Date Received 8-10-84

RECEIVED
AUG 9 1984
ENVIRONMENTAL HEALTH

SIR No. 21290
T. C. No. 105-031-10
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Perrette (LAST) Alice (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER 9: TARKMORE AVE Concord N.C. ZIP 28025

3) PHONE NO. Home 788-1845 Office 393-4467

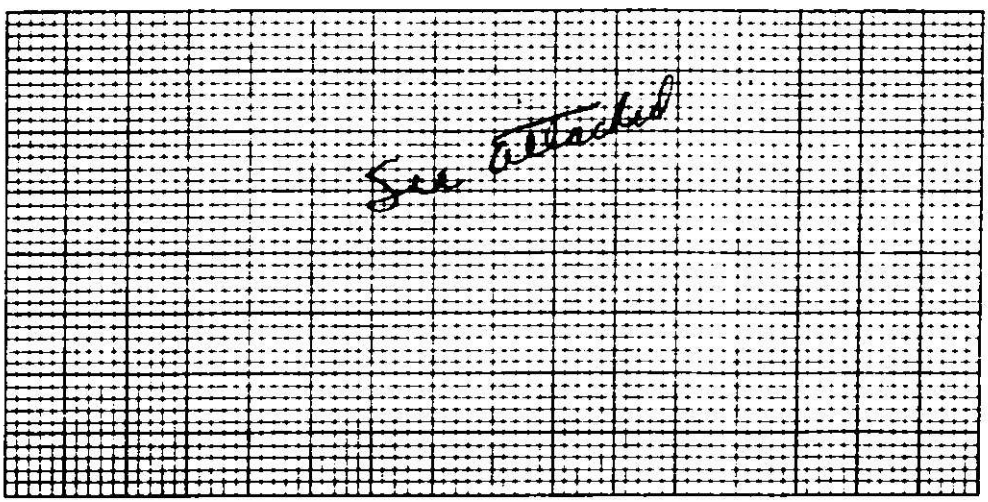
4) LOCATION OF PROPERTY McLean Road tax # 105-031-10 (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ (See attached map "2nd")

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

Alice A. Perrette
OWNER

EHD-S-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21290

T.C. NO. 105-0010

(Ground Absorption Sewage Disposal)

OWNER: Alice A. Brevitte
ADDRESS: 91 Tanyard Lane Concord, N.C.
PLAT NO:
LOT SIZE: 2 Acres
LOCATION OF SITE: Mt. Ivan Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2 10%	(S) PS U 9 10%	S PS U	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	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36 39"	S PS U 24-30"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U 36"	S PS U 36"	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U 36" ground water	S (PS) U 36 to ground water	S PS U	S PS U
7. OTHER (Specify)	S PS U Soil Note	S PS U	S PS U	S PS U
8. SOIL GROUP	IV A	IV B		
9. SITE CLASSIFICATION	Provisionally Suitable 36" Table	Unsuitable		
10. SOIL SERIES	Cecil Clay Loam	Enon Clay Loam		

S - Suitable PS - Provisionally Suitable U - Unsuitable

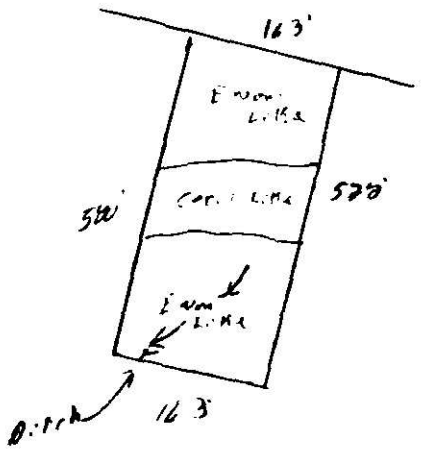
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Recommend plans be submitted for lot based on system location

Described by: William G. Marlow
Title: Soil Scientist

Date: 2-22-84

R1


163'
McLean Rd
500'
528'
163'

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

SIR. NO. 21290
T.C. NO. 105-031-10
DATE: 9-21-84

Alice A. Prwette
91 Tarrymore Lane
Concord, NC 28025

RE: Property located at McLean Road

Dear Ms. Prwette:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. 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 plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

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

Sincerely,

Bill D. Hardister Jr.
By W. B. Ramsey
Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-15-91

Name/Company: Jack & Laraine K. Bigham

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: S/T.
Mc Leon Rd
2 Ac.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 15 19[illegible]

21290

Fee: $ 50.00

NOTICE:

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

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 21290

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: McLEAN Rd.

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: 105-031-10

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

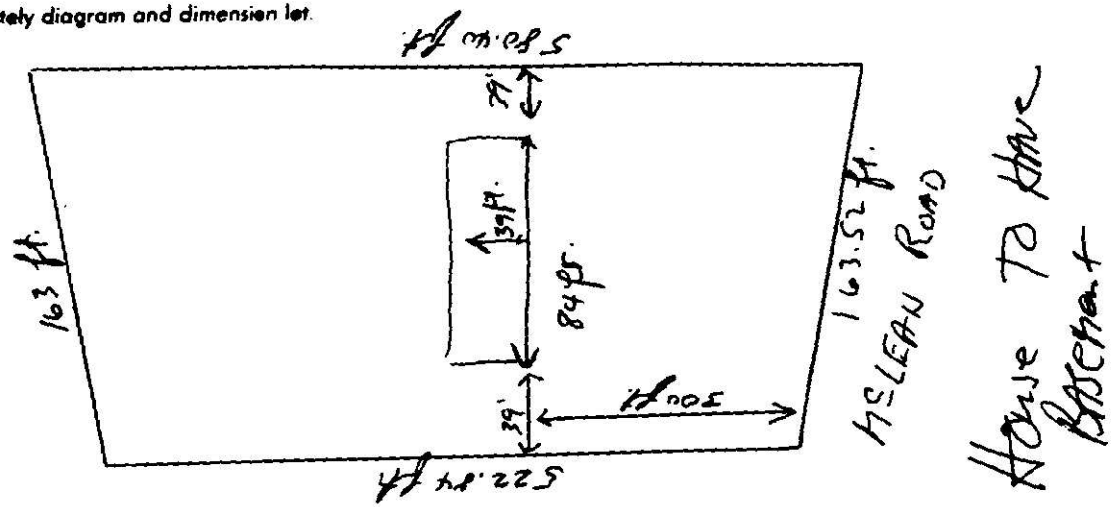
⑦ NAME: Dick S. BIGHAM Jr.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1821 BIRCHCREST DR.

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28205

⑫ PHONE: (WORK) 1800 528 8482 x 722 (HOME) 537-4446

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: Dick S Bigham

Date: 3-15-90

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

COUNTY HEALTH DEPARTMENT
EVALUATION REPORT
SERIAL NUMBER 17676

File: 21290 Action A

Parcel: 105-031-10 PC

Location: McLean Road

Subdivision:

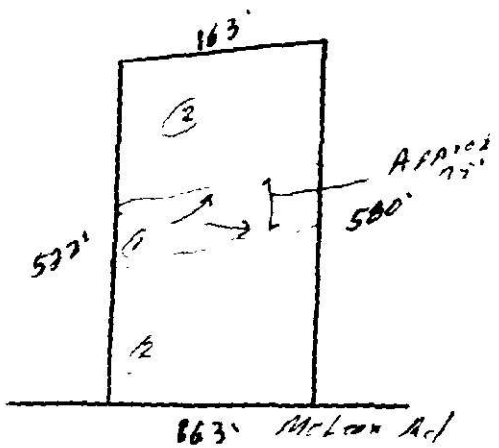
Lot: Block: Acres: 2.0

Owner: Dick Bigham Jr.
Address: 1821 Birchcrest Drive
Charlote, NC 28205

Comments: Proposed house site is almost in the middle of the acceptable soils area

Described by: William F. Mauk

Date: 3-21-90



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-10%	(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) 2-1 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 7-36" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS (U) 24-30"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	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 Cecil-1.Ms	Enon-1.Ms Expansive Clay				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

March 22, 1990

Dick S. Bigham
1821 Birchcrest Dr.
Charlotte, NC 28215

RE: Property located at McLean Rd.
FILE: 21290
PARCEL: 105-031-10

Dear Mr. Bigham:

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 17676) is enclosed for your information.

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

Very truly yours,

Gene [illegible], R.S., Supervisor
On Premise Waste Disposal & Water Supply

Enclosure

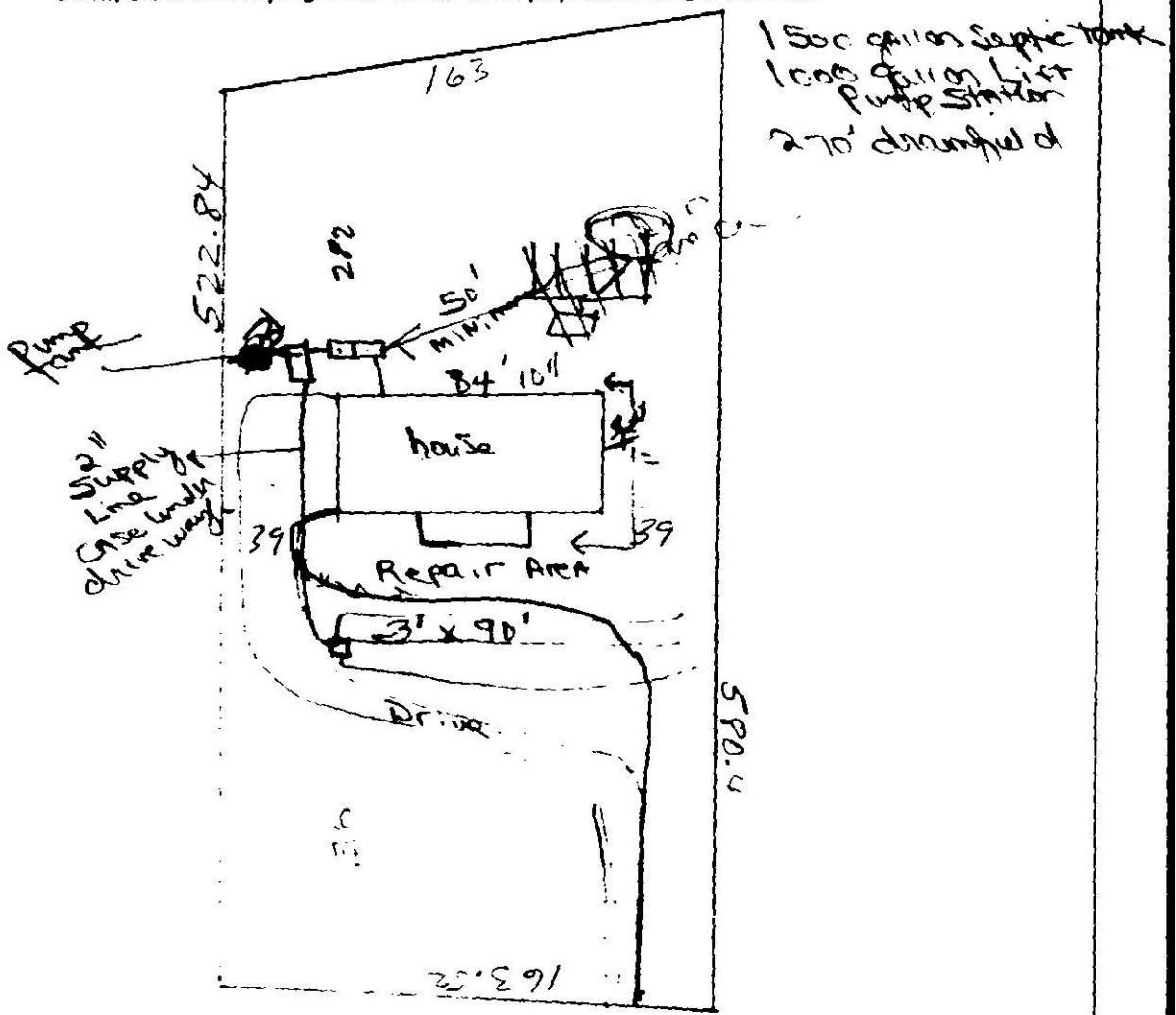
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 2129C

TC: 105-031-10

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.



APPROVAL DATE 5/2/90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-17-90

Name/Company: Dick Basham, JR

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Appl L & Irrigation Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 17 1990

FG 21290

Ck # 1441

Fee: $ 200.00 PD 200.00

NOTICE:

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

Completed by _____ Collected by _____

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 21290
TC: 105-021-10
SERIAL: № 20105 ☐ I ☒ CRT

JOB LOCATION

① ADDRESS: 2408 (STREET NO) McLEAN Rd. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Dick (FIRST) S (MIDDLE) Bightman Jr. (LAST)
⑨ MAILING ADDRESS: 1821 Breckcast Dr.
⑩ CITY: Charlotte ⑪ STATE NC ⑫ ZIP: 28205
⑬ PHONE (WORK) 704 537-4446 ⑭ HOME 704 537 8488

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? 2 ㉓ Type?
㉓ Maximum occupancy? 2 ㉖ Maximum number of employees?
㉔ Basement? ☒ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Dick Bightman Jr.
Date: 4-17-96

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 5-3-96

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