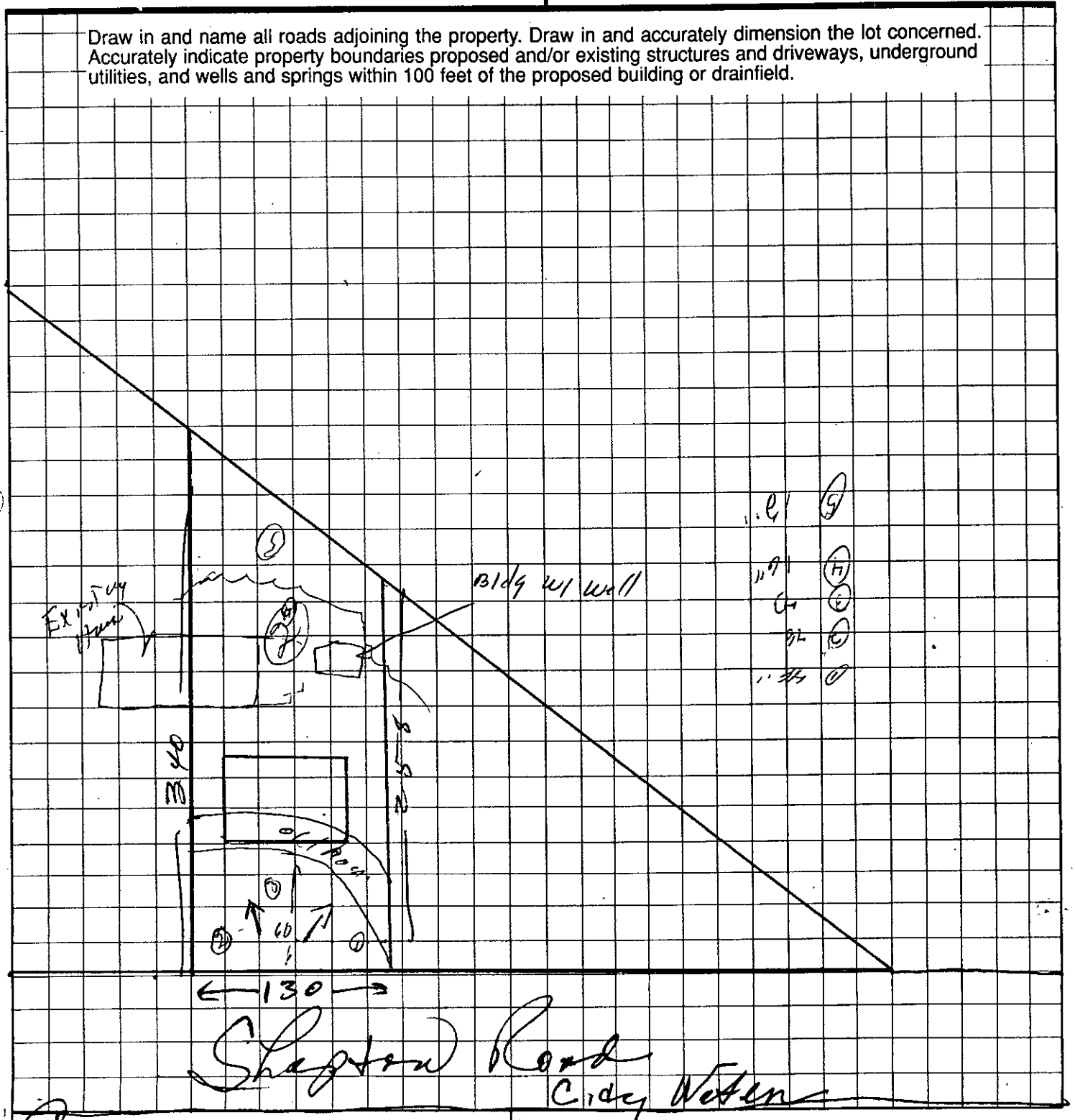
PROPOSED PLOT PLAN

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

FILE: 35868

TC: 201-662-1300

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.



