

15248 MILLVIEW TRACE LN

13915208

6/21/2007

duponbj

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

Final 100
3/1/02

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

[] 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 6844A

PERSON FILING APPLICATION:
NAME: Washer (last) Harvey (first) R. J. (mi)
ADDRESS: 7316 Tuck Rd PHONE: 704 573-2685
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3/1/02

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139 152-08
STREET ADDRESS: 15248 Millview Trace Ln.
ZONING:

PROPERTY OWNER:
NAME: Steele (last) Michael (first) A (mi)
ADDRESS: 15248 Millview Trace Lane PHONE: (__) _____
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 35 LOT SIZE (in acres): 0.711

[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted]

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)
[] 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: Harvey Wash Date: 3/1/02

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.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

3-11-02 DISAPPROVED DUE TO LOCATION OF DECK WITHIN 5' OF DRAINFIELD - DRAINFIELD FLAGGED

Environmentalist Date

WATER : 122791

Paid $100 3/1/02

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 6844A

PERSON FILING APPLICATION:
NAME: WASNER (last) HARVEY (first) R. J. (mi)
ADDRESS: 7316 Huck Rd PHONE: (704) 573-2685
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3/1/02

PROPERTY OWNER:
NAME: Steele (last) Michael (first) A (mi)
ADDRESS: 15248 Millview Trace Lane PHONE: (__) _____
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-152-08
STREET ADDRESS: 15248 Millview Trace Ln.
ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 35 LOT SIZE (in acres): 0.711

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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)
[ ] 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: Harvey Wasn Date: 3/1/02

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.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...3-10-02 OSU, F LOCATED TANK AND DRAINLINE CLOSEST TO EXISTING DECK AND HOUSE, AND FLAGGED. EXISTING DECK IS 1'-2' FROM DRAINLINE THEREFORE. APPLICATION FOR SUNROOM IN THE LOCATION OF THE DECK IS DENIED.

_____ Environmentalist Date

WATER : 122791

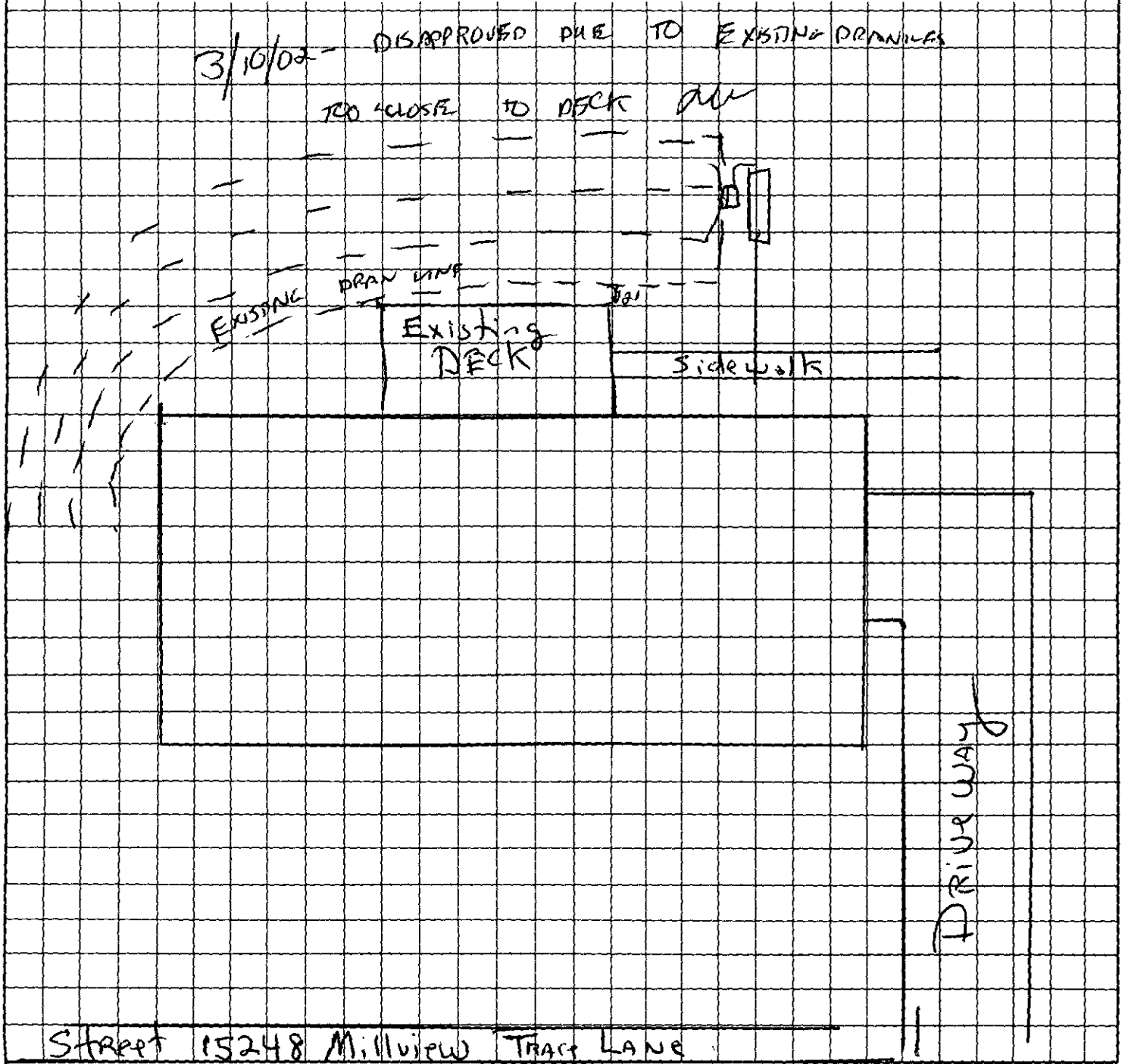
PROPOSED PLOT PLAN

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

FILE: 6844A

TC: 139.152-08

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.



Harry Wasmer
OWNER/AGENT SIGNATURE

DATE 3/1/02

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6844A DATE: 7-16-91

TC: ~~PO 139-151-03~~ ☑ L ☐ CRT
139-132-08

SERIAL № 12388

Name of Owner SAM REDMOND Juris.:

Address of Property 15248 MILLVIEW TRACE LN.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source PWELL

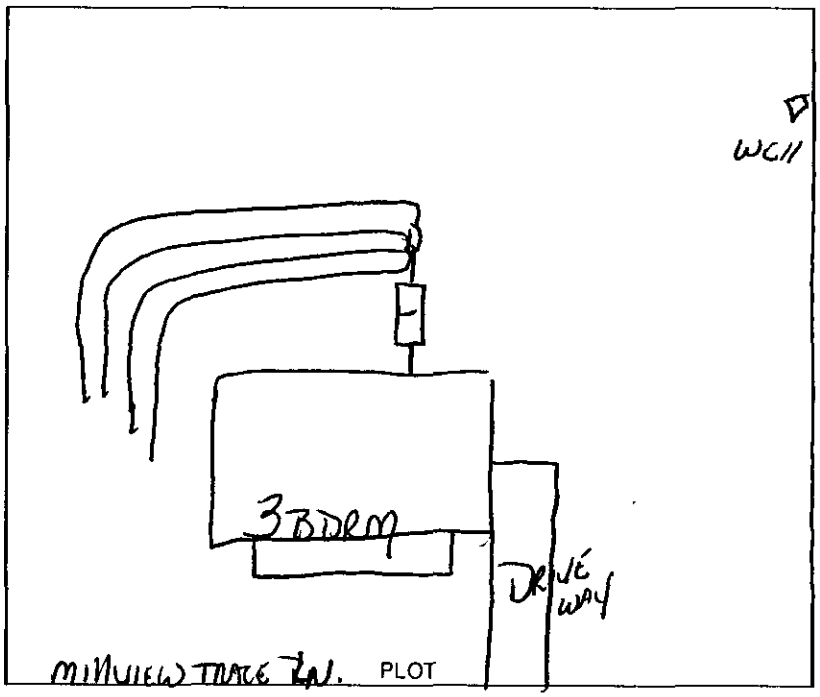
Distance to Water Source > 50'

Excavation Inspected 7-16-91

Tank(s) Inspected 7-16-91

Wash Line Inspected -

High Water Alarm Inspected -



Design: 1991, 1500G, ST, CONV SYS. 1200SQFT, 12" G CELLULAR CTR#

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:

Environmentalist

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

PROPOSED PLOT PLAN

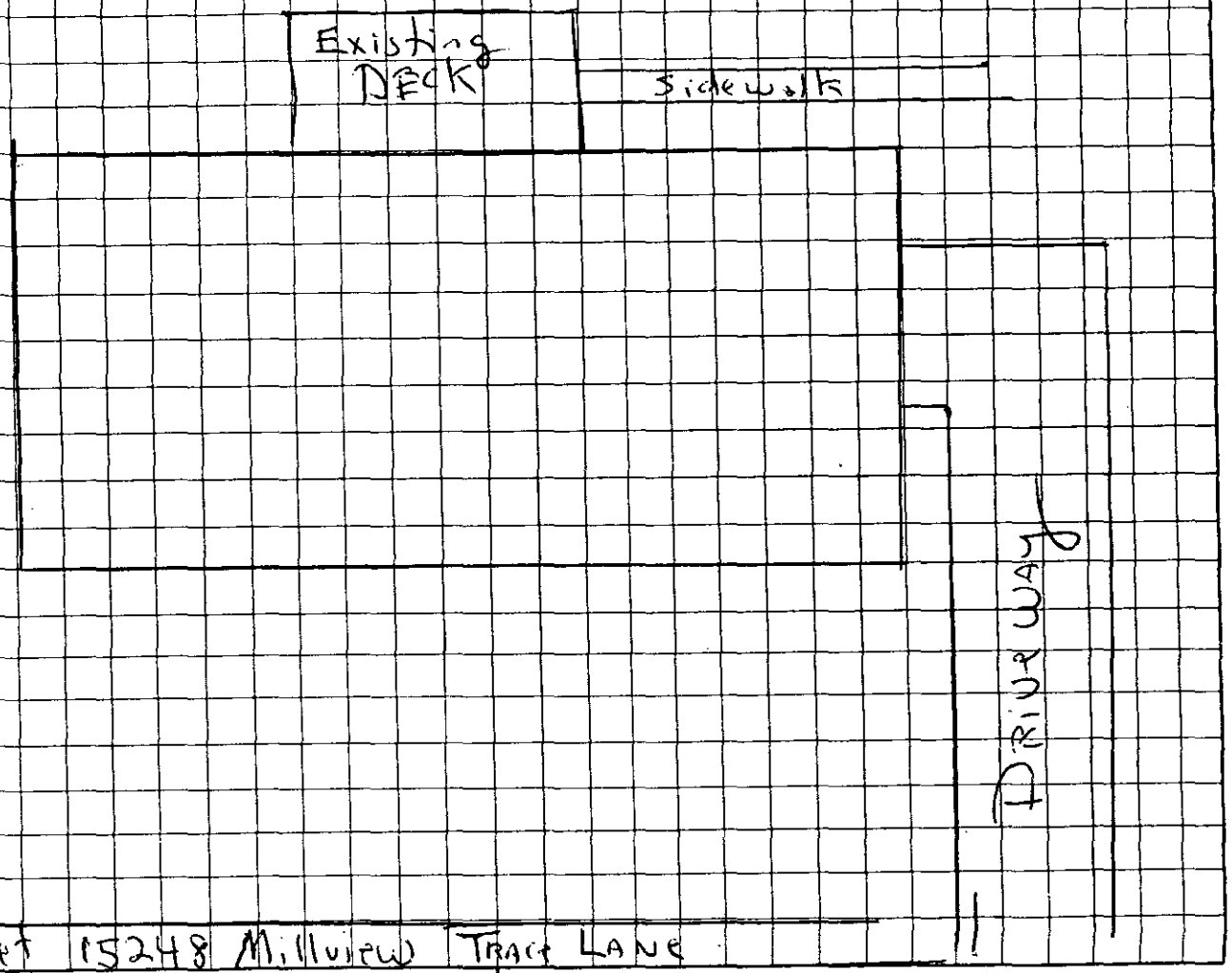
COPY

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

FILE: 6844A

TC: 139.152-08

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.



Harvey Wasm
OWNER/AGENT SIGNATURE

DATE 3/1/02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner'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: 6844A
TC: PO 139-151-03
SERIAL: № 21497
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 15248 (STREET NO.) MILLVIEW TRACE LN (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 139-151-03
⑤ SUBDIVISION: CALDWELL MILL ⑥ LOT: 35 ⑦ BLOCK:

OWNER

⑧ NAME: SAM (FIRST) DAVES (MIDDLE) REDMOND (LAST)
⑨ MAILING ADDRESS: 5616 BIRCHHILL RD.
⑩ CITY: CHARLOTTE, ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) (704) 545 3503 ⑭ (HOME) SAME

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? Approx 4 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: Sam D Redmond
Date: 11/20/90

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~~ 60 months from the date of issuance.

Environmentalist — Date 12/3/90
Director or Authorized Section Head — Date 12-3-90

*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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-20-90

Name/Company: Sam D. Redmond

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. Permit (New)
15245 Milliview Trace Ln.

File # 6844A

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 20 1990

Chk # 1313

Fee: 200.00

#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

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

DATE 11-20-90

FROM: COUNTY ENGINEERING DEPARTMENT

MED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-151-03

ASSIGNED ADDRESS 15248 Millview Trace LN

EXISTING ADDRESS L435

PROJECT NAME _____ Connell: Mill

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: Well septic

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: GCN

CPMEAR 06-88

NEW ADDRESS / /*

FORM 100

DATE 11-20-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-151-03
PARCEL NUMBER

15248 Millview Trace LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lt 35
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Connell Mill
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS		APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS		APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS		APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN		APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE		YES	NO
7.	DRIVEWAY PERMIT REQUIRED		YES	NO

REMARKS: sf home

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

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Jon

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

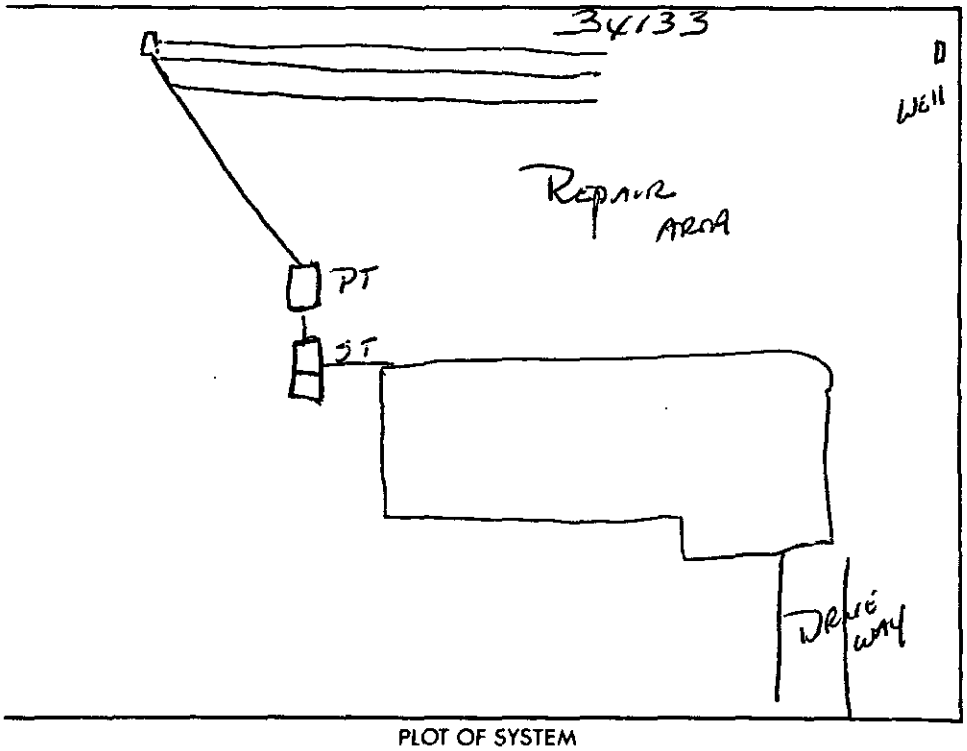
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6844A DATE: 6-8-91

