


9018 BLAIR RD

13935104

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT 6400

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

FILE: 1386A DATE: 6-7-96

TC: 139-351-04 ☐ L ~~☐ CRT~~

SERIAL Nº 16709

Name of Owner James T. Black Juris.: _____

Address of Property 9018 Blair Road

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source priv. well

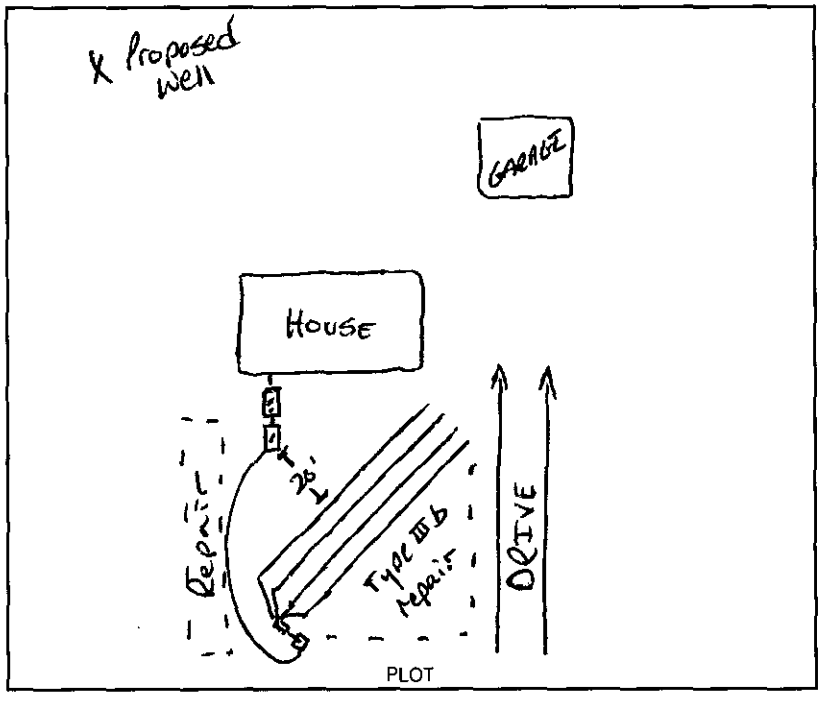
Distance to Water Source 750

Excavation Inspected 6-7

Tank(s) Inspected 6-7

Wash Line Inspected N/A

High Water Alarm Inspected 6-25




Design 1996, 1500SF, 1000PT, P1, CON, 1200SF, T, 12G, cecil-like CTR# 56

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 15A 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 15A 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: Type III b Three Bedroom Residence (4) 3'W x 100' x 12"s — System not installed as originally planned. Repair for front right corner of lot would be best utilized if they explore by installing pneumatic ejector and routing washer repair in this area.

