

20820 BETHELWOOD LN

00183114

7/13/2007

duponbj

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

Mecklenburg County

Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: April 28, 1994

Ref: 7858A,1096B/20816,20820 Bethelwood

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Brian Hughes originally paid $400.00 for 2 Improvement permits, (new construction) on July 8, 1993.

A refund should be issued for $200.00 because Both permits were denied, denial letters were written, the IWWS refund policy states that a 50% refund is due in such instances.

Please make check payable to: Mr. Brian Hughes
4107 Walker Road
Charlotte, NC 28211

Mecklenburg County
Health Department

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

July 27, 1993

Mr. Brian W. Hughes
525-P Olmstead Park Place
Charlotte, NC 28262

File #: 7858A (20816 Bethelwood Lane)
Parcel #: 001-121-16PO
Subject: Improvement Application Denial

Dear Mr. Hughes:

Receipt of the plans 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 site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .1900, "Law and Rules for Sanitary Sewage Collection, Treatment and Disposal". The plans as submitted are disapproved because of failure to comply with the following rule(s):

(1) .1945 Available Space
   a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these rules.

   b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (A) of this section.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

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

DATE: 7-8-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-121-16

ASSIGNED ADDRESS 20816 Bethelwood LN

EXISTING ADDRESS Lot 1

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: _____

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: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

1096B/9068A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

07/08/93 00 $200.00 [] CRT

9068A (Soil Test)

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: 93293

NAME: Hughes (last) Brian (first) N (mi)

ADDRESS: 525 P. Olmstead Pk. Pl PHONE: (704) 335-8680

CITY: Charlotte STATE: NC ZIPCODE:

Date: 7-8-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-121-16

STREET ADDRESS: 20820 Bethelwood Ln

ZONING:

PROPERTY OWNER:

NAME: Hughes (last) Brian (first) N. (mi)

ADDRESS: 525 P. Olmstead Pk. Pl. PHONE: (704) 335-8680

CITY: Charlotte NC STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 2

LOT SIZE (in acres):

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

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 7

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)
[] 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: Brian N Hughes Date: 7-8-93

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.

... Lot disapproved for Conventional System. letter mailed 7/28/93 BW

[] 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 Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

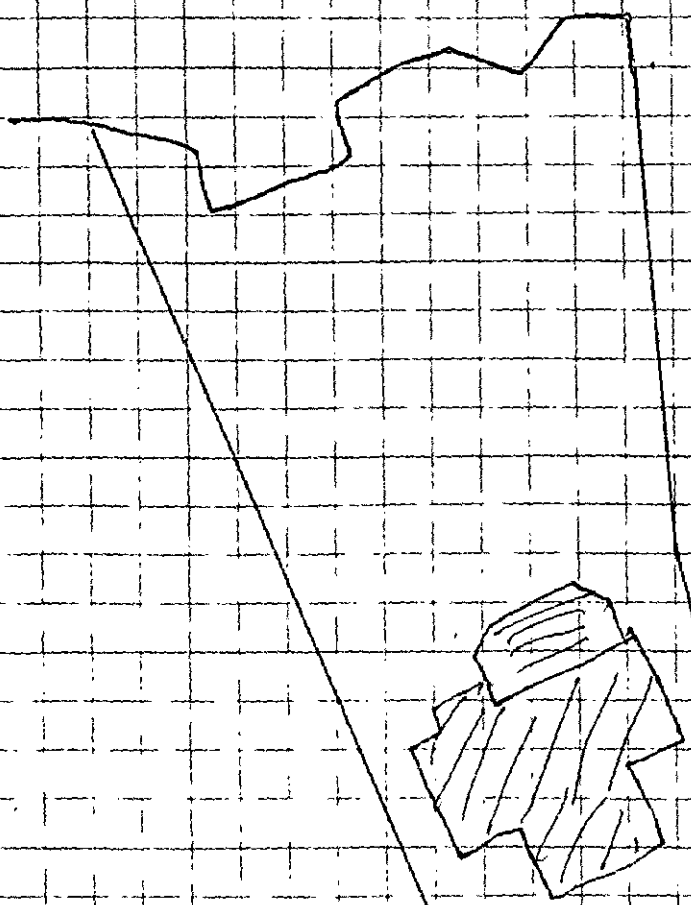
1968/9068A

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

FILE: A8548

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.



