

16501 RED BUCKBOARD LN

21706139

6/29/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7407A DATE: 9/5/01

TC: 217-061-39 ☒ L ☐ CRT

SERIAL Nº 18714

Name of Owner William D. Maurice Jr Juris.: _____

Address of Property 16501 Red Buckboard Lane

Inspection Data:

Tank Material existing

Total Length of Drainfield 200'

Number of Lines 4 @ 50'

Cover Depth 18"

Water Supply Source well

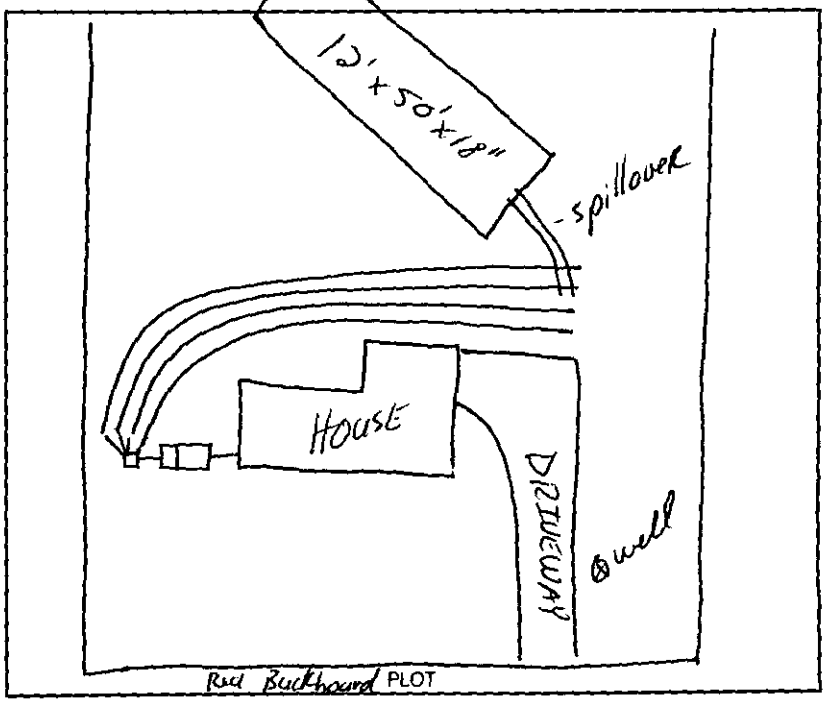
Distance to Water Source >50'

Excavation Inspected 9/5/01

Tank(s) Inspected existing

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2001 Repair, 600 SFR, 18" Stone, Conv, Cecil CTR# Autrey

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to System 0D1991

12' x 50' x 18" Stone

Type II Conventional System

Jeremy F. Mecklenburg R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

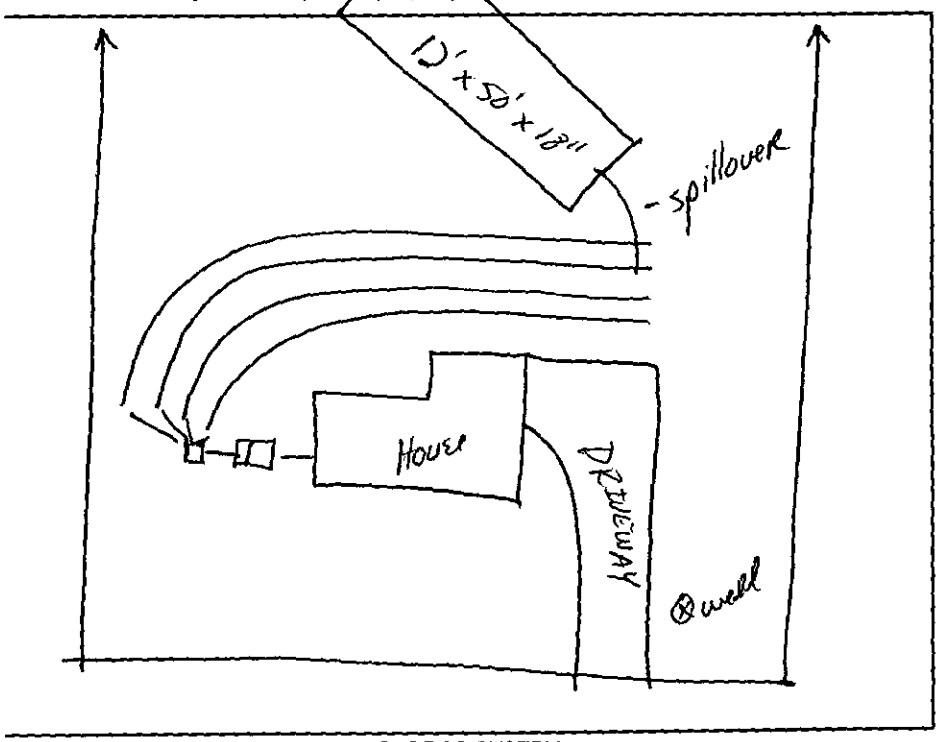
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7407 A DATE: 9/5/01

TC: 217-061-39 ☐ L

SERIAL Nº 18834

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 9/5/01. All work shall be completed on or before 30 days, 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

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC - existing

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 12'x50'x18" feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 4 x 50'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER William D. Maurice Jr.

LOCATION OF PROPERTY 16501 Red Buckboard Cove

Comments: Repair to 3 Bedroom System
Install 12' x 50' x 18" Stone Bed
Type II Conventional System

Tommy P. Michelson R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____

DATE: _____

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

I J 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 #: 7407A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-061-39

STREET ADDRESS: 16501 Red Buckboard

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

- ___ WITHOUT BASEMENT
  - ___ ON SLAB
  - ___ 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: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C) ___ MUNICIPAL (M) ___ 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	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: Maurice (LAST) William (FIRST) D (MI) Sr.

ADDRESS: 16501 Red Buckboard Lane

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Audrey (LAST) Steve (FIRST) (MI)

DAYTIME PHONE: (704) 357-1250

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature] DATE: 9.5.21

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7407A DATE: 12/5/91

TC: 217-061-39 ☑ L ☐ CRT

SERIAL № 13936

Name of Owner Therrell Co. Inc. Juris.:

Address of Property 16501 Red Buckboard Ln.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 12/5/91

Tank(s) Inspected 12/5/91

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design 1991, 1500ST, Conv, 1200SFT, 12'6, Cecil CTR# 62

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 3 bedroom home -

Judy J. Rusin R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

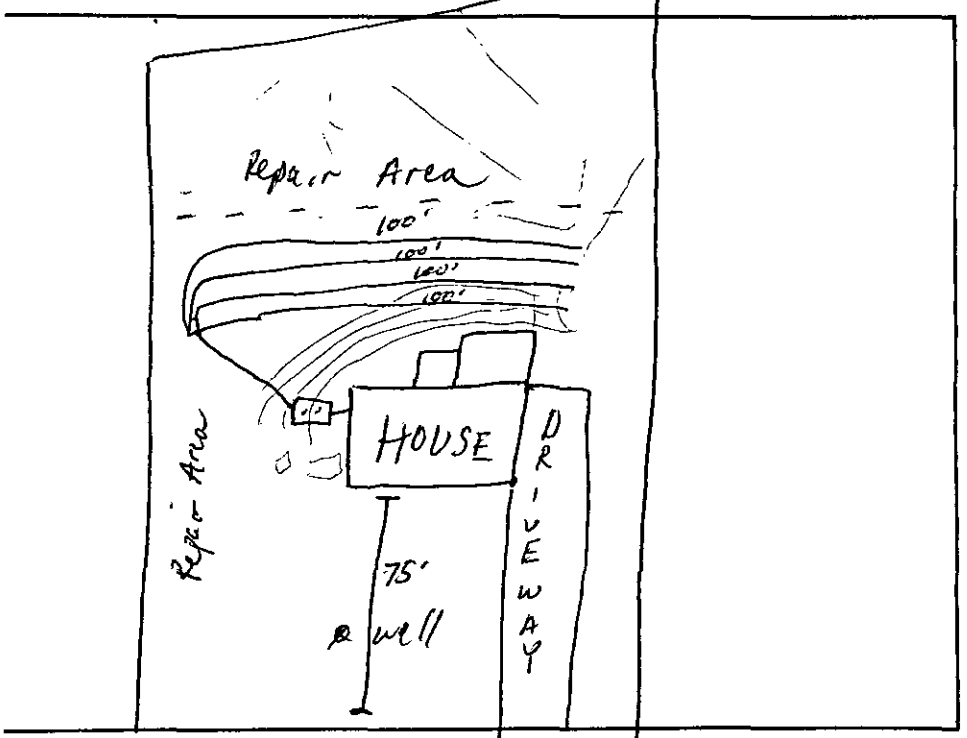
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7407A DATE: 11/21/91

TC: 217-061-39 ☑ L

SERIAL Nº 13723

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 4/16/91. All work shall be completed on or before 12/21/91, 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 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER Therrell Co. INC

LOCATION OF PROPERTY 16501 Red Buckboard LN

Comments: 4 lines x 100' long x 3' wd x 12" stone
Keep lines on contour of land / Keep septic system >50 from well

C Vaughn RS — Division or Section Head

Philo S. Walker R.S. — Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the 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

PROPOSED PLOT PLAN

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

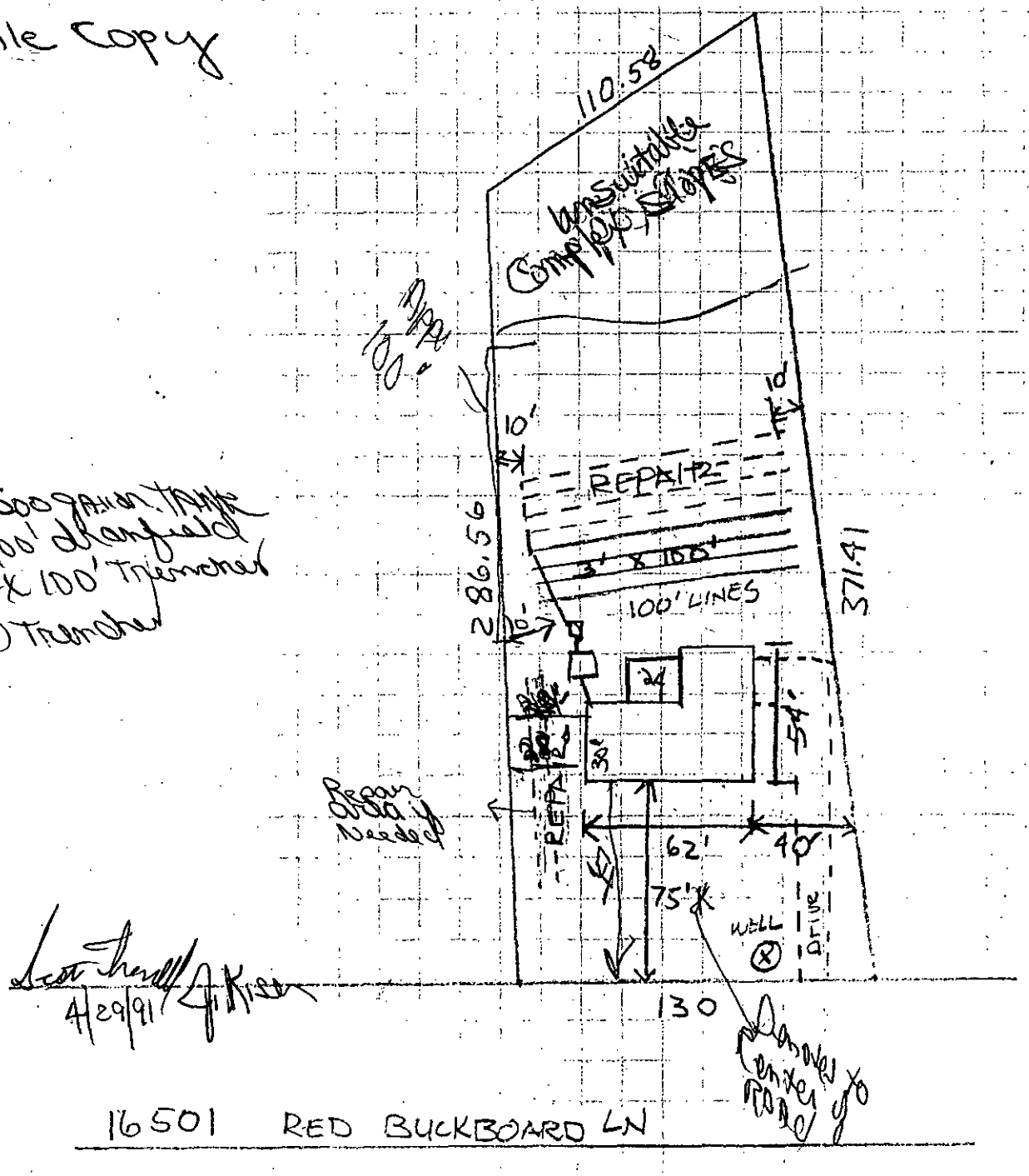
FILE: 7407A

TC: _____

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 18 1991
ENVIRONMENTAL HEALTH DIVISION

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.

File Copy



1500 GALLON TANK
400' drainfield
3 X 100' Trenches
(4) Trenches

Scott Thornhill 4/29/91 J. Kiser

16501 RED BUCKBOARD LN

Signed: Scott Thornhill

Date: 4/16/91

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 1407A
TC: _____
SERIAL: Nº 13134

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 18 1991
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 16501 RED BUCKBOARD LN (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 217-061-39

⑤ SUBDIVISION: N/A ⑥ LOT: #4 ⑦ BLOCK: _____

OWNER

⑧ NAME: THERRELL CO. INC. (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: PO BOX 373

⑩ CITY: PINEVILLE ⑪ STATE: NC ⑫ ZIP: 28134

⑬ PHONE: (WORK) 588-6822 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Scott Therrell

Date: 4/16/91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

. . . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist: Judy C. Blair Rd 4/29/91 Date

Director or Authorized Section Head: [signature] 4-30-91 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-18-91

Name/Company: The Thrrell Company

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: 2 Improvement Permits
5 Soil Tests

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 18 1991

4086 #

Fee: $ 650.00 650.00

NOTICE:

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

P Johnstone
Completed by

E Redden
Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

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

(OFFICE USE ONLY)
FILE: 7407A
TC: _____
SERIAL: No 13134
L CRT

JOB LOCATION

① ADDRESS: 16501 RED BUCKBOARD LN (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 217-061-39
⑤ SUBDIVISION: N/A ⑥ LOT: #4 ⑦ BLOCK: _____

OWNER

⑧ NAME: THERRELL CO. INC. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: PO BOX 373
⑩ CITY: PINEVILLE ⑪ STATE: NC ⑫ ZIP: 28134
⑬ PHONE: (WORK) 588-6822 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Scott Therrell
Date: 4/16/91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

. . . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 4/29/91

Director or Authorized Section Head — Date 4-30-91

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7407 A

TC:

☒ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
APR 16 1991
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 16501 RED BUCKBOARD LN

② SUBDIVISION: N/A ③ LOT: #4 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 24 PAGE NO.: 67 PARCEL NO.: 217-061-39

⑥ DEED REFERENCE: BOOK NO.: 6392 PAGE NO.: 25

OWNER

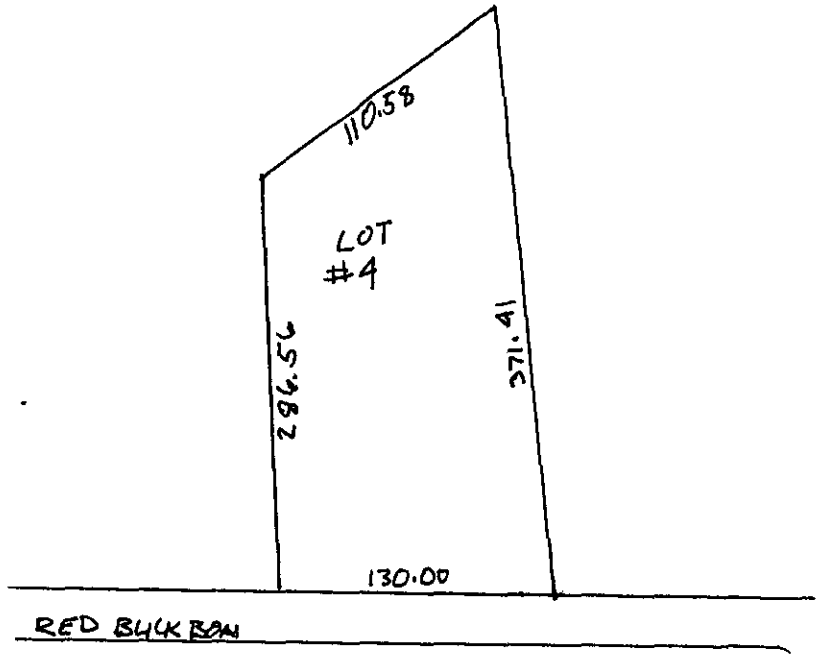
⑦ NAME: THE THERRELL CO. INC.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO BOX 373

⑨ CITY: PINEVILLE ⑩ STATE: NC ⑪ ZIP: 28134

⑫ PHONE: (WORK) 588-6822 (HOME)

⑬ Accurately diagram and dimension lot.



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

Signed: Scott Therrell

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

Date: 4/15/91

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-18-91

Name/Company: The Thrrell Company

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: 2 Improvement Permits
5 Soil Tests

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 18 1991

4086

Fee: $ 650.00 11:650

NOTICE:

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

P. Johnston
Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7407 A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16501 RED BUCKROARD LN

② SUBDIVISION: N/A ③ LOT: #4 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 24 PAGE NO.: 67 PARCEL NO.: 217-061-39

⑥ DEED REFERENCE: BOOK NO.: 6392 PAGE NO.: 25

OWNER

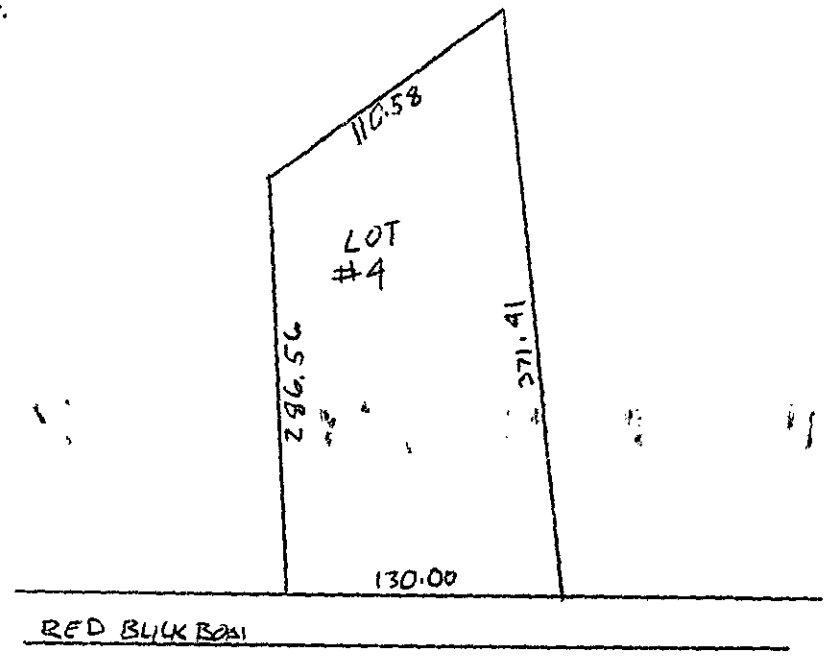
⑦ NAME: THE THERRELL CO. INC.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO BOX 373

⑨ CITY: PINEVILLE ⑩ STATE: NC ⑪ ZIP: 28134

⑫ PHONE: (WORK) 588-6622 (HOME) _____

⑬ Accurately diagram and dimension lot.



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

Signed: Scott Therrell

Date: 9/5/91

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17158

File: 74074 Action 1

Parcel: 217-041-39 ☒ PC

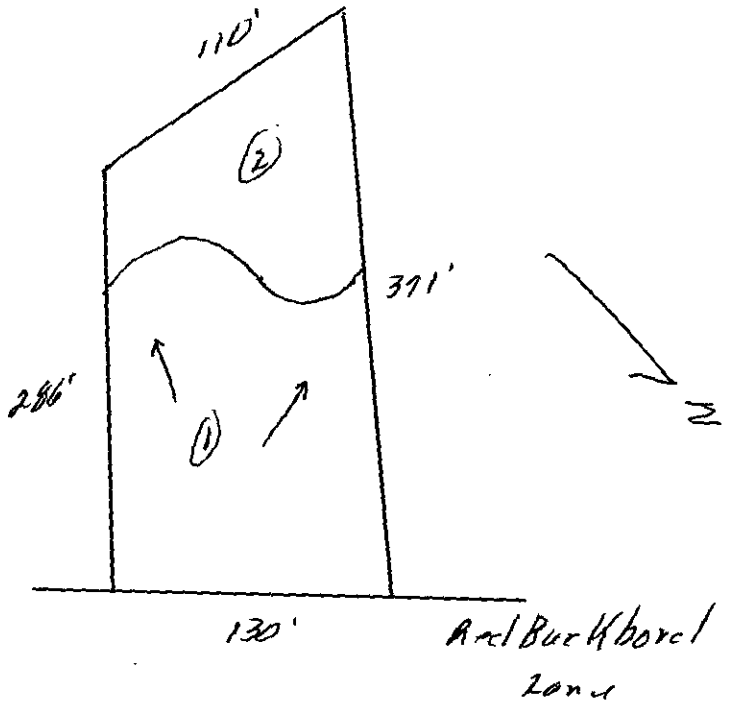
Location: 16 sq Red Buckboard Lane
Subdivision:

Lot: Lot 4 Block: Acres: .9

Owner: The Therrell Co., Inc.
Address: P.O. Box 323
Pineville, NC 28134

Comments: 100% Repair

Described by: William A. Marlin
Date: 4-23-91



*** 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 2-10%	S PS (U) complex slopes	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 74" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 74"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 74"	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 Enon-like	Complex slopes				
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

FILENU	PARCEL	STREE	STREET	LOT	IPREQDATE	N	IPEV
23A	04B43102,09	PO	4501 Oak Drive	L6 B1	03-07-1986	N	

April 26th, 1991

The Therrell Co., Inc.
P.O. Box 373
Pineville, NC 28134

RE: Property located at 16501 Red Buckboard Lane Lot 4
FILE: 7407A
PARCEL: 217-061-39

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 17158) 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

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

(OFFICE USE ONLY)

FILE: 7407 A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16501 RED BUCKBOARD LN

② SUBDIVISION: N/A ③ LOT: #4 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 24 PAGE NO.: 67 PARCEL NO.: 217-061-39

⑥ DEED REFERENCE: BOOK NO.: 6392 PAGE NO.: 25

OWNER

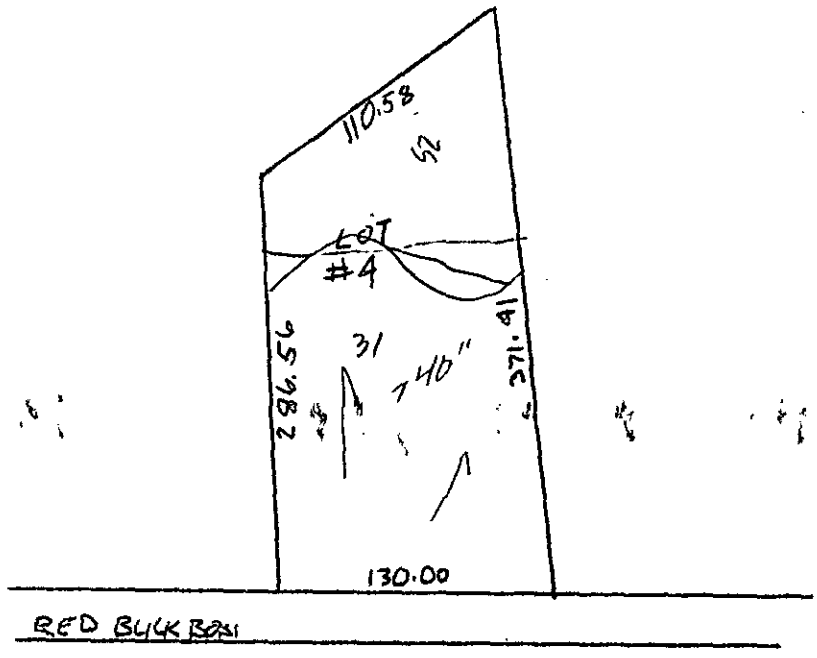
⑦ NAME: THE THERRELL CO. INC.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO BOX 373

⑨ CITY: PINEVILLE ⑩ STATE: NC ⑪ ZIP: 28134

⑫ PHONE: (WORK) 588-6622 (HOME) _____

⑬ Accurately diagram and dimension lot.



120

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

Signed: Scott Therrell

Date: 4/15/91

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