Date Received 9-10-84

RECEIVED
SEP 7 1984
ENVIRONMENTAL HEALTH

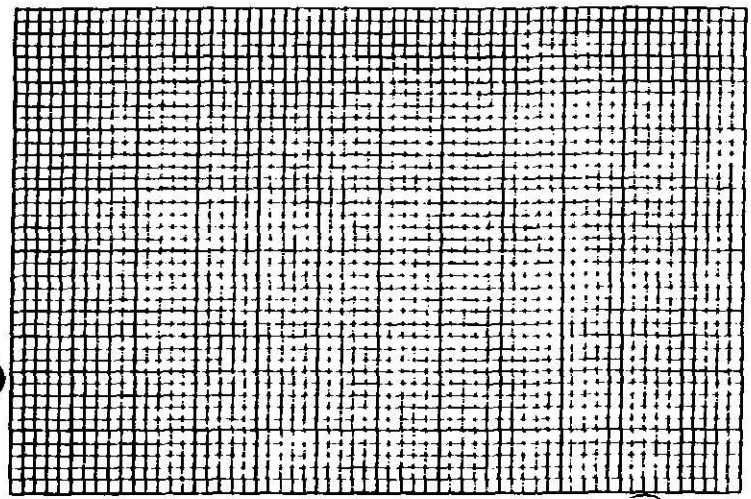
ICAR(S) Application No. 21390
T. C. Rev 217-041-10
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

(1) For ✓ Install or Construct (2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



- ✓ Mobile Home ____ Yes ____ No
- ✓ Residence ✓ Yes ____ No
- ✓ 4) No. of Bedrooms 3
- ✓ 5) Business Use — Max No Employees _____
- ✓ 6) Washing Machine ✓ Yes ____ No
- ✓ 7) Garbage Disposal ✓ Yes ____ No
- ✓ 8) Dishwasher ✓ Yes ____ No
- 9) Water Supply:
  - ✓ A) Individual Well ✓
  - B) Governmental System _____
  - C) Community System:
    1. Well source _____
    2. Governmental source _____
- ✓ 10) Sewage System:
  House located within 200 feet of public sewer ____ Yes ____ No
  House located within 200 feet of community sewer ✓ Yes ____ No
- 11) FHA Case No _____
- 12) VA Case No. _____

3) PLOT PLAN (ACCURATELY DIMENSIONED) Ramona Cates

✓ 13) NAME OF OWNER Mowrey (LAST) Randolph (FIRST) Paul (MIDDLE)

✓ 14) ADDRESS OF OWNER 5191 Buckingham Dr. Charlotte 28209

15) PHONE NO. Home 523 5152 Office (Mrs.) 336-2776

✓ 16) LOCATION OF SYSTEM Torrence Creek Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Torrence Woods Lot No. _____ Block No. 041 10

Map Book No. 217 Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

✓ 19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN _____

✓ 20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

9/7/84
DATE OF APPLICATION

Ramona C. Mowrey
Randolph Mowrey
OWNER

BHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 21390
T.C. NO. PO 217-041-10
DATE: 9-10-84

Randolph P. Mowrey
5114 Buckingham Drive
Charlotte, NC 28209

RE: Property located at Off Thomas Road

Dear Mr. Mowrey:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Date Received 8-30-84

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 30 1984
ENVIRONMENTAL HEALTH

SIR No. 21390
Lot No. 217-041-10
Map Date 1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Mowrey (LAST) Ramona Randolph (FIRST) Cates Paul (MIDDLE)

2) ADDRESS OF OWNER 5114 Buckingham Dr., Charlotte ZIP 28209

3) PHONE NO. Home 523-5152 Office (Mrs.) 336-2776

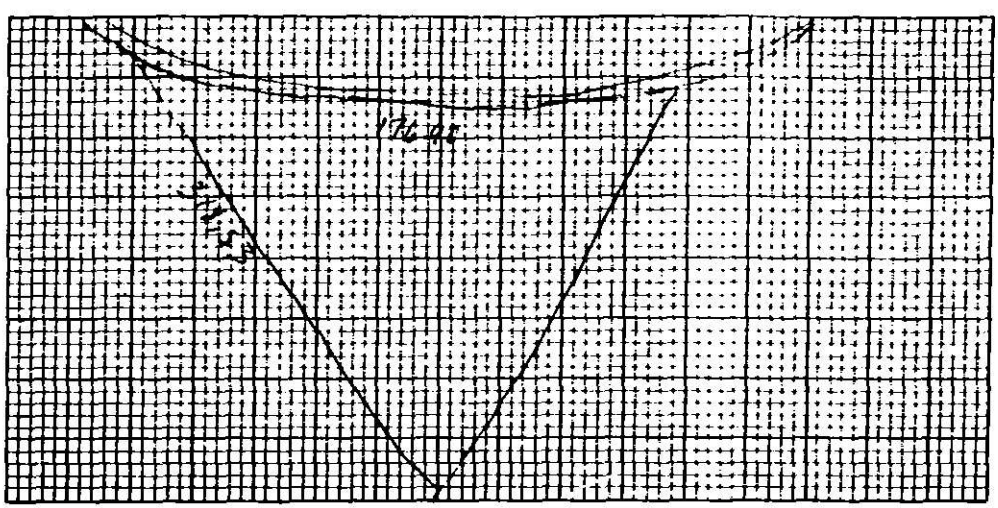
4) LOCATION OF PROPERTY APPOX 1/2 MILE SOUTHWEST OF THOMAS Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Torrence Branch LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

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

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Randolph Cates Mowrey
OWNER
Ramona C Mowrey

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21390

T.C. NO. 0217-CHL-16

(Ground Absorption Sewage Disposal)

OWNER: Randolph P. Mooney
ADDRESS: 5114 Buckingham Dr. Charlotte, NC 28209
PLAT NO:
LOT SIZE: Parcel 22.52 acres .52
LOCATION OF SITE: Off Toomey Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-8%	S PS U —	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U clay	S PS U —	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U —	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-46"	S PS U —	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U 36"	S PS U —	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U 36" to ground water	S PS U Depressed Area	S PS U	S PS U
7. OTHER (Specify)	S PS U See Note	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA	—		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil Lilo	Depressed Area		

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

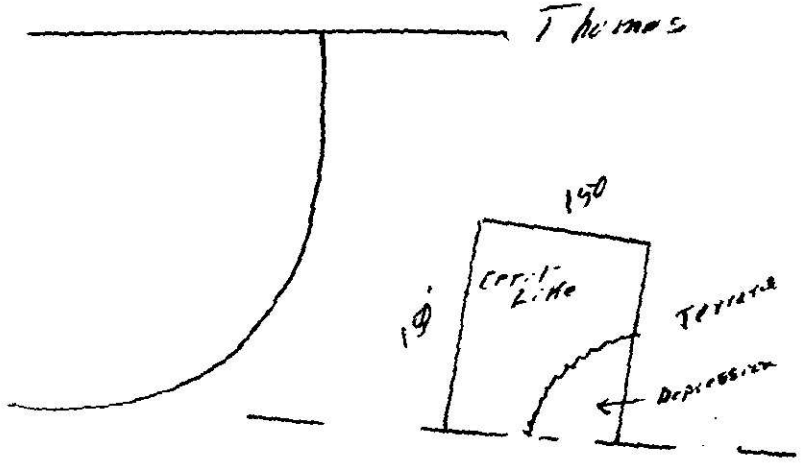
Recommendations/Comments: Recommend plans for house, system & well locations be submitted

Described by: William A. Mayhew
Title: Soil Scientist

Date: 9-7-84

14

DEPARTMENT OF
ENVIRONMENTAL
FAYETTEVILLE
STATE OF NORTH CAROLINA



MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/12/89

Name/Company: Phonder Johns

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil

1 acre

21390

MECKL
HEALTH DEP...
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 12 1989

CR# 1247
H.40.00

Fee: $ 40.00

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

BILLING — WHITE [redacted]

40 P

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
ENVIRONMENTAL HEALTH
DIVISION

FILE: 2139c

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 15232 Torrence Branch Dr.

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

⑤ PARCEL REFERENCE: BOOK NO.: 217 PAGE NO.: 041 PARCEL NO.: 10

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

OWNER

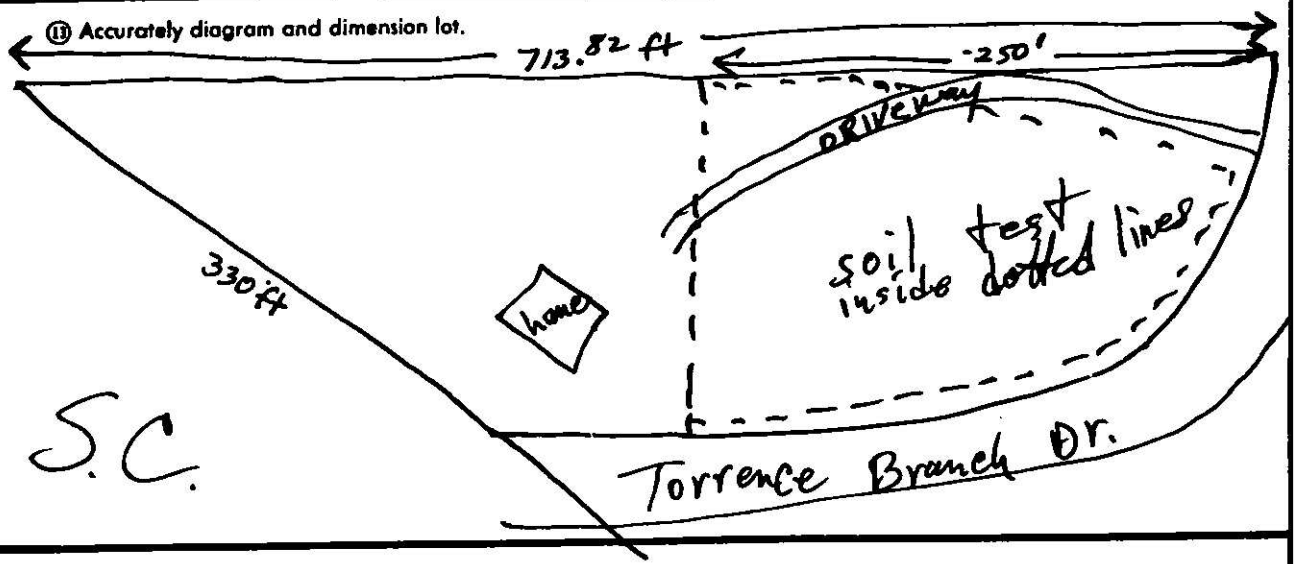
⑦ NAME: Rhonda (FIRST) Partee (MIDDLE) Johns (LAST)

⑧ MAILING ADDRESS: P.O. Box 731

⑨ CITY: Fort Mill ⑩ STATE: S.C. ⑪ ZIP: 29715

⑫ PHONE: (WORK) _____ (HOME) 704-588-6854

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: Rhonda Partee Johns

Date: 9-5-89

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

40.00

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12201

File: 2/390 Action 2

Parcel: Po 217-041-10 ☐ PC

Location: 15232 Torrence Branch Dr.

Subdivision:

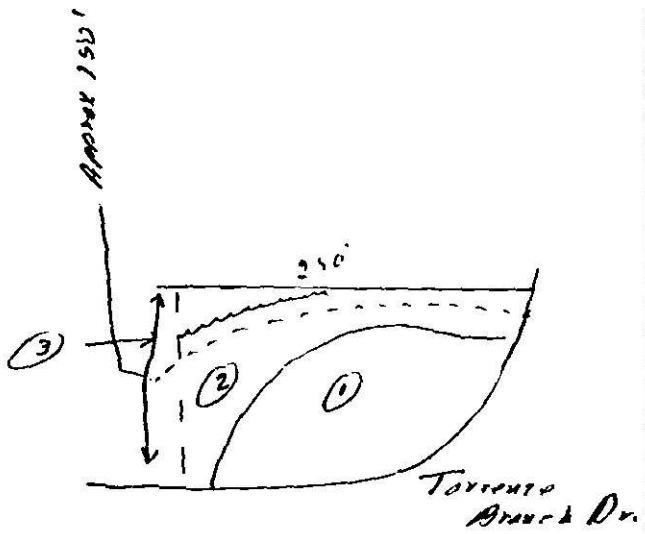
Lot: Block: Acres: Approx 1.0

Owner: Rhonda Partee Johns
Address: P. O. Box 731
Fort Mill, S. C. 29715

Comments: _____

Described by: William B. MacCa

Date: 10-6-89



***** 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 2-6%	S PS (U) old terrace	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1c clay	S PS (U) 2-1c clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS (U) perched water 24-36"	S (PS) U 736" to water	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 30 36"	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U) Restrictive	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	IwB Helena L. Mc	IwB Vance L. Mc	old Terrace			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

October 10, 1989

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

Ms. Rhonda Partee Johns
P.O. Box 731
Fort Mill, SC 229715

RE: Property located at 15232 Torrence Branch Dr.
FILE: 21390
PARCEL: 217-041-10 PO

Dear Ms. Johns:

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the site evaluation report (Serial No. 12201) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-23-90

Name/Company: Mr. K.D. Jones

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applied for Soil Investigation

File # 2090

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: $ 40.00 FEB 23 [illegible]

CR# 1469
$40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

[signature]
Completed by

[signature]
Collected by

[signature]

APPLICATION FOR SOIL INVESTIGATION

Zoar Rd to Thomas Rd
End of Thomas

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

(OFFICE USE ONLY)

FILE: 21390

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 15232 Torrence Branch Dr.

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

⑤ PARCEL REFERENCE: BOOK NO.: 217 PAGE NO.: 041 PARCEL NO.: 10

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

OWNER

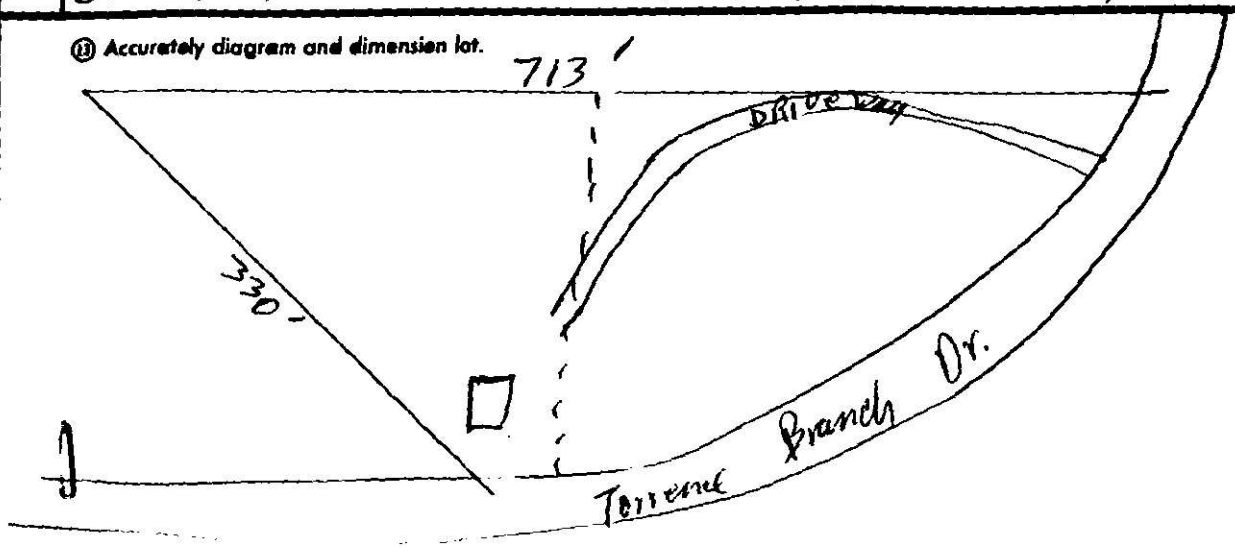
⑦ NAME: Rhonda (FIRST) Parker (MIDDLE) Johns (LAST)

⑧ MAILING ADDRESS: P.O. Box 731

⑨ CITY: Fort Mill ⑩ STATE: SC ⑪ ZIP: 29715

⑫ PHONE: (WORK) _____ (HOME) 704-588-6854

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: Rhonda Parker Johns

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

Date: 2-3-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17630

File: 21390 Action 3

Parcel: PO 217-041-16 [illegible] PC

Location: Torrence Branch Drive

Subdivision:

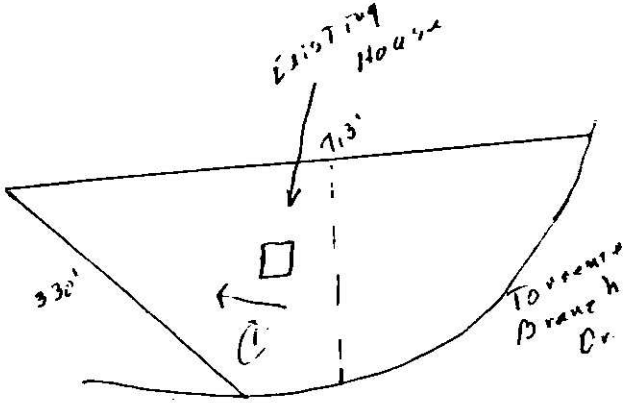
Lot: Block: Acres: Approx 1.0

Owner: Rhonda Johnson
Address: PO Box 731
Fort Mill, SC 29715

Comments: _____

Described by: William B. Mullis

Date: 7-14-16



*** 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) Extremely	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 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited	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 - L. Ms Expanding Clay					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

March 2, 1990

Rhonda Partee Johns
PO Box 731
Fort Mill, SC 29715

RE: Property located at Torrence Branch Dr.
FILE: 21390
PARCEL: 217-041-10

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 17630) 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

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

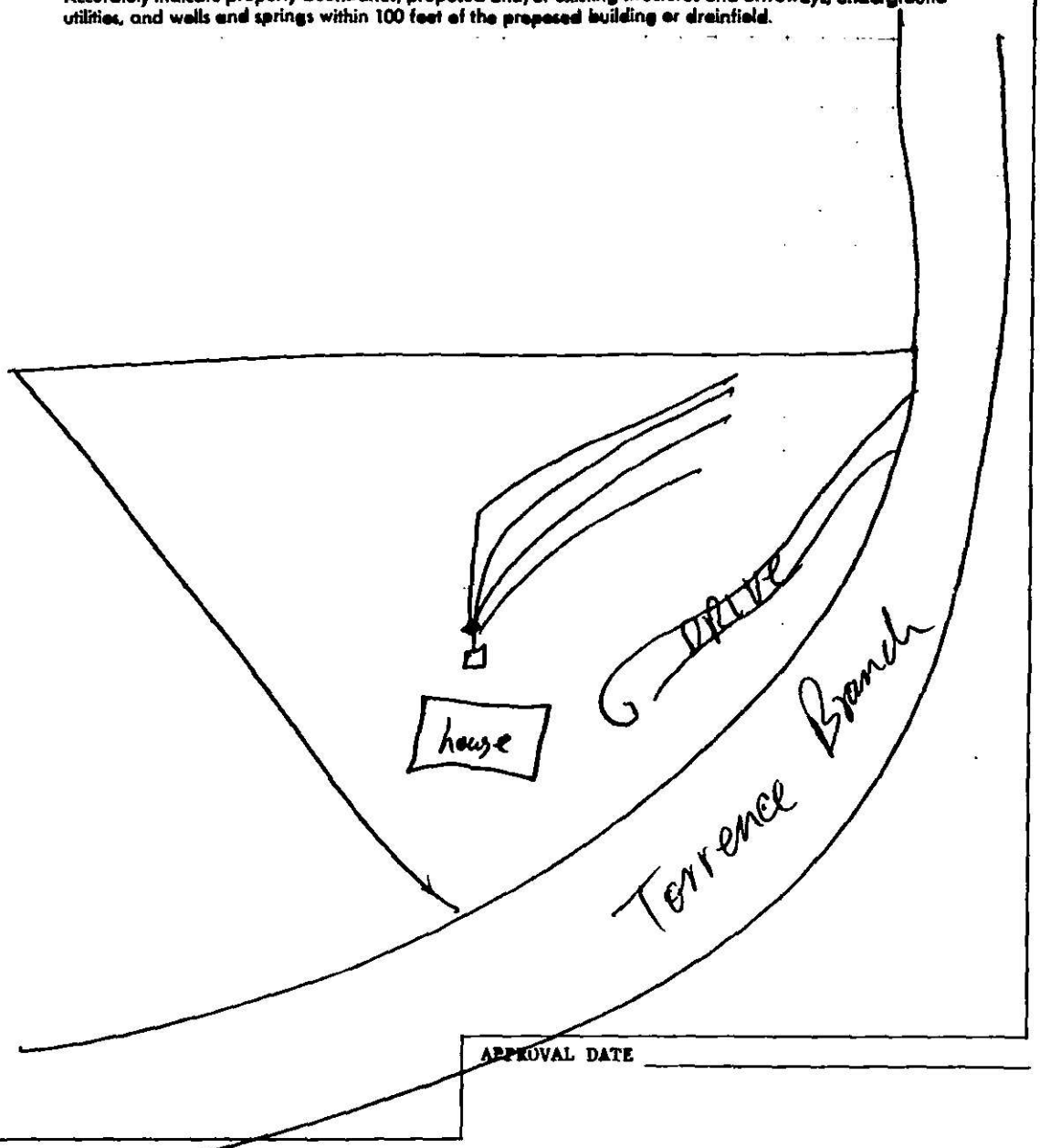
PROPOSED PLOT PLAN

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

FILE: 21390

TC: 217-041-10

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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-21-90

Name/Company: Bob Johns

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applying Lawn Insect Pest

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee # 21390

JUN 21 1990

Fee: $ 25.00

Code # 1889

$25.00

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

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: 21390
TC: 217-041-10
SERIAL: № 19804
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 15232 (STREET NO.) Torrence Branch (STREET) Rd. ② FILE:
③ JURISDICTION: Mecklenburg Co. ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Rhonda or Bob (FIRST) P. (MIDDLE) Johns (LAST)
⑨ MAILING ADDRESS: P.O. Box 731
⑩ CITY: Fort Mill ⑪ STATE: SC ⑫ ZIP: 29715
⑬ PHONE: (WORK) Bob 800-736-7327 ⑭ (HOME) 704-588-6854

REQUEST

This request is for a(n):

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

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? 5
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: [signature]
Date: 6-20-90

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. Use existing system

B. K. Ferguson (Environmentalist) 7-11-90 (Date)
[signature] (Director or Authorized Section Head) 7-12-90 (Date)

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