

8117 ASHELEY GLEN DR

19716109

5/30/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7/17/90

Name/Company: BMI Land Co, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: (3) Insp - new
5181A, 5182A, 518SA

[redacted]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 17 1990

Fee: $ 600.00

Chk # 0 1864
$600.00

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: 5185A
TC: _____
SERIAL: № 17531
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8117 (STREET NO.) Ashley Glenn (STREET) Drive ② FILE: 5185A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 19716101
⑤ SUBDIVISION: Ashe Plantation 7 ⑥ LOT: 5A ⑦ BLOCK: _____

OWNER

⑧ NAME: Bob (FIRST) McClamore (MIDDLE) Co. Inc (LAST)
⑨ MAILING ADDRESS: P.O. Box 25746
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28229
⑬ PHONE: (WORK) 545-6112 ⑭ (HOME) _____

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? _____
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 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: Eric Hagen
Date: 6/22/90

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.

_____ / _____
Environmentalist Date

_____ / _____
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

April 10th, 1990

Bob McLemore
PO Box 25746
Charlotte, NC 28229

RE: Property located at Ashley Glenn Dr. 5a
FILE: 5185A
PARCEL: 19716101 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 17701) 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,

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17701

File: 5185A
Parcel: 19716101 PO
Action 1
☐ PC

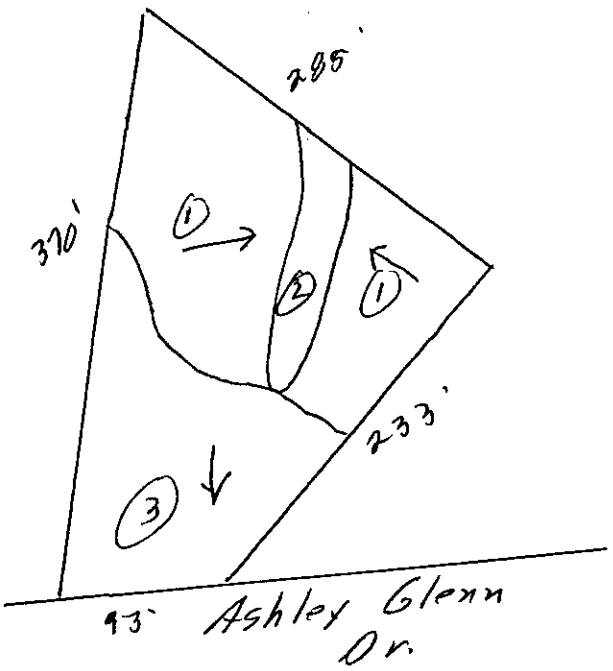
Location: Ashley Glenn Dr.
Subdivision:

Lot: 5a Block: Acres: 1.16

Owner:
Address: Bob McLemore
PO Box 25746
Charlotte, NC 28229

Comments: 100% Repair

Described by: William R. Marlin
Date: 4-10-90



***** 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 2-10%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S (PS) U Block	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" Water	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS (U) 24-30"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	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	IV Cec. 1-1.4%	IV Tatum L-4%	Depression			
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: 518SA / See 5181A for chg. slip

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Ashley Glenn Drive

② SUBDIVISION: Ashe Plantation 7 ③ LOT: 5A ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197 PAGE NO.: 161 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: 5814 PAGE NO.: 72

OWNER

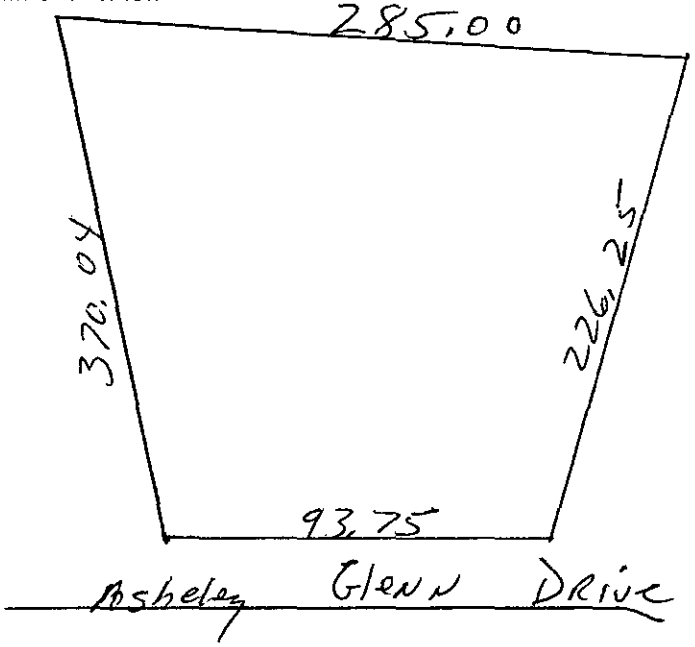
⑦ NAME: Bob (FIRST) McLemore (MIDDLE) Co. Inc, (LAST)

⑧ MAILING ADDRESS: P.O. Box 25746

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

⑫ PHONE: (WORK) 545-6112 (HOME) _____

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: Bob McLemore

Date: 3/30/90

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

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

Mecklenburg County
Health Department

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

November 18th, 1988

W. Manning & Associates
P. O. Box 2762
Matthews, NC 28106

RE: Property located at Trey Court 5
FILE: 5185A
PARCEL: 19716101 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 15768) 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, 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 15768

File: 5185A Action 1

Parcel: 19716101 PO ☐ PC

Location: Trey Court

Subdivision:

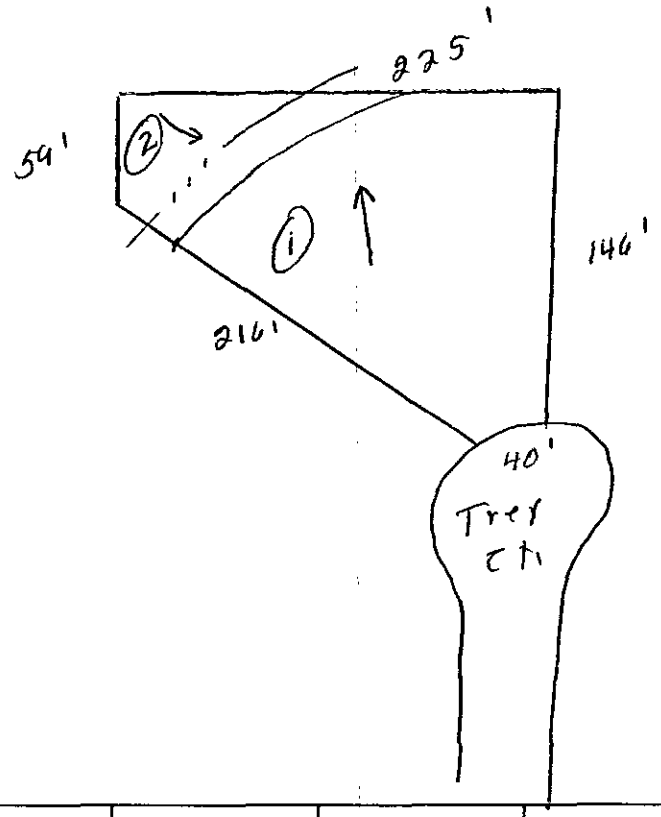
Lot: 5 Block: Acres: Approx .64

Owner: W. Manning & Associates
Address: P. O. Box 2762
Matthews, NC 28106

Comments: _____

Described by: William A Marks

Date: 11-18-86



***** 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 6-15%	S PS (U) Depression	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 736" To water	S PS (U) Seasonal water"	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 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	IVA Cecil-like	Depression				
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: 5185A

TC: _____

☐ PC ☐ REPT

see file 3184A for change slip

JOB LOCATION

① ADDRESS: Trey Court

② SUBDIVISION: Travis Woods ③ LOT: # 5 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197-121-07 PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5839 - 335 / 5814 - 72 PAGE NO.: _____

OWNER

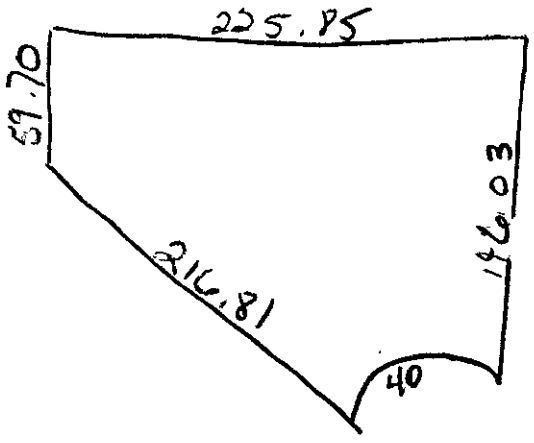
⑦ NAME: W. Manning & Assoc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P. O. Box 2762

⑨ CITY: Matthews ⑩ STATE: N. C. ⑪ ZIP: 28106

⑫ PHONE: (WORK) 704/821-6291 (HOME) _____

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: Ward Manning

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

Date: November 7, 1988

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