

10541 KNOX FARM RD

19958108

6/1/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5531A DATE: 4/12/90

TC: 199 222 03 ☐ L ☑ CRT

SERIAL № 13239

Name of Owner F.M. Funderburk Juris.:

Address of Property 10541 Knox Farm Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 600'

Number of Lines 6 @ 100'

Cover Depth 12"

Water Supply Source P/well

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 St. CON/1800 SFT, 6" SAND, 12" G MECK mod. CTR# 140

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: 3 bedrm. SYS. (6) 3'x100'x 6" SAND, 12" G. SYS. installed (1) EXCEPTION. TANK placed to (L) side of home. SEE INSTALLATION PERMIT

Tim Whittaker, R.S.
Environmentalist

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

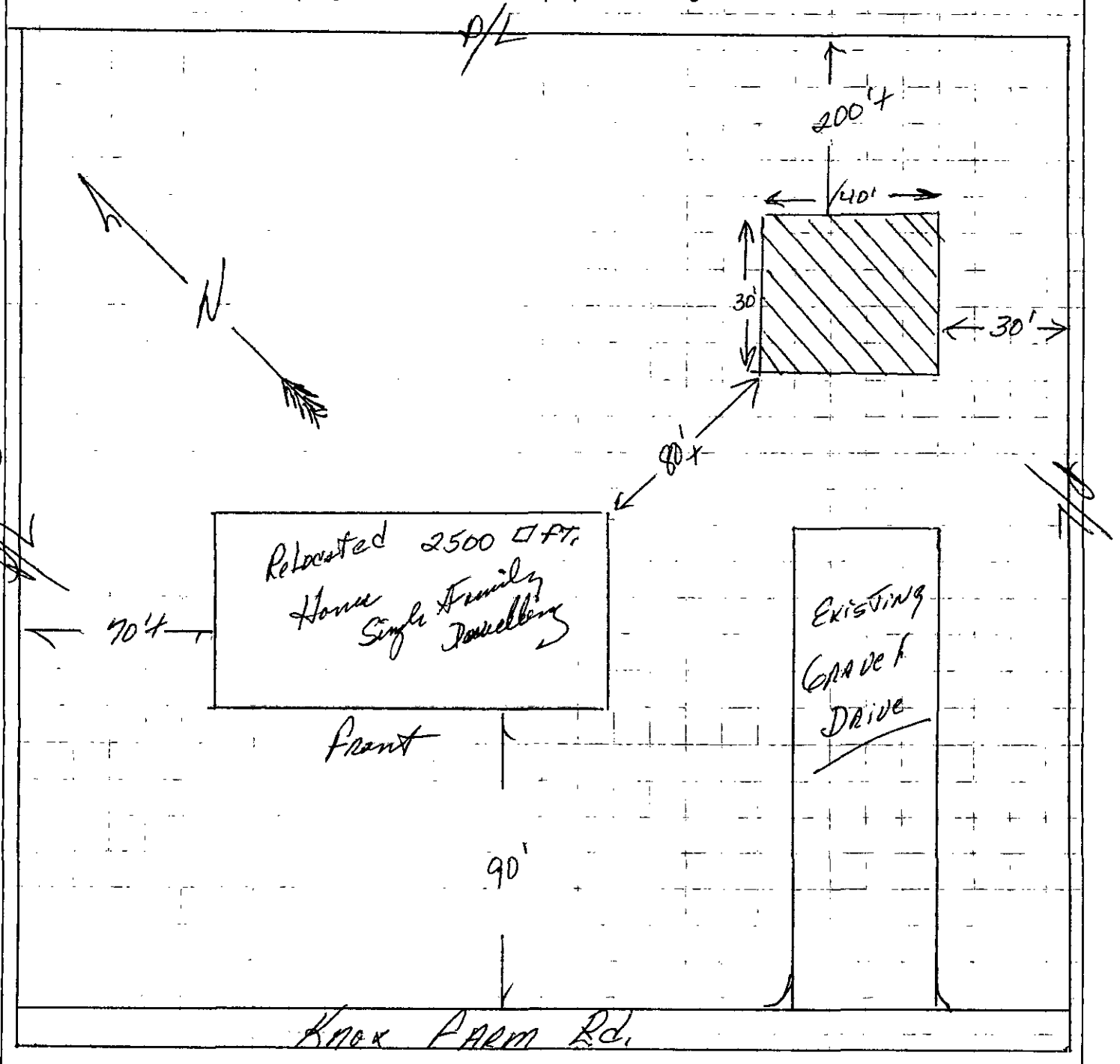
PROPOSED PLOT PLAN

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

FILE: S 531A

TC: _____

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.



Signed: Don P. Schneider

Date: 3/22/90

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: 5531A
TC: 199-222-03
