

9630 HOOD RD

10515327

6/25/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7178 A DATE: 5/24/91

TC: 105-153-27 ☐ L ☑ CRT

SERIAL Nº 13672

Name of Owner Paul B. Stewart Juris.:

Address of Property 9630 Hood Rd

Inspection Data:

Tank Material PCL

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 10"

Water Supply Source well

Distance to Water Source > 50

Excavation Inspected 5/24/91

Tank(s) Inspected 5/24/91

Wash Line Inspected NA

High Water Alarm Inspected 5/24/91

PLOT

Design: 1991, 1500ST, 1000DT, PI, MOD, 12" stone, ceil CTR# 59 Ernest Reith

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: System designed for 3 bedroom house

Philo S. Walker R.S.
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid 5/29/91 ck# 8100 $125.00

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

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(OFFICE USE ONLY)
FILE: 7178A
TC: 105-153-27
SERIAL: 00039
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 9630 (STREET NO.) Hood Road (STREET) ② FILE:
③ JURISDICTION: Mech. ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Paul (FIRST) B (MIDDLE) Stewart (LAST)
⑨ MAILING ADDRESS: 9630 Hood Road
⑩ CITY: Charlotte, N.C. ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) 455-5136 ⑭ (HOME) 596-1440

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Screen in Porch & Reroof Retached Garage

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ 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: Paul B Stewart
Date: 5/29/91

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 60 months from the date of issuance. Use existing system

B. R. Ferguson (Environmentalist) 16-3-91 (Date)

(Director or Authorized Section Head) 6/3/91 (Date)

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

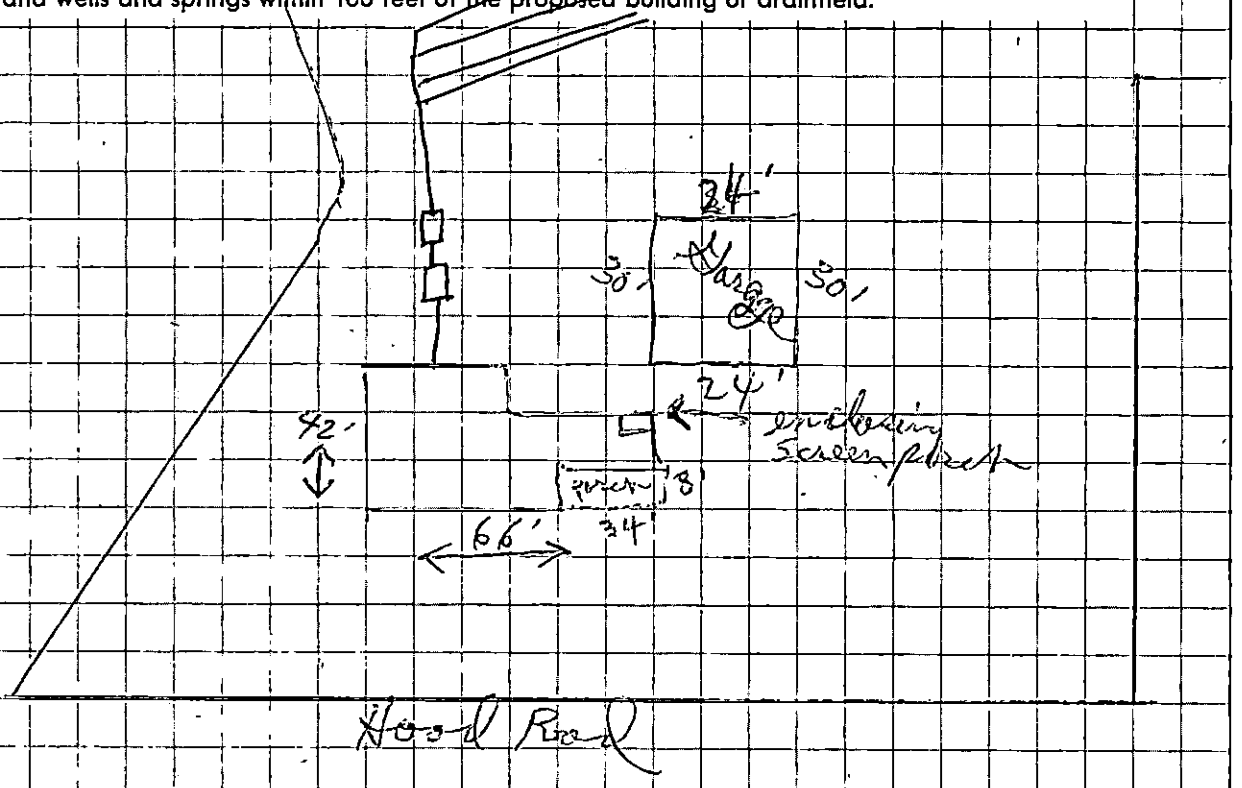
PROPOSED PLOT PLAN

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

FILE: 7178A

TC: 105-153-27

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

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: 7178A
TC: 105-153-27
SERIAL: № 21635
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 9630 Hood Road (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Paul B Stewart (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 9805 Hood Road
⑩ CITY: Charlotte ⑪ STATE: N C ⑫ ZIP: 28215
⑬ PHONE: (WORK) 704-455-5136 ⑭ (HOME) 704-596-0440

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ 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: P B Stewart
Date: 2/21/91

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 ~~48~~ 60 months from the date of issuance.
Lift station required

Philo S. Walker, 4/2/91
Environmentalist Date

Director or Authorized Section Head, 4-3-91
Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-1-1991

Name/Company: Paul B. Stewart

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Agr (New) Imp (3 bldgs)
9635 Hood Road, Charlotte
TP 105-153-27
File 2078A

MECK... COUN...
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 1 1991

Fee: $ 200.00 CK # 7965 $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.

