

GREYFRIARS ROAD

6/15/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

D400

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6477-A DATE: 3/10/92

TC: 001-35-340 ☑ L ☐ CRT

SERIAL № 12856

Name of Owner Crescent Resources, Inc. Juris.:

Address of Property 17102 Greyfriars Rd. (Lot 1)

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 135'

Cover Depth 12"

Water Supply Source P/well

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed

PLOT

Design: 1500 ST, 1000 PT, 2 CON. 1200 SFT, 12"g, CEC; 1 75 GAL. WASHER bx. CTR# 84

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: 3 bedrm. (3) 3'X135'X12"g. 75 gal. washer bx. ½hrs. Liberty pump.

GTT

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

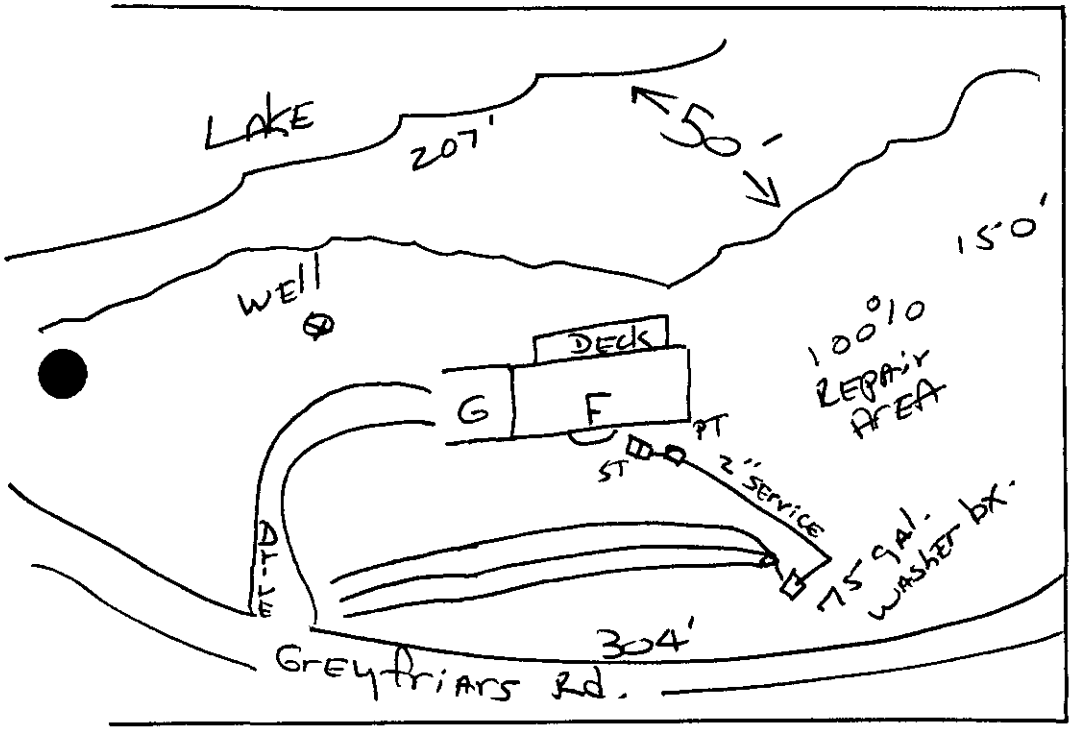
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6477-A DATE: 3/10/92

TC: 001-35-340 ☐ L

SERIAL Nº 14183

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 3/23/90. All work shall be completed on or before 9/10/92, 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 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 10/15' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

#84 con.

NAME OF OWNER Crescent Resources, Inc.

LOCATION OF PROPERTY 17102 Greyfriars Rd. (Lot 1)

Comments: 3 bedrm. (3) 3'x135'x12"g. 75 gal. washer box.

Tim Whitaker, R.S.

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

Drawn By: Crescent Resources, Inc.

000303

REAL ESTATE BOOK PAGE

To: Environmental Health Dept.

PRESENTED FOR REGISTRATION

6301 0312

FILE NO. 6477A

Parcel: 001-353-40

STATE OF NORTH CAROLINA 90 JUN 26 PM 3:40

COUNTY OF MECKLENBURG

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

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

The undersigned, Crescent Resources, Inc.

owner of property located at 17102 Greyfriars Road

("the site") and described in an instrument recorded in Book 3822 at Page 289, 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 22nd day of June, 1990.

Crescent Resources, Inc. (SEAL)

Attest:

By: R. B. Dienst (SEAL)
Vice President

Ethelene G. Williams
Assistant Secretary

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this _____ day of _____, 19FF.

8.00
8.00
CASH 8.00

23:15 #0113 000

Notary Public 26/90

My Commission Expires: _____

I, Sharon C. Arrowood, a Notary Public for said County and State, do hereby certify that Ethelene G. Williams personally came before me this day and acknowledged that he is Asst. Secretary of Crescent Resources, Inc., and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Vice President, Robert B. Dienst, sealed with its corporate seal and attested by Assistant Secretary.

WITNESS my hand and notarial seal, this 22nd day of June, 1990

Sharon C. Arrowood
Notary Public

My Commission Expires: 10/13/93

REAL ESTATE
BOOK PAGE

6301 0313

100
788

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Sharon C. Arrowood

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. BOWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4/19/90

Name/Company: Jones Jacobs

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 9 Hog Permits
Closed Premises
6477A
6483A
@ 200 per Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 16 1990

Fee: $ 1800 ck # 1097 4900.
ck # 1086 4900.

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

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: 64774
TC: 001-35-340
SERIAL: № 20502
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 17102 (STREET NO.) Grey Friars RD (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001-35-340
⑤ SUBDIVISION: ⑥ LOT: 1 ⑦ BLOCK:

OWNER

⑧ NAME: Crescent (FIRST) Resources (MIDDLE) Inc. (LAST)
⑨ MAILING ADDRESS: Box 30417
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28230
⑬ PHONE: (WORK) 362-2410 ⑭ (HOME)

REQUEST

This request is for a(n):
⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit 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? 6 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: Tony Ufferfarker, CPSS
Date: 3-23-90

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.

Environmentalist — Date 6-28-90

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.

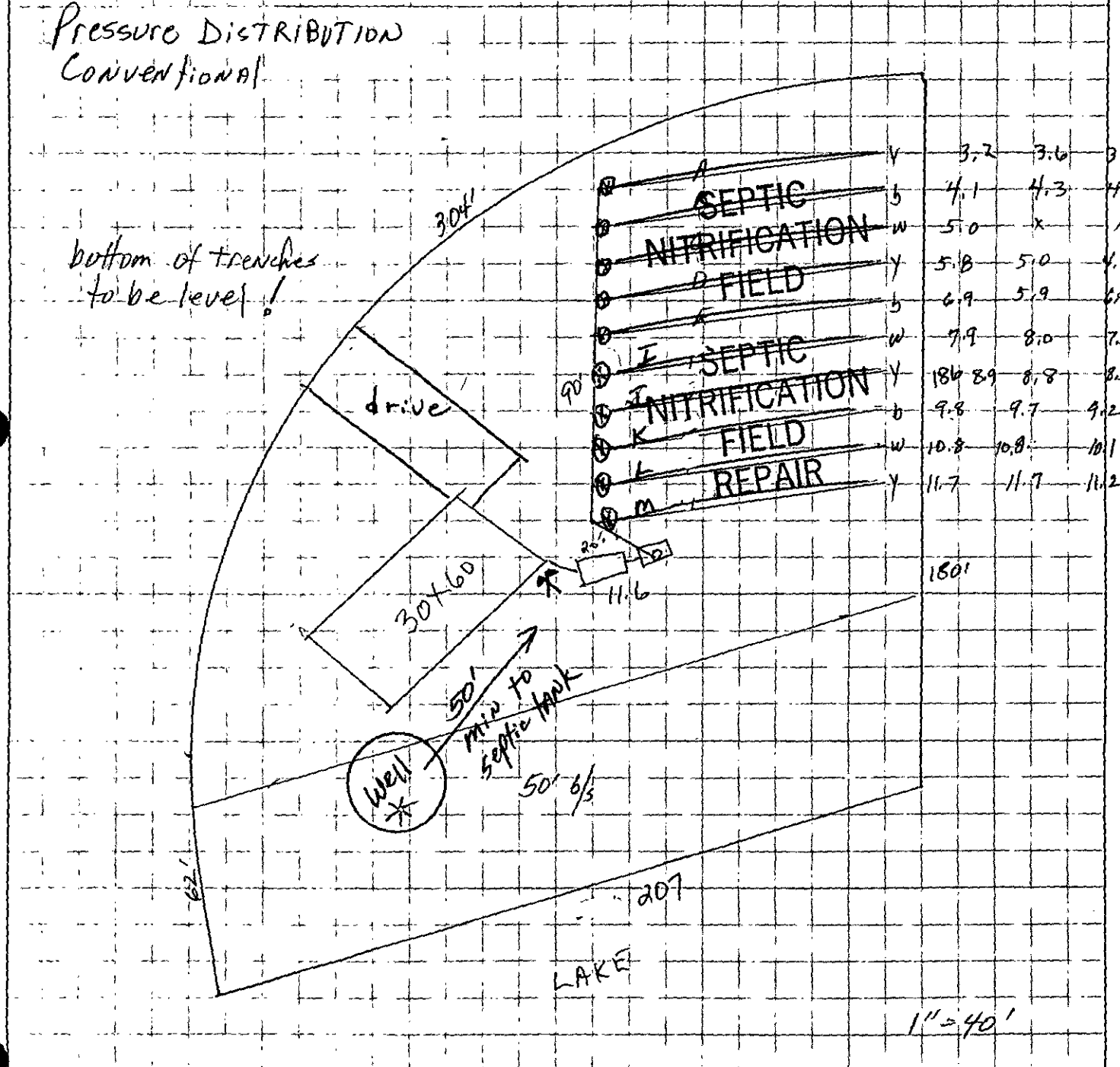
PROPOSED PLOT PLAN Lot 1

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

FILE: _____

TC: _____

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 _____

* CRI requires a 40' side line set back

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

Date: 3-26-90

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot1 Greyfriars Cove

General Description: Pressure Distribution Coventional

Daily design waste flow:	360	gpd
Effluent loading rate:	0.3	gpd/sf
Square footage:	1200	
Septic tank size:	1500	gal. (2 compartments)
Pumping tank size:	1000	gal.

Initial Installation

Line	~~#~~ ~~Panels~~	# Hole(s) ~~Per Panel~~	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A ✓	NA	8	5/32	3.0	80	0.5	4.0
B ✓	"	"				"	"
C ✓	"	"				"	"
D ✓	"	"				"	"
E ✓	NA	8	"	"	"	0.5	"
F							
G							
H							
Totals					240		20
Required 100% Repair							
I ✓	NA	8	5/32	3.0	40	0.5	4.0
J ✓		"	"	"	"	"	"
K ✓		"	"	"	"	"	"
L ✓		"	"	"	"	"	"
M ✓		"	"	"	"	"	"
N		8	5/32	3.0	80	0.5	40
O							
P							
Totals					400		20

CALCULATIONS FOR PUMPED SYSTEMS:

Friction loss:
- supply line = 110 LF of ~~2~~ 1½ inch x 2.62 loss/100 = 2.9
- lateral line = 80 LF of 1¼ inch x .25 loss/100 = .2
- fittings = 3.1 x .2 = .6
- total = 3.7

Head:
- pressure head = 3.0
- friction head = 3.7
- elevational head = 13.4
- TDH = 20.1
- 20% margin = 20.1 (20.1 / .8 = 25.1 = ft.)
- TOTAL DESIGN HEAD = 25.1

Supply 1782 Lateral 343 25.6

A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 40 gallons per minute at 25.1 feet of head.

Pump size for system no Pump size for system and repair yes

Dosing volume or time: 180 gal. ~~1440 @ 4.5 Days 0.0 Gal~~ 146 @ .73' or 8.76" TD

Check valve: yes

Syphon break hole: NO

Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

Date: 3/23/90

From: Toney C. Jacobs
Consulting Soil Scientist
Rt. 2 Box 280
Troutman, N. C. 28166

To: Crescent Resources, Inc.
P.O. Box 30817
Charlotte, N. C. 28230

Subject: Lot 1 Greyfriars Rd.

System type: Conventional Gravel trench with pressure distribution

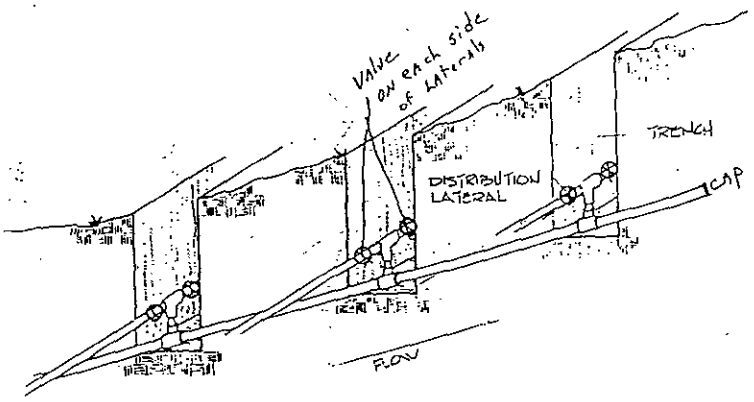
This system is designed for a three bedroom house at an application rate of 0.3 gpd. 360/.3 - 1200/3 = 400 LF of conventional drainfield. This system shall be installed in accordance with all state and local rules and regulations. Installer should have a thorough working knowledge of Design and Installation of Low-Pressure Pipe Waste Treatment Systems by Cogger, et. al. - UNC Sea Grant Publication - UNC SG-8203.

The house representation is for septic calculations only, and corners should not be considered for actual construction.

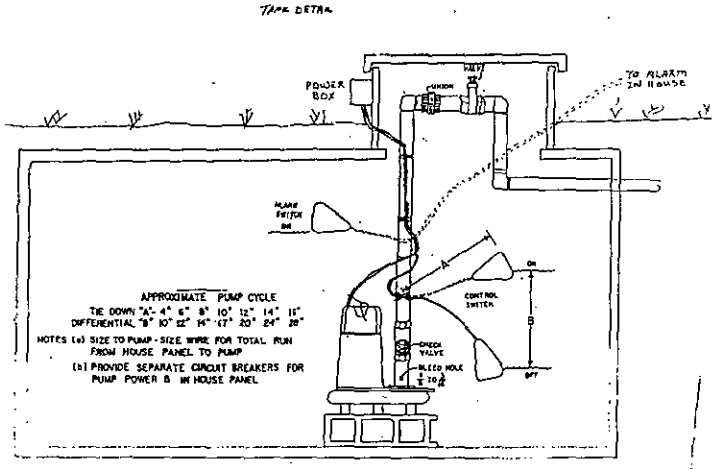
DESIGN SPECIFICS OF THIS SYSTEM MAY BE FOUND IN:

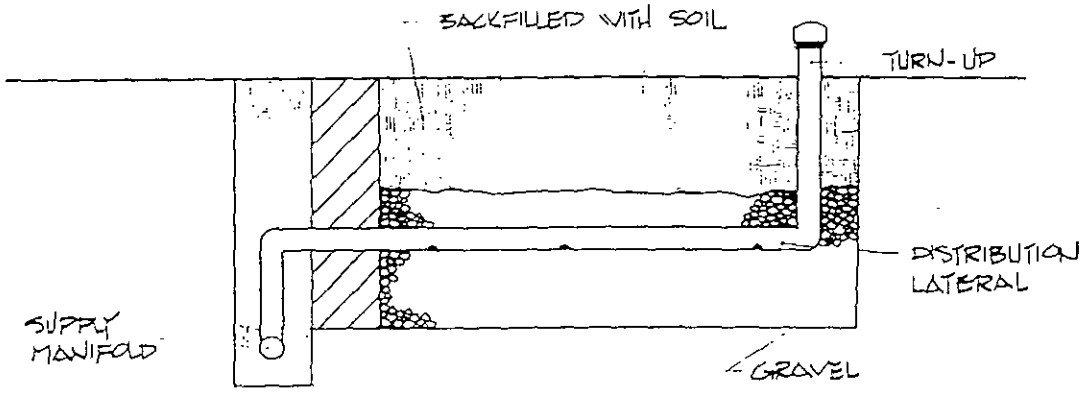
DESIGN AND INSTALLATION OF LOW-PRESSURE PIPE WASTE TREATMENT SYSTEMS by: Craig Cogger; Bobby L. Carlisle; Dennis Osborne; Ed Holland. Published by: UNC Sea Grant Pub. UNC-SC-82-03. May, 1982.

DESIGN DETAILS



A PUMPING UPHILL





Mecklenburg County
Health Department

May 10, 1990

Crescent Resources, Inc.
PO Box 30818
Charlotte, NC 28230

RE: Property located at 17102 Greyfriars
FILE: 6477A
PARCEL: 001-353-40

Gentlemen:

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

Your plans for the modified conventional 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 toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

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/kat

Enclosures - 3 Septic Tank Agreement Forms

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

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: 6477A
TC: 001-35-340
SERIAL: 207 2 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 17102 (STREET NO.) Grey Forest Rd (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001-35-340
⑤ SUBDIVISION: ⑥ LOT: 1 ⑦ BLOCK:

OWNER

⑧ NAME: Crescent Resources Inc. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: Box 30617
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28230
⑬ PHONE: (WORK) 382-2410 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)

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? 6 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: [signature]

Date:

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

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

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

Mecklenburg County
Health Department

February 9th, 1990

Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

RE: Property located at Greyfriars Rd.
FILE: 6477A
PARCEL: 00135340

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 17588) 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
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17588

File: 6477A
Parcel: 00135340

Action 1
☐ PC

Location: Greyfriars Rd.

Subdivision:

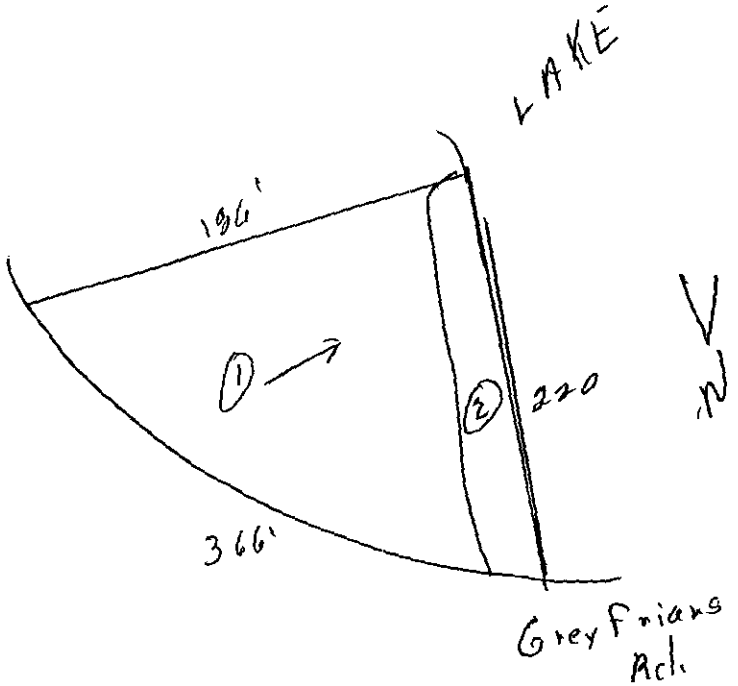
Lot: H-1 Block: Acres: .79

Owner:
Address: Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

Comments: 100% Repair amended

Described by: William R. Merlin

Date: 2-8-90



*** 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 2-12%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 7-48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	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	IIIe Cecil-Like	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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1/31/90

Name/Company: Jones Garcelon

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: (9) Soil tests
6477A - 6485A
Acre each

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 30 1990

CK # 1040

Fee: $ 360.00 #360.00

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6477A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Greyfriars Road - Mock Neck

② SUBDIVISION: N/A ③ LOT: H-1 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 01-353-40

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

OWNER

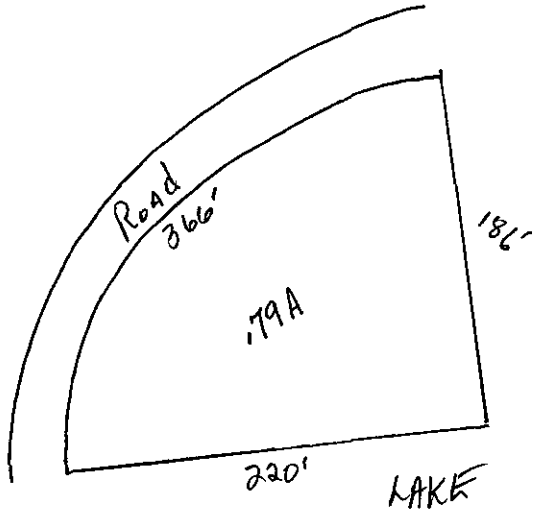
⑦ NAME: CRESCENT (FIRST) RESOURCES (MIDDLE), INC (LAST)

⑧ MAILING ADDRESS: PO Box 30817

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28230

⑫ PHONE: (WORK) 373-3012 (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: Tracy C Jarvis CPSS

Date: 1-22-90

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

780

RIARS ROAD (GRAVEL)

60' R/W

101.14'

508.99'

95.75'

782.54'

100.15'

47.94'

R=926.45'
L=69.09'

L=96.77'

L=27.68'

S 35°43'00"

60.91'

-4

0.cres

H-5

0.55 acres

H-6

0.49 acres

H-7

0.50 acres

H-8

0.48 acres

255.37'

225.18'

196.40'

214.39'

760

61.15'

S 05°02'00" E

61.97'

106.25'

277.87'

110.47'

S 57°25'00" E

104.04'

42.07'

49'

103.30'

GREY

780

760

L=58.13'

S 41°42'00" E

100.54'

L=362.58'

R=222.38'

L=304.55'

R/W

H-1

0.79 acres

H-2

0.49 acres

H-3

0.55 acres

186.00'

219.63'

254.45'

92.01'

S 23°25'00" E

138.35'

46.34'

N 17°09'00" W

48.58'

11.81'

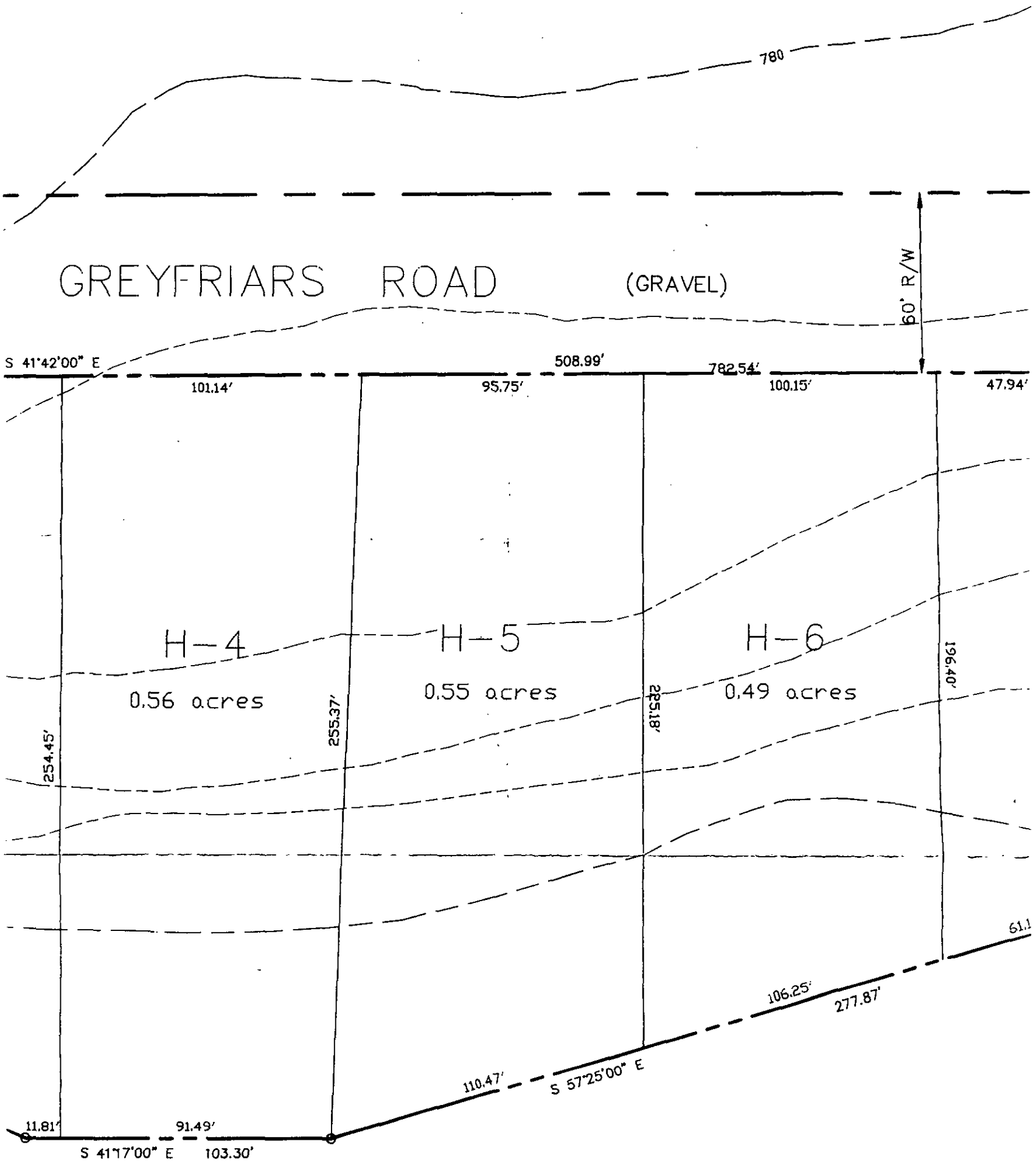
S 41°17'00" E

220.55'

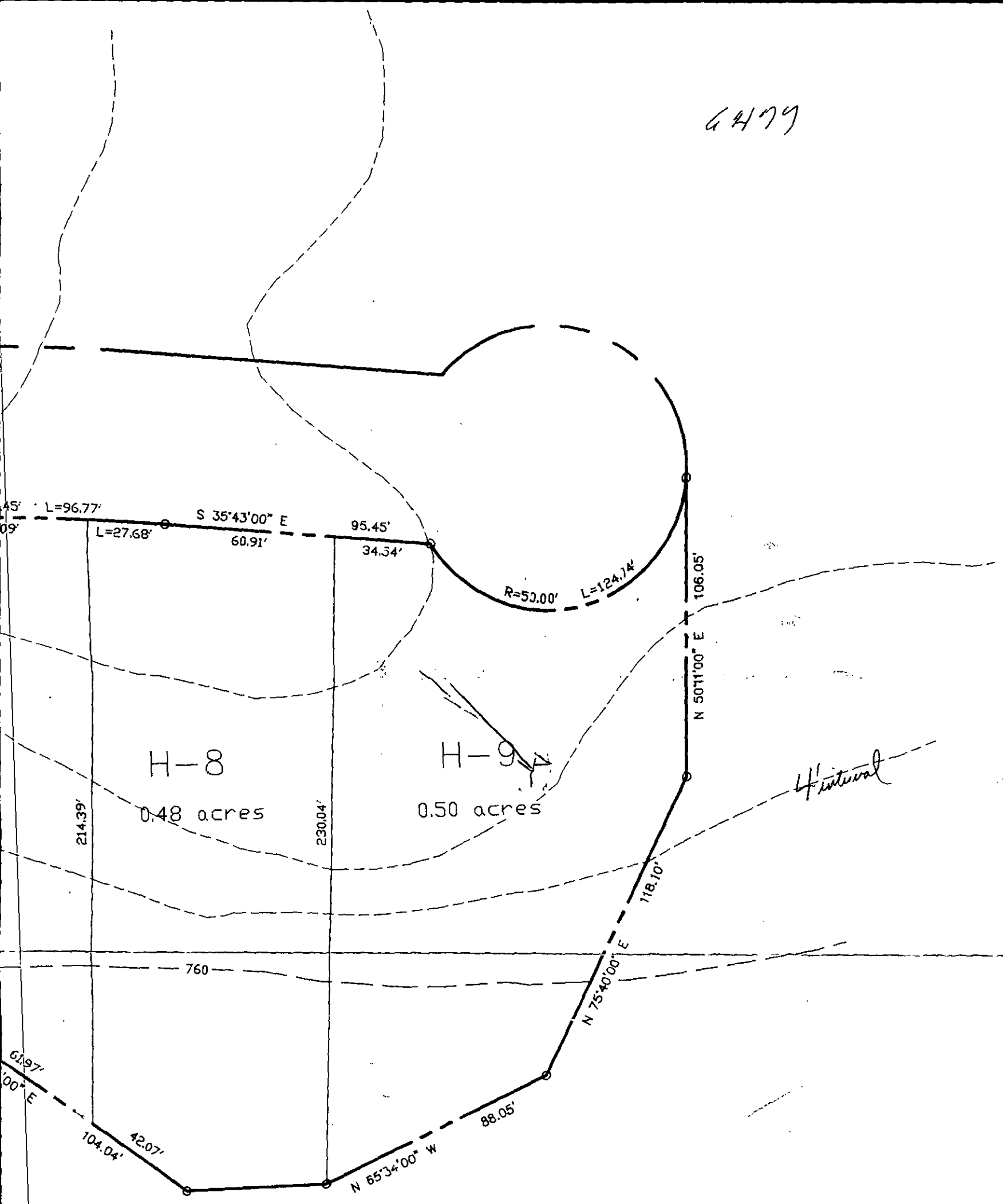
N 70°43'00" W

S 44°52'00" W

62.14'


780
GREYFRIARS ROAD (GRAVEL)
60' R/W
S 41°42'00" E
508.99'
782.54'
101.14'
95.75'
100.15'
47.94'
H-4
0.56 acres
H-5
0.55 acres
H-6
0.49 acres
254.45'
255.37'
285.18'
196.40'
61.1
106.25'
277.87'
110.47'
S 57°25'00" E
11.81'
91.49'
S 41°17'00" E
103.30'

6479



NO	DATE	REVISION

SHEET TITLE

PRELIMINARY LAYOUT

PROJECT

MECK NECK

CRESCENT RESOURCES, INC. CHARLOTTE, N.C.

Land Design

Land Design