

4341 BACK CREEK CHURCH RD

10516611

7/29/08

marliwr

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

Mecklenburg County
Health Department

September 18, 2002

Peter and Janie Conn
4341 Back Creek Church Rd.
Charlotte, NC 28213

Dear Mr. and Mrs. Conn:

Our records indicate that the fee payment for the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 4341 Back Creek Church Road, Charlotte, NC is past due.

Please return the enclosed bill with payment by 10/18/02.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

RSI

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Peter and Janie Conn
4341 Back Creek Church Rd.
Charlotte, NC 28213

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Peter and Janie Conn	4341 Back Creek Church Rd.	105-166-11	16033	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 9/18/02

Payment Due Date: 10/18/02 **Past Due**

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 25, 2002

Franklin O. and Julia C. Young
4341 Back Creek Church Road
Charlotte, NC 28213

Dear Mr. and Mrs. Young:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 4341 Back Creek Church Road, Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 9, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

RST

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Franklin O. and Julia C. Young
4341 Back Creek Church Road
Charlotte, NC 28213

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Franklin and Julia Young	4341 Back Creek Church Rd.	105-166-11	16033	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/25/02

Payment Due Date: 5/25/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
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DO NOT SEND CASH

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

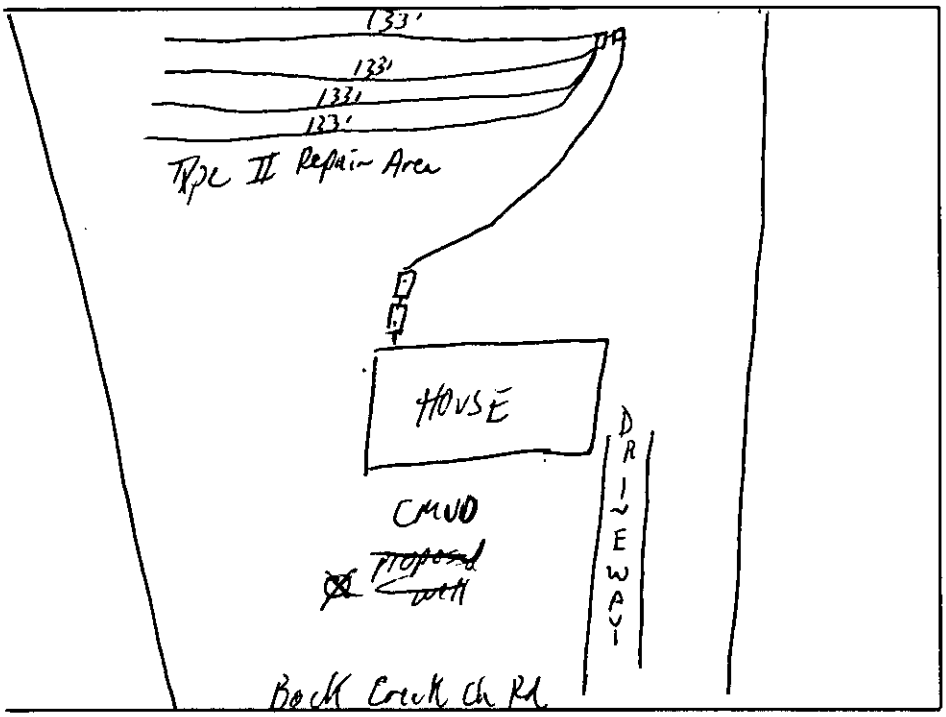
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16033 DATE: 5/16/96

TC: 105 166 11 ☐ L

SERIAL № 16723

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 9/15/95. All work shall be completed on or before 6/16/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 535 feet

Number of Lines 4 (133')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 7100' feet
50' min

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Peter Conn

LOCATION OF PROPERTY 4341 Back Creek Church Rd

Comments: 1500ST, 1000DT, PI 4 lines x 133'long x 3'wd x 12"Stone
~~Keep septic system > 50' from proposed well location~~ CMUD water

Statement for Shamil Logan Chief 6-11-96

Phila S. Walker
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Mecklenburg County
Health Department

