

15237 CABARRUS RD

13915205

5/29/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4932 A DATE: 8/2/96

TC: 139 152 05 ☐ L ☐ CRT

SERIAL Nº 16589

Name of Owner George Houston Juris.:

Address of Property 15237 Cabarrus Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source not installed >100'

Excavation Inspected 8/2/96

Tank(s) Inspected 8/2/96

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1996, 1500 ST, CON, 1200 SFT, 12" stone cecil CTR# B. McLaurin 117

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: Septic system designed for 3 bedroom residence

Type II Repair

Philo S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION/CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

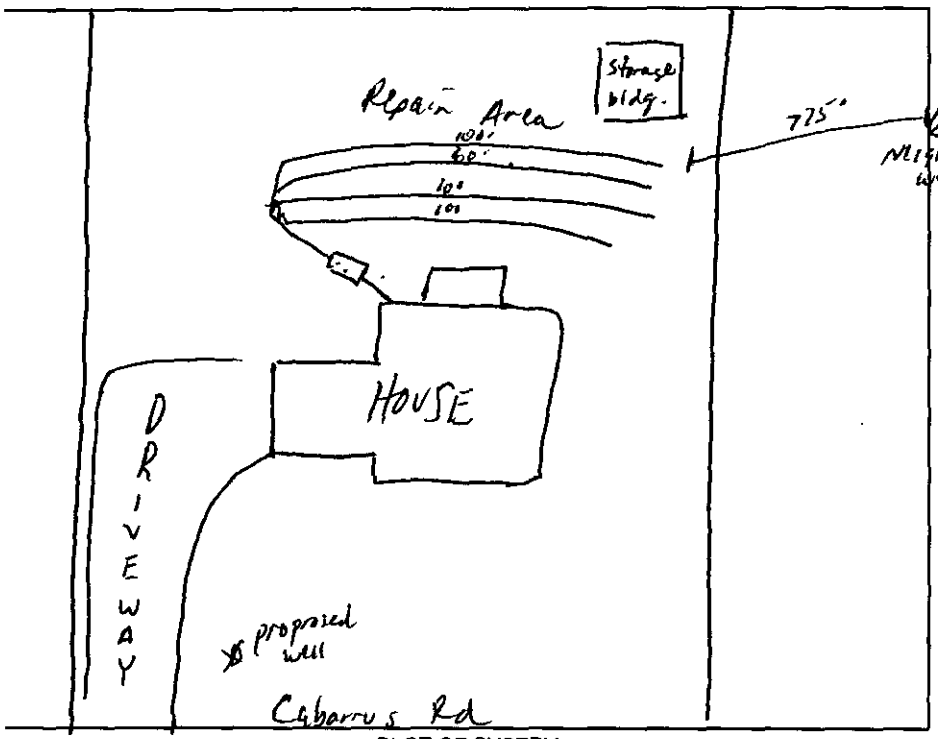
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4932A DATE: 7/31/96

TC: 139 152 05 ☐ L

SERIAL № 16897

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 3/21/96. All work shall be completed on or before 8/31/96, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA 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 4 (100')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER George Houston

LOCATION OF PROPERTY 15237 Cabarrus Rd

Comments: 1500 ST, 4 lines x 100' long x 3' wd x 12" stone / Keep lines on contour of land / Keep septic system > 100' (50' min) from proposed well & neighbors well

Sharon for Shamieff Program Chief 8-8-96

Phila S. Walker R.S.
Environmental Health Specialist

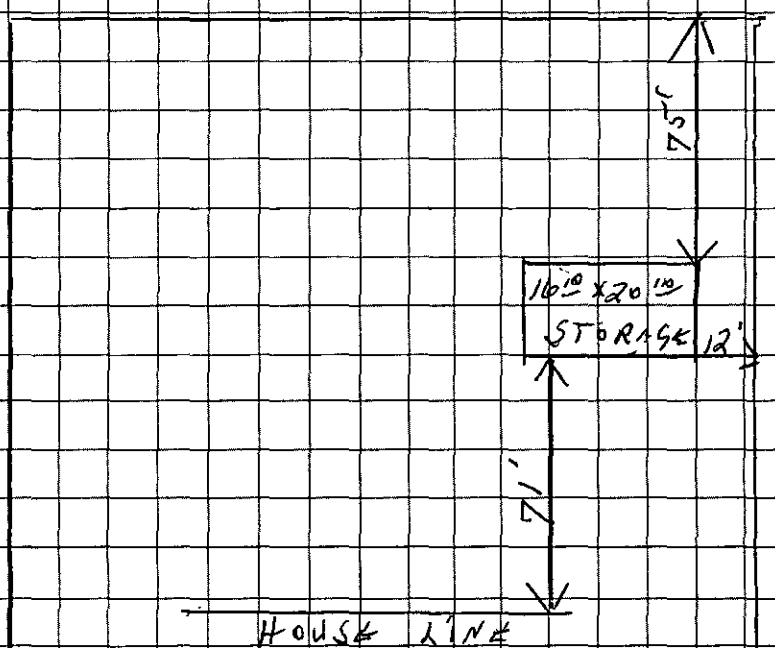
PROPOSED PLOT PLAN

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

FILE: 4932A

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.