Lot

.0979 Acres

Address

28208

APPROVAL DATE _____

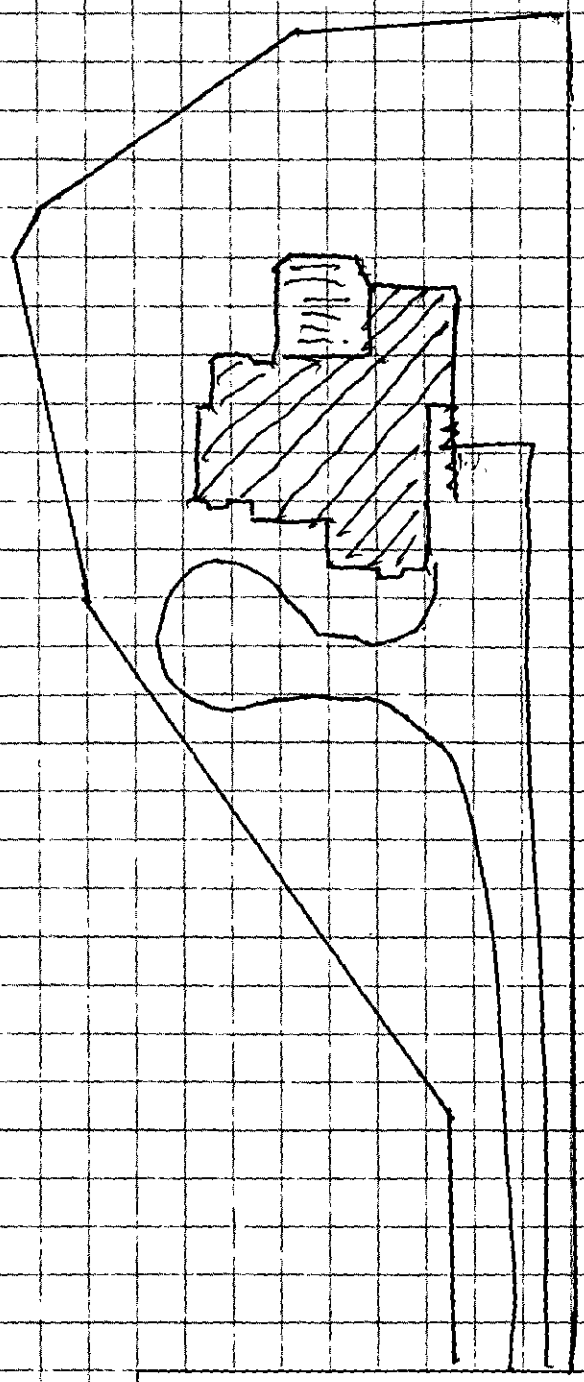
PROPOSED PLOT PLAN

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

FILE: 7858A

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.



APPROVAL DATE _____

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

Mecklenburg County
Health Department

November 25th. 1991

Wilburn Riley Overcash
20931 Bethelwood Lane
Davidson. NC 28031

RE: Property located at Bethelwood Lane
FILE: 78588
PARCEL: 001-121-16

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 12350) 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

6-15-93

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

(OFFICE

This property may be subdivided - Do not need to do a new soil eval - let applications for improvement permits be submitted while I dwell [illegible]

FILE: —

TC: —

☐ PC

JOB LOCATION

① ADDRESS: Bethelwood Ldn

② SUBDIVISION: _____ ③ LOT: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NC

⑥ DEED REFERENCE: BOOK NO.: _____

OWNER

⑦ NAME: Wilburn Riley OVERCASH
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 20931 Bethelwood Lane

⑨ CITY: Davidson ⑩ STATE: N. C. ⑪ ZIP: 2803[illegible]

⑫ PHONE: (WORK) 704-892-1764 (HOME) 704-892-1764

⑬ Accurately diagram and dimension lot.

See attached map - somewhat limited area system might not [illegible] fee

