

16411 TERRY LN

00102354

5/19/08

marliwr

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

MECKLENBURG COUNTY HEALTH DEPARTMENT File: 1588 Action 3
SITE EVALUATION REPORT
SERIAL NUMBER 16766 Parcel: 001-023-54 ☐ P.C.

Location: 16411 Terry Lane

Subdivision:

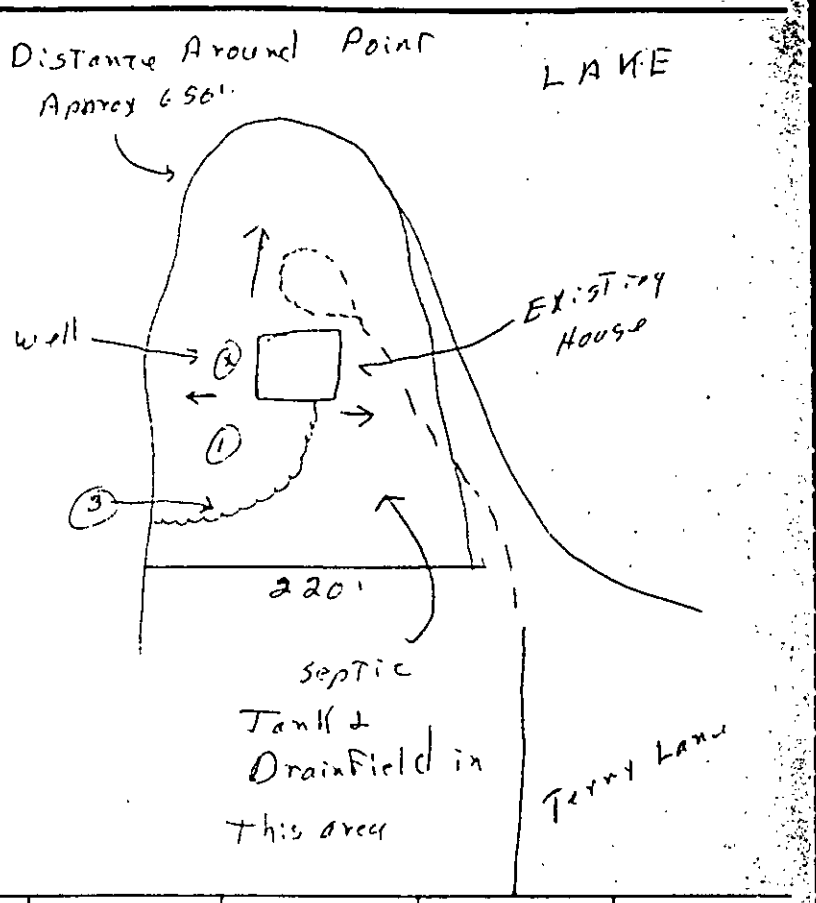
Lot: Block: Acres: Approx 1.0

Owner: Betty M. Copeland investigated
Address: 8301-3 Magnolia Estates Dr.
Huntersville, NC 28078

Comments:

Described by: William R. Martin

Date: 10-19-90



***** 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) old Terrace	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 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 >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 11-35"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very 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	Wilkes-Enon	Old Terrace				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Serial N° 690

Date Issued 4-21-76

ICAR (S) Permit No [illegible]

T C No [illegible]

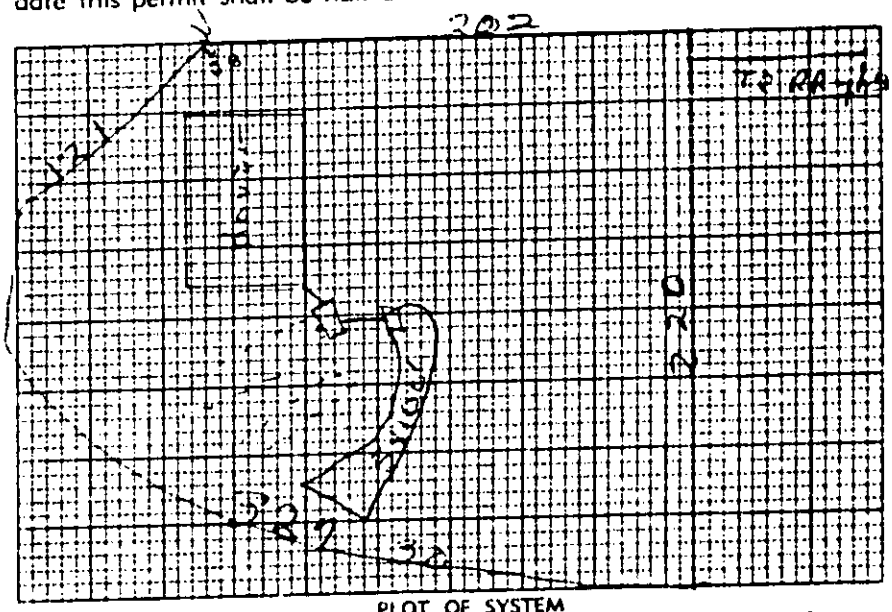
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ____Install or Construct, ____Alter or Repair the individual septic tank waste water 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 application [illegible] dated 4-20-76 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5-21-76 after which date this permit shall be null and void.



Percolation Rate ____

Liquid Capacity of Tank ____

Tank Construction ____

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 2 x 100'

Distance from House 20'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Corey Copeland

LOCATION OF PROPERTY Derry Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Bill Bradford

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 section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-7-1-70

HEALTH DEPARTMENT'S COPY

Map Date

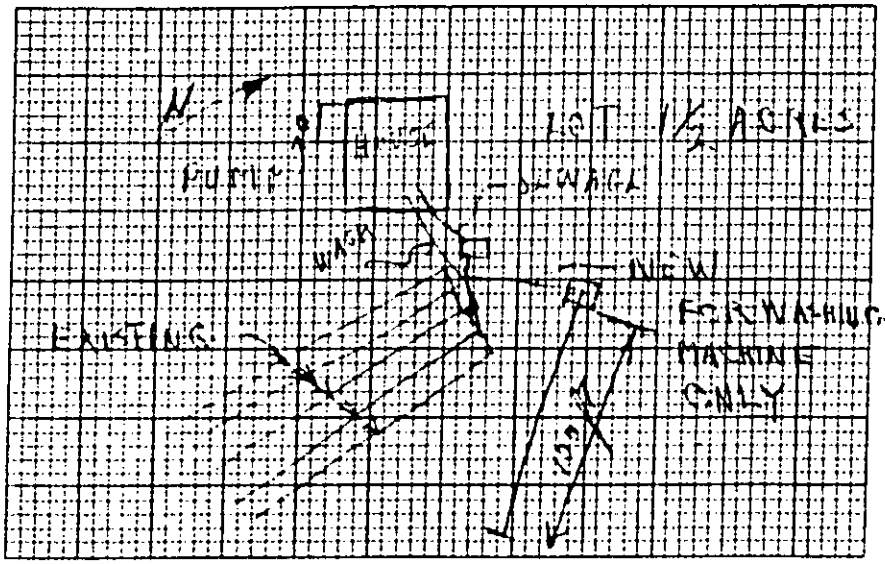
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) _____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 4
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes _____
7) Garbage Disposal ✓ Yes _____
8) Dishwasher ✓ Yes _____
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer _____ Yes ✓ No
House located within 200 feet of community sewer _____ Yes ✓ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER COPELAND (LAST) WILLIAM (FIRST) CREECY JR (MIDDLE)

14) ADDRESS OF OWNER RT 2 BOX 672 HUNTERSVILLE, NC 28078

15) PHONE NO. Home 875 2810 Office 377 1684

16) LOCATION OF SYSTEM TERRY LN (STREET OR COUNTY ROAD)

17) SUBDIVISION BROWN'S COVE Lot No. 5 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN JUNE 1976

20) PTR NUMBER (See Instructions) _____

BRADFORD CONST CO.

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

4/14/71
DATE OF APPLICATION

William C. Creecy Jr.
OWNER

FORM NO. E-4-7-1-70 HEALTH DEPARTMENT'S COPY

SERVICE REQUEST/WORK ORDER 404 1588

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 8/29/97 Parcel: 001-023-54 <60 Days? [ ] Yes [ ] No

Mr. Paine -

REQUESTING PERSON: L. J. Mullen Phone 948-7054

Address 16407 Jerry Ln City _____ Zip _____

PROPERTY CONCERNED: Facility Name James McDonald PO Box 56238 Char GA 28256

Address 16411 Jerry Lane City Hunt Zip 28078

SERVICE REQUESTED: bedroom added. no septic permit. believe drainfield has been disturbed

ASSIGNED TO: CT TAKEN BY: gc

DATE	ACTIVITY REPORT
9-2-97	Made osr - found a worker present constructing a deck off rear of house. He told me that he did not have a permit and that building standards had already informed him that one was required, which the owner was applying for today. This individual told me that the septic system was in front of the residence - I did not make an investigation at this time. (waiting for request)."
9-3-97	Called Mrs. Mullen for details. She is more upset with the fact that lot was totally cleared and a 6 or 7 ft wall was erected ~~down~~ along left sideline (she says that wall should only be 5' high). She says that double porch appears to be what was added onto the back of the house."
9-16-97	Placed hold on computer screen for any additions."

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: _____ /

REVIEWED BY: _____ /

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 1588

~~TC~~: 001-023-54

☐ PC ☐ REPT

JOB LOCATION

(1) ADDRESS: 16411 Terry Lane; Huntersville, N C

(2) SUBDIVISION: — (3) LOT: — (4) BLOCK: —

(5) PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 023 PARCEL NO.: ~~001-023-~~ 5-4 54

(6) DEED REFERENCE: BOOK NO.: 2580 PAGE NO.: 28

OWNER

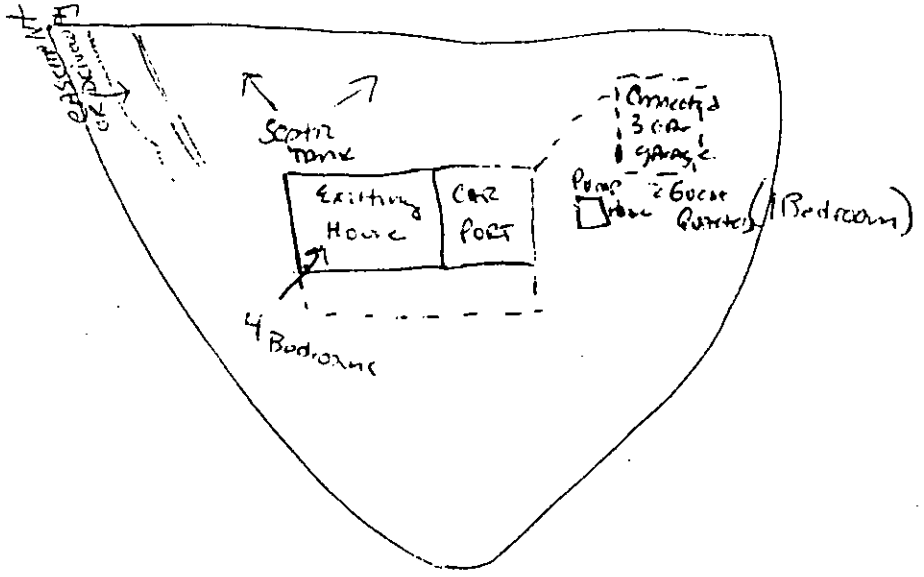
(7) NAME: Betty (FIRST) M (MIDDLE) Copeland (LAST)

(8) MAILING ADDRESS: 8301-3 Magnolia Estates Dr.

(9) CITY: Huntersville (10) STATE: NC (11) ZIP: 28078

(12) PHONE: (WORK) _____ (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.

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

~~X~~Signed: Betty M. Copeland

~~X~~Date: 10-15-90

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

Date Issued 5/26/71 Serial N: 690

C of A (s) No. 1588

T. C. No. 101-023-54

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Copeland, Circee
LAST FIRST MIDDLE

Location of Property Terry Lane

Application Number ~~1588~~ 1588 Permit Number 690

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200 Number of Lines 2(5 x 100 x 17")

Depth of Filter Material 17" Cover Depth 2½'

Water Supply Source Drill well Distance from Water Source 100'

Excavation Inspected 5/26/71 DATE Tank Inspected _____ DATE

Nitrification Field Inspected 5/26/71 DATE

Washing Machine Line Inspected, If Applicable _____ DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: Pump out water before covering.

Charles H. Williamson
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

Serial N: 690

Date Issued 5/26/71

C of A (s) No. [illegible]

T. C. No. [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Copeland, Creese
LAST FIRST MIDDLE

Location of Property Terry Lane

Application Number [illegible] 1588 Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank —

Tank Material [illegible]

Total Length of Drain Tile 200

Number of Lines [illegible]

Depth of Filter Material 12"

Cover Depth [illegible]

Water Supply Source Drill well

Distance from Water Source [illegible]

Excavation Inspected 5/26/71
DATE

Tank Inspected _____
DATE

Nitrification Field Inspected 5/26/71
DATE

Washing Machine Line Inspected, If Applicable _____
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, [illegible] altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit (s) in addition to those listed below under comments. This Certificate of Approval 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: Pump out water [illegible]

[illegible]

[illegible] Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'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: 1588

TC: 001-023-54

☐ PC ☐ REPT

JOB LOCATION

(1) ADDRESS: 1641 Terry Lane; Huntsville, NC

(2) SUBDIVISION: — (3) LOT: — (4) BLOCK: —

(5) PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 023 PARCEL NO.: 5-4

(6) DEED REFERENCE: BOOK NO.: 2580 PAGE NO.: 38

OWNER

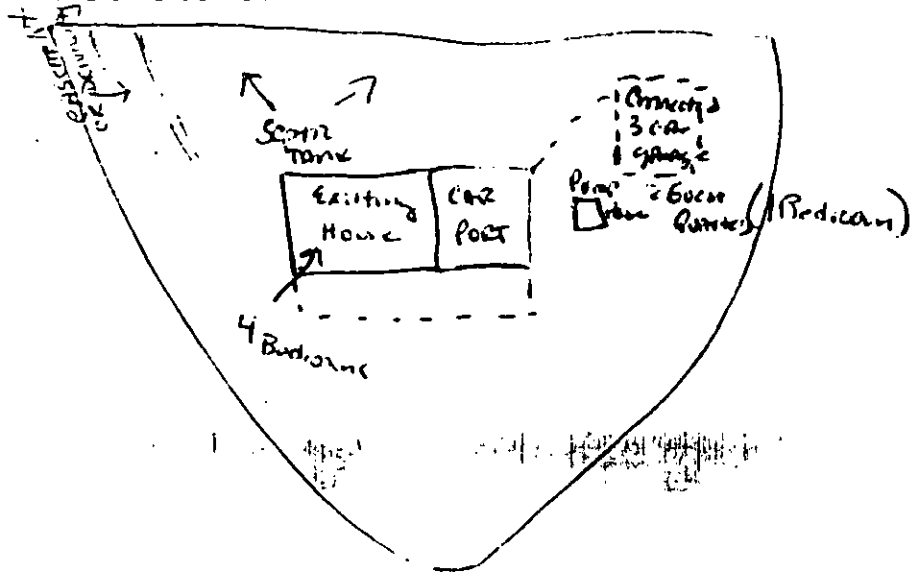
(7) NAME: Betty (FIRST) M (MIDDLE) Copeland (LAST)

(8) MAILING ADDRESS: 8301-3 Magnolia Estates Dr.

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X Signed: Betty M Copeland

X Date: 10-25-90

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



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Mecklenburg County
Health Department

October 23, 1990

Betty H. Copeland
8301-C Magnolia Estates Dr.
Huntersville, NC 28078

RE: Property located at 16411 Terry Lane, Huntersville
FILE: 1568
PARCEL: 001-073-54

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in Section .1950 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services, Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 10'88) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Sincerely,

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 16766

File: 158B Action: 3

Parcel: 001-023-54

Location: 16411 Terry Lane

Subdivision:

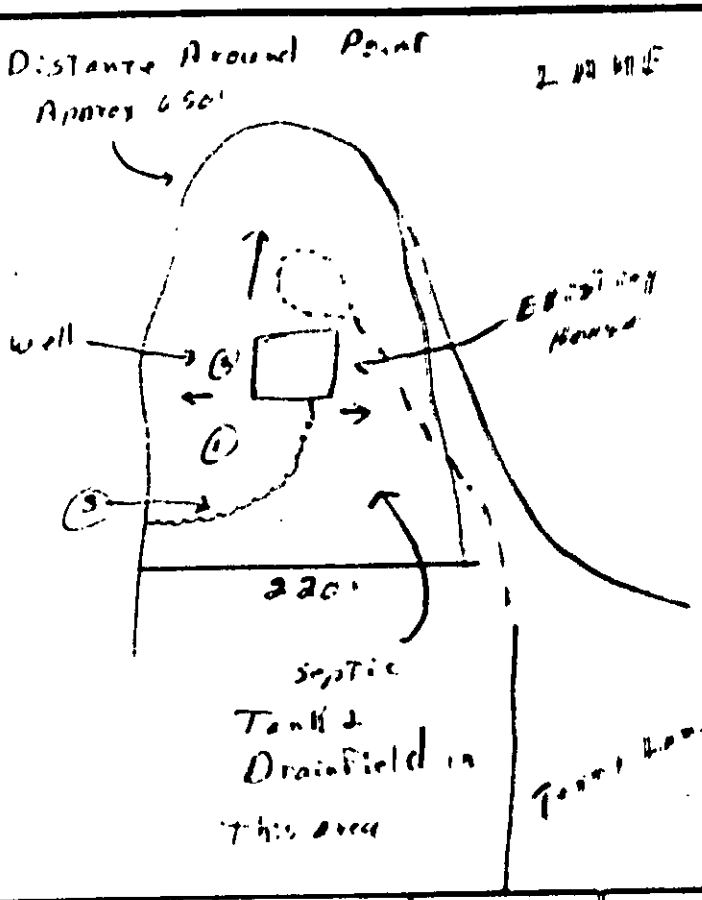
Lot: Block: Acres: Approx 1.0

Owner: Betty M. Copeland Investigational
Address: 5301-3 Magnolia Estates Dr.
Huntersville, NC 28078

Comments:

Described by: William R. Martin

Date: 10-19-90



***** 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) old Terrace	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 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 >36" TO water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 11-35"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very 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	Wilkes-Enon	old Terrace				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U