

8240 ROBINSON CHURCH RD

10805133

6/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D 400

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

FILE: 6676A DATE: 11-19-93

TC: 108-051-33 ~~PL~~ ~~CRT~~

SERIAL Nº 15785

Name of Owner Leon Frank Randall Juris.:

Address of Property 8240 Robinson Ch Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 67'-70' each

Cover Depth 12-16"

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 11-19-93

Tank(s) Inspected 11-19-93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993, 1500 gal st, clean out between tank & d-box, 1200 sqft drainfield, CTR# RCS 90
12" stone, ceil-like, tank 22'-23' from house and at least 5' off deck.

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- ☒ installed or constructed
- ☒ in accordance with the permit issued
- ☐ altered or repaired
- ☐ 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: 3 bdrm house - owner owns 2 lots, system is on both lots

Type II

T. Walker RS for S. Daniel
11/19/93

Environmentalist

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

5240

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

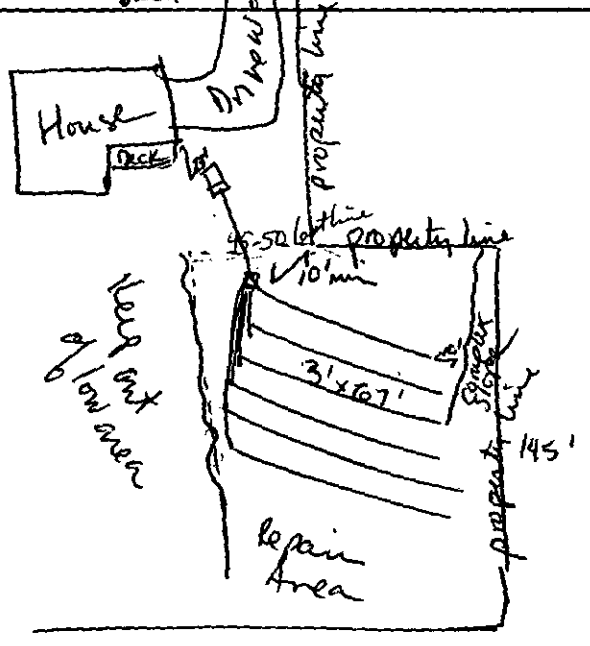
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6676A DATE: 11-17-93

TC: 108-051-33 ~~TP~~

SERIAL Nº 15650

Permission is hereby given to X 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 11-17-93. All work shall be completed on or before 12-17-93, 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 PVC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 6 at 67' each

Depth of Stone 12" inches

Distance from House 15' min from basement feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

Both lots owned by same party.

NAME OF OWNER Leon Frank Randall

LOCATION OF PROPERTY 8240 Robinson Ch Rd

Comments: Smooth over complex slopes & direct surface water away from system. Keep out of low area with system. Recommend cleanout if pipe from tank to dist box is longer than 50'.

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

File # 6696A

BK: 07543 PG: 0541/0543 #:0089 12.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/16/93 10:02

Excise Tax -0- Recording Time, Book and Page

Tax Lot No. out of 108-051-15 Parcel Identifier No. .....
Verified by ..... County on the ..... day of ....., 19.....
by .....

Mail after recording to Thomas Daniel Brown, ROD #18 (no title opinion)

This instrument was prepared by Thomas Daniel Brown
Brief description for the Index

NORTH CAROLINA SPECIAL WARRANTY DEED

THIS DEED made this 15th day of November, 19 93, by and between

GRANTOR	GRANTEE
SARA C. SULLIVAN, individually and as Collector of the Estate of Martha C. Sullivan; HOPE SULLIVAN WALLACE and husband, LLOYD WALLACE; and MARTHA SULLIVAN FAIRES and husband, BYNUM FAIRES Rebecca Sullivan Randall and husband Leon Franklin Randall, Sr	LEON FRANKLIN RANDALL Jr. and wife, SUE ANNE WALLER P.O. Box 46 Harrisburg, NC 28075

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Crab Orchard Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at the northeasterly corner of the lands of the grantee as described in that certain deed of trust recorded in Book 7424 at Page 715 in the Mecklenburg Public Registry, thence, with the rear line of said tract, S. 41-22-09 W. 150.00 feet to a new iron, the southeast corner of said tract; thence, N. 48-37-51 W. 145.00 feet to a new iron; thence, N. 41-22-08 E. 195.00 to a new iron; thence, N. 48-37-51 E. 145.00 feet to a new iron; thence, S. 41-22-09 W. 45.00 feet to the point and place of beginning, containing .65 acres, as shown on a plat of survey revised November 12, 1993 by Richard B. Brooks.

AND BEING a portion of the lands conveyed to Martha C. Sullivan and husband, H.C. Sullivan by deed recorded in Book 1110 at page 278 in the Mecklenburg Public Registry. H.C. Sullivan died a resident of Mecklenburg County on or about 1960. Martha C. Sullivan died a resident of Mecklenburg County in 1988 and devised this property to the grantors named herein. The Estate of Martha C/ Sullivan is on record in the Office of the Clerk of Superior Court for Mecklenburg County, North Carolina in Estate File Number 88-E-1120.

SEAL - STAMP

CAROLE E. McKISSICK
NOTARY PUBLIC
MECKLENBURG COUNTY, N.C.

NORTH CAROLINA, Meck. County.

I, a Notary Public of the County and State aforesaid, certify that Rebecca Sullivan Randall + Leon Franklin Randall, Sr. Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 15th day of Nov., 19 93

My commission expires: 3-15-98 Carole E. McKissick Notary Public

Use Black Ink

SEAL - STAMP

CAROLE E. McKISSICK
NOTARY PUBLIC
MECKLENBURG COUNTY, N.C.

NORTH CAROLINA, Meck. County.

I, a Notary Public of the County and State aforesaid, certify that Sara C. Sullivan Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 15th day of Nov., 19 93

My commission expires: 3-15-98 Carole E. McKissick Notary Public

Use Black Ink

SEAL - STAMP

CAROLE E. McKISSICK
NOTARY PUBLIC
MECKLENBURG COUNTY, N.C.

NORTH CAROLINA, Meck. County.

I, a Notary Public of the County and State aforesaid, certify that Hope Sullivan Wallace + Lloyd Wallace Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 15th day of Nov., 19 93

My commission expires: 3-15-98 Carole E. McKissick Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____ Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

My commission expires: _____ _____ Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____,

personally came before me this day and acknowledged that _____ he is _____ Secretary of _____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

My commission expires: _____ _____ Notary Public

Use Black Ink

SEAL - STAMP

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____,

personally came before me this day and acknowledged that _____ he is _____ Secretary of _____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

My commission expires: _____ _____ Notary Public

Use Black Ink

The foregoing Certificate(s) of _____

_____

_____

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

_____ REGISTER OF DEEDS FOR _____ COUNTY

By _____ Deputy/Assistant-Register of Deeds.

N.C. Bar Assoc. Form No. 5A © 1977

Printed by Agreement with the N.C. Bar Association — 1981
Edwards Brothers, Inc. Ann Arbor

ıe property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

map showing the above described property is recorded in Plat Book ..... page .....

) HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the :antee in fee simple.

ıd the Grantor covenants with the Grantee, that Grantor has done nothing to impair such title as Grantor received, and :antor will warrant and defend the title against the lawful claims of all persons claiming by, under or through Grantor, cept for the exceptions hereinafter stated.
tle to the property hereinabove described is subject to the following exceptions:

All valid and enforceable easements, restrictions, covenants and conditions of records; ınd the lien of the current year's ad valorem property taxes.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its porate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first ve written.

Byrum W. Faires (SEAL)
M FAIRES

Rebecca Sullivan Randall (SEAL)
REBECCA SULLIVAN RANDALL

X

ATTEST:
Jon Franklin Randall Sr. (SEAL)
ON FRANKLIN RANDALL, SR.
Secretary (Corporate Seal)

USE BLACK INK ONLY

Sara C. Sullivan (SEAL)
SARA C. SULLIVAN, Collector of the Estate of Martha C. Sullivan (Individually and as)

Hope Sullivan Wallace (SEAL)
HOPE SULLIVAN WALLACE

Lloyd Wallace (SEAL)
LLOYD WALLACE

Martha Sullivan Faires (SEAL)
MARTHA SULLIVAN FAIRES

SEAL - STAMP CAROL McKISSICK NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

USE BLACK INK ONLY

NORTH CAROLINA, Meck. County.

I, a Notary Public of the County and State aforesaid, certify that Byrum W. Faires + Martha Sullivan Faires Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 15th day of Nov., 19 93

My commission expires: 3-15-98 Carol E. McKissick Notary Public

SEAL - STAMP

Use Black Ink

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that .....,

personally came before me this day and acknowledged that .... he is ..... Secretary of ..... a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ..... President, sealed with its corporate seal and attested by ..... as its ..... Secretary.

Witness my hand and official stamp or seal, this ..... day of ....., 19.....

My commission expires: ....Notary Public

foregoing Certificate(s) of .....

.....

.....

re certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the page hereof.

.....REGISTER OF DEEDS FOR ..... COUNTY

.....Deputy/Assistant-Register of Deeds.

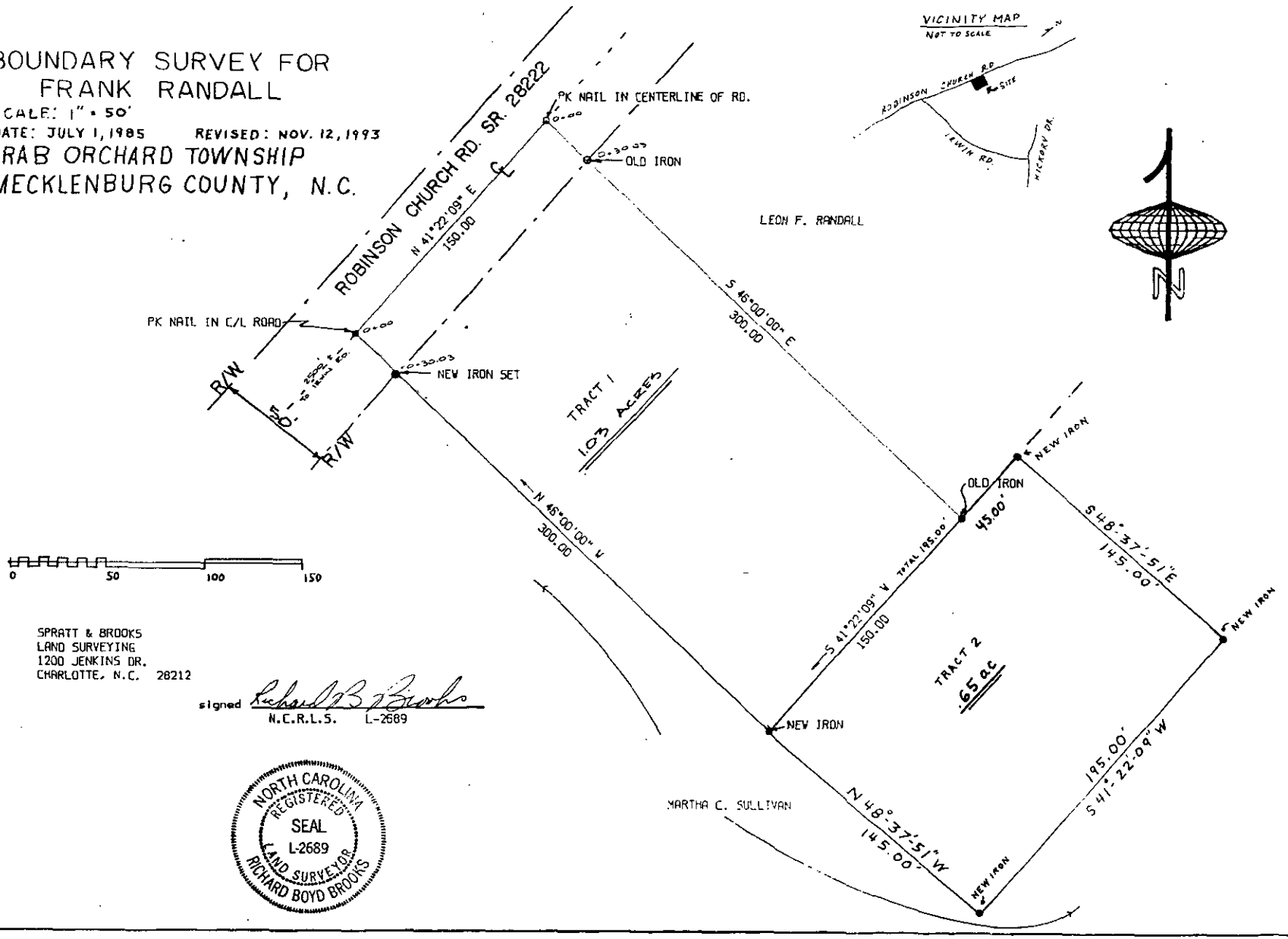
BOUNDARY SURVEY FOR FRANK RANDALL

SCALE: 1" = 50'

DATE: JULY 1, 1985 REVISED: NOV. 12, 1993

CRAB ORCHARD TOWNSHIP

MECKLENBURG COUNTY, N.C.



SPRATT & BROOKS
LAND SURVEYING
1200 JENKINS DR.
CHARLOTTE, N.C. 28212

signed Richard B Brooks
N.C.R.L.S. L-2689

NORTH CAROLINA REGISTERED SEAL L-2689 LAND SURVEYOR RICHARD BOYD BROOKS

BK 07543 PG 0541/0543

Tax Parcel 10805133

out of 108-051-15

PROPOSED PLOT PLAN

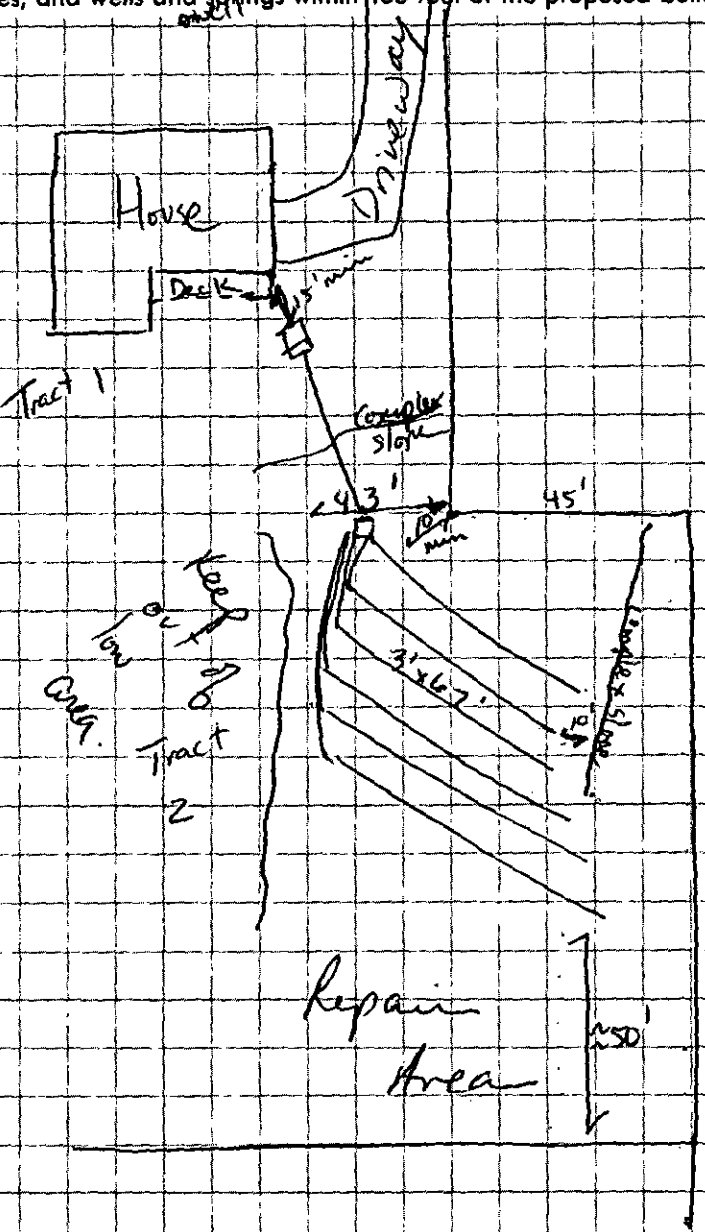
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6676 A

TC: 108-051-33

Robinson Ch Rd.

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.



This permit voids any other permit issued for this house.

1500 g septic tank
1200 sq ft drainfield at 6 lines at 3' x 67' x 12" stone each.
Smooth over complex slopes as indicated & direct surface water runoff in area of drainfield and septic tank.
Set tank min 15' from basement foundation excavation. (Under 5' of deck)
Both lots are owned by same party. See deed + survey on file.

Leon A Randall Jr
property owner sign

APPROVAL DATE 5-1-96

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

RG COUNTY HEALTH DEPARTMENT
UATION REPORT
UMBER 19485 Ref. file 6676A

File: 20338/9204A Action 2

Parcel: PO 108-051-15 ☐ PC

on: Robinson Church Road

Subdivision:

Lot: Block: Acres: Approx. 9

Owner: Sara C. Sullivan
Address: 8328 Robinson Church Road
Charlotte, N.C. 28215

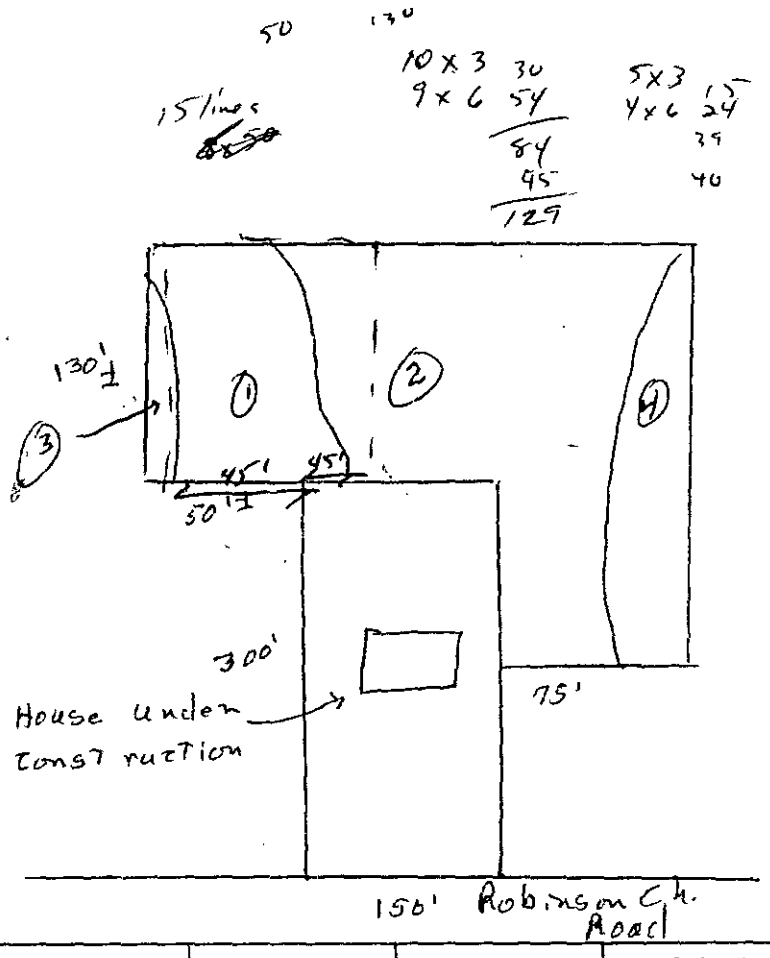
Comments: 100% Repair - .3gal/ft²/day LTAR - system for structure located on 108-051-15

Described by:

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 6-12%	S PS (U) Drainageway-Depression	S PS (U) complex slopes	S (PS) U 10-20%	S PS U	S PS U
Texture	(S) PS U slightly Expansive clay	S PS U —	S PS U —	S (PS) U slightly Expansive clay	S PS U	S PS U
Structure	S (PS) U sub-blocky	S PS U	S PS U —	S (PS) U sub-blocky	S PS U	S PS U
Drainage	S (PS) U 7-40" to water	S PS U	S PS U	S (PS) U 7-40" to water	S PS U	S PS U
Depth	S (PS) U 38-40"	S PS U	S PS U —	S (PS) U 40-47"	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S (PS) U 7-40"	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS (U) Restricted	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	III Cecil-1.4%	Drainageway-Depression	complex slopes	III Cecil-1.4%		
Area Classification						

DEC Pd 2000 Ck # 1676

826-939

6676 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

DX [ ] ERT

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: Randall (last) Leon (first) F (mi)
ADDRESS: P.O Box 46 PHONE: (704) 455-5749
CITY: Harrisburg STATE: NC ZIPCODE: 28075

Date:

PROPERTY OWNER:
NAME: Randall (last) Leon (first) F (mi)
ADDRESS: 8240 Robinson Ch. PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE: 28212

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 10805133
STREET ADDRESS: 8240 Robinson Ch. Rd.
Charlotte, NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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 [X] Stable/Barn [X] Workshop [ ] None
[X] Garage [X] Storage Building [X] 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: L.F Randall Date: 8/26/93

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

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

Environmentalist 9-2-93 Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

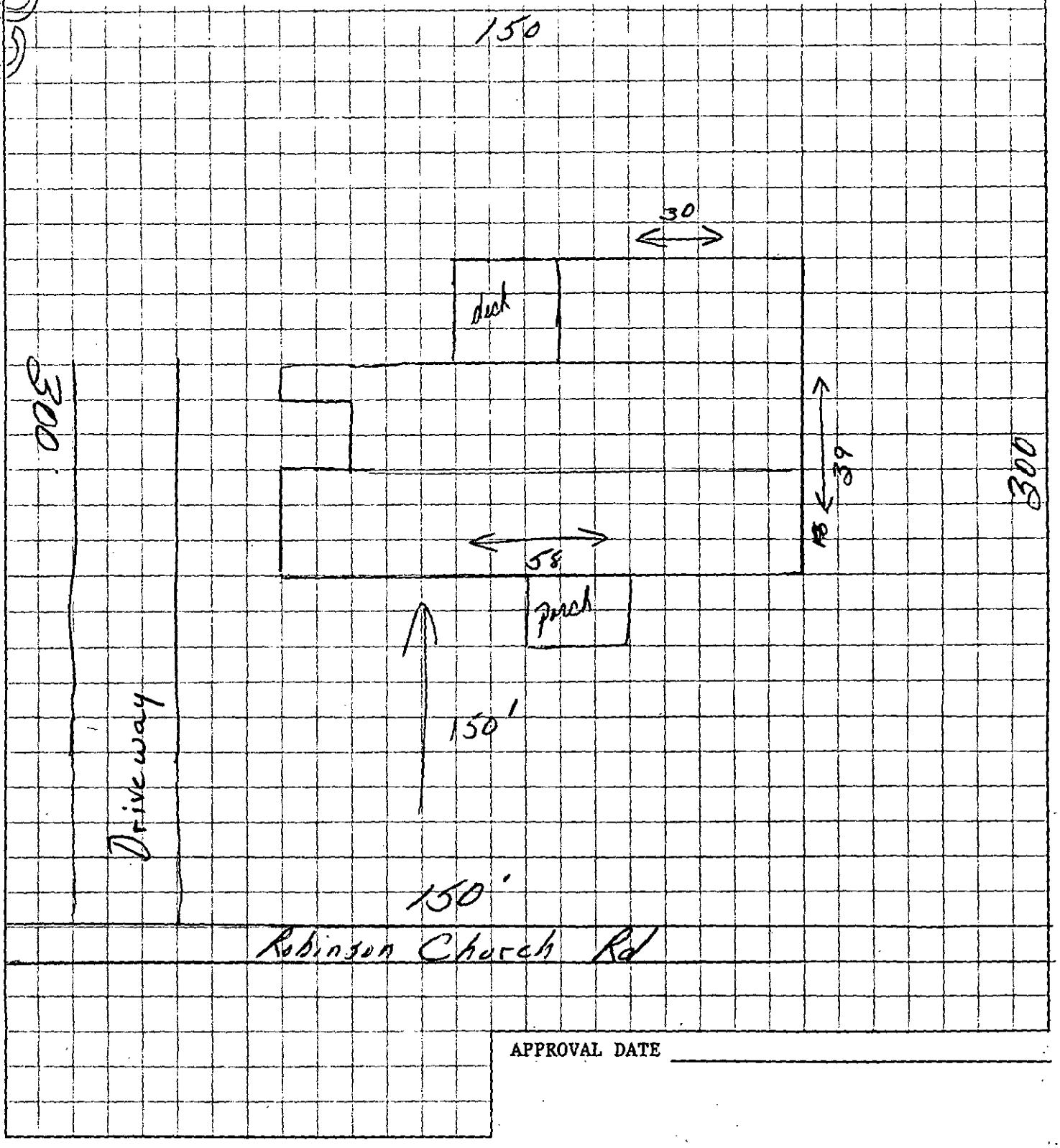
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6676A

TC: 108-051-33

COPY

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

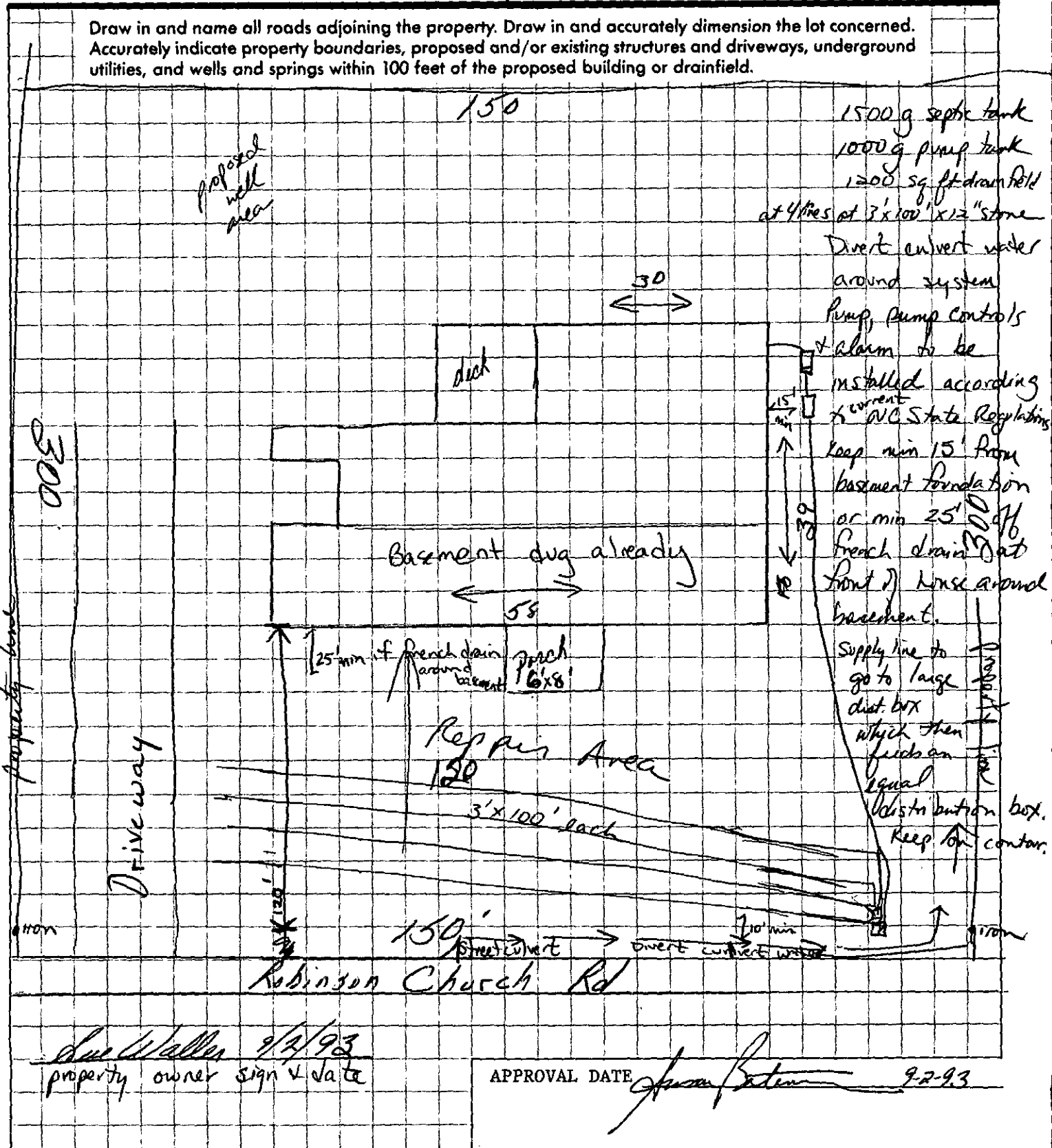
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 6676A

TC: 108-051-33

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.



Lee Waller 9/2/93
property owner sign & date

APPROVAL DATE 9-2-93

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

Mecklenburg County
Health Department

April 18th, 1990

Leon Franklin Randall Jr.
PO Box 46 Robinson Church Rd.
Harrisburg, NC 28075

RE: Property located at Robinson Church Rd.
FILE: 6676A
PARCEL: 10805133

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 17750) is enclosed for your information.

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

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17750

File: C676A ~~C663A~~ Action 1

Parcel: 108-051-33 ☐ PC

Location:

Subdivision:

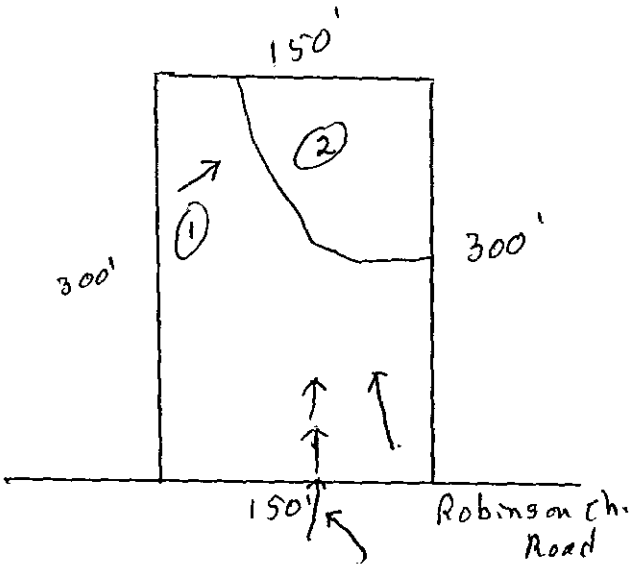
Lot: Block: Acres: 1.0

Owner:
Address:

Comments: 100% Repair, System may need lift pump.

Described by: William R. Mundi

Date: 4-17-90



***** 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 6-15%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36'	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-like	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Dave, these soils have provisionally suitable values to 24-26" - some 2-1 clay is present in the top of the saprolite, but not a great amount. I would want you to look at this before making a decision

Ed Rey

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6676A ~~6676A~~

TC: 108-051-33

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Robinson Church RD

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5127 PAGE NO.: 0923

OWNER

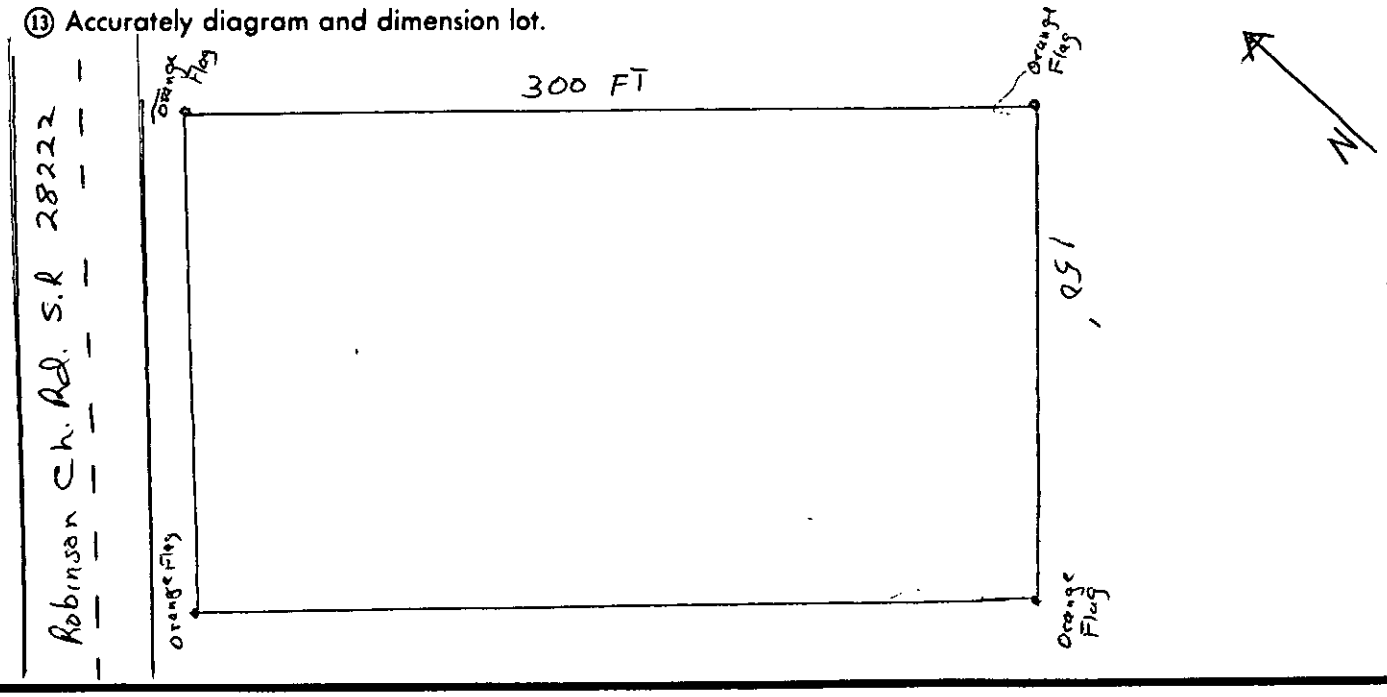
⑦ NAME: Leon (FIRST) Franklin (MIDDLE) Randall (LAST) Jr

⑧ MAILING ADDRESS: PO Box 46 Robinson Ch. Rd.

⑨ CITY: Harrisburg ⑩ STATE: NC. ⑪ ZIP: 28075

⑫ PHONE: (WORK) 704-455-5749 (HOME) 704-455-5749

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: Leon Franklin Randall

Date: 4/6/90

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

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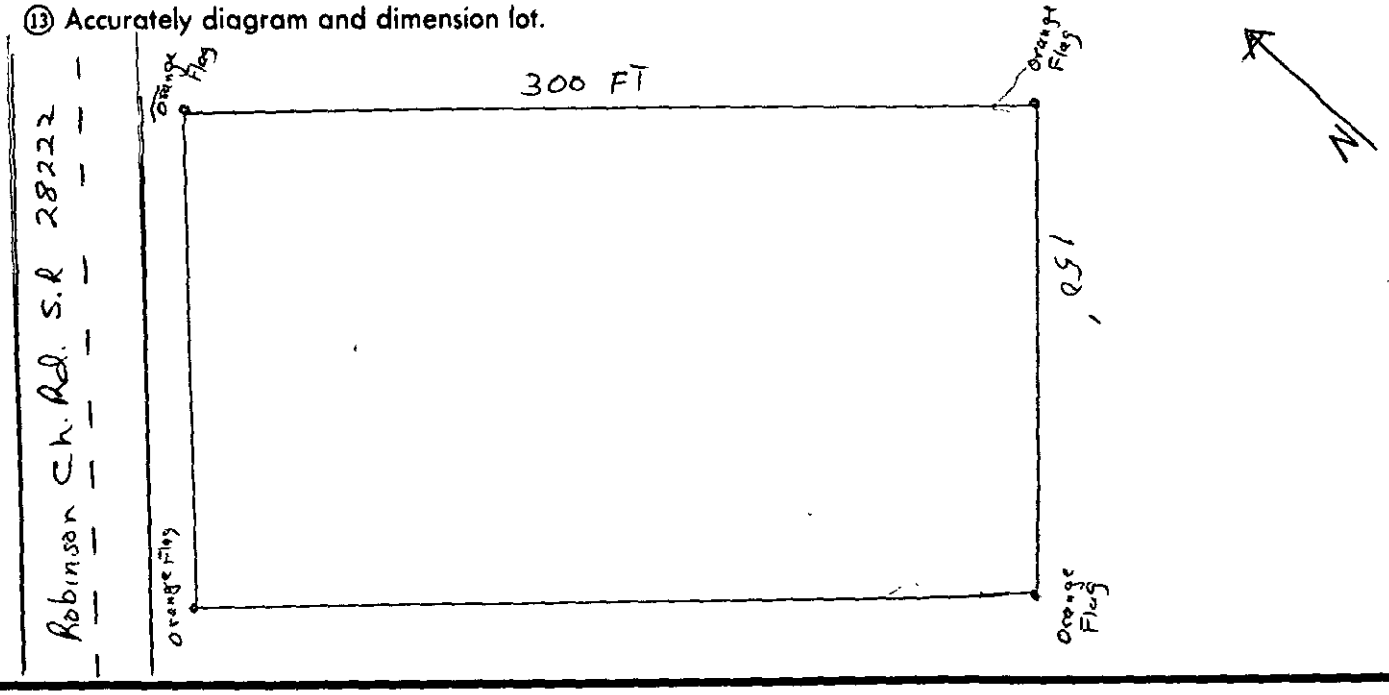
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MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

66

CHARGE SLIP

Date: 4-6-90

Name/Company: Leon Randall, Jr.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Appeal for Septic Investigation

F16 6624 6676A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 6 1990

Fee: $ 40.00 Cash $40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Cash
Completed by

CVH
Collected by