TC: P0139-151-03 ☐ L

SERIAL Nº 13756

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 7-8-91. All work shall be completed on or before 8-8-91, 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3

Depth of Stone 18 inches

Distance from House > 5 feet

Distance from Property Line > 10 feet

Distance from Well > 50 feet

NAME OF OWNER SAM REDMAN

LOCATION OF PROPERTY MILLVIEW TRAILER LN.

Comments: INSTALL 1500g ST, 1000 g PT 3 TRENCHES 34133

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

PROPOSED PLOT PLAN

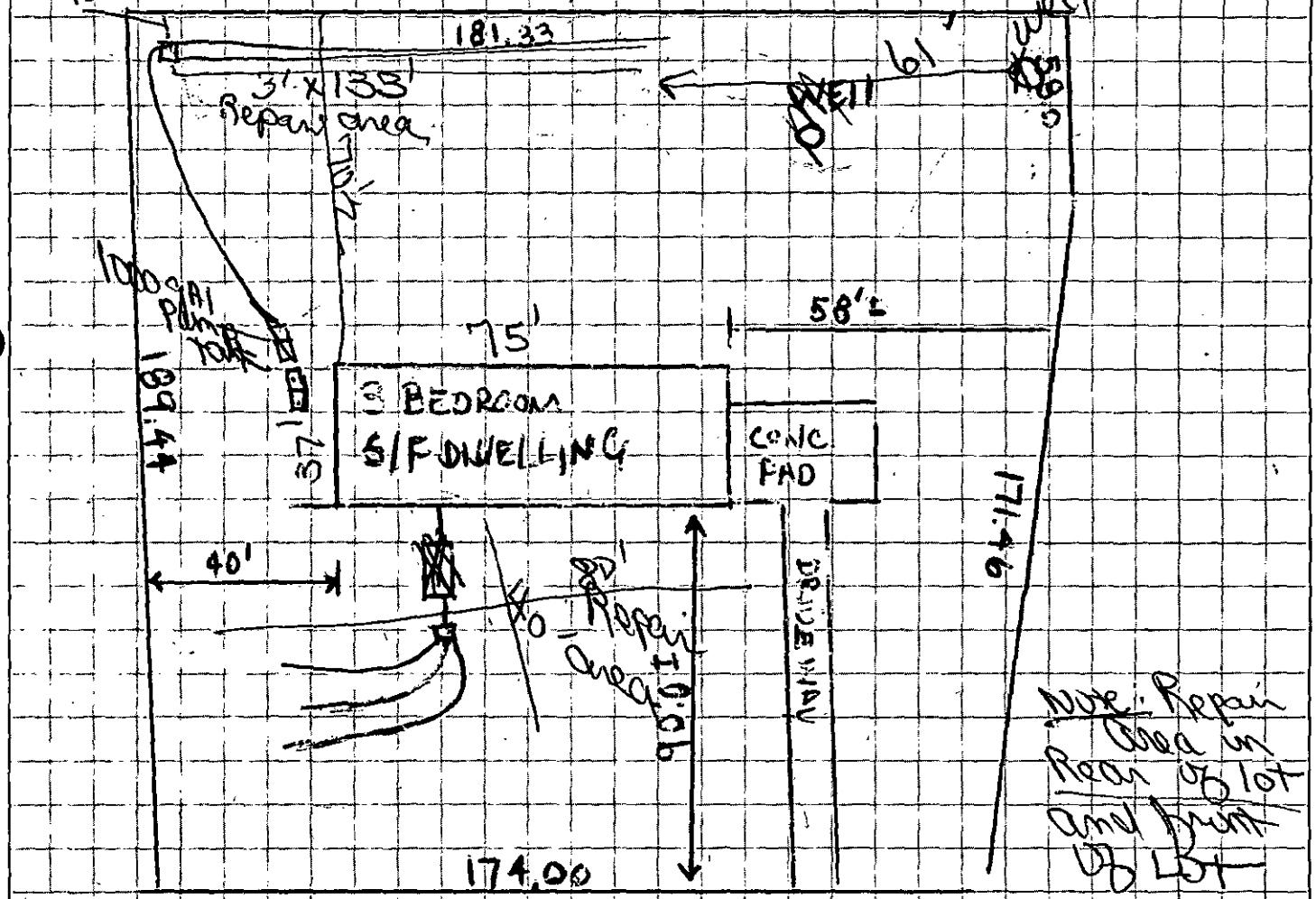
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6844A

TC: PO 139-151-03

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.

Note: Due to growth on lot unable to determine and highest elevation on rear of Lot. Owner Agreeable to Pumping to Either Side of rear.



Note: Repair Area in Rear of Lot and Front of Lot

Front Repair Area
40' x 80' = 3200'

1500 gallon Tank
1000 " Pump Tank
400' drainfield

APPROVAL DATE Sam D. Robinson 11/27/90

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

Mecklenburg County
Health Department

September 13th, 1990

George P. Houston
3933 Bon Rea Rd.
Charlotte, NC 28226

RE: Property located at Millview Trace Lane 35/2
FILE: 6844A
PARCEL: PO139-151-03

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 16682) 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 16682

File: 6844A Action 1

Parcel: PO 139-151-03 ☐ PC

Location: Millview Trace Lane

Subdivision:

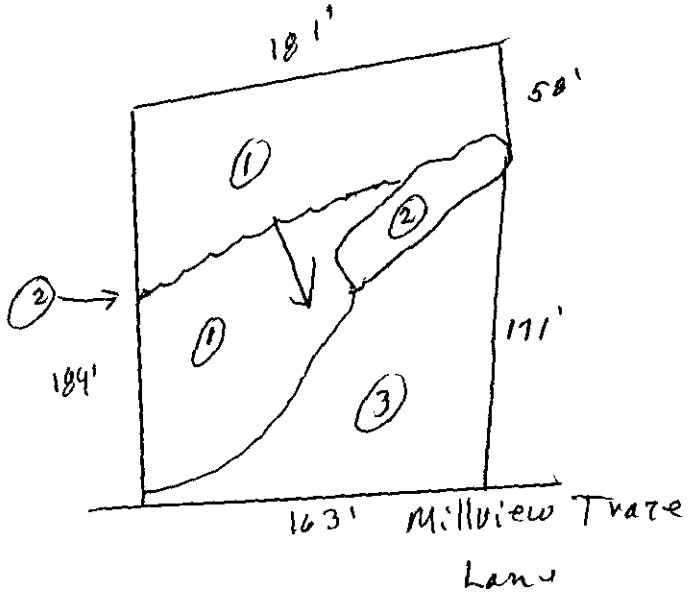
Lot: 35 Block: 2 Acres: .87

Owner:
Address:

Comments: 100% Repair
System may need lift
pumps.

Described by: William A. Marlin

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 6-15%	S PS (U) Complex Slopes	(S) PS U 6-12%	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS (U) some 2:1 clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" water	S PS U —	S PS (U) perched water 30-36"	S PS U	S PS U	S PS U
Depth	S (PS) U 38" +t	S PS U —	S (PS) U 36" +t	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >38"	S PS U —	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS (U) Restricted	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-Lilo	Complex Slopes	Helena-Lilo			
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: 68444

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Cabarrus Road (Milbrook Trailer Park)

② SUBDIVISION: Connell Mill ③ LOT: 35 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 151 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

