

WILTSHIRE MANOR LOT 89

6/11/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-5-91

Name/Company: Donald Franklin Ray

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. Permit (3 bdrms.)
12925 Rain School Rd.
TP: 197-051-10 PO
File: 6114A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 5 1991

CK # 911

Fee: $ 200.00 #200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR 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: 6114A
TC: 197-051-10P0
SERIAL: № 121628
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12925 BAIN SCHOOL RD. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: MINT ④ TAX PARCEL NO.: 197-051-10P0
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: DONALD (FIRST) FRANKLIN (MIDDLE) RAY (LAST)
⑨ MAILING ADDRESS: 13033 BAIN SCHOOL RD.
⑩ CITY: MINT HILL, ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) 336-2152 ⑭ (HOME) 545-5160

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 2 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: Donald F. Ray
Date: Feb 5, 1991

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 ~~60~~ 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

Mecklenburg County
Health Department

September 6th, 1990

Wellsford Estates Partnership
4914 Monroe Road
Charlotte, NC 28205

RE: Property located at New Forest Court 89
FILE: 6144A
PARCEL: 21911116 PO

Dear Sir:

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 Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 16440) 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 and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16440

File: 6144A Action 3

Parcel: 21911116 PO PC

Location: New Forest Court

Subdivision:

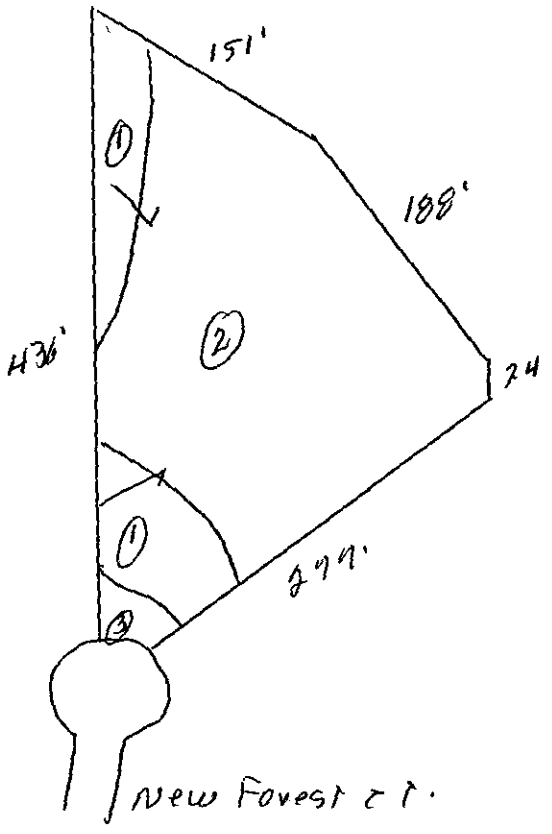
Lot: 89 Block: Acres: 1.5

Owner: Wellsford Estates Partnership
Address: 4914 Monroe Road
Charlotte, NC 28205

Comments: 100% Repair

Described by: William A. Marlin

Date: 9-5-90



***** 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) Complex Slopes	S PS (U) Drainageway Depression	(S) PS U 2-9%	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS (U) some 2-12 lox	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS (U) perched water 24"	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S (PS) U 36"+	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS (U) Restricted	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	Complex Slopes	Drainageway Depression	Helena-Like			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APPLICATION FOR SOIL INVESTIGATION

SEP 14 1989

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

(OFFICE USE ONLY)

FILE: 6144A

TC: _____

☐ PC ☐ REPT

60 ✓

JOB LOCATION

① ADDRESS: NEW FOREST CT.

② SUBDIVISION: WILTSHIRE MANOR ③ LOT: 89 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 219-111-16

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

OWNER

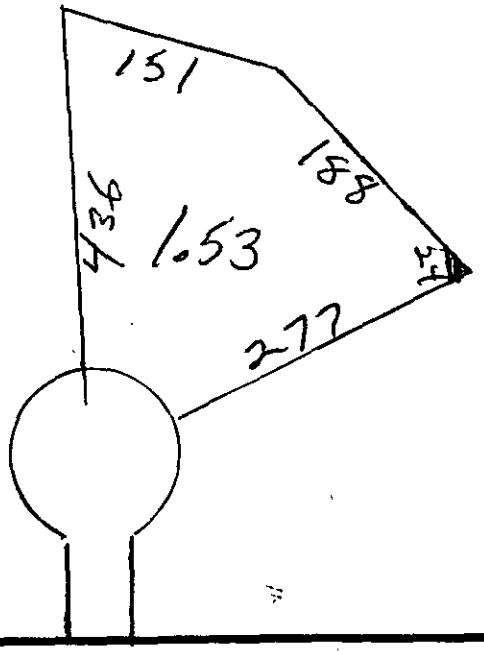
⑦ NAME: WELLSFORD (FIRST) ESTATES (MIDDLE) PARTNERSHIP (LAST) Jimmy Cullen

⑧ MAILING ADDRESS: 4914 MONROE RD.

⑨ CITY: CHAR. ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) 536-0616 (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: _____

Date: 8-25-89

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