1248A 16512 Williams Rd.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1248-A DATE: 5-4-87
TC: 001-341-02 ☐ L ☑ CRT
SERIAL № 10136

Name of Owner Earl Morris Juris.:
Address of Property 16512 Williams Rd.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 330'
Number of Lines 6 @ 55
Cover Depth 15"
Water Supply Source well
Distance to Water Source > 50'
Excavation Inspected 5-4-87
Tank(s) Inspected 5-4-87
Wash Line Inspected
High Water Alarm Inspected 5-4-87

PLOT

Design: 1987, 1500ST, 1000DT, PI, Con, 990SFB, 12G, Cecil CTR# 74

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: Installed as permitted

B. R. Ferguson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

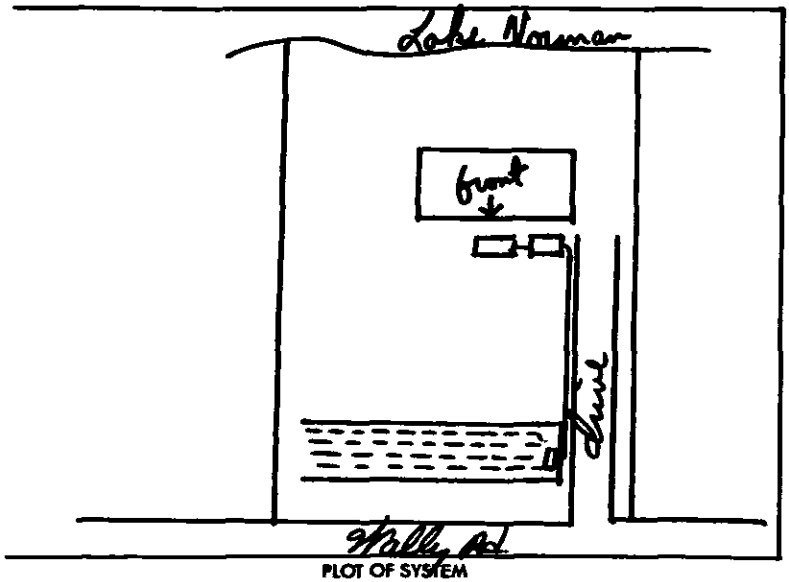
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1248 A DATE: 4-30-87

TC: 001-341-02 ☐ L

SERIAL № 10840

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 5-1-87. All work shall be completed on or before 5-15-87, 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 Department of Environmental Health 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 pre cast

Absorption and/or Nitrification Lines: Trench Width 15 18 inches

Total Line Length 300 feet

Number of Lines 6

Depth of Stone 12" inches

Distance from House 10'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

NAME OF OWNER Earl Morris

LOCATION OF PROPERTY 16512 Wally Rd

Comments: install in bed 15'x60' - maximum depth to be 20" - grade, site and divert storm drain from field install 90° elbow on pump line in 0 box directed downward.

Joshua R Adkisson
Division or Section Head

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.

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

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
MAR 28 '
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: 1248-A
TC: 001-341-02
SERIAL: № 10013
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 1651 2- Williams Rd. State Road 2155 (STREET NO. / STREET) — 001-341-02 ② FILE:
③ JURISDICTION: Mecklenburg Cnty ④ TAX PARCEL NO.: 001
⑤ SUBDIVISION: Brawley ⑥ LOT: 341 ⑦ BLOCK: 02

OWNER

⑧ NAME: Gary Rhyne (Rhyne) (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: Rt 2 Box 43
⑩ CITY: Davidson, ⑪ STATE: N C, ⑫ ZIP: 28036
⑬ PHONE: (WORK) ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☑ New permit For Residence
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? 4
㉓ Maximum occupancy? 6
㉔ Basement? ☐ yes ☑ no
㉕ Type?
㉖ Maximum number of employees?
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Jane Fillman
Date: 3/25/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 Environmental Health or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

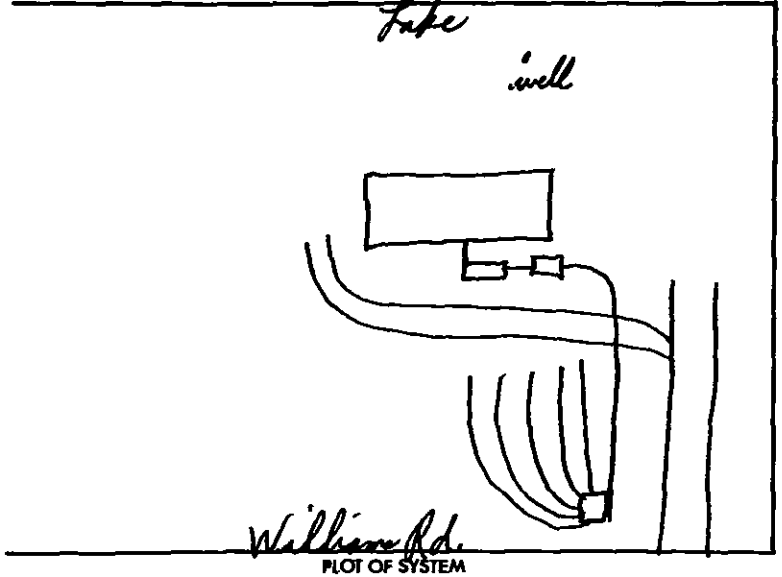
VOID

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

FILE: 1248-A DATE: 3-20-87
PO
TC: 001-341-00 pl

SERIAL № 10720

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 8-1-86. All work shall be completed on or before 4-20-87, 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 Department of Environmental Health 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 RCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400 feet
Number of Lines 5
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well > 50' feet

NAME OF OWNER Earl Morris
LOCATION OF PROPERTY 16512 Williams Rd.
Comments: 5 lines 3'X80'X12" stone

Divert storm drain water

S. L. Kinsey, R.S.
Division or Section Head

D. A. Ferguson
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.

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

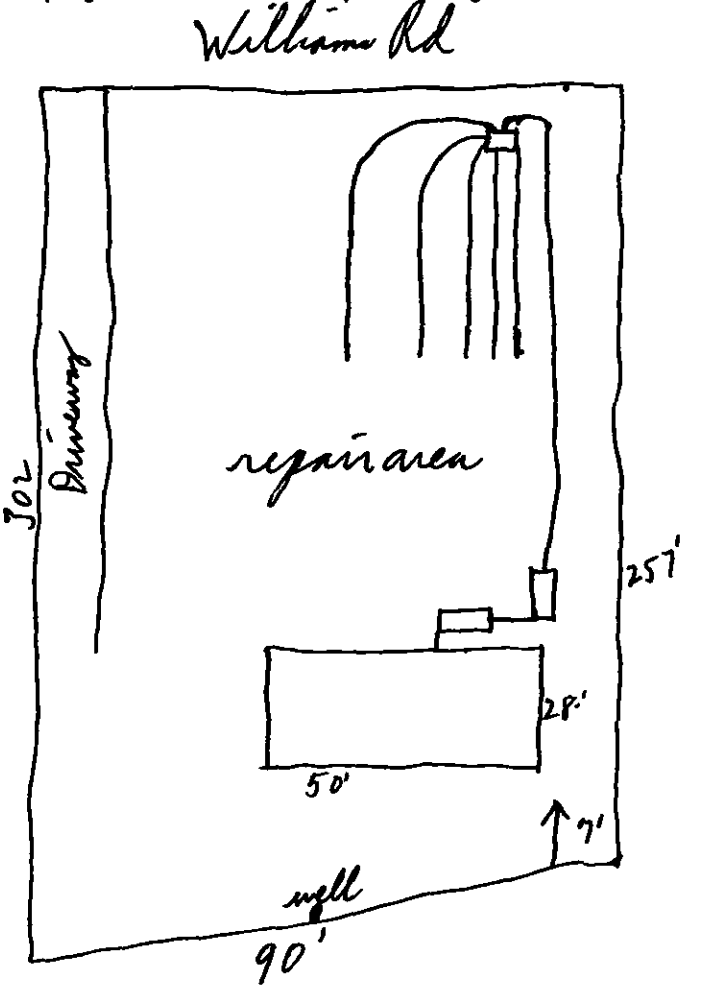
PROPOSED PLOT PLAN

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

FILE: 1248-A

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: Earl F Morris

Date: 8-13-86

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 1248A
TC: _____
SERIAL: № 11258
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 16512 (STREET NO.) Williams Rd. (STREET) ② FILE: _____
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 001-341-02-P/O
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Carl (FIRST) Franklin (MIDDLE) Morris (LAST)
⑨ MAILING ADDRESS: Rt. 1, Box 726
⑩ CITY: Harrisburg ⑪ STATE: NC ⑫ ZIP: 28075
⑬ PHONE: (WORK) 377-2500 (Norma Morris) ⑭ (HOME) 455-2508

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Autherization 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? 4
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Carl F Morris
Date: 8/1/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. Lift station may be required. Divert storm drain ditch away from property & septic field.

B. R. Ferguson (Environmentalist) 8-4-86 Date

J. D. Atkinson (Director or Authorized Section Head) 8/12/86 Date

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

need street address

DATE: 8/01/86

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 1248A JURISDICTION CODE Meck

PARCEL NUMBER 001-341-02 P/O

ASSIGNED ADDRESS 16512 Williams Rd

EXISTING ADDRESS

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☒	☐ *
2. FLOODWAY REGULATIONS	☒	☐ *
3. EROSION CONTROL REGULATIONS	☒	☐ *
4. COMMERCIAL DRAINAGE PLAN	☒	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☒
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☒
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☒

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS:

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED:

OPWEAR 02/86

MECKLENBURG COUNTY

Department of Environmental Health

July 31st, 1986

Edward Wayne Graham
Rt. 1, Box 267
Stanley, NC 28164

RE: Property located at 16512 Williams Road
FILE: 1248A
PARCEL: 00134102 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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 11307) deliniating the soil types and there respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

John R. Adkisson

John R. Adkisson
Environmental Health Supervisor

enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11307

File: 1248-A Action 4

Parcel: 001-341-02 PO ☐ PC

Location: Williams Road

Subdivision:

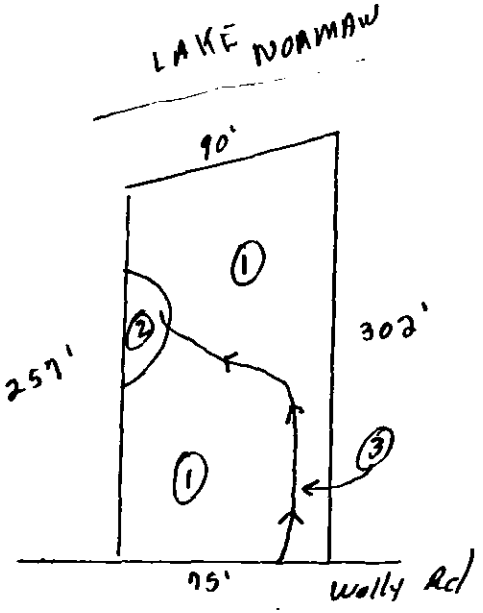
Lot: Block: Acres: .46

Owner: Edward Wayne Graham
Address: Rt. 1, Box 267
Stanley, N. C. 28164

Comments: Drainage ditch probably needs to be relocated

Described by: William B. Mackie

Date: 7-31-86



*** 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 2-8%	(S) PS U 2-6%	S PS U —	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U 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 >36" to water	S PS (U) Depression	S PS (U) Drainage Ditch	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S (PS) U 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 limited area	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	IVA Cecil-Lilla	IVA Cecil-Lilla (Deep)	Drainage Ditch			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

704 336-[illegible] ENGINEERING '96 05-[illegible] 001

DATE: 5/12/96

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

BND FIL: [illegible] JURISDICTION CODE Mech

PARCEL NUMBER [illegible]

ASSIGNED ADDRESS [illegible] Williams Rd.

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☑	☐ *
3. EROSION CONTROL REGULATIONS	☑	☐ *
4. COMMERCIAL DRAINAGE PLAN	☑	☐ *
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	**NO**
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☑
	YES	**NO**
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

OFFICE: [illegible]

PROPOSED PLOT PLAN

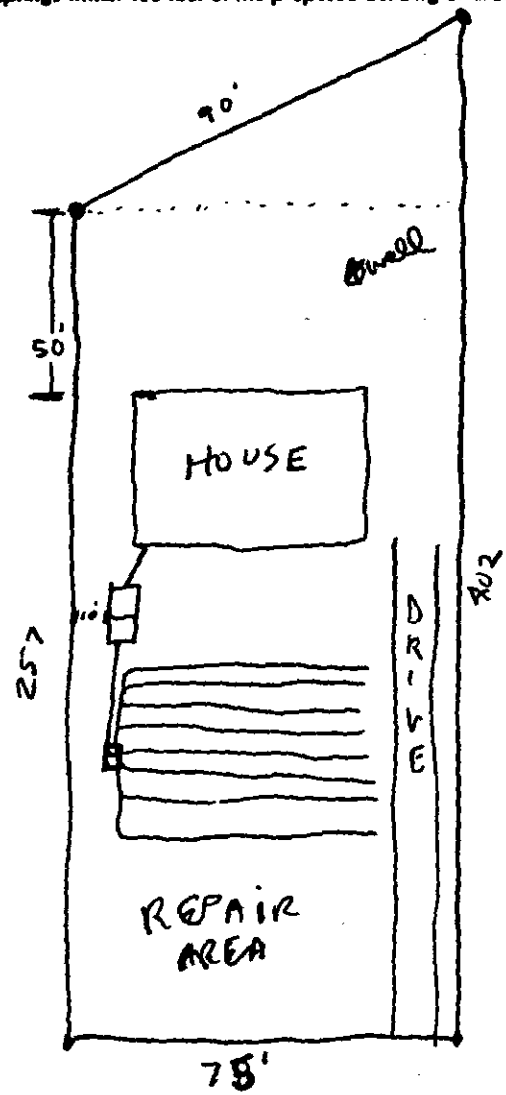
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 1248-A

TC: 001-341-02

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: Wayne Graham

Date: May 8, 1986

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 1248A
TC: 001-341-02PO
SERIAL: № 10592

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 16512 (STREET NO.) Williams Rd. (STREET) ② FILE: 1248A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-341-02PO

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: EDWARD (FIRST) WAYNE (MIDDLE) GRAHAM (LAST)

⑨ MAILING ADDRESS: [redacted] RT. #1 BOX 267 [redacted]

⑩ CITY: STANLEY ⑪ STATE: N.C. ⑫ ZIP: 28164

⑬ PHONE: (WORK) 525-5585 ⑭ (HOME) 827-9743

REQUEST

This request is for a(n):

⑮ ☒ New 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? _____ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Edward Wayne Graham

Date: 5/5/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Kelly Randall, 5-8-86
Environmentalist Date

Eric D. Henderson Jr., 5-9-86
Director or Authorized Section Head Date

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

MECKLENBURG COUNTY
Department of Environmental Health

December 31st, 1985

Garry Rhyne
Rt. 2, Box 43
Davidson, NC 28036

RE: Property located at 16512 Williams Road
FILE: 1248A
PARCEL: 00134102 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 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 10081) 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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10081

File: 1248-A Action: 1st

Parcel: PO 001-341-02 ☑ PC

Location: 16512 Williams Road

Subdivision:

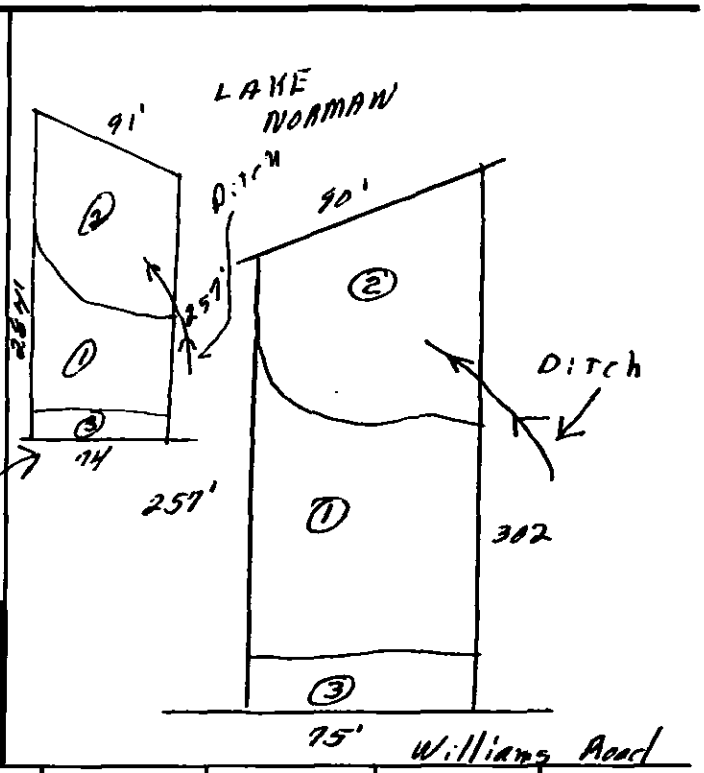
Lot: Block: Acres: .48

Owner: Garry Rhyne
Address: Rt. 2, Box 43
Davidson, N. C. 28036

Comments: System May Need Lift pump - Limited Area Sketch changed to reflect correct dimensions 9-31-06 WMM

Described by: William R. Martin

Date: 12-30-05



***** 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 2-8%	(S) PS U 2-8%	S PS (U) old Terraces	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U 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 >36" To water	S PS (U) Depression	S PS (U) May collect water	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U >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 See Note	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	IVA Cecil-Like	IVA Cecil-Like	old Terraces			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 1248A

TC: 001-34-0236 L

MECK C... DEPARTMENT OF RECEIVED ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 16512 Williams Rd

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

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

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

⑦ NAME: Garry (FIRST) (MIDDLE) Rhyne (LAST)

⑧ MAILING ADDRESS: Rt 2 Box 43

⑨ CITY: Davidson ⑩ STATE: N.C. ⑪ ZIP: 28036

⑫ PHONE: (WORK) 892-6556 (HOME) 875-9877

⑬ Accurately diagram and dimension lot.

See attached

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: _____

Date: 12-3-85

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

DA 11/8/85

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
DEPARTMENT PERMIT ISSUING SECTION

FROM: COUNTY ENGINEERING DEPARTMENT

JURISIDICTION Mecl

001-341-02 (po)
PARCEL NUMBER

16512 Williams Rd.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐
2. FLOODWAY REGULATIONS	☐	☐
3. EROSION CONTROL REGULATIONS	☐	☐
4. COMMERCIAL DRAINAGE PLAN	☐	☐
	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ YES	☐ NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ YES	☐ NO
7. DRIVEWAY PERMIT REQUIRED	☐	☐

REMARKS: _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

14-05-84
ALL OTHER FORMS OBSOLETE

SIGNED: BL