

8001 IRWIN RD

10805112

6/22/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7016 A DATE: 10/22/96

TC: 108 05113 ☐ L ☐ CRT

SERIAL Nº 16861

Name of Owner Linda Conner Juris.: _____

Address of Property 8001 Irwin Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield 100'

Number of Lines 2 Bed @ 50'

Cover Depth 12"

Water Supply Source well

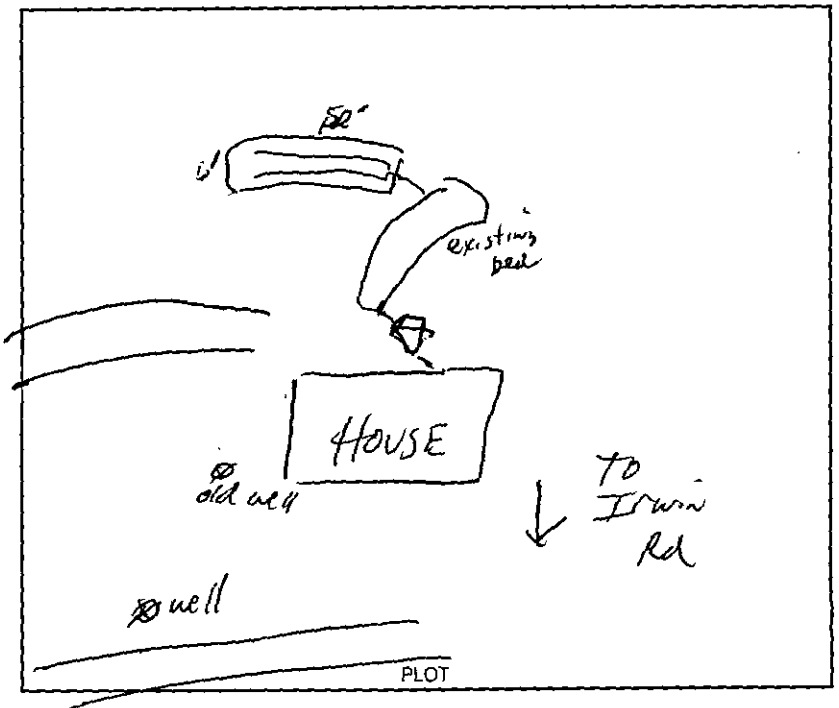
Distance to Water Source >100'

Excavation Inspected 10/22/96

Tank(s) Inspected Existing

Wash Line Inspected –

High Water Alarm Inspected NA



Design 1996, Repair, 300 SFB, 18" Stone CTR# 5

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 (House vacant) House 730 sq ft

Philard Walker ES
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

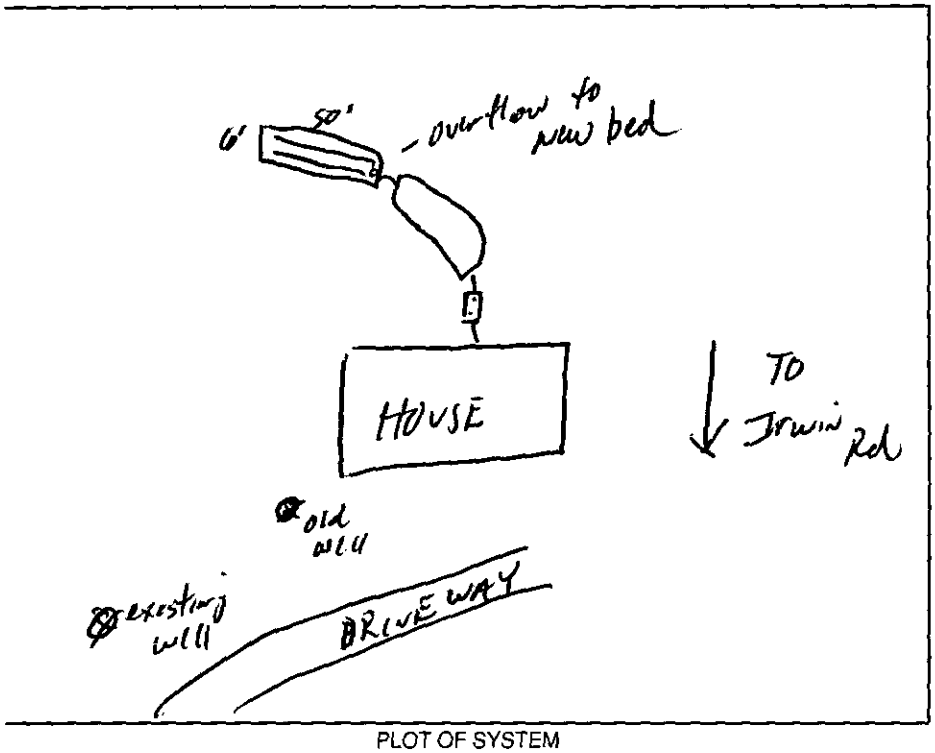
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7016A DATE: 10/2/96

TC: 108 051 13

SERIAL Nº 16990

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 9/16/96. All work shall be completed on or before 11/2/96, 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 - gallons

Tank Construction _____

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

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 7100' feet
50' min

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

NAME OF OWNER Linda Connor

LOCATION OF PROPERTY 8001 Irwin Rd

Comments: Bed system 6'wd x 50'long x 18" Stone / Over flow to new bed system. House abandon during issuance of Installation approval. Keep septic system >100'(50'min) from existing well
plumbing leaks need to be addressed

Phila S. Walker
Environmental Health Specialist

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

FEE: ——
DATE: 9/16/96

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

1 1 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 #: 7016A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 108-051-13

STREET ADDRESS: 8001 Irwin Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Hickory Acres

LOT NUMBER: TR 1+2 MB-873

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
H HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2,581

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: Ø

CLOSING DATE 1958

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P) Na 94.95
__ 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 X NO
EXISTING WASTEWATER SYSTEMS X YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES X YES __ NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Conner Linda
(LAST) (FIRST) (MI)

ADDRESS: 6 Greenly Ct

CITY: Marlton STATE: NJ ZIP: 08053

DAYTIME PHONE: (609) 596 - 1440

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Gantt Ted E Property Manager
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 334 - 6181 ext 25

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1954

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: Ted Gantt DATE: 9/16/96

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill). 108-051-13

2) Provide the name of the original property owner. David A Adams

3) Do you have visible sewage on the surface of the ground? Not at this time - unit is a vacant. There was wastewater on ground 1½ months ago - tank pumped, unit occupied.

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc? No

5) Is there a separate wastewater line from your washing machine? NO Dishwasher? NO

6) Has your septic tank ever been pumped out? YES If so, approximately when? May '96

7) Has there been any other type of maintenance or repair done to your system? NO If so, what was done, and approximately when?

8) Approximately what year was your septic system installed? Don't know

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)? Minor drips.

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor – if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Permit Number: ~~108 051 13~~ 7016A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 108 051 13

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
Yes Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Repair to Existing System, Bed system 6'wd x 50'long x 18" stone 100 Ft Keep septic system > 50' from well.			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
300' Absorption Area (Sq ft) 100' Total Trench Length (Ft)	18" Depth of Stone Trench	NA Trench spacing (min. on centers)	36" Maximum Trench Depth
For existing system, enter the year originally installed:			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Approval is granted by this Departmen
- This Improvement permit is transferable.

Philip A. Walker R.S. 10/21/96

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

D460

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/2/96 PERMIT NO: 7016 A
PARCEL NO: 108 051 13

PROPERTY OWNER: Linda Conner
BUILDING CONTRACTOR: NA
JOB LOCATION ADDRESS: 8001 Irwin Rd
SUBDIVISION NAME: Hickory Acres
AUTHORIZATION ISSUED BY: Phila A. Walker R.S. DATE: 10/2/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7016A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

REALTOR®

T. R. LAWING Realty, INC.

Appraisals, Property Management & Sales

1445 E. SEVENTH STREET CHARLOTTE, N.C. 28204-2477

(704) 334-6481

9/17/96
message regarding repair

ROUTING SLIP

DATE: 9/16/96 TIME: _____

TO: Phil Walker

in DEPARTMENT: _____

FROM: Ted Gantt

NUMBER OF PAGES - including Routing Slip: 3

MESSAGE: Would like to expedite this as much as possible, please call. Ted Gantt 334-6481 ext 25

Our FAX Number is: 704 / 358 - 0062

Mecklenburg County
Health Department

September 5, 1990

8001 Irwin Rd
108-051-13
File 7016 A

Sanford T. Smith
8001 Irwin Road
Charlotte, NC 28215

RE: Property at Irwin Road. File No. 7016A.

Dear Mr. Smith:

A pre-preliminary investigation was made on a portion of the tract (108-051-13) located on Irwin Road. A soil map was prepared and a copy is enclosed.

The soils on the portion of the tract investigated have clay subsoils that are blocky with respect to structure. Depth to saprolite ranges from approximately forty inches to fifty-five inches or deeper. The majority of the borings were in the forty to fifty-five inches depth. Depth to ground water is greater than forty-eight inches. Slopes range to approximately 12 percent.

Based on this investigation, the soils in the area investigated appear to be dominantly acceptable for septic tank system installation. Please note that this repair 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 if each site. No lots are currently marked on the tract. It should be noted that grading or cutting operations on the tract could render the soils unsuitable for septic installation. Please contact me if there are any questions with regard to this report.

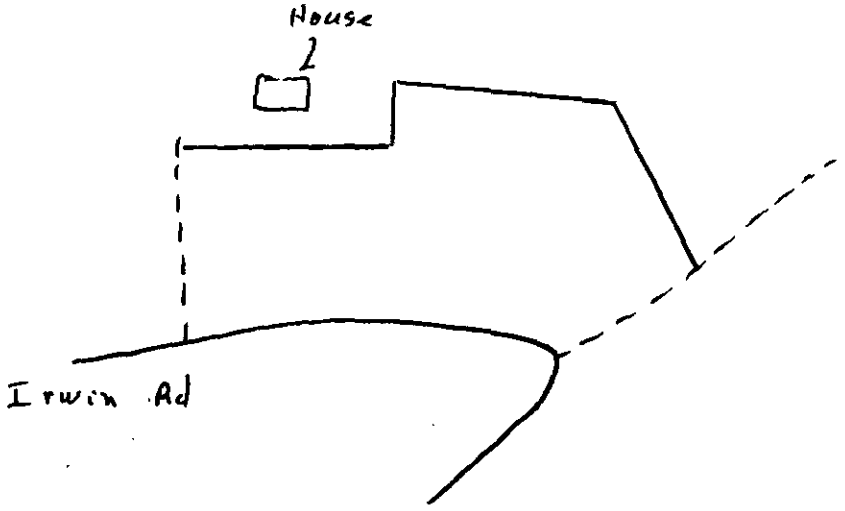
Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

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

Pre- Preliminary PO 108- 051-83



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

W.A Marlin Soil Scientist

FEE: _____
DATE: 9/16/96

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

(1 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 #: 7016 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 108-051-13

STREET ADDRESS: 8001 Irwin Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Hickory Acre 1

LOT NUMBER: TR 1+2 M6-873

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
H HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2,581

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: Ø

CLOSING DATE 1958

1175
1493
617
1454
eff yr
1959

FOUNDATION FOR RESIDENCE:

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

(1958)

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P) Na 94.95
__ 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 X NO
EXISTING WASTEWATER SYSTEMS X YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES X YES __ NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Conner Linda
(LAST) (FIRST) (MI)

ADDRESS: 6 Greenly Ct

CITY: Marlton STATE: NJ ZIP: 08053

DAYTIME PHONE: (609) 596-1440

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ganth Ted E Property Manager
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 334-6481 ext 25

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1954

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: Ted Ganth DATE: 9/16/96

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill). 108-051-13

2) Provide the name of the original property owner. David A. Adams

3) Do you have visible sewage on the surface of the ground? Not at this time - unit is vacant. There was wastewater on ground 1½ months ago while property was occupied.

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc? No

5) Is there a separate wastewater line from your washing machine? NO Dishwasher? NO

6) Has your septic tank ever been pumped out? YES If so, approximately when? May '96

7) Has there been any other type of maintenance or repair done to your system? NO If so, what was done, and approximately when?

8) Approximately what year was your septic system installed? Don't know

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)? Minor drips.

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Copy faxed 9/16/96
to Phil Walker

REALTOR®

A.R.M.

THAD E. (TED) GANTT
Property Management
Director of Maintenance Operations

T.R. LAWING REALTY, INC.
1445 EAST 7TH STREET
CHARLOTTE, NC 28204-2477

(704) 334-6481
EXTENSION 25

SEP 17 1996

Mecklenburg County
Health Department

September 5, 1990

Sanford T. Smith
8001 Irwin Road
Charlotte, NC 28215

RE: Property at Irwin Road. File No. 7016A.

Dear Mr. Smith:

A pre-preliminary investigation was made on a portion of the tract (108-051-13) located on Irwin Road. A soil map was prepared and a copy is enclosed.

The soils on the portion of the tract investigated have clay subsoils that are blocky with respect to structure. Depth to saprolite ranges from approximately forty inches to fifty-five inches or deeper. The majority of the borings were in the forty to fifty-five inches depth. Depth to ground water is greater than forty-eight inches. Slopes range to approximately 12 percent.

Based on this investigation, the soils in the area investigated appear to be dominantly acceptable for septic tank system installation. Please note that this repair 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 if each site. No lots are currently marked on the tract. It should be noted that grading or cutting operations on the tract could render the soils unsuitable for septic installation. Please contact me if there are any questions with regard to this report.

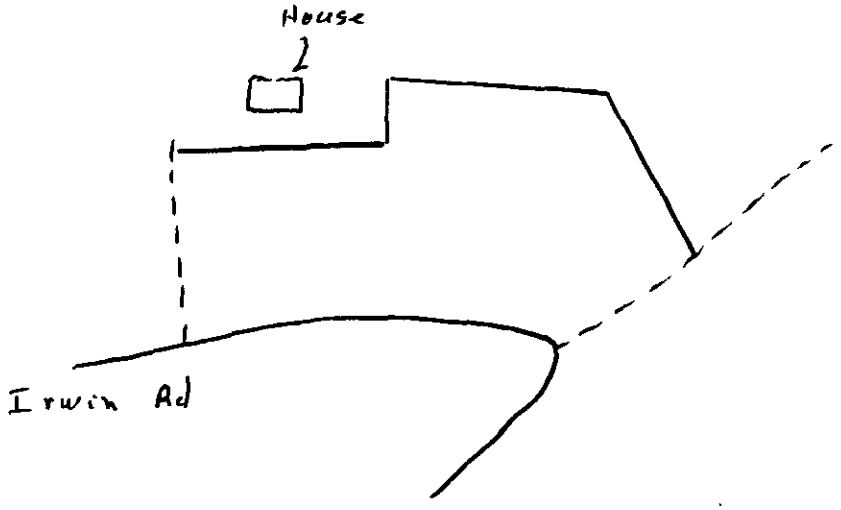
Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

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

Pre- Preliminary PO 108- 051-83



☐ Soils Appearing To Be Dominantly Acceptable For septic Tank System Installation

W.A Marlin- Soil Scientist

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7016A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8001 IRWIN Rd

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 108-051-13

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

OWNER

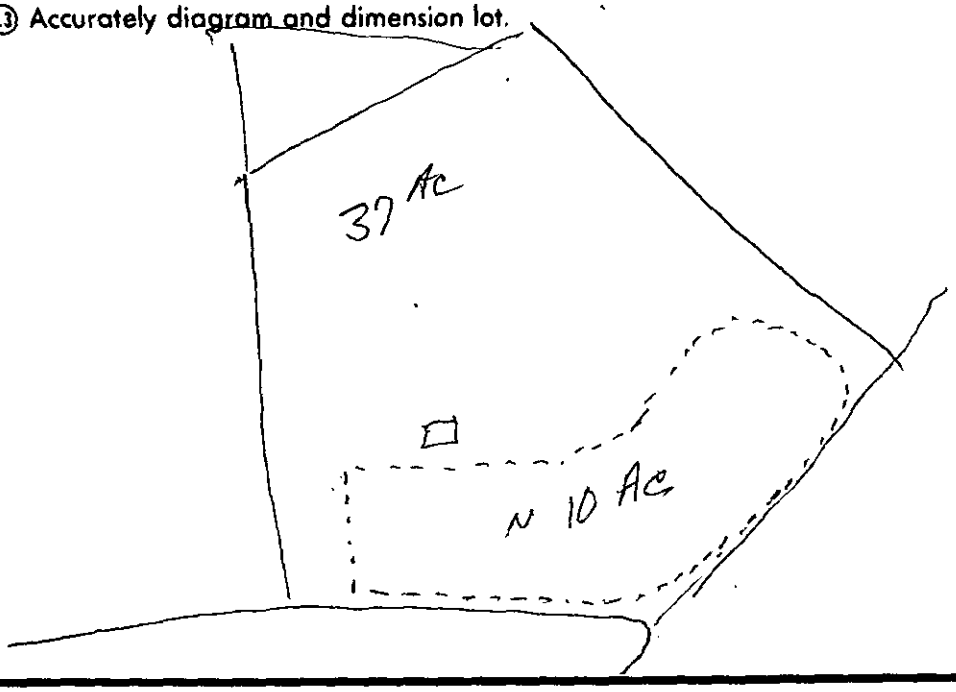
⑦ NAME: SANFORD T. SMITH (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 8001 IRWIN Rd

⑨ CITY: CLT ⑩ STATE: NC ⑪ ZIP: 28214

⑫ PHONE: (WORK) Retired (HOME) 537-2582

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: Sanford T. Smith

Date: 8/30/90

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

Ely

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-30-90

Name/Company: Sanford T. Smith

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Re-preliminary

8001 Irwin Rd

10 Acres

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

108-05-1-13

AUG 30 1990 016A

#0232

Fee: $ 150.00 #150.00

NOTICE:

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

Jackie Abernethy
Completed by

Elizabeth Johnston
Collected by