

10027 ARDREY KELL RD

7/5/2007

duponbj

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

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DATE: 2-16-99

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

( ) 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 #: 7530A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 229-021-183

STREET ADDRESS: 9117 ANNIE ROSS LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4800

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

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: X YES ___ NO TYPE: INDIVIDUAL PROPRIETORSHIP - CONSULTING

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES X YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: BLAKE, WILLIAM P. AND JANE S.
(LAST) (FIRST) (MI)

ADDRESS: 9117 ANNIE ROSS LANE

CITY: CHARLOTTE STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 541-9370

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

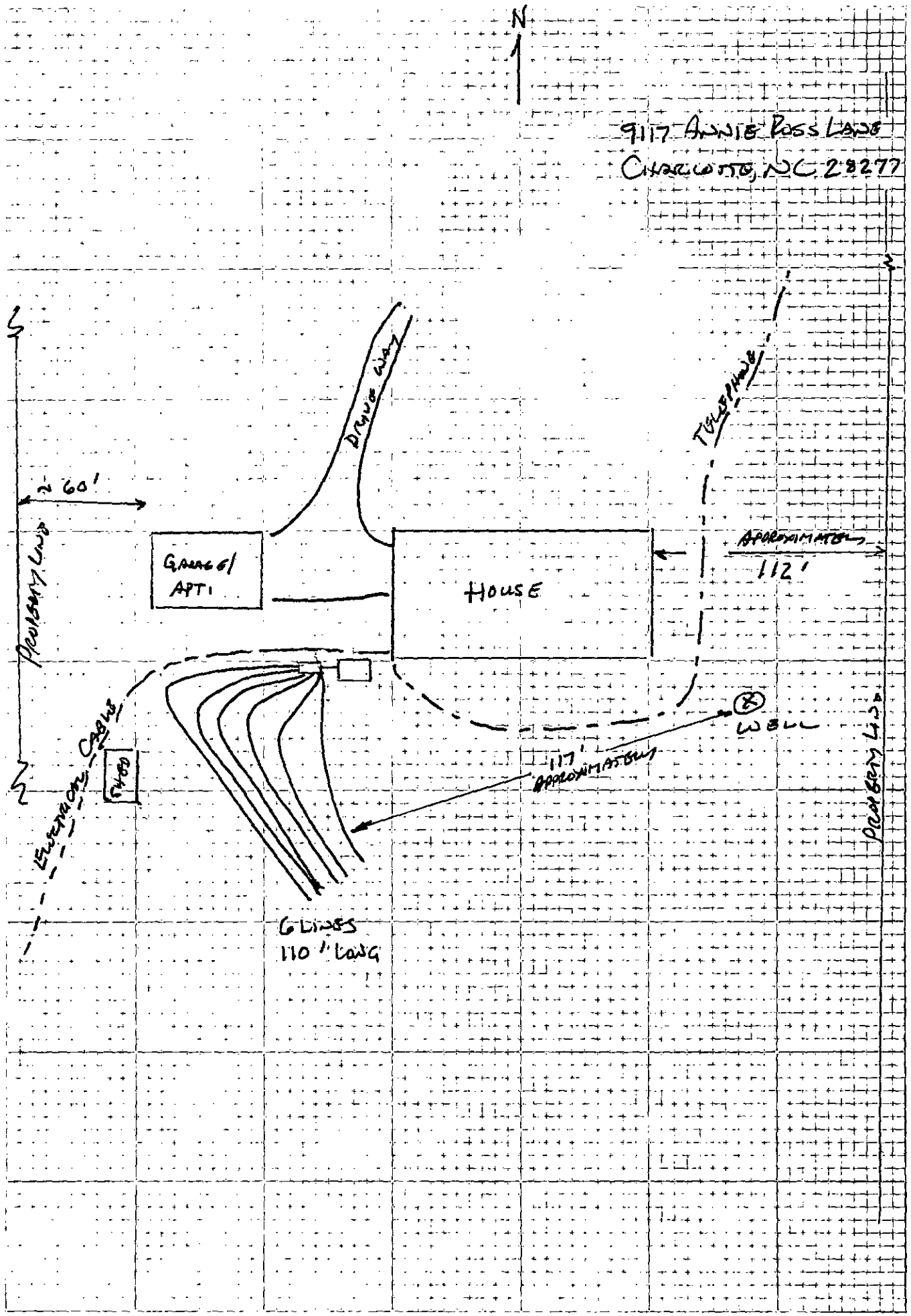
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEPT. 1991

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: William P Blake DATE: 2-16-99

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

7530A



EFFICIENCY, 22 - 08
CROSS SECTION 10 X 10 TO INCH

Mecklenburg County
Health Department

February 18, 1998

Mr. & Mrs. William P. Blake
9117 Annie Ross Lane
Charlotte, NC 28277

Dear Mr. and Mrs. Blake:

The purpose of this correspondence is to document my visit to your property located at 9117 Annie Ross Lane, Charlotte, NC on Wednesday, February 17, 1999. Others present at this meeting were Kelly Randall, Supervisor of the Individual Water and Wastewater Section and representatives of RCS, Inc., your septic contractor.

