

13400 MAYES RD

01106230

6/1/2007

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: 5558A DATE: 7/31/91

TC: 011-062-02 ☒ L ☐ CRT

SERIAL Nº 15408

Name of Owner Karl O. Hesse Juris.:

Address of Property 13400 Mayes Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 270'

Number of Lines 3 @ 90

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 7/31/91

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1991, Repair Alteration CTR# 154

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 + bathroom in barn. Horse washer to be disconnected.

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

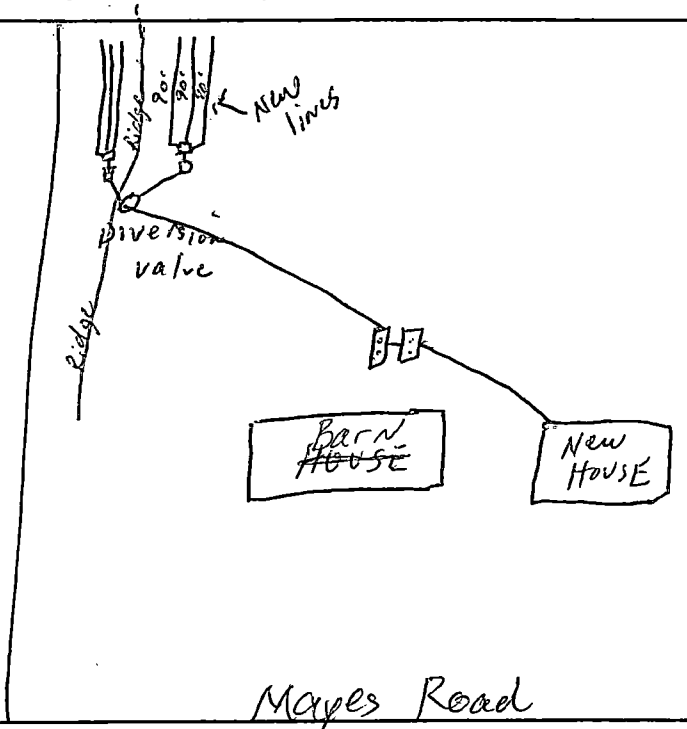
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5558 A DATE: 7/25/91

TC: 011-062-02 ☐ L

SERIAL Nº 13607

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 7/17/91. All work shall be completed on or before 8/25/91, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length ~~270~~ 270(3) feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Karl O. Hesse

LOCATION OF PROPERTY 13400 Mayes Road

Comments: 3 lines x 90'long x 3'wd x 12" stone
set diversion valve set 2 D-Boxes on new lines
1 D Box old lines / Landscape over for water diversion

Division or Section Head

Thelma 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.

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

PW 01?

Pd. 7/17/91
Ck # 469
Amt. 125.00
MD.

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 5558A
TC: 011-062-02
SERIAL: № 0019615
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 13400 (STREET NO.) Maupa (STREET) Road ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 011-062-02
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: KARL (FIRST) OTTO (MIDDLE) HESSE (LAST)
⑨ MAILING ADDRESS: 8208 NATHANAEL GREENE LANE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) (704) 594 8302 ⑭ (HOME) 535 2911

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) KITCHEN/BATH ADDITION
Move House onto Lot

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? 4
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: Karl O Hesse
Date: 17 JULY 1991

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

Philo S. Walker, 8/1/91
Environmentalist Date

8-6-91
Director or Authorized Section Head* Date

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

PW 011

PROPOSED PLOT PLAN

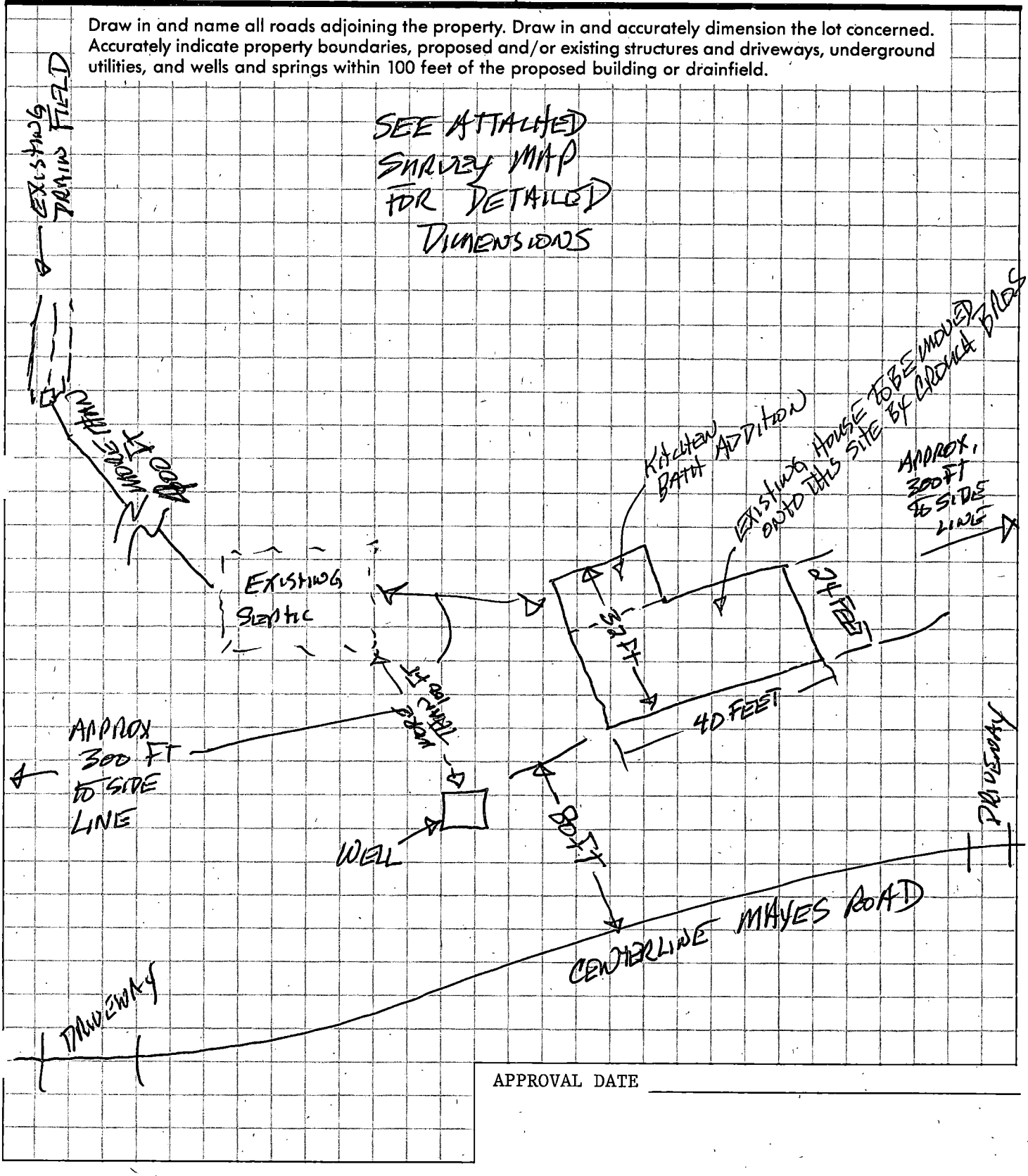
P.D. 7/17/91
Ck. # 469
Amt. 125.00
Paid.

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

FILE: 5558-A

TC: 011-062-02

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



File 55584

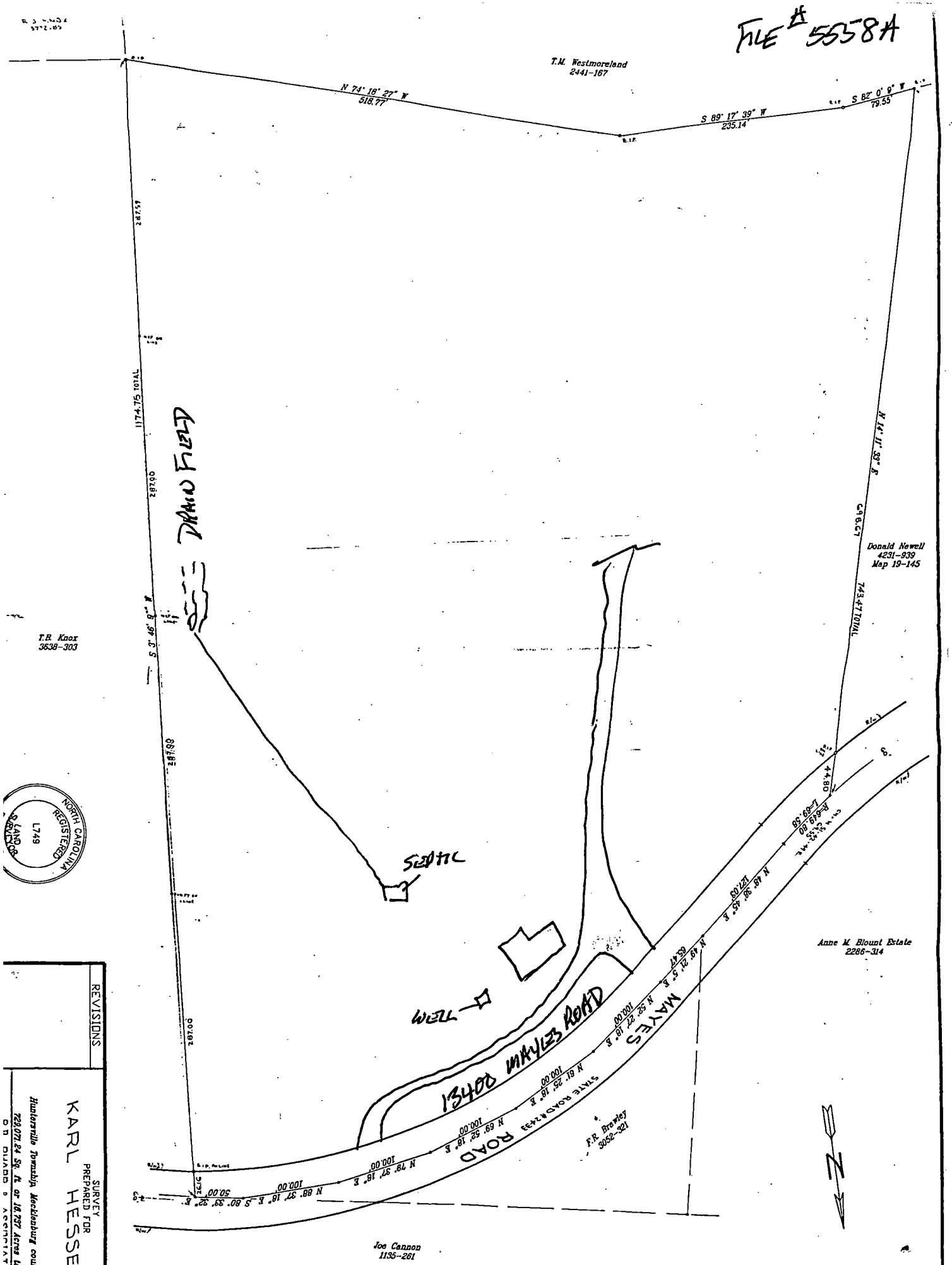
TAX # 021-063-03

.025 = 1 Foot

.25 Fifty Ths of an INCH = 10 FOOT

1/50TH INCH = 40 Feet

FILE # 5558A



NORTH CAROLINA REGISTERED LAND SURVEYOR L749

REVISIONS

SURVEY PREPARED FOR
KARL HESSE

Huntersville Township, Mecklenburg county, N
229,072.24 Sq. Ft. or 18.727 Acres total
DB QUAD 8 ACCEPTANCE

20-090-110

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5558A DATE: 9/19/89

TC: 011-062-02 PO ☒ L ☐ CRT

SERIAL № 12192

Name of Owner Karl O. Hesse Juris.:

Address of Property 13400 Mayes Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ 100'

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 9/19/89

Tank(s) Inspected 9/19/89

Wash Line Inspected NA

High Water Alarm Inspected 9/19/89

PLOT

Design: 1989 1500 ST, 1000 DT, 888 SFT, conv, 12"G cecil CTR# 38

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 barn (300' total line length)

Philo S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

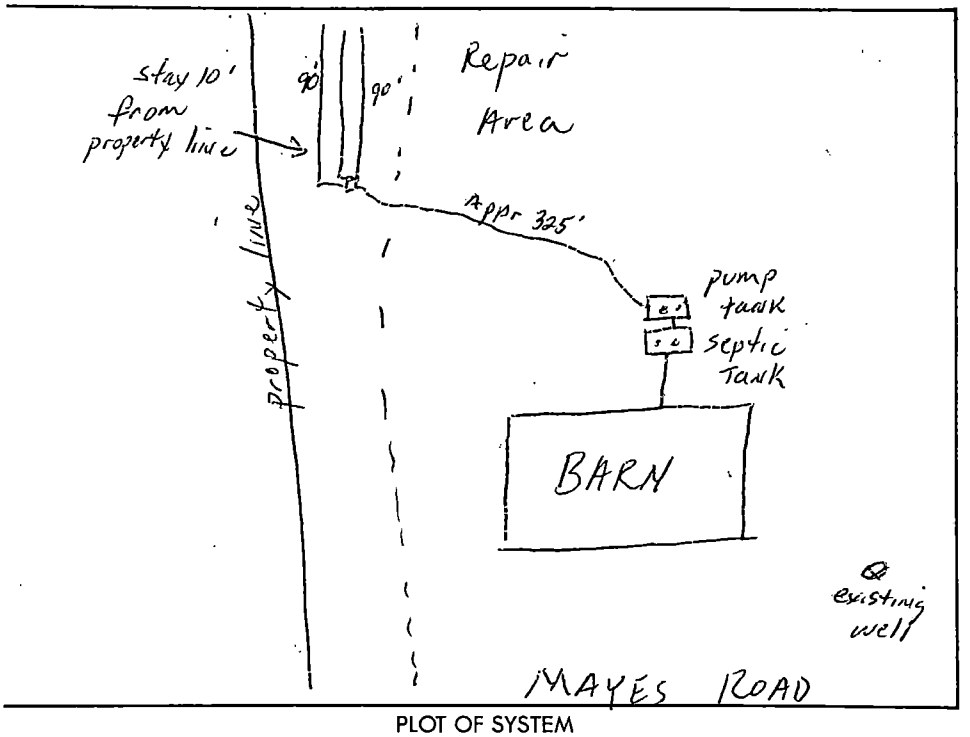
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5558 A DATE: 9/11/89

TC: 011-062-02 PO ☐ L

SERIAL № 12942

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 August 15, 1989. All work shall be completed on or before 10/11/89, 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 Department of Environmental Health 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 270' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER Karl O. Hesse

LOCATION OF PROPERTY 13400 Mayes Rd

Comments: Pump station required
3 Trenches x 90' x 3' x 12" stone
Stay 10' from property line

Division or Section Head

Philo S. Walker
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

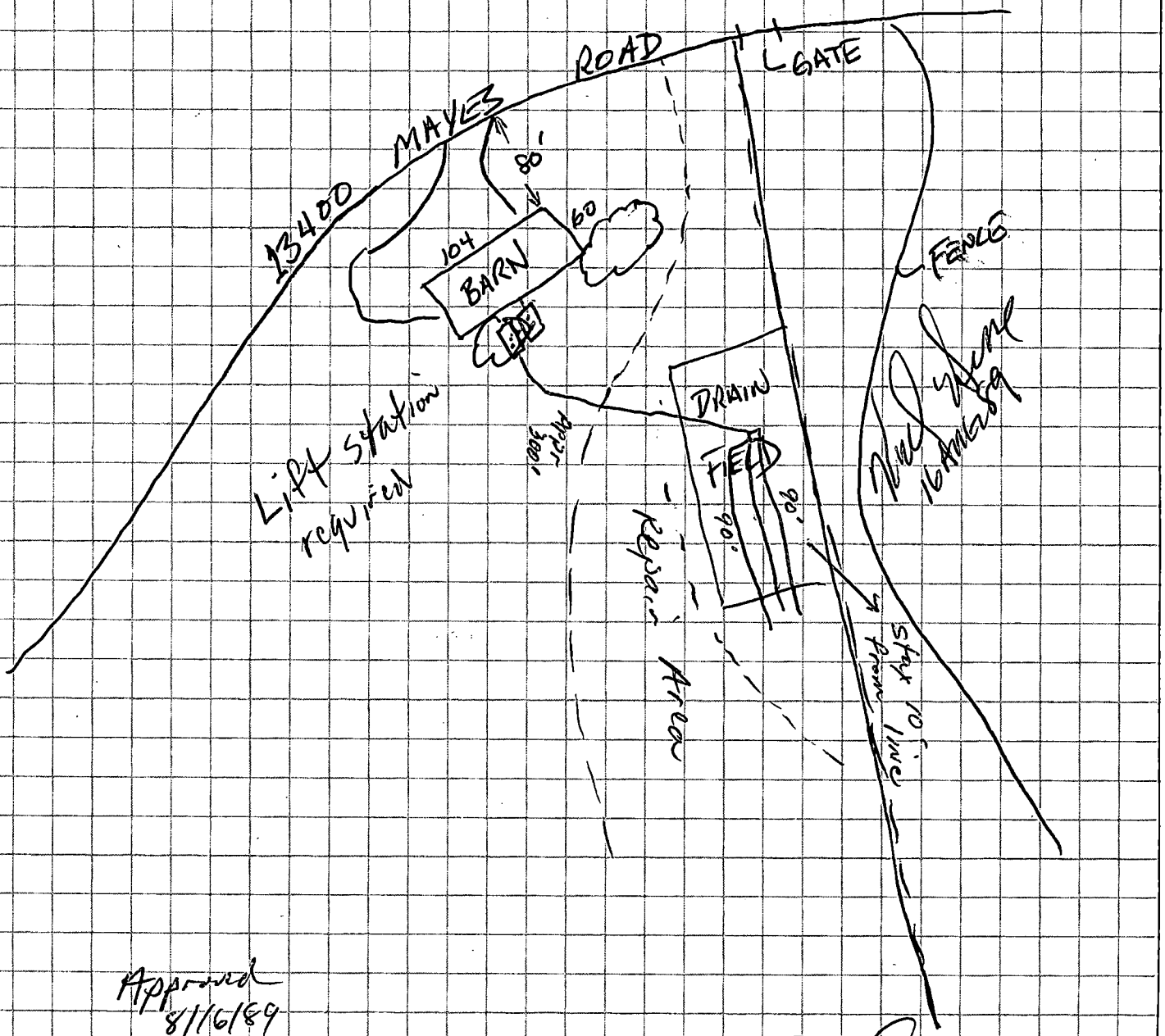
PROPOSED PLOT PLAN

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

FILE: 5558A

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.



Approved
8/16/89
JSW

Signed: _____

Date: 15 AUG 89

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: 5558A
TC: 011-062-02PO
SERIAL: № 19039 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 13400 MAYES ROAD (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: KARL (FIRST) O (MIDDLE) HESSE (LAST)
⑨ MAILING ADDRESS: 8208 NATHANAEL GREEN LANE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 594 8302 ⑭ (HOME) 535-2911

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: ONE TOILET IN A BARN
⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? _____
㉓ Maximum occupancy? _____ 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 t[illegible]he contents of same are true, and authorizes agents of the [illegible]KLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]
Date: 15 AUG 89

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 36 months from the date of issuance.

Lift station required

Thilo S. Walker, 8/16/89
Environmentalist — Date

[signature] 8/17/89
Director or Authorized Section Head — 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: 8/15/89

Name/Company: Earl O. Nelson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Drop Dust
#5558A

MECKL COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 15 1989

Check 104
TN 200.00

Fee: $ 200 —

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

BILLING — WHITE [redacted]

Mecklenburg County
Health Department

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

August 14th, 1989

Karl O. Hesse
8208 Nathanael Greene Lane
Charlotte, NC 28212

RE: Property located at 13400 Mayes Rd.
FILE: 5558A
PARCEL: 01106202

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 12161) 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 I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12161

File: 55588 Action /

Parcel: PO 011-062-02 ☐ PC

Location: Mayes Rd.

Subdivision:

Lot: Block: Acres: .52

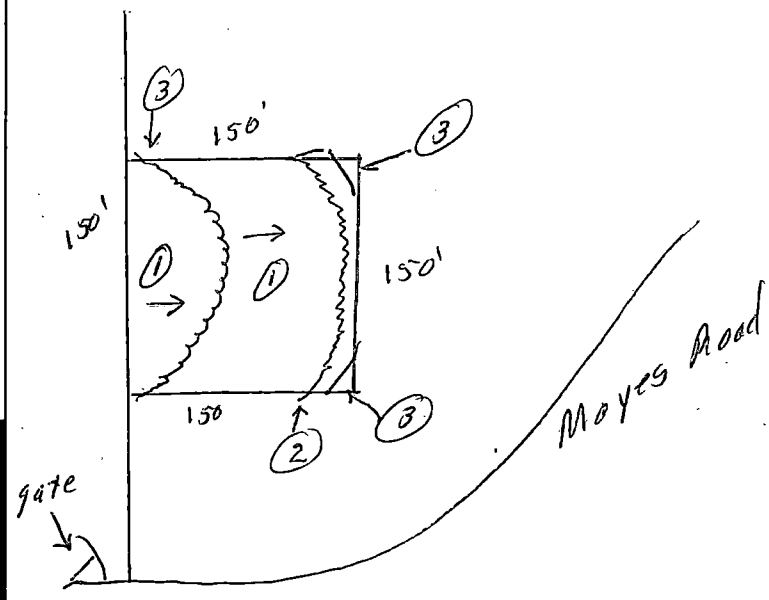
Owner: Karl Hesse
Address: 8208 Nathanael Greene Lane
Chalotte, NC 28212

Comments: System would need lift pump- appears to be adequate area for system from both proposed areas

Described by: William R. Medlin

Date: 8-14-89

Distances Approximate

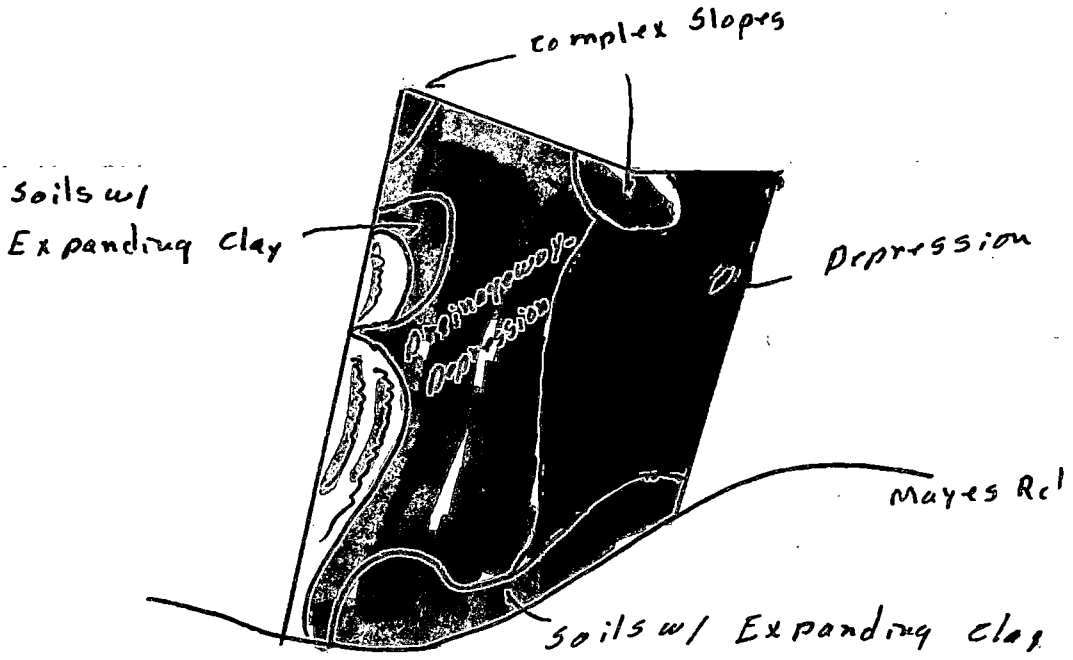


***** EVALUATION KEY *****

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 2-12%	S PS (U) old Terraces	S PS (U) Depression	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 736" 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 736"	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	IVA Cecil-Lilla	old Terraces	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Pre-Preliminary 011-062-02



□ Soils Appearing To Be Dominantly Acceptable For Septic Tank System Installation

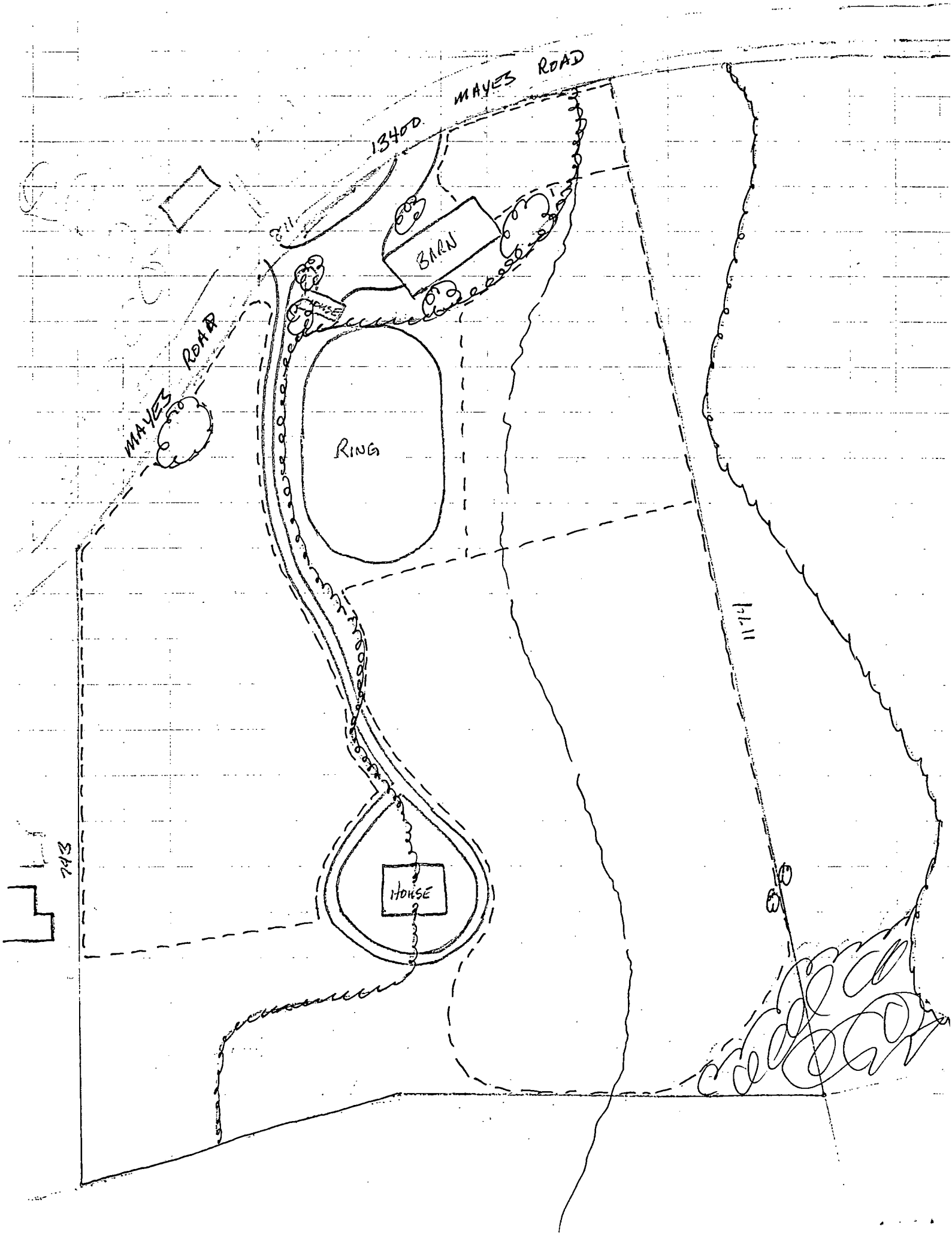
Soils Appearing To Be Dominantly Unacceptable For Septic Tank System Installation

Soils That Could Be Considered For Use with Shallow-Plated Septic Tank Systems

W Terraces

W.R. Morlin- Soil Scientist

5-4-69


MAYES ROAD
1340
MAYES ROAD
BARN
RING
HOUSE
743

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5558A

TC: PO 011-062-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 13400 MAYES ROAD

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ X PARCEL NO.: 011-062-02

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

OWNER

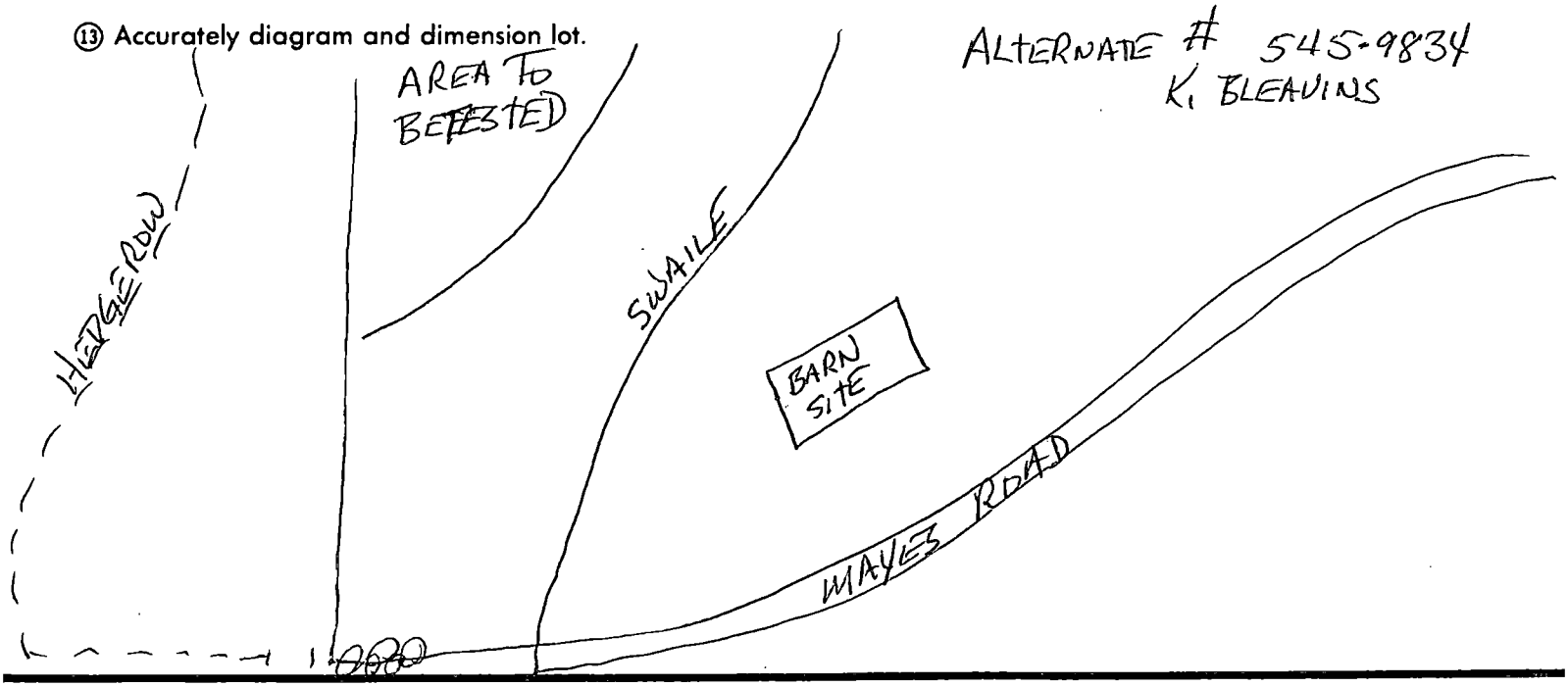
⑦ NAME: KARL (FIRST) O (MIDDLE) HESSE (LAST)

⑧ MAILING ADDRESS: 8208 NATHANAEL GREENE LANE

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 594-8302 (HOME) 535-2911

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: _____

Date: _____

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: 8/10/89

Name/Company: Karl O. Reese

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test # 5558A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 10 1989

Fee: $ 40 -

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

BILLING — WHITE [redacted]

Mecklenburg County
Health Department

file # 5558A

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

May 5, 1989

Mr. & Mrs. Alvin H. Sherrill
13108 Mayes Road
Davidson, NC 28036

Dear Mr. & Mrs. Sherrill:

A pre-preliminary investigation of soils and topography was made on the tract (parcel 011-062-02) located on Mayes Road. A soils map was prepared and a copy is enclosed.

