

10216 EDWARD`S PL

13724107

7/11/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

JWA CK #
FEE: $300 913758
DATE: 6/9/03
DEW

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

1 1 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 #: 7736A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-241-07

STREET ADDRESS: 10216 EDWARDS PLACE

SUBDIVISION OR MOBILE HOME PARK NAME: BAINVIEW

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X 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
X 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X 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
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: Reese Richard
(LAST) (FIRST) (MI)

ADDRESS: 10216 EDWARDS PLACE

CITY: MINT HILL STATE: NC ZIP:

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Walker Scott (Anthony Sullivan Roads)
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 759-9550

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: [signature] DATE: 6/9/03

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

7736A

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? ( ) yes ( ) no

Date: 4/28/03 Parcel: 137-241-07

REQUESTING PERSON:_____ Phone_____

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name_____

Address 10216 Edward's Place City Mint Hill Zip 28227

SERVICE REQUESTED: Check Septic tank prior to Pool Construction.

ASSIGNED TO: Drew TAKEN BY: J.

DATE	ACTIVITY REPORT
5-6-03	OSU NOP. POOL IS MARKED. EDGE OF POOL ENCROACHES ON 2 DRAINLINES. THUNDERSTORM APPEARED BEFORE I COULD MARK LINES.
5-13-03	OSU NOP PROPOSED POOL ENCROACHES ON AT LEAST TWO LINES OF DRAINFIELD.
5-14-03	OSU W/ MR HOWELL, SCOTT WEAVER W/ POOL COMPANY AND MS REESE, HOMEOWNER TO DESCRIBE SITUATION AND OPTIONS. FOR ALTERATIONS
5-27-03 3:00	OSU W/ READE EUDY, SEPTIC CONTRACTOR, DISCUSSED ALTERATION OPTIONS DECIDING ON 6' X 100' TYPE III-G INNOVATIVE INSTALLATION.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON: _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

verified 4/28/03

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION APPROVAL

Street Address of Pool Installation: 10216 Edwards Place

City: Mint Hill State: NC Zip: 28227

Subdivision: Bainbridge Lot Number: 24

Owner: Richard : Elizabeth Reese Home Phone: 704-573-0772

Mailing Address: 10216 Edwards Place Work Phone: 704-341-1369

City: Mint Hill State: NC Zip: 28227

Contractor: Anthony : Sylvan Pools ✓ Phone: 704-525-1100

Contractor's Mailing Address: 8934-A Arrowridge Blvd

City: Charlotte State: NC Zip: 28273

Type water supply: [✓] Municipal water [ ] Community water supply [ ] Private well

Type sewage disposal: [ ] Municipal sewer [ ] Community sewer [✓] Septic tank system

Are any wells or septic tank systems located within 200 feet of the proposed pool location? [✓] Yes [ ] No

Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool. Show the location of the fence that will protect the pool; indicate size off openings through the fence. Show the flow of backwash/discharge water from the pool. (Plot may be drawn on back of this page.)

I Amy Howell, (owner of the property) (agent for the owner of the property) on which the pool is to be installed, acknowledge completion of this application and the scale drawing detailing the poo installation and certify the application is complete and accurate. I hereby authorize agents of the Mecklenburg County Health Department to enter onto the property listed above as the "Street Address of Pool Installation" for the processing of this request and to conduct a final inspection of the pool when construction is completed, as evidenced by its ability to hold water I understand that the pool must be protected by a fence or similar barrier and that all openings through the barrier must b equipped with self-closing, positive latching gates. If signing as the agent for the owner, I have informed the owner of thes requirements.

Signed: Amy Howell

Date/Title: 4/26/03 704-341-8345

By signing in this block, the contractor authorizes the processing fee for this request to be charged to the Building Standards Contractor Account. William L. Howell

This area for MCHD use only:

Amount Paid: $ 75.00 [ ] Cash [ ] Check No. Date: 4/28/03 By: JKA

[X] Contractor Charge: X 34544

Request No.: Parcel: 137-241-07 Territory: EHS: Drew

Approved by: Date CRT:

Disapproved by: Date Notify Date:

Final/Fencing Inspection By: Date:

Signature on the "Approved by" line above by an employee of the Mecklenburg County Health Department indicates Hea Department approval of this application and the accompanying plot plan. All approvals are contingent upon the pool be ... health, nuisance or hazard, and completion of the required pool barrier wi

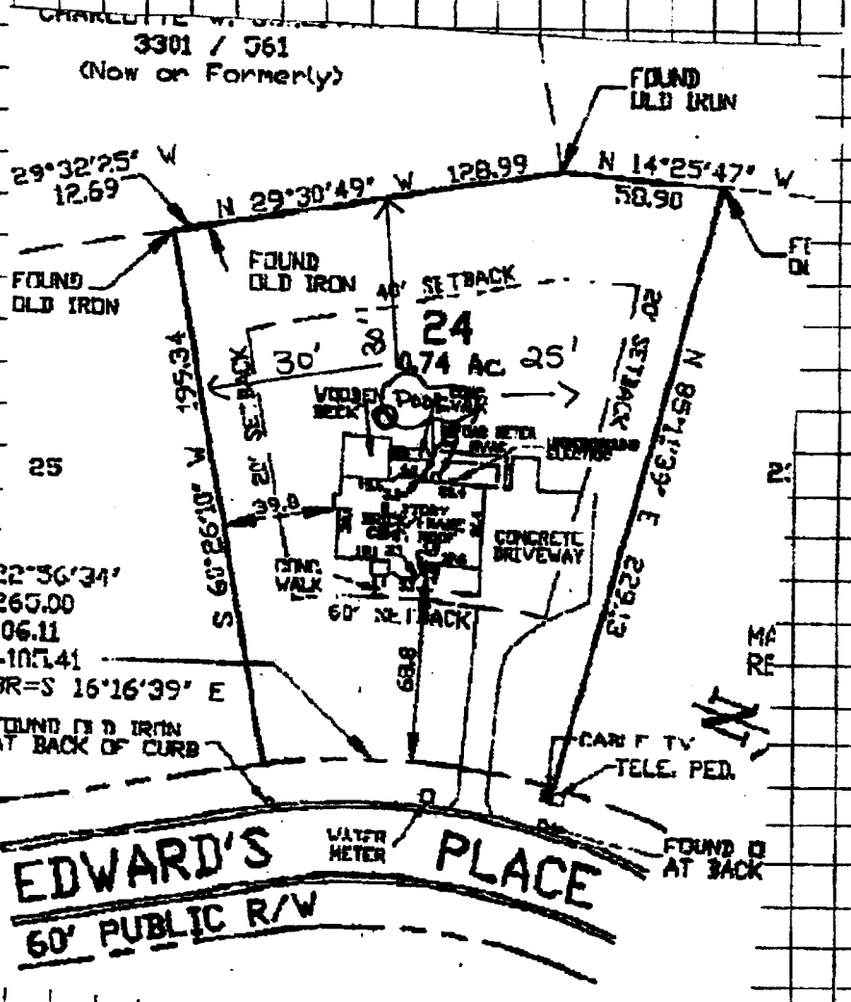
PROPOSED PLOT PLAN

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

FILE: _____

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.



Amy Howell
OWNER/AGENT SIGNATURE

DATE 4/26/03

APPROVAL DATE _____

PROPOSED PLOT PLAN

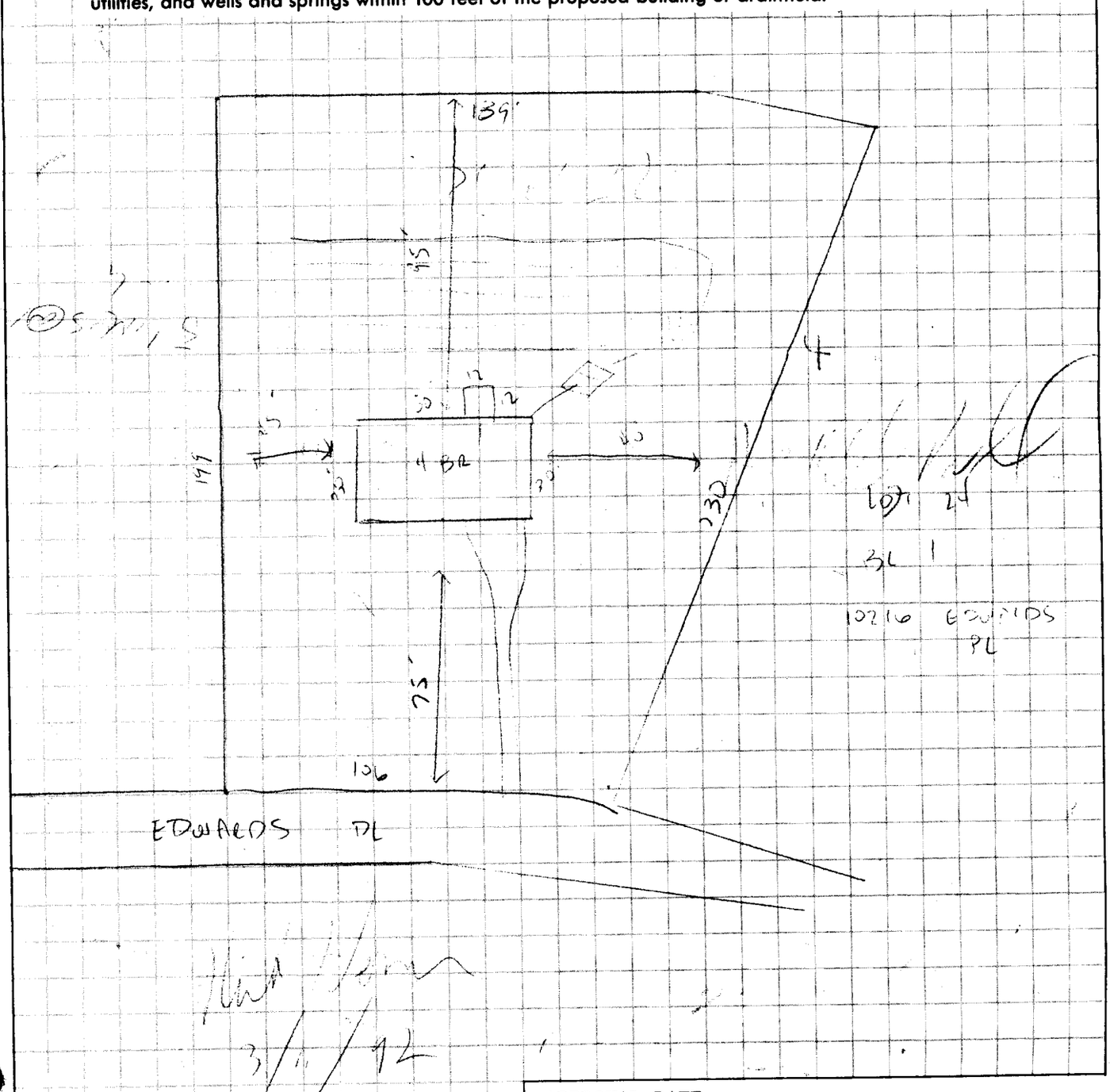
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

NN 36A

FILE: ~~A96A~~

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.



APPROVAL DATE _____

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

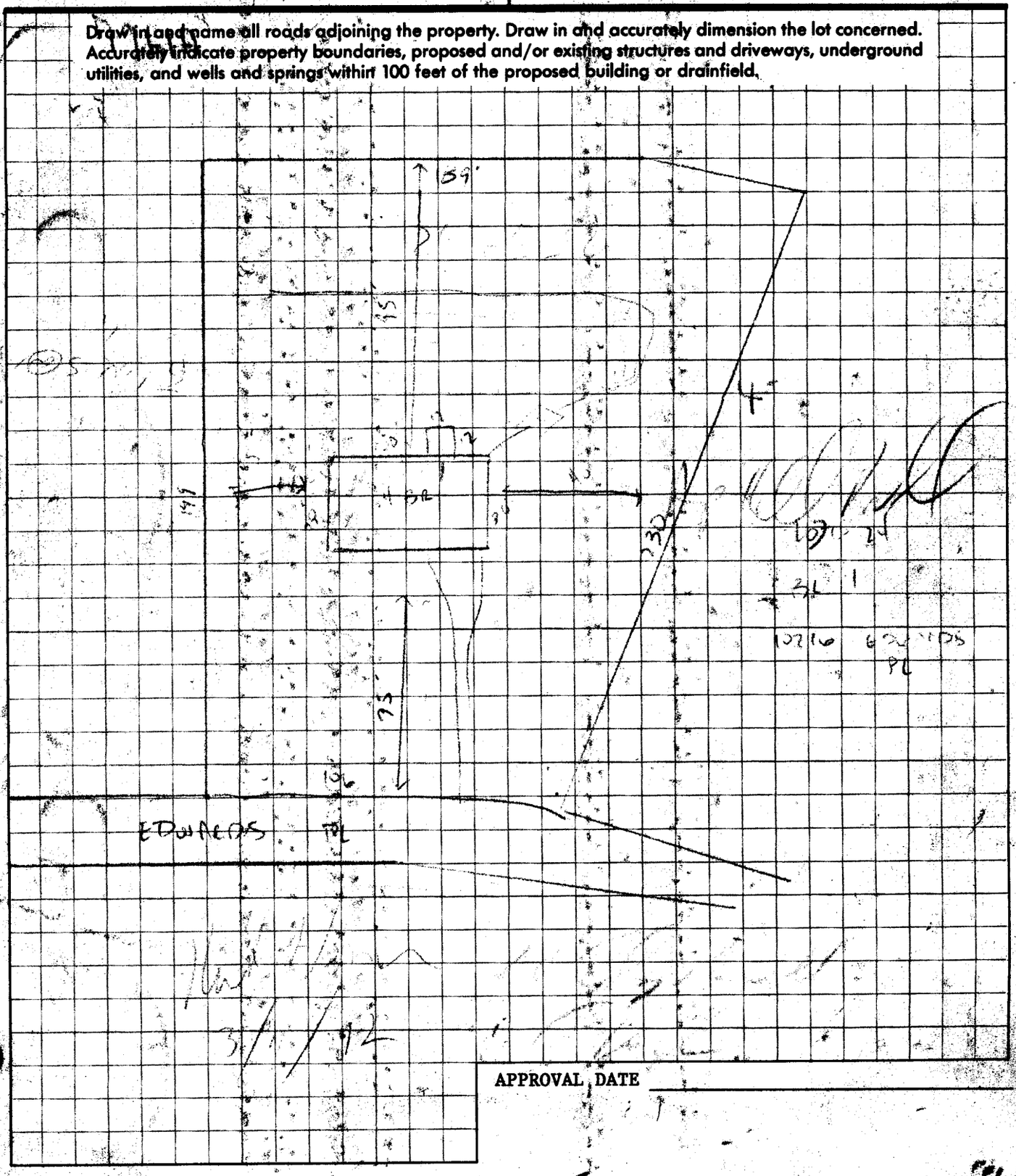
PROPOSED PLOT PLAN

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

FILE: ~~D96A~~ MN 36A

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.



APPROVAL DATE _____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

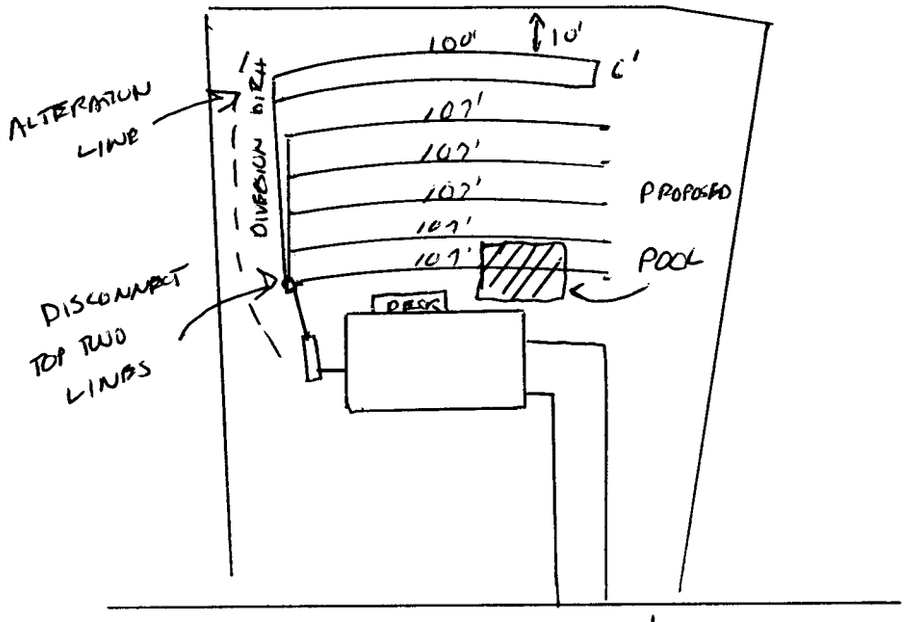
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7136A DATE: 5-30-03

TC: 137-241-07 ☑ L

SERIAL 19410

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 4-28-03. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 30"

Absorption and/or Nitrification Lines:

Trench Width 6' x 100' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 2

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 250 feet

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

NAME OF OWNER RICHARD AND ELIZABETH REESE

LOCATION OF PROPERTY 10216 EDWARD'S PLACE

Comments: (1) INSTALL TYPE III-6 INNOVATIVE BED 6'X100' TO REPLACE 2 LINES, REMOVED TO MAKE ROOM FOR PROPOSED POOL

(2) LOCATE POOL AT LEAST 15' FROM ALL PARTS OF SEPTIC SYSTEM.

(3) INSTALL DIVERSION DITCH TO ROUTE SURFACE WATER

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7736-A DATE: 9-3-92

TC: 137-132-03 ☒ L ☐ CRT

SERIAL № 15555

Name of Owner CHERRY HOMES Juris.:

Address of Property 10216 EDWARDS PLACE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107'

Cover Depth 1'

Water Supply Source comm. well

Distance to Water Source 100'+

Excavation Inspected 9-3-92

Tank(s) Inspected 9-3-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1992 1500 SFT CON 12 CECIC CTR# 113

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: TYPE II

Environmentalist

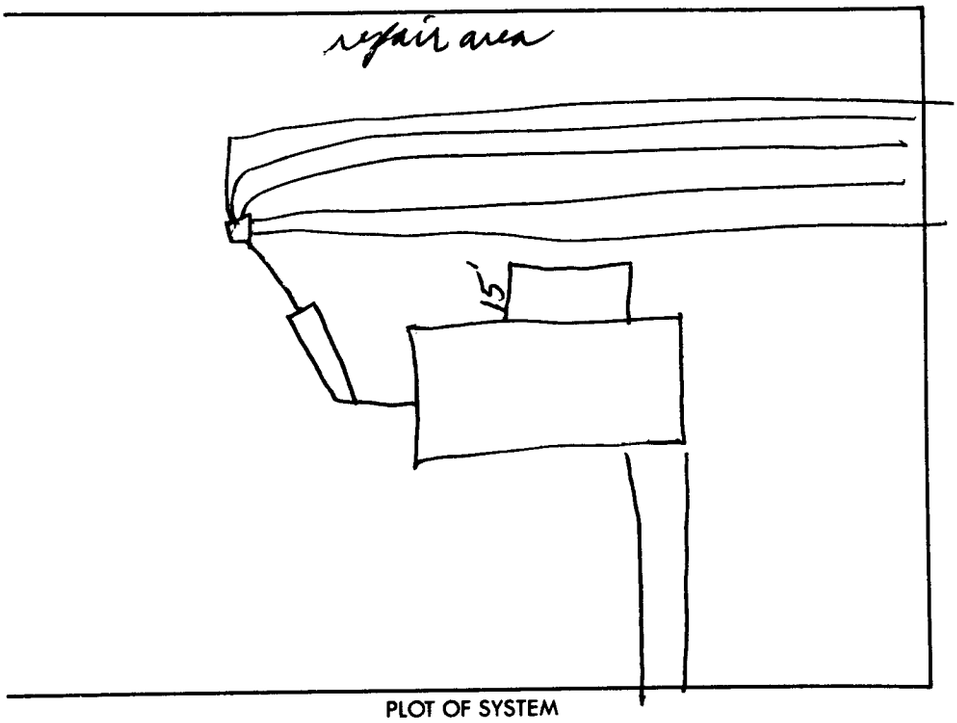
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 7736-A DATE: 7-23-92
PO
TC: 137-132-03 ☐ L
SERIAL Nº 15295

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 3-5-92. All work shall be completed on or before 8-23-92, 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 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 1500 gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction Pcc

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 535 feet
Number of Lines 5
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well Comm ✓ feet

NAME OF OWNER Cherry Homes
LOCATION OF PROPERTY 10216 Edwards Pl
Comments: 5 lines 3'x107'x12" stone

Division or Section Head

B. R. 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

DX400 0619 3/5/92 CK#1692 $200.00 *

N/36A
~~N/61A (.71B)~~ ✓

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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: Lewis (last) Tom (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

Date: 3-5-92

PROPERTY OWNER:
NAME: Cherry Homes (last) (first) (mi)
ADDRESS: 8519 Foxbridge PHONE: (__) 846-8300
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03
STREET ADDRESS: 10216 EDWARD PL
ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III

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

LOT NUMBER: 24 BL 1 LOT SIZE (in acres): .74

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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: 4 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 [] 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: Tom Lewis Date: 3-5-92

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

Environmentalist 3-17-92 Date

Director or Authorized Section Head 3-17-92 Date

WWATER : 122791

PAID

PROPOSED PLOT PLAN

$200.00

5 1992

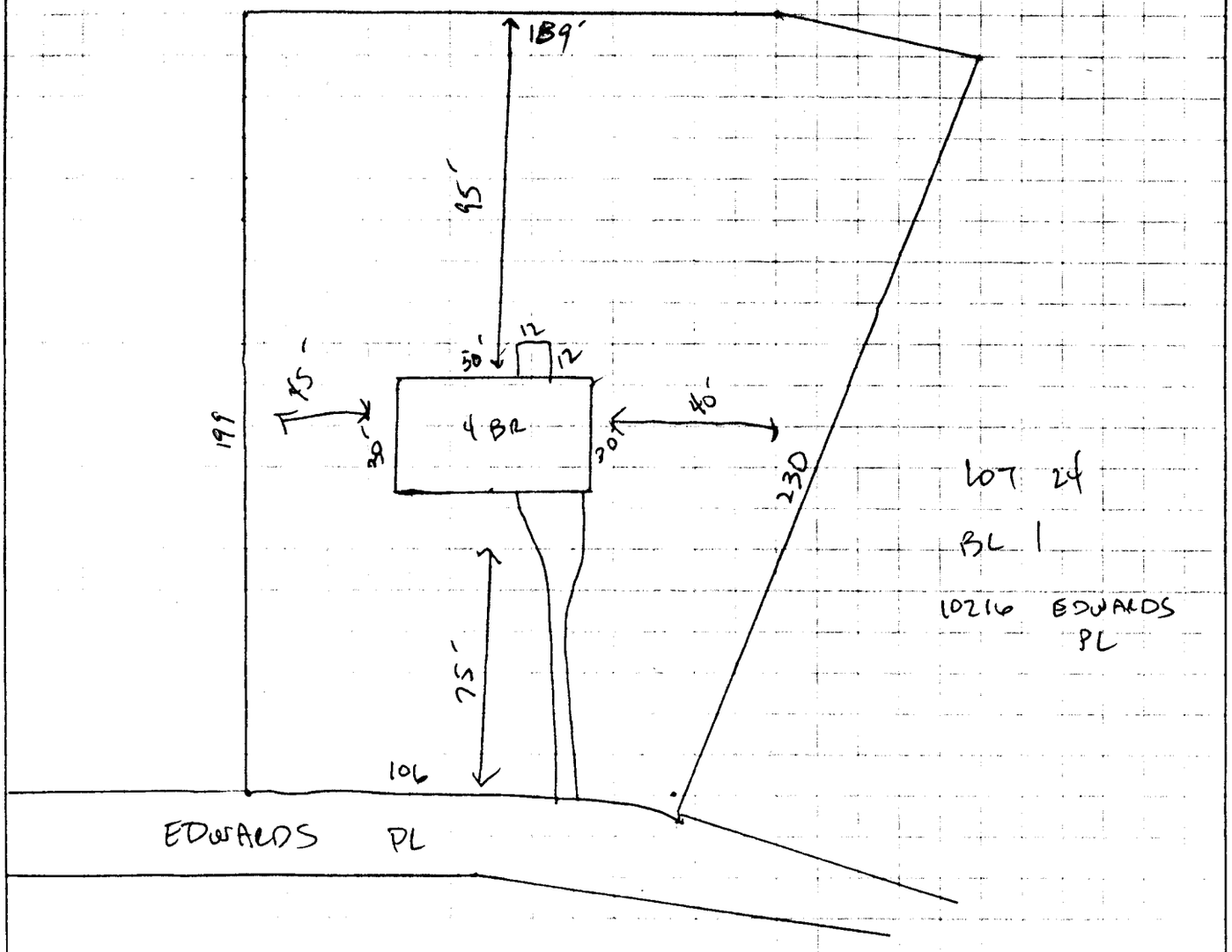
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

7736A

FILE: ~~7736A~~ D96A

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.



APPROVAL DATE _____

DRT

UPDATE COMPLETE

Applicant LEWIS TOM Appl.Date 03/05/92 Updated 03/10/92
Mail Addr 8519 FOXBRIDGE Phone 704 846-8300
City MATTHEWS State NC Zipcode 28105
Prop Ownr CHERRY HOMES
Mail Addr 8519 FOXBRIDGE Phone 704 846-8300
City MATTHEWS State NC Zipcode 28105 Township 7
Tax Map No. 13713203PO0019 Road 10216 EDWARD'S PLACE B1 Zoning
Sub/Mobil Sec Lot No. 24 Lot Size .74
Type App N Site Y or Tract Type Bldg H System Classif 1 480 GALLONS
Resident. Specif: No. Bedrooms 04 No. Occupants 003 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. C Proposed Sewage I Construct. Status P Sites 1
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17035
Directions:

Date Appl. Recd. 03/05/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7736A Operat. Permit (Y/N)
3/10/92 18:23:34
01-03 SA MW KS IM II S1 S1037498 KB

paid

PROPOSED PLOT PLAN

#200-92

5 [redacted]

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

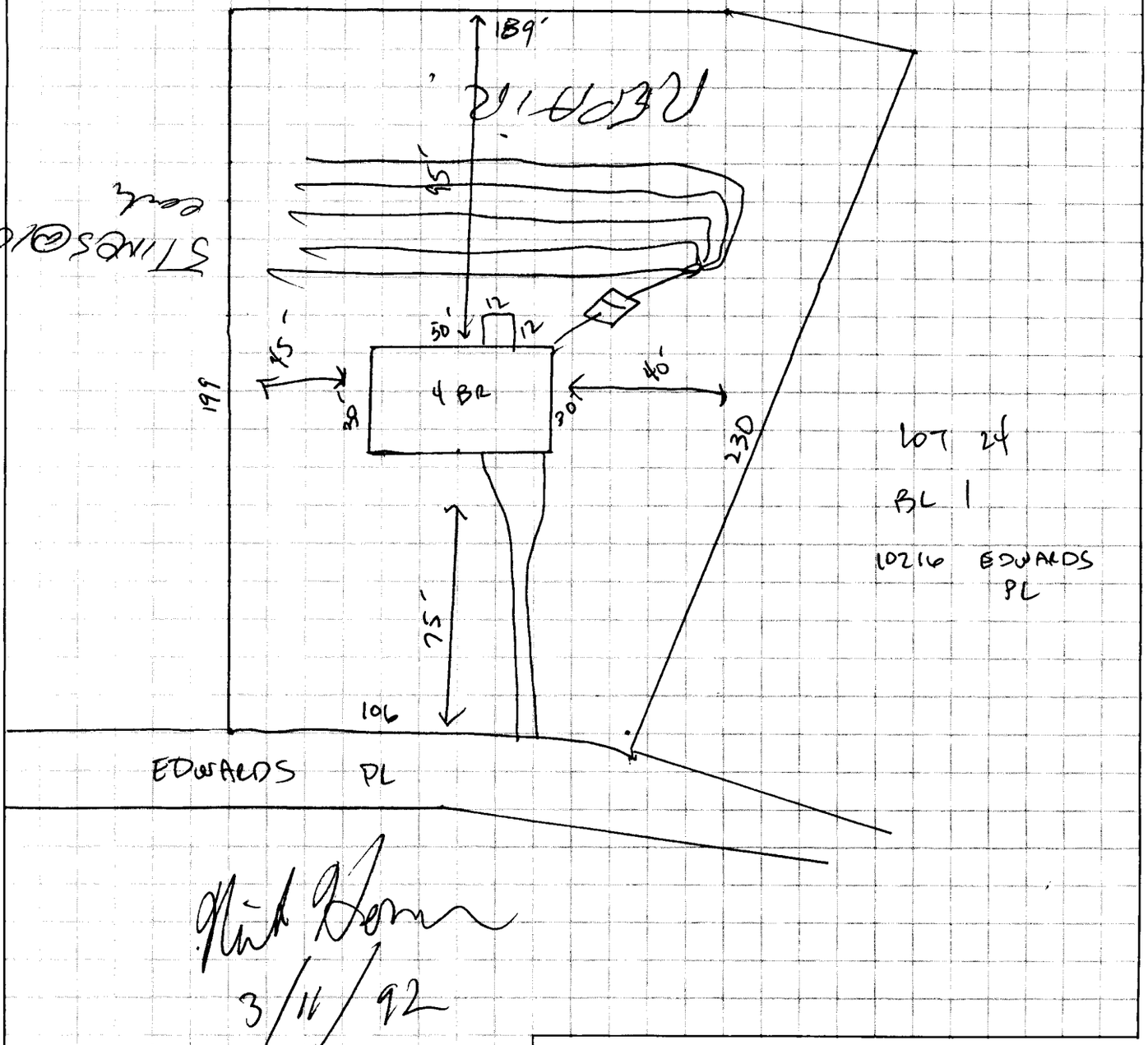
paid

7736A

FILE: D96A

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.



Nick Bowman
3/11/92

APPROVAL DATE _____

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

Mecklenburg County
Health Department

March 12, 1992

Dan L. Moser
2101 Sardis Road North #110
Charlotte, NC 28227

RE: Property located on 10216 Edward's Place Lot24/Block 1
FILE: 7736A (71B)
PARCEL: 137-132-03P0

Dear Mr. Moser:

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 12565) is enclosed for your information.

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 with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate 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. Furthermore, 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, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12565

File: ~~7961A~~ 7736A / 71B Action 1

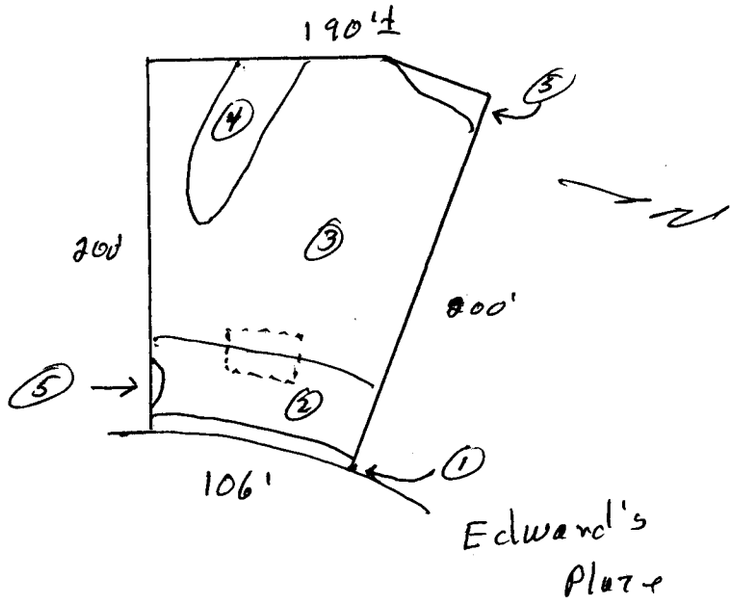
Parcel: P0137-132-03 ☒PC

Location: 10216 Edward's Place
Subdivision: Bainbridge III
Lot: 24 Block: 1 Acres: .74

Owner: Dan L. Moser
Address: 2101 Hardies Road N. #110
Charlotte, N.C. 28227

Comments: 100% Repair

Described by: William R. Marlin
Date: 3-6-92



***** 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) 72' cut	(S) PS U 2-6%	(S) PS U 2-8%	S PS (U) Depression	S PS (U) complex slopes	S PS U
Texture	S PS U	S PS (U) Expansive Clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S PS U	S (PS) U subBlocky	S (PS) U subl Blocky	S PS U	S PS U	S PS U
Drainage	S PS U	S (PS) U 72" To water	S (PS) U 740" To water	S PS U	S PS U	S PS U
Depth	S PS U	S PS (U) 24-30"	S (PS) U 740"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S (PS) U 736"	S (PS) U 740"	S PS U	S PS U	S PS U
Available Space	S PS U	S PS (U) Restricted	S (PS) U limited	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	72' cut	Vance/ Lilo	III Cecil-Lilo	Depression	complex slopes	
Area Classification	S PS (U)	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
EVALUATION REPORT

File: 7/SSR 2440/710 Addition

Number: 12565

Parcel: 131-132-03

Location: 10216 Edwards Place

Subdivision: Bainbridge III

Lot: 24 Block: 1 Acres: .74

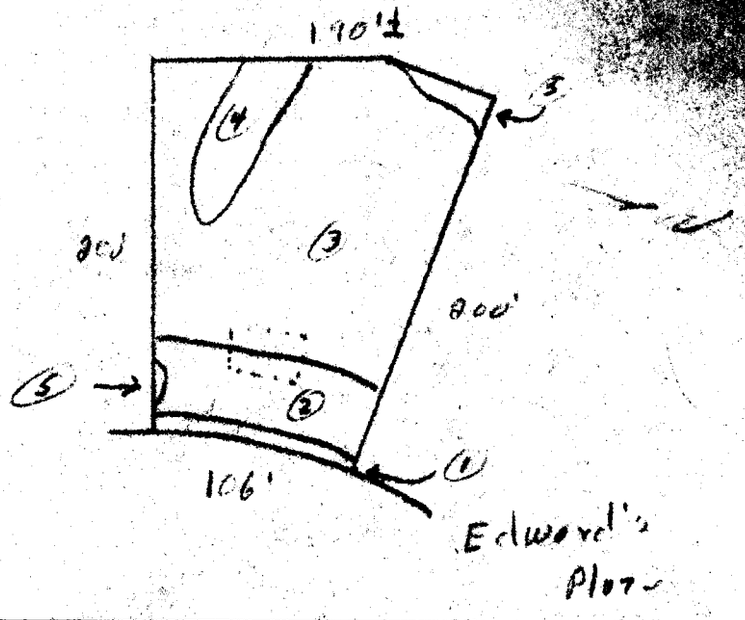
Owner: Leon L. Moser

Address: 2101 Hardin Road N. #110
Charlotte, N.C. 28227

Comments: 100% Repair

Described by: William R. Marlin

Date: 3-6-92



***** 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 72' cut	S PS U 2-6%	S PS U 2-8%	S PS U Depression	S PS U complex slopes	S PS U
Texture	S PS U	S PS U Expansive Clay	S PS U slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S PS U	S PS U subangular blocky	S PS U subangular blocky	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U 72" Water	S PS U 72" Water	S PS U	S PS U	S PS U
Depth	S PS U	S PS U 24-30"	S PS U 72"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U 72"	S PS U 72"	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U Restricted	S PS U Limited	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	72' cut	Vance/ Lilac	III Cecil-Lilac	Depression	complex slopes	
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)
FILE: 7736A ~~7736A~~ 7736B
TC: 137 [illegible]
☐ PC ☐ REPT

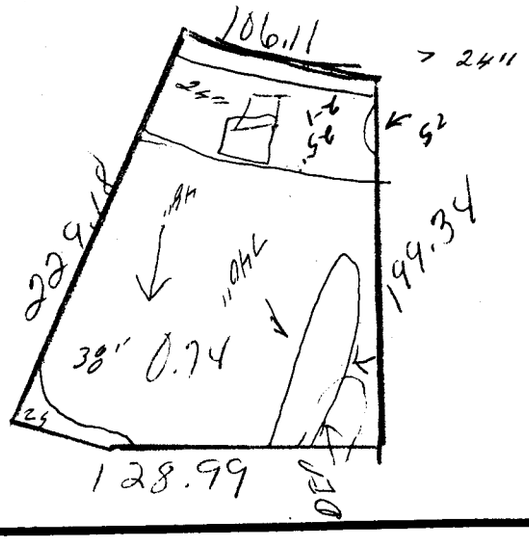
JOB LOCATION

① ADDRESS: 10216 Edwards Place, Mint Hill
② SUBDIVISION: Brambridge II ③ LOT: 24 ④ BLOCK: 1
⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03
⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Dan (FIRST) L (MIDDLE) Moan (LAST)
⑧ MAILING ADDRESS: 2101 Sardis Rd N #110
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227
⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

⑬ Accurately diagram and dimension lot.
limited area



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: Dan L Moan

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

Date: 1/9/92

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12565

File: ~~7961A / 71B~~ 7936A
Parcel: P0137-132-03

Action 1

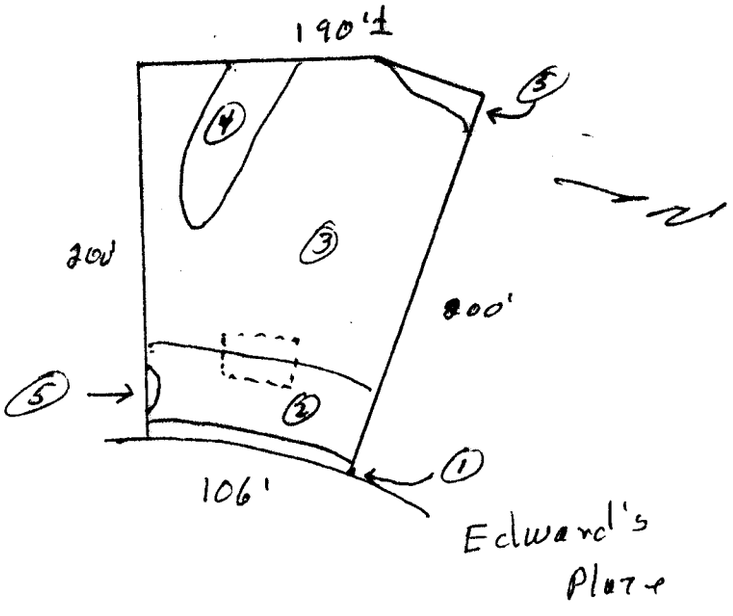
☐ PC

Location: 10216 Edward's Place
Subdivision: Bainbridge III
Lot: 24 Block: 1 Acres: .74

Owner: Dan L. Moser
Address: 2101 Sardis Road N. #110
Charlotte, N.C. 28227

Comments: 100% Repair

Described by: William R. Marlin
Date: 3-6-92



***** 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' cut	(S) PS U 2-6%	(S) PS U 2-8%	S PS (U) Depression	S PS (U) complex slopes	S PS U
Texture	S PS U	S PS (U) Expansive Clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S PS U	S (PS) U sub blocky	S (PS) U sub blocky	S PS U	S PS U	S PS U
Drainage	S PS U	S (PS) U >36" to water	S (PS) U >40" to water	S PS U	S PS U	S PS U
Depth	S PS U	S PS (U) 24-30"	S (PS) U >40"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S (PS) U >36"	S (PS) U >40"	S PS U	S PS U	S PS U
Available Space	S PS U	S PS (U) Restricted	S (PS) U Limited	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	>2' cut	Vance/ Lilo	III Cecil-Lilo	Depression	complex slopes	
Area Classification						

Pd # 1065 $300.00
9/3/91

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7736A

TC: /

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10216 Edwards Pl

② SUBDIVISION: Bainbridge III ③ LOT: 24 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 137-132-03 PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

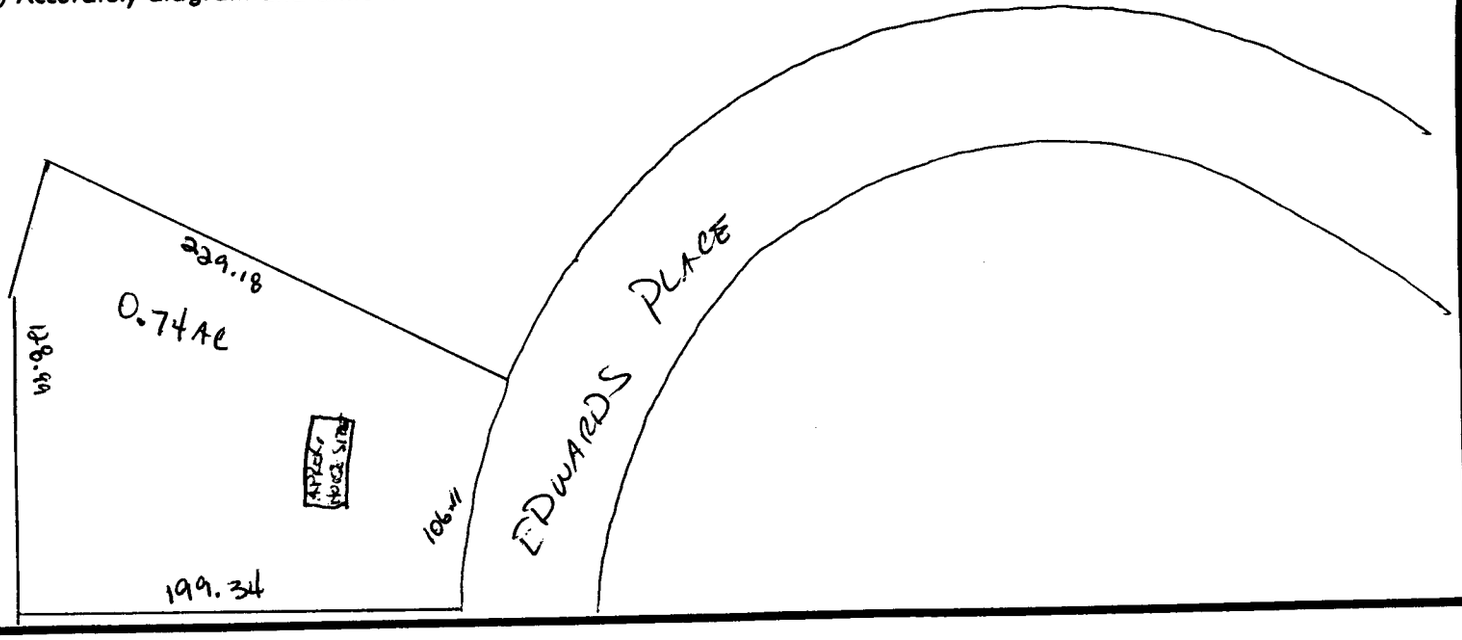
⑦ NAME: Cherry (FIRST) Homes (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 8519 Fox Bridge Dr

⑨ CITY: Matthews ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 846 8300 (HOME) 846 1772

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: Phil Cohn

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

Date: 8-29-91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Pd # 1065 $300.00
9/3/91

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7736A

TC: ✓

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 102 16 Edwards PL

② SUBDIVISION: Bainbridge III ③ LOT: 24 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 137/132-03 PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

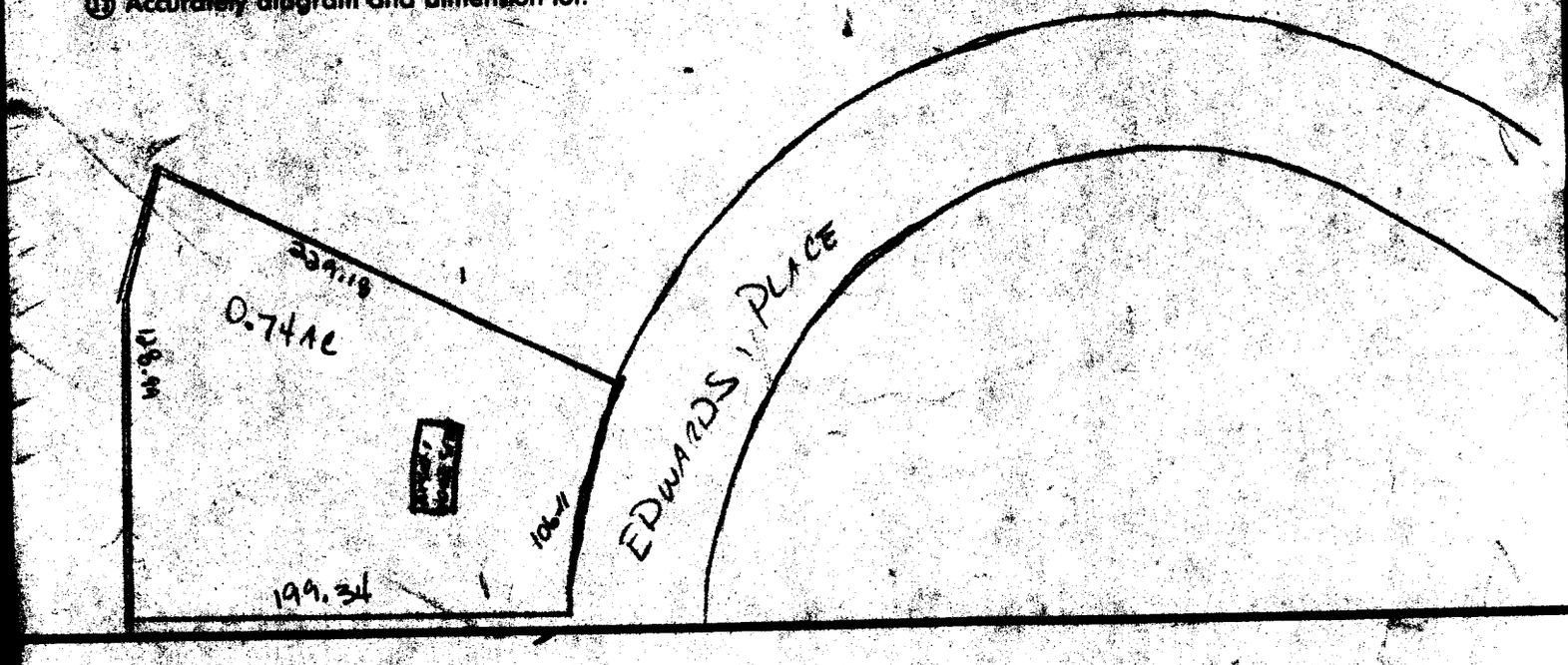
⑦ NAME: Cherry Homes
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 8519 Fox Bridge Dr

⑨ CITY: Matthews ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 846 8300 (HOME) 846 1772

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Signed: Phil Cohn

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Date: 8-29-91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

March 11th, 1992

Cherry Homes
8519 Fox Bridge Drive
Matthews, NC 28105

RE: Property located at 10216 Edward's Place 24
FILE: 7736A
PARCEL: 137-132-03

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 N/A) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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

400 LL 7736A

APPLICATION FOR SOIL INVESTIGATION

DPC

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

(OFFICE USE ONLY)
FILE: ~~A336A~~ ~~7961A (A11B)~~ 7961A
TC: 137-132-03
☑ PC ☐ REPT

#50.00 ck# 2908 1/09/92

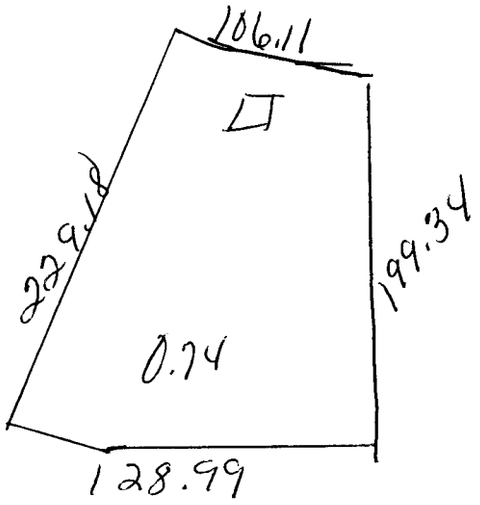
JOB LOCATION

① ADDRESS: 10216 Edwards Place, Mint Hill
② SUBDIVISION: Brambridge II ③ LOT: 94 ④ BLOCK: 1
⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03
⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Dan (FIRST) L (MIDDLE) Moan (LAST)
⑧ MAILING ADDRESS: 2101 Sardis Rd N #110
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227
⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan L Moan

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

Date: 1/9/92

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

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

OFFICE USE ONLY
FILE:
TC:
☑ PC ☐ REPT

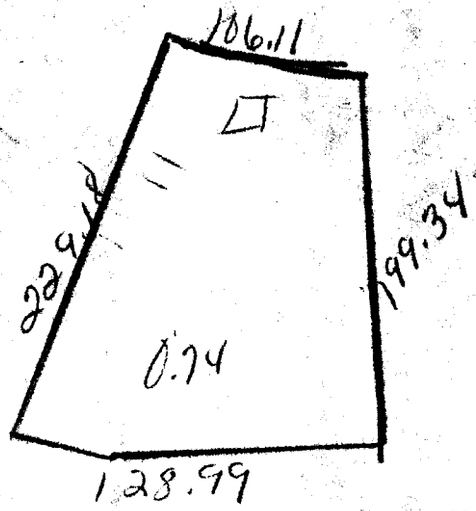
JOB LOCATION

① ADDRESS: 10216 Edwards Place, Mint Hill
② SUBDIVISION: Brandriff
③ LOT: 94 ④ BLOCK: 1
⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03
⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Don (FIRST) D (MIDDLE) Moan (LAST)
⑧ MAILING ADDRESS: 2101 Sardis Rd N #110
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227
⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Don L Moan

Date: 1/9/92

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