During this visit, the distribution box was uncovered for viewing. It appeared that the distribution box had been disturbed. Effluent was not flowing into the individual trenches equally and the top of the box was broken. The loading of effluent into two nitrification field lines was found to be greater than the other field lines. These two lines were adjusted to equalize the effluent throughout the nitrification system and a new cover placed on the distribution box.

The general policy is to recheck the sewage disposal system within 30 days to confirm that the repair has been effective. If not, additional repairs will be necessary.

If you have any questions concening this matter, please do not hesitate to call me at 336-5569.

Joshua P. Sellers R.S.

Joshua Sellers, R.S.
Individual Water and Wastewater Section

CC: Judy Simes, Realtor

Mecklenburg County
Health Department

February 11, 1999

Mr. William P. & Jane S. Blake
9117 Annie Ross Lane
Charlotte, NC 28277

Dear Mr. & Mrs. Blake:

At the request of Judy Simes, Realtor, a well water sample was collected and a septic system inspection conducted on your property located at 9117 Annie Ross Lane, Charlotte, NC on January 26, 1999.

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

The sub-surface sewage disposal system for this property was supersaturated and effluent was present on the surface of the ground.

"Laws and Rules For Sewage Treatment and Disposal Systems", 15A NCAC 18A, .1900, Section .1961 Maintenance of Sewage Systems (a) (1) (c) specifically addresses supersaturation. A reinspection is required when this condition exists. The reinspection was made on February 5, 1999. At the time of this visit the drainfield remained supersaturated. Per the Rules, this condition warrants a repair to the system.

An application for repair is enclosed for your convenience. To comply with the State Rules, this repair should be made within 30 days. Please complete and return the application to our office. There is no fee for this service. You may arrange an appointment with the registered septic tank contractor of your choice for the repair. The contractor will contact this office for the necessary permit.

If you have any questions concerning this matter, please contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

Cc: Judy Simes, Realtor

WILLIAM P. BLAKE
9117 Annie Ross Lane
Charlotte, NC 28277

February 16, 1999

Judy J. Kisier
Mecklenburg County Health Dept.
Environmental Health Division
700 North Tryon Street Suite 211
Charlotte, NC 28202-2236

Dear Mrs. Kiser,

Reference your letter of February 11, received today, enclosed is the application for repairs to the septic system located on my property at 9117 Annie Ross Lane. On February 17, RCS, Inc., the company who installed this system, will uncover the distribution box for examination for it's proper setting and leveling. It is my understanding a representative from your office will be present. No repair work will be done until your office approves proceeding with such. It is requested that any repairs be authorized immediately.

Cordially,

William P. Blake

-7530A-

Mecklenburg Country Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Well & Septic

7550

Microbiological Analyses

229-021-13

Owner, System or Establishment: William & Jane Blake

Address: 9117 Anne Ross Lane

Charlotte, NC Zip: 28277

Collected By: J. Kiser

Date Collected: 1/26/99 Time: 3:30 AM PM

Sample Source: Outside Tap

Date Delvd. to Lab: 1/26/99 Time: 4:10 AM PM

Delivered By: Kiser ☒ Delivered on Ice Initials: JK

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 ☐ Monitoring Well

☐ Storm ☐ Other (specify)

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

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify)

☐ Food Analysis (specify)

Comments: Well Construction O.K., System Saturated, Supersaturated. Heavy rains previous Saturday & Sunday (23rd & 24th). Will recheck. (Rained 4" per weather reporter)

Closing in April per Realtor

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform	Absent / 100 ml.	Non-Coliform	/ 100 ml.
Fecal Coliform	Absent / 100 ml.	Plate Count	/ gm. or ml.
Fecal Strep	/ 100 ml.	Coliform Count	/ gm. or ml.
Enterococcus	/ 100 ml.	Pseudomonas aeruginosa	/ 100 ml.

3/1 Planned to revisit on 1/28 pm - recheck - Note down - to garage - No loaner Available

3/1 Rain on Monday

3/2 Rec'd Car from Garage, wait until 3/4 to recheck

3/4 Rain Today -

Laboratory Comments:

Date Received: 1/26/99 Date Reported: 1-27-99

Received By: NCS Analyst: JW/NCB Lab #: 688

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

L 1.14 1/92

Rev. 5/97

4319 White - Lab Report Copy Yellow - Lab File Copy

Mecklenburg County
Health Department

February 18, 1998

Mr. & Mrs. William P. Blake
9117 Annie Ross Lane
Charlotte, NC 28277

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Joshua R. Sellers R.S.

Joshua Sellers, R.S.
Individual Water and Wastewater Section

CC: Judy Simes, Realtor

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DATE: 2-16-99

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

[ ] 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 #: 7530A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 229-021-18

STREET ADDRESS: 9117 ANNIE ROSS LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4800

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

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: X YES __ NO TYPE: INDIVIDUAL PROPRIETORSHIP - CONSULTING

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES X YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES X YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: BLAKE, WILLIAM P. AND JANE S.
(LAST) (FIRST) (MI)

ADDRESS: 9117 ANNIE ROSS LANE

CITY: CHARLOTTE STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 541-9370

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEPT. 1991

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SIGNED: William P. Blake DATE: 2-16-99

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

-7550A-

Mecklenburg Country Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Well & Septic

7550A

Microbiological Analyses

239-021-13

Owner, System or Establishment: William & Jane Blake

Address: 9117 Anne Ross Lane

Charlotte, NC Zip: 28277

Collected By: J. Kiser

Date Collected: 1/26/99 Time: 3:50 AM PM

Sample Source: Outside Tap

Date Delvd. to Lab: 1/26/99 Time: 4:10 AM PM

Delivered By: Kiser ☒ Delivered on Ice Initials JK

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 ☐ Monitoring Well

☐ Storm ☐ Other (specify)

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

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify)

☐ Food Analysis (specify)

Comments: Well Construction O.K., System Saturated Supersaturated. Heavy rains previous Saturday & Sunday (23rd & 24th) Will recheck. (Rained 4" per weather reports) Closing in April per Realtor

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform	Absent / 100 ml.	Non-Coliform	/ 100 ml.
Fecal Coliform	Absent / 100 ml.	Plate Count	/ gm. or ml.
Fecal Strep	/ 100 ml.	Coliform Count	/ gm. or ml.
Enterococcus	/ 100 ml.	Pseudomonas aeruginosa	/ 100 ml.

1. Planned to revisit on 1/28 am - Vehicle broke down - to garage - No loaner Available
2. Rain on Monday
3. Need car from garage, wait until 3/4 to recheck
4. Rain Today -

Laboratory Comments:

Date Received: 1/26/99 Date Reported: 1-27-99

Received By: DES Analyst: DW/NCB Lab #: 688

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

L 1.14 1/92

Rev. 5/97

4319 White - Lab Report Copy Yellow - Lab File Copy

WILLIAM P. BLAKE
9117 Annie Ross Lane
Charlotte, NC 28277

February 16, 1999

Judy J. Kisier
Mecklenburg County Health Dept.
Environmental Health Division
700 North Tryon Street Suite 211
Charlotte, NC 28202-2236

Dear Mrs. Kiser,

Reference your letter of February 11, received today, enclosed is the application for repairs to the septic system located on my property at 9117 Annie Ross Lane. On February 17, RCS, Inc., the company who installed this system, will uncover the distribution box for examination for it's proper setting and leveling. It is my understanding a representative from your office will be present. No repair work will be done until your office approves proceeding with such. It is requested that any repairs be authorized immediately.

Cordially,

William P. Blake

CERTIFICATE OF COMPLETION/OPERATION PERMIT

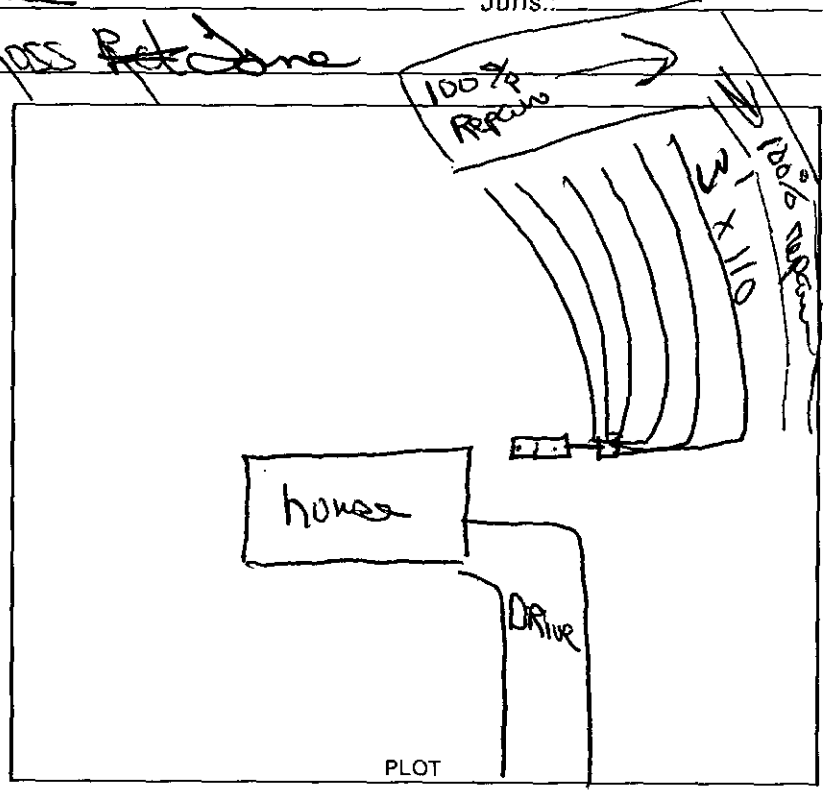
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7530A DATE: 4/13/92
TC: 229-021-13 ☑ L ☐ CRT
SERIAL № 12852

Name of Owner William Blake Juris.:
Address of Property 9117 Arrowood Ross Rd Lane

Inspection Data:

Tank Material PC
Total Length of Drainfield 660'
Number of Lines 6 @ 110'
Cover Depth 24"
Water Supply Source Well
Distance to Water Source
Excavation Inspected 4/13/92
Tank(s) Inspected 4/13/92
Wash Line Inspected
High Water Alarm Inspected



Design: 1992 1500St Con. 2000SFT 12"G, Curie 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: System designed for 5 bedroom house

4/13/92
Judy G. Rees R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

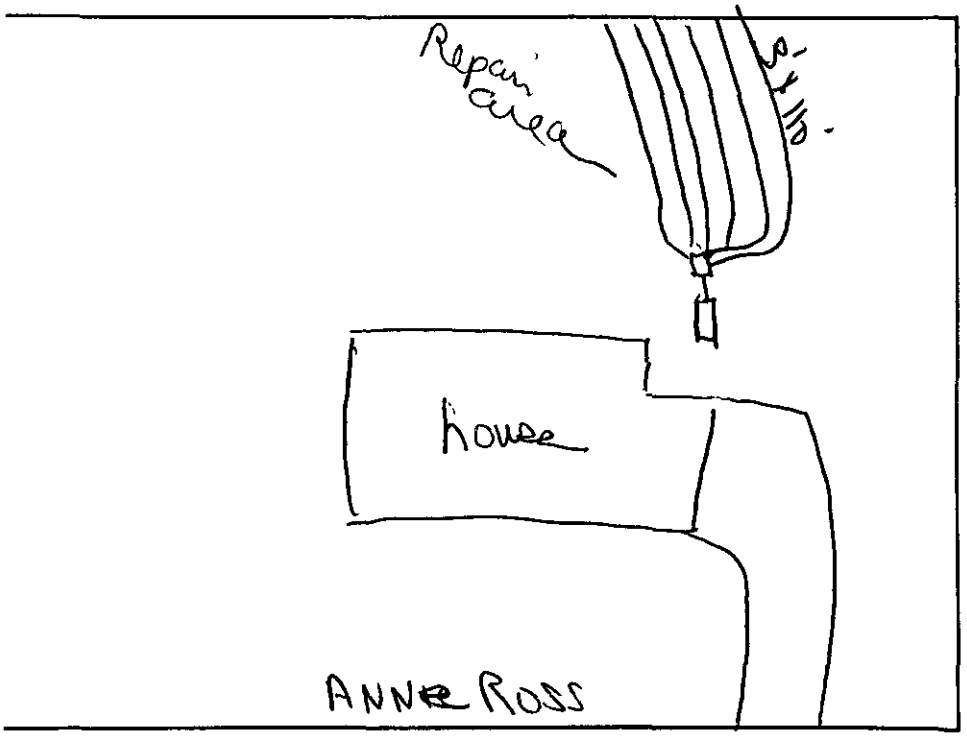
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7530A DATE: 3/11/92

TC: 229-021-13 ☐ L

SERIAL Nº 14174

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before 3/11/92, 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 _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 660' feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well ≥100' feet NOT INK

NAME OF OWNER William Blake

LOCATION OF PROPERTY 9117 Anne Ross Rd Davidson

Comments: INSTALL 6 Trenches 3'x110', 12" Stone

Division or Section Head

Environmentalist Judy J. Kain RS

* 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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 10/21/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 229-021-13

ASSIGNED ADDRESS 9117 Anne Ross Ln

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

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

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'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]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

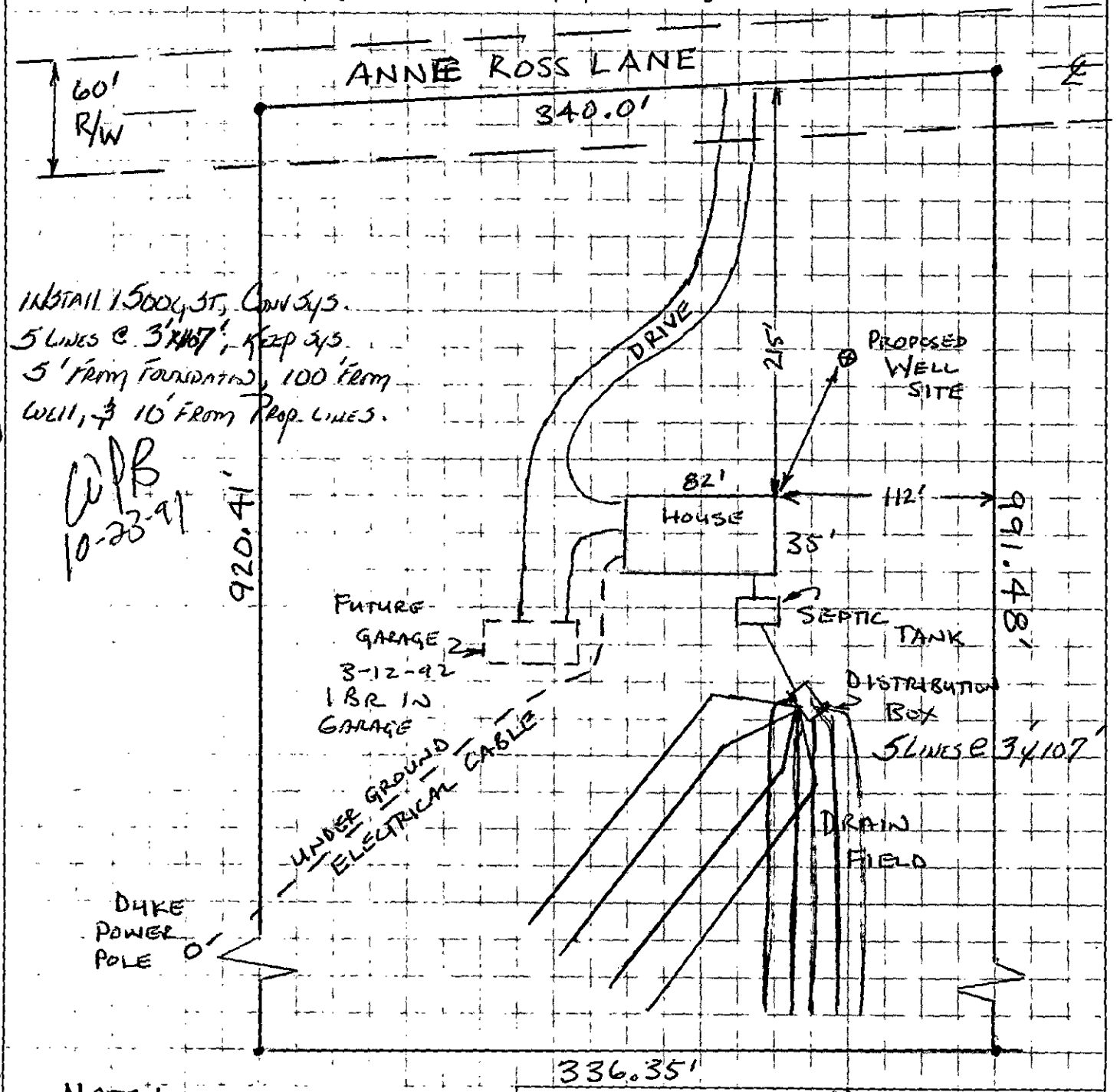
PROPOSED PLOT PLAN

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

FILE: 7530 A

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.



NOTE: 7.37 Ac

APPROVAL DATE [signature] 10-23-91

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

Mecklenburg County
Health Department

October 23rd, 1991

William P. Blake
731 Elizabeth Lane
Matthews, NC 28105

RE: Property located at 9117 ~~Annie~~ ANNE Ross Lane
FILE: 7530A
PARCEL: 229-021-13

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 12313) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

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

Sincerely,

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

Enclosure

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
Ck# 4671
10-21-91
NB

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

(OFFICE USE ONLY)