Cabarrus Rd

OWNER/AGENT SIGNATURE

DATE May 21, 96

APPROVAL DATE JDW 5/21/96

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

TRANSFER OF OWNERSHIP

Permit #: _____
Job Location Information:
Tax Parcel #: 139-152-05
Street Address: 15237 CABARRUS Rd.
CHARLOTTE N.C. 28227

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: HOUSTON GEORGE P. (last) (first) (mi) Date Issued: _____

Address: 3933 BON REA RD.
City: CHARLOTTE, State: N.C, Zip: 28226
Daytime Phone: ( ) - _____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: STARNES ROBERT H. (last) (first) (mi)

Address: 1284 BILTMORE DR.
City: CONCORD State: N.C, Zip: 28025
Daytime Phone: (704) 455 - 5405

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 2-22-96 has read the foregoing application and Improvement Permit, 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: Joe F. Starnes Agent Date: 4-25-96

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) - _____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

Paid by Check #302 Paid by Check #2400

FEE: 200. **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 4/25/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/25/96 **PERMIT NO:** 4932A

PARCEL NO: 129-152-05

JOB LOCATION ADDRESS: 15237 Cabarrus Rd
PROPERTY OWNER: George Houston
BUILDING CONTRACTOR: Joe Haney
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Philo S. Walker **DATE:** 4/25/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4932A, 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: House to be construted as per plot plan in file.

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.

Joe F Haney 4-25-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4932A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 152 05

- 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)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12 Depth of stone	

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

Site modifications required:

Additional Conditions:

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)	24" 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 for th 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 effe 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 Departmer
- This Improvement permit is transferable.

Philip A Walker R.S. 3/21/96
DEHNR Authorized Agent Date

× John F. Storey Jr. 3-21-96
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

PROPOSED PLOT PLAN

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

FILE: 4932 A

TC: 139-152-05

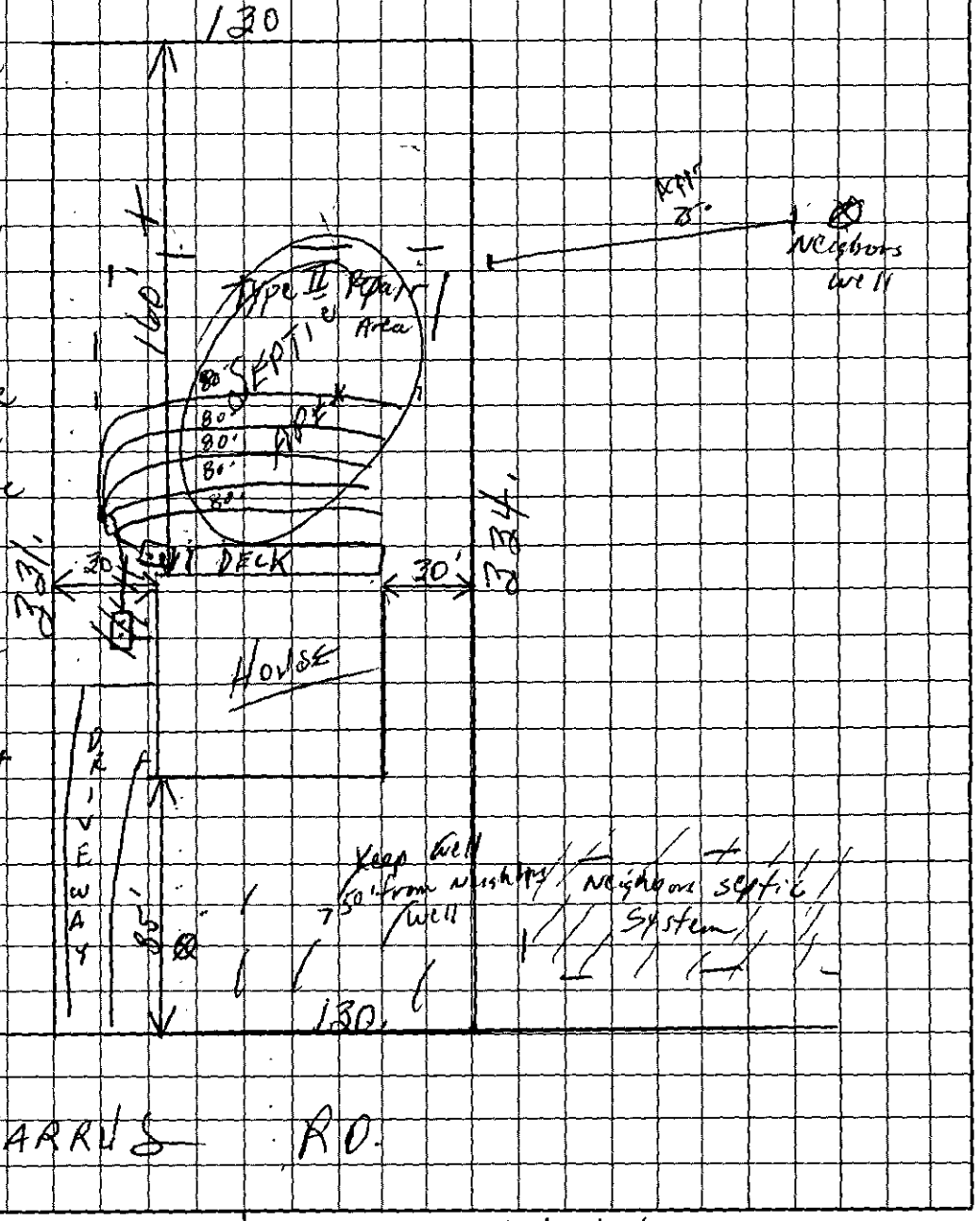
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS

1500 SF
5 lines x 80' long x 3' wd
x 12" stone
400 LF

Keep proposed well > 100' (50' min) from neighbors septic system
30' from left front house corner to left property line
85' from front left house corner to front property line.
Type II Repair Area

Joe F. Blakney Agent
3-21-96



Joe F. Blakney Agent
OWNER/AGENT SIGNATURE

DATE 2-22-96

APPROVAL DATE PSW 3/21/96

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

FEE: 100.00
DATE: 2-22-96
#45964

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

I 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 #: 4932 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-152-05

STREET ADDRESS: 15237 Cabarrus Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2 Block #1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1700 +

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Lot checked 3-19-96
use initials upon
WA Mark 3-19-96

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: HOUSTON (LAST) GEORGE (FIRST) P. (MI)

ADDRESS: 3933 Bob Rea Rd.

CITY: CHARLOTTE STATE: N.C. ZIP: 28226

DAYTIME PHONE: ( ) --

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: HANEY (LAST) JOE (FIRST) F. (MI)

DAYTIME PHONE: 704 536 2100

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: Joe F. Haney Agent DATE: 2-22-96

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

JOE F. HANEY REALTY CO.

P. O. Box 25311 — Phone (704) 536-2~~656~~X 2100

Charlotte, N. C. ~~28202~~ 28229



"YOUR HOME IS YOUR CASTLE"

SKILL
INTEGRITY
RESPONSIBILITY

Date 2-21, 1996

In consideration of your agreement to list the following property for sale and to use your efforts to find a purchaser, the undersigned seller (for identification, hereinafter referred to as the seller, whether one or more) agrees with you, as your Listing Agent, as follows:

1. **Exclusive Right to Sell.** You shall have the exclusive right to sell the property as our Listing Agent at the price and on the terms set forth below or such other price that we may agree upon, until midnight April 15, 1996.

2. **Property to be Sold.** Lot #2 Block #1 Connell Mill Tax Code #139-152-05

3. **Sale Price** $ 23,000.00

4. **Terms of Sale:** 1—Cash (X), 2—L.A. ( ), 3—Conv. (X), 4—FHA ( ), 5—VA ( ), 6—Personal ( )

5. **Multiple Listing.** This listing shall be ( ), shall not be ( ) entered in the Charlotte Multiple Listing Service.

6. **Cooperation with Agent.** Seller agrees to cooperate with you (or other agent acting for or through you) to facilitate the sale of the property. Property may be shown only by appointment made by or through you as Listing Agent.

7. **Commission.** Seller agrees to pay you a commission if a purchaser is procured by you, the Seller, or anyone else during the exclusive listing period. Commission to be Ten % and shall be computed on the gross sales price of the property.

8. **Later Sale to Prospect.** If, within 120 days after the expiration of the exclusive listing period the seller shall directly or indirectly sell or agree to sell the property to a party whom you (or any other agent acting for or through you) have shown the property during this exclusive listing period, seller shall pay the same commission to which you would have been entitled had the sale been made during the exclusive listing period, provided names of prospects are delivered or postmarked to the seller and to the Multiple Listing Service within seven days after expiration.

This provision shall not be applicable in the event subject property is listed for sale with any Multiple Listing Service Member Firm for the duration of said 120 days.

9. **Title to be Conveyed.** Seller acknowledges right of ownership of the property and agrees that a deed will be executed and delivered to a purchaser conveying an indefeasible fee simple title to the property with full warranties subject only to such easements and restrictions as appear of record.

10. **Possession.** Seller agrees to give a purchaser possession of the property Upon Closing

11. **For Sale Signs.** You may place a "For Sale" sign on the property: Yes: X No: _____. Seller agrees to remove all other signs.

12. **The property which is the subject matter of this agreement, and as herein before described, is offered without respect to race, creed, color, or national origin.**

13. **Other Special Provisions.** Survey Cost will be by Sales Agent.

Agreed to and accepted this 21st day of February, 1996

Seller (or other) _____ (Seal)

_____ (Seal)

(Listing Agent Firm)

Joe F. Haney Realty (Seal)

(Firm Representative)

Seller Address: 3933 Bon Rea Dr.

Charlotte ~~Matthews,~~ N. C. Zip Code ~~28105~~ 28226

Phone: Home 541-2580 Office _____

Address			Zoned		Price $	L#
Section			No. Family		Lot Size	
Area No.			Const.		Type	
LEVEL	Main	U.L.	L L	Agent's home phone		Elementary
Ent. Hall				Air Cond.	Ldry. Loc.	Jr. High
Liv. Room				Heat	Dryer Conn.	Sr. High
Din. Room				Fireplace	Water	Tax Value
Kitchen				Water Htr.	Sewerage	Type Loan
Brk. Room				Range/Oven	Roof	Amt. Due
Den				DW/Disp.	Insulated	As Of:
Recreation				Vent Hood	CP/Gar.	Payments
Bedrooms				Attic	Drive	Int. Rate
Baths				Stairs	Porch	Mat. Date
Closets				Fan	Patio	Trans. Fee
Floors				Basement	Age	Appraisal
Walls				Floor	In/Out City	Comm.
Utility Room				In/Out Ent.	Cond. In	Proposed
Workshop				Sq. Ft. Htd.	Cond. Out	Assume at %

Remarks: 1—Cash ( ), 2—L.A. ( ), 3—Conv. ( ), 4—FHA ( ), 5—VA ( ), 6—Personal ( )

Directions:

Seller's Name	Phone No.
Tenant's Name	Phone No.
Listing Agent (Firm)	Listing Salesman
LA's Address	LA Phone No.
Possession	L#

DATE 2/20/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-152-05
PARCEL NUMBER

15237 Cabarrus Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Septic

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pme

REVISED 1/91

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

November 15th, 1988

George P. Houston
3933 Bon Rea Road
Charlotte, NC 28226

RE: Property located at Cabarrus Road 2
FILE: 4932A
PARCEL: 13914103 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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 11928) deliniating the soil types and their respective classifications is enclosed.

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 accomodate 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. Futhermore, 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, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11928

File: 4932A Action 4

Parcel: 139-141-03 PO ☐ PC

Location: Cabarrus Road

Subdivision:

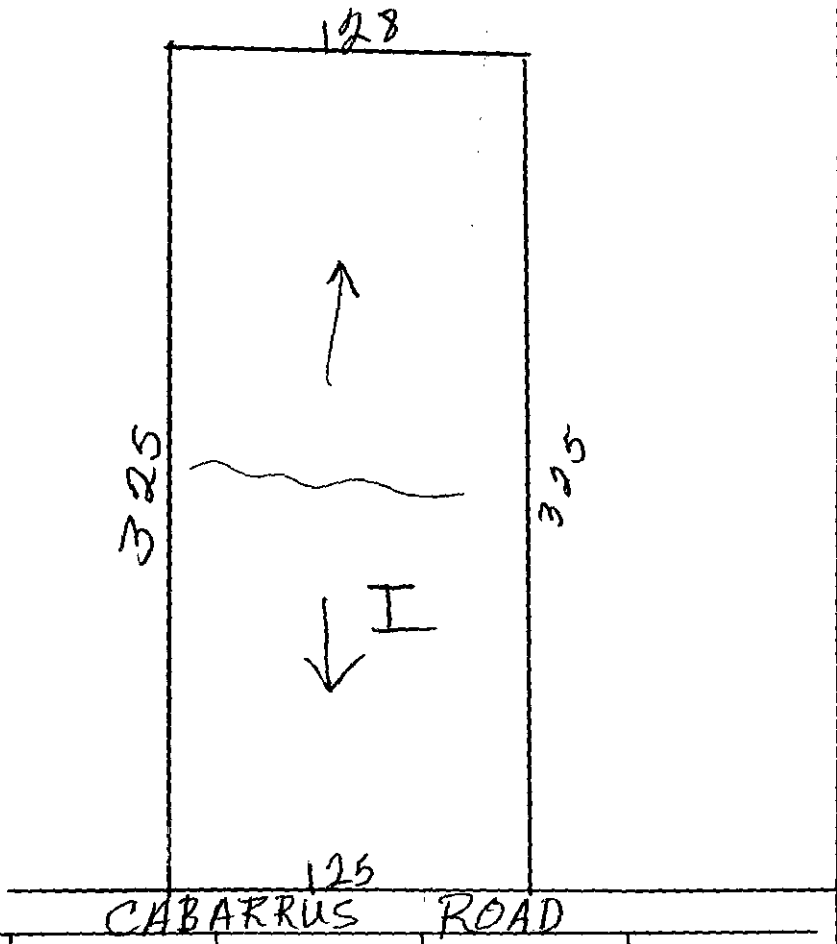
Lot: Block: Acres: .95

Owner: George P. Houston
Address: 3933 Bon Rea Road
Charlotte, N. C. 28226

Comments: _____

Described by: W. B. Ramsey

Date: 11-7-88



***** 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 3-4	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
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 47+	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	~~IIa~~ Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: ~~5453A~~ 4932A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Undeveloped land between 15135 Cabarrus Rd. & 15555 Cabarrus Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 15 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: 5657 PAGE NO.: 0243

OWNER

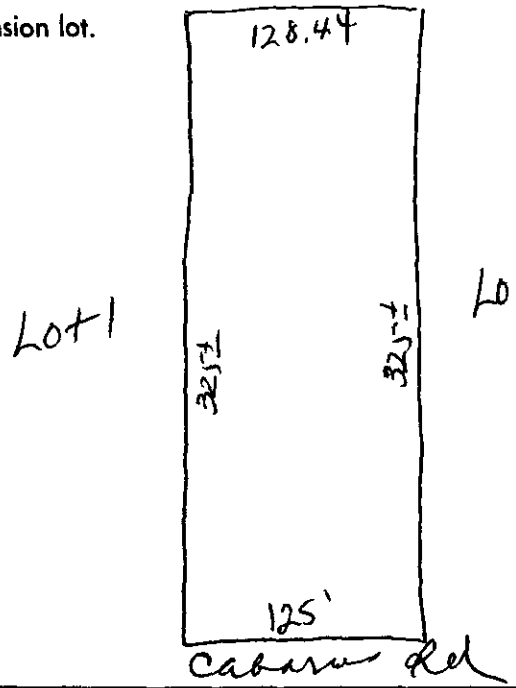
⑦ NAME: George P. Houston
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 3933 Bon Rea Rd.

⑨ CITY: Charlotte, ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) 542-0126

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: George P. Houston

Date: 10/28/88

[redacted]

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4932A

TC: _____

☐ PC ☐ REPT

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 26 1988

Lee Rogers
1851

JOB LOCATION

① ADDRESS: Undeveloped land between 15135 Cabarrus Rd. and 15555 Cabarrus Road - Lots are staked

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

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 15 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: 5657 PAGE NO.: 0243

OWNER

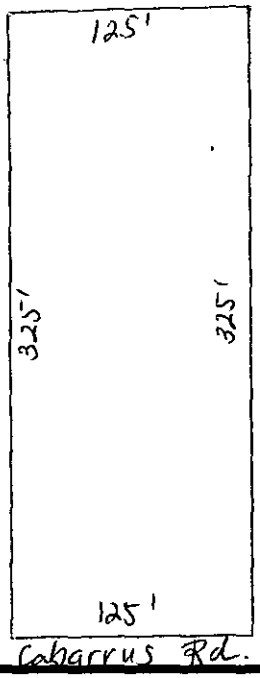
⑦ NAME: George (FIRST) P. (MIDDLE) Houston (LAST)

⑧ MAILING ADDRESS: 3933 Bon Rea Rd.

⑨ CITY: ~~Matthews~~ Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) 542-0126

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: George P Houston Jr

Mecklenburg County services are available with-out regard to ethnic origin, sex, or disability. Date: 8/26/88

Note: Sketch Plan of Connell Mill attached to APPLICATION FOR SOIL INVESTIGATION on Lot 1.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY