SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☒ ALTERATION

File Number: 908A/16259

Assigned Inspector: __Troy _____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☒ Alterations Fees $300: MW 4/8/26 Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed.

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released.

☐ This septic system requires a certified operation contract before final hold is released.

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

908A / 142259

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ◉ N/A ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN
2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 10913140
STREET ADDRESS: Kinghurst Dr 5911
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: 6 LOT SIZE (acres): 1.868
TOWNSHIP:
◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: 1,868
NUMBER OF BEDROOMS: 3 → 4
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 1 DN 4/14/26 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 6

6. WATER SUPPLY: ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER
7. PROPOSED USE OF WELL: ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	◉ YES ○ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:
NAME: Moises Soriano & Doris Nuñez
ADDRESS: 5911 Kinghurst Drive
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE:
MOBILE PHONE: 857-384-9943
FAX:
E-MAIL: ndoris911e@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. M S (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Moises
Property Owner's or Owner's Legal Representative Signature

04/06/26
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ 300- DATE FEE RECEIVED: 4/8/26

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: MN

GWS FILE NUMBER ASSIGNED: 908A

APPLICATION ID NUMBER ASSIGNED: ke259

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

File #: 908A

PROPOSED PLOT PLAN

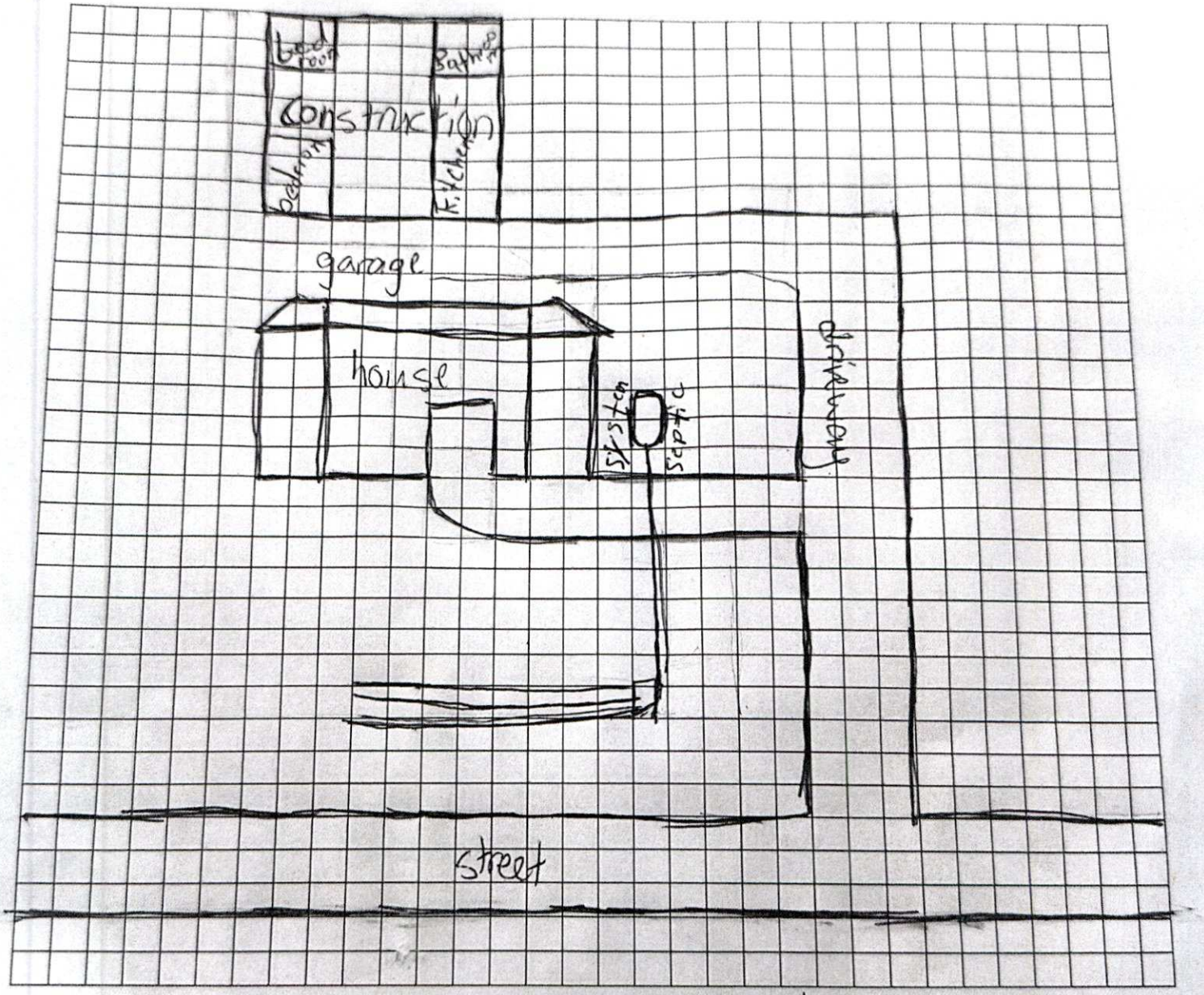
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 5911 Kinghurst Drive

Tax Parcel #: 10913140

Subdivision Name:

Lot #: 6



Moises

Property Owner's or Owner's Legal Representative Signature

04/07/26

Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/08/26	**Amount:**	300.00
Receipt #:	160933	**Tendered:**	300.00
Check / Auth #:	VISA 09980B	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #:	200000
Contractor:	DORIS NUNEZ
Attn:	
Address:	5911 KINGHURST DR
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 5911 KINGHURST ST	1	300.00	300.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

C of A (s) No. 908A

Date Issued _____ **Serial** 8443 T. C. No. 109-151-39 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Hathcock (LAST) Nellie (FIRST) B (MIDDLE)

Location of Property 5911 Kinghurst Drive

Application Number 908A Permit Number 908A

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 272' + 130' Number of Lines 4+2

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source City Distance from Water Source City

Excavation Inspected 4/9/86 (DATE) Tank Inspected 4/9/86 (DATE)

Nitrification Field Inspected 4/9/86 (DATE)

Washing Machine Line Inspected, If Applicable 4/9/86 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 1986, 1500 ST. CON, 816 SFT, 12G, CECIL LIKE, 390 WL

Cynthia G. Boss
Environmentalist

EHD-5-74

Environmental Health Department's Copy

Serial No. 09144

Date Issued 4/8/86

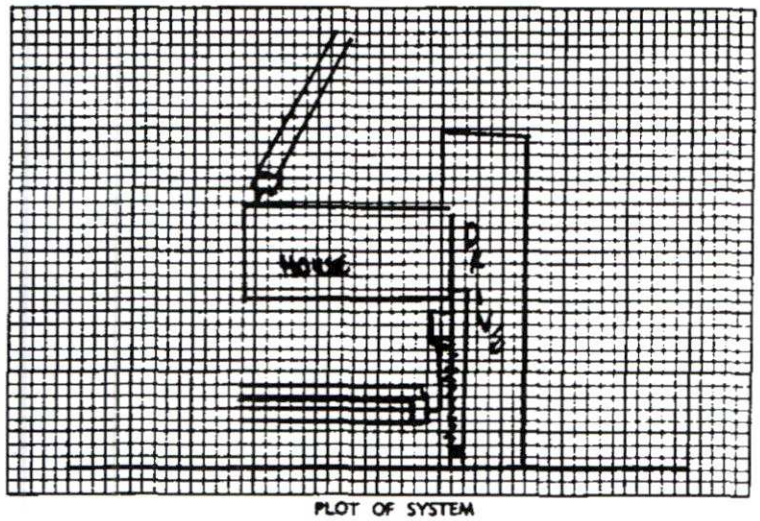
ICAR(S) Permit No. 908A

T. C. No. 109-131-39

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 908A, dated 9/5/85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5/8/86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 272' + 130'

Number of Lines 4 + 2

Distance from House 5'

Distance from Property Line 10'

Distance from Well City

NAME OF OWNER Hathcock (5911), Nollie B.

LOCATION OF PROPERTY 5409 Kinghurst Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Septic: 4 Tranches 3'X 68' X12" stone with gradeboards, straw as cover

Comments: Wash: 2 Tranches 3' X 65' X12" stone with gradeboards, straw as cover

B. Sanders
Division or Section Head

Cynthia G Bass
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.

EHD-5-76

Environmental Health Department's Copy

Date Issued 9-26-85

Serial No. 8937

SIR No. 908A

T. C. No. 109-131-39

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hathcock, (LAST) Nollie (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Rt. 10, Box 477, Charlotte, NC ZIP 28213

LOCATION OF LOT ~~5901~~ 5911 ~~5909~~ Kinghurst Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number ~~908A~~. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Cynthia G Bass
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 908 A

TC: 109-131-39 L

JOB LOCATION

① ADDRESS: 5909 (STREET NO) KINGHURST (STREET) DR ② FILE:

③ CITY: CHARLOTTE NC ④ TAX PARCEL NO.:

⑤ SUBDIVISION: KINGSHURST PK ⑥ LOT: 6 ⑦ BLOCK: 1

OWNER

⑧ NAME: NOLLIE (FIRST) R (MIDDLE) HATHCOCK (LAST)

⑨ MAILING ADDRESS: RT # 10 BOX 477

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28213

⑬ PHONE: (WORK) 537 0375 ⑭ (HOME) 596-3145

REQUEST

This request is for a(n):

⑮ ☑ New installation permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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?

See Soil REPORT

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

㉘ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: N B Hathcock

Date: 9-17-85

㉘ Accurately dimensioned plot

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

MECKLENBURG COUNTY
Department of Environmental Health

September 17th, 1985

Nollie B. Hathcock
Route 10, Box 477
Charlotte, NC 28213

RE: Property located at Kinghurst Drive L6 B1
FILE: 908A
PARCEL: 10913139

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 is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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.

Sincerely,

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 109-A

T.C. NO. 109-131-39

(Ground Absorption Sewage Disposal)

OWNER: Nellie C. Hathcock
ADDRESS: Rt. 10, Box 497 Charlotte, N.C. 28213
LOCATION OF SITE: Kingsmill Dr.

PLAT NO: Lot 6
LOT SIZE: .46

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-6% U	S (PS) 2-6% U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S PS 2-1 clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36"+ U	S PS 24-36" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S 36"+ (PS) To saprolite U	S 30" unless PS TC saprolite U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 30"+ To seasonal U	S (PS) 30"+ To ground water U	S PS U	S PS U
7. OTHER (Specify)	S Limited PS Area U	S PS U	S PS U	S PS U
8. SOIL GROUP	10A	10B		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil-Lite	Vance-Lite		

S - Suitable PS - Provisionally Suitable U - Unsuitable

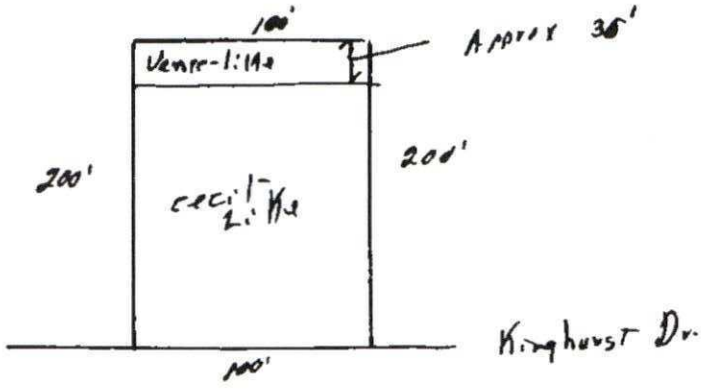
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Limited area most desirable soils in front portion of the lot.

Described by: William R. Martin
Title: Soil Scientist

Date: 2-16-85

1/4


100'
Approx 35'
200'
200'
Kinghurst Dr.
100'

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 908A

TC: 109-131-39

JOB LOCATION

① ADDRESS: ~~ED~~ Kingshurst Dr

② SUBDIVISION: _____ ③ LOT: 6 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

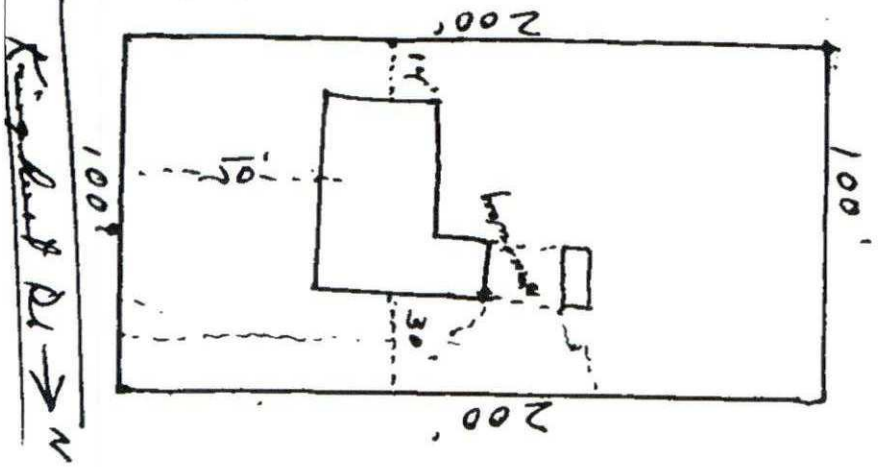
⑦ NAME: NOLLIE (FIRST) B (MIDDLE) HATHCOCK (LAST)

⑧ MAILING ADDRESS: RT #10 Box 477

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) 372 1760 (HOME) 596 3145

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: N B Hathcock

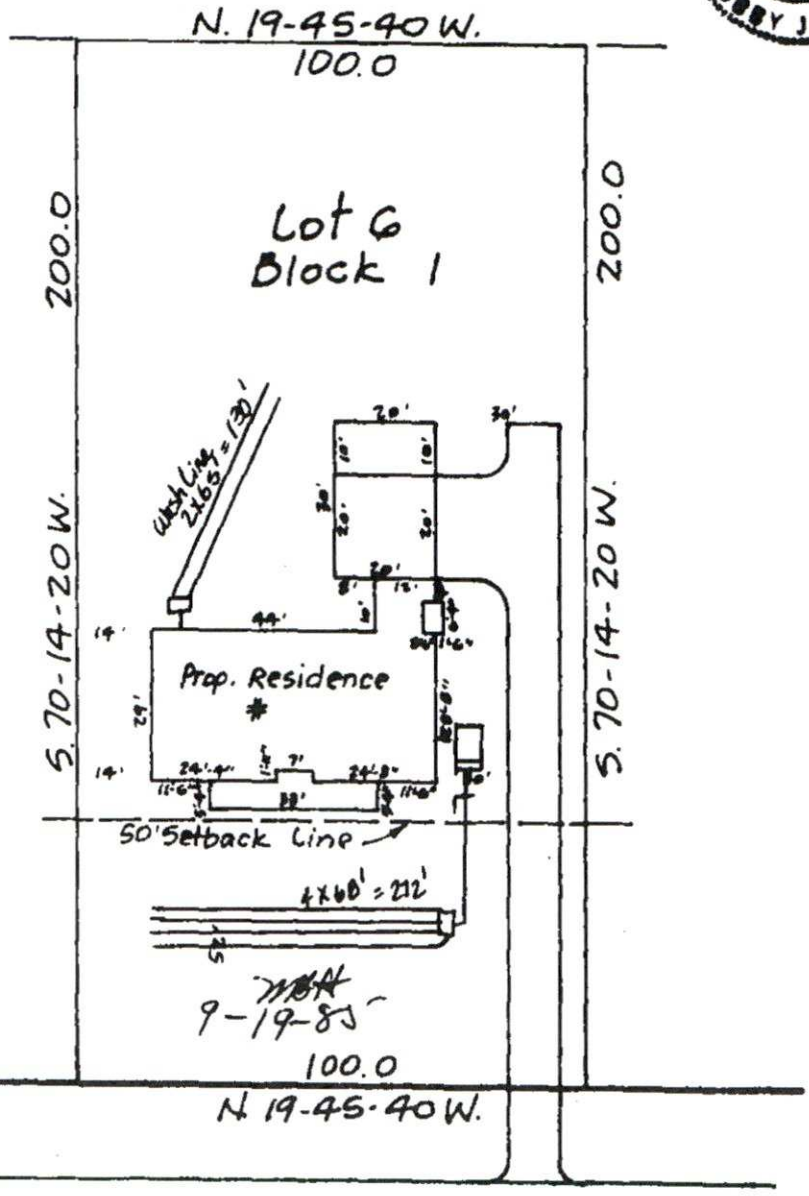
Date: 8-23-85

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

THIS IS TO CERTIFY THAT ON THE 23rd DAY OF August 19 85 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Bobby J. Raye
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED L.2108 LAND SURVEYOR BOBBY J. RAYE



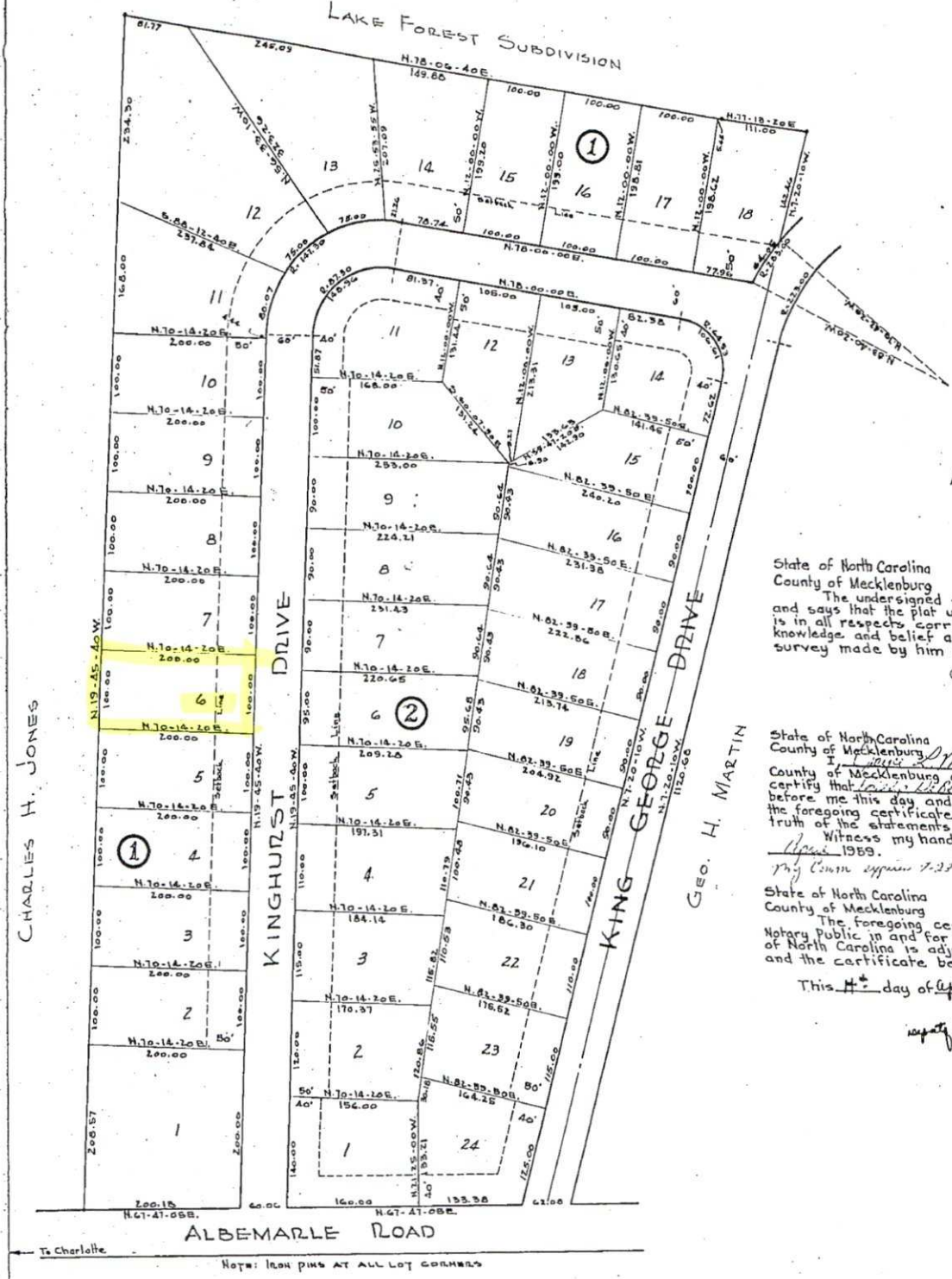
Call Cindy Bass

Plot Plan SURVEY
OF

Lot 6 Block 1 Kinghurst Park
Charlotte, Mecklenburg Co., N.C.

SCALE 1"=30'
THE PROPERTY OF

MAP RECORDED IN BOOK 6 AT PAGE 426 DEED RECORDED IN BOOK PAGE



MAP OF

KINGHURST PARK

PROPERTY OF

GEO. W. & BEAULA T. SMITH

CHARLOTTE, N.C.

October 4, 1957
Scale: 1" = 100'

Phillip DeBerry
Reg. Surveyor
Charlotte, N.C.

PHILLIP DEBERRY 1648 REGISTERED SURVEYOR State of North Carolina

State of North Carolina
County of Mecklenburg

The undersigned surveyor, being duly sworn, deposes and says that the plat upon which this certificate appears is in all respects correct according to the best of his knowledge and belief and was prepared from an actual survey made by him on the 4th day of October 1957

Phillip DeBerry
Registered Surveyor

State of North Carolina
County of Mecklenburg

I, Joyce F. Morris, a Notary Public in and for the County of Mecklenburg and State of North Carolina, do hereby certify that Phillip DeBerry, surveyor, personally appeared before me this day and acknowledged the due execution of the foregoing certificate and upon his oath swore to the truth of the statements set forth therein.

Witness my hand and notorial seal, this 11th day of April 1959.

My Comm expires 7-22-59

Joyce F. Morris
Notary Public

State of North Carolina
County of Mecklenburg

The foregoing certificate of Joyce F. Morris a Notary Public in and for the County of Mecklenburg and State of North Carolina is adjudged to be correct. Let the plat and the certificate be registered.

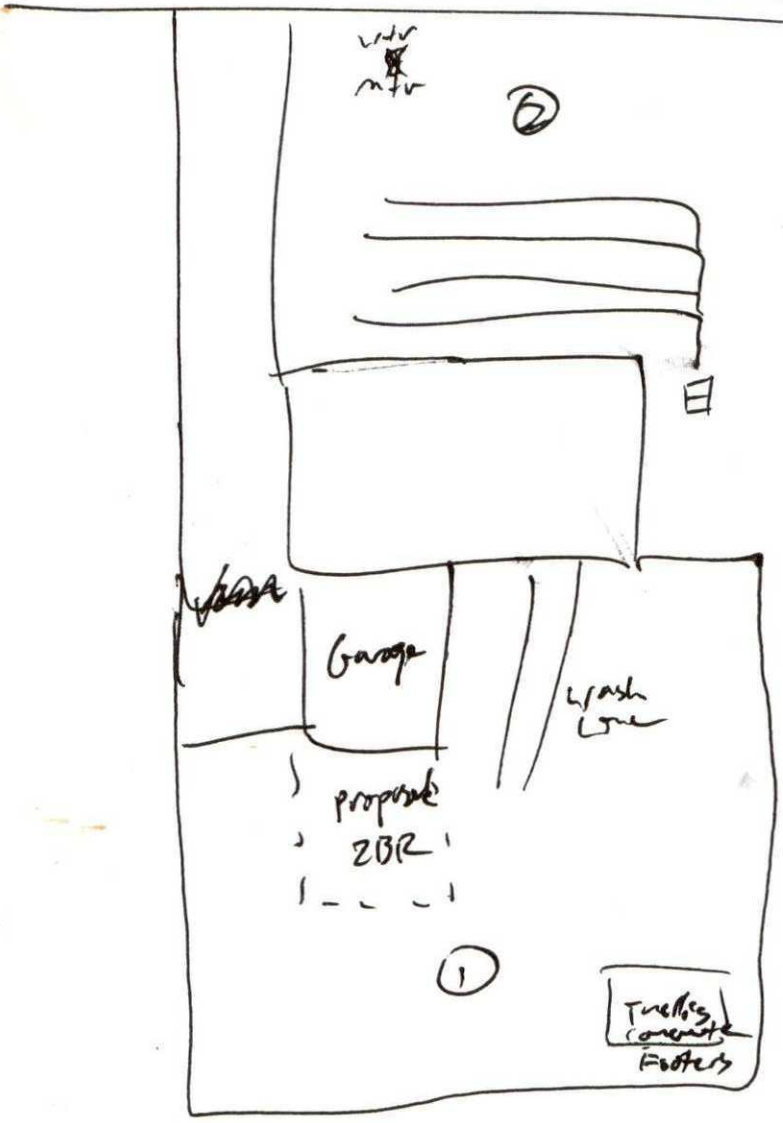
This 14th day of April 1959.

Jason C. Rowe
Deputy Clerk Superior Court for Mecklenburg County, N.C.

Filed Apr. 14 1959 at 1:55 P.M.
J. R. RENFROW, Register of Deeds

This property not located inside perimeter area
Phillip DeBerry, R.L.S.

1983 repair req?



3644 Kinghurst Dr.

1 20%

0.20 SICL

20.28+ C -exp

2 L 1%

0.48 Cm

4/14/26

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #:
COUNTY: Meck

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Moises Soriano + Doris Nuñez DATE EVALUATED: 4/14/26
ADDRESS: 5911 Kinghurst Dr.
PROPOSED FACILITY: ADU PROPOSED DESIGN FLOW (.0400): 240 PROPERTY SIZE: 0.5ac
LOCATION OF SITE: Same PROPERTY RECORDED: 1959
WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other WATER SUPPLY SETBACK: 10'
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	L 0%	0-20	Gr/SiCl	SSSPFr/SE	✓	✓	✓	✓	0.2	0"
		20-28+	BK/C	VSVPVFi/exp						
2	L 1%	0-46	BK/C	SPFi/SE	✓	48"+	✓	✓	0.3	0"
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)		
System Type(s)		
Site LTAR		
Maximum Trench Depth		

SITE CLASSIFICATION (.0509):
EVALUATED BY: Troy Kling
OTHER(S) PRESENT: + Anna Fortiz

Comments: Water line in front yard not marked.

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).