Kamy B. Thompson Jr. EHS
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

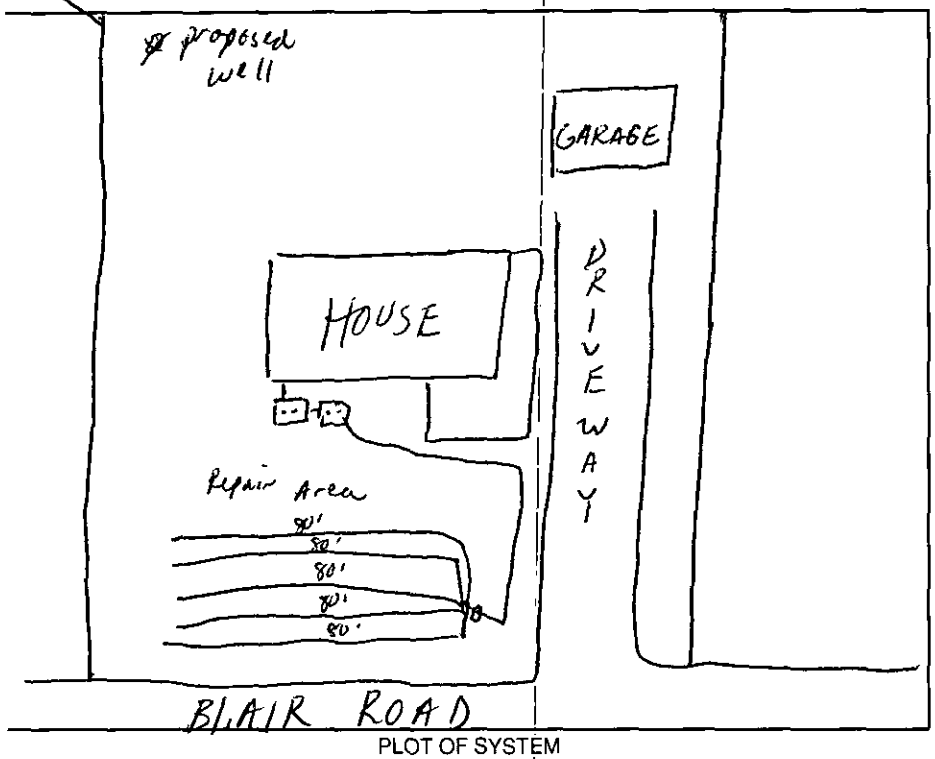
FILE: 1386A DATE: 5/22/96

TC: 139 351 04 ☐ L

SERIAL Nº 16721

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 9/28/95. All work shall be completed on or before 6/22/96, 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.

⊗ - community well




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

N

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

NAME OF OWNER James T. Black

LOCATION OF PROPERTY 9018 Blair Rd

Comments: 1500ST, 1000DT, PI, Gas line must be removed before septic system installation, Lift pump required, 5 line x 80'long x 3'wd x 12" stone Keep septic system > 100' from any wells | Keep drainfield > 15' from 2' cut

Phillip S. Walker R.S.

Environmental Health Specialist

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

Mecklenburg County
Health Department

June 19, 1996

Mr. James T. Black
8920 Fairview Road
Charlotte, North Carolina 28227

Dear Mr. Black:

Re: 9018 Blair Road
File: 1386A/(Tax Parcel No. 139-351-04)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5569 to discuss any question you may have concerning this matter.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

#1239 9/20/96 $200.

1386A #150. Pd 150 JK 52 30 9/18/95 JK

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

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

(704)336-5102

Date: 139-351-04

PERSON FILING APPLICATION:
NAME: BLACK (last) JAMES (first) T (mi)
ADDRESS: 8920 FAIRVIEW Rd PHONE: (704) 545-9562
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: WITHERSPOON (last) Robert (first) F. (mi)
ADDRESS: 8013 Willhill Rd. PHONE: (704) 545-5035
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: ~~141 MZZ 104.2~~
STREET ADDRESS: 9018 BLAIR Rd
ZONING: R-20

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: 9018 BLAIR Rd LOT 4 LOT SIZE (in acres): 1.635

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☑ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: ~~4~~ 3 JTB NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: 10-10-95

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

WATER SUPPLY (check one):
☐ 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: J.T. Black Date: 9-18-95

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.

... Approval for 3 bedroom residence
Plans on file for 3 bedroom residence (plans changed from 4 to 3 bedroom)
Lift pump required
Keep septic system >100' from community well.

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

PJW 10/10/95
Philo S. Walker R.S. 9/29/95
Environmentalist Date

Director or Authorized Section Head Date

WATER 12279

(need to build on completion)

