

6517 LAKE RD

13709924

12/19/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1065B DATE: 6-13-94

TC: 137-099-24+25 combined ☐ L ☐ CRT

SERIAL Nº 14210

Name of Owner William Gladden Juris.:

Address of Property 6517 Lake Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 5 @ 54'

Cover Depth 12"

Water Supply Source well

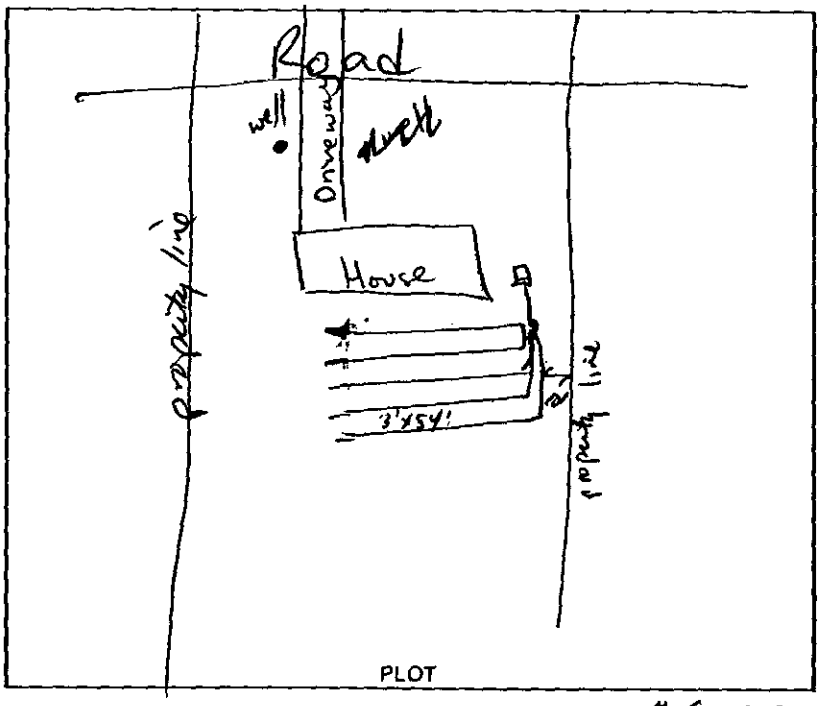
Distance to Water Source 80-85'

Excavation Inspected 6-13-94

Tank(s) Inspected 6-10-94

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1994, conv, 1500 gst, 12" stone, cecil-like CTR# McCarer 117

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: 2 bedroom System

Type II

J. Walker for S. Daniel
6/23/94

Environmentalist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 6517 Lake Rd

File Number: 1065 B

Parcel Number: 137-099-24+25 combined

Owner/Agent Name: William Hadden
(Please print)

Date: 4-8-94 Number of Bedrooms: 2

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **"ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

BK: 07818 PG: 0423/0427 #:0219 17.40

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/21/94 12:38

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 1065 B
PARCEL # _____

The undersigned, William C GLADDEN Joyce M GLADDEN, owner of property located at 6517 Lake Rd, (the "site") and described in an instrument recorded in Book 7449 at Page 729, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Joyce M GLADDEN
Mail after recording to: 6811 Huntley Rd
Charlotte N.C. 28227

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ _____ (SEAL)

(Corporate Name)

_____ (SEAL)

By: Joyce M. GLADDEN Joyce M. Gladden (SEAL)

OWNERS ~~President~~ William L. Gladden (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Barbara Y. Barnes, a Notary Public for said County and State, do hereby certify that Joyce M. Gladden and William L. Gladden personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 21 day of June, 1994.

Barbara Y. Barnes
Notary Public

My Commission Expires:
7-1-97

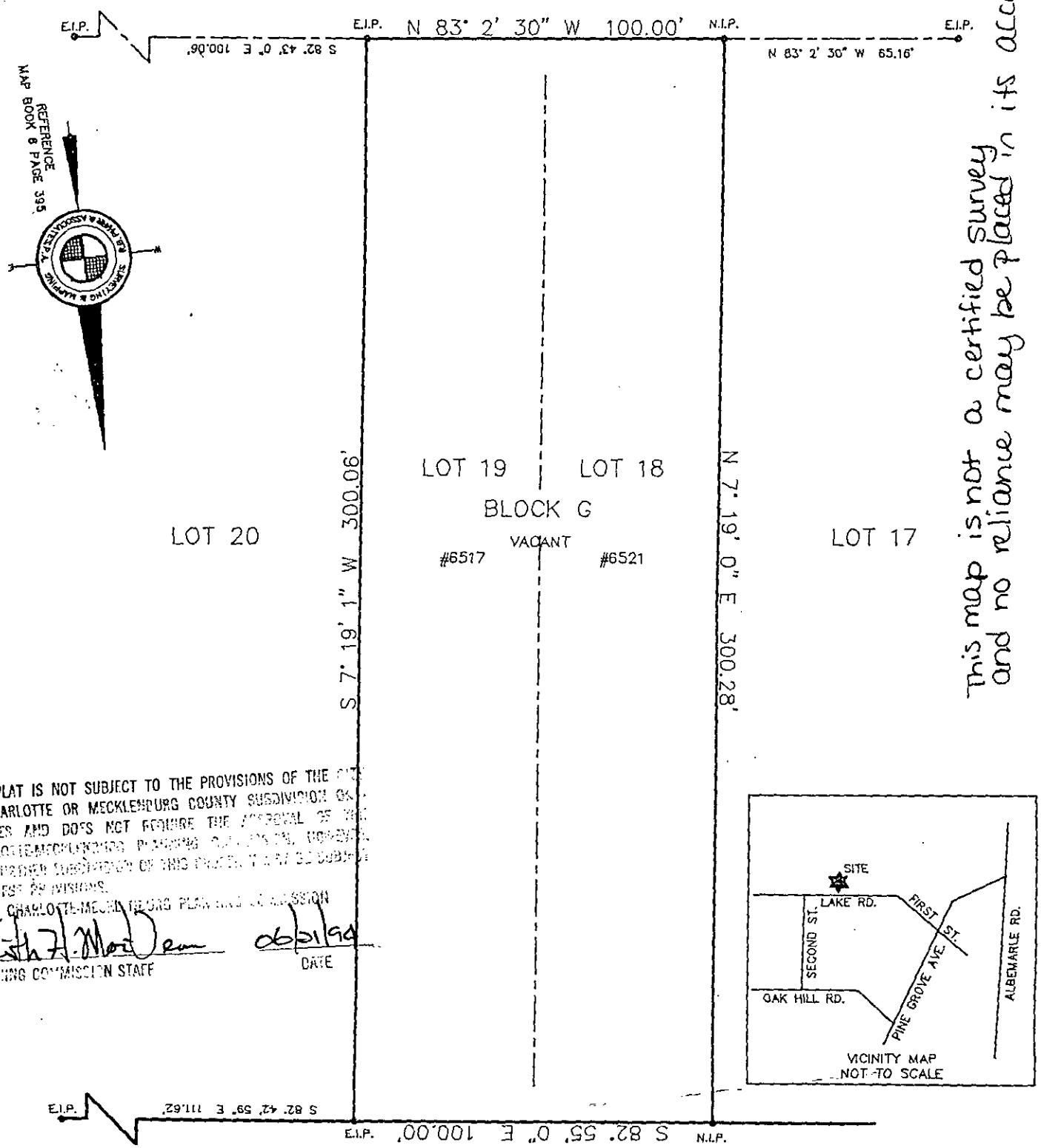
THIS IS TO CERTIFY THAT ON THE 22 DAY OF OCTOBER 19 93 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Neilson

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
1900 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2186

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON

HARRY GRIMMER & CO., INC.
6116 - 15



This map is not a certified survey and no reliance may be placed in its accuracy.

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE OR MECKLENBURG COUNTY SUBDIVISION ORDINANCES AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION. ANY FURTHER SUBDIVISION OF THIS PROPERTY MAY BE SUBJECT TO THESE PROVISIONS.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION

Keith T. MacDonald 6/21/94

PLANNING COMMISSION STAFF DATE

LAKE ROAD

(40' R/W)

AREA: 30,016.67 SQ.FT.
OR
0.689 ACRE

SURVEY OF:
LOTS 18 & 19, BLOCK G, WILGROVE FARMS

CLEAR CREEK TOWNSHIP, MECKLENBURG COUNTY,
CHARLOTTE N.C.

THE PROPERTY OF WILLIAM L. GLADDEN & WF, JOYCE M. GLADDEN

SCALE 1"=40'

MAP BOOK 6 PAGE 395

DEED BOOK _____ PAGE _____

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 3, 1993 .

30575

TAX NUMBER: 137-099-24, 25

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval
12 x 80

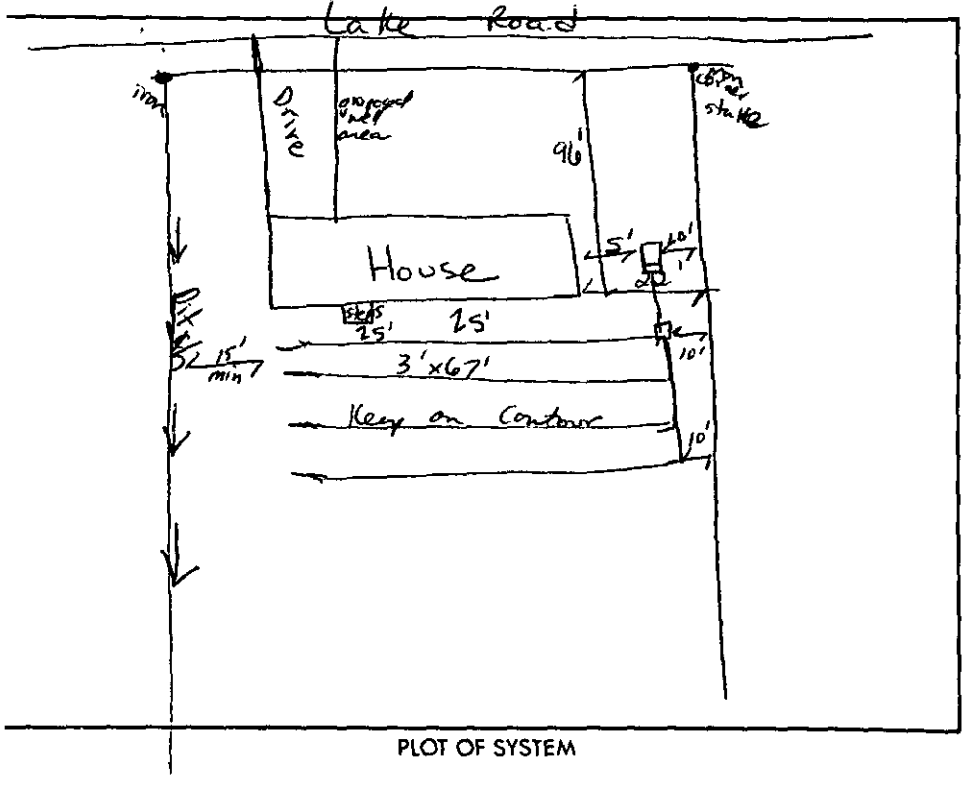
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1065 B / 9037 A DATE: 5-10-94

TC: 137-099-24 + 25 combined ☐ L
6517 Lake Rd.

SERIAL Nº 15729

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 5-10-94. All work shall be completed on or before 6-10-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

2 bedroom house design

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 270' feet

Number of Lines 4 at 67' each

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' min feet
not installed yet

NAME OF OWNER William Gladden

LOCATION OF PROPERTY 6517 Lake Road

Comments: Place septic tank shallow to accomodate shallow trenches, * 6"-12" soil cover over trenches (bottom of trenches to be 18"-24" deep.)

T Wallerford David 5/10/94
Division or Section Head

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

$200.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 3/21/94 Ck # 1124

CRT

1065B190378

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: GLADDEN (last) WILLIAM (first) L (mi)

ADDRESS: 6811 HUNTLEY RD PHONE: (704) 545-5159

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-099-24-28

STREET ADDRESS: 6511 LAKE ROAD

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] 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: William Gladden Date: 3-21-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

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

...2 bedroom house only.

Repair area for modified septic tank system (shallow placed nitrification trenches) See agreement form on file.

Susan Bateman 4-8-94
Environmentalist Date

T Wolfe for J Daniel 5/3/94
Director or Authorized Section Head Date

WWATER : 122791

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

DATE: 3/21/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 137-099-24 + 25

ASSIGNED ADDRESS 6517 Lake Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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 DRIVEWAYS.

SIGNED: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

PROPOSED PLOT PLAN

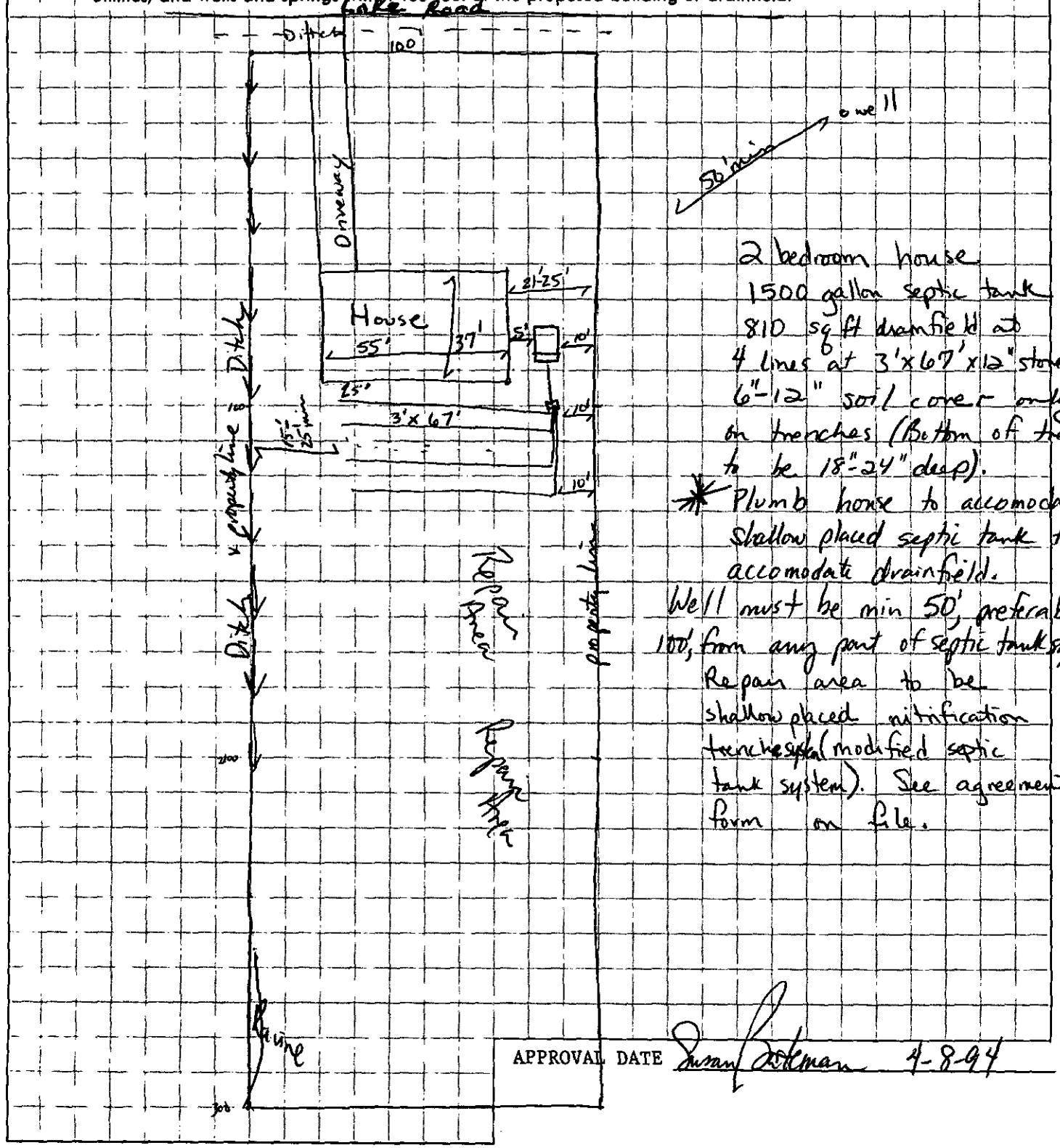
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1065 B/9037 A

TC: 137-099-24+25 combined

6517 Lake Road

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.



2 bedroom house
1500 gallon septic tank
810 sq ft drainfield at
4 lines at 3'x67'x12" stone each,
6"-12" soil cover only
on trenches (Bottom of trenches
to be 18"-24" deep).
* Plumb house to accomodate
shallow placed septic tank to
accomodate drainfield.
Well must be min 50', preferably
100, from any part of septic tank system.
Repair area to be
shallow placed nitrification
trenches(s) (modified septic
tank system). See agreement
form on file.

APPROVAL DATE Susan Lockman 4-8-94

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

June 25, 1993

Craig Caldwell
c/o Wilburn Properties
6545 Park South Drive
Charlotte, NC 28210

Re: Property located at 6517 Lake Road (Lot #19)
File: 1065B/9037A
Parcel: 137-099-24

Dear Mr. Caldwell:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19394) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water & Wastewater Systems

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19394

File: 1065 B/9037A Action 2

Parcel: 137-099-24 ☑ PC

Location: 6517 Lake Road

Subdivision: Wilgrove Farms

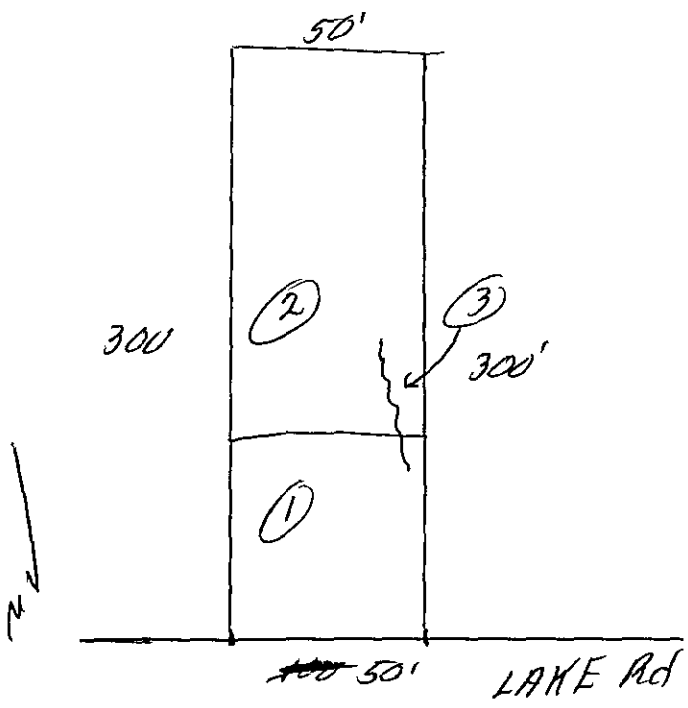
Lot: 19 Block: 6 Acres: .34

Owner: Craig Caldwell
Address: c/o Wilborn Properties
6545 Park S. Dr.
Charlotte, N.C. 28210

Comments: .3gal/ft²/day

Described by: William A. Marks

Date: 6-25-93



***** 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 2-8%	(S) PS U 2-8%	S PS (U) Complex Slope	S PS U	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	(S) PS U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 36" To Water	S (PS) U 7 36" To Water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS (U) 18-29"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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	IIw Cecil-1.4e	IIw Pacolet-1.4e	Complex Slope			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

1065B/9037A

APPLICATION FOR SOIL INVESTIGATION

PD 5 CM 826 6/21/93 AS.

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

COPY

(OFFICE USE ONLY)

FILE: 1065B/9037A

TC: [redacted] 137-099-24

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6517 Lake Rd., Charlotte, N.C.

② SUBDIVISION: Wilgrove Farms ③ LOT: 19 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 099 PARCEL NO.: 24

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

OWNER

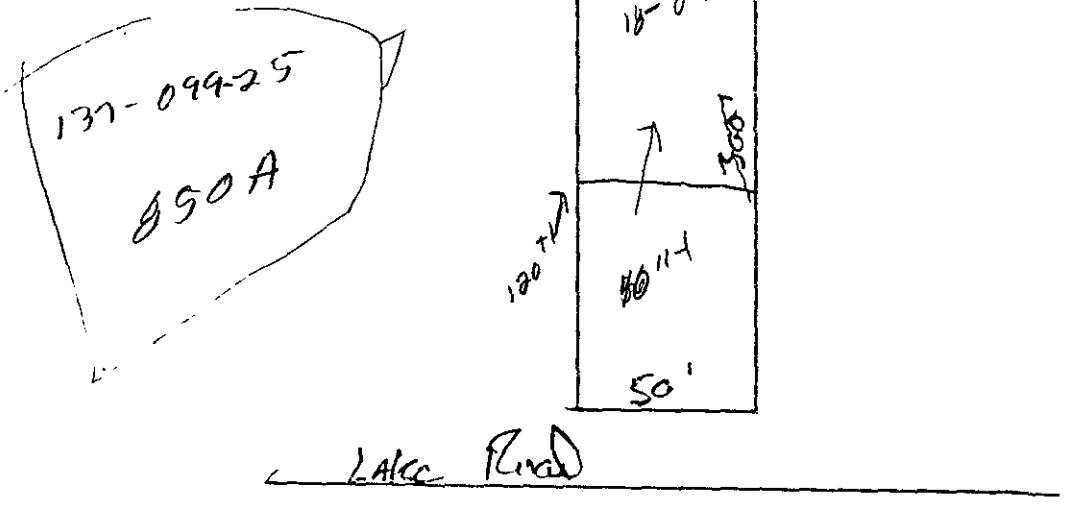
⑦ NAME: Craig (FIRST) Caldwell (LAST)

⑧ MAILING ADDRESS: c/o Wilburn Properties, Inc., 6545 Park S Dr (MIDDLE)

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28210

⑫ PHONE: (WORK) 553-7879 (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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mary Caldwell

Date: 6/21/93

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

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

1065B/9037A

APPLICATION FOR SOIL INVESTIGATION

PD
50 CR
826
6/21/93
AS.

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

(OFFICE USE ONLY)

FILE: 1065B/9037A

TC: [redacted] 137-099-24

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6517 Lake Rd., Charlotte, N.C.

② SUBDIVISION: Wilgrove Farms ③ LOT: 19 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 099 PARCEL NO.: 24

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

OWNER

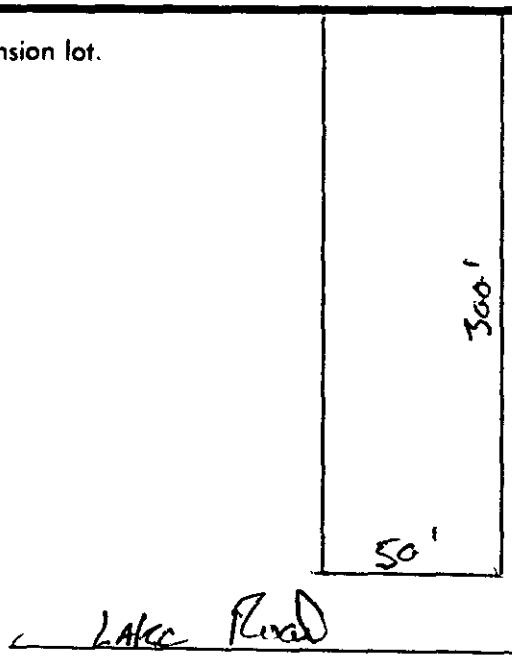
⑦ NAME: Craig (FIRST) _____ (MIDDLE) Caldwell (LAST)

⑧ MAILING ADDRESS: c/o Wilburn Properties, Inc., 6545 Park S Dr

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28210

⑫ PHONE: (WORK) 553-7879 (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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Craig Caldwell

Date: 6/21/93

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

Date Received 8-8-85

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 8 1985
ENVIRONMENTAL HEALTH

SIR No. 850A

T. C. No. 137-099-25.

Map Date L 99

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER ~~Wilson~~ - Sikes (LAST) Nancy (FIRST) Link (MIDDLE)

2) ADDRESS OF OWNER 4140 Forest Lawn Dr ZIP 28205.

3) PHONE NO. Home 821-6252 Office

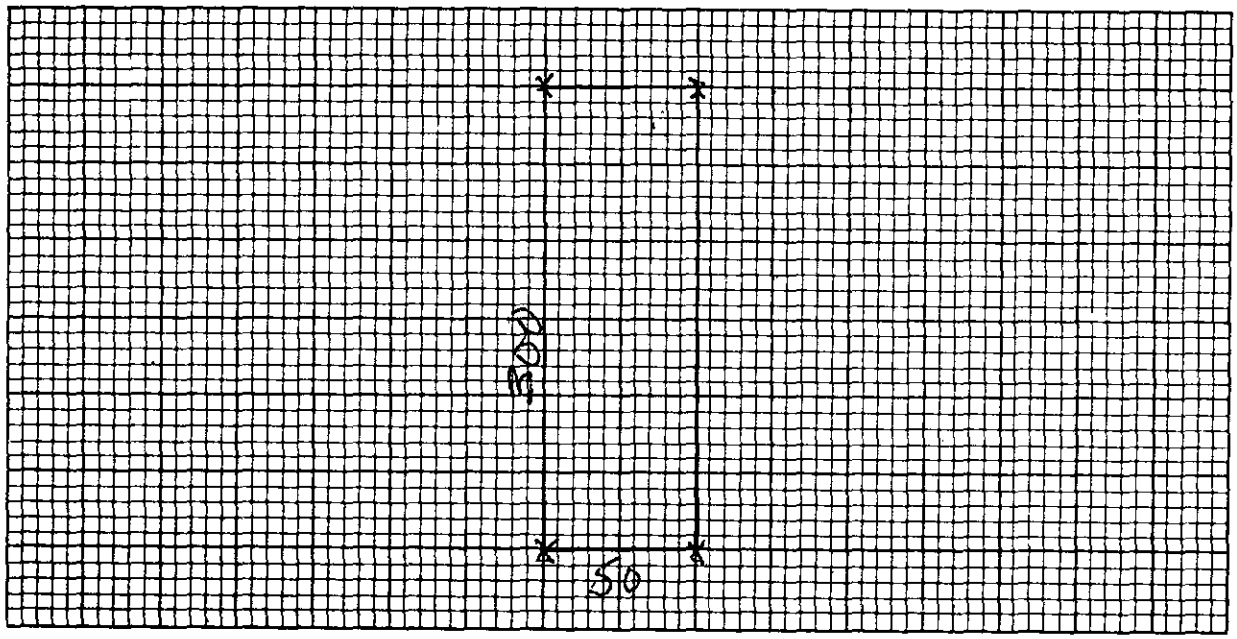
4) LOCATION OF PROPERTY 06521 Lake Rd (Lot) (STREET OR COUNTY ROAD)

5) SUBDIVISION Wildgrove LOT NO. 25 BLOCK NO. 099

MAP BOOK NO 137 PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

R J Baker Jr Nancy Sikes.
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 850A

T.C. NO. 137-049-25

(Ground Absorption Sewage Disposal)

OWNER: Nancy L. Wren-Fisher
ADDRESS: 4140 Forest Lawn Dr. Matthews N.C. 28105
LOCATION OF SITE: 6321 Lake Road

PLAT NO: Lot 18
LOT SIZE: .34A

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-8%	S PS (U) complex Slopes	(S) PS U 2-8%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S PS — U	S PS 2:1 clay (U)	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS — U	S (PS) Blocky U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36"+ U	S PS — U	S 30-36" PS (U)	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S >36" To (PS) Saprolite U	S PS — U	S PS 36" or less? (U) Saprolite	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) >36" To ground water U	S PS Drainage (U) Ditch	S (PS) >36" To ground water U	S PS U
7. OTHER (Specify)	S PS (U) Restricted Area	S PS U	S PS U	S PS U
8. SOIL GROUP	IUA	—	IUB	
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil Like	Drainage Ditch & complex slopes	Mecklenburg Like	

S - Suitable PS - Provisionally Suitable U - Unsuitable

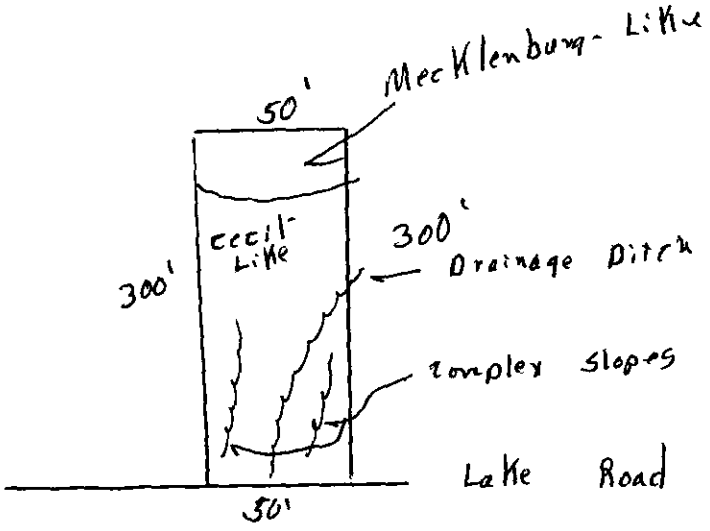
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William A. Mullis
Title: Soil Scientist

Date: 10-2-85

14


Mecklenburg - Like
50'
Cecil - Like
300'
300'
Drainage Ditch
complex slopes
Lake Road
50'

MECKLENBURG COUNTY
Department of Environmental Health

October 9th, 1985

Nancy L. Sikes
4140 Forest Lawn
Matthews, NC 28105

RE: Property located at 6521 Lake Road
FILE: 850A
PARCEL: 13709925

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 is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

MECKLENBURG COUNTY
Department of Environmental Health

October 11th, 1985

Nancy L. Sikes
4140 Forest Lawn
Matthews, NC 28105

RE: Property located at 6521 Lake Road
FILE: 850A
PARCEL: 13709925

Dear Sir:

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Sincerely,

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

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

...TMENT OF
...VIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 850-A

T.C. NO. 137-044-25

(Ground Absorption Sewage Disposal)

OWNER: Nancy L. Wren-Fisher
ADDRESS: 4140 Forest Fawn Dr. Matthews, N.C. 28105
PLAT NO: Lot 18
LOT SIZE: .34A
LOCATION OF SITE: 6321 Lake Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-8%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U clay	S PS U —	S PS (U) 2:1 clay	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36"+	S PS U —	S PS (U) 30-36"	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36" To saprolite	S PS U —	S PS (U) 36" or less? saprolite	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U >36" To ground water	S PS (U) Drainage Ditch	S (PS) U >36" To ground water	S PS U
7. OTHER (Specify)	S PS (U) Restricted Area	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA	—	IVB	
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil-Like	Drainage Ditch & complex slopes	Mecklenburg-Like	

S - Suitable PS - Provisionally Suitable U - Unsuitable

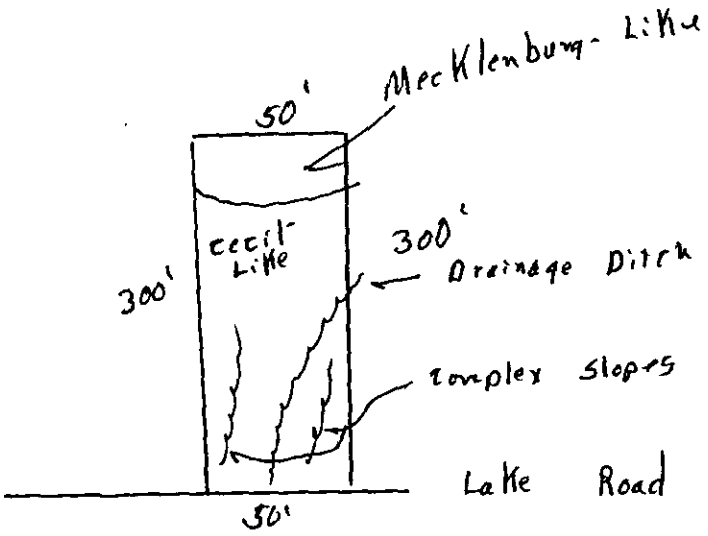
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Recommendations/Comments: _____

Described by: William A. Mackie
Title: Soil Scientist

Date: 10-2-85

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Mecklenburg - Like
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complex slopes
Lake Road
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