FILE: 7530 A

TO: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9117 ANNE ROSS LANE

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

⑤ PARCEL REFERENCE: BOOK NO.: 229 PAGE NO.: 021 PARCEL NO.: 13

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

OWNER

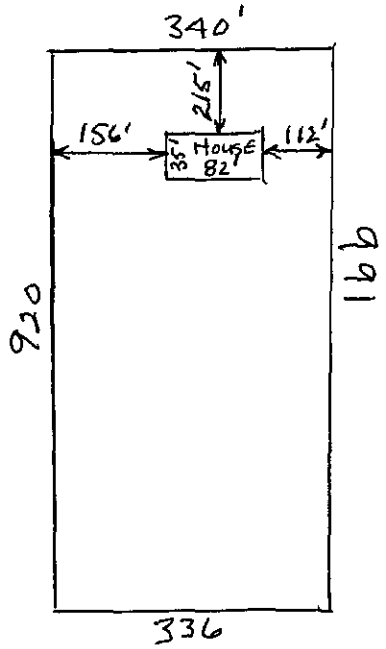
⑦ NAME: WILLIAM (FIRST) P. (MIDDLE) BLAKE (LAST)

⑧ MAILING ADDRESS: 731 ELIZABETH LANE

⑨ CITY: MATTHEWS ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) _____ (HOME) 841-8453

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: William P Blake

Date: 10-21-91

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12313

File: 7530-A Action 1 ✓

Parcel: 229-021-13 ☐ PC

Location: 9117 ANNIE ~~FE~~ ROSS LANE

Subdivision:

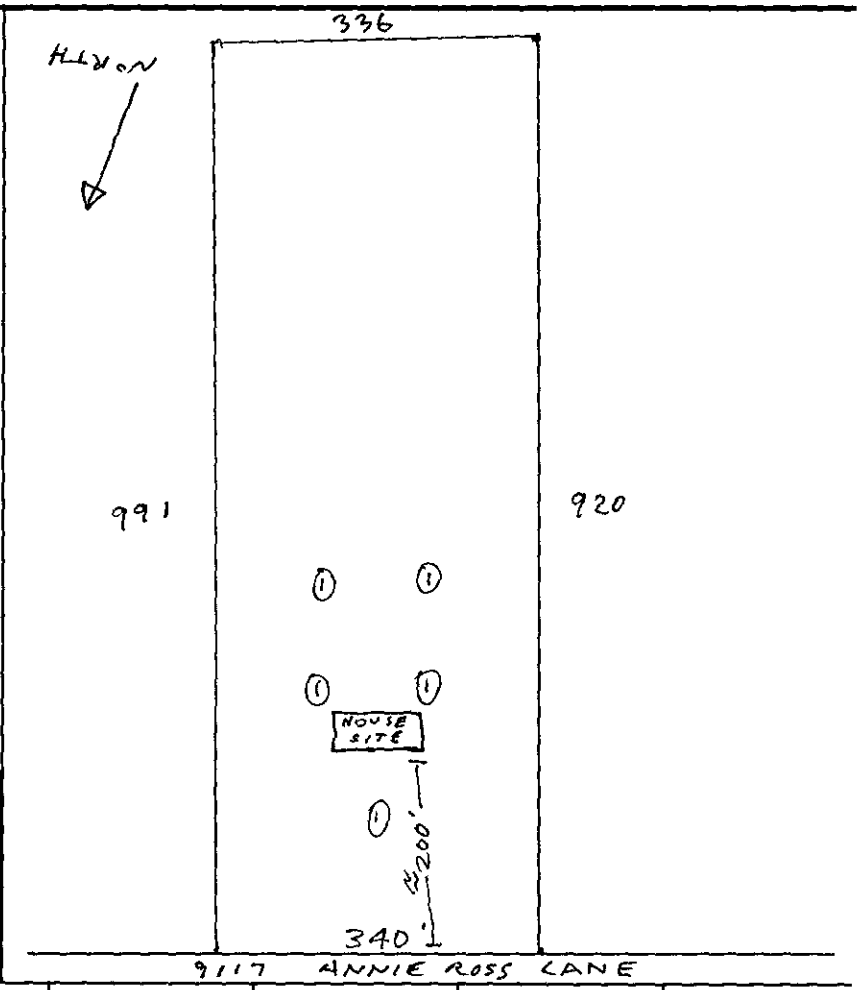
Lot: Block: Acres: ≈ 1.0

Owner: WILLIAM P BLAKE
Address: 731 ELIZABETH LANE
MATTHEWS NC 28105

Comments: 100% REPAIR

Described by: Kelly Randall

Date: 10-22-91



***** 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	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 SUB ANG BLOCK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U None	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	CECIL LIKE					
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

July 18, 1991

Ms Peggy Parker
1801 Geneva Lane
Plano, Texas 75075

Re: File No. 7530A

Dear Ms. Parker:

A pre-preliminary investigation of soils and topography was made on the tract (Tax Parcel No. 229-021-13) located on Annie Ross Road. A soils map was prepared and a copy is enclosed.

The unmarked area on the enclosed map appears to be dominantly acceptable for the installation of septic tank systems. Slopes range to approximately eight (8) percent, but are generally somewhat flatter.

Subsoil horizons are of a clay texture and are blocky with respect to structure. Depth to saprolite and ground water is greater than forty (40) inches.

The areas shaded yellow on the enclosed map appear to be dominantly unacceptable for the installation of septic tank systems. These areas are shallow depressions that collect and channel surface runoff during periods of precipitation. These areas are not adaptable for the installation of septic tank systems.

Based on this investigation, there are areas of soils on the tract that appear to be dominantly acceptable for the installation of septic tank systems. Please note that this report does not express or imply individual site approval on lot approval for septic tank system installation. Individual lot or site approval is dependent in part on the satisfactory completion of a soil investigation of a marked site or lot.

July 18, 1991

As of July 9, 1991, no lots or sites were marked on the tract. Note, also that any lots created by dividing the tract will require the septic tank systems to have a one hundred (100) percent repair area. Soil delineation lines may be subject to changes of location, pending additional investigation with established reference points.

Inclusions of soils other than those delineated. Please contact me if there are any questions with regard to this report.

Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

APPLICATION FOR AN IMPROVEMENT PERMIT

OR#46113
$200.00
10/22/91

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: 7530 A
TC:
SERIAL: № 0020629
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 9117 ANNE Ross LANE (STREET NO. / STREET) ② FILE: 7530 A
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 229-021-13
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WILLIAM (FIRST) P. (MIDDLE) BLAKE (LAST)
⑨ MAILING ADDRESS: 731 ELIZABETH LANE
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) ⑭ (HOME) (704) 841-8453

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? 4 +/ IN GARAGE ㉕ Type?
㉓ Maximum occupancy? 5 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: William P Blake
Date: 10-21-91

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.

Environmentalist, 10-23-91 (Date)

Director or Authorized Section Head, 10-25-91 (Date)

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

3/17 Be sure and release 2nd memo when certificate of completion is released

Peggy Parker
1901 Genero Lane
Plano, Texas 75075

Ref. file 7530A

Dear Ms. Parker:

A pre-preliminary investigation of soils and topography was made on the tract (parcel 229-021-13) located on Ennis Ross Road. A soils map was prepared and a copy is enclosed.

The unmarked areas on the enclosed map appear to be dominantly acceptable for the installation of septic tank systems. Slopes range to approximately 8 percent but are generally ~~zoned~~ somewhat flatter. Subsoil horizons are of a clay ~~texture~~ texture and are blocky with respect to structure. Depth to saprolite and ground water is greater than 40 inches.

~~There are~~ ~~are~~ ~~A two small depression~~ areas that are found on the tract. These areas collect and channel surface runoff and are not adaptable for the installation of septic tank systems. These areas are shaded ~~Based~~ on this investigation, there ~~are~~ are soils on the tract that appear to be dominantly ~~There~~

The areas shaded yellow on the enclosed map appear to be dominantly unacceptable for the installation of septic tank systems. These areas are shallow depressions that collect and channel surface runoff during periods

of precipitation. These areas are not adaptable for the installation of septic tank systems.

Based on this investigation, there are ~~some~~ areas of soils on the tract that appear to be dominantly acceptable for the installation of septic tank systems. Please note that this report does not express or imply individual site approval or lot approval for septic tank system installation. Individual lot or site approval is dependent in part on the satisfactory completion of a soil investigation of ~~the~~ a marked site or lot. As of July 9, 1991, no lots or sites were marked on the tract. Note ~~also the any~~ septic tank systems ~~installed on the lo~~

Note also that any lots created by dividing the tract will require the septic tank systems to have a 100 percent repair area. Soil delineation lines may be subject to changes of location pending additional investigation with established ~~GPS~~ reference points. Inclusions of soils other than those delineated. Please contact me if there are any ~~problem~~ question with regard to this report.

Sincerely,

William A. Martin
Soil Scientist

Mecklenburg County
Health Department

February 11, 1999

Mr. William P. & Jane S. Blake
9117 Annie Ross Lane
Charlotte, NC 28277

Dear Mr. & Mrs. Blake:

At the request of Judy Simes, Realtor, a well water sample was collected and a septic system inspection conducted on your property located at 9117 Annie Ross Lane, Charlotte, NC on January 26, 1999.

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

The sub-surface sewage disposal system for this property was supersaturated and effluent was present on the surface of the ground.

"Laws and Rules For Sewage Treatment and Disposal Systems", 15A NCAC 18A, .1900, Section .1961 Maintenance of Sewage Systems (a) (1) (c) specifically addresses supersaturation. A reinspection is required when this condition exists. The reinspection was made on February 5, 1999. At the time of this visit the drainfield remained supersaturated. Per the Rules, this condition warrants a repair to the system.

An application for repair is enclosed for your convenience. To comply with the State Rules, this repair should be made within 30 days. Please complete and return the application to our office. There is no fee for this service. You may arrange an appointment with the registered septic tank contractor of your choice for the repair. The contractor will contact this office for the necessary permit.

If you have any questions concerning this matter, please contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (l)

Cc: Judy Simes, Realtor

APPLICATION FOR SOIL INVESTIGATION

Paid
Ck# 1594
$130.00
(8 acres)

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

(OFFICE USE ONLY)

FILE: 7530A

TG: _____

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 7.37 Acres on Annie Ross Ln

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO. 229-21-13

⑥ DEED REFERENCE: BOOK NO.: 3438-0589 PAGE NO.: _____

OWNER

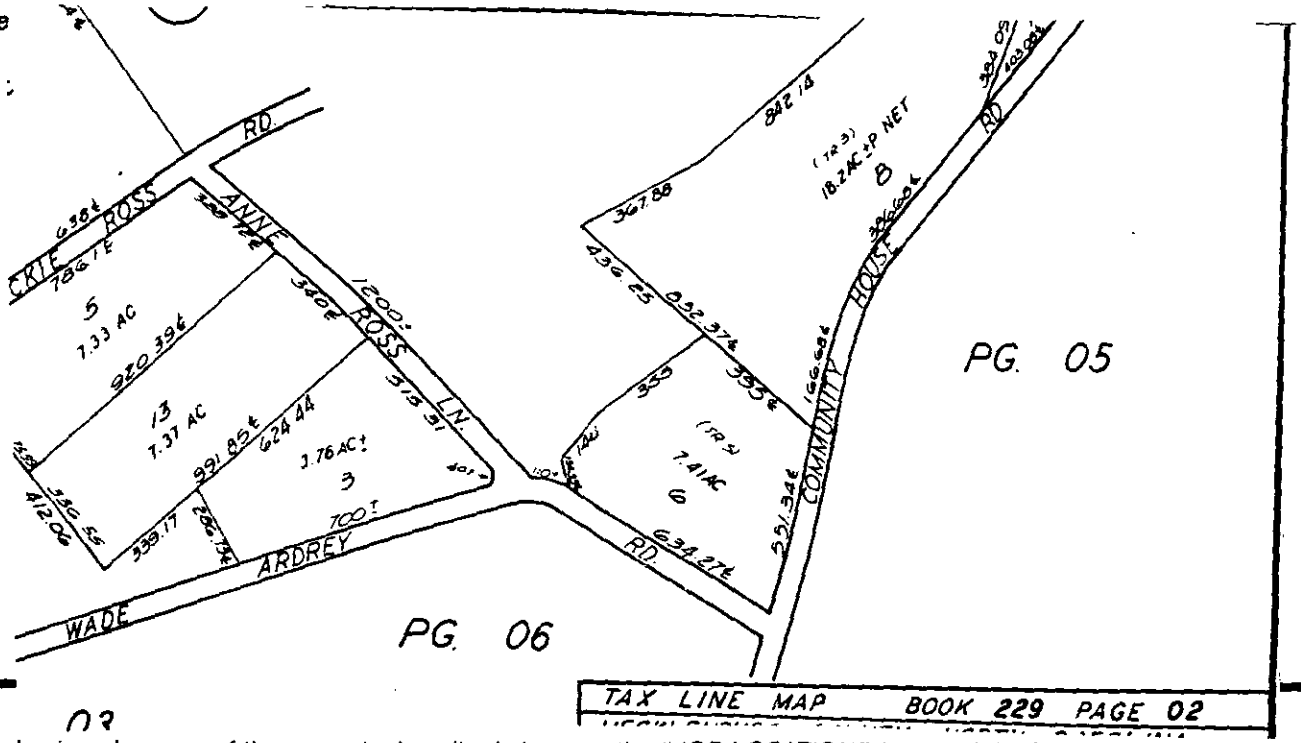
⑦ NAME: Peggy (FIRST) (MIDDLE) Parker (LAST)

⑧ MAILING ADDRESS: 1801 Geneva Lane

⑨ CITY: Plano ⑩ STATE: Texas ⑪ ZIP: 75075

⑫ PHONE: (WORK) 214-422-0171(home) (HOME) _____

⑬ Accurate



02

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: Peggy Parker
Peggy Parker

Date: May 10, 1991
10 May 1991

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