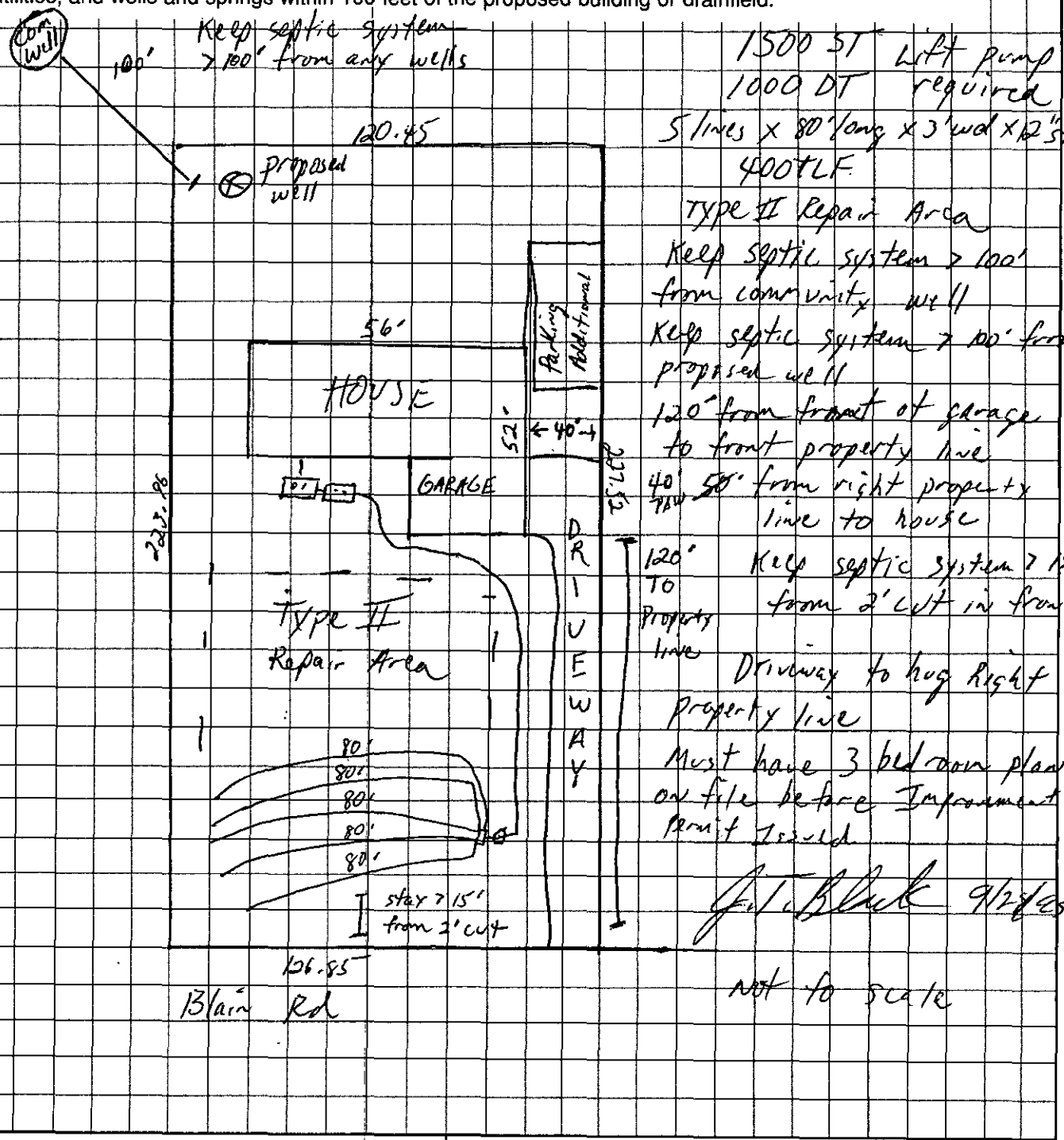
# PROPOSED PLOT PLAN

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

FILE: 1386 A

TC: 139 351 04

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.




1500 ST Lift pump required
1000 DT
5 lines x 80' long x 3' wd x 12" stone
400 TLF
Type II Repair Area
Keep septic system > 100' from community well
Keep septic system > 100' from proposed well
120' from front of garage to front property line
40 ~~50~~ from right property line to house
120' To Property line
Keep septic system > 15' from 2' cut in front.
Driveway to hug Right Property line
Must have 3 bedroom plan on file before Improvement Permit Issued

J. C. Black 9/28/95

Not to scale

J. Black 9-28-95
OWNER/AGENT SIGNATURE
DATE

APPROVAL DATE PBW 10/10/95 appr

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

1386A
10/10/95

BEDROOM 2
BATH
LINEN 5 SH.
FAN
7'-11"
5-0 DBL. DR
2'-3 1/2"
6'-0 1/2"
3'-1"
2'-0"
3'-3 1/2"
3'-0"
5'-4"
4-0 DBL. DR
6'-0 1/2"
5'-1"
P.D.S.
2-6
2-4
2-8
2852
4'-0"
2852 W/ 2-8 QUARTER RAD. ABOVE
42" FPL.
2'-4"
64" X 16" HEARTH
GAS STUB
GREAT ROOM
VAULT
PREWIRE FOR CLG. FAN
RIDGE BEAM AS REQ'D
30'-0"
9 1/2"
6'-3 1/2"
12"
ARCHED OPENING
BEAM AS REQ'D
3'-3"
2'-0"
2-6 FRENCH DOOR
VAULT
DESK
2'-0"
42"
BREAKFAST
PANTRY 5 SH.
PLANT LEDGE
5'-9"
5'-6 1/2"
12" SERVING SHELF OVER 42" HIGH KNEEWALL
LINE OF FLAT CLG.
BEAM AS REQ'D
39"
DISP.
DBL. SINK
DW
RANGE
220
GAS STUB
KIT.
REF.
ICE MAKER LINE
COATS
2'-6"
3'-6"
1'-9 1/2"
LAUND
STOR.
4'-9 1/2"
2'-11"
3'-6"
4'-2 1/2"
MASTER SUITE
PREWIRE FOR CLG. FAN
1'-0"
2'-0"
TRAY CLG.
2-4
K.S.
42"
4'-0"
VALET
72" X 42" GARDEN TUB
LINE OF FLAT CLG. @ 13'-0" HIGH
M. BATH
PLANT LEDGE
2'-0"
SHWR.
PAN
W.I.C
2'-6 1/2"
4'-3"
3'-6"
GLASS ENCLOSURE OVR 24" HIGH KNEEWALL
FIXED
3'-0 1/4"
6'-0 1/2"
4046
5'-0"
2'-0"
BEDROOM 3
STUDY
2-6
2'-3 1/2"
3'-0"
5'-8 1/2"
2062
4062
2062
FOYER
BEAM AS REQ'D
(FLUSH)
13'-0" (+/-) HIGH CLG.
3'-0" CL.G.
6'-2 1/2"
12"
4'-0"
5'-3 1/2"
BEAM AS REQ'D
(FLUSH)
11'-7"
13'-0" (+/-) HIGH CLG.
DINING ROOM
3-0 DR W/ 10" SIDELITES W/ FULL RADIUS ABOVE
PROVIDE SUPPORT FOR STOOP AND STEPS TO GRADE AS REQ'D.
8'-0"
4'-0"
2062 4062 FIXED 2062 W/ 2020/4020/2020 TRANSOM W/ 4-0 RADIUS CENTERED ABOVE
D
W
GAS STUB
220V
W.P.
WATER HEATER
STOR.
3'-4 1/2"
5'-8 1/2"
2'-0"
LOW VOLTAGE
GARAGE
CLG. OUTLET FOR GARAGE DR. OPENER
(DROPPED)
BEAM AS REQ'D
16'-0"
2'-0"
5'-0"
3'-0"

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Permit Number: 1386A

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 351 04

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes  ✓ No  ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I (II) III IV V VI

- ✓ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9 Trench spacing (min. on centers) |
| Yes Serviced by private well | 1500 Gallon septic tank | 400' Total trench length (ft) | 3 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 3 Bedrooms in residence | ~~1500~~ Gallon pump tank 1000 gpw | 12" Depth of stone | |

Any surface waters present: No Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Lift pump required

Repair Area System Type
Type (circle one): I (II) III IV V VI

- ✓ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

| | | | |
|---|---|---|---|
| 1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft) | 12 Depth of Stone Trench | 9 Trench spacing (min. on centers) | 3' Maximum Trench Depth |

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request fo Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal In 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 Depart
- This Improvement permit is transferable.

Phillip S. Walker R.S. 10/10/95
DEHNR Authorized Agent Date

K. P. O. AGENT 5-17-96
Owner/Agent Signature Date

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

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

**FEE:** _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

**DATE:** 10/10/95 **PERMIT NO:** 1386A
**PARCEL NO:** 139-351-04

**PROPERTY OWNER:** Robert W. Witherspoon
**BUILDING CONTRACTOR:** James Black
**JOB LOCATION ADDRESS:** 9018 Blair Rd
**SUBDIVISION NAME:** _____
**AUTHORIZATION ISSUED BY:** Phillip S. Walker R.S. **DATE:** 10/10/95
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1386A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: lift pump required

## OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

[signature] AGENT 5-17-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

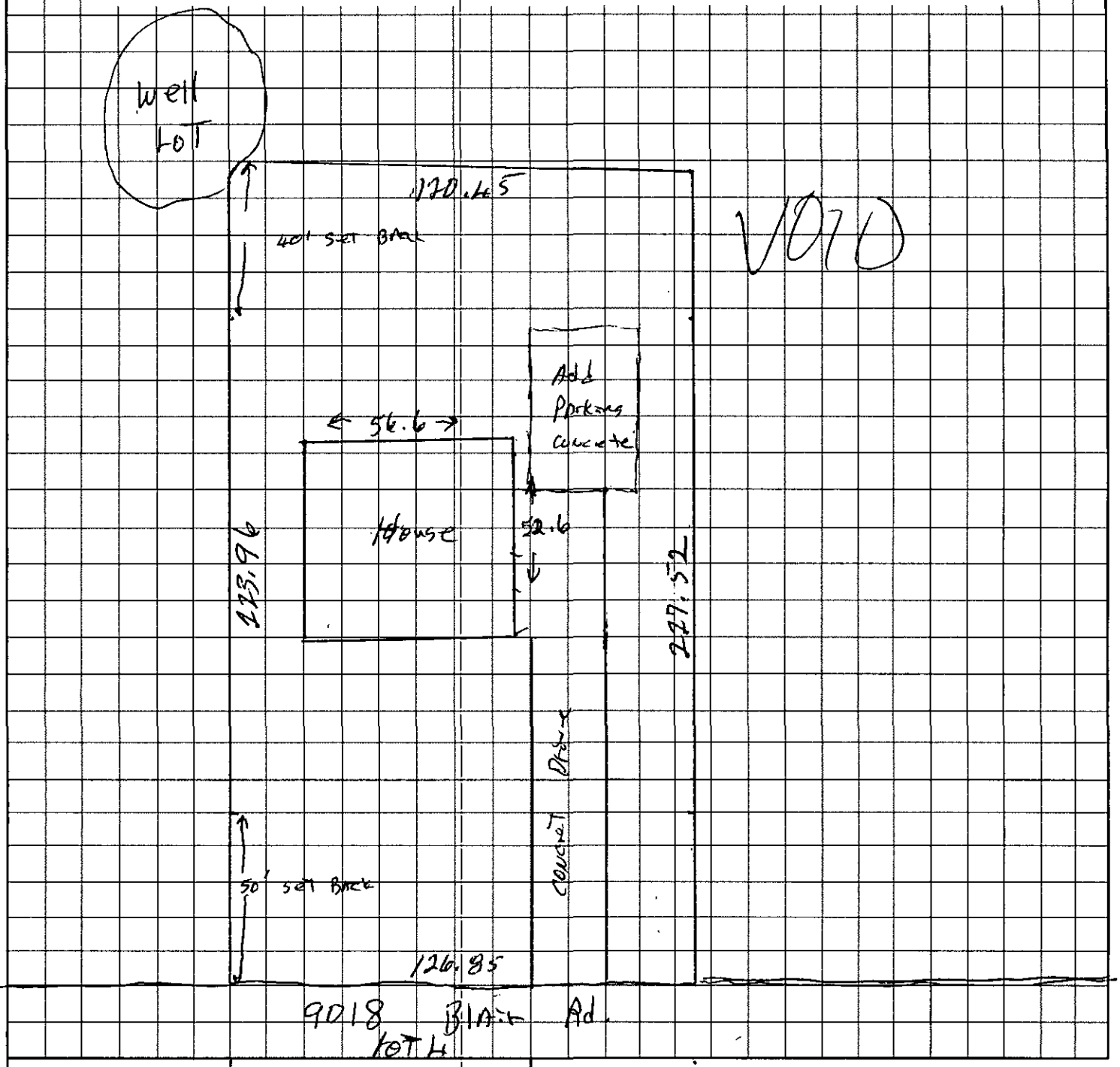
# PROPOSED PLOT PLAN

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

FILE: 1386A

TC: 139-351-04

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.




J.T. Black
OWNER/AGENT SIGNATURE

DATE 9-18-95

APPROVAL DATE _____

scale 10' per sq. Block

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

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 10317

File: 1386-A  Action 1H

Parcel: PO 139-021-12  ☑ PC

Location: Blair Rd.

Subdivision: Forest Brook

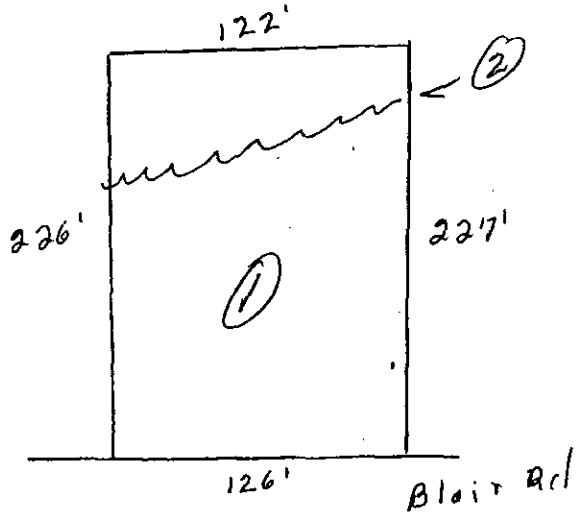
Lot: 4  Block: I  Acres: .65

Owner: Mark IV Corp.
Address: 1740 E. Independence Blvd.
Charlotte, N. C. 28205

Comments: limited area

Described by: William A. Marlin

Date: 2-13-86




***** EVALUATION KEY *****

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

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-15% | S PS (U) Complex Slopes | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Clay | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" To Water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >36" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U limited Area | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | 10A Cecil-like | 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** File: 1380-A Action 1-4
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 10317 Parcel: PO 139-021-12 ☐ P

Location: Blair Rd.

Subdivision: Forest Brook

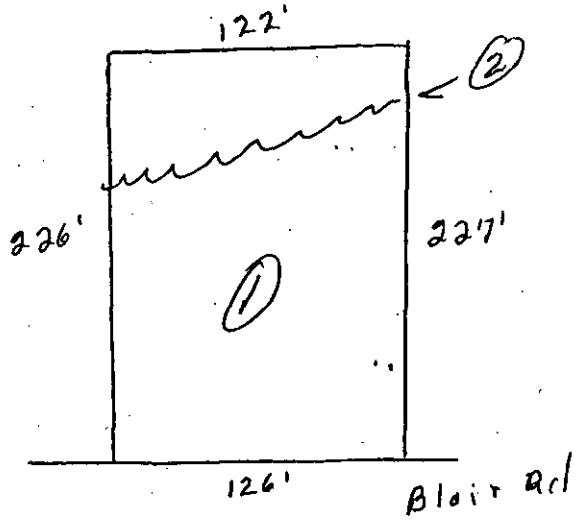
Lot: 4 Block: I Acres: .65

Owner: Mark IV Corp.
Address: 1740 E. Independence Blvd.
Charlotte, N. C. 28205

Comments: limited area

Described by: William A. Marlin

Date: 2-13-86




***** EVALUATION KEY *****

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

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-15% | S PS (U) Complex Slopes | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" To Water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U > 36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U limited Area | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | 10A Cecil-like | Complex Slopes | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

COPY

139-35

BK. 137

BLAIR RD.

HOLLYBROOK LN.

MAPLEBROOK LN.

CHERRYBROOK DR.

CHERRYBROOK DR.

WELL LOT 19

9018

351

352

353

351

PG. 01

PG. 02

PG. 02

40
12
52

Debbie

Stucco

Cherry Homes

807

| | |
|---|---|
| TAX LINE MAP | BOOK 139 PAGE 35 |
| MECKLENBURG COUNTY, NORTH CAROLINA | |
| REVISED | SCALE 1"=200' |

FOR TAX PURPOSES ONLY

# MECKLENBURG COUNTY
Department of Environmental Health

February 13th, 1986

Mark IV Corporation
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Blair Road L4 BI
FILE: 1386A
PARCEL: 13902112 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 10317) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Bill D. Hardister, Jr. R.S. by W.B.R
Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure