

11235 SAM FURR RD

01121107

5/15/2007

duponbj

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

Proj 84 0823-99674

Released 11-8-91
P.# 997244
AB

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 3963 A
TC: 011-023-04
SERIAL: № 0019800
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11235 (STREET NO.) Sam Furr Rd. (STREET) ② FILE:
③ JURISDICTION: Huntersville N.C. ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WMI (FIRST) Medical Waste (MIDDLE) Service (Peter Goldberg (LAST))
⑨ MAILING ADDRESS: Same
⑩ CITY: Same ⑪ STATE: N.C. ⑫ ZIP:
⑬ PHONE: (WORK) ~~372-3574~~ 875-3201 ⑭ (HOME) Dick Foard 372-3574 Contractor

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 ADD STORAGE BUILDING/ITOM

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no

NO NEW EMPLOYEES

㉑ ☑ Business or place of public assembly
㉕ Type? MEDICAL WASTE INCINERATOR
㉖ Maximum number of employees? 14
㉗ Maximum number of seats? 5

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: Peter Goldberg, Proj. Mgr.
Date: 9/11/91

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 60 months from the date of issuance.

use existing system

Philo A. Walker, 9/13/91
Environmentalist — Date

[signature], 9-18-91
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.

PROPOSED PLOT PLAN

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

FILE: 3963A

TC: 011-023-04

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-6-91

Name/Company: Dick Ford

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp. Permit/Storage Bldg.
File # 3963A
11235 Sam Furr Rd

Pd. Cash 25.00 9/9.

Fee: $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.

Harris R. Lest
Completed by

R. Christian
Collected by

PROJECT INFORMATION

PROJECT NUMBER: 073-996793 **SUBMITTED DATE:** 09/06/91
PROJECT NAME: WMI MEDICAL WASTE **PHS:** **SEC:** **TIME:** 11:13 AM

CONTACT NAME: DICK FOARD **PHONE #:** 372-3574
TITLE: **TYPE OF PERMIT:** FULL CONTROL/STG RM
COMMENTS: 11235 SAM FURR RD HUNT 011-023-04 STG/ELE RM AND TRUCK BLD

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

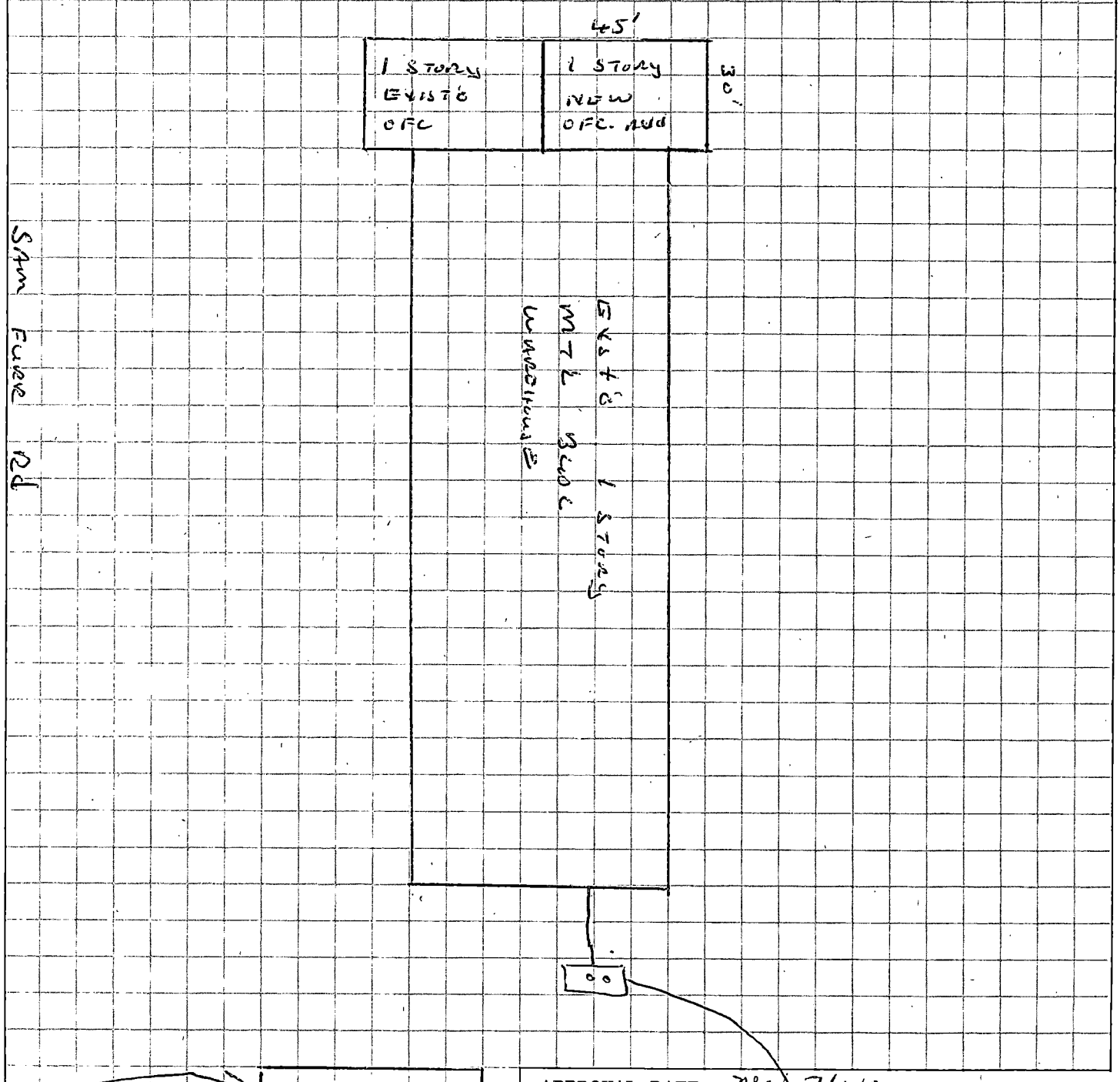
PROPOSED PLOT PLAN

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

FILE: 3963A

TC: 011-023-04

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.



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

APPLICATION FOR AN IMPROVEMENT PERMIT

153-99724
cash
P-D
06/25/91
$250.00

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: 3963A
TC: 011-023-04
SERIAL: № 21699
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 11235 (STREET NO.) Sam Furr Rd (STREET) ② FILE:
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WASTE MANAGEMEN SERVICE (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 11235 SAM FURR Rd
⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP:
⑬ PHONE: (WORK) 875 3201 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) OFFICE ADDITION

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? WASTE MANAGEMENT
㉖ Maximum number of employees? 12
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: Butch Brown
Date: 6-25-91

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

Philip S. Walker, 7/1/91
Environmentalist — Date

Director or Authorized Section Head, 7-5-91
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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3963-A DATE: 6-7-88

TC 011-023-04 ☐ L ☑ CRT

SERIAL № 10632

Name of Owner Bio-Ecological Services Inc Juris.:

Address of Property 11235 Sam Furr Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 425

Number of Lines 5 @ 85'

Cover Depth 18"

Water Supply Source well

Distance to Water Source >100'

Excavation Inspected 5-12, 6-7-88

Tank(s) Inspected 5-12-88

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1988, 1500ST, con, 1275SFT, 12G, Ceci CTR# 154

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:

Jim Ensign
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

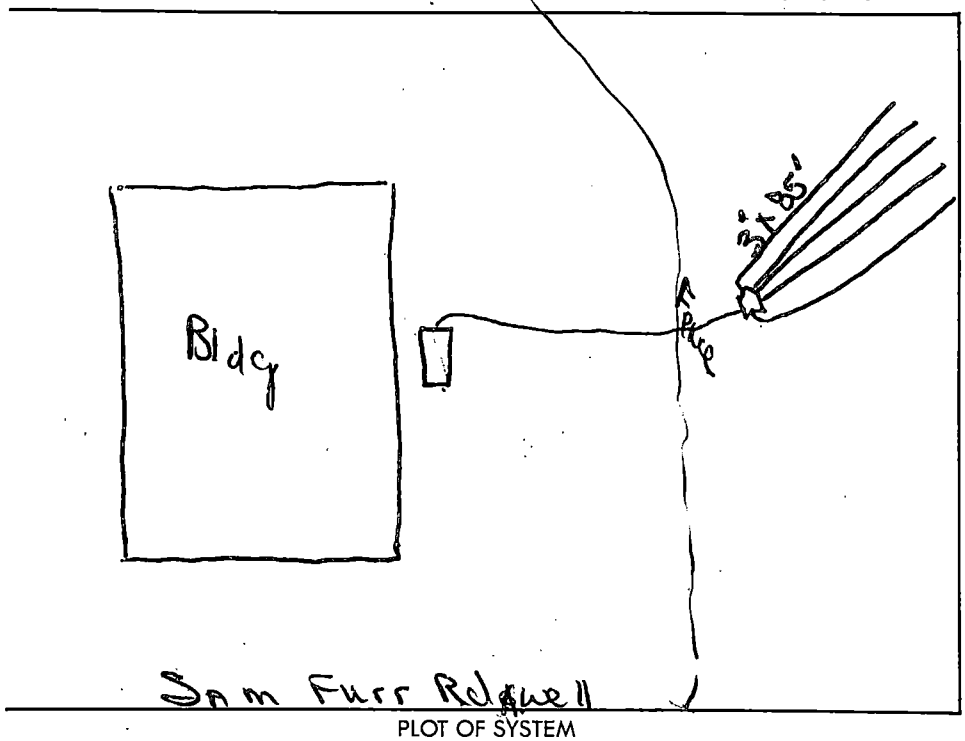
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3963A DATE: 5/5/88

TC: 011-023.04 ☐ L

SERIAL № 11843

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 10/29/87. All work shall be completed on or before 6/5/88, 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 Department of Environmental Health 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 ____ gallons

Tank Construction Pre CAST

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 425 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House [redacted] 5' feet

Distance from Property Line 19'4 feet

Distance from Well 100' feet

NAME OF OWNER Bio-Ecological Services, Inc.

LOCATION OF PROPERTY 11235 Sam Furr Rd.

Comments: Install 5 trenches 3' x 85', 12" Stone, Straw Cover. Hold depth of Trenches to 36". Supply line must be enclosed in Protective Sleeve under driving-parking area.

Division or Section Head

Judy J. Kerr R.S.
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

DATE: 11/17/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MecR

PARCEL NUMBER 011-023-04

ASSIGNED ADDRESS 11235 Sam Furr Rd

EXISTING ADDRESS _____

PROJECT NAME BIO-ECOLOGICAL ~~HA~~ SERVICES, INC. (B.E.S.)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☑	☐ *
3. EROSION CONTROL REGULATIONS	☑	☐ *
4. COMMERCIAL DRAINAGE PLAN	☑	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☑ *	☒
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☑ *	☐

pt

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic Tank - New Bldg - Well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: Gigi Richardson

OPWEAR 02/86

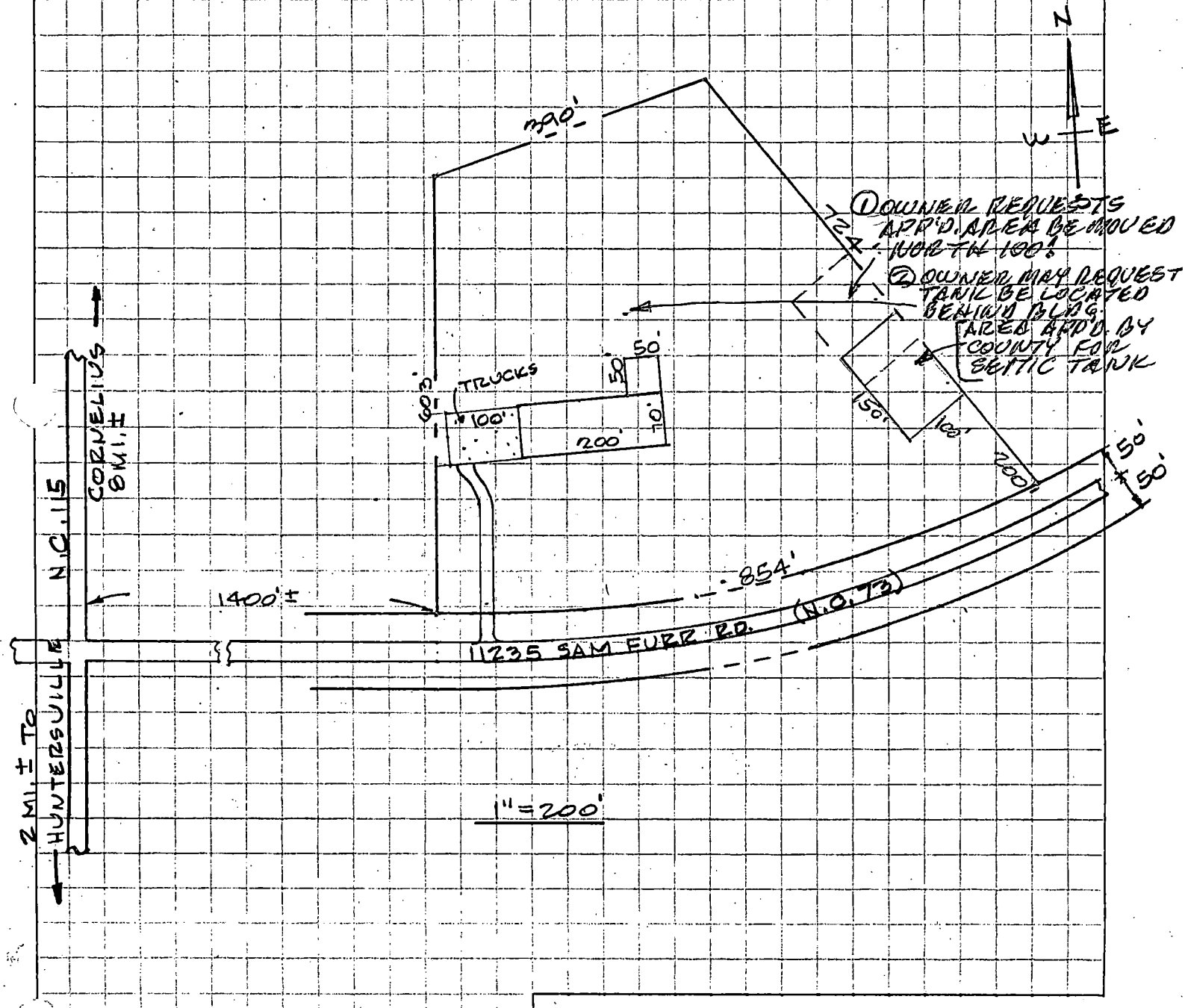
PROPOSED PLOT PLAN

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

FILE: 3963A

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.



372-3574?

Signed: George M. Catley FOR FOARD CONST. CO - FOR BIO-ECOLOGICAL SERVICES, INC.

Date: OCT. 29-97

APPLICATION FOR AN IMPROVEMENT PERMIT

11/19/87 $500.00 CK#11859 JR

Paid 5/3/88 $50 Landfill Permit ck#03205 ED

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
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: 39603A
TC: _____
SERIAL: № 14919
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11235 SAM FURR RD. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: HUNTERSVILLE, N.C. ④ TAX PARCEL NO.: 011-02 304
⑤ SUBDIVISION: HUNTERSVILLE T'SHIP. ⑥ LOT: 4 ⑦ BLOCK: 23

OWNER

⑧ NAME: BIO-ECOLOGICAL SERVICES, INC. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: P.O. BOX 2048
⑩ CITY: CHARLOTTE, ⑪ STATE: N.C. ⑫ ZIP: 28211
⑬ PHONE: (WORK) 364-1039 (RALPH ROGERS) 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? INDUST'L. BLDG. & INCINERATOR
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 15
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____
Date: OCT. 29-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 11-24-87

Director or Authorized Section Head _____ Date 11-24-87

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

MECKLENBURG COUNTY
Department of Environmental Health

October 20th, 1987

Rea Construction Co.
521 E. Morehead Street
Charlotte, NC 28202

RE: Property located at Sam Furr Road
FILE: 3963A
PARCEL: 01102304 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 11695) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11695

File: 3963-A Action 1

Parcel: PO 011-023-04 ☐ PC

Location: 11235 Sam Furr Road

Subdivision:

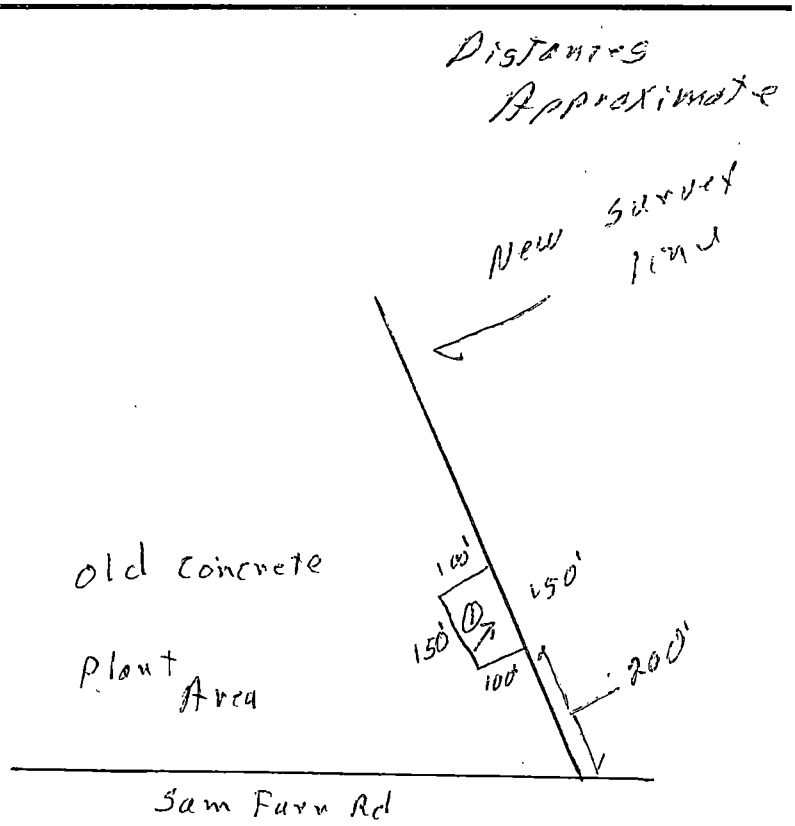
Lot: Block: Acres: .35 inv.

Owner: Rea Construction Company
Address: 521 East Morehead Street
Charlotte, N. C. 28202

Comments: Septic system must meet temp

Described by: William A. Marks

Date: 10-16-87



***** 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 8-15%	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	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	10A Cecil-Urban					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY

Department of Environmental Health

October 14th, 1987

Rea Construction Co.
521 E. Morehead Street
Charlotte, NC 28202

RE: Property located at Sam Furr Road
FILE: 3963A
PARCEL: 01102304 PO

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 14657) is enclosed.

The soil on this property is not suitable for use with any conventional system, modified or alternative, with which I am aware.

If I can be of assistance, please do not hesitate to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14657

File: 3963A Action 3

Parcel: 01102304 PO ☐ PC

Location: Sam Furr Road

Subdivision:

Lot: Block: Acres: Approx. .8 ac.

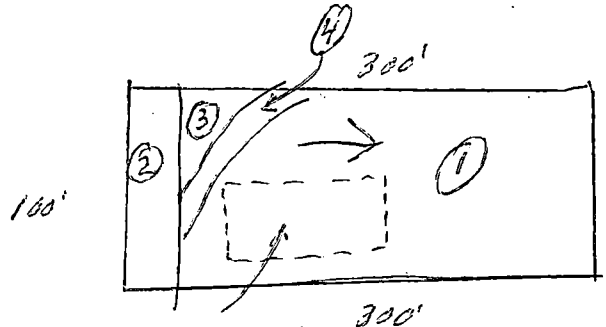
Owner: Rea Construction Co.
Address: 521 E. Morehead Street
Charlotte, NC 28202

Comments: _____

Described by: William B. Marks

Date: 10-13-89

Dimensions Approximate



proposed building site

Sam Furr Rd

***** 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	S PS (U) complex	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S (PS) U clay	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S (PS) U Blocky	S PS (U) Piled Fill	S PS U	S PS U
Drainage	S PS U	S PS U	S (PS) U 7-36" to water	S PS U	S PS U	S PS U
Depth	S PS (U) cut	S PS U	S (PS) U 7-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S (PS) U 7-36"	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS (U) Restricted	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	Cut w/ gravel & Asphalt	complex slopes	Cecil-like IVA	Piled Fill		
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)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 24 1987
ENVIRONMENTAL HEALTH
DIVISION

FILE: 3963A

TC: 011-023-04PO

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11235 Sam Furr Road, Huntersville Township

② SUBDIVISION: — ③ LOT: — ④ BLOCK: —

⑤ PARCEL REFERENCE: BOOK NO.: 11 PAGE NO.: 23 PARCEL NO.: 4

⑥ DEED REFERENCE: BOOK NO.: 3168 PAGE NO.: 259

OWNER

⑦ NAME: ReA Construction Co
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 521 East Morehead St

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28202

⑫ PHONE: (WORK) 332-4382 (HOME)

⑬ Accurately diagram and dimension lot.

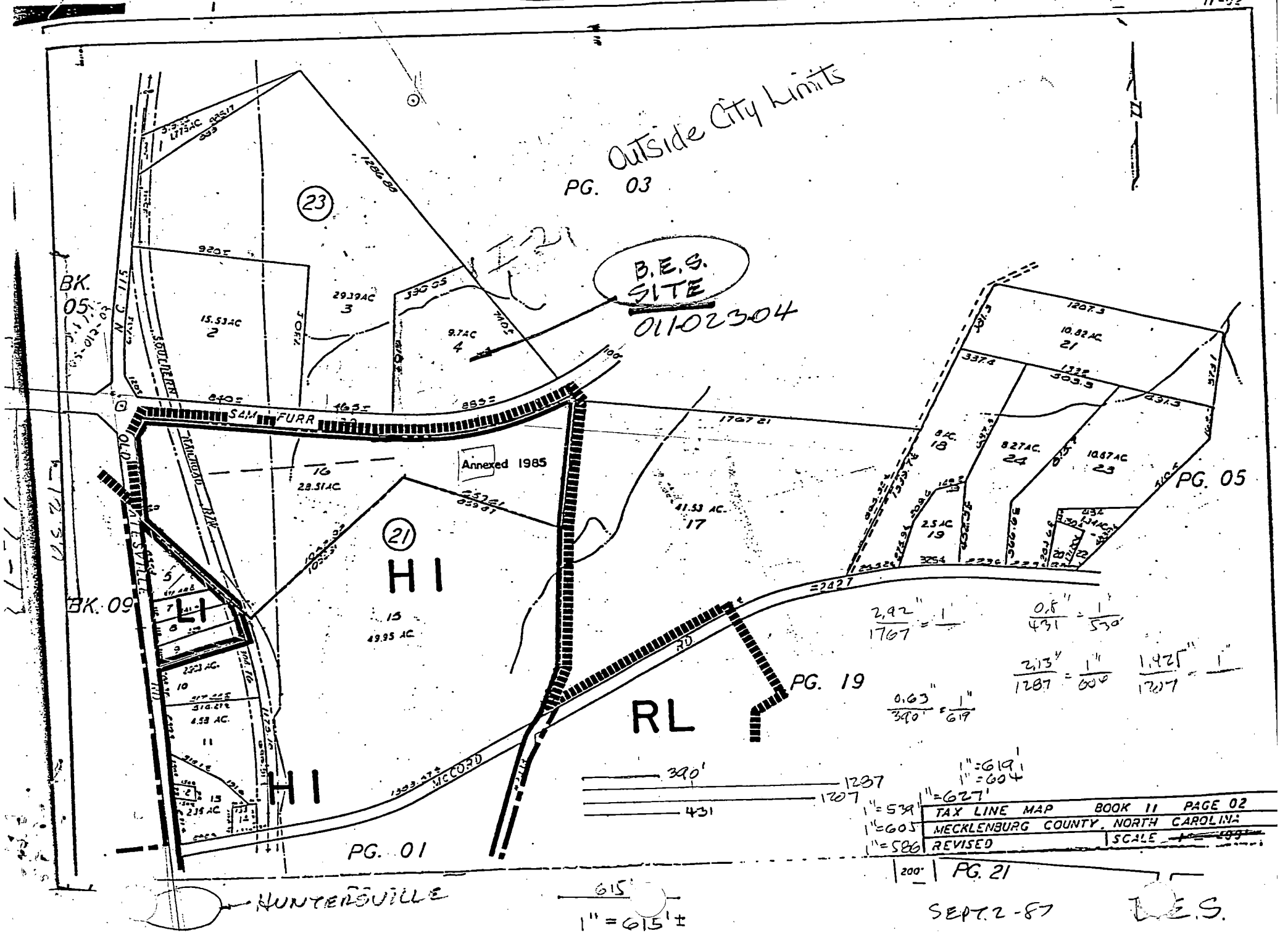
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Norman A. Wilhelm PRES.

Date: 9-24-87

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


Outside City Limits
PG. 03
B.E.S. SITE
011-02304
BK. 05
BK. 09
SAM FURR
OLD STATESVILLE
RAILROAD R/W
Annexed 1985
HI
RL
PG. 01
PG. 05
PG. 19
PG. 21
HUNTERSVILLE
McCORD
TAX LINE MAP BOOK 11 PAGE 02
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED
SCALE
SEPT. 2-87
B.E.S.