

3836 SHOPTON RD

14125112

6/6/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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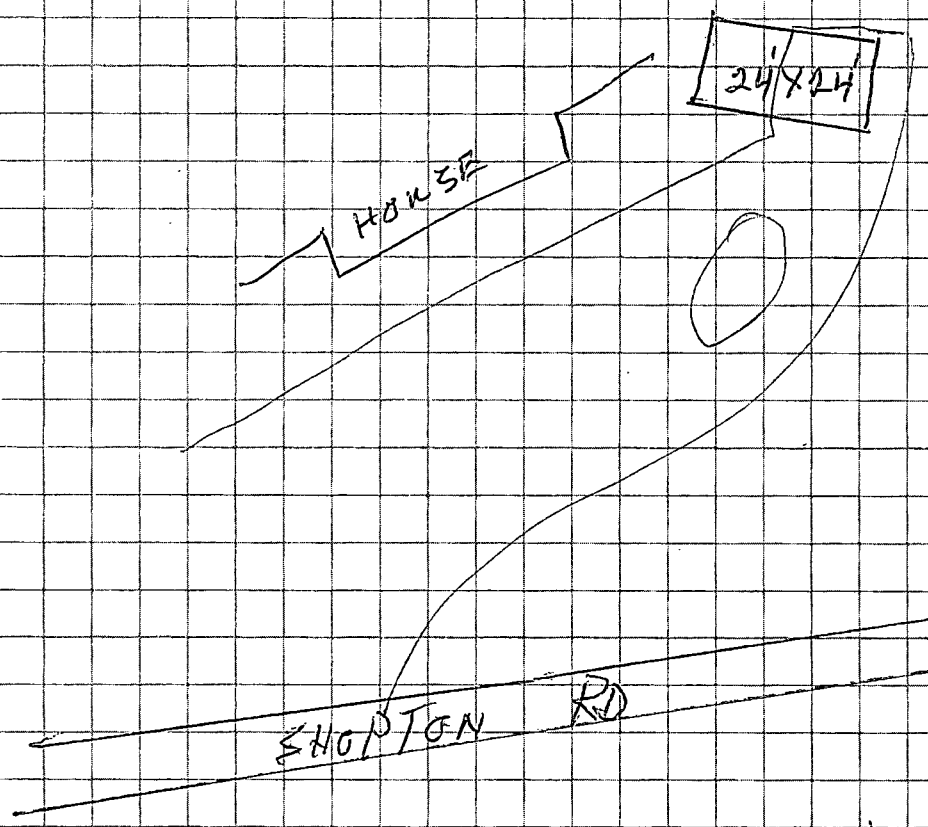
PROPOSED PLOT PLAN

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

FILE: 5857A

TC: 141-102-13

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 9/3/92

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

4400 LM

File #5857A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #50 8-24-92 [X] 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: ALLRED (last) ROBERT (first) M (mi)
ADDRESS: 4232 S Hoskins Rd PHONE: (__) 588-8135
CITY: Char. STATE: N.C. ZIPCODE: 28217

Date:

PROPERTY OWNER:
NAME: Baisley (last) James (first) H. (mi)
ADDRESS: 3836 S Hoskins PHONE: (__) 588-0010
CITY: Char. STATE: N.C. ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 141-102-13
STREET ADDRESS: 3836 Shopton Rd.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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 M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached Carport
[] 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:

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)
[X] 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: Date: 8-24-92

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.

... May use existing system for Garage

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

Judy S. Kiser R.S. 9/4/92
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

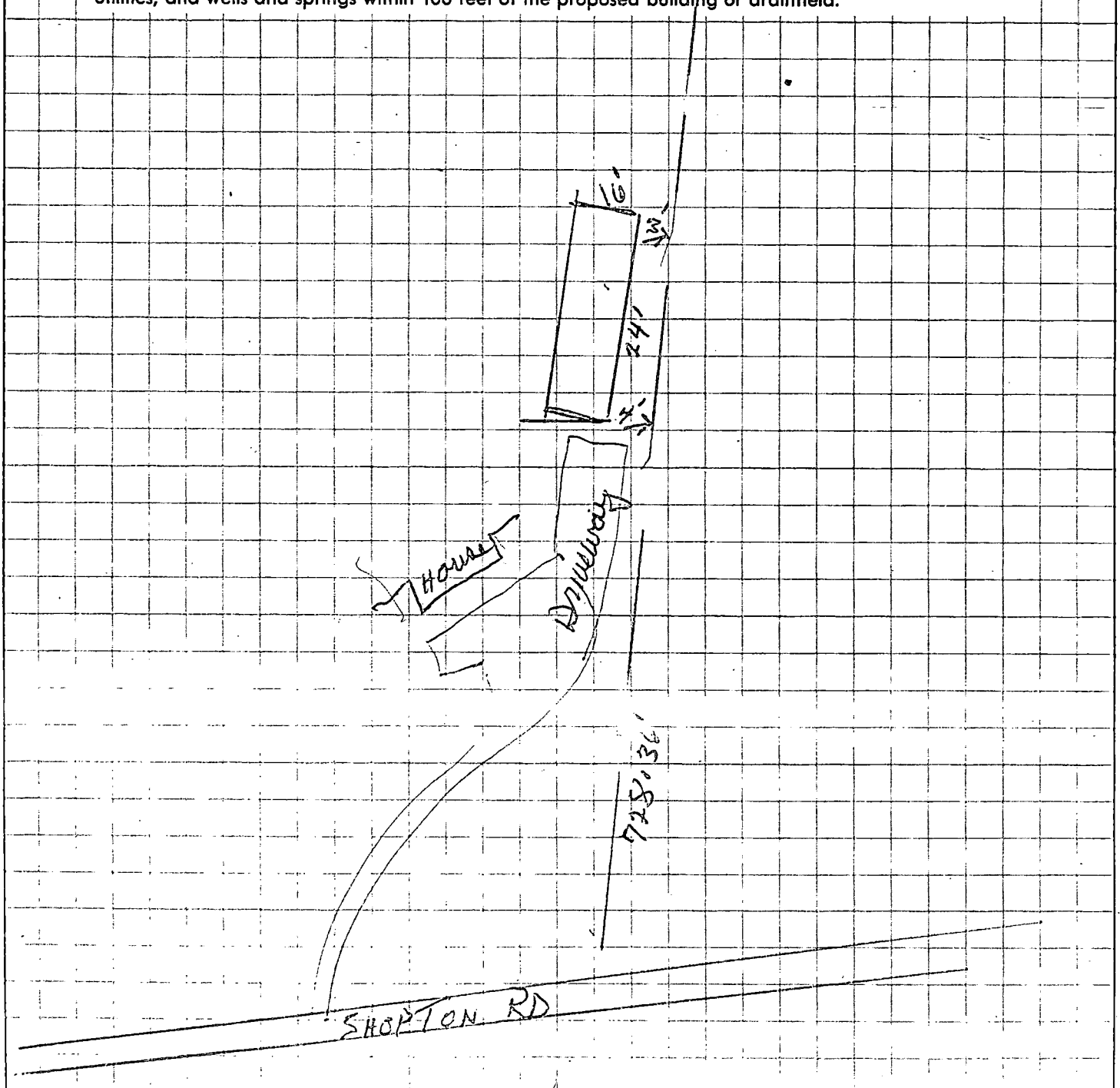
DRAFT

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

FILE: 5857A

TC: 141-102-13

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 _____

Mecklenburg County
Health Department

March 20, 1992

James M. Bailey
Two B Partners Beau
3836 Shopton Road
Charlotte, NC 28217

Dear Mr. Bailey:

At your request, an investigation was made of the septic tank system and a well water sample was collected on the property located at 3836 Shopton Road, Charlotte, N. C.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

At the time of the investigation there was no effluent apparent on the surface of the ground; however, a recreational vehicle (RV) has also been established as a residence on the lot and was connected to the septic system. This RV was found to be occupied at the time of the visit.

The Improvement Permit issued by this office July 27, 1989 was approved for a single-family three (3) bedroom residence. This approval was granted under the Laws and Rules for Sanitary Sewage Collection, Treatment, And Disposal 15A NCAC 18A .1900 and your application for improvement permit denoting a request to build a 3 bedroom home.

Please be advised that your Improvement Permit may be revoked if the Recreational Vehicle is not removed from the septic sewage system immediately. If you desire to apply for an Improvement Permit for this unit then you must first get the appropriate approval from the Charlotte-Mecklenburg Zoning Office.

Please contact this office as soon as the Recreational Vehicle is removed from the system so that a follow-up investigation may follow. You may reach me at 336-5571 to arrange an appointment.

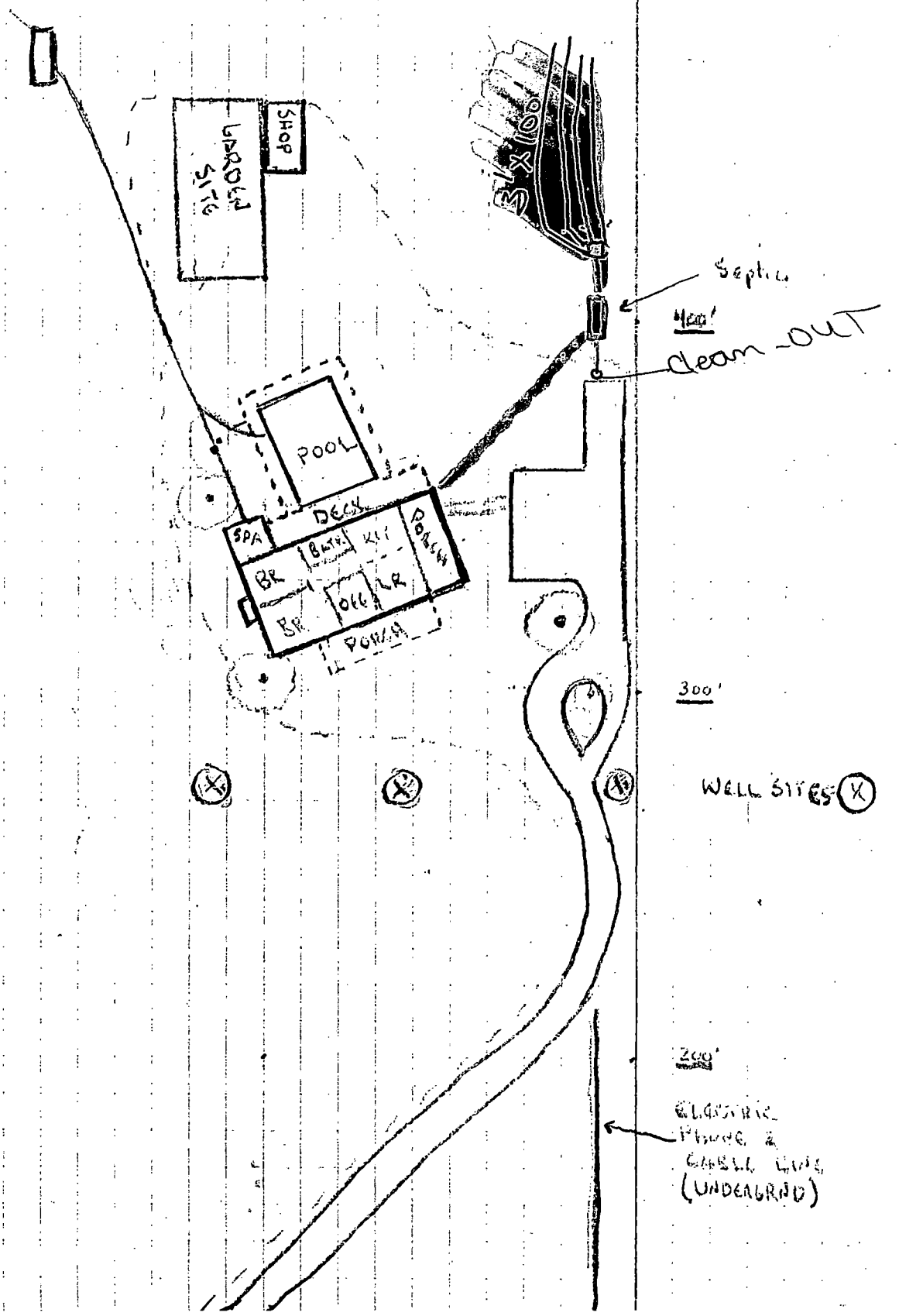
Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

cc: Charlotte-Mecklenburg Zoning Department

Jim Bailey
3856 Kingston Rd.

4 – 100' trenches
1500 GAL. Tank
Clean-out if required



2-13-92

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: James M. Bailey

Address: 3836 Shopton Road

Char Zip 28217

Collected By: USPI

Date Collected: 2/25/92 Time: 105 AM PM

Sample Source: Well (Home tap)

Date Delvd. to Lab: 2/25/92 Time: 320 AM PM

Delivered By: TPN

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify) _____

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Food (specify):

Analysis Requested: ☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep

☐ Sulfate Reducing Bacteria ☐ Giardia lamblia (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify) _____

☐ Foodborne Investigation (specify) _____

Comments: _____

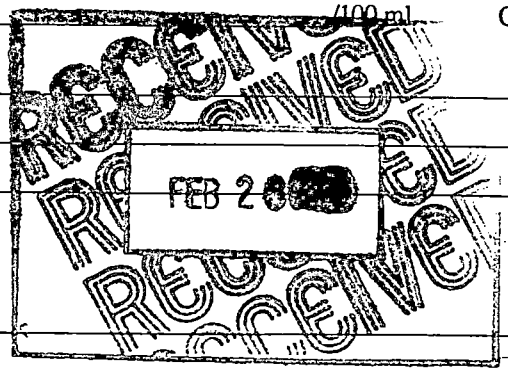
Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform absent /100 ml. Non-Coliform absent /100 ml.

Fecal Coliform _____ /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep _____ /100 ml. Coliform Count _____ /gm. or ml.



Laboratory Comments:

Date Received: 2/25/92 Date Reported: 2/26/92

Received By: Purvis Analyst: TP Lab #: 816

Laboratory Identification #: 37518

3 4; However

L 1.14 1/92

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

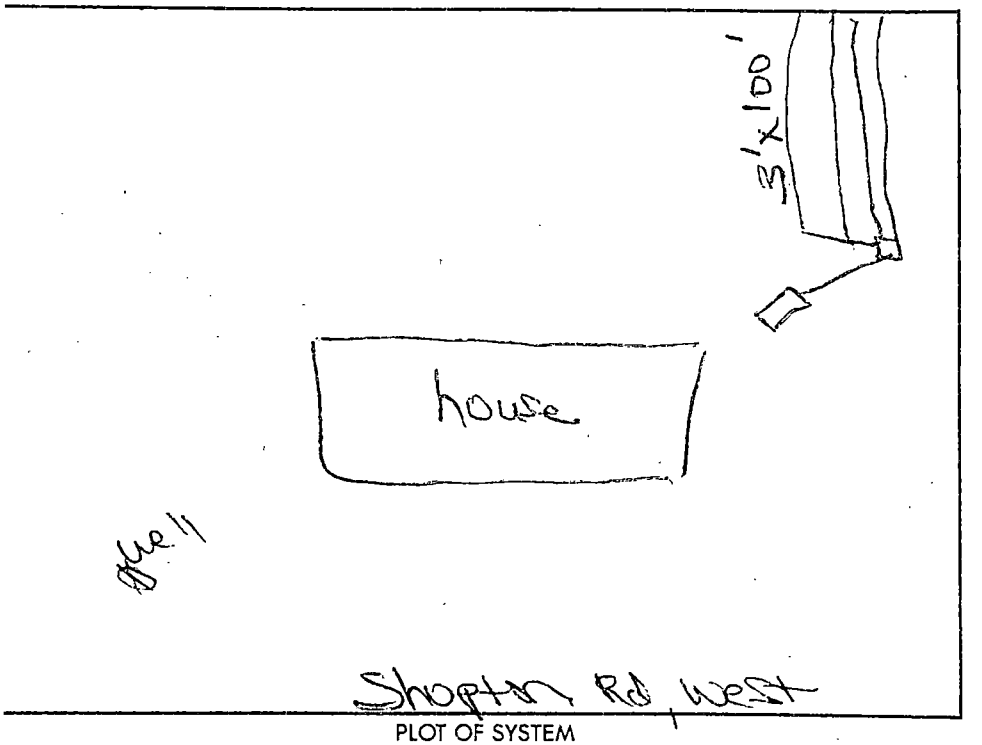
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5857A DATE: 8/23/89

TC: 141-102.13 ☐ L

SERIAL № 12920

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 7/12/89. All work shall be completed on or before 8/23/89, 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 Department of Environmental Health 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 _____ gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100' feet

NAME OF OWNER Bailey James M.

LOCATION OF PROPERTY 3336 Shopton Rd.

Comments: Install 4 Trenches 3'x100', 12" Stone, Straw Cover.

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 5857A DATE: 9/6/89

TC: 141-102-13 ☐ L ☑ CRT

SERIAL № 12122

Name of Owner Bailey James Juris.:

Address of Property 3836 Shopton Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield ~~400'~~

Number of Lines 4 @ 100'

Cover Depth 18-24"

Water Supply Source Well

Distance to Water Source N/A Installed

Excavation Inspected 9/6/89

Tank(s) Inspected 9/6/89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989 1500 St Pan 1200SFT 12"S Cecil CTR# #5

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: System designed for 3 bedroom home

Judy J. Kiser R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

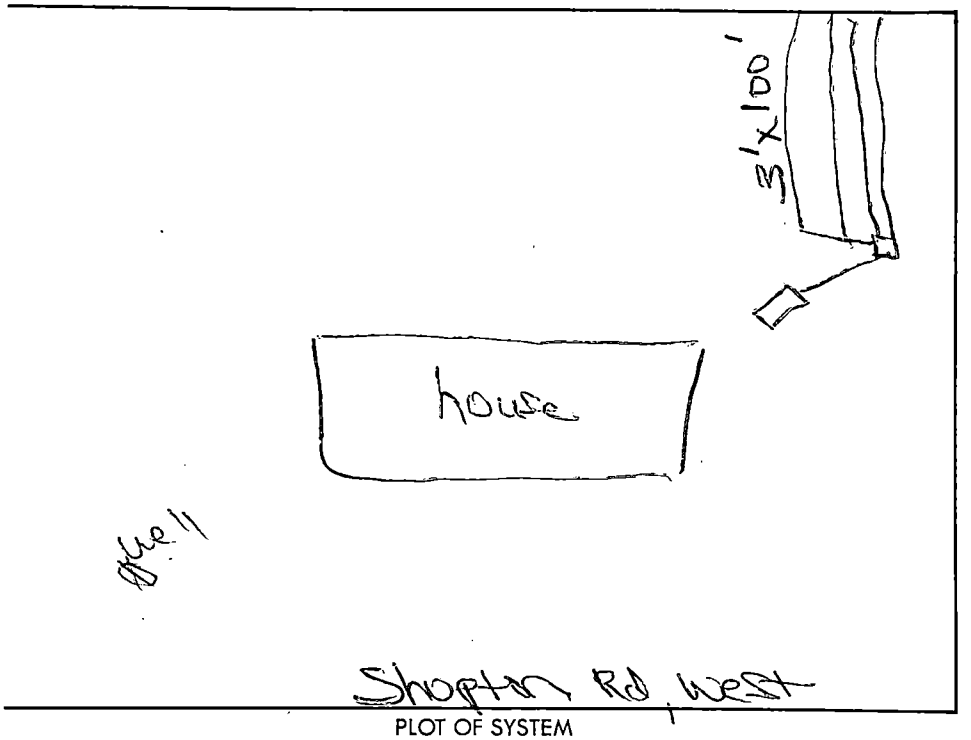
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5857A DATE: 8/23/89

TC: 141-02.13 ☐ L

SERIAL Nº 12920

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 7/12/89. All work shall be completed on or before 8/23/89, 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 Department of Environmental Health 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 _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100' Minimum feet

NAME OF OWNER Bailey James M.

LOCATION OF PROPERTY 3836 Shopton Rd.

Comments: Install 4 Trenches 3'x100', 12" Stone Straw Cover.

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS 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: 5857A
TC: _____
SERIAL: № 18830
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3836 (STREET NO.) Shopton Road (STREET) ② FILE: _____
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 141-102-13
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: James (FIRST) M. (MIDDLE) Bailey (LAST)
⑨ MAILING ADDRESS: 715-14 Farmhurst Drive
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 704/527-7170 (Mary Lou) ⑭ (HOME) 704/529-0857

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 JmB 7/27/89
㉕ Type? _____
㉓ Maximum occupancy? 3
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: James M. Bailey
Date: 7-12-89

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 7/27/89

Director or Authorized Section Head — Date 7-27-89

*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: 7/12/89

NAME/COMPANY: James M. Bailey

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Imp / Dust

#5857A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

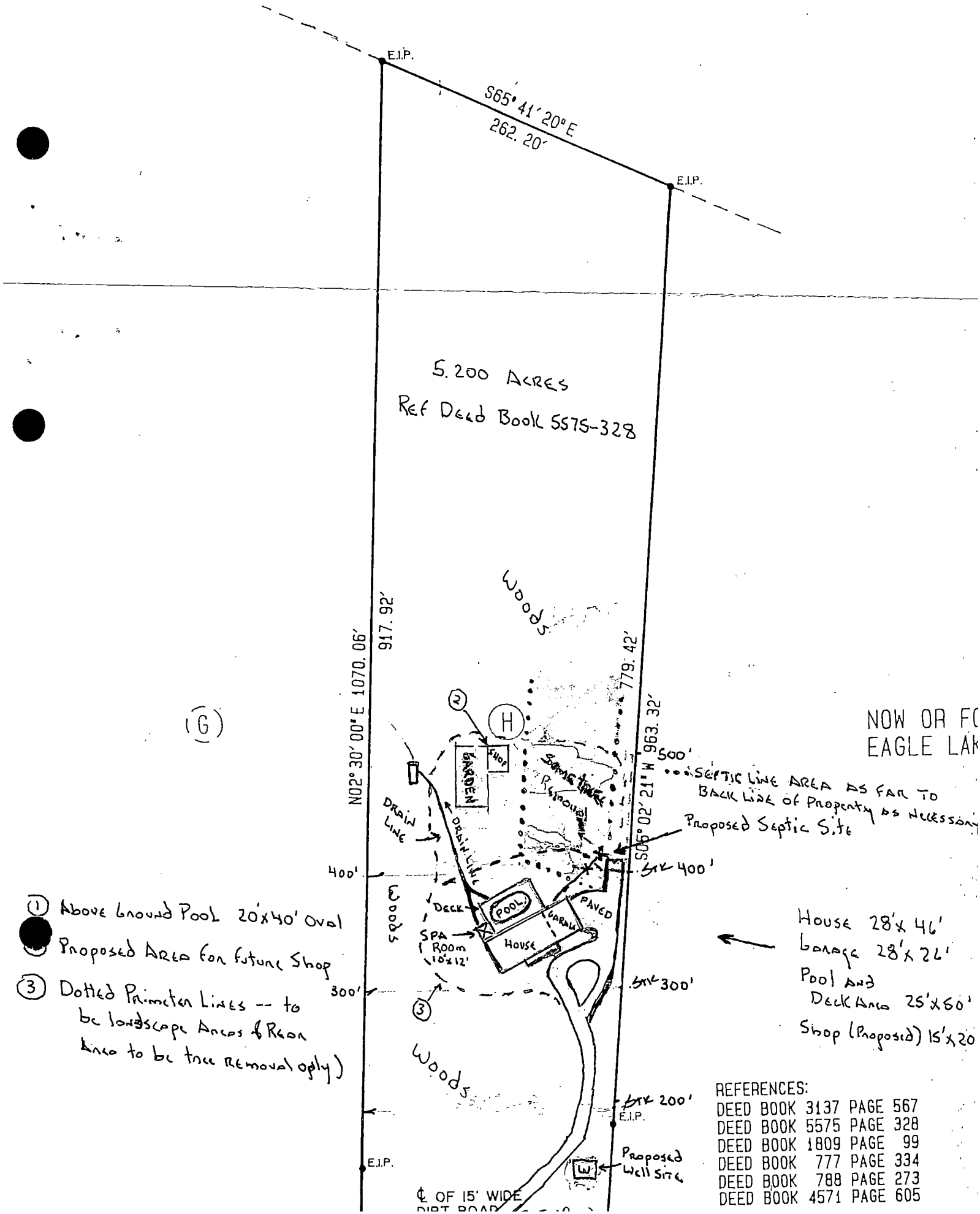
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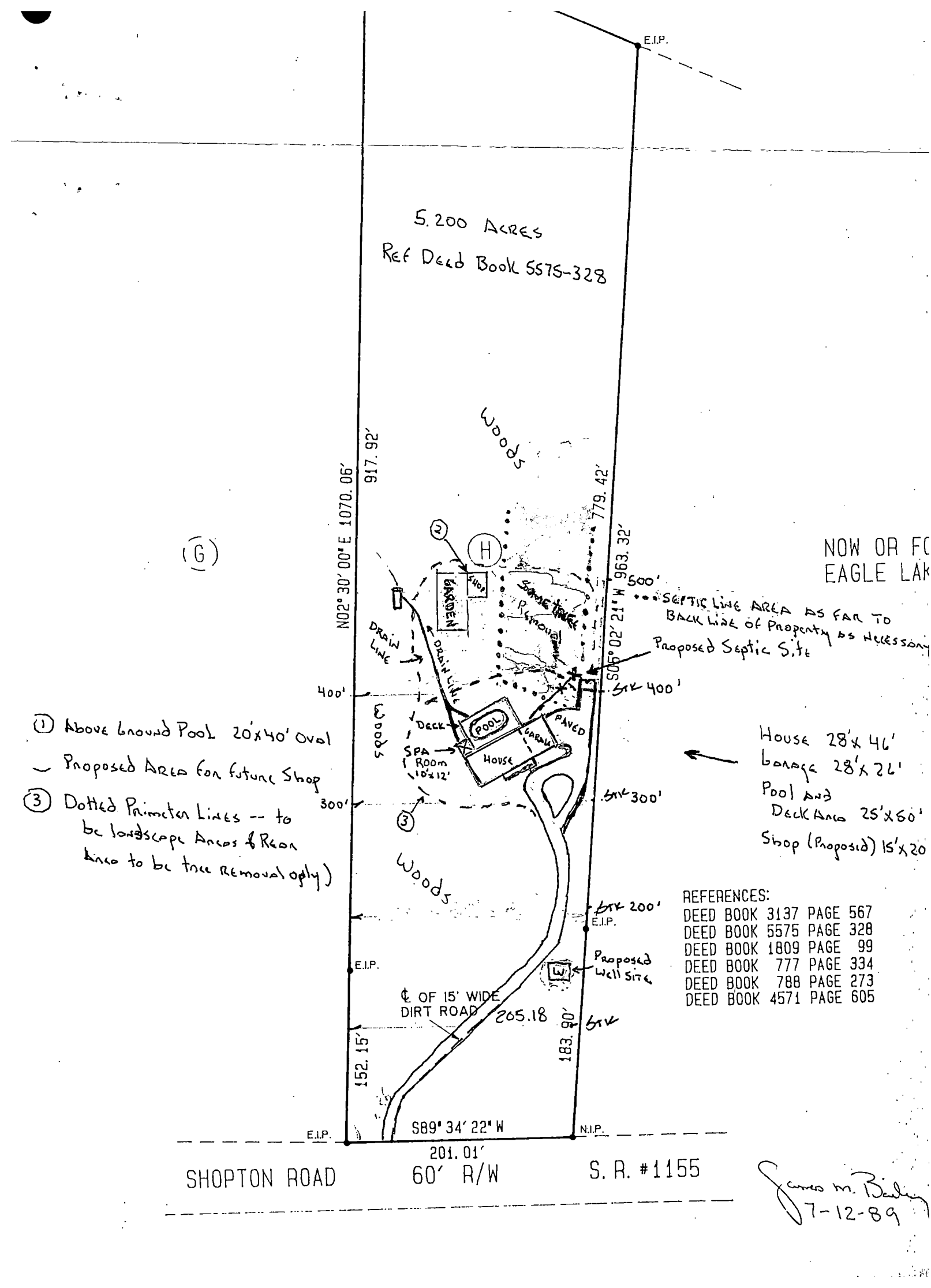
FEE: 200

C2H 1080
#200.

Completed By

Collected By


E.I.P.
S65° 41' 20" E
262. 20'
E.I.P.
5.200 Acres
Ref Deed Book 5575-328
N02° 30' 00" E 1070. 06'
917. 92'
779. 42'
S05° 02' 21" W 963. 32'
Woods
(G)
NOW OR FO
EAGLE LAK
2
H
SHOP
GARDEN
SEPTIC LINE AREA AS FAR TO BACK LINE of Property AS NECESSARY
DRAIN LINE
DRAIN LINE
Proposed Septic Site
500'
400'
STK 400'
Woods
DECK
POOL
PAVED
SPA
Room
10'x12'
HOUSE
GARAGE
300'
STK 300'
3
Woods
STK 200'
E.I.P.
E.I.P.
W
Proposed Well Site
℄ OF 15' WIDE
DIRT ROAD
(1) Above Ground Pool 20'x40' Oval
(2) Proposed Area for future Shop
(3) Dotted Primeter Lines -- to be landscape Areas & Rear Area to be tree Removal only)
House 28'x 46'
Garage 28'x 24'
Pool and
Deck Area 25'x 50'
Shop (Proposed) 15'x 20'
REFERENCES:
DEED BOOK 3137 PAGE 567
DEED BOOK 5575 PAGE 328
DEED BOOK 1809 PAGE 99
DEED BOOK 777 PAGE 334
DEED BOOK 788 PAGE 273
DEED BOOK 4571 PAGE 605


E.I.P.
5.200 ACRES
Ref Deed Book 5575-328
N02° 30' 00" E 1070.06'
917.92'
779.42'
S06° 02' 21" W 963.32'
500'
400'
300'
200'
Woods
(G)
(H)
SHOP
GARDEN
DRAIN LINE
DRAIN LINE
SEPTIC LINE AREA AS FAR TO BACK LINE of Property AS NECESSARY
Proposed Septic Site
DECK
POOL
PAVED
GARAGE
HOUSE
SPA Room 10'x12'
House 28'x46'
Garage 28'x26'
Pool and Deck Area 25'x50'
Shop (Proposed) 15'x20'
(1) Above Ground Pool 20'x40' Oval
Proposed Area for future Shop
(3) Dotted Perimeter Lines -- to be landscape Areas & Rear Area to be tree Removal only)
REFERENCES:
DEED BOOK 3137 PAGE 567
DEED BOOK 5575 PAGE 328
DEED BOOK 1809 PAGE 99
DEED BOOK 777 PAGE 334
DEED BOOK 788 PAGE 273
DEED BOOK 4571 PAGE 605
Proposed Well Site
℄ OF 15' WIDE DIRT ROAD
205.18
183.90'
152.15'
S89° 34' 22" W
201.01'
N.I.P.
SHOPTON ROAD
60' R/W
S. R. #1155
James M. Bailey
7-12-89

DATE: 7/11/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MeCR

PARCEL NUMBER 141-102-13

ASSIGNED ADDRESS 3836 Shopton Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐

	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic Tank - SF House

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: _____

OPWEAR 02/86

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 3rd, 1989

James McNeill Bailey
715-14 Farmhurst Drive
Charlotte, NC 28217

RE: Property located at Shopton Road
FILE: 5857A
PARCEL: 14110213

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 16239) 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,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16239

File: 5857A Action 1

Parcel: 14110213 ☐ PC

Location: Shopton Road

Subdivision:

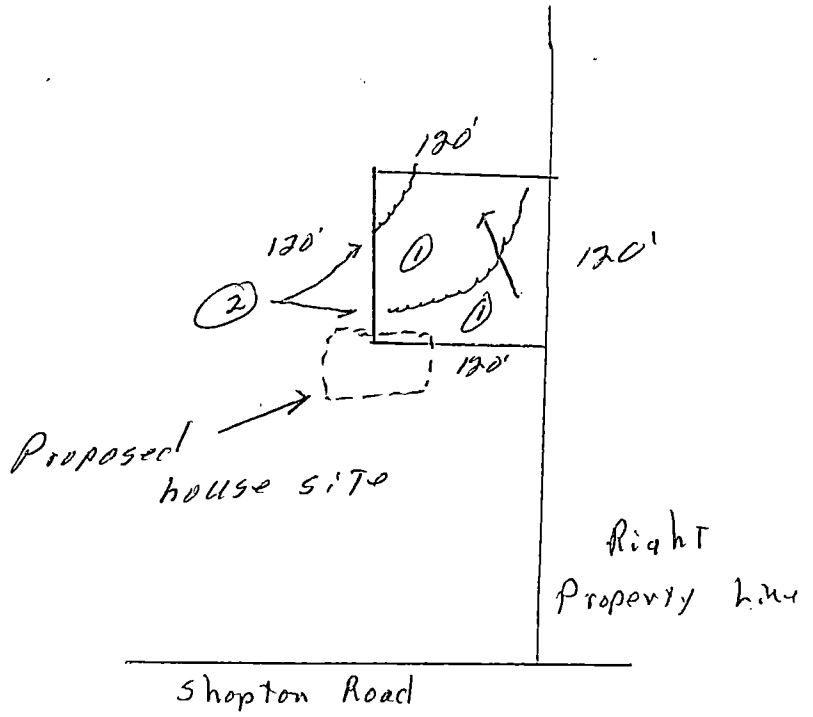
Lot: Block: Acres: Approx .33 ac

Owner: James McNeill Bailey
Address: 715-14 Farmhurst Drive
Charlotte, NC 28217

Comments:

Described by: William A. Marks

Date: 6-30-99



***** 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) old terraces	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 Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7.36" Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7.36"	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	10A Cecil-like	old Terraces				
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: 5857A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5.267 Ac. SHOPTON ROAD

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: Tax Code 141 - PAGE NO.: 102 - PARCEL NO.: 13

⑥ DEED REFERENCE: BOOK NO.: 5575 PAGE NO.: 0327

OWNER

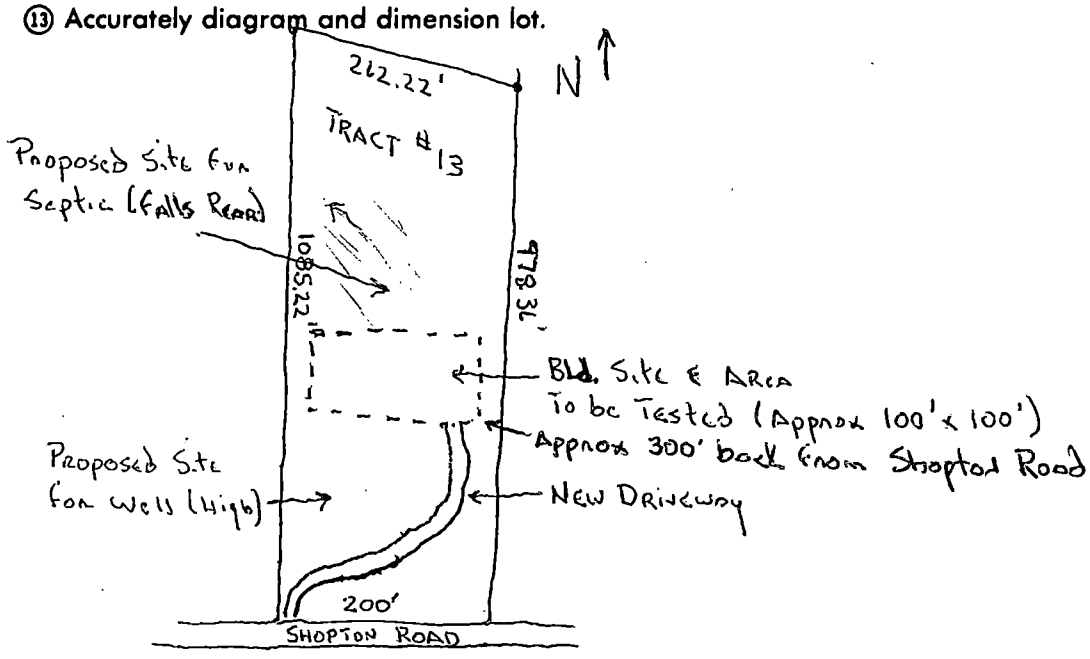
⑦ NAME: JAMES (FIRST) McNEILL (MIDDLE) BAILEY (LAST)

⑧ MAILING ADDRESS: 715-14 FARMHURST DRIVE

⑨ CITY: Charlotte ⑩ STATE: N. Carolina ⑪ ZIP: 28217

⑫ PHONE: (WORK) 704 | 527-7670 (HOME) 704 | 529-0857

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: James M. Bailey

Date: 6-26-89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 6/26/89

Name/Company James M. Bailey

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Soil Test
#5857A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 26 1989

Cash 1075
$30.00

Fee: $ 30 —

J. Richard