The areas marked with yellow lines appear to be dominantly unacceptable for the installation of septic tank systems. Included are areas of complex slopes, soils with expanding clay, a drainageway-depression, old terraces, and a shallow depression.

The complex slope areas have irregular slopes that are not adaptable for the installation of septic tank systems. A rather large fully is located on the right rear portion of the tract.

The soils with expanding clay have subsoil horizons that swell when wet, reducing soil pore space and internal water movement. Evidence of seasonal perched water was noted in spots at depths of less than twenty-four inches. Depth to saprolite is as shallow as twenty inches in places.

The drainageway-depression collects and channels surface runoff from the surrounding land areas. These soils would be subject to some surface flooding during periods of precipitation.

There are several old terraces on the tract. These terraces catch surface runoff and do limit the area of dominantly acceptable soils. The terraces themselves are not adaptable for the installation of septic tank systems.

A shallow depression is located on the right rear portion of the the tract. This area collects surface water and could not be used for septic tank system installation.

The area shaded green on the enclosed map has soils that might be considered for the use with shallow placed septic tank systems. These soils have clay subsoil horizons that are blocky with respect to structure. These soils are shallow to saprolite (twenty-eight to thirty-six inches). Depth to ground water is greater than thirty-six inches. Slopes range to approximately ten percent.

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 ground water and saprolite is greater than thirty-six inches. Slopes range to approximately fifteen percent. This area is limited in size due to the fact that terraces are present in it.

Based on this investigation, the tract has a very limited area of soils that appear to be dominantly acceptable for septic tank system installation. There is a somewhat larger area of soils that could be considered for use with the shallow placed 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 approval is dependent in part on the satisfactory completion of an investigation of the specific lot or site for septic tank system installation. Note also that soil delineation lines may be subject to change pending additional investigation with established reference points. Inclusions of soils other than those delineated may occur. Please feel free to contact me if there are any questions with regard to this report.

Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

WRM/ir

Enclosure

File 5558A

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5558A

TC: _____

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 13500 (APPROX.) MAYES ROAD

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

⑤ PARCEL REFERENCE: BOOK NO.: 011 PAGE NO.: 062 PARCEL NO.: 02

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

OWNER

⑦ NAME: MR & MRS. ALVIN H. SHERRILL
(FIRST) (MIDDLE) (LAST)

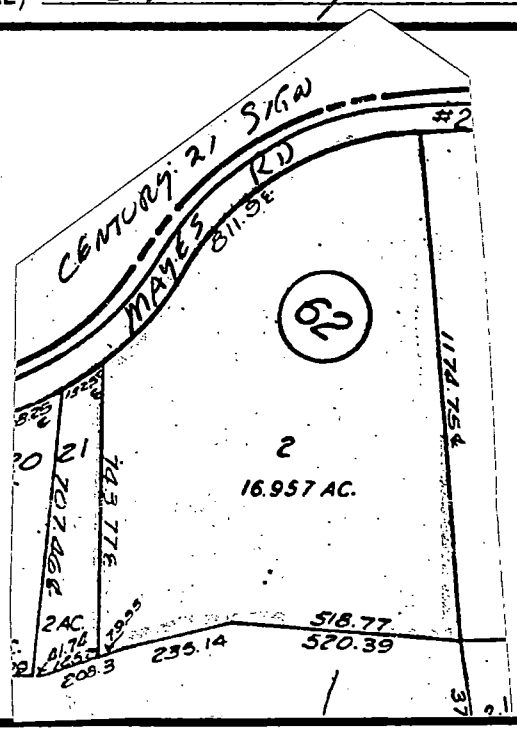
⑧ MAILING ADDRESS: 13108 MAYES RD.

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) — (HOME) 892-1814

⑬ Accurately diagram and dimension lot.

PRELIMINARY OVERALL VIEW
5 ACRES $75.-
12 ACRES 60.-
TOTAL $135.-



ABOUT 3/10 MILE FROM SAM FURR (NC 73)

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: Mabel W. Sherrill Alvin H. Sherrill

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

Date: 3/31/89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 4/3/89

Name/Company Robert M. Jarrett

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Pre preliminary
Mac.
#5558A

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 3 1989

CK#4589
#135.00

Fee: $135 —

Tom Dickson