

10524 SALT BOX CT

22327123

7/28/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15755 DATE: 4-8-98

TC: 223-271-23 ☑ L ☐ CRT

SERIAL Nº 17486

Name of Owner MARK REEHER Juris.: _____

Address of Property 10524 SALT BOX CT

Inspection Data:

Tank Material EXISTING/REPAIR

Total Length of Drainfield 32'

Number of Lines _____ @ _____

Cover Depth 18" SOIL

Water Supply Source MUNICIPAL

Distance to Water Source ≥100'

Excavation Inspected 4-8-98

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

SEE PERMIT

PLOT

Design REPAIR / 1 BED 12' WIDE, 32' LONG, 18" STONE. CTR# STEVE BUTT

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: REMOVE (1) REPLACES WASH LINE, 12' WIDE 32' LONG, 18" STONE

J. Andrew Wells RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

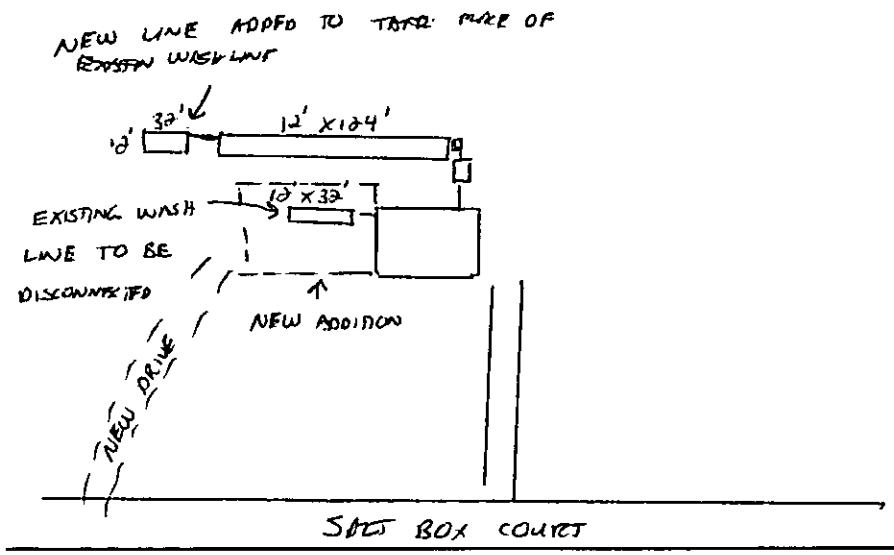
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15755 DATE: 4-6-78

TC: 223-271-25 L

SERIAL Nº 17676

Permission is hereby given to _____ Install or Construct, X 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 3-20-78. All work shall be completed on or before 5-5-78, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 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 EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Trench Walls Scored and Porous YES

Total Line Length 32' feet

Number of Lines 1

Depth of Stone 17" inches

Distance from House 210' feet

Distance from Property Line 10' feet

Distance from Well 200' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER MARK REEHER

LOCATION OF PROPERTY 10524 SALT BOX COURT

Comments: (1) INSTALL A BED 12' WIDE, 32' LONG, WITH 17" OF STONE TO BE FEED WITH 1 PIPE OVERFLOWING FROM EXISTING SEPTIC TANK SYSTEM. (2) EXISTING WASH LINE 12' x 32' TO BE DISCONNECTED AND ATTACHED BY PLUMBING INTO WASTE LINE UNDER HOUSE.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 200.00 CK# 136
DATE: 3/20/97 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM _✓_ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 15755

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 223-271-23

STREET ADDRESS: 10524 Salt Box Ct

SUBDIVISION OR MOBILE HOME PARK NAME: Built 1981

LOT NUMBER: 21

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
_✓_ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

_✓_ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE: Brick

___ WITHOUT BASEMENT
___ ON SLAB
_✓_ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE: _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
Enlarge Master Bed/Bath + Convert Existing M Bed to Bath + Family Rm

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES _✓_ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

_✓_ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	_✓_ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: Mark Reeder

NAME: (LAST) Reeder (FIRST) Mark (MI) R

ADDRESS: 10524 Salt Box Ct

CITY: Char STATE: NC ZIP: 28277

DAYTIME PHONE: ( ) 704 - 542-3024

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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: Mark Reeder DATE: 3/20/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

DW

PROPOSED PLOT PLAN

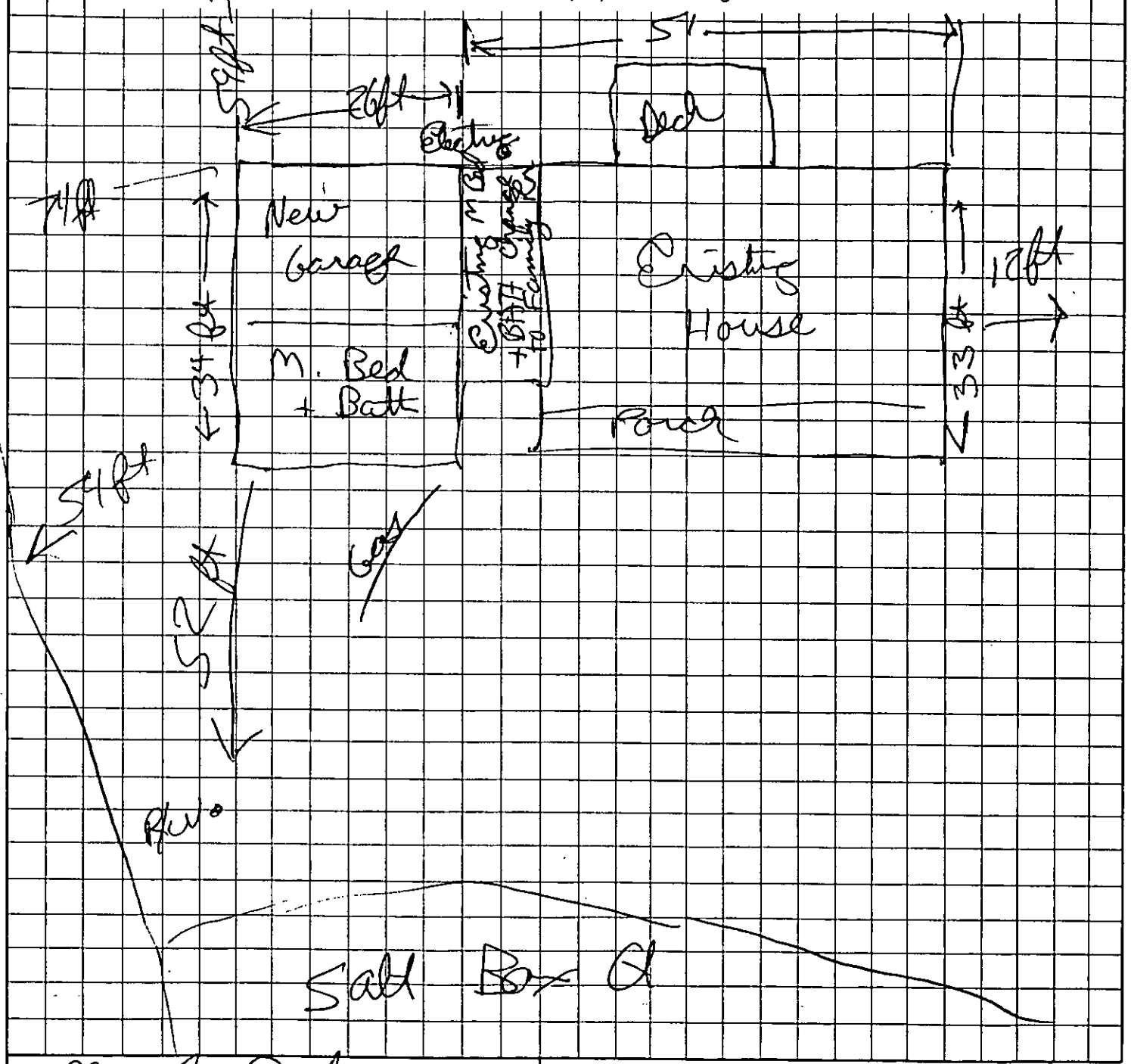
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15755

TC: 223-27/-23

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.



Mark Rooker
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 chk # 2615 7/31/96 gc

[] CRT

15755

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Reeher (last) Mark (first) R (mi)
ADDRESS: 1153 Hidden Bend PHONE: (803) 222-1622
CITY: Lake Wylie STATE: SC ZIPCODE: 29710

Date: 223-27+23

PROPERTY OWNER:
NAME: Mare Davis (last) / CO Remax Realty (first) Roger Barney (mi)
ADDRESS: 10524 Salt Box PHONE: (704) 543-6680
CITY: ~~Cott~~ Charlotte STATE: NC ZIPCODE: 28277

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 223 271 23
STREET ADDRESS: 10524 Salt Box Ct.
Charlotte NC
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Fam. Room Increase

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [X] Bedrooms [] Other

The undersigned, owner, or legal agent for the 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: X Mark Reeher Date: X 7/31/96

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...6.2.96 Addition case not possible with the current septic location. Advised prospective buyer that installation of an alternative system could free up needed space for this type addition.

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

COPY

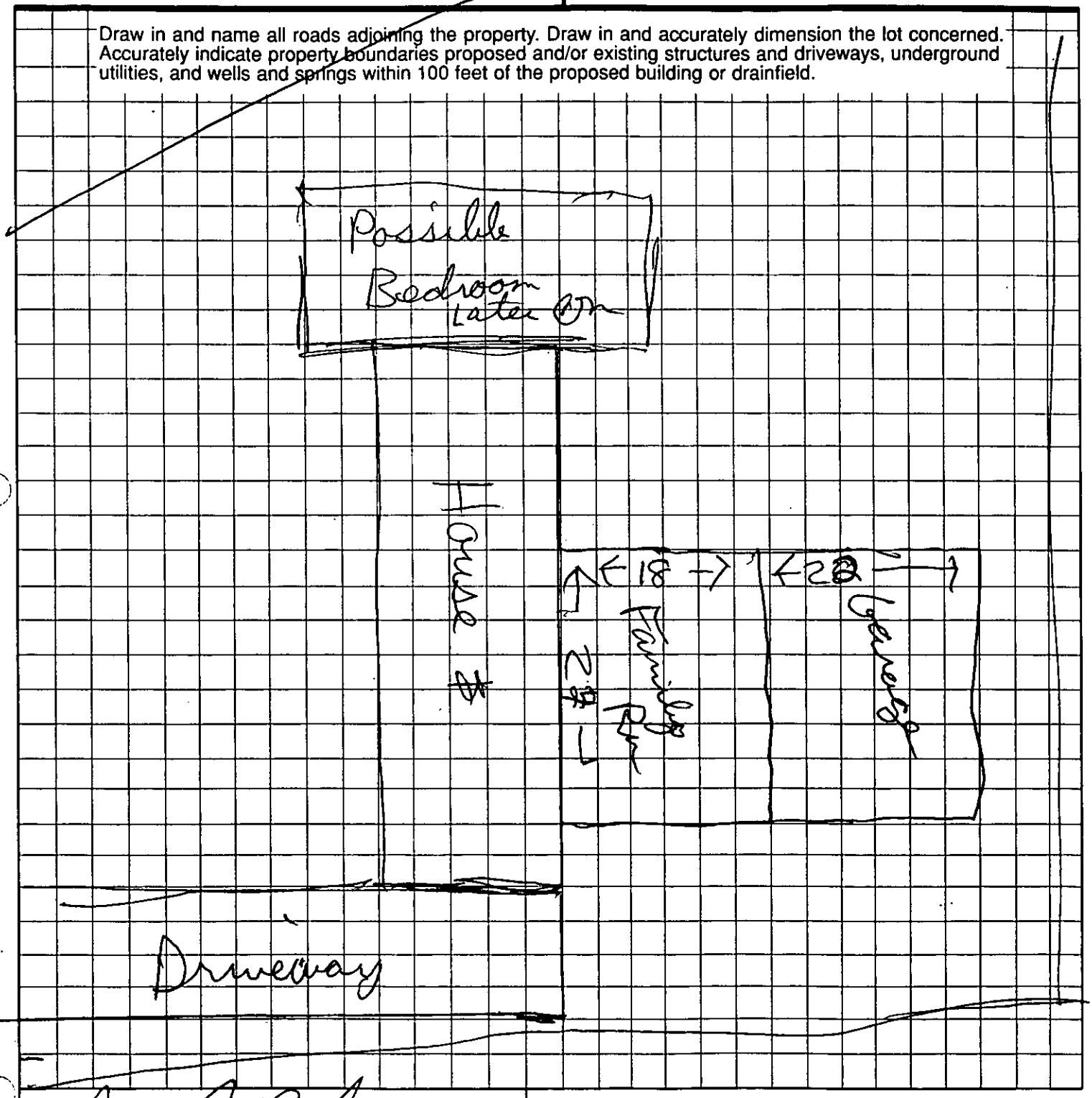
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15755

TC: 223-27/23

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.



Mark A Reeder
OWNER/AGENT SIGNATURE

DATE 7/3/96

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy



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Date Issued 5-6-81

Serial No. 4919

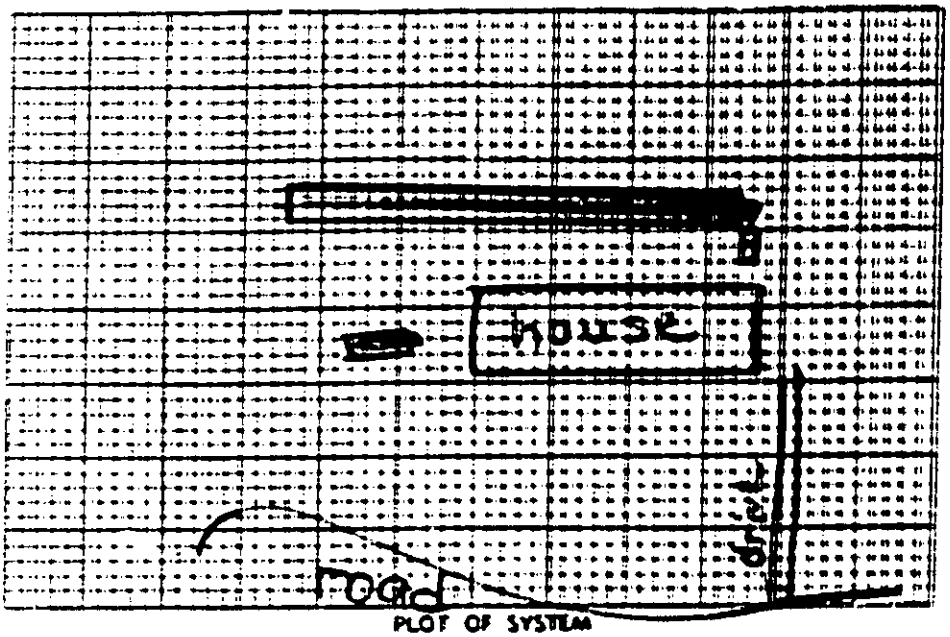
(CAMA) Permit No. [illegible]

T. C. Initials [illegible]

Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTRUCTION, 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 waste water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied on application dated 1-23-81 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 5-6-81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PC

Liquid Capacity of Tank 500 gallons

Tank Construction precast concrete

Absorption and/or Irrigation Area

Total Line Length 495' + 135'

Number of Lines 4 + 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Smith Allen Company Inc.

LOCATION OF PROPERTY 10524 Salt Box Court

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.

12' wide • 124' long • 17" of stone

Comments: 12' wide • 32' long • 17" of stone for current

Mike Sexton
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

Form 3-80

Environmental Health Department's Copy

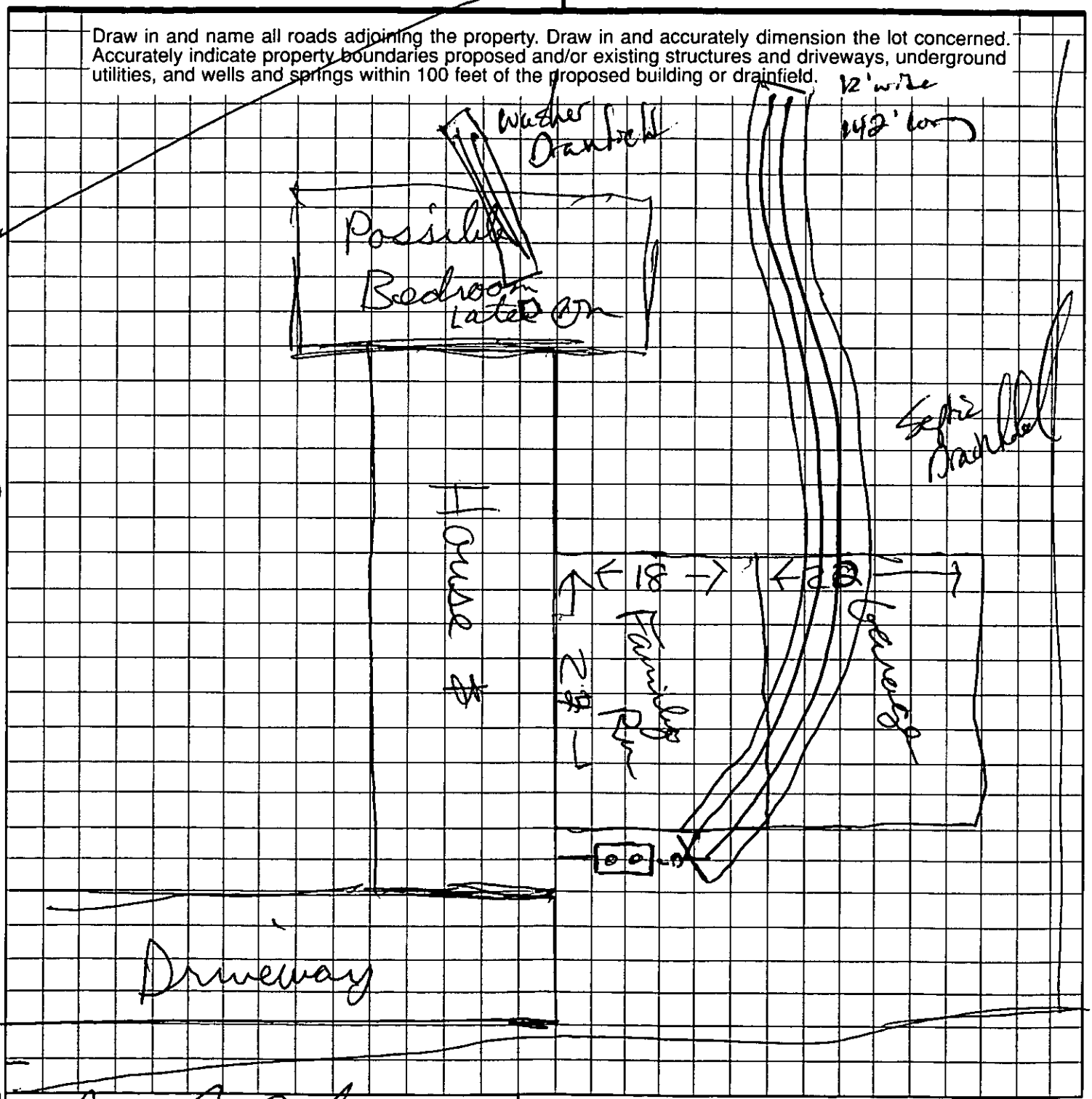
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15755

TC: 223-27/-23

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.



OWNER/AGENT SIGNATURE Mark Reeter

DATE 7/31/96

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

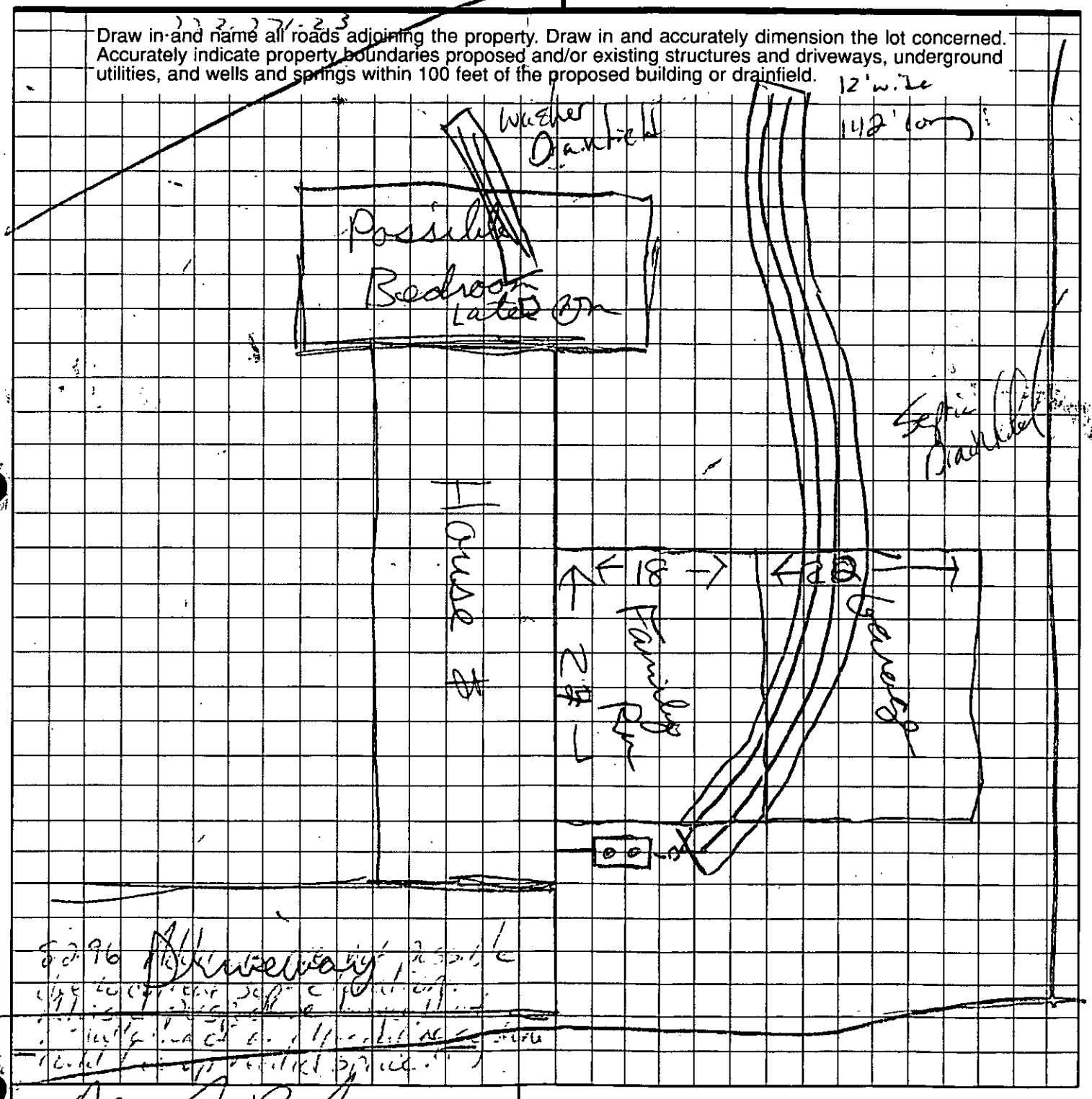
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15755

TC: 223-27/-23

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Mark Reeder
OWNER/AGENT SIGNATURE

DATE 7/31/96

APPROVAL DATE _____

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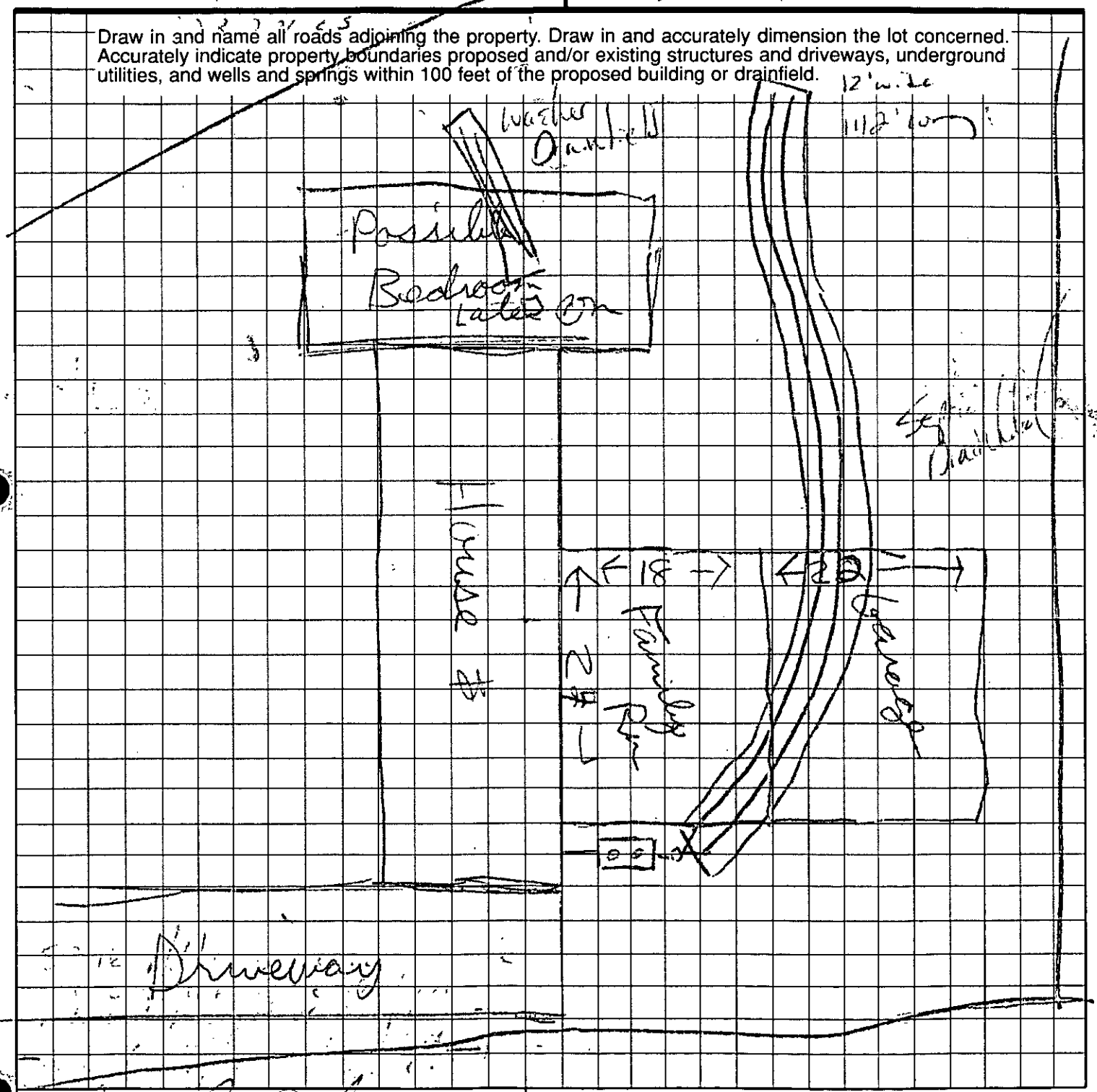
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15755

TC: 223-27-23

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.



OWNER/AGENT SIGNATURE Mark A Reeder

DATE 7/31/96

APPROVAL DATE _____

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Date Issued 8-6-81

Serial No. 4919

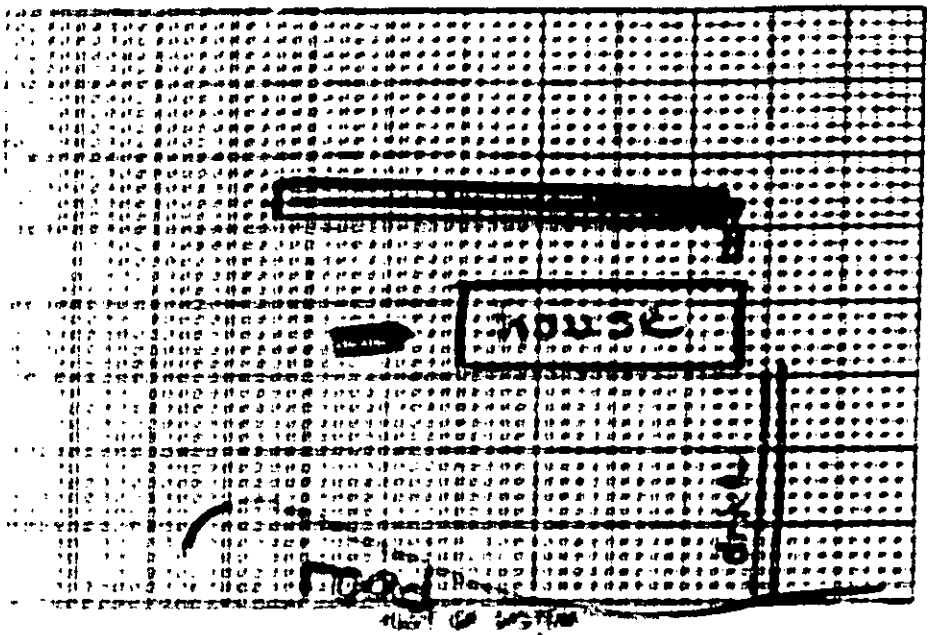
ICAR(S) Permit No. 15755

T. C. No. 223-149-00-34

Map Date

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 granted 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 15755, dated 7-23-81, 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 9-6-81, after which date this permit shall be null and void.



Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Tank Construction precast concrete

Absorption and/or Nitrification Lines:

Total Line Length 495' + 125'

Number of Lines 4 + 4

Distance from House > 10'

Distance from Property Line > 10'

Distance from Well > 100'

Owner of Lot Smith Allen Company Inc.

Location of Property 10524 Salt Box Court

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 unavailable for use. The issuance of this permit does not in any way guarantee that the system will function as the Department will operate properly, or relieve any person now or hereafter owning, controlling or using system from any liability resulting from the failure of the system to operate properly.

Comments 12' wide • 124" long • 17" of stone

17 wide • 32' long • 17" of stone for washer

Mike Sexton
Environmentalist

Issued by Sanitarian

If this permit is for the installation or construction of a new system, it must be signed by the division or a duly authorized agent 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.

Environmental Health Department's Copy

Date Issued 8-6-81

Serial No. 4919

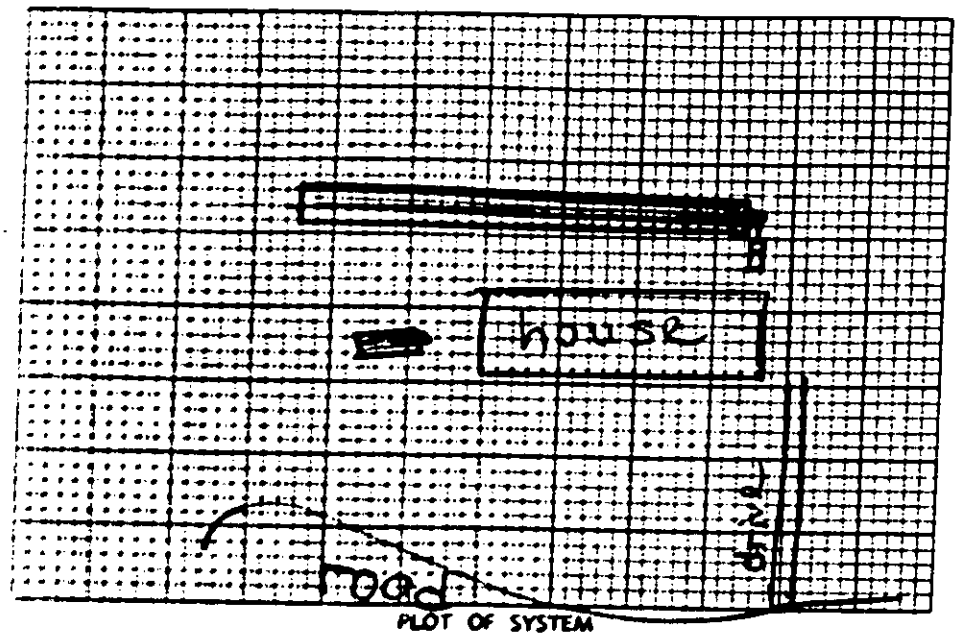
ICAR(S) Permit No. 15755

T. C. No. 223-149-20-34

Map Date _____

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 15755 dated 1-23-81 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 9-6-81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Tank Construction precast concrete

Absorption and/or Nitrification Lines:

Total Line Length 495' + 125'

Number of Lines 4 + 4

Distance from House > 10'

Distance from Property Line > 10'

Distance from Well > 100'

NAME OF OWNER Smith Allen Company Inc.

LOCATION OF PROPERTY 10524 Salt Box Court

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.

12' wide × 124' long × 17" of stone

Comments: 12' wide × 32' long × 17" of stone for washer

_____ Division or Section Head

Mike Sexton Environmentalist

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EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 1/26/81

ICAR(S) Application No. 15755

T. C. No. 223-271-55

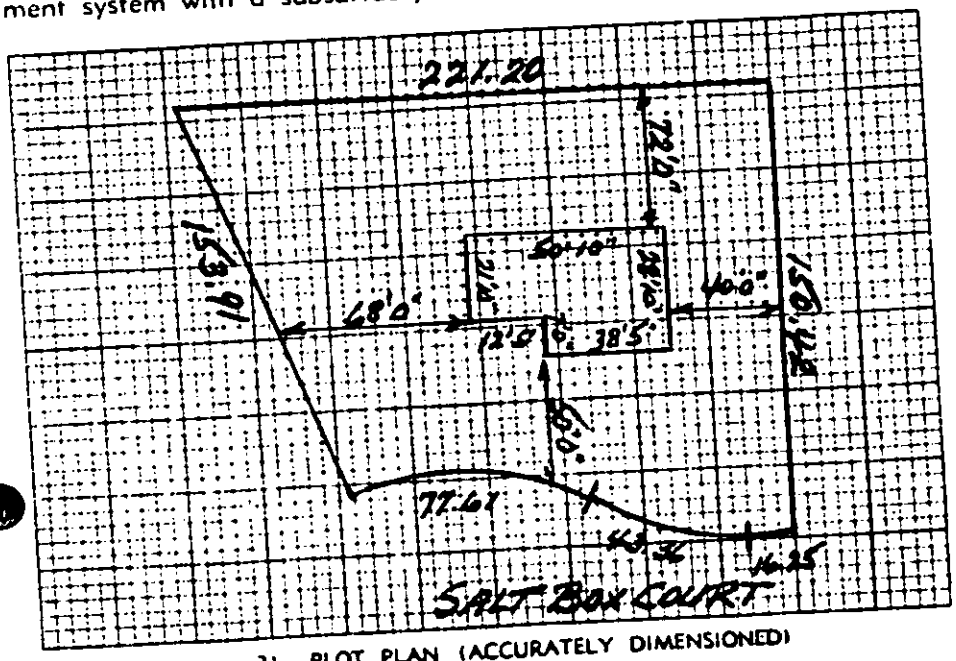
Map Date ____

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.



31) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

4) No. of Bedrooms 3
5) Business Use — Max No Employees ____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ___ Yes ___ No
9) Water Supply:
A) Individual Well ____
B) Governmental System ____
C) Community System: ✓
1. Well source ____
2. Governmental source ____
10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. ____
12) VA Case No. ____

13) NAME OF OWNER Smith Allen Co., Inc. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 5507 Monroe Rd

15) PHONE NO. Home ____ Office 568-5517

16) LOCATION OF SYSTEM Salt Box Court (STREET OR COUNTY ROAD)

17) SUBDIVISION Farmington Lot No. 21 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 1/29/80

20) PTR NUMBER (See Instructions) [redacted] 15755

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.

1/23/81
DATE OF APPLICATION

Orin H Byrum
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

S. I. R. NO. 12255

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

APPENDIX II
SITE EVALUATION
(Ground Absorption Sewage Disposal)

T. C. #

OWNER: ASH DEVELOPMENT CO
ADDRESS: 5611 MONROE RD
COUNTY: MECKLENBURG 28212
LOCATION OF SITE: SALT BOX CT

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 25,800
FARMINGTON
LOT 21

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2–10	S (PS) U — 2–15	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1 Clay)	S (PS) U — CLAYEY	S PS (U) — Silty Clays	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S (PS) U — BLOCKY	S PS (U) — Massive	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) U — 48>	S PS (U) — <48	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S (PS) U — NONE	S PS (U) — Clays	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & internal)	S (PS) U — Adequate	S PS (U) — SLOW	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) U — Moderate	S PS (U) — Slow	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	P. SUITABLE	Unsuitable		

SOIL SERIES

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies wet areas, fill areas, wells, water bodies, slope patterns, etc.

Recommendations/Comments:

Described By: W. B. Ramsey
Title: Soil Scientist Date: 12-17-79

DHS Form 2601