

8736 PINE TREE CR

11319604

6/25/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

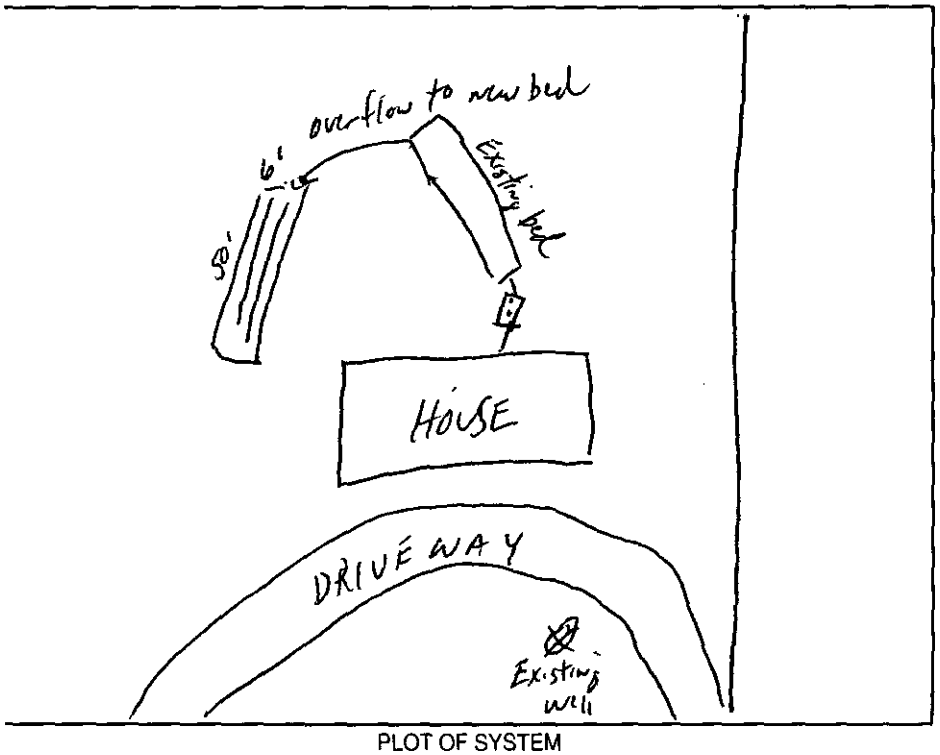
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7101A DATE: 10/20/98

TC: 113 1960 4 ☐ L

SERIAL Nº 17624

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 _____. All work shall be completed on or before 11/20/98, 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 Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction Existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 100' feet

Number of Lines 2(50')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Michael Richardson

LOCATION OF PROPERTY 8736 Pine Tree Cir

Comments: Bed system repair 6'wd x 50'long x 18" stone / overflow to new bed

Phila S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7101A DATE: 10/22/98

TC: 113 1960 4 ☐ L ☐ CRT

SERIAL Nº 17686

Name of Owner Michael Richards Juris.: _____

Address of Property 8736 Pinetree Cir

Inspection Data:

Tank Material Existing

Total Length of Bed Drainfield 100'

Number of Bed Lines 2 @ 50'

Cover Depth 12"

Water Supply Source Existing well

Distance to Water Source >50'

Excavation Inspected 10/22/98

Tank(s) Inspected Existing

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1998, Repair, CON, 300SFB, 18"Stone CTR# 5 Autex Concrete

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: Repair to Existing system, Type II

Philip S. Walker R.S.
Environmental Health Specialist

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

FEE: _____

DATE: _____

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

REPAIR

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 71019

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113 196 04.

STREET ADDRESS: 8736 pinetree cir

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ 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:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Richards Michael R (LAST) (FIRST) (MI)	NAME: Jacqueline McGhee (LAST) (FIRST) (MI)
ADDRESS: 8736 pinetree cir	DAYTIME PHONE: ( ) 393 - 5223
CITY: Charlotte STATE: N.C. ZIP: 28208	pager 353-4179
DAYTIME PHONE: (704) 399 - 8933	

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: Jacqueline McGhee DATE: 8/27/98

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

SERVICE REQUEST/WORK ORDER

file # 7101A

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 8/27/98 Parcel: 113 19604 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Howard Haggard Phone 399-3366

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Michael Richardson (H) 399-8933 Fax # 329-977 (W) 329-9770

Address 8736 Pine Tree Circle City _____ Zip _____

SERVICE REQUESTED: . . . . . .

Jacqueline McGhee (Tenant) ph 353-4179

ASSIGNED TO: pw TAKEN BY: pw

DATE	ACTIVITY REPORT
8/27/98	Meeting set up to meet with Jacqueline McGhee ~~McGhee~~ property owners sister now living in mobile home) and Marcelles Hoover (septic contractor). ~~@~~SV conducted on property. The septic drainfield area was heavily wooded w/ bambo trees. Mr Hoover and I observed an area in the back which appeared to be evidence of pass failure of the septic system. No effluent was located on the ground surface during my visit. Ms McGhee indicated that she had intensions of getting the system repaired but did not have the funding at that time. She indicated that her brother Michael Richards owned the property at this time but she was planning on purchasing the property as soon as the legal problems were resolved.
9/11/98	~~Made~~ Attended to Environmental Court for Toni Higgins EHS that stated court proces. Met w/ Mr Bruce McDonald (court Attorney) regarding the case. We decided to continue the case until 9/29/98 to give the ~~clients~~ defendants enough time to

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Appli

COMPLETED BY: Thila A. Walker RS. 10/22/98

REVIEWED BY: _____

Date:_____ Log No.:_____

DATE	ACTIVITY REPORT
9/1/98	hire a contractor to repair the system. I spoke with Michael Richardson who stated that he would assist his sister (Tenant) in getting the septic system repaired before the next court date and clear lot if necessary.
9/3/98	I faxed Mr Richardson a copy of some contractors in his area by his request and also referred him to check the yellow pages for possiable septic Contractors.
9/9/98	I called Jackie McGee (Tenant) to check on the progress of a possiable septic repair. She stated that she did not have the money to repair the septic system and that she had not heard from her brother (Michael Richards regarding the septic system repair.
9/9/98	I phoned Michael Richards regarding the septic system repair. I spoke with his wife who stated that they could not located a septic contractor and that she would have Michael contact me as soon as possiable.
9/21/98	I stopped at the residence to check on any progress to repairing the system. No one was home during the time of my visit, However an area had been cleared where the drainfield and possiable repair to the system could be installed.
[redacted]	[redacted]

DJC NWJS

Date:_____ Log No.:_____

DATE	ACTIVITY REPORT
9/29/98	Attended Environmental Court w/ Mr Richardson present. The judge order Mr Richardson to have the septic system by the ~~next~~ court date of Nov. 24, 1998 or he would administer a fine and or have him jailed. Mr Richardson stated the he would have system in compliance by that date.
10/20/98	Met w/ Septic Contractor (Autry Concrete) to issue a repair permit for the septic system.
10/22/98	Septic system repair was inspected and approved by the MCHD. Mr Richardson has brought the septic system in compliance.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

Add $100. for farm pond or well add wash line

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

(OFFICE USE ONLY)

FILE: 7101A

TC: 113-196-04

SERIAL: 21483

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9136 WHITE OAK LN (STREET NO. / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 113-196-04

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: MICHAEL (FIRST) WAYNE (MIDDLE) MCHUGH (LAST)

⑨ MAILING ADDRESS: 8749 WEST BLVD

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28208

⑬ PHONE: (WORK) 598 4221 ⑭ (HOME) 392-6590

REQUEST

This request is for a(n): well needs to be abandoned, add wash line or install 400ft. on lot where house is located.

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) Use existing system

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? 3 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: 11-15-90

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.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

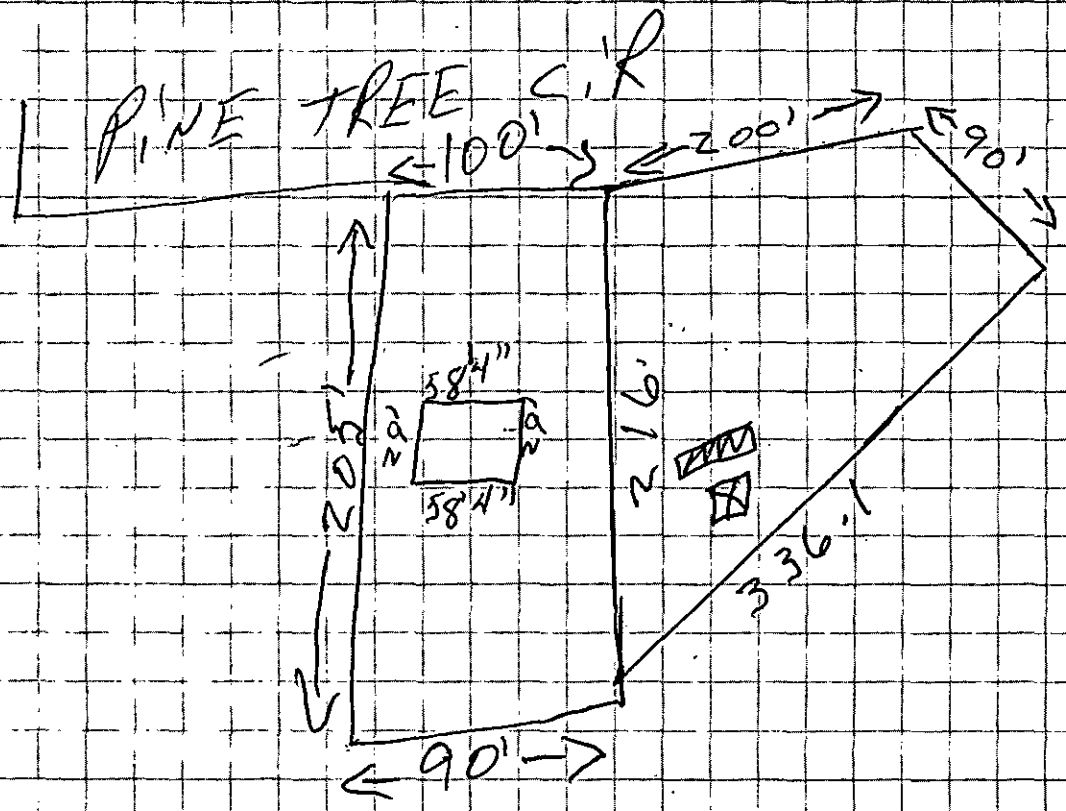
PROPOSED PLOT PLAN

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

FILE: 7101A

TC: 113-196-04

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

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: 7101A
TC: 113-196-04
SERIAL: № 21483
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 8736 PINETREE Cir (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 113-196-04
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: MICHAEL RAYMON RICHARDS (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 8749 West Dixie
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28208
⑬ PHONE: (WORK) 398 4221 ⑭ (HOME) 392-6590

REQUEST

This request is for a(n):

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

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? 3 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: Michael R. Richards
Date: 11-15-90

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~~ 60 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.

14414

DATE 11-13-90

7101A

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-196-04
PARCEL NUMBER

8736 Pine Tree Cr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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. EROSION CONTROL REGULATIONS	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

REMARKS: new home

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).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

Mecklenburg County
Health Department

November 5th, 1990

Michael Raymon Richards
8749 West Dixie Drive
Charlotte, NC 28208

RE: Property located at 8736 Pinetree Circle Lot 13
FILE: 7101A
PARCEL: 113-196-04

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 16790) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16790

File: 7101A
Parcel: 113-196-04

Action: ~~2~~ (1)
☒ PC

Location:
8736 Pinetree Circle
Subdivision:

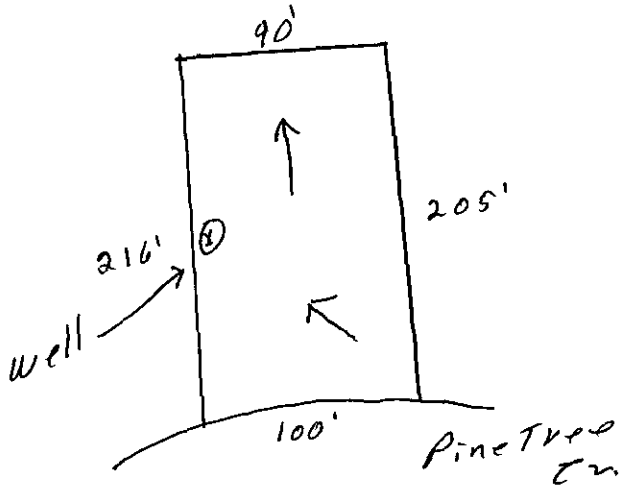
Lot: Lot 13 Block: Acres: .46

Owner:
Address: Michael Raymon Richards
8749 West Dixie Drive
Charlotte, NC 28208

Comments: There may be another well (possibly with casing top covered) on the lot

Described by: William R. Marlin

Date: 11-2-90



***** 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 2-12 %	S PS U	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 40" to 40" wet	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40" +	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very 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 Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7101A

TC: 113-196-04

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8736 PINETREE CIR

② SUBDIVISION: DIXIE ACRES ③ LOT: 13 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 3116 PAGE NO.: 326 PARCEL NO.: 113-196-04

⑥ DEED REFERENCE: BOOK NO.: 3116 PAGE NO.: 326

OWNER

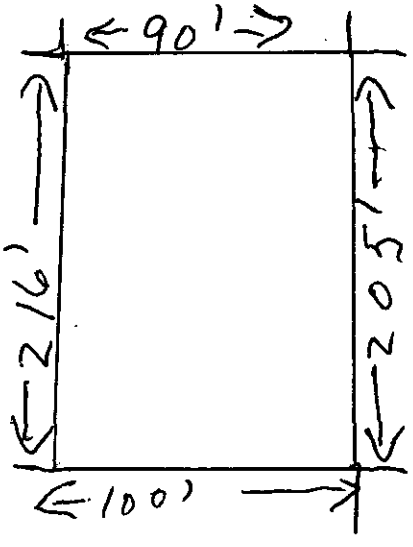
⑦ NAME: MICHAEL (FIRST) RAYMON (MIDDLE) RICHARDS (LAST)

⑧ MAILING ADDRESS: 8749 WEST DIXIE DR

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28208

⑫ PHONE: (WORK) 399 4221 (HOME) 392 6590

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.

X Signed: Michael R. Richards

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

X Date: _____

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