April 5, 2001

Franklin O. & Julia C. Young
4341 Back Creek Church Road
Charlottte, NC 28213

Dear Mr. Young:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. The State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Kelly Randall

Kelly H, Randall, R.S., Supervisor
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Franklin O. & Julia C. Young
4341 Back Creek Church Road
Charlotte, NC 28213

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Franklin O. & Julia C. Young	**4341 Back Creek Church Rd.**	**105-166-11**	**16033**	**IIIB**

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
4/05/2001	5/7/01

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16033 DATE: 8/14/96

TC: 105 166 11 ☐ L ☐ CRT

SERIAL № 16754

Name of Owner Peter Conn Juris.:

Address of Property 4341 Back Creek Church Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 4 @ 133'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 5/16/96

Tank(s) Inspected 5/16/96

Wash Line Inspected plmb to tank

High Water Alarm Inspected 8/14/96

PLOT

Design 1996, 1500 ST, 1000 DT, PI, 1610 SFT, CON, 12" stone cell CTR# B. McCarver 117

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: septic system designed for 4 bedroom residence

Type III

Philo S. Walker R.S.
Environmental Health Specialist

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

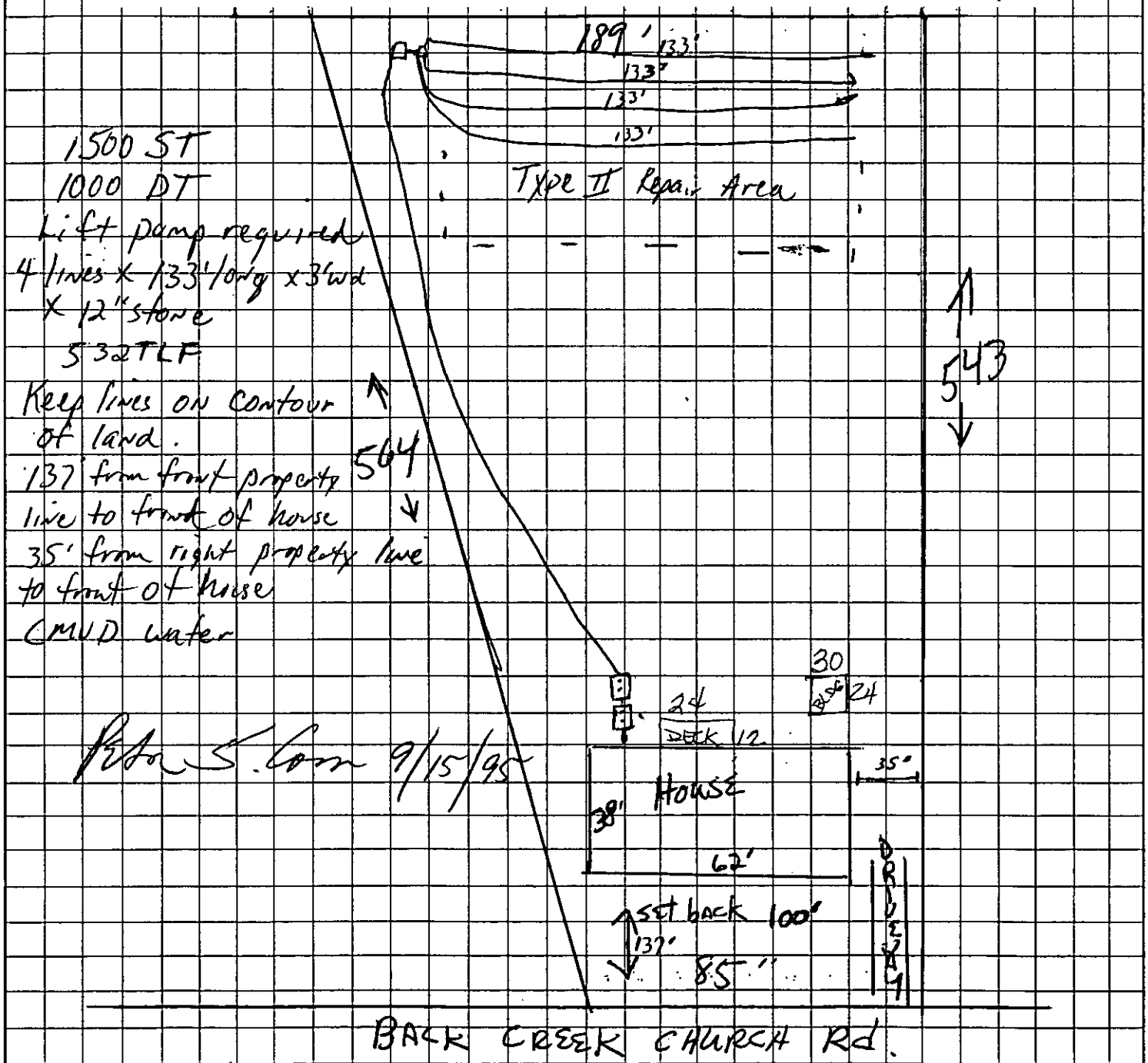
PROPOSED PLOT PLAN

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

FILE: 16033

TC: 105-166-11

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.



OWNER/AGENT SIGNATURE Peter S. Conn

DATE 8/17/95

APPROVAL DATE PSW 9/15/95

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

Mecklenburg County
Health Department

June 3, 1996

Mr Peter Conn
11815 Timber Ridge Road
Charlotte, North Carolina 28213

Dear Mr. Conn:

Re: 4341 Back Creek Church Road
File: 16033(Tax Parcel No. 105-166-11)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028695

File: 16033 Action 1

Parcel: 105-166-11 ☐ PC

Location: 4341 Back Creek Ch. Road

Subdivision:

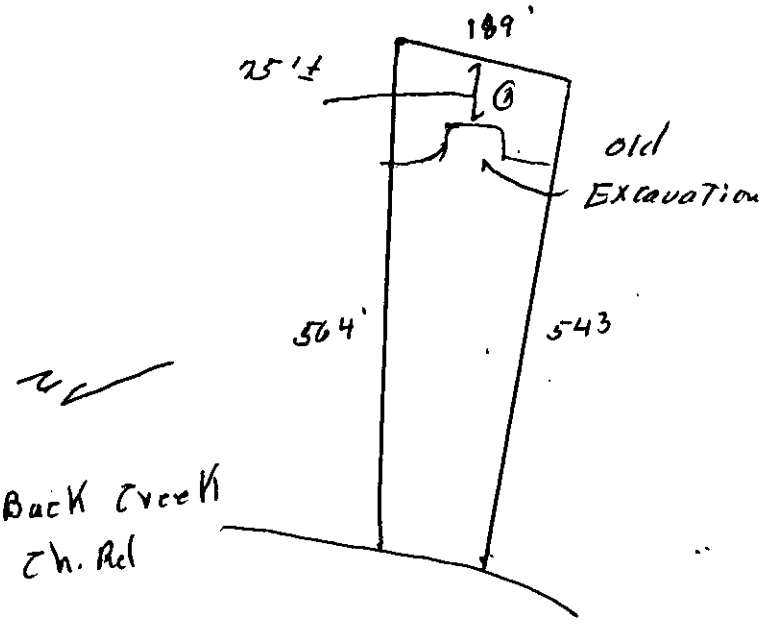
Lot: Block: Acres: Appx. .4 ac.

Owner: Franklin & Julie Young
Address: 13001 Marlstone Lane
Charlotte, N.C. 28215

Comments: .3 gal/ft²/day LTAR system will need pump - should not need 100% Repair

Described by: William A. Marlin

Date: 9-8-95



*** 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	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Exp. 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 748" To Soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 748"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	LV cecil-Lille					
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 028695

File: 16033 Action 1

Parcel: 105-166-11 ☐ PC

Location: 4341 Back Creek Ch. Road

Subdivision:

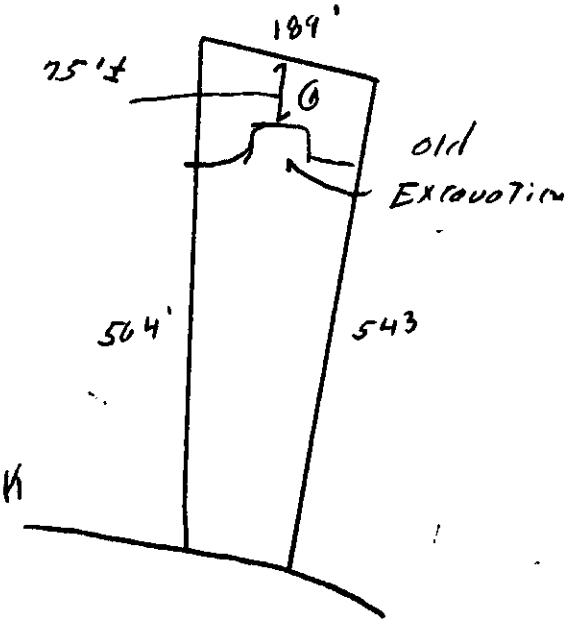
Lot: Block: Acres: Appx .4 ac.

Owner: Franklin & Julie Young
Address: 13001 Marlstone Lane
Charlotte, N.C. 28215

Comments: .3 gal/ppl/day LTAR
system will need pump-
should not need 100% Repair

Described by: William A. Martin

Date: 9-8-95



*** 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	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Exp. 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 748' to soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U Lift 7.46"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U 4 bdrm	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	IR cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 16033 Action: 4
SITE EVALUATION REPORT
SERIAL NUMBER 11531 Parcel: 105-166-11

Location: Back Creek Church Road

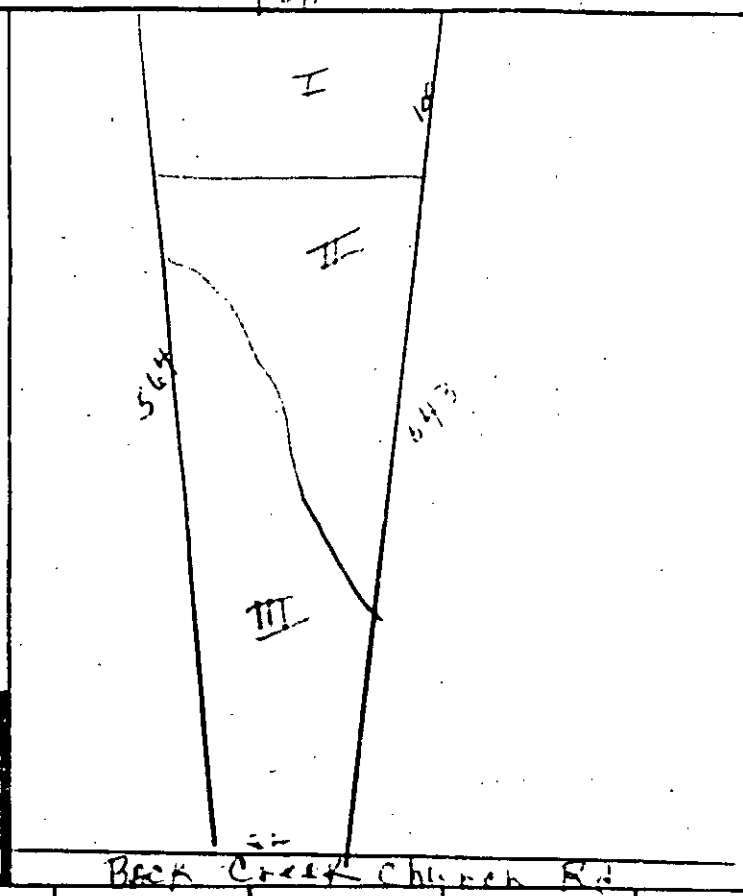
Subdivision:

Lot: Block: Acres: 1.73

Owner: Eugene Wilson Hodges, Jr.
Address: 3425 Rocky River Road
Charlotte, N. C. 28215

Comments:

Described by: W. B. Ramsey
Date: 3-19-87



***** 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 2-4	S (PS) U 2-5	S (PS) U 2-4	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Depth	S (PS) U 37-39"	S PS (U) 24-30"	36-PS-(U) Wat. Table	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	IIe Cec-1	IIe Vance (Predominantly)	IIw Helena Predominantly			
Area Classification	S (PS) U	S PS U	S PS (U)	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

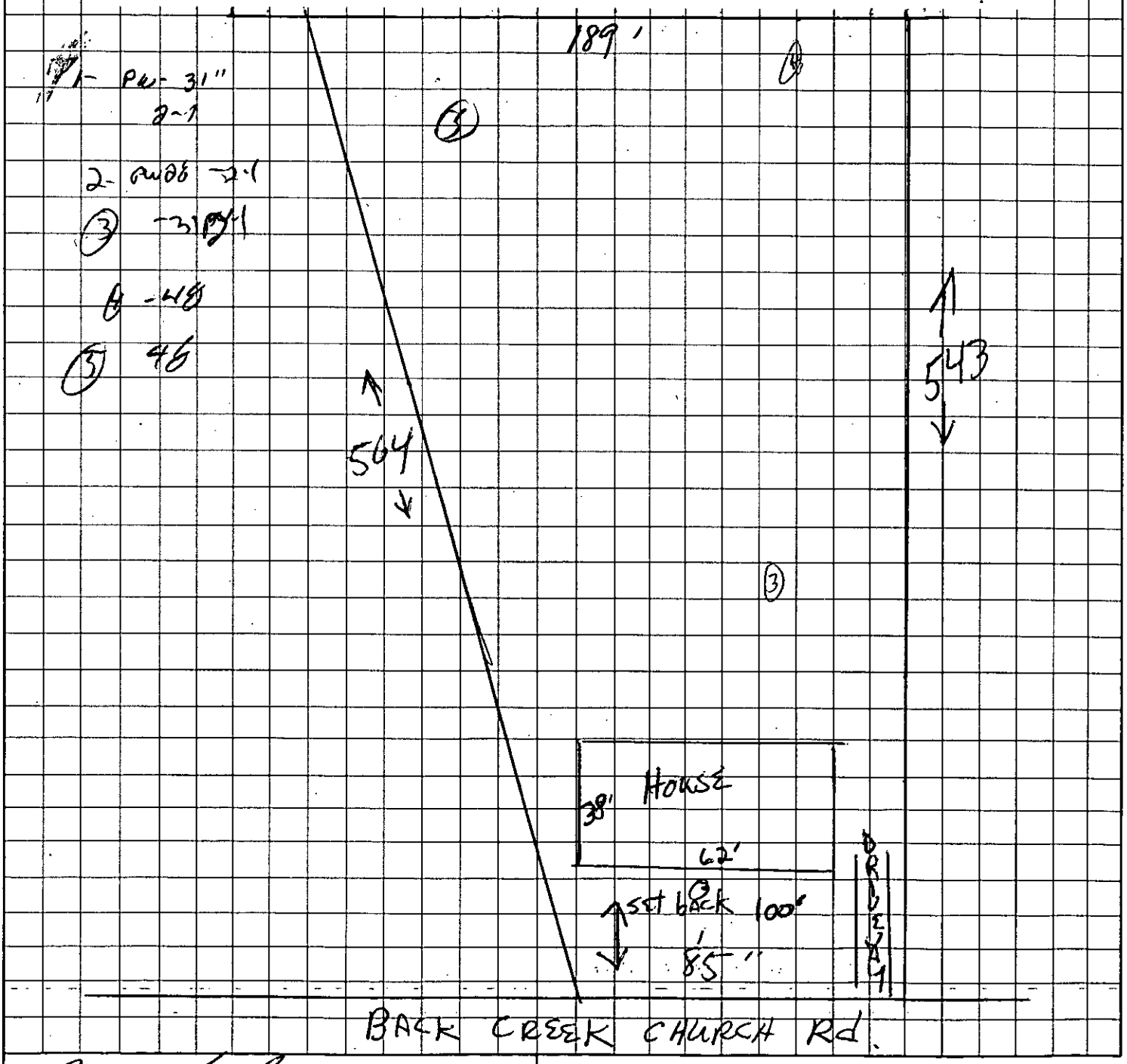
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16033

TC: 105-166-11

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.



OWNER/AGENT SIGNATURE

DATE 8/17/95

APPROVAL DATE _____

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



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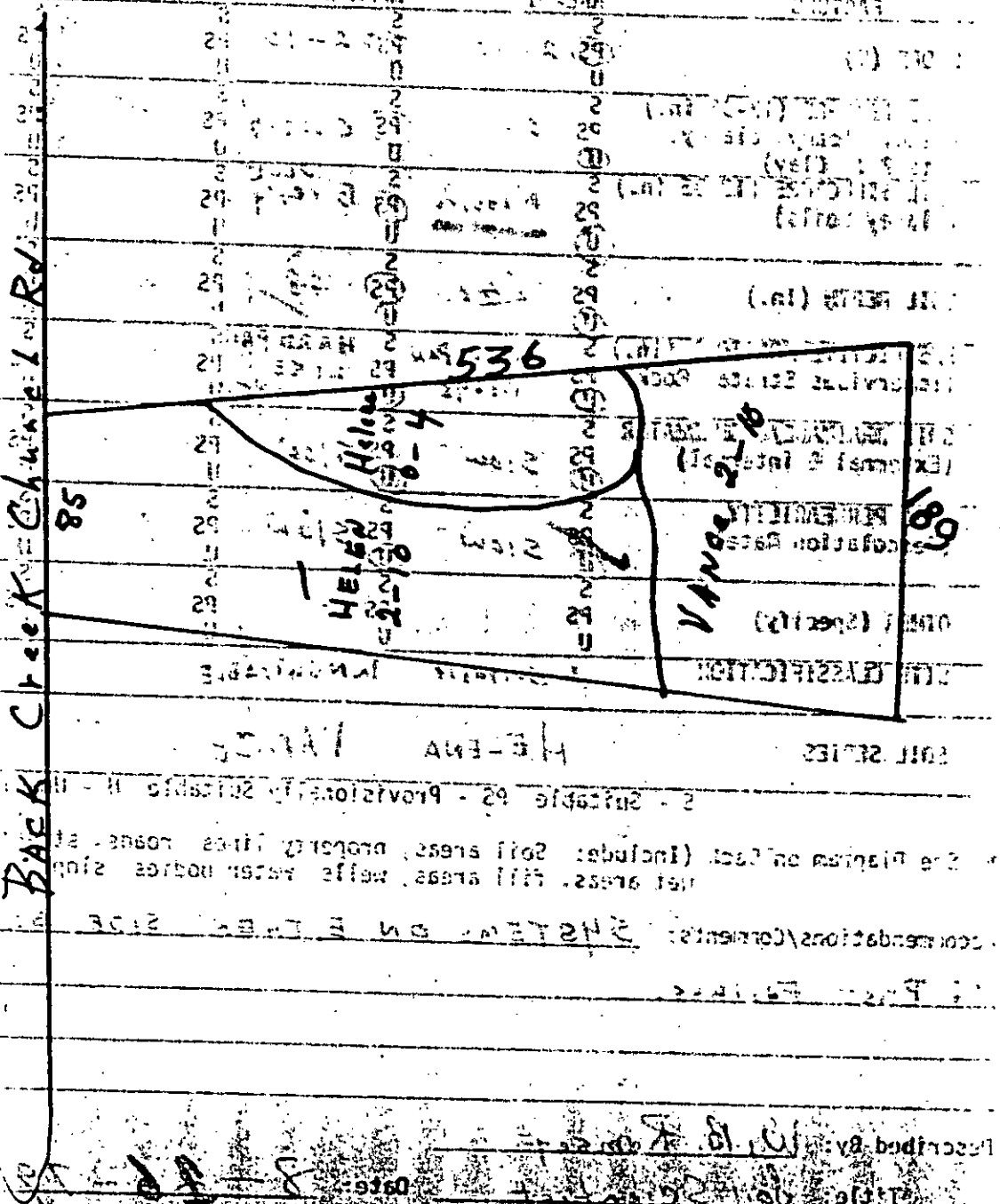
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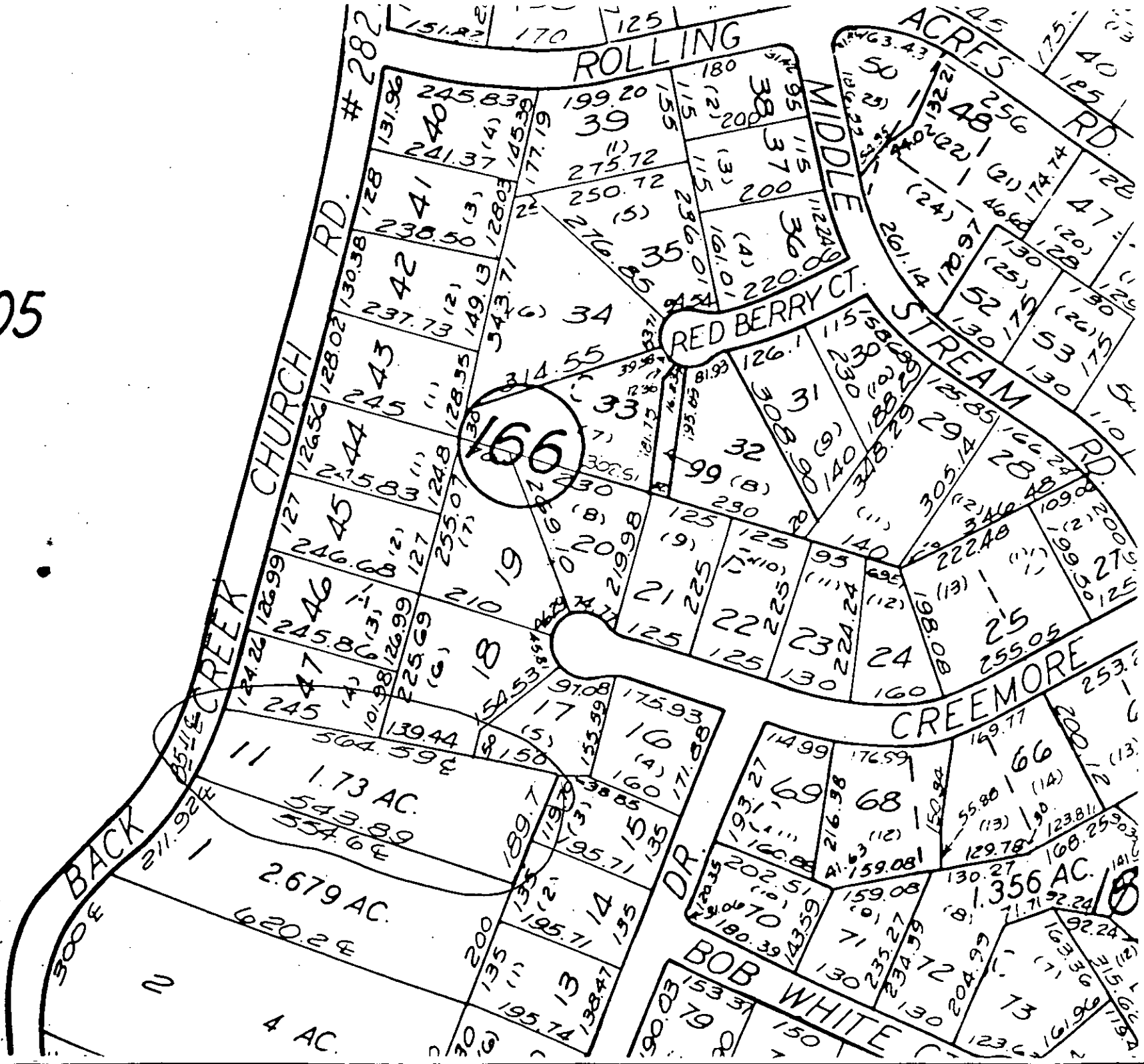
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ISSI Operations Center Staff

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CREEMORE
DR.
BOB WHITE
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1.73 AC.
2.679 AC.
4 AC.
1.356 AC.

16033 CK#1133 $150 8/23/96 pd #150 8/17/95 ck # 2245

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: 8/17/95

PERSON FILING APPLICATION:
NAME: CONN (last) PETER (first) J (mi)
ADDRESS: 11815 Timber Ridge Rd PHONE: (704) 596-3031
CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-166-11
STREET ADDRESS: 4341 Back Creek Church Rd
ZONING:

PROPERTY OWNER:
NAME: YOUNG, FRANKLIN O. & JULIA C (last) (first) (mi)
ADDRESS: 13,001 MARSTONE LN PHONE: 704 545-5934
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1.73

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [x] 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)
- [ ] DOUBLE WIDE (D)
- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

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)
- [x] Municipal (M)
- [ ] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [x] Stable/Barn
- [x] Deck/Patio
- [x] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Peter S. Conn Date: 8/17/95

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.

...Approval for 4 bedroom residence
Lift pump required

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

Philip S. Walker R.S. 9/15/95
Environmentalist Date

Director or Authorized Section Head 9-20-95 Date

WATER : 22751

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11531

File: 16033 Action 4

Parcel: 105-166-11

Location: Back Creek Church Road

Subdivision:

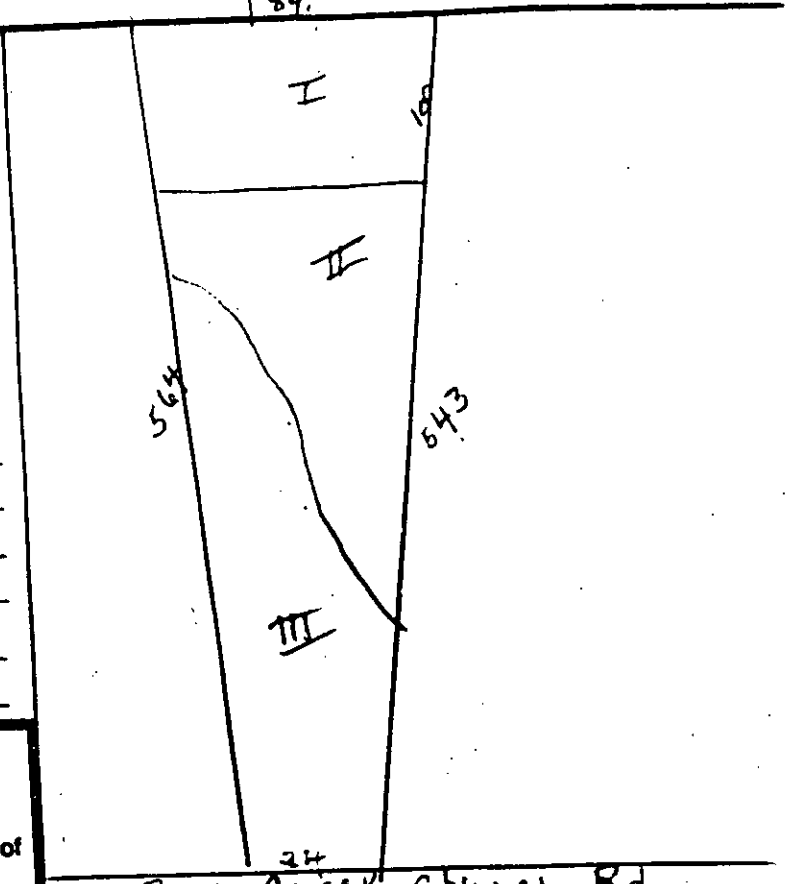
Lot: Block: Acres: 1.73

Owner: Eugene Wilson Hodges, Jr.
Address: 3425 Rocky River Road
Charlotte, N. C. 28215

Comments:

Described by: W. B. Ramsey

Date: 3-19-87



***** 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
Topography	S (PS) U 2-4	S (PS) U 2-5	S (PS) U 2-4	S PS U	S PS U	S PS
Texture	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS
Structure	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS
Drainage	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS
Depth	S (PS) U 37-39"	S PS (U) 24-30	S PS (U) 36" Water Table 12	S PS U	S PS U	S PS
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S P
Available Space	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S P
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S P
Soil Group/Series	IIe Cecil	IIe Vance (Predominantly)	IIIe Helena			
Area Classification	S (PS) U	S PS U	S PS (U)	S PS U	S PS U	S