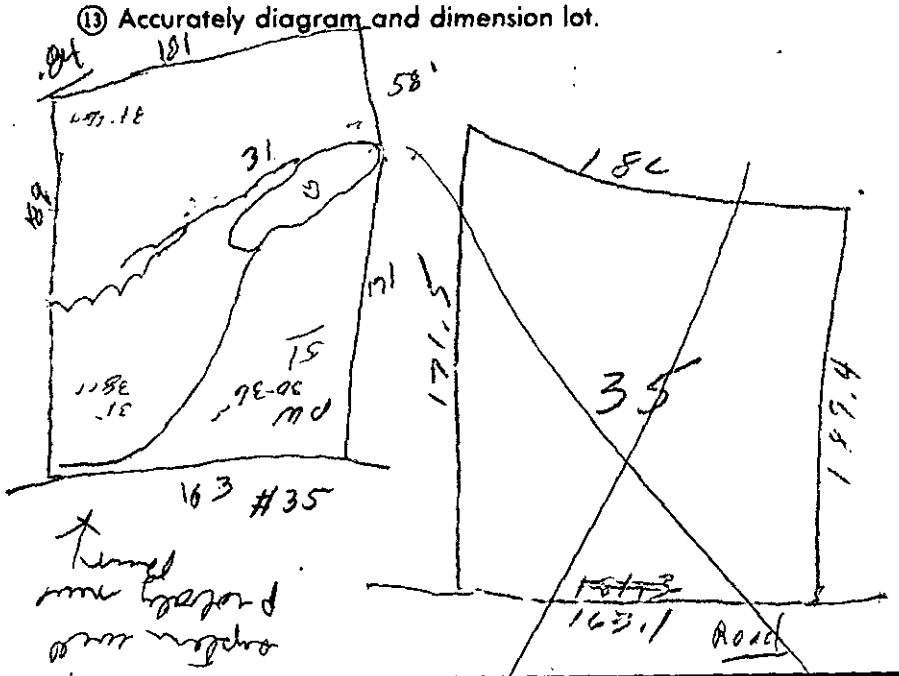
⑦ NAME: George (FIRST) P (MIDDLE) Houston (LAST)

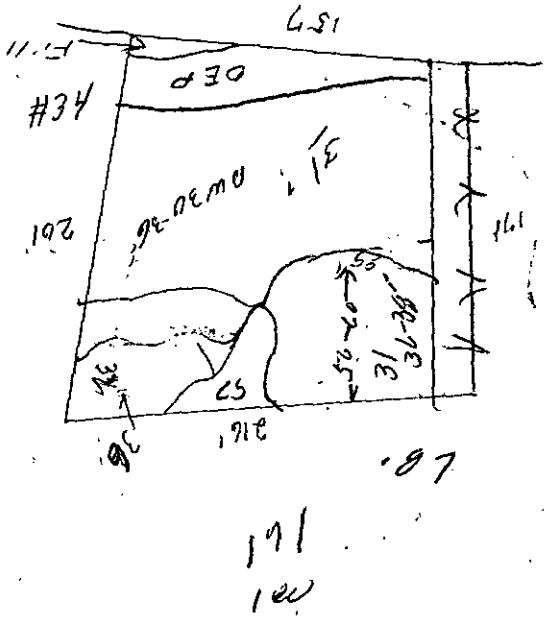
⑧ MAILING ADDRESS: 3933 Bon Rea Road

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) _____

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: _____

Date: 6/19/90

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: G844A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Cabarrus Road

② SUBDIVISION: Convent Mill ③ LOT: 35 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 151 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

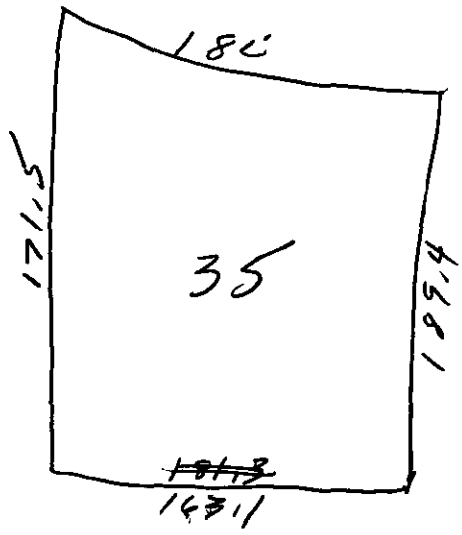
⑦ NAME: George (FIRST) P. (MIDDLE) Houston (LAST)

⑧ MAILING ADDRESS: 3933 Box Rea Road

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) _____

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: Vance E. Sommerburg

Date: 6/19/90

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