OWNER/AGENT SIGNATURE

DATE 5-19-95

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028612

File: 3586B Action 2

Parcel: PO 201-062-13 ☐ PC

Location: Shopton Road

Subdivision:

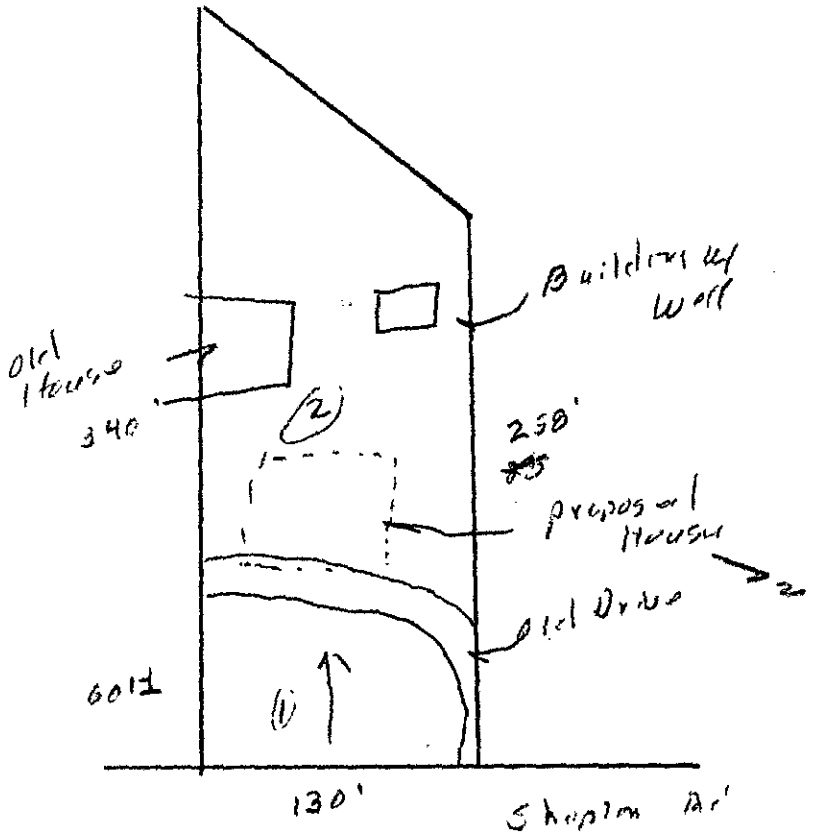
Lot: 2 Block: Acres: .89

Owner: Carroll Jenkins
Address: 4613 Johnson Dr.
Charlotte, N.C. 28213

Comments: ~~well repair, 3 gal/min~~
~~Shopton ... property~~
~~over pump~~

Described by: William A. Medlin

Date: 6-16-05



***** 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 6-10%	S PS U Ditch	S PS U	S PS U	S PS U
Texture slightly FSP	S (PS) U clay	S PS (U) Expansive	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 24" To Restrictive	S (PS) U 36" To Restrictive	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 24"	S PS (U) 12-14"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	S (PS) U 36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	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-Urban	Mecklenburg-Urban	Ditch			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Look for owner to West Mecklenburg

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ft 150' ch 166 5/19/95 ☐ 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

Date:

PERSON FILING APPLICATION:
NAME: Jenkins, Cornell O.
(last) (first) (mi)
ADDRESS: 4813 Lebanon Dr PHONE: (H) 568 1641 (W) 704-541-5111
CITY: Charlotte STATE: NC ZIPCODE: 28273

PROPERTY OWNER:
NAME: Jenkins, Cornell O.
(last) (first) (mi)
ADDRESS: 4813 Lebanon Dr PHONE: (H) 568 1641 (W) 541-5111
CITY: Charlotte NC STATE: NC ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 201062-13
STREET ADDRESS: ~~5~~ Stepstone Dr
Charlotte NC
ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME: None

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

LOT NUMBER: (3) LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
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 579 E561
☐ Garage ☐ Storage Building ☐ Dock/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: Cornell Jenkins Date: 5-19-95

NOTICE:

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...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.

...

☐ 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 Date

_____ Director or Authorized Section Head Date

WATER : 22791

(704) 541-5111 BUSINESS
(704) 541-4211 FAX
(704) 588-1441 RESIDENCE

COLDWELL BANKER

CARROLL O. JENKINS, CRRS
Broker / REALTOR®
Licensed in North & South Carolina

COLDWELL BANKER FLOUHOUSE, REALTORS®
6548 CARMEL ROAD
CHARLOTTE, NC 28226

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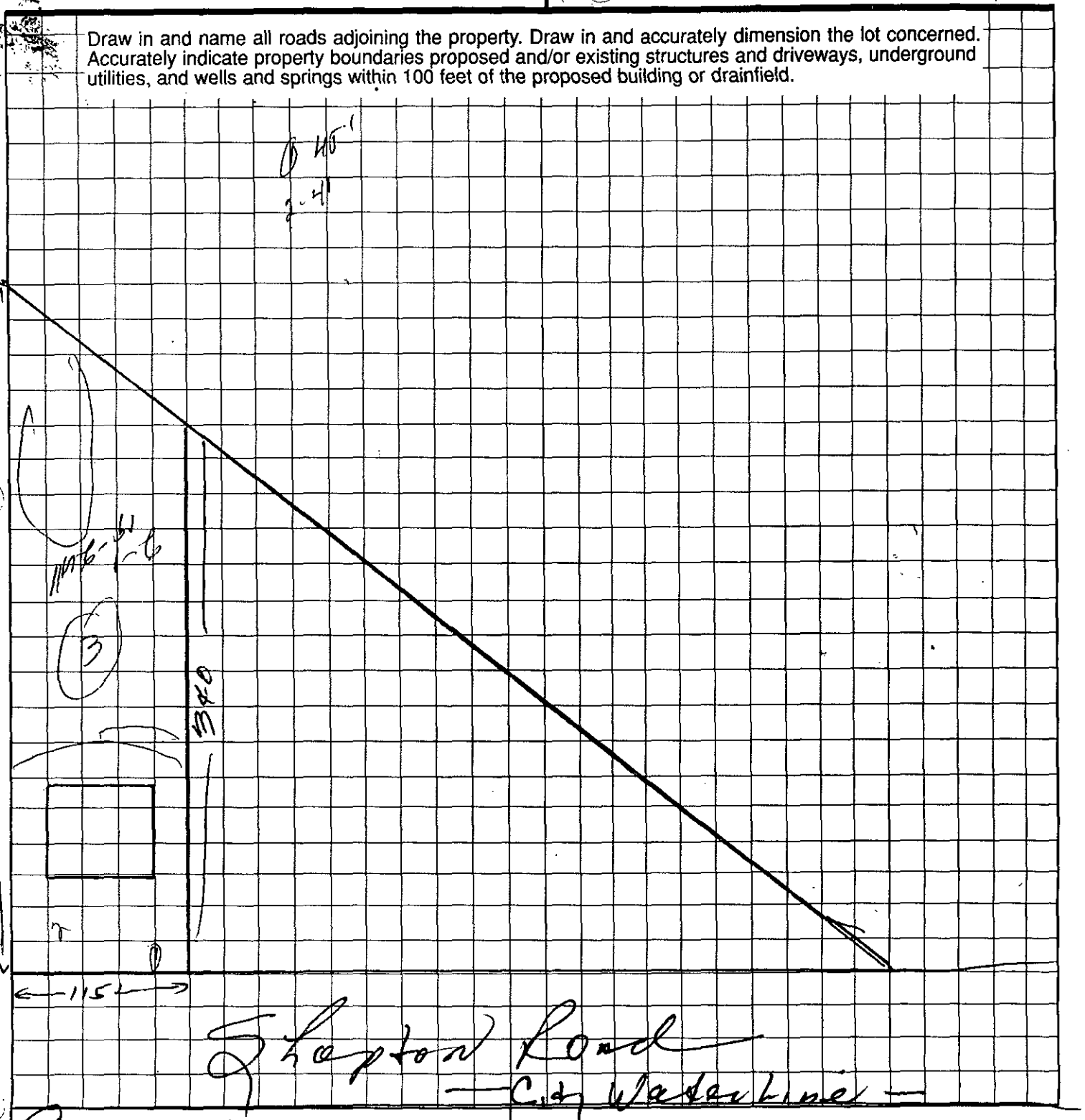
PROPOSED PLOT PLAN

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

FILE: 992B

TC: 201-0823RP

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.



OWNER/AGENT SIGNATURE

DATE 5-19-95

APPROVAL DATE

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028611

File: 912 B Action 2

Parcel: PO 201-062-13 ☐ PC

Location: Shopton Road

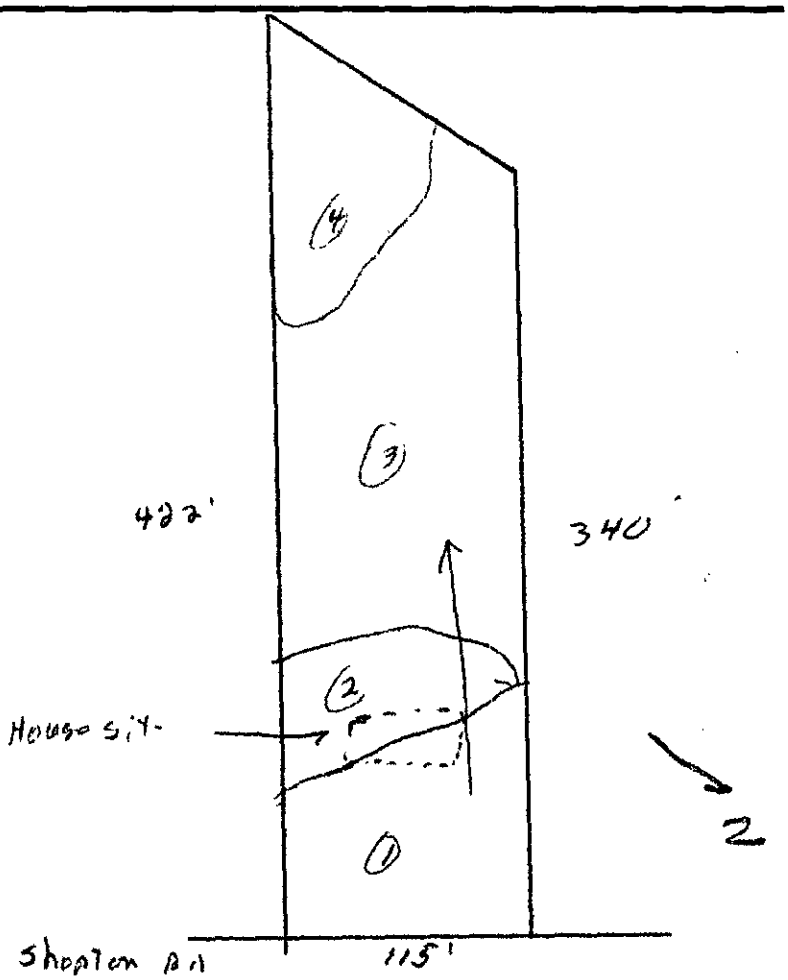
Subdivision:

Lot: 3 Block: Acres: Approx 1.0

Owner: Carroll O. Jenkins
Address: 4513 Johnson Dr.
Charlotte, N.C. 28273

Comments: .3 gpd per sq/day LTAR
Grade and only area dump
100% Repair

Described by: William R. Marks
Date: 6-16-94



*** 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 8-15%	(S) PS U 6-12%	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U Slightly Exp. Clay	S (PS) U Slightly Exp. Clay	S PS (U) Expanded 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 >48" soil thickness	S (PS) U >36"	S (PS) U >36" soil thickness	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS (U) 20-36"	S PS (U) 17-24"	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IIe Cecil 2-8%	IIe Cecil-2-8%	IIe Mecklenburg 2-8%	Depression		
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 028613

File: 3591B (2)(3) Action 1

Parcel: PO 201-062-13 ☐ PC

Location: Shopton Road

Subdivision:

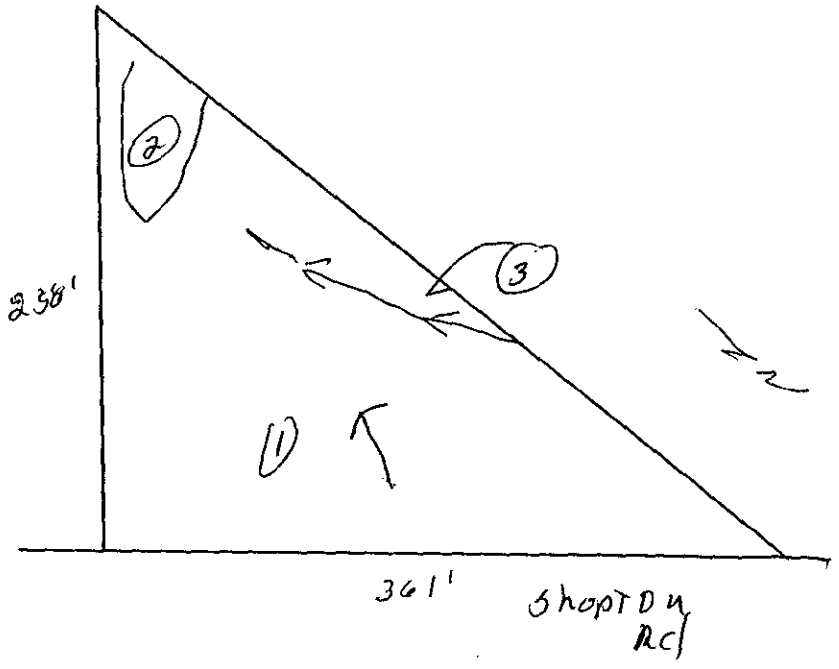
Lot: 1 Block: Acres: 1.0

Owner: Carroll O. Jenkins
Address: 4813 Lebanon ~~Rd~~ Dr.
Charlotte, N.C. 28273

Comments: 100% Repair, .3gal/sf/day LTAR

Described by:

Date:



***** 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) Depression	S PS (U) Ditch	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Exp. 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 Soil Wetness	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 48"+	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	III Cecil/Lilo	Depression	Ditch			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

ORIGINAL

35828

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $50 ck 106 5/19/95

☐ 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

Date:

PERSON FILING APPLICATION:
NAME: Jenkins, Cornell C.
(last) (first) (mi)
ADDRESS: 4513 Lebanon Dr PHONE: (704) 568-1441 w 704-541-5111
CITY: Charlotte STATE: NC ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 216-062-13
STREET ADDRESS: ~~[illegible]~~ Stegstead Dr.
Charlotte
ZONING: R-3

PROPERTY OWNER:
NAME: Jenkins, Cornell C.
(last) (first) (mi)
ADDRESS: 4513 Lebanon Dr PHONE: (704) 568-1441 w 704-541-5111
CITY Charlotte STATE: NC ZIPCODE: 28273

SUBDIVISION OR MOBILE HOME PARK NAME:
None

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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 ☐ 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: Cornell Jenkins Date: 5-19-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

