

WILLIAMS LOT 17

6/19/2007

duponbj

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

6653A

Permit Number: 37023 JBH

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-392-15

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1596 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	532 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	✓ Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: Install surface water diversion as necessary.

Additional Conditions: Gutter downspout diversion

Keep well 100' from septic system or maximum feasible distance; however, no well shall be within 50' of septic system

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1596 Absorption Area (Sq ft) 532 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed: NA

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 Sewage, 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 Improvement permit is transferable.

Joan B. Mialik 10/19/95
DEHNR Authorized Agent Date

X Diane L. Upham 10/17/95
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS:100195

Application fee $150.00

6653A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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: Upham (last) Gary (first) (mi)
ADDRESS: 5605 Robinridge Rd PHONE: (H) 854-1624
CITY: Greensboro STATE: NC ZIPCODE: 27410

1-800-476-8556
1-800 M-632-1054

Date: 8/21/95

PROPERTY OWNER:
NAME: Williams (last) Rachel (first) (mi)
ADDRESS: 1401 Winston Dr PHONE: (W) 376-2322
CITY: Charlotte STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-342-15
STREET ADDRESS: 25006 Retriever Ct SUNFISH Ct
Mooresville, NC 28115
ZONING: RR

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

SUBDIVISION OR MOBILE HOME PARK NAME: Williams S/D
LOT NUMBER: 17 LOT SIZE (in acres): .720

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (T)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5
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: [signature] Date: 8/21/95

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.

...9/1 Rec app.

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

9/18 OSV. MR + MRS Upham + Rachel Williams. conv w/ conv repair however, lot shoulder dissected by Fredal + Meck. Inc

10/4/95 Per Zoning Dept - will be

Environmentalist Meck Co Bldg Stds Date

Director or Authorized Section Head Date

9/30 PC to Mrs. Upham. NC Ltr

on voice mail - O.K. w/ Fredal former to design system - housing, awaiting on State Authorization

10/4 per OC w/ Jocelyn WATER 22'9" O.K. to issue I.P. by agreeable w/ Fredall + Bldg permit to be through Meck Co.

* 001-342-15 * 25006 SUNFISH Ct

Application fee $150.00 4400 pd 665-3A

66537A

37623

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

001-342-15

$150.00 8/23/95 # 4316

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION: 1-800-476-8556

NAME: Upham (last) Gary (first) 1-800-442-1054 (mi)

ADDRESS: 5605 Robinridge Rd PHONE: (919) 854-1624

CITY: Greensboro STATE: NC ZIPCODE: 27410

Date: 8/21/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-342-15 (Petiwet SUNFISH CT)

STREET ADDRESS: 25006 Petiwet

Mooresville, NC 28115

ZONING: RR

PROPERTY OWNER:

NAME: Williams (last) Rachel (first) (mi)

ADDRESS: 1401 Winston Dr PHONE: (704) 376-2322

CITY: Charlotte STATE: NC ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME: Williams S/D

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

LOT NUMBER: 17 LOT SIZE (in acres): .720

TYPE APPLICATION (check one):
- [ ] SOIL TEST - INDIVIDUAL LOT (O)
- [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 (M) No basement
- [ ] 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: 4 NUMBER OCCUPANTS: 5

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)
- [ ] Municipal (M)
- [x] 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
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] 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: [signature] Date: 8/21/95

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.

...9/1/95 Rec. Application from B. Martin.

10/19/95 I.P. for CON w/CON Repair

See Fax from Kelly Sheets, of Tri-Hall Co. (in file)

- [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

Lora B. Mialik, RS 10/19/95
Environmentalist Date

S Blakeman for Shamil Program Chief 10-20-95
Director or Authorized Section Head Date

WATER : 22791

* 001-342-15 * 25006 SUNFISH CT.

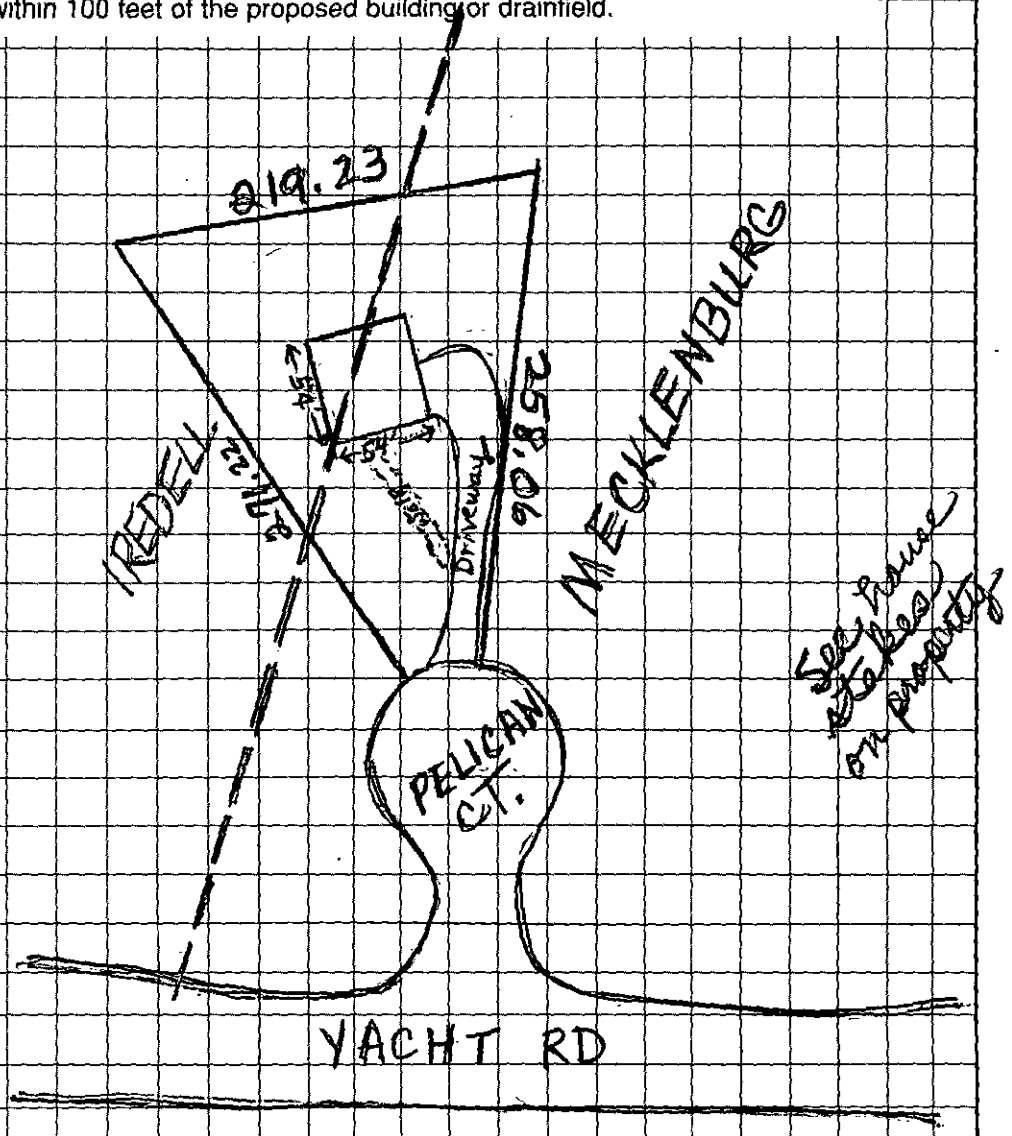
PROPOSED PLOT PLAN

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

6653A
FILE: ~~3702B~~

TC: 001-342-15

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 8/21/95

APPROVAL DATE _____

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

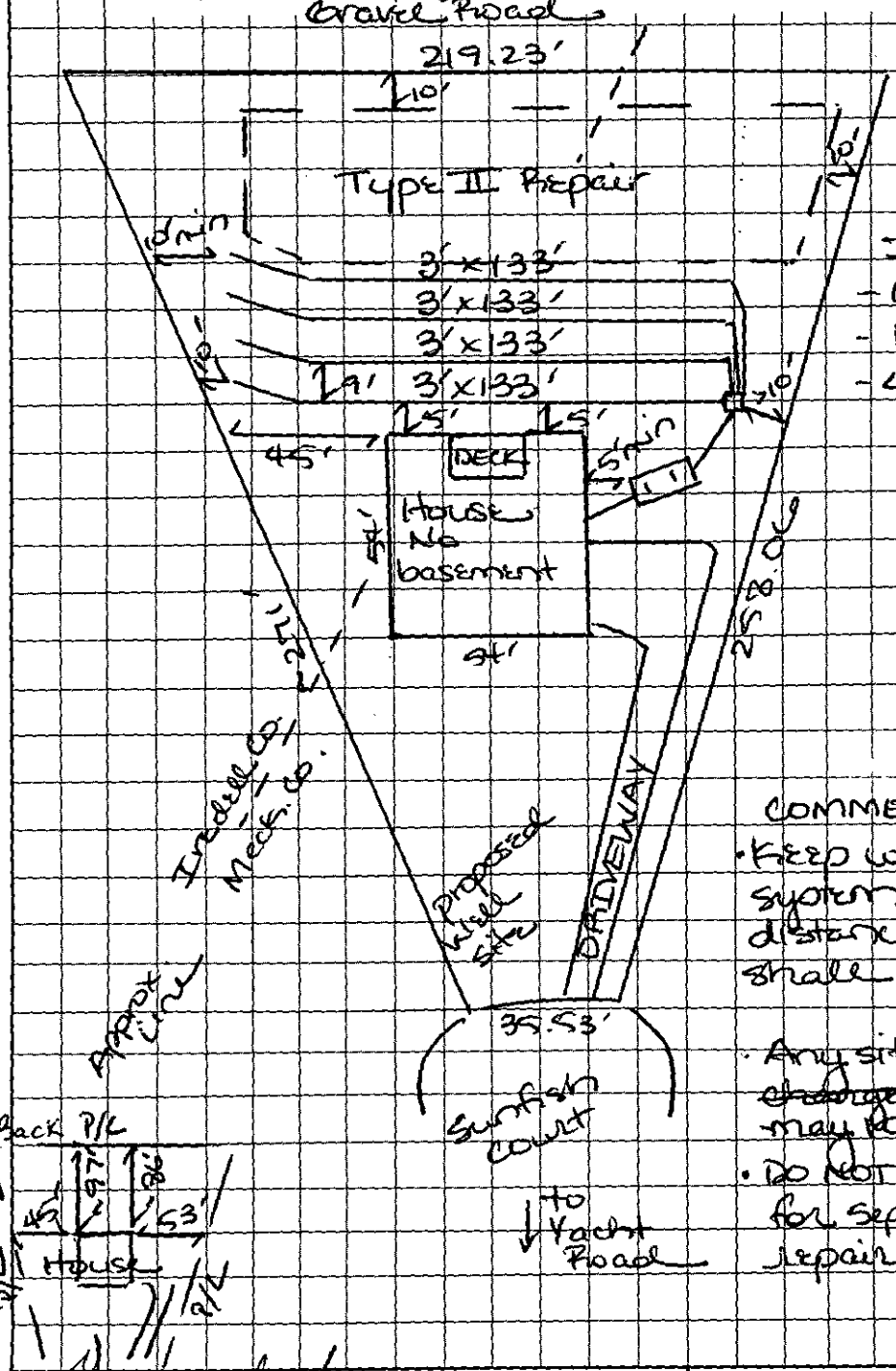
PROPOSED PLOT PLAN

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

FILE: 66533A ~~370213~~ jon

TC: 001-342-15

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.



Installation for 4 bedroom house located at LOT 11, 25006 Sunfish Court.

Install:
- 1500 gal Septic Tank
- D-Box
- 4 nitrification lines
  - 3' x 133' x 12" stone/gravel
  - Trench Depth 24"-36"
- Divert gutter downspouts away from septic system
- Install surface water diversion ditches to rear left and right property lines to divert water away from nitrification field, if necessary.

COMMENTS:
- Keep well 100' from septic system or maximum feasible distance; however, no well shall be within 50' of system.
- Any site changes or ~~site plan~~ from changes intended use changes may VOID permit.
- DO NOT DISTURB or GRADE area for septic system & its designated repair area.

X [signature] Diane D. Upham
OWNER/AGENT SIGNATURE

X DATE 10/17/95

APPROVAL DATE 10/19/95 Joan B. Malik RS

pg 2 of 2

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

Mecklenburg County
Health Department

MEMORANDUM

TO: Joe Lynn
Regional Soil Scientist

FROM: Sylvia D. Daniel, R.S.
Program Chief, Individual Water and Wastewater Systems Program

DATE: November 21, 1995

SUBJECT: Exceptional Authorization

This memorandum is to request the issuance for an Exceptional Authorization for a Mecklenburg County Environmental Health Specialist working on a project that borders Iredell and Mecklenburg Counties. Although the situation differs from the Union County Exceptional Authorization granted to Kelly Randall on April 22, 1994 (see attached letter), our legal representatives have advised us not to perform work in adjacent counties without prior written permission from the state.

I am requesting that the Exceptional Authorization be conveyed upon Judy Kiser. Please see the enclosed courtesy letter faxed to Mr. Kelly Sheeks advising him of our intent to secure this authorization. A copy of his letter of consent is also attached for your review.

Thank you for your prompt response to this request.

sdd

cc: Kelly Sheeks, R.S.

enclosures (2)

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

IREDELL COUNTY HEALTH DEPARTMENT

[illegible] Mooresville Highway ◦ Statesville, North Carolina 28677 ◦ (704) 878-[illegible]

William D. Muchborn, M.P.H.
Health Director

MEMORANDUM

TO: Sylvia Daniel, RS

FROM: Kelly R. Sheets, RS
Environmental Health Supervisor

DATE: September 19, 1995

SUBJECT: 28036 [illegible]

Thanks for the fax. The Iredell County Health Department has no problem with Mecklenburg's proposed action in this regard.

How about handling a few more in the south end of Iredell. We could use the help!!

Mecklenburg County
Health Department

Faxed Completed 4:30 PM Rec'd

Post-it® Fax Note 7671	Date 9/19/95	# of pages ▶ 1
To Kelly Shieks	From Sylvia Daniel	
Co./Dept.	Co.	
Phone # 878-5305	Phone # 336-5565	
Fax # 871-3483	Fax # 336-6894	

FAX TRANSMISSION

TO: Kelly Shieks, R.S.
Environmental Health Supervisor

FROM: Sylvia D. Daniel, R.S.
Program Chief

DATE: September 19, 1995

SUBJECT: 25006 Sunfish Rd. off Yacht Rd.

An application for an improvement permit has been received for the above address. If you view the lot you will note that the lot borders Mecklenburg and Iredell counties. The proposed house will be located in Mecklenburg. We have left a message with Joe Lynn to consider a limited authorization for my staff to perform the activities necessary to permit the wastewater system. This will be similar to a situation that involved in Union County.

We wanted to make you aware of our plans. Please contact me at 336-5565 if you have questions or comments.

Thanks Kelly.

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

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Environmental Health

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Richard K. Rowe, Director

DEHNR

April 22, 1994

MEMORANDUM

TO: Ms. Betty Snow, Health Director
Mecklenburg County Health Department

FROM: Mr. Richard K. Rowe
Division Director

SUBJECT: Exceptional Authorization

Mr. Kelly H. Randall, Soil Scientist, employed by your department has been granted special status by Division of Environmental Health to enforce the specific laws and rules and to exercise the powers indicated below in Union County on properties which extend from Mecklenburg into Union. Authority to cross boundaries only applies when this situation occurs.

The authorization for On-Site delegates authority to administer and enforce the laws in North Carolina General Statutes Chapter 130A, Article 11 and the rules promulgated thereunder in the North Carolina Administrative Code Title 15A- Subchapter 18A.1900 et seq.

During the period of his employment, provision must be made for access to appropriate files and materials, reporting of activities, and contact with the public. In the event Mr. Randall is no longer employed by your department delegation of authority to enforce state laws and rules in Mecklenburg and Union Counties is immediately suspended. At that time, the authorization/identification card must be forwarded to this office.

Should you have any questions, please let me know.

RKR:chh

cc: Mr. Randall H. Kelly
Ms. Betty Snow
Mr. Joe Lynn
Mr. Steve Steinbeck

Post-It™ brand fax transmittal memo 7671 | # of pages ▸ 1

To Betty Snow/Bobby Cobb	From Carletta Haskett
Co. Mecklenburg	Co. Div. Env. Health
Dept. 704-336-4700/336-5101	Phone # 919-715-3207
Fax # (704) 336-6894	Fax #

Mecklenburg County
Health Department

May 3rd, 1990

William Family Heirs
Rt. 6 Box 752
Mooresville, NC 28115

RE: Property located at Wally Rd. 17
FILE: 6653A
PARCEL: 00134201/34106

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 17779) 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 CO. ALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17779

File: 6653A Action 1

Parcel: 00134201/34106 ☐ PC

Location: Wally Rd.

Subdivision:

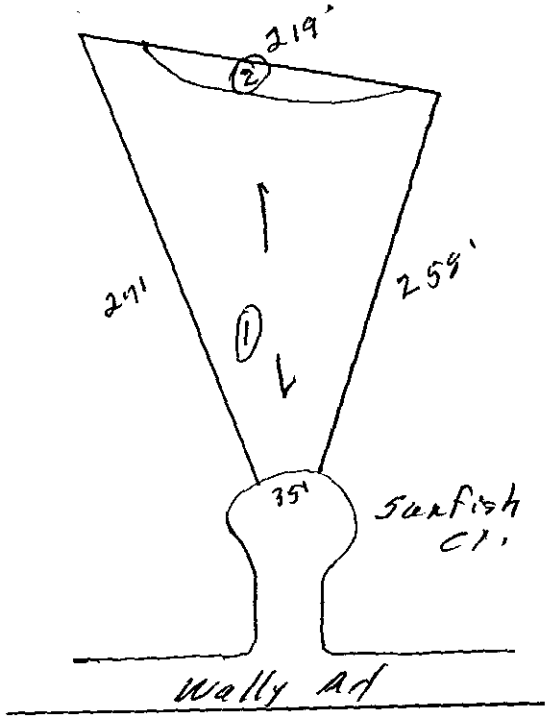
Lot: 17 Block: Acres: .72

Owner: William Family Heirs
Address: Rt. 6 Box 752
Mooresville, NC 28115

Comments: 100% Repair
.3 gal/ft²/ day LTAR -
>48" To rapid/b restrictive
9-1-95 WAM - 9-1-95

Described by: William R. Marlin

Date: 5-2-90



***** 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 2-6%	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 >36" To 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 >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	IV Cecil-1.4	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

entitled report - soil depths 749", might be able to go into slight depression on near even surface water diversion

1996

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17779

File:

Action 1

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments:

~~1.3 gall/ft/day LTAR~~
~~>46" To rapid/ water level~~
~~9-1-95 WAM~~ 9-1-95

Described by:

Date:



***** 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	S PS U	S PS U	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	S PS U	S PS U	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						
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: 6653A

TC: _____

☐ PC ☐ REPT

See 6637A for cover slip

JOB LOCATION

① ADDRESS: Meck Neck - end of Wally Rd

② SUBDIVISION: Williams ③ LOT: 17 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 001-342-01 001-341-06

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

OWNER

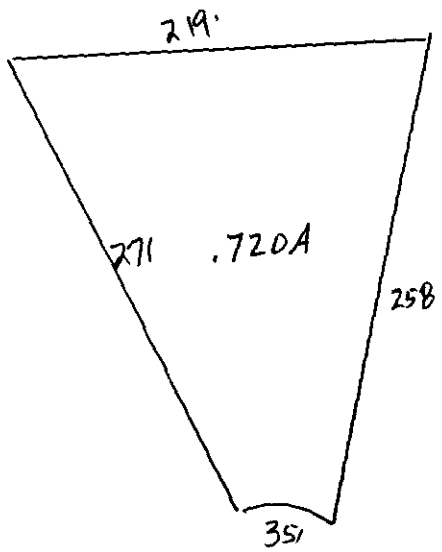
⑦ NAME: Williams Family Heirs (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: Rt. 6 Box 752

⑨ CITY: Mooresville ⑩ STATE: N.C. ⑪ ZIP: 28115

⑫ PHONE: (WORK) 663-1563 (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: Tommy C Gordon

Date: 4-2-90

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