

10649 WALKERS FERRY RD

5/29/2007

duponbj

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

Mecklenburg County
Health Department

5021 A

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: GARY HINSON

Address: WALKERS FERRY ROAD

Description of public record requested: Soil Investigation

Street Name (or County Road): WALKERS FERRY ROAD

Lot: _____ Block: _____

Parcel Number: 113-252-49

Owner's Name: _____

Reason for Request:
TO VIEW RECORDS AND OBTAIN COPY OF RECORDS

Signature of Person Making Request: Gary Hinson

Supervisory Person: _____

Date: _____ Time: _____

Environmental Health Division

Mecklenburg County
Health Department

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

October 12th, 1988

Elmer Reece Gibson
1300 East Boulevard
Charlotte, NC 28203

RE: Property located at Walkers Ferry Road
FILE: 5021A
PARCEL: 11325249

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 15644) 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,

Sylvia D. Daniel

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15644

File: 5021A Action 1

Parcel: 11325249 ☐ PC

Location: Walkers Ferry Road

Subdivision:

Lot: Block: Acres: 1.0

Owner: Elmer Reece Gibson
Address: 1300 East Boulevard
Charlotte, NC 28203

Comments: _____

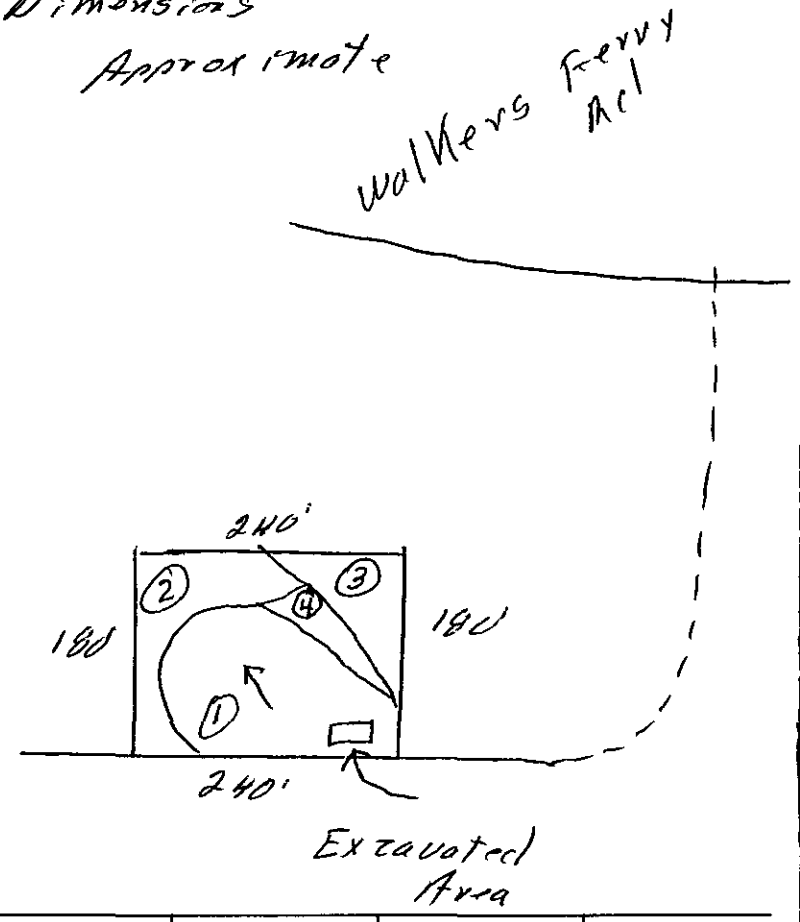
Described by: William A. Mundi

Date: 10-12-95

*** EVALUATION KEY ***

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

Dimensions Approximate



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS (U) complex slopes	S PS (U) Depression	(S) PS U 6-15%	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U —	S PS U some 2-1 clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U —	S PS (U) Perched water 24-36"	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U —	S (PS) U 36"	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	S PS U —	S PS U —	S (PS) U >36"	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	WA Cecil-Lilly	complex Slopes	Depression	IVB Helena-Lilly		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5021A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Walkers Ferry Road

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 1325149

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

OWNER

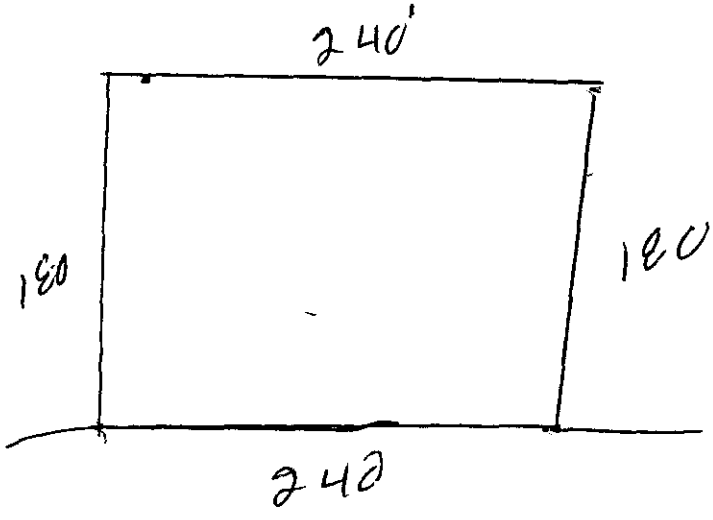
⑦ NAME: Elmer Royce Gibson
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1300 East Blvd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28203

⑫ PHONE: (WORK) 334-3908 (HOME) 846-1597

⑬ Accurately diagram and dimension lot.



1" 100 Ft

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: Royce Gibson

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

Date: 9-12-88

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/12/88

Name/Company E. Evans Reese Gibson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test 1 ac.
#50129

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 12 1988

Cash 30.00 pk

Fee: $ 30 -

Completed by

Collected by