Lift sta

Completed by

Collected by

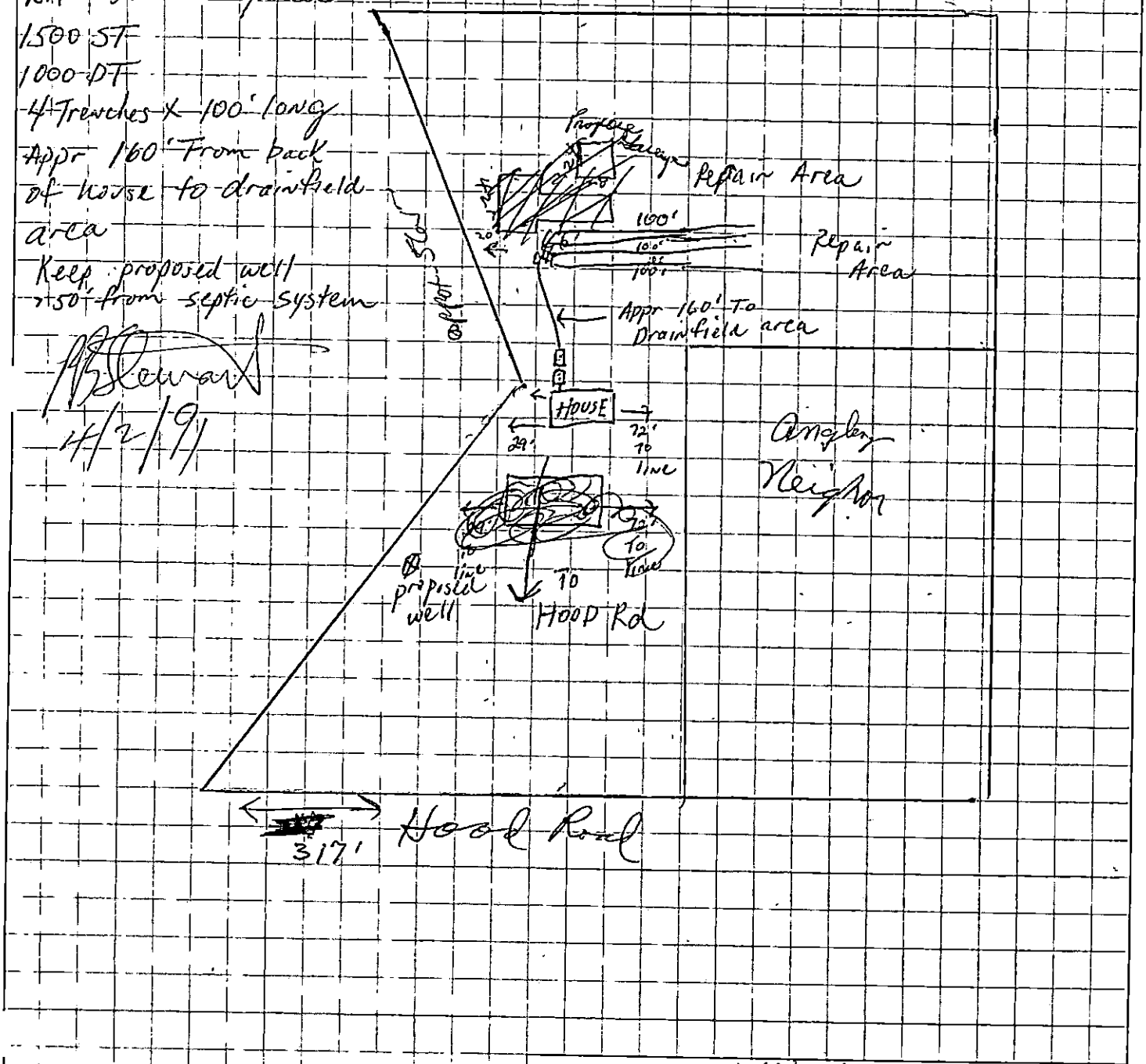
PROPOSED PLOT PLAN

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

FILE: 7178A

TC: 105-153-27

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 4/2/91

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

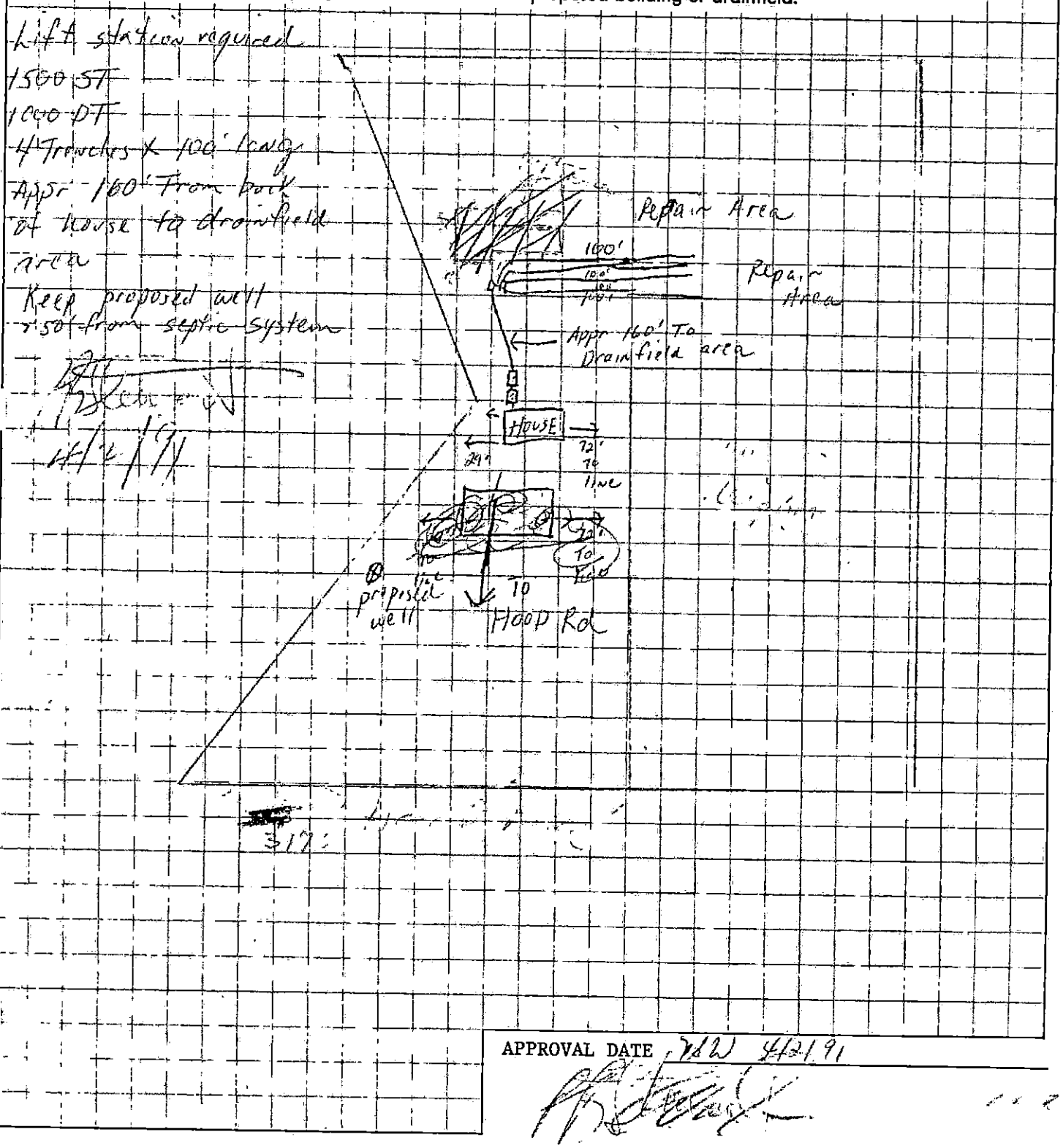
PROPOSED PLOT PLAN

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

FILE: 91184

TC: 105-165-27

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 4/2/91

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

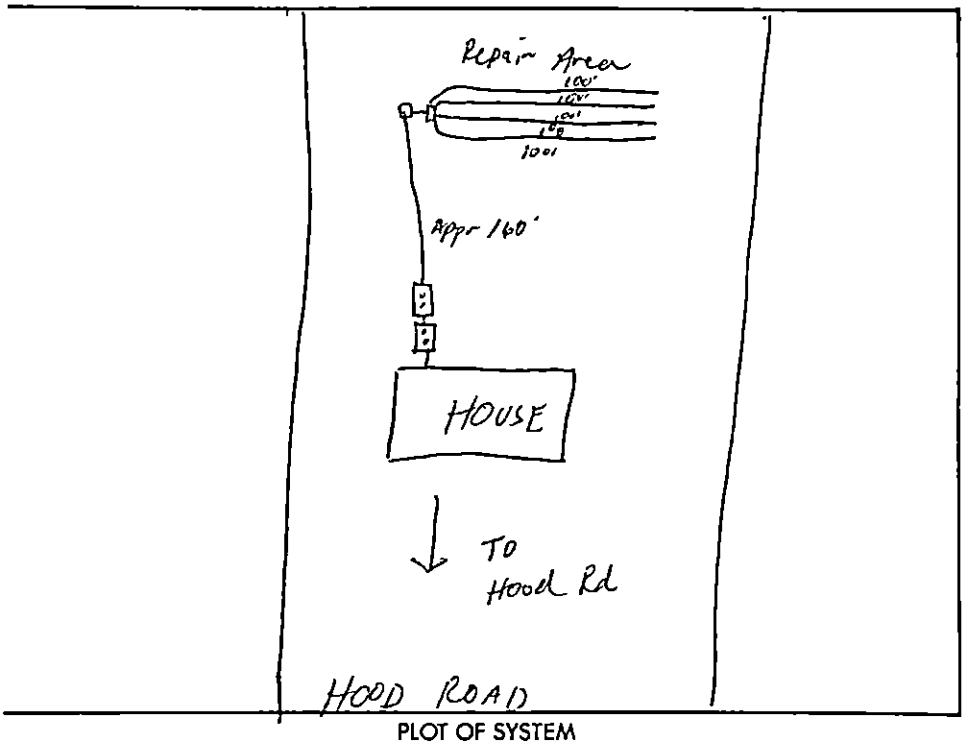
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7178 A DATE: 5/6/91

TC: 105-153-27 ☒ L

SERIAL Nº 15015

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 2/1/91. All work shall be completed on or before 6/6/91, 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 1000 gallons

Tank Construction PCL

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100' (400') feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Paul B. Stewart

LOCATION OF PROPERTY 9630 Hood Rd

Comments: Lift station required / 4 lines x 100' long x 3' wd x 12" stone Appr 160' supply line / 2-D-Boxes required.

Division or Section Head

Philip S. Walker R.S.
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.

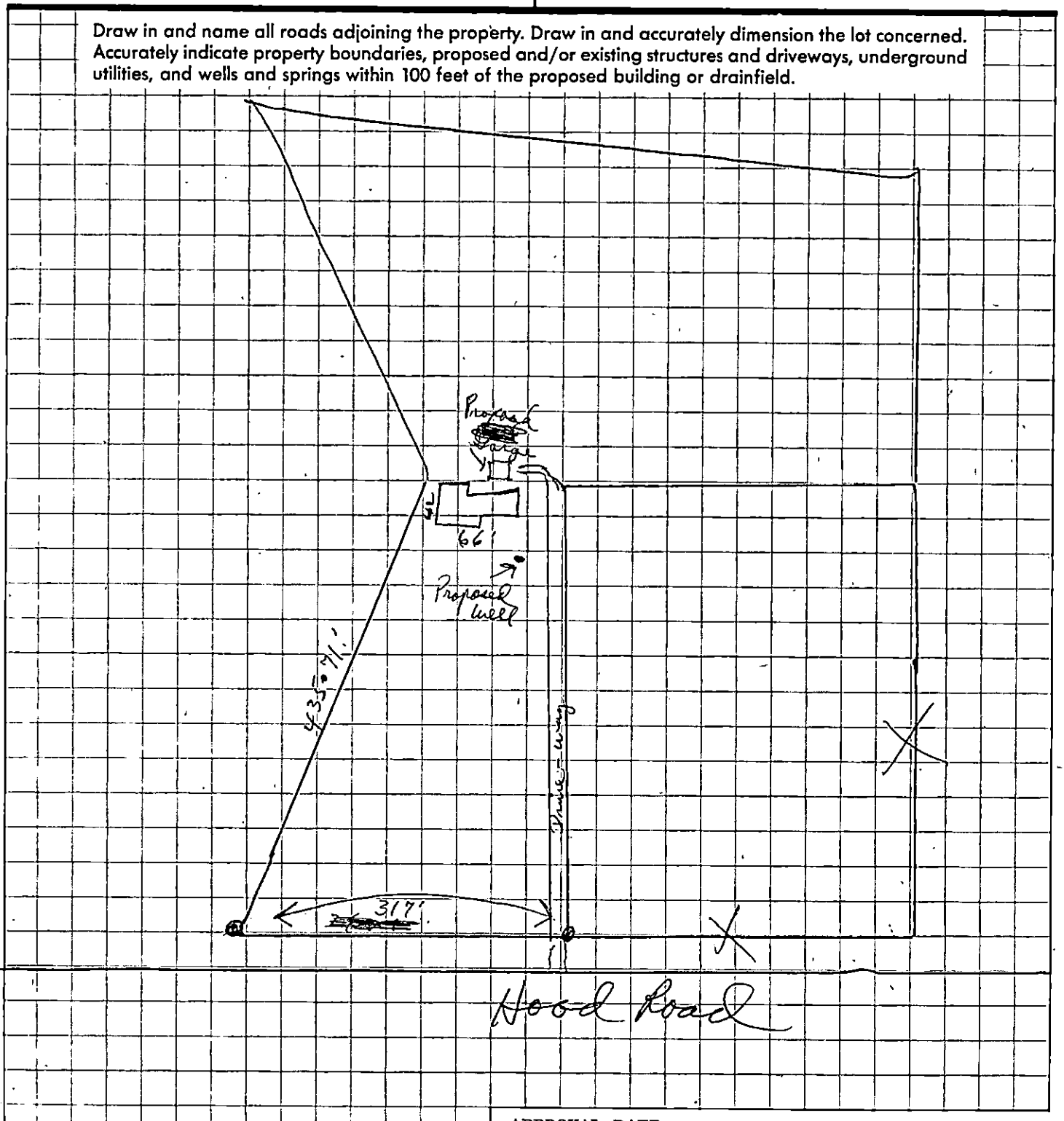
PROPOSED PLOT PLAN

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

FILE: 7178A

TC: 105-153-27

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

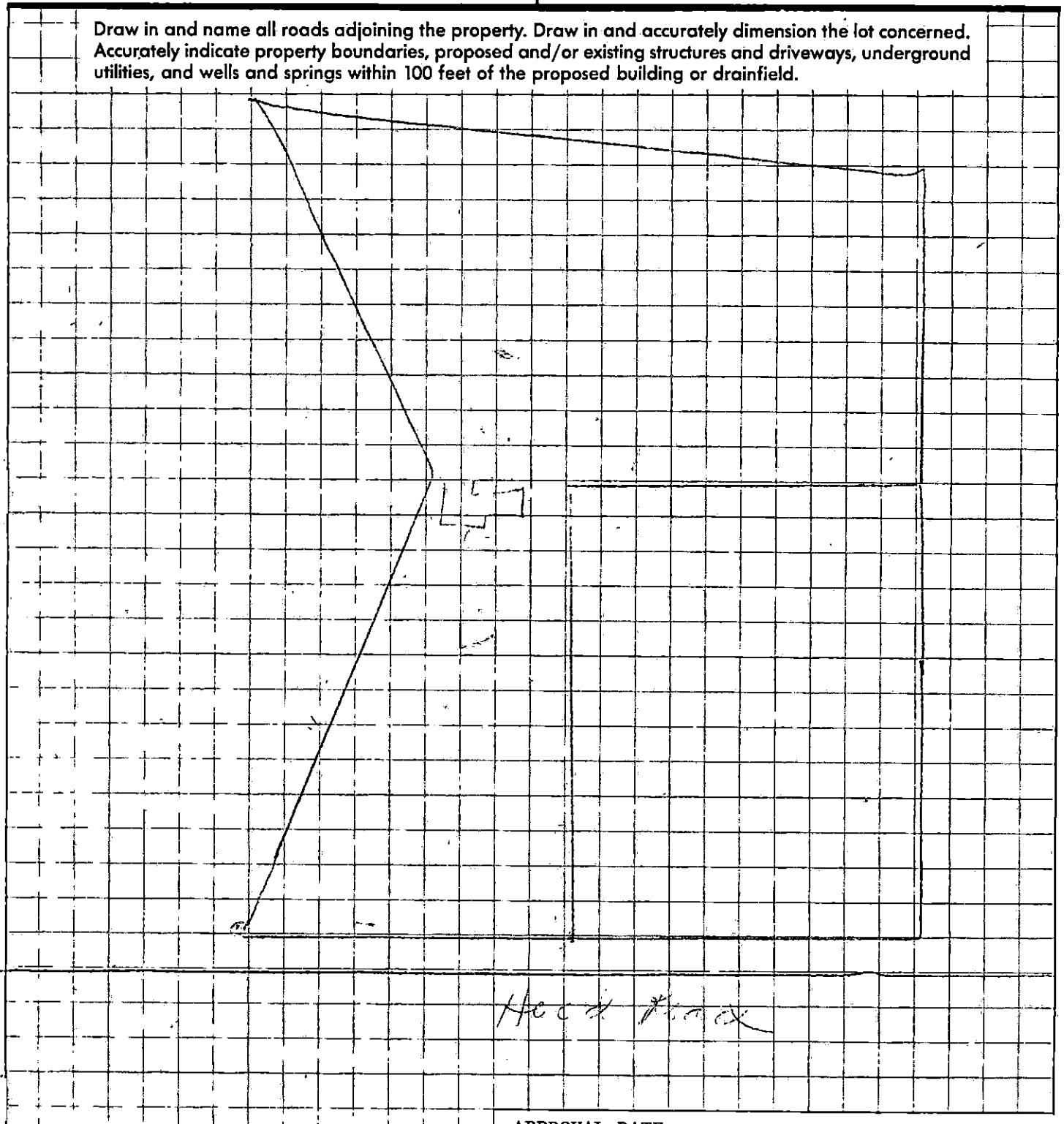
PROPOSED PLOT PLAN

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

FILE: 7178A

TC: 105-153-27

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16921

File: [illegible] Action: /

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

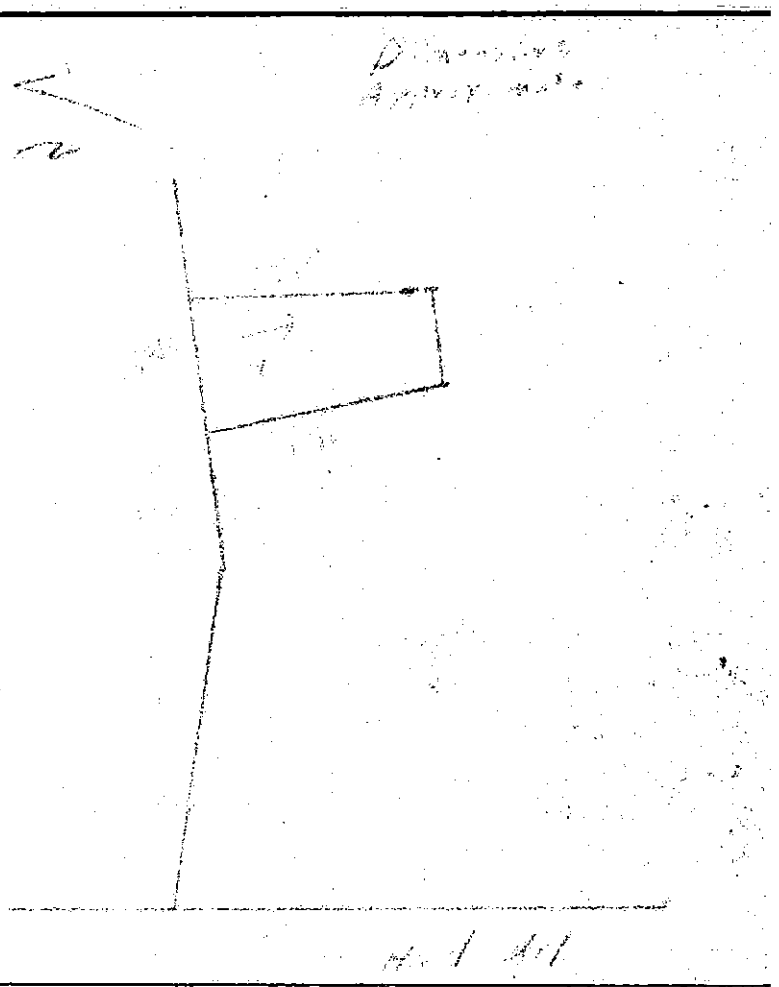
Lot: Block: Acres: [illegible]

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: [illegible]



***** 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 [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U [illegible]	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	[illegible]					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

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: 7178A

TC: 105-153-57

SERIAL: № 21635

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9630 Hood Road (STREET NO. / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Paul (FIRST) B (MIDDLE) Stewart (LAST)

⑨ MAILING ADDRESS: 9805 Hood Road

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215

⑬ PHONE: (WORK) 704-455-5136 ⑭ (HOME) 704-596-0440

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? 3 ㉕ 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: P B Stewart

Date: 2/11/91

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 ~~48~~ 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

...NTY HEALTH DEPARTMENT

...ON REPORT

...UMBER 16875

File: 7198A -- Action U

Parcel: PO 105-153-27 PC

Location: Hood Road

Subdivision:

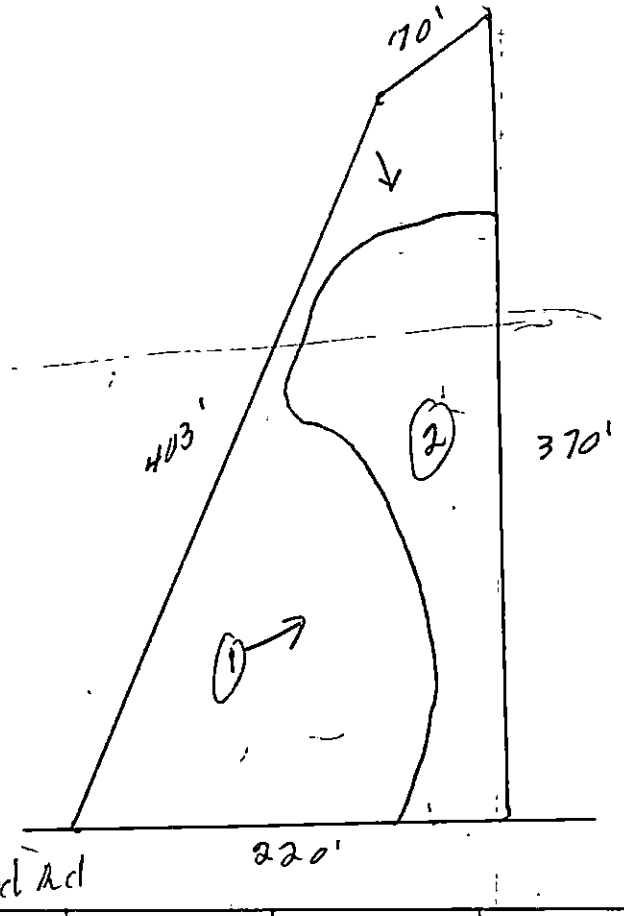
Lot: Block: Acres: 1.32

Owner: Paul B. Stewart
Address: 9805 Hood Road
Charlotte, NC 28215

Comments: 100% Repair

Described by: William A. Marlin

Date: 12-11-90



***** 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 2-10%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 2-1 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) perched water 19-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38"	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 Very	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	Helena-Vance	Depression				

Mecklenburg County
Health Department

December 12th, 1990

Paul B. Stewart
9805 Hood Road
Charlotte, NC 28215

RE: Property located at Hood Road
FILE: 7178A
PARCEL: 105-153-27 PQ

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 16875) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan SO
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 HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16875

File: 7178A Action 3

Parcel: PO 105-153-27 PC

Location: Hood Road

Subdivision:

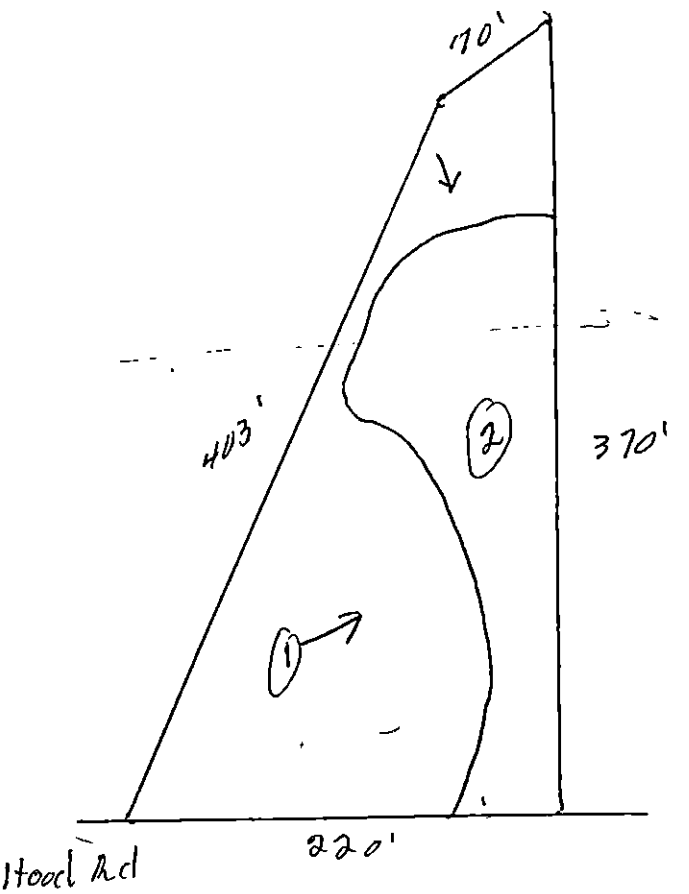
Lot: Block: Acres: 1.32

Owner: Paul B. Stewart
Address: 9805 Hood Road
Charlotte, NC 28215

Comments: 100% Repair

Described by: William R. Marlin

Date: 12-11-90



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Texture	S (PS) (U) 2-1 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) perched water 19-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-39"	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 Very 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	Helena-Vance	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16875

File: Action

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

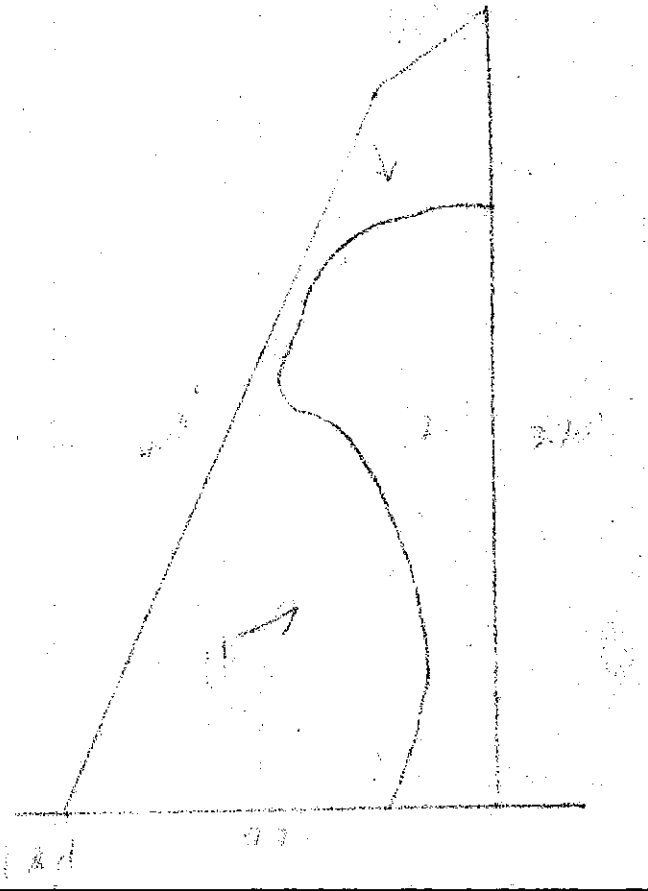
Comments:

Described by:

Date:

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

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Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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						
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: 7178A

TC: PO 105-153-27

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Hood Road

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Paul (FIRST) B (MIDDLE) Stewart (LAST)

⑧ MAILING ADDRESS: 9805 Hood Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28215

⑫ PHONE: (WORK) 704-455-5136 (HOME) 704-596-1440

534-7493 mobile -

⑬ Accurately diagram and dimension lot.

Pre-Premidy on 6.7 acres.
Tax Code 105-153-27

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: P B Stewart

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

Date:

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-12-90

Name/Company: Paul B. Stewart

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Pre-Preliminary Soil Test + (6.7 acres)
Flood Plain
File: 71.78A
TC: 605-153-2790

MECKLENBURG CO.
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 12 1990

Fee: 120.00

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

Mecklenburg County
Health Department

January 8th, 1991

Paul B. Stewart
9805 Hood Road
Charlotte, NC 28215

RE: Property located at Hood Road
FILE: 7178A
PARCEL: 105-153-27 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 16921) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16921

File: 7178A Action 1

Parcel: PO 105-153-27 ☐ PC

Location: Hood Rd

Subdivision:

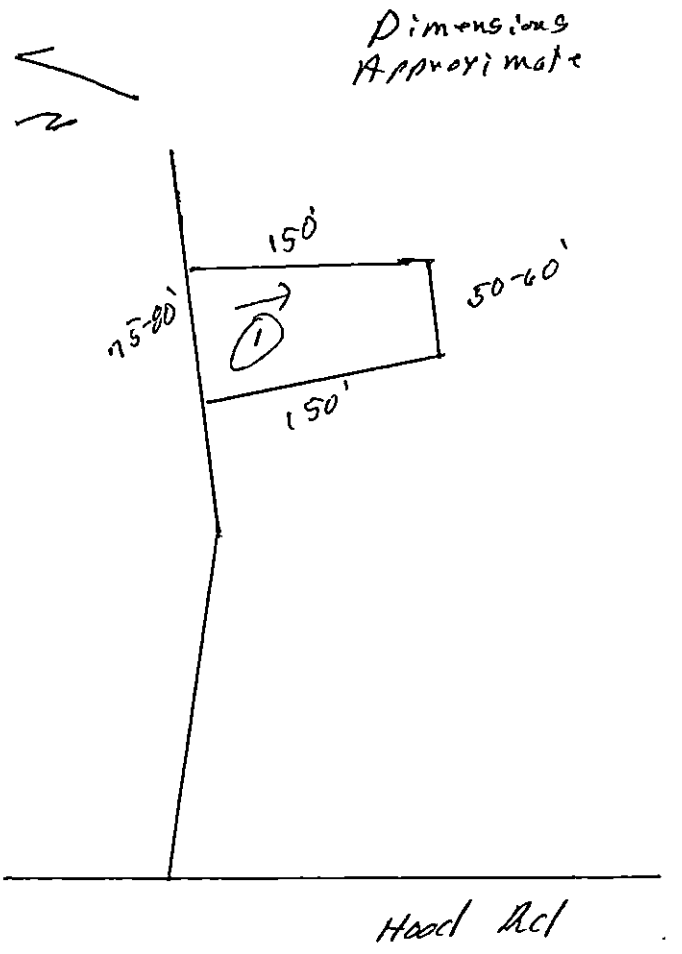
Lot: Block: Acres: Approx .24

Owner: Paul B. Stewart
Address: 9805 Hood Rd
Charlotte N.C. 28215

Comments: 100% Repair, would need pump, area flagged w/ surveyor's tape

Described by: William R. Marlin

Date: 1-7-91



***** 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 2-6%	S PS U	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 36-38"	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 very 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	III Cec. Hills					
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: 2176A

TC: PO 105-15327

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Hood Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

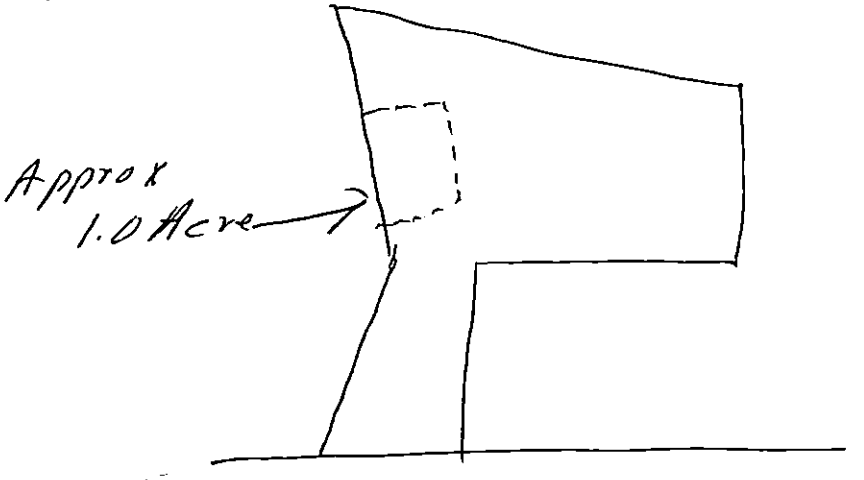
⑦ NAME: Paul (FIRST) E (MIDDLE) Stewart (LAST)

⑧ MAILING ADDRESS: 9805 - Hood Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28215-

⑫ PHONE: (WORK) 704-455-5136 (HOME) 704-596-1440

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: Paul E Stewart

Date: 1-2-91

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-2-91

Name/Company: Paul B Stewart

Sanitation _____

Vector Control _____

O.P.W.D. 1

Service: Outfall - lake
Wood Road
Tax # 105-153-27
Lot 7178A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 2 1991

Fee: $ 50.00 Check # 1921 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.

W. Mangum
Completed by

Collected by

Mecklenburg County
Health Department

December 26, 1990

Paul B. Stewart
9805 Hood Road
Charlotte, NC 28215

RE: Property located at Hood Road, File No. 7178A

Dear Paul:

I have completed a pre-preliminary investigation of soils and topography on the tract located on Hood Road (tax parcel No. 105-153-27). A soils map was prepared and a copy is enclosed.

The areas shaded yellow on the enclosed map appear to be dominantly unacceptable for the installation of septic tank systems. Included are a drainageway-depression area, a complex slope area, and areas of mixed soils.

The drainageway-depression area collects and channels surface water runoff from the surrounding land. This area also has a flowing stream present and some surface flooding may occur during periods of precipitation.

The complex slope area has irregular slopes that are not adaptable for the installation of septic tank systems and also may collect and channel surface water runoff.

The mixed soil areas have expanding clay minerals that swell upon becoming wet, reducing soil pore space. Interval soil water movement is inhibited by this action.

The unshaded areas appear to be dominantly acceptable for the installation of septic tank systems. These soils have clay subsoil horizons that are blocky with respect to structure. Depth to saprolite and ground water is generally 40 inches or greater. Slopes range to approximately 15 percent, but are generally flatter.

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

Based on this investigation, these unshaded areas appear to be dominantly acceptable for the installation of septic tank systems.

Please note that this report does not express or imply individual lot or site approval for septic tank system installation. Individual lot or site approval is based in part on the satisfactory completion of an investigation of a specific lot or site. As of December 21, 1990 no lots or sites were marked on the tract. Note also that soil delineations may be subject to change pending additional investigation with established reference points. Any lots created by subdividing the tract would require that a 100% repair area be available for any septic tank system installed.

Contact me if there are any questions regarding this report.

Sincerely,

William R. Martin SD

William R. Martin
Soil Scientist

Enclosure

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7178A

TC: PO 105-153-27

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: ~~Paul B Stewart~~ Hood Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

⑦ NAME: Paul (FIRST) B (MIDDLE) Stewart (LAST)

⑧ MAILING ADDRESS: 9805 Hood Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28215

⑫ PHONE: (WORK) 704-455-5136 (HOME) 704-596-1440

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: Paul B Stewart

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

Date: 12/3/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-3-90

Name/Company: Paul D. Sowell

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Soil Invest. (1.3 acres)
~~9605 Hoke~~ Flood Road

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 3 1990

TC. PO 105-153-27
File No 7178A

Fee: $ 75.00

~~Ck#~~ 7828
A. 75.00

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

DATE _____

BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mck

PARCEL NUMBER 105-153-27

ASSIGNED ADDRESS 9630 Hood Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank / moveon

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100