

3824 TERRY TER

12/27/2007

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 28, 1994

Ms. Fran H. Harris
4215 Terry Terrace
Matthews, NC 28105

RE: Property located at Terry Terrace
FILE: 2115B/9286A
PARCEL: 195-013-05

Dear Ms. Harris:

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 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20213) 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-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20213

File: 21150/9286A Action 3

Parcel: 195-013-05 ☐ PC

Location: Terry Terrace

Subdivision:

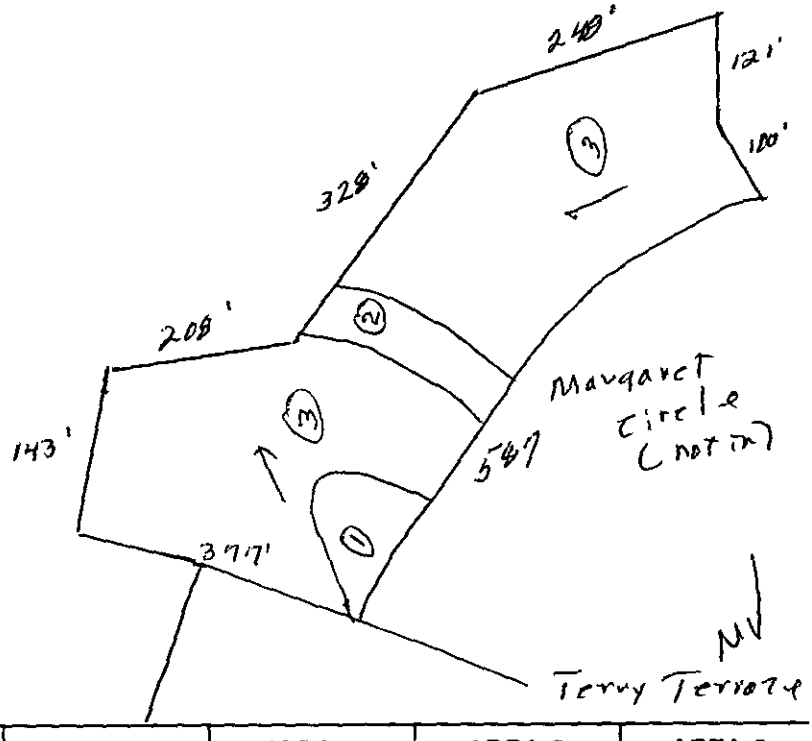
Lot: Block: Acres: 4.5

Owner: Fran H. Harris
Address: 4215 Terry Terrace
Matthews, N.C. 28105

Comments:

Described by: William A. Marlin

Date: 02-25-94



*** 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) Drainageway/ Depression	(S) PS U 2-10%	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS (U) Expansive clay	S PS U	S PS U	S PS U
Structure	S (PS) U sub & Blocky	S PS U —	S (PS) U & sub Blocky	S PS U	S PS U	S PS U
Drainage	S PS (U) Drainage Mottles as shallow as 24"	S PS U —	S PS (U) As shallow as 12" TO	S PS U Drainage Mottles	S PS U	S PS U
Depth	S (PS) U 7 36"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 36"	S PS U —	S (PS) U 7 36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S (PS)	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 Series Not Determined	Drainageway-Depression	Helena-Like			
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 20213

File: 115B/11BCA Action 3

Parcel: 195-013-05 ☐ PC

Location: Terry Terrace

Subdivision:

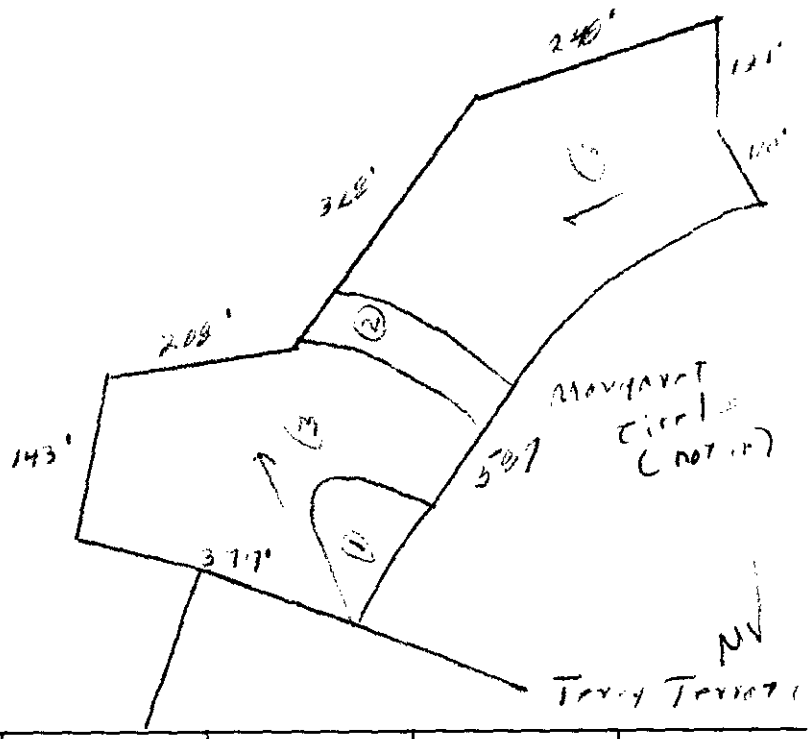
Lot: Block: Acres: 4.5

Owner: Fiona B. Harris
Address: 4215 Terry Terrace
Matthews, NC 28105

Comments:

Described by: Benjamin A. Martin

Date: 7-25-74



***** 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 (2-6')	S PS (U) Drainageway/ Depression	S PS U 2-11'	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS (U) Expansive clay	S PS U	S PS U	S PS U
Structure	S (PS) U sub angular blocky	S PS U	S PS U angular blocky	S PS U	S PS U	S PS U
Drainage	S PS (U) Drainage Mottles at 21"	S PS U —	S PS (U) Mottles at 13" To	S PS U Drainage Mottles	S PS U	S PS U
Depth	S PS U 7-36"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S (PS) U 7-36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS U —	S (PS)	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	Series Not Determined	Drainageway Depression	Helena-Like			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Pd 225 CK 515 1/11/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

2115B/9286A

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: HARRIS, FRAN H. (last) (first) (mi)
ADDRESS: 4215 Terry Terrace PHONE: (704) 545-3454
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: HARRIS FRAN H. (last) (first) (mi)
ADDRESS: 4215 TERRY TERRACE PHONE: 704 545-3454
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
part of → TAX/PARCEL NUMBER: 195-013-05
STREET ADDRESS: ~~LOT~~ TERRY TERRACE (80)
~~MATTHEWS, NC 28105~~

ZONING: RESIDENTIAL

SUBDIVISION OR MOBILE HOME PARK NAME:
Mint Hill (THERE IS NO House ON THIS PROPERTY)

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

LOT NUMBER: LOT SIZE (in acres):
Lot only at end of street on Terry Terrace. 4+ acres.

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 6 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: Septic

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: X Fran H. Harris Date: X1-11-94

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

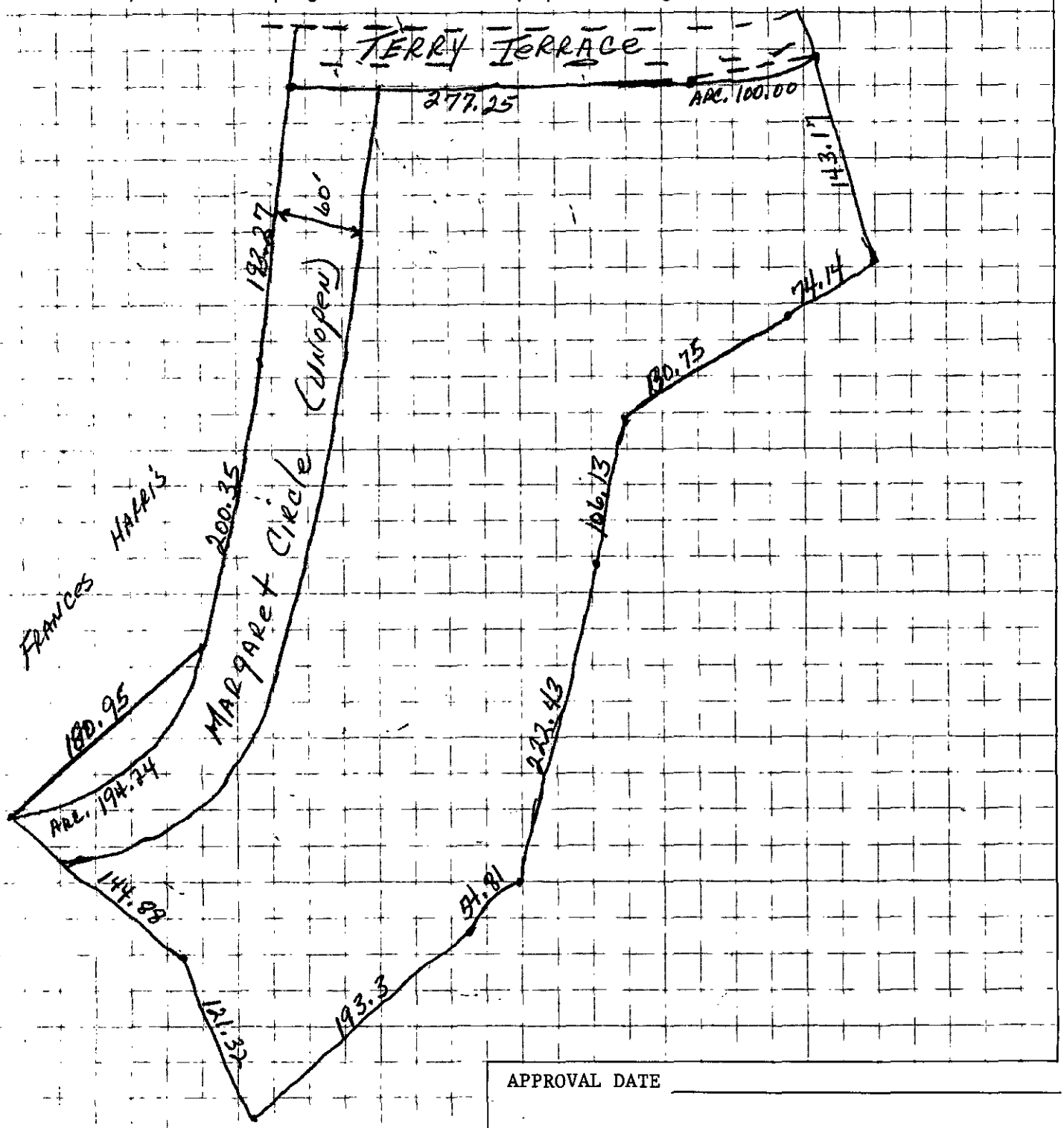
PROPOSED PLOT PLAN

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

FILE: 2115B/82 Lot 1

TC: 145-113-05

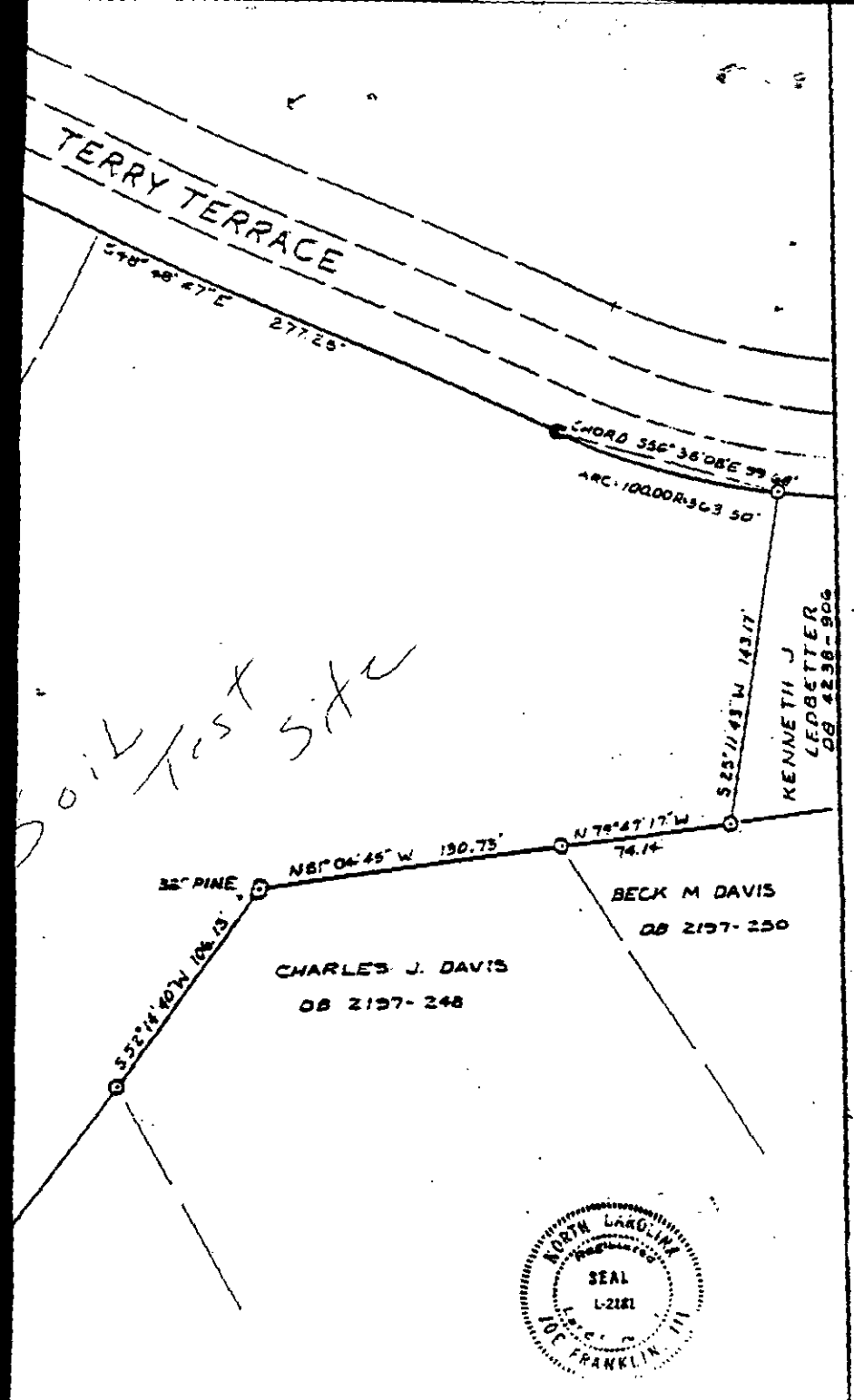
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

file
2115B/928GA



PROPERTY OF

LILLIE O. HOOKS (MRS. D. R.)

A PORTION OF THE PROPERTY DESCRIBED IN DB 969-259

(SEE ALSO WILL OF D.R. HOOKS RECORDED IN OFFICE OF CLERK OF SUPERIOR COURT OF MECKLENBURG COUNTY, NC)

MORNING STAR TOWNSHIP, MECKLENBURG COUNTY, NC

SURVEYED BY

JOE FRANKLIN III

NC RLS L-2181

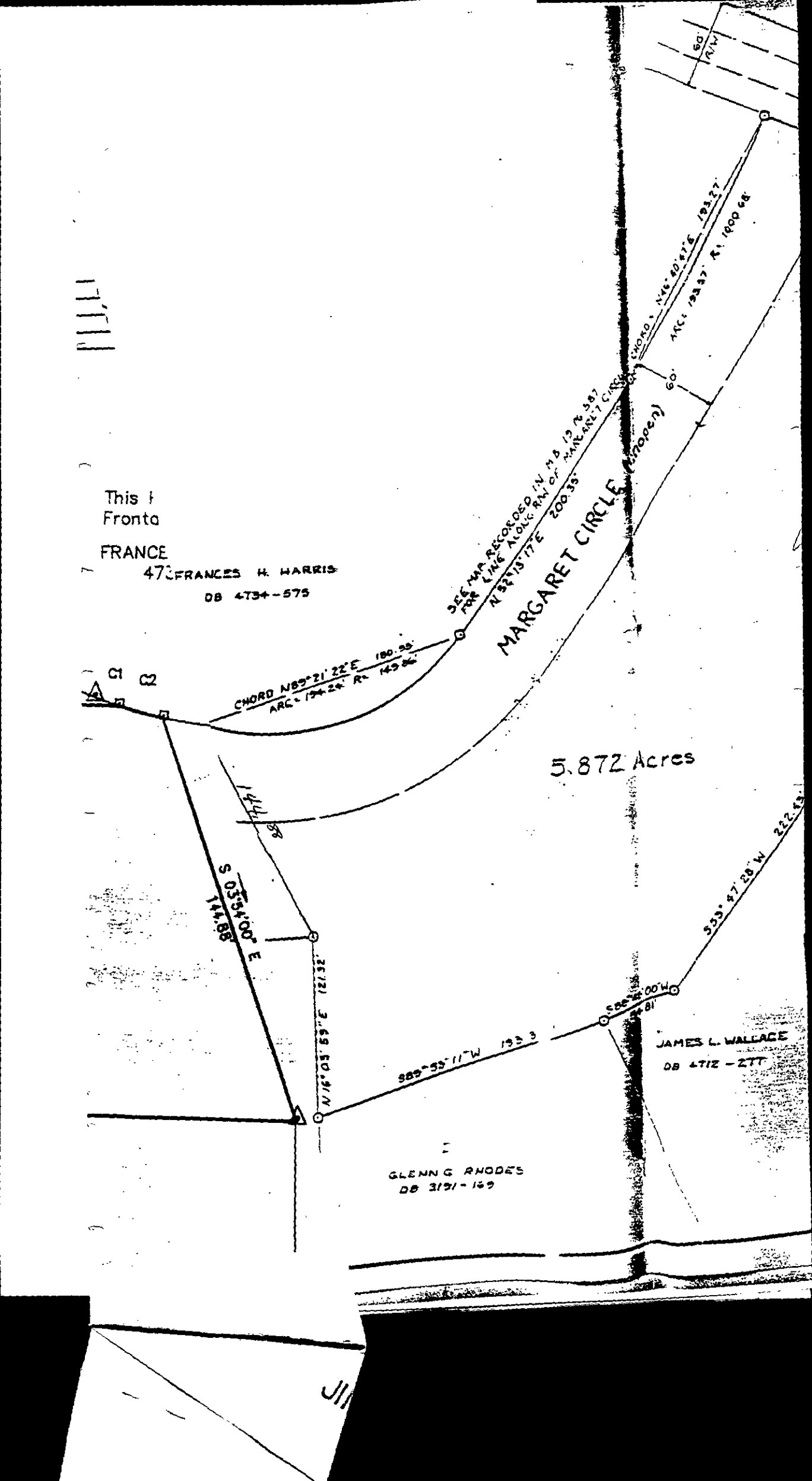
[redacted]

[redacted]ERTY

FOR

[redacted]MMY TODD E

[redacted]MECKLENBURG COU


60' R/W
CHORD N46° 40' 47"E 193.27'
ARC 193.37' R= 1000.68'
60'
SEE MAP RECORDED IN M.B. 13 PG 387
FOR LINE ALONG R/W OF MARGARET CIRCLE
N 32° 13' 17" E 200.35'
MARGARET CIRCLE (UNOPEN)
This l
Fronta
FRANCE
47
FRANCES H. HARRIS
DB 4734-575
C1
C2
CHORD N89° 21' 22" E 180.55'
ARC = 194.24' R= 149.86'
5.872 Acres
S 03° 54' 00" E
144.88'
N 16° 05' 59" E 121.32'
S89° 55' 11" W 193.3
S33° 47' 28" W 222.43'
S86° 55' 00" W
84.81'
JAMES L. WALLACE
DB 4712 - 277
GLENN G RHODES
DB 3191 - 169

Pd 225 (1K sys 1/1K) D ☐ CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2115B/928GA

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:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
Part of → TAX/PARCEL NUMBER: 195-013-05
STREET ADDRESS: ~~LOT~~ TERRY TERRACE (No)
MATTHEWS, NC 28105

ZONING: RESIDENTIAL

SUBDIVISION OR MOBILE HOME PARK NAME:
MINT HILL (THERE IS NO House ON THIS PROPERTY)

TYPE APPLICATION (check one): Lot only - at end of street on Terry Terrace. 4+ acres.

- [X] 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)
- [X] HOUSE (H)
- [ ] MULTIPLE FAMILY (U)
- [ ] DOUBLE WIDE (D)
- [ ] MODULAR HOME (M)
- [ ] OTHER _____ (O)

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

PERSON FILING APPLICATION:
NAME: HARRIS, (last) FRAN (first) H. (mi)
ADDRESS: 4315 Terry Terrace PHONE: (704) 545-3454
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY OWNER:
NAME: HARRIS (last) FRAN (first) H. (mi)
ADDRESS: 4315 TERRY TERRACE PHONE: 704 545-3454
CITY: Matthews STATE: NC ZIPCODE: 28105

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

LOT NUMBER: LOT SIZE (in acres):

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: Septic

WATER SUPPLY (check one):
- [ ] Community (C)
- [ ] Municipal (M)
- [ ] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

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: X Fran H. Harris Date: 11-11-94

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

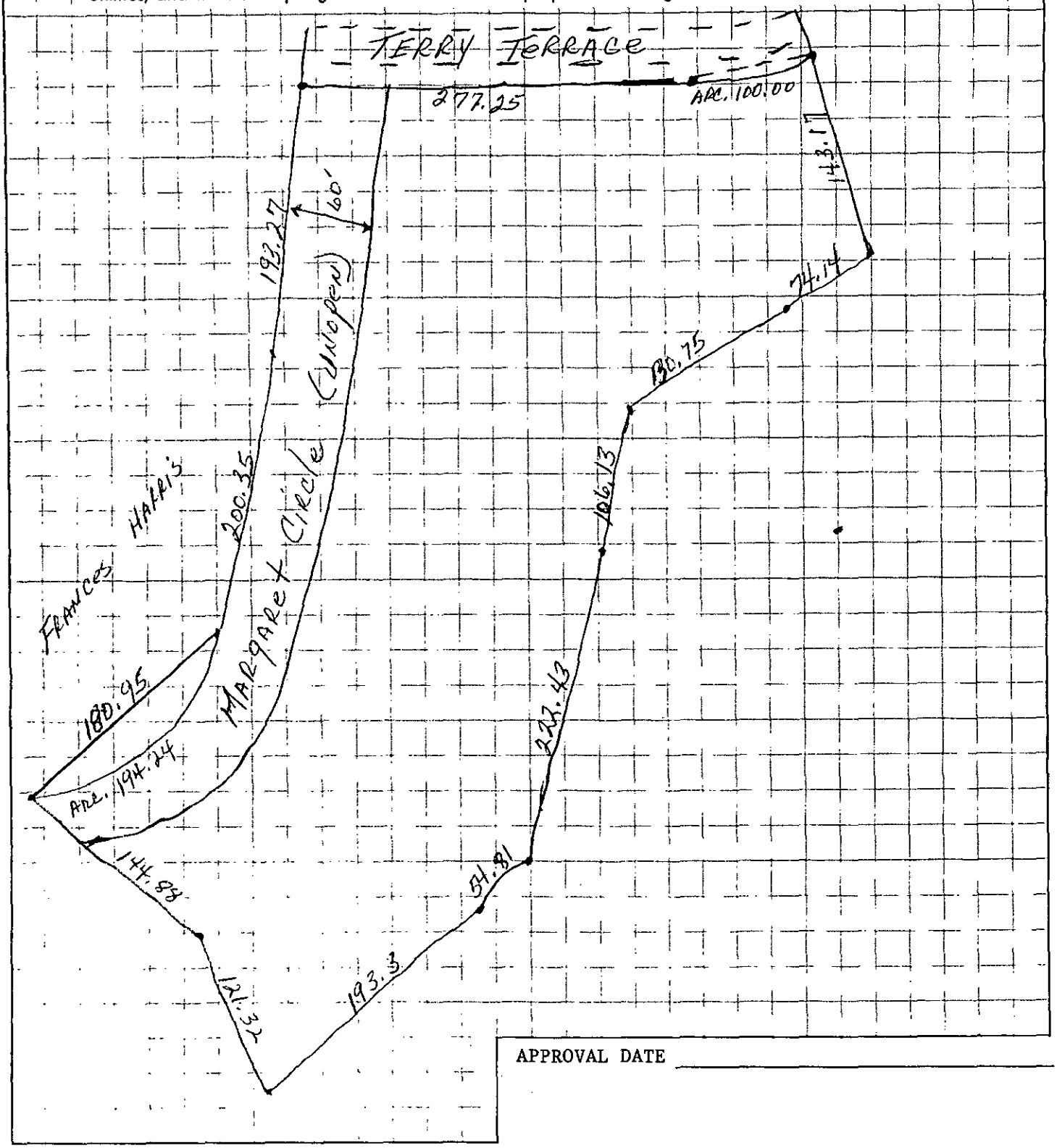
COPY

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

FILE: 2115B/5286A

TC: 195-013-05

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

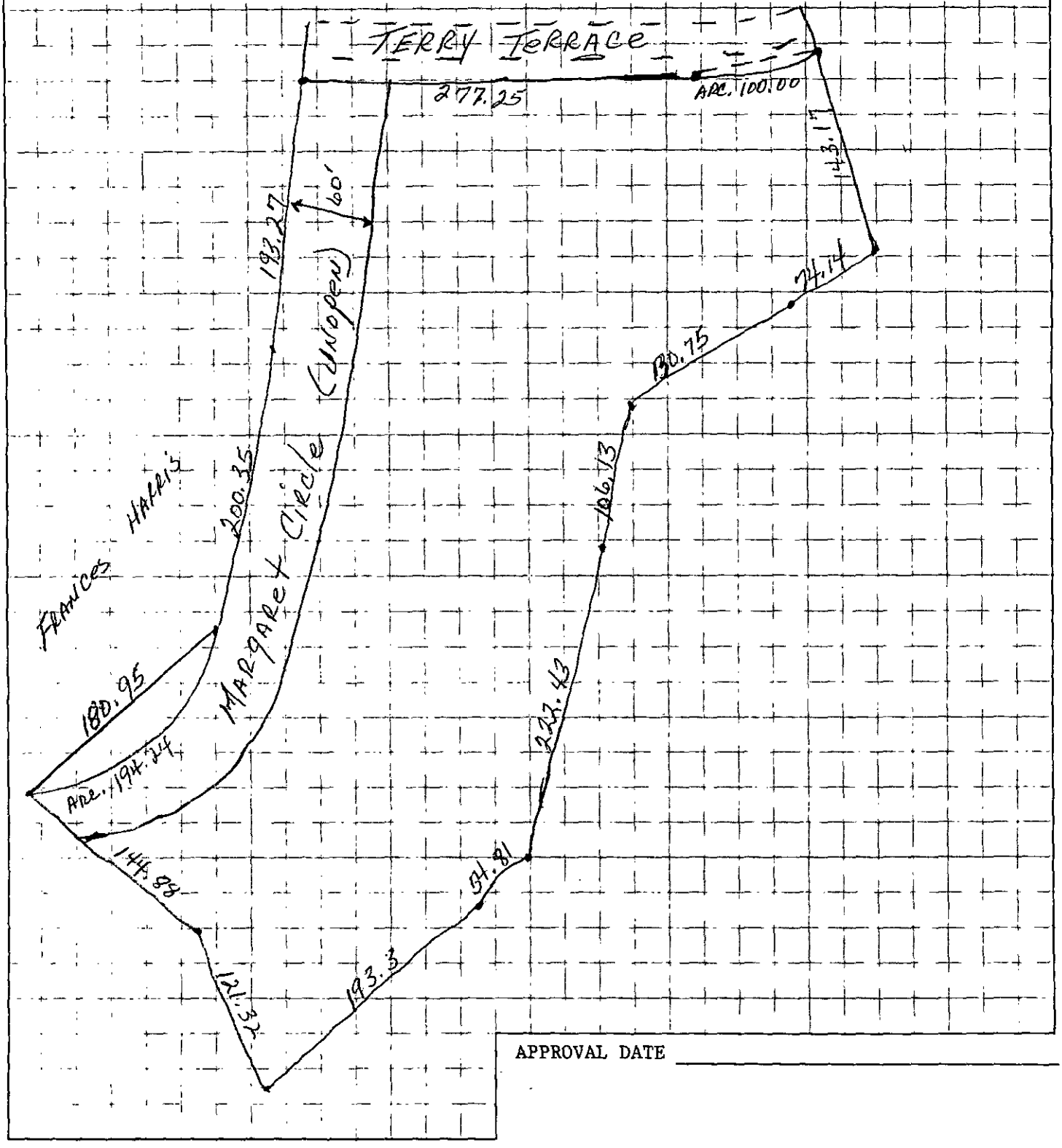
PROPOSED PLOT PLAN

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

FILE: 2115B/9286A

TC: 195-013-05

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.



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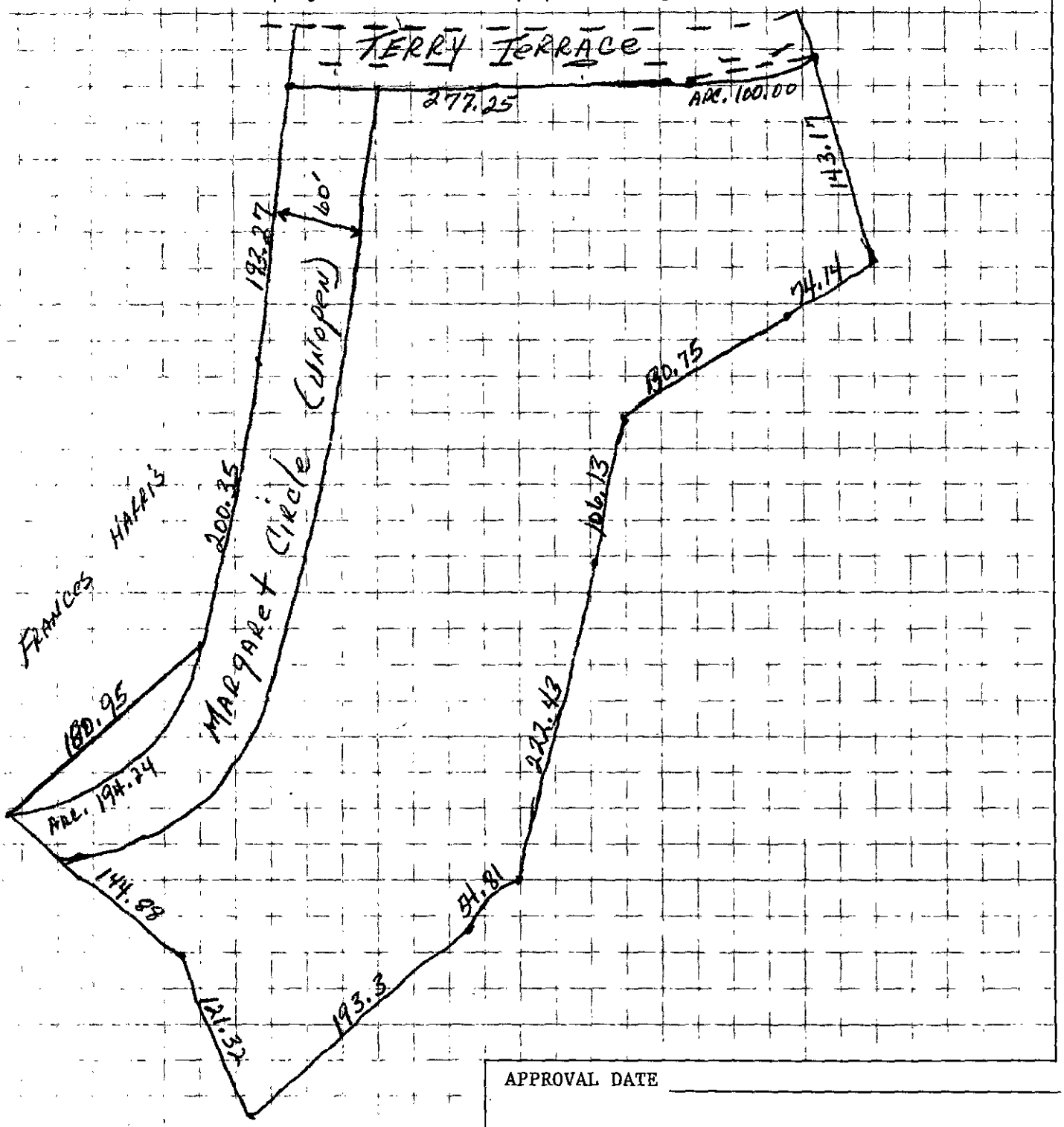
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21.0131 D4 1

TC: [illegible]

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 _____

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