

14920 HICKORY VIEW LN

21701332

5/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
4671A — Permit/Project No.
Name of Establishment
14920 Hickory View Lane — Location
res. dence — Type of Establishment
360 gpd — Design Flow
Floyd W. Moody, 14920 Hickory View Lane, Charlotte 28278 — Owner/Agent, Address, Phone
N/A — Operator, Address, Phone
Remarks III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	Recommend following guidelines in brochure provided.
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☑	Floats adjusted so that pump will remained submerged.
Control panel enclosure/components in good condition?	☑	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☑	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☑	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Looks good.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 10-28-99 SIGNED: Larry L. Thompson, J. R.S. AGENT
Division of Environmental Health

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

November 1, 1999

Mr. Floyd Moody
14920 Hickory View Lane
Charlotte, NC 28278

Re: Water Sample Results

Dear Mr. Moody:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on October 28, 1999.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory. If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Moody, Floyd
Address: 14920 Hickkory View Lane
Charlotte, NC
Zip: 28278
County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
ATTN:
(704) 336-5101
Courier: 05-16-21

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis PRIVATE

Collected By: L. THOMPSON
Date: 10/28/1999
Time: 2:00:00 PM
Location of sampling point: well tap
Remarks: III b

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	74	mg/l	10/29/199
Arsenic	<0.01	mg/l	10/29/199
Calcium	131.0	mg/l	10/29/199
Chloride	<5	mg/l	10/29/199
Copper	<0.05	mg/l	10/29/199
Fluoride	2.03	mg/l	10/29/199
Iron	<0.05	mg/l	10/29/199
Hardness as CaCO3 (Ca,Mg)	346	mg/l	10/29/199
Magnesium	4.6	mg/l	10/29/199
Manganese	<0.03	mg/l	10/29/199
Lead	<0.005	mg/l	10/29/199
pH	7.9	Std. unit	10/29/199
Sulfate	132	mg/l	10/29/199
Zinc	<0.05	mg/l	10/29/199

Date Received: 10/29/199
Today's Date: 11/05/199
Report Date: 11/05/199
Ref: 16622
Reported By: _____
Sample Number: AA25518

Wayne Taylor

- 10' from center of H_2O line

4611A

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Moody, Floyd
Address: 14920 Hickkory View Lane
Charlotte, NC **Zip:** 28278
County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** L. Thompson
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: NITRATE
Category: other

Collected By: L. THOMPSON **Date:** 10/28/1999 **Time:** 2:00:00 PM
Location of sampling point: well tap
Remarks: III B

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	10/29/199
Nitrate as N	<1.0	mg/l	10/29/199

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Date Received: 10/29/199 **Report Date:** 10/29/199 **Reported By:** _____
Today's Date: 10/29/199 **Reference:** 16643 **Sample Number:** AA25539

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

III 6

Owner, System or Establishment: Floyd Moody

Address: 14920 Hickory View Lane

Charlotte, NC Zip: 28278

Collected By: Corey Thompson

Date Collected: 10/28/99 Time: 2:00 AM (PM)

Sample Source: Well Tap

Date Delvd. to Lab: 10/28/99 Time: 5:55 AM (PM)

Delivered By: SAM ☒ Received on Ice - Initials SFM

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☒ nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

Analysis Requested: ☒ Total Coliform ☒ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 10/28/99 Date Reported: 10/29/99

Received By: MB Analyst: MB Lab #: 541

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Floyd Weaver & Kathryn Wilkins Moody
14920 Hickory View Lane
Charlotte, NC 28278

Please Make Check Payable to:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Floyd Weaver & Kathryn Wilkins Moody	14920 Hickory View Lane	217-013-32	4671A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

#Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
10/05/99	11/08/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

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Address: 14920 Hickkory View Lane
Charlotte, NC **Zip:** 28278
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** L. Thompson
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: NITRATE
Category: other

Collected By: L. THOMPSON **Date:** 10/28/1999 **Time:** 2:00:00 PM
Location of sampling point: well tap
Remarks: III B

Parameters	Results	Units	Date Analyzed:
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Date Received: 10/29/199 **Report Date:** 10/29/199 **Reported By:** _____
Today's Date: 10/29/199 **Reference:** 16643 **Sample Number:** AA25539

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4671A DATE: 6/10/91

TC: 27-512.2 ☒ L ☐ CRT
013-32

SERIAL Nº 11020

Name of Owner Floyd Moody Juris.:

Address of Property 14920 Hickory View LANE

Inspection Data:

Tank Material pca

Total Length of Drainfield 400

Number of Lines 3 @ 133

Cover Depth 24"

Water Supply Source well

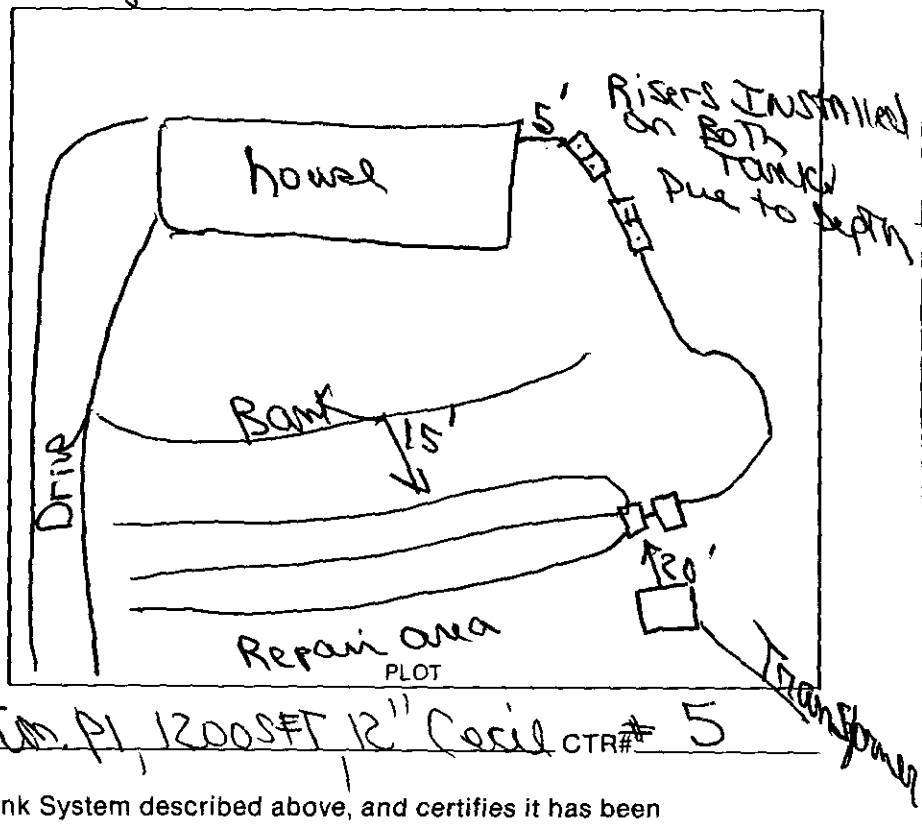
Distance to Water Source Not IN

Excavation Inspected 6/10/91

Tank(s) Inspected 6/10/91

Wash Line Inspected

High Water Alarm Inspected



Design 1991 1500ST, 1000ST Con. Pl, 1200SFT 12" Cecil 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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: System designed for 3 bedroom home
Step down in line.

BY Judy A Kuis R.S.
Environmentalist

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

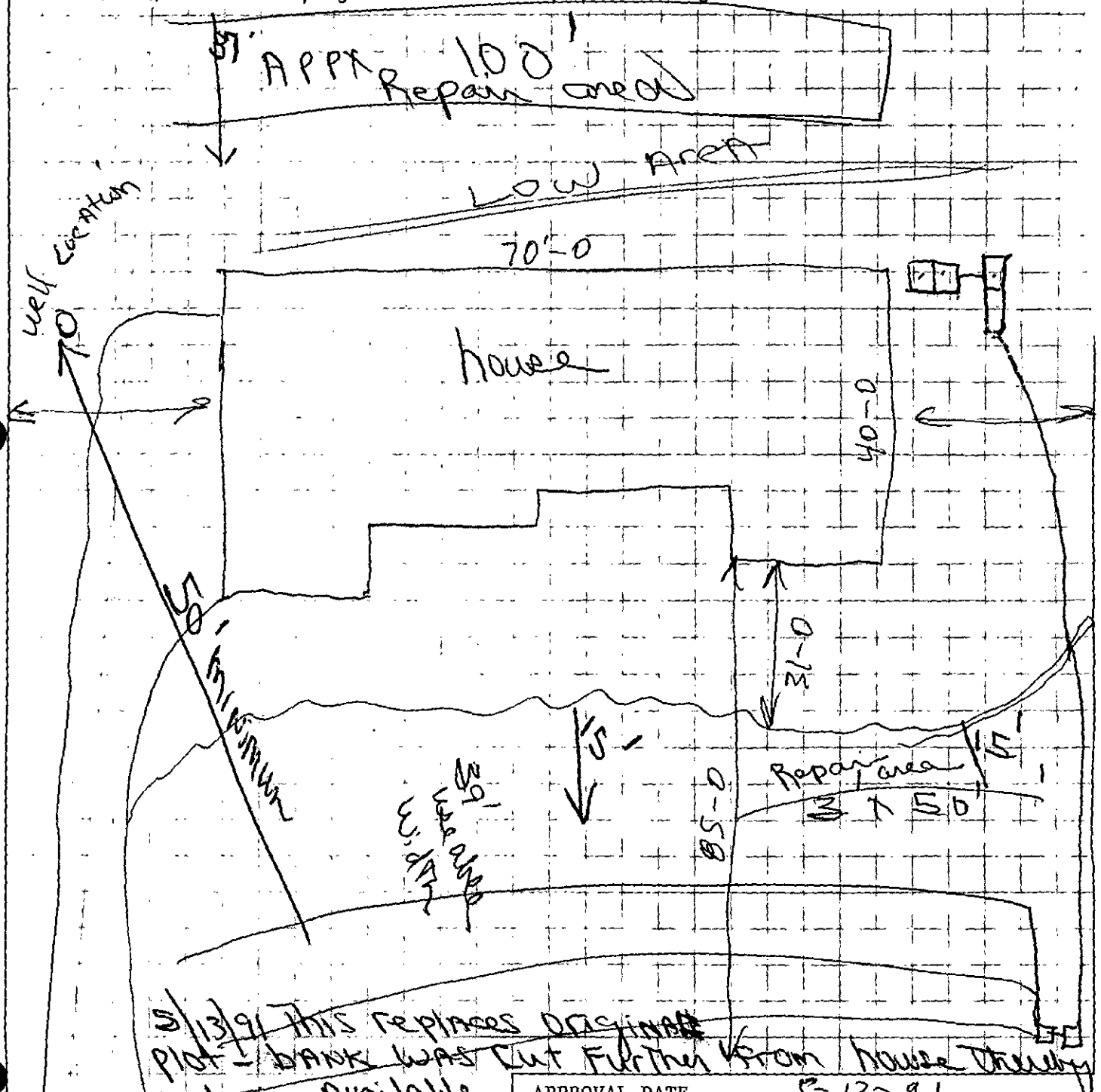
PROPOSED PLOT PLAN

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

FILE: 4671A

TC: _____

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 5-13-91

Donald H. Parks

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

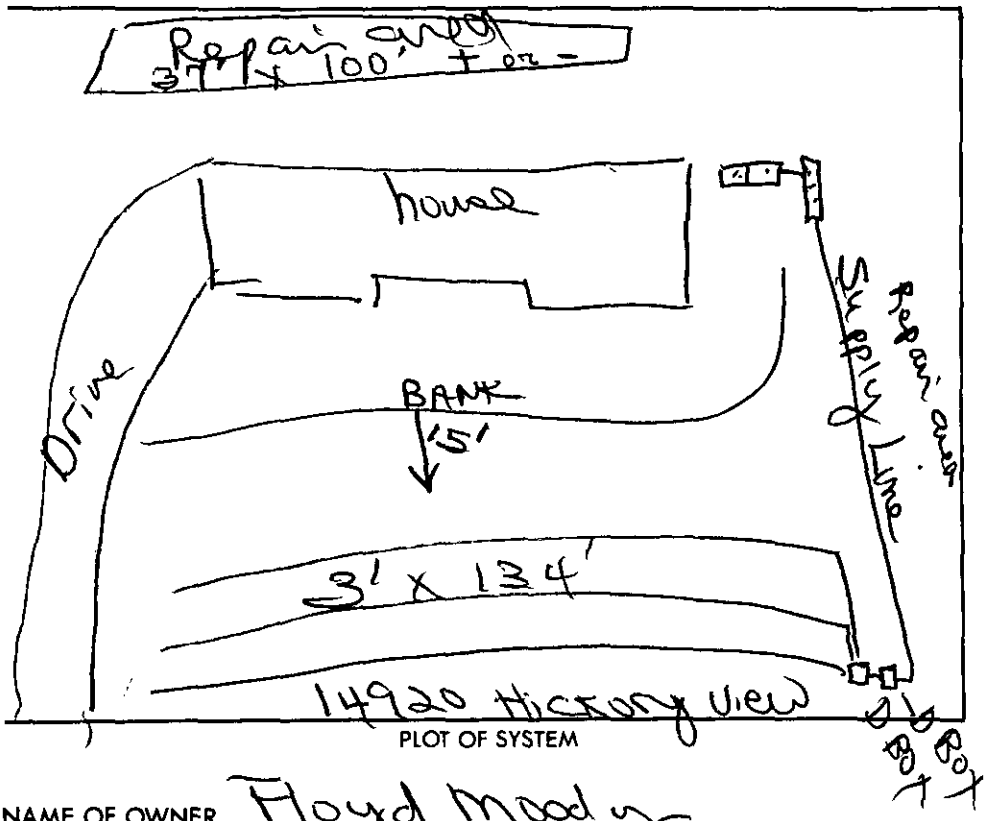
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4671A DATE: 5/13/91

TC: 217-072-02 ☐ L

SERIAL Nº 14964

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 10/3/90. All work shall be completed on or before 6/13/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 402' feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well Not IN feet
50' Minimum required

NAME OF OWNER Floyd Moody

LOCATION OF PROPERTY 14920 Hickory View LN.

Comments: INSTALL 3 Trenches 3' x 134' 12" Stone. INSTALL either 2 D-Boxes or Pressure Manifold (Owners request)

RS
Division or Section Head

Judy J. Kwiz R.J.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

ENVIRONMENTAL HEALTH DEPT.
[illegible] STANDARDS DIV.
[illegible] OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

[illegible] COUNTY REGULATIONS DEPARTMENT

DATE 11/9/90

TAX MAP [illegible] PARCEL/LOT 'Mech

PROPERTY OWNER 217-013-32

PROPOSED ADDRESS 14920 Hickory View LN

EXISTING ADDRESS 432

INSPECTED BY Raul Oaks

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /
2. DRIVEWAY REGULATIONS	/ /	/ /
3. PERCOLATION TESTING REGULATIONS	/ /	/ /
4. [illegible]	/ /	/ /

	PRESENT	FOR FUTURE
1. PUBLIC UTILITY PLACEMENT	/ ✓	/ /
2. MINIMUM SIZE OF EASEMENT	/ /	/ /
3. [illegible]	/ /	/ /

[illegible] Further investigation will be required to [illegible] permits can be issued by Building Services for [illegible].

REMARKS: Will septic tank

YOUR FORM MUST BE [illegible] AT THE CARRIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

CIRCULAR 06-88

NEW ADDRESS / /

FORM 100

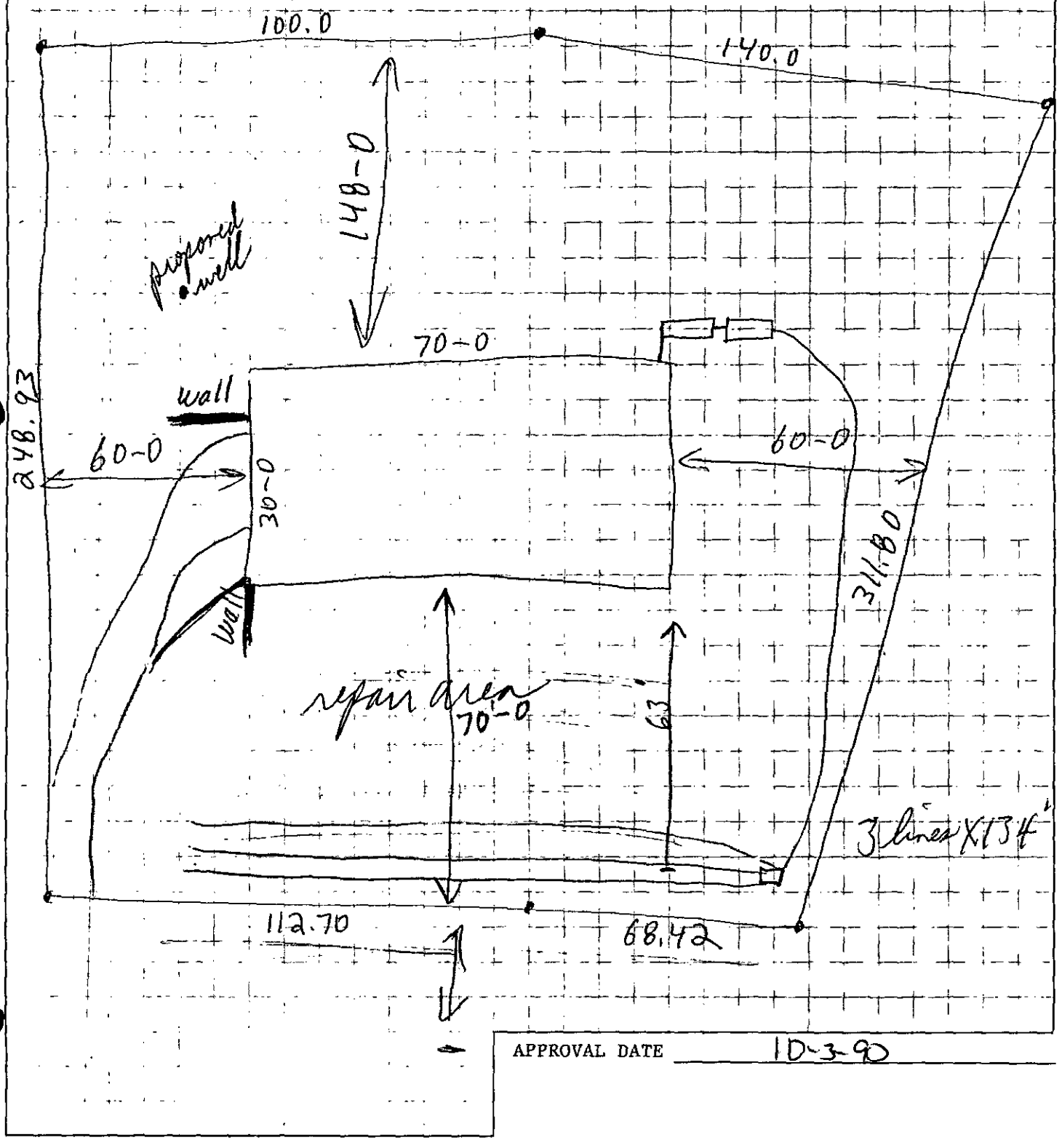
PROPOSED PLOT PLAN

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

FILE: 4671A

TC: 217-02-02 PO

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 10-3-90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-3-90

Name/Company: Floyd M. Moody

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. — New
14920 Hickory View Ln.
TP. 217-012-02 PO
File # 4671A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 3 1990

Ck # 1205

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: 4671A
TC: 217-(92-02 PO
SERIAL: № 21270 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 14920 (STREET NO.) Hickory View Ln (STREET) ② FILE: 4671A
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 21701202 PO
⑤ SUBDIVISION: Royal Oaks ⑥ LOT: 32 ⑦ BLOCK:

OWNER

⑧ NAME: Floyd (FIRST) M. (MIDDLE) Moody (LAST)
⑨ MAILING ADDRESS: 6608 Pleasant Dr.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28211
⑬ PHONE: (WORK) 392-1122 ⑭ (HOME) 522-8139

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? 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: Gerald Floyd
Date: 10-3-90

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. Lift station required. Basement already dug. Do not expand any further.

B.R. Ferguson, 11-7-90
Environmentalist Date

Director or Authorized Section Head, 11-7-90 Date

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

Mecklenburg County
Health Department

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

August 2nd, 1988

Performance Investments, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Hickory View Lane 32
FILE: 4671A
PARCEL: 21701202 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 15445) 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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15445

File: 4671A Action 1

Parcel: 21701202 PO ☐ PC

Location: Hickory View Lane

Subdivision:

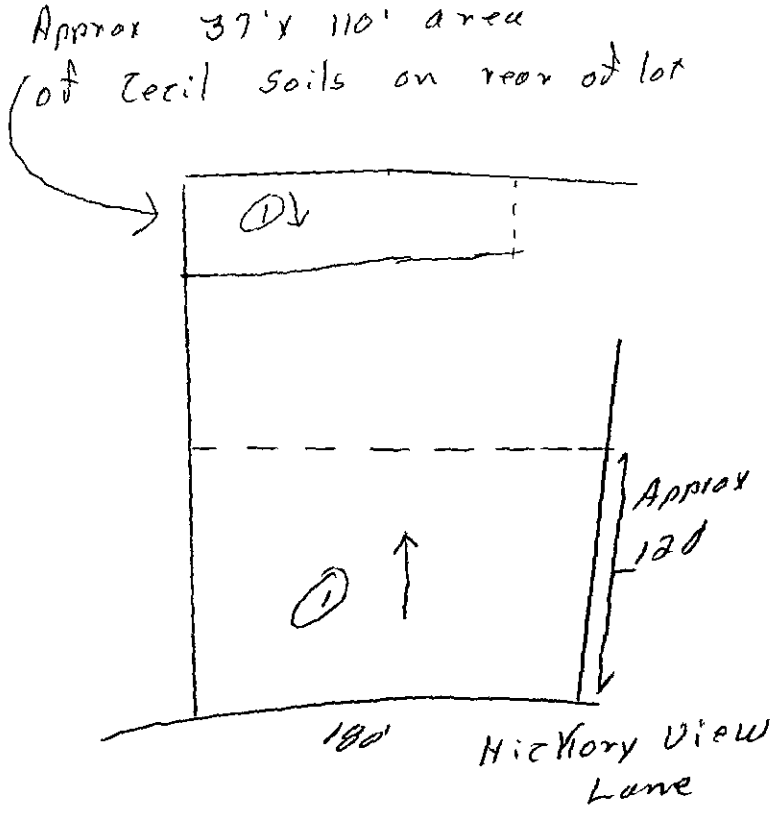
Lot: 32 Block: Acres: Approx .5 ac.

Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: System may need lift pump - house site may need to be moved towards rear of lot somewhat

Described by: William R. Maulin

Date: 7-28-88



***** 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 10-20%	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 36" to water	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	IVA Cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/17/88
PDC#541
$30.00
Ck

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4671A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Yock Road at Pleasant Hill Road/Hickory Nuts Lane

② SUBDIVISION: Royal Oaks ③ LOT: 32 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: PO 217 PAGE NO.: 012 PARCEL NO.: 02

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

OWNER

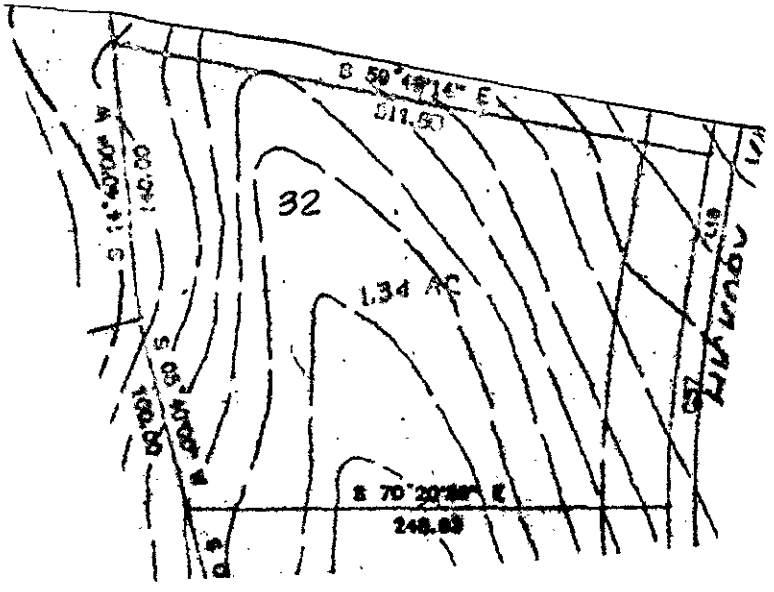
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (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: _____

Date: 1/19/88

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