☐ 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 Date

_____ Director or Authorized Section Head Date

WATER 12/94

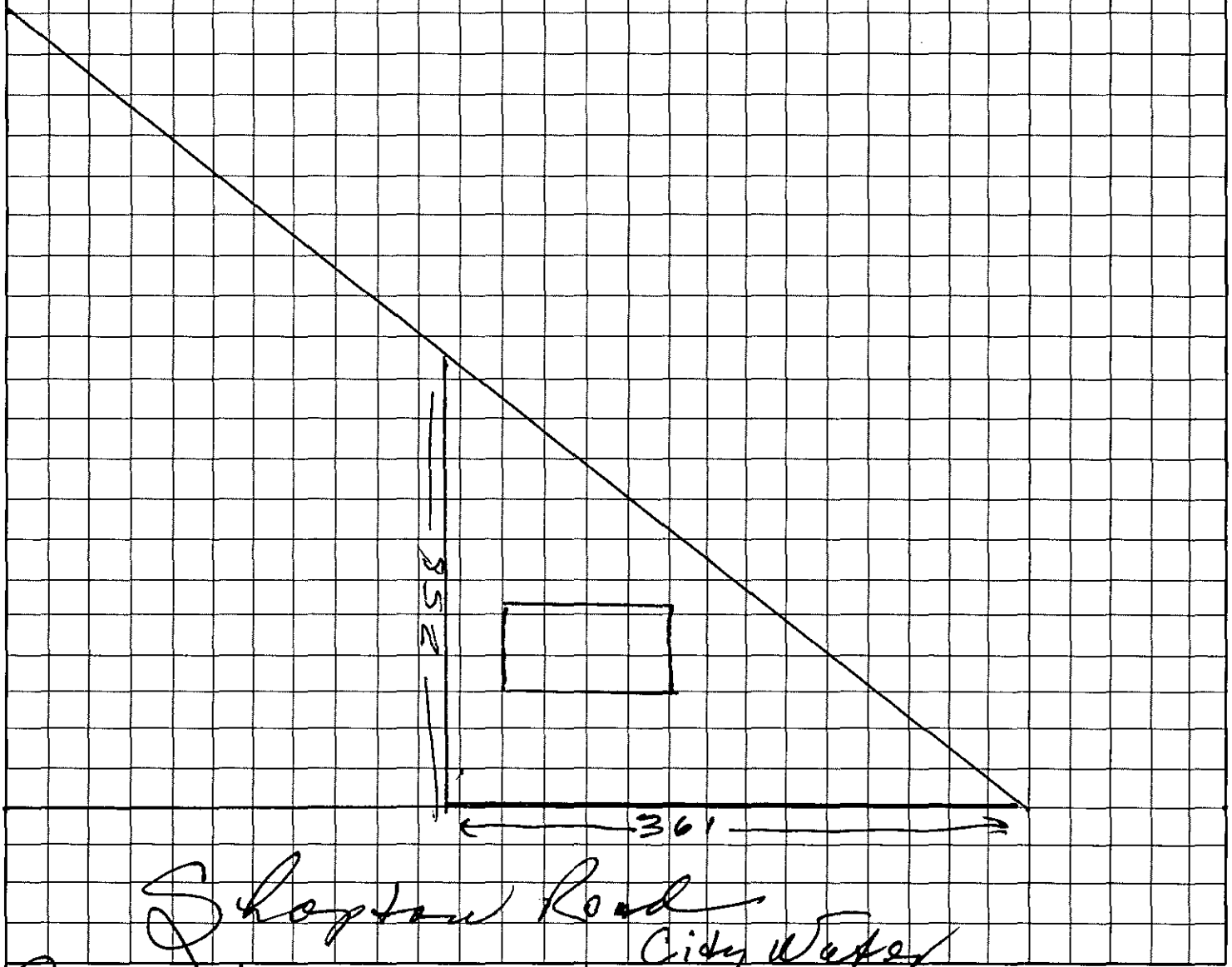
PROPOSED PLOT PLAN

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

FILE: 3587B

TC: 201-062-13RR

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.



OWNER/AGENT SIGNATURE

DATE 5-19-99

APPROVAL DATE _____

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