

9911 EDWARD'S PL

13724210

12/17/07

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 County **Health Department** 9911 Edwards Pl., Charlotte 28227 **Location**	Hitzl Residence **Name of Establishment** 4-Bedroom House **Type of Establishment**	7983A **Permit/Project No.** *480 GPD* **Design Flow**
Thomas & Judith Hitzl **Owner/Agent** N/A **Operator**	Same as location address **Address** N/A **Address**	(704) 573-1372 **Phone** N/A **Phone**
IIIb **System Type**	3/9/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured 8" of solids in pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☐	☒	☐	6.b. Ponding in trench 5
c. Surface water being effectively diverted away?	☒	☐	☐	Monitor area for surfacing.
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No sewage observed on ground suface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

1. Pump dosing tank the next time the septic tank is pumped.

DATE: 3/8/2005

SIGNED: _____, RS AGENT

Division of Environmental Health

COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater and Wastewater Services

Pd 85 ck# 3635 2/11/05 gc

February 4, 2005

Hitzel, Thomas N and Judith A

9911 Edwards Place

Charlotte NC 28227

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. Copies of the regulations are available in our office. You may also obtain a copy of the regulations by visiting:
http://www.deh.enr.state.nc.us/oww/Rulelaw/june2003Rules.pdf

Our records indicate that the Type **IIIb** septic system serving the property located at:

9911 Edwards Place
Charlotte NC 28227
MCHD File Number: 7983A

is due for inspection on: **3/9/2005**

The fee for this inspection is $85.00. Your payment should be received in our office no later than February 25, 2005. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

Once payment is received in our office, I will contact you to schedule an inspection time. If possible, I encourage you to be present during the inspection. This will allow an opportunity for you to observe the inspection process, receive information regarding your septic system, and ask any questions you may have about your system. System inspections take approximately one hour to perform.

Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will include an assessment of the system's operation and recommendations to ensure your septic system operates in a safe and efficient manner. In addition, if you are served by a private well, a bacteriological sample will be collected and analyzed to assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater and Wastewater Services

7983

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/11/05	**Amount:**	85.00
Receipt #:	32039	**Tendered:**	85.00
Check / Auth #:	CHECK 3695	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	HITZL THOMAS NEIL
Attn:	
Address:	9911 EDWARDS PL
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE #7983A/PH 7045731372		1	85.00	85.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — 93B

Health Department | Name of Establishment | Permit/Project No.

9911 Edward's Place — residence — 480 gpd

Location | Type of Establishment | Design Flow

Enrique Abarca 9911 Edward's Place, Charlotte, NC

Owner/Agent | Address | Phone

N/A

Operator | Address | Phone

Remarks — IIIb

	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?	☐	☑	Septic tank covered by deck
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommended pumping septic tank
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?	☑	☐	
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: Drain field looks good - septic tank is not accessible without dismantling deck Mrs. Abarca present

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 3-11-99 SIGNED: Larry B. Thompson, Jr., R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following 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 (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____
[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 sanitary sewage 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 sewage 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 Environmental Health Services 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: Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Enrique F. & Lynn Abarca
9911 Edwards Place
Charlotte, NC 28227

RECEIVED
chk# 5664
3/9/99 gc

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 Number	# of Bedrooms	System Type
Enrique F. & Lynn Abarca	9911 Edwards Place	137-242-10	93B	4	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

Inspected
3-11-99
Deck has been built over the septic tank.
Mrs. Abarca was present - I advised her of this and recommended provisions be made to gain access and pump the tank.

BILL INFORMATION

Billing Date	Payment Due Date
2/16/99	3/16/99

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

Mecklenburg County
Health Department

February 16, 1999

Enrique F. and Lynn A. Abarca
9911 Edward's Place
Charlotte, NC 28227

Dear Mr. and Mrs. Abarca:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

W-F00

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

PO FILE: 93-B/1983A DATE: 7-7-92

TC: 137-132-03 ☐ L ☑ CRT

SERIAL Nº 15478

Name of Owner Cody Helms Juris.:

Address of Property 9911 Edwards Place

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107'

Cover Depth 18"-24"

Water Supply Source Comm.

Distance to Water Source —

Excavation Inspected 7-7-92

Tank(s) Inspected 7-7-92

Wash Line Inspected

High Water Alarm Inspected 7-7-92

PLOT

Design: 1992, 1500ST, 1000DT, PI, Con, 1605FT, 12", cecil CTR# 90

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: Installed for 4 bedrooms

ST 1500

B. R. Ferguson
Environmentalist

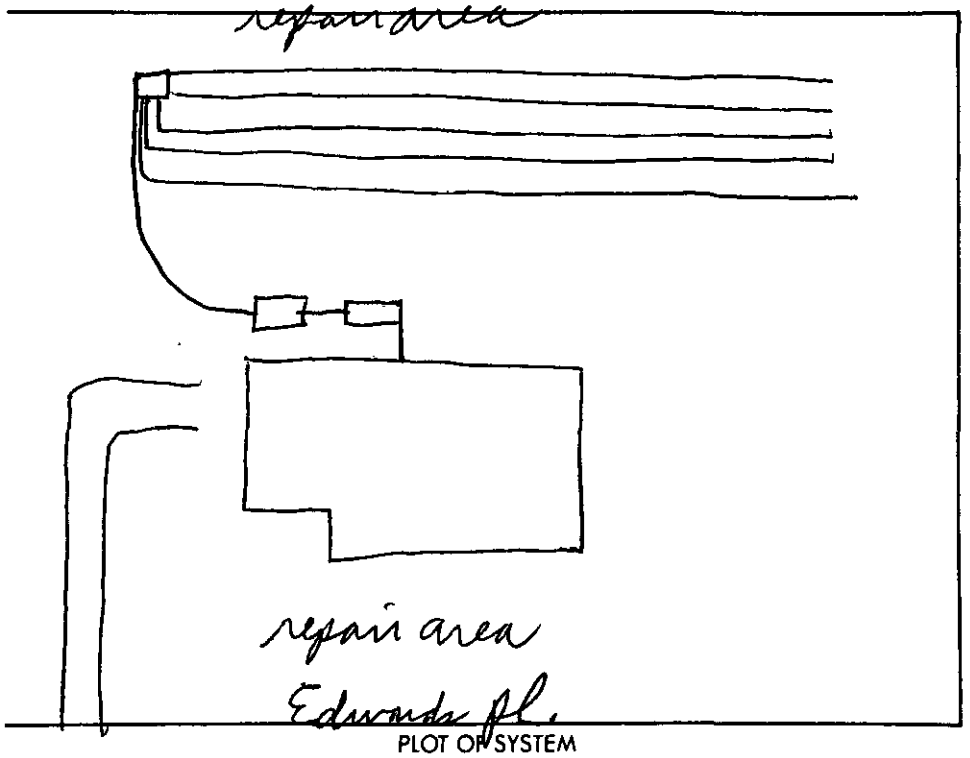
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

12540 **INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT**

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

FILE: 93-B/7983A DATE: 7-2-92
PO TC: 137-132-03 L
SERIAL Nº 13468

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 3-11-92. All work shall be completed on or before 8-2-92, 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 PVC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 535 feet
Number of Lines 5
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well Comm. feet

NAME OF OWNER Cody Helms
LOCATION OF PROPERTY 9911 Edwards Place
Comments: 5 lines 3'X107'X 12" stone

Division or Section Head

B. R. Ferguson
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

LR400

9312-1983A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: March 11,1992

PERSON FILING APPLICATION:

NAME: Helms (last) Cody (first) A. (mi)

ADDRESS: P. O. Box 862 PHONE: (704) 289-4604

CITY: Monroe STATE: NC ZIPCODE: 28111-0862

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-132-03

STREET ADDRESS: 9911 Edwards Plain

ZONING:

PROPERTY OWNER:

NAME: Helms (last) Cody (first) A (mi)

ADDRESS: P. O. Box 862 PHONE: (704) 289-4604

CITY: Monroe STATE: NC ZIPCODE: 28111-0862

SUBDIVISION OR MOBILE HOME PARK NAME:

BRINBRIDGE III

Township (check one):

[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [X] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 16 Block 2 LOT SIZE (in acres): 0.70

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION: 7

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Cody Helms Date: 3-11-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...Lift station required

No cut on foundation

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

B R Ferguson 4-24-92
Environmentalist Date

4-27-92
Director or Authorized Section Head Date

WWATER : 122791

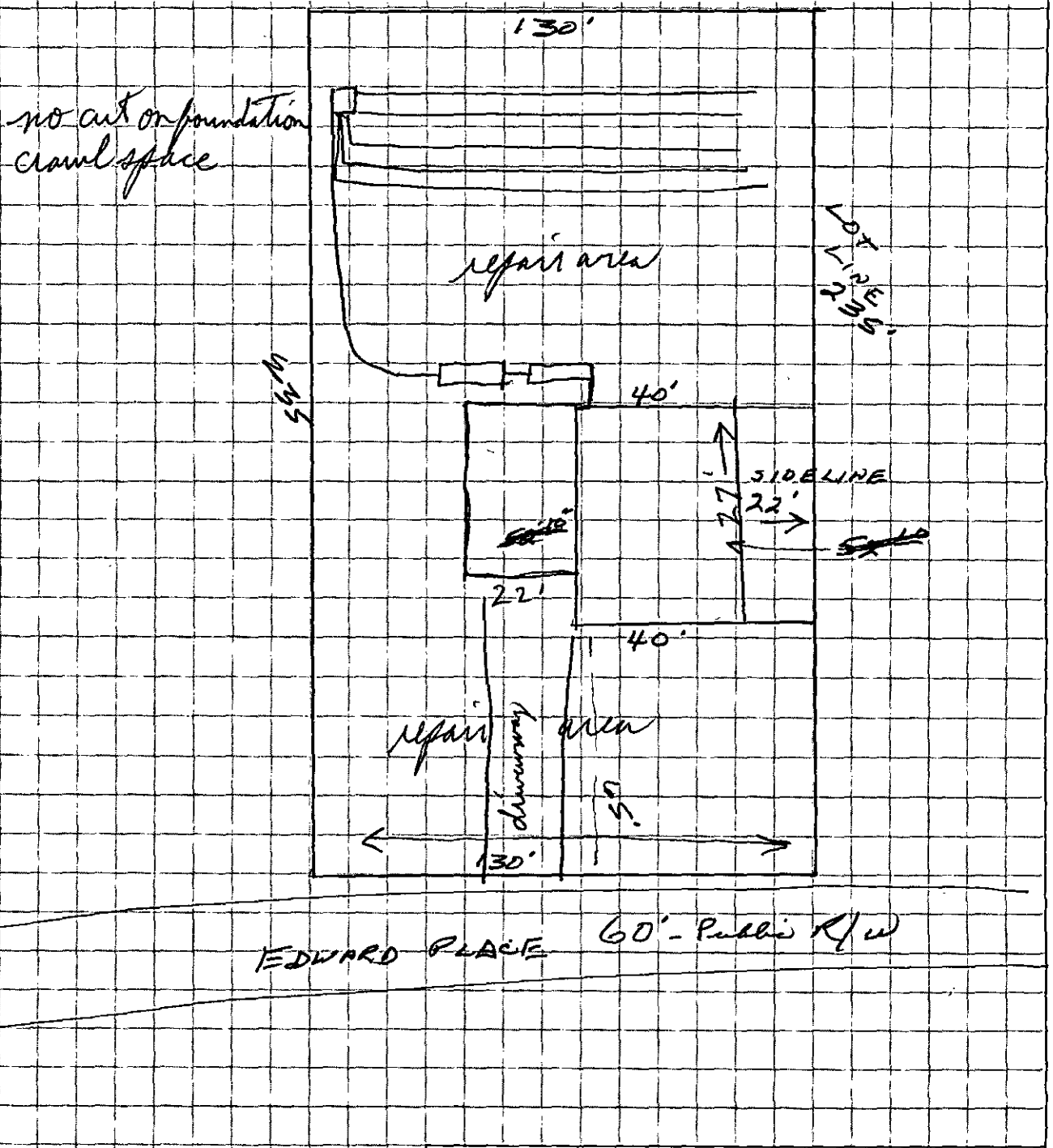
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 93B.

TC: 137-132-03

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 SOIL INVESTIGATION

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

0028

(OFFICE USE ONLY)

FILE: 7983A (93B)

TC: 132-132-03

☒ PC ☐ REPT

$50.00 29081 11/09/92

JOB LOCATION

① ADDRESS: 9911 Edwards Place Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 14 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03

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

OWNER

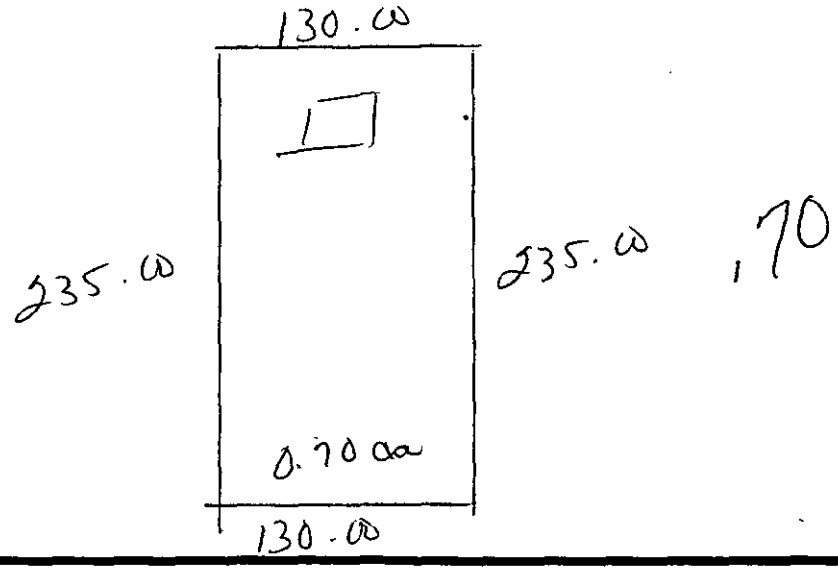
⑦ NAME: Da (FIRST) L (MIDDLE) Moan (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N. # 110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Da L Moan

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

Date: 11/9/92

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

Mecklenburg County
Health Department

March 30, 1992

Dan L. Moser
2101 Sardis Road North, #110
Charlotte, NC 28227

RE: Property located on 9911 Edward's Place
FILE: 7983A (93B)
PARCEL: 137-132-03

Dear Mr. Clay:

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 12586) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5575.

Sincerely,

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12586

File: 7983 A/93B Action 1 ☐ PC

Parcel: 20 137-132-03

Location: 9911 Edward's Place

Subdivision: Bainbridge III

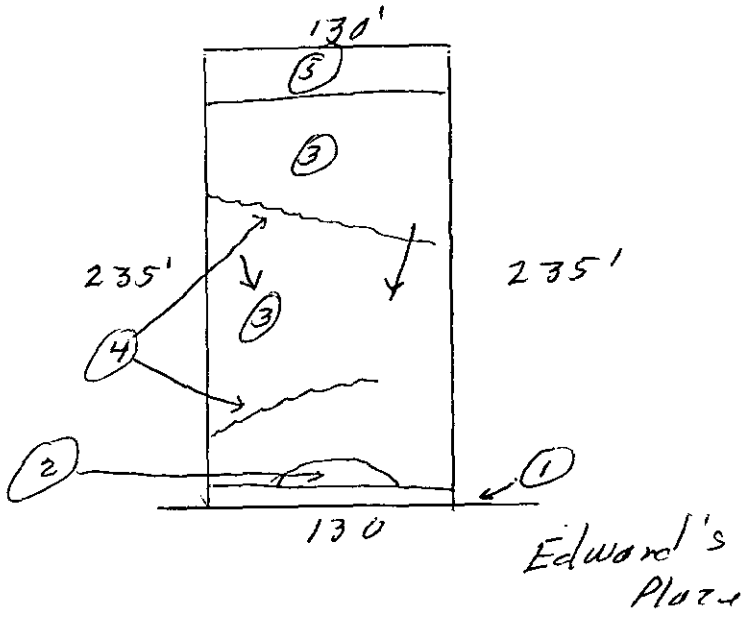
Lot: 16 Block: 2 Acres: .70

Owner: Dan L. Moser
Address: 2101 Sardis Road N. #110
Charlotte, N.C. 28227

Comments: 100% Repairs

Described by: William R. Marlin

Date:



*** 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) 72' cut	S PS (U) slight depression	(S) PS U 6-12%	S PS (U) Terraces	S PS U —	S PS U
Texture	S PS U —	S PS U —	S (PS) U slightly clay Expansive	S PS U —	S PS U —	S PS U
Structure	S PS U —	S PS U —	S (PS) U sub. Blocky	S PS U —	S PS U —	S PS U
Drainage	S PS U —	S PS U —	S (PS) U 40" to 40" water	S PS U —	S PS U —	S PS U
Depth	S PS U	S PS U —	S (PS) U 40"+	S PS U —	S PS U —	S PS U
Restrictive Horizons	S PS U	S PS U —	S (PS) U 40"	S PS U —	S PS U —	S PS U
Available Space	S PS U	S PS U —	S (PS) U limited	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) Filled Fill	S PS U
Soil Group/Series	>2' Cut	slight Depression	IV Cecil-Lloyd	Terraces	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

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

(OFFICE USE ONLY)

FILE: 7732 A (93B)

TC: 0

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9911 Edwards Place Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 16 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 63

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

OWNER

⑦ NAME: Don (FIRST) L (MIDDLE) Moser (LAST)

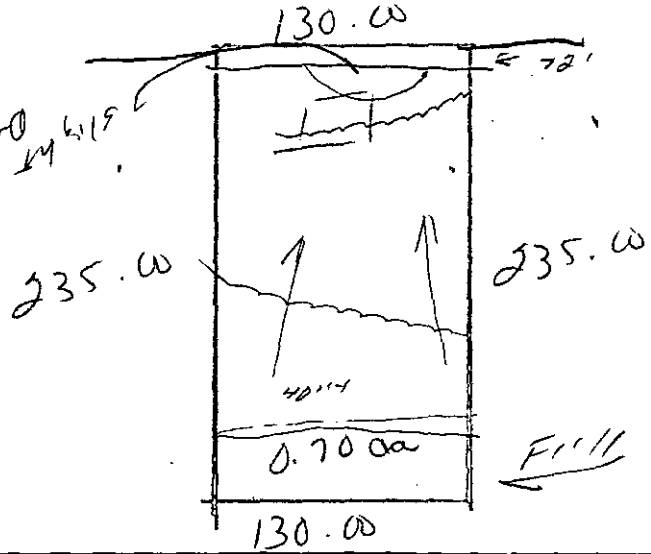
⑧ MAILING ADDRESS: 2101 Sardis Rd N. # 110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28207

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

⑬ Accurately diagram and dimension lot.

~~unable to determine~~
~~exactly how far fill~~
~~encroaches into lot~~
similar
recommend
subsurface
interceptor drain
upslope of drainfield



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: D. L. Moser

Date: , 1992

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