SERIAL: № 19064 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10541 (STREET NO.) Knox Farm Rd. (STREET) (off Island Rd) ② FILE:
③ JURISDICTION: Mecklenberg ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: E. M. (FIRST) Funderburk (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 2010 - Pioneer Ave (Jobsite 10541 - Knox Farm Rd.
⑩ CITY: Charlotte ⑪ STATE: NC. ⑫ ZIP: 28217
⑬ PHONE: (WORK) 588-0059 ⑭ (HOME) 588-1842

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms?
㉕ Type?
㉓ Maximum occupancy?
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: Don P. Schneidy
Date: 3/22/90

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

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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3/23/90

Name/Company: F. M. Funderburk

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Well Const. 55

MECKLENBURG COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION PAID MAR 23 1990

Fee: $ 25.00

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

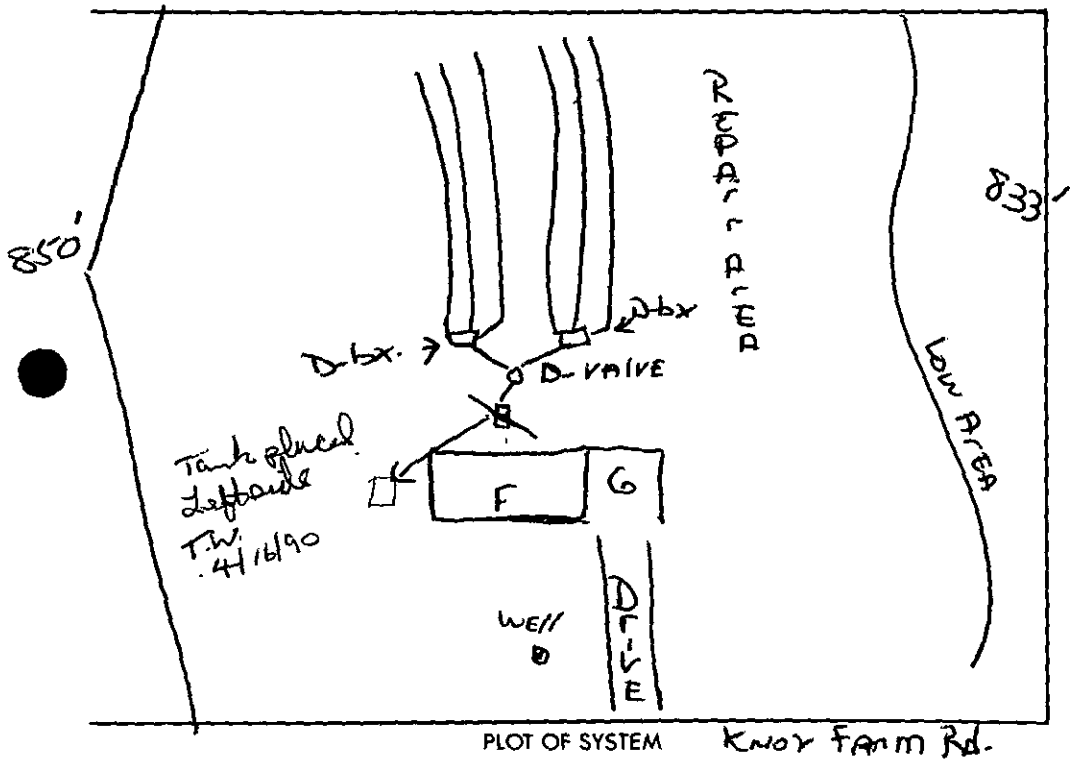
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5531-A DATE: 3/15/90

TC: 199 222 03 ℄ L

SERIAL Nº 14590

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 9/19/89. All work shall be completed on or before _____, 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 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 1,500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 600' feet

Number of Lines (6) 3'x100'

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER F. M. Funderburk

LOCATION OF PROPERTY 10541 Knox Farm Rd.

Comments: 3 bedrm. sys., D-valve, split to D-boxes, (6) 3'x100'x12" & 6" creek sand, 9' on center

Division or Section Head

Tim Whitaker, R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S 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: 5531A
TC: _____
SERIAL: № 19080 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10541 Knox Farm Road (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 199-222-03
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Fred Maxwell Funderburk (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 2010 Westinghouse Blvd.
⑩ CITY: Charlotte, ⑪ STATE: N. C. ⑫ ZIP: 28217
⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

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? 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: F. M. Funderburk
Date: Sept. 14, 1989

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 _____

Director or Authorized Section Head _____ Date 10-18-89

*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: 9/14/89

Name/Company: Fred Fankenbeck

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Wtp - new
5531A

MECKL[illegible] COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 14 1989

$ 100.00

ck # 2811
$100.00

NOTICE:

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

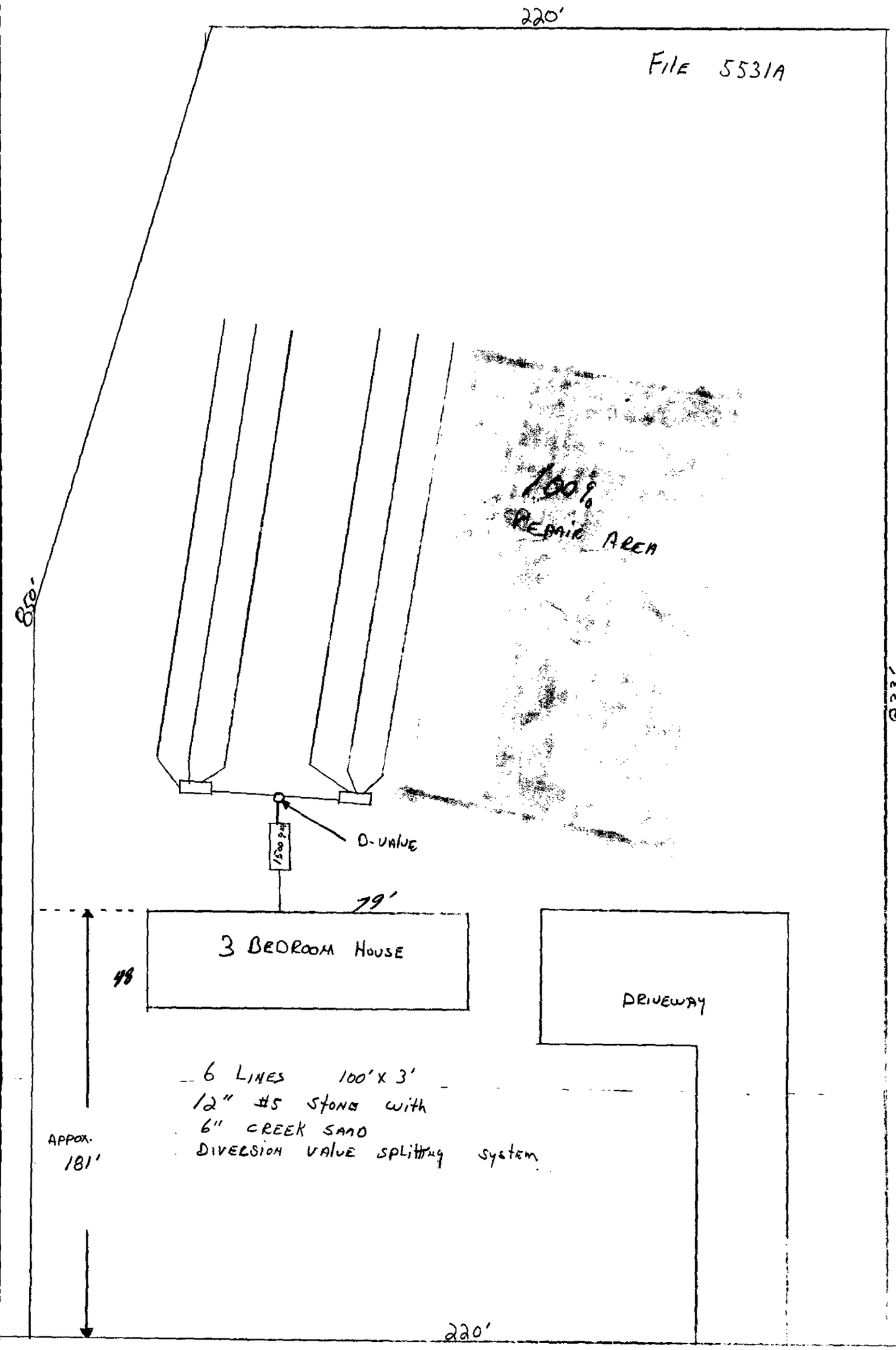
Completed by

Collected by

BILLING — WHITE CUSTOMER COPY — YELLOW

220'

FILE 5531A



KNOX FARM RD

O.L. PARKER & SON GRADING CO.
2742 MIRANDA ROAD
CHARLOTTE, N.C. 28216
704-399-3416

SERVICE REQUEST/WORK ORDER

Tax Code: _____ Emergency? Y N

Date: 1/31/90 Hour: _____

Section: _____ Log No.: _____

REQUESTING PERSON: Mr Funderburk Tel. No. _____

Address 10541 Knox Farm Rd City _____ Zip _____

PROPERTY CONCERNED: Facility Name Adjacent 6839 Rock Island Rd

Address _____ City _____ Zip _____

SERVICE REQUESTED: Septic Drainage

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
1/31	Received via Sylvia
2/1	Site visit / Mr. Funderburk pointing effluent from trench & Sewage from 6839 Rock Island Rd. Advised would test for Lead. / Checked 6835 Rock Island No Problem in area.
2/5	Revisited Site - no discharge
2/6	Advised Mr. Funderburk He will phone us if necessary
3/27	Site visit to Add Septage / no effluent visible at hell

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Environmentalist's Signature _____ Date _____ WRITTEN ___ VERBAL ___

REVIEWED BY: _____ RECALL DATE: _____

Section Head's Signature _____ Date

PRESENTED FOR REGISTRATION

89 OCT 10 AM 9:58

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

REAL ESTATE
BOOK PAGE
6131 0247

000045

FILE NO. SS31A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Fred M. Funderburk

owner of property located at 10541 Knox Farm Road

("the site") and described in an instrument recorded in Book 6126 at Page 978, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

FEE	6.00
	6.00
CASH	6.00

13:45 #0676 000

This 10th day of October, 1989.

10/10/89

Fred M. Funderburk (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Weir, a Notary Public for said County and State, do hereby certify that Fred M. Funderburk personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 10th day of October, 1989.

Marlene Weir
Notary Public

Commission expires
3-15-93

REAL ESTATE
BOOK PAGE

6131 0248

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Marlene Wise

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS
By Amy K. Privett Deputy - Register of Deeds

Mecklenburg County
Health Department

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

September 20, 1989

Fred Funderburk
2010 Westinghouse Blvd.
Charlotte, NC 28217

Dear Mr. Funderburk:

RE: Property located at 10541 Knox Farm Road
FILE: 5531A
PARCEL: 199-222-03

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush or microflush toilets must be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.

Although this property is exempt from the 100% repair area requirement, the maximum feasible remaining area near the system shall be allocated for a repair area.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

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

GV/ir

Enclosures - 3 Septic Tank Agreement Forms

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

Mecklenburg County
Health Department

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

August 30th, 1989

John Samuel Knox, Sr.
10516 Shopton Road, West
Charlotte, NC 28217

RE: Property located at 10541 Knox Farm Road
FILE: 5531A
PARCEL: 19922203 PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 12180) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12180

File: 5531A Action 2

Parcel: PO 199-222-03 ☐ PC

Location: 10541 Knox Farm Road

Subdivision:

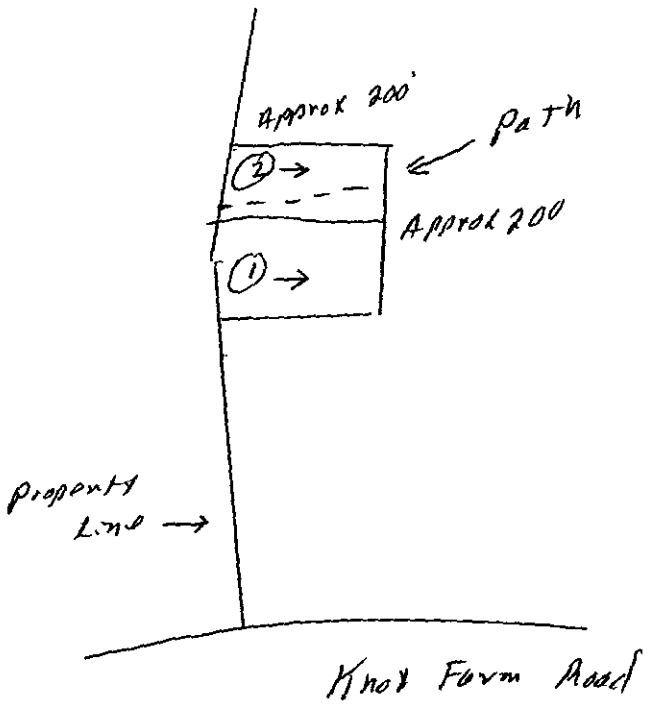
Lot: Block: Acres: .9

Owner: ~~1054~~ John S. Knox, Sr.
Address: Loreta C. Knox
10516 Shopton Rd. West
Charlotte, N. C.

Comments: _____

Described by: William R. Marlin

Date: 8-30-89



***** 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 6-12%	(S) PS U 6-12%	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1C clay	S PS (U) 2-1C clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to water	S PS (U) perched water 20-32"	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 2 7-36"	S PS (U) 30-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	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	IUB MacMecklenburg L. Ke	IUB MacMecklenburg Iredell				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

40.00

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5531A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10541 Knox Farm Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: 199 PAGE NO.: 222 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: 4150 PAGE NO.: 27

OWNER

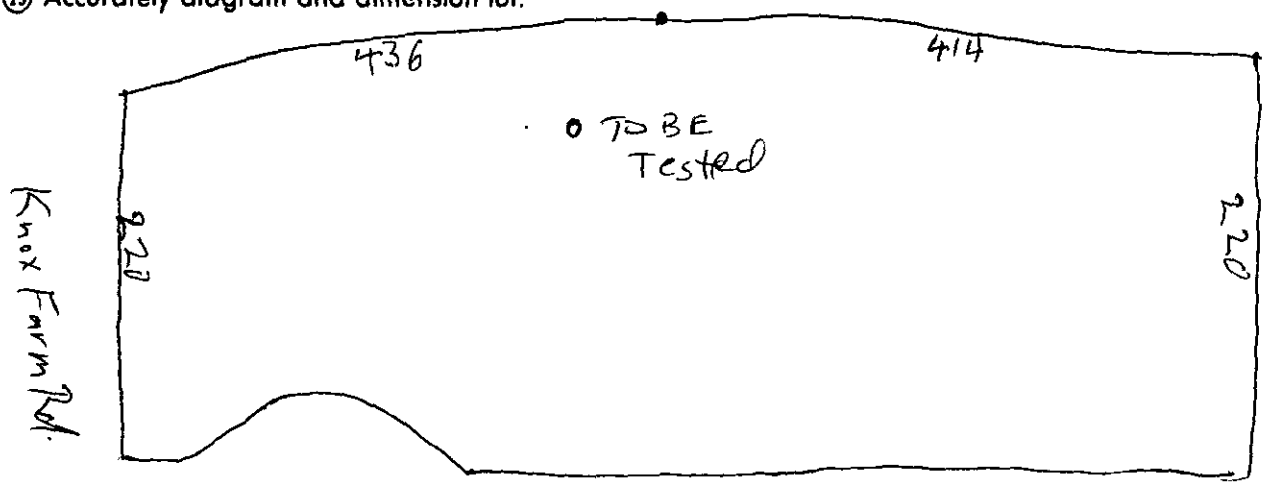
⑦ NAME: John Samuel Knox Sr. + wife - Loreta C. Knox
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 10516 Shopton Rd. West

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

⑫ PHONE: (WORK) _____ (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: [signature]

Date: ~~July 20, 1989~~ August 24, 1989 (KALT)

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: 8/24/89

Name/Company: Mary Underhill

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test

553/A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 24 1989

Fee: $ 40.00 Cash $40.00

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

BILLING — WHITE [redacted]

Mecklenburg County
Health Department

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

April 5th, 1989

John Samuel Knox, Sr.
10516 Shopton Road, West
Charlotte, NC 28217

RE: Property located at Knox Farm Road
FILE: 5531A
PARCEL: 19922203 PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16042) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16042

File: 5531A

Action 2

Parcel: 19922203 PO

☐ PC

Location: Knox Farm Road

Subdivision:

Lot: Block: Acres: Approx 1.0

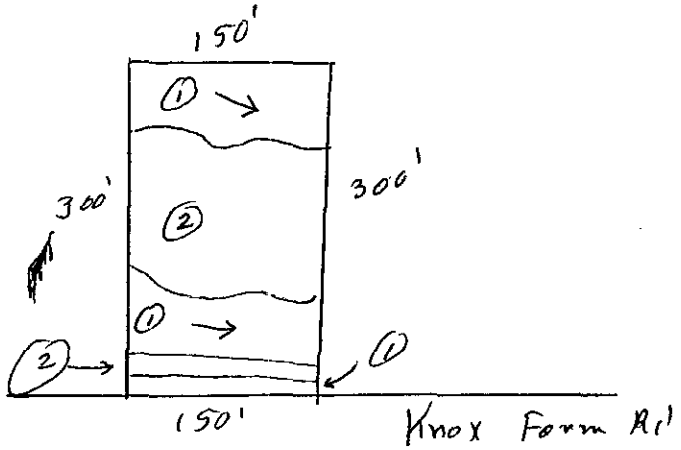
Owner: John Samuel Knox, Sr.
Address: 10516 Shopton Road, West
Charlotte, NC 28217

Comments: _____

Described by: William A. Merlin

Date: 4-5-89

Dimensions Approximate



***** 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) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 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 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-30"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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 B Mecklenburg Like	complex slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Pd 30.00 Eg. 3/13/89.

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5531A

TC: PD 199-222-03

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Knox Farm Rd. (Off Rock Island)

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

⑤ PARCEL REFERENCE: BOOK NO.: 199 PAGE NO.: 22 PARCEL NO.: 3

⑥ DEED REFERENCE: BOOK NO.: 4150 PAGE NO.: 27

OWNER

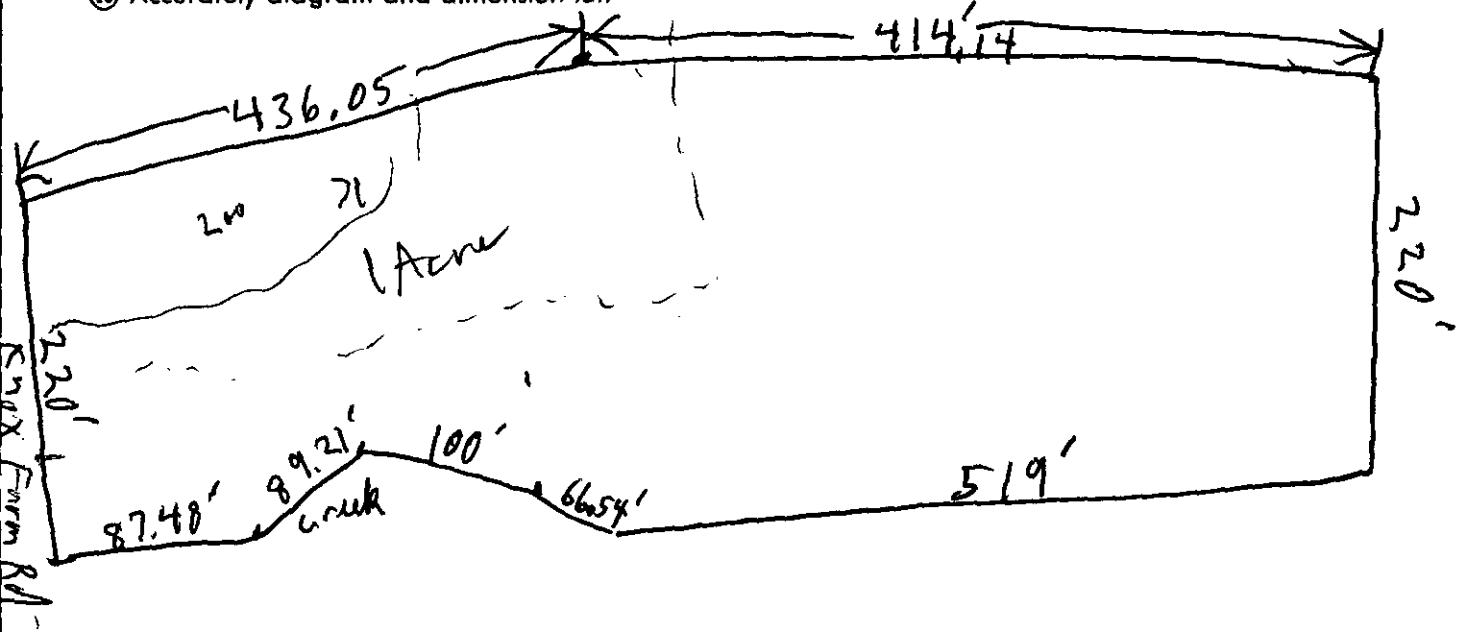
⑦ NAME: John (FIRST) Samuel (MIDDLE) Knox (LAST) Sr.

⑧ MAILING ADDRESS: 10516 Shopton Rd. West

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

⑫ PHONE: (WORK) 588-5669 (HOME) 588-1133

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: John K Knox

Date: March 13, 1989

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 3/13/89

Name/Company J. Sam Knox

Sanitation ✓

Vector Control ____

O.P.W.D. ____

Service: Soil investigation
1 Acre
SIR 5531

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 13 1989

Fee: $ 30 00

Clerk
2706
1-30-0

Karen Johnston
Completed by

Collected by