Date Received 5-24-82

SIR No. 18743

T. C. No. 199-401-11

Map Date 6/30/81

Call before you go & he will meet you.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Risser (LAST) James (FIRST) Arthur (MIDDLE)

2) ADDRESS OF OWNER 201 Cherokee, Charlotte ZIP 28207

3) PHONE NO. Home 375-3608 Office 588-4750

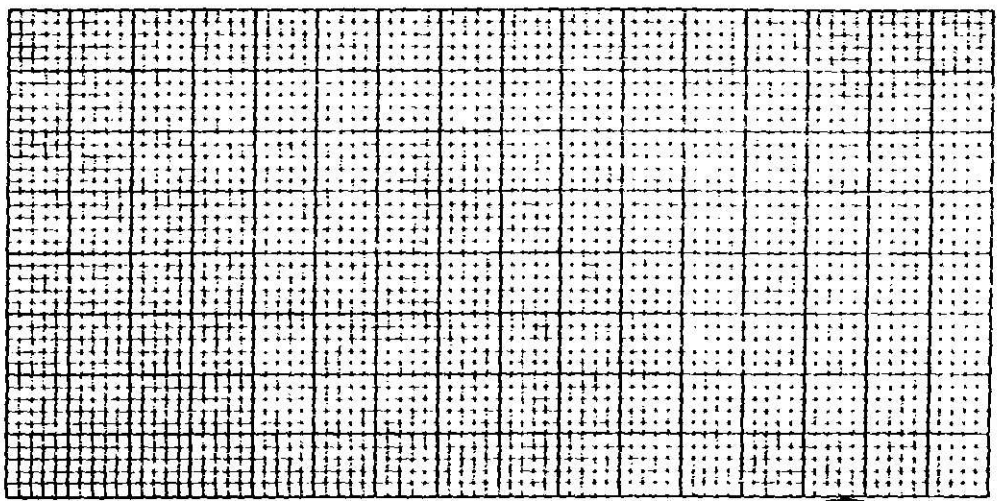
4) LOCATION OF PROPERTY 7233 Teeling Court (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 30 BLOCK NO. Sec 38

MAP BOOK NO. _____ PAGE NO. 40

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

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

James A Risser mgr
OWNER

EHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. NO. 18743
T.C. NO. 109-401-11

(Ground Absorption Sewage Disposal)

OWNER: James A. Foster
ADDRESS: 201 Cherokee Ct.
COUNTY: Charlotte, N.C.
LOCATION OF SITE: 7233 Feeling Ct.

DATE REQUESTED:
PLAT NO: Lot 30 Sec 1 3P
LOT SIZE: 65,340

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	(S) PS U 10-20%	S PS (U) >30%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) U clay	S (PS) U clay	S (PS) U clay	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U
4. SOIL DEPTH (inches)	(S) PS U 40"	S (PS) U 24-36"	S PS (U) 24-36"	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) PS U None	(S) PS U None	(S) PS U None	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U 76" To ground water	(S) PS U 76" To ground water	(S) PS U 76" To ground water	S PS U
7. SOIL PERMEABILITY (Percolation rate)	S (PS) U moderate	S (PS) U moderate	S (PS) U moderate	S PS U
8. OTHER (Specify)	S PS (U) restricted Area	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil	Pacolet	Pacolet-steep	

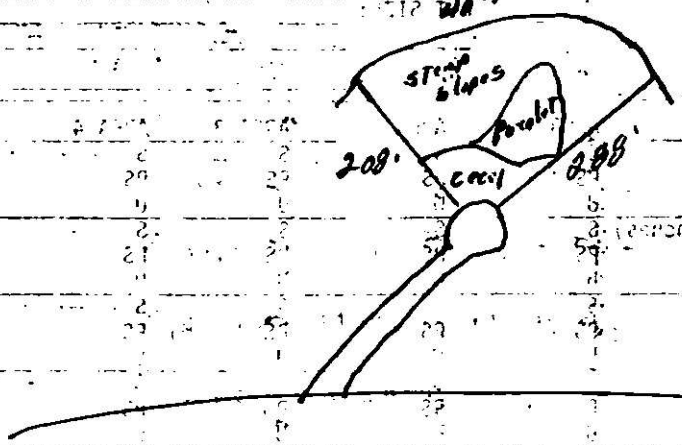
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described By: William B. Martin
Title: Soil Scientist
Date: 6-1-82

DHS Form 2601
Sanitation
EHD 539 (3/82)


NEW 41'E
208'
288'
new mill

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

S.I.R. # 18743

T.C. # 199-401-11

DATE 6-2-82

NAME OF OWNER Risser, James Arthur

ADDRESS OF OWNER 201 Cherokee Pl., Charlotte, NC 28207

LOCATION OF LOT 7233 Teeling Court, Lot 30, Sec. 38

As determined under the Rules and Regulations promulgated by the Commission for Health Services, Division of Health Services, North Carolina Department of Human Resources, Raleigh, North Carolina, the soils on the lot described above were found to be unsuitable for the installation of an individual septic tank - soil absorption system, due to the following reason:

Limited area of provisionally suitable soils.
Please submit plot plans of proposed residence,
septic tank system, and well location.

Mike Sexton

Michael A. Sexton, Environmentalist
On Premises Waste Disposal Section

...nburg County

Department Of Building Standards
And Code Enforcement

P. O. Box 16040

Charlotte, North Carolina 28216

To: ENVIRONMENTAL HEALTH DEPARTMENT
BLYTH BLVD.
MECKLENBURG COUNTY
CHARLOTTE, N.C.

Reference: MOBILE HOME PLACEMENT

Dear MR. SEXTON,

The parcel of land located at 7233 TEELIND CT.
and further identified by tax parcel number 199-401-11
is zoned RR (Resort Residential) (Zone Page 159)

Permitted uses in this district include: Mobile Homes on Individual Lots

If this office can be of further assistance, please contact us..

Very truly yours,

Benson #602
Zoning Inspector

SEE INSTRUCTIONS ON BACK

Date Received 5-24-82

ICAR(S) Application No. 18743

T. C. No. 199-401-11

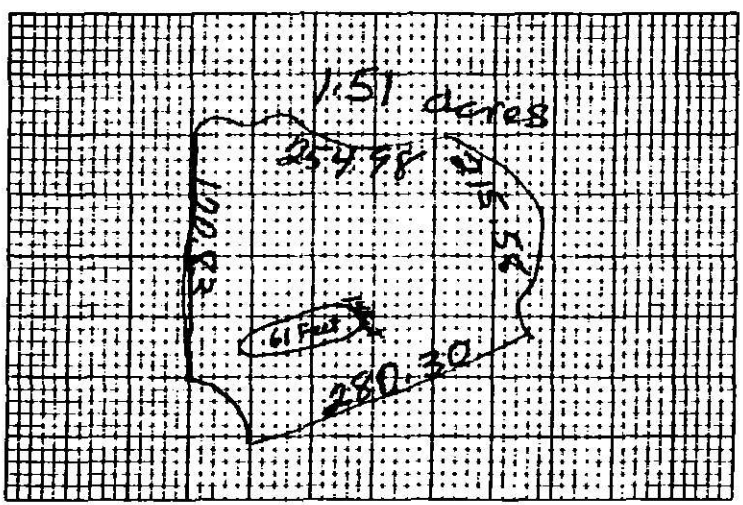
Map Date 6/30/81

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) X Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home X Yes ___ No
Residence ___ Yes ___ No

4) No. of Bedrooms 2
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply:
A) Individual Well X
B) Governmental System ___
C) Community System:
1. Well source ___
2. Governmental source ___
10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Risser (LAST) James (FIRST) Arthur (MIDDLE)

14) ADDRESS OF OWNER 201 Cherokee Road Charlotte 28207

15) PHONE NO. Home 375-3608 Office 588-4750

16) LOCATION OF SYSTEM 7233 Tellina Court (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 30 Block No. Sec 38

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5/24/82
DATE OF APPLICATION

James A. Risser
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-24-82

ICAR(S) Application No. 18743

T. C. No. 199-401-11

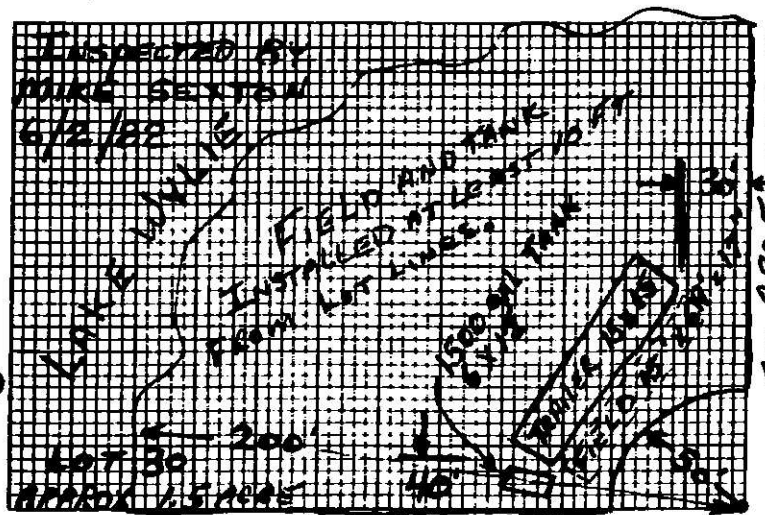
Map Date 6/30/81

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.


Inspected by Mike Sexton 6/2/82
Lake Wylie
Installed 1500 gal tank
Install 1000 gal tank
Install 1000 gal tank
Install 1000

Serial No. 5703

LA No. 18743

Date Issued 6-3-82

T. C. No. 199-401-11

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Risser, (LAST) James (FIRST) Arthur (MIDDLE)

ADDRESS OF OWNER 201 Cherokee Rd., Charlotte, NC ZIP 28207

LOCATION OF LOT 7233 Teeling Court (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 30 Section BLOCK NO. 38

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 _____. 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, altred, 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.

Environmentalist

Mike Sexton
Environmental Health Director, or Authorized Section Head

EHD-S-74

Environmental Health Department's Copy

BE 6-28-82

C of A (s) No. 18743

Date Issued 6-29-82 **Serial** 5191 T. C. No. 199-401-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Risser (LAST), James (FIRST) Arthur (MIDDLE)

Location of Property 7233 Teeling Court

Application Number 18743 Permit Number 18743

Inspection Data:

Liquid Capacity of Tank 1500 gallons Tank Material p/c concrete

Total Length of Drain Tile 345' Number of Lines 5

Depth of Filter Material 17" Cover Depth 30" - 5'

Water Supply Source well Distance from Water Source >50' (not in yet)

Excavation Inspected 6-28-82 (DATE) Tank Inspected 6-28-82 (DATE)

Nitrification Field Inspected 6-29-82 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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: _____

Mita Sexton
Environmentalist

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

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

(OFFICE USE ONLY)
FILE: 18743
TC: 199-401-11
SERIAL: № 13225

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 17 1987
ENVIRONMENTAL HEALTH

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 7233 (STREET NO.) High Point Ct (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

OWNER

⑧ NAME: Malcolm (FIRST) Irving (MIDDLE) Heywood (LAST)

⑨ MAILING ADDRESS: 6607 Long Pond Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28210

⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) Relocation of mobile Home

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? Two ㉕ Type? _____

㉓ Maximum occupancy? Three 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 — Mobile Home Relocation W/ Lot - System Pumped ejection type

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: Malcolm Heywood

Date: 4/17/87

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.

2. This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system

Environmentalist — Date 5/4/87

Director or Authorized Section Head — Date 5-5-87

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

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: 18743
TC: 199-401-11
SERIAL: № 18187
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 7233 High Point Ct (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Malcolm (FIRST) Irving (MIDDLE) Heyworth (LAST)
⑨ MAILING ADDRESS: 6607 Long Meadow Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28210
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) Relocation of Mobile Home

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? TWO
㉓ Maximum occupancy? THREE
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Malcolm Irving Heyworth

Date: 4/18/89

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: 4/18/89

Name: Malcolm D. Heyworth

Service: Imp - MH exchange
#18743

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 18 1989

Fee: $ 20 —

Collected by:

Mecklenburg County
Health Department

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

APRIL 21, 1989

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $20.00

ORG/ACCOUNT # 462-3511

PAYABLE: MALCOLM I. HEYWORTH
6607 LONG MEADOW ROAD
CHARLOTTE, NORTH CAROLINA 28210

DATE OF ORIGINAL DEPOSIT: 04/18/89

REASON: MOBILE HOME EXCHANGE WAS DENIED BY THE MECKLENBURG COUNTY ZONING DEPARTMENT.

/Enclosures

Mecklenburg County
Health Department

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

April 21, 1989

MEMORANDUM

TO: Lorraine Whitaker

FROM: Sylvia D. Daniel, R.S., Program Chief
On Premises Waste Disposal & Water Supply

Please issue a refund in the amount of $20.00 to the following:

Malcolm Irving Heyworth
6607 Long Meadow Road
Charlotte, NC 28210

This fee was paid for the relocation of a mobile home on April 18, 1989. The Mecklenburg County Zoning Department denied the placement of this mobile home.

Thank you in advance for your prompt attention to this matter.

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: 18743
TC: 199-401-11
SERIAL: № 18889
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 7233 High Point ct (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Malcolm (FIRST) Irving (MIDDLE) Heyworth (LAST)
⑨ MAILING ADDRESS: 6607 Long Meadow Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28210
⑬ PHONE: (WORK) 523-2696 ⑭ (HOME) 552 1315

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? Two
㉓ Maximum occupancy? Three
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Malcolm Heyworth
Date: July 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.

Existing System

Environmentalist — Date 8/2/89

Director or Authorized Section Head — Date 8-2-89

*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: 7/24/89

NAME/COMPANY: [illegible]

Sanitation ____

Vector Control ____

OPWD ✓

SERVICE: [illegible] 18743

[illegible]
HEALTH DIRECTOR
ENVIRONMENTAL HEALTH DIVISION

PAID

JUL 26 1989

FEE: 25.00

Ck # 6461 $25.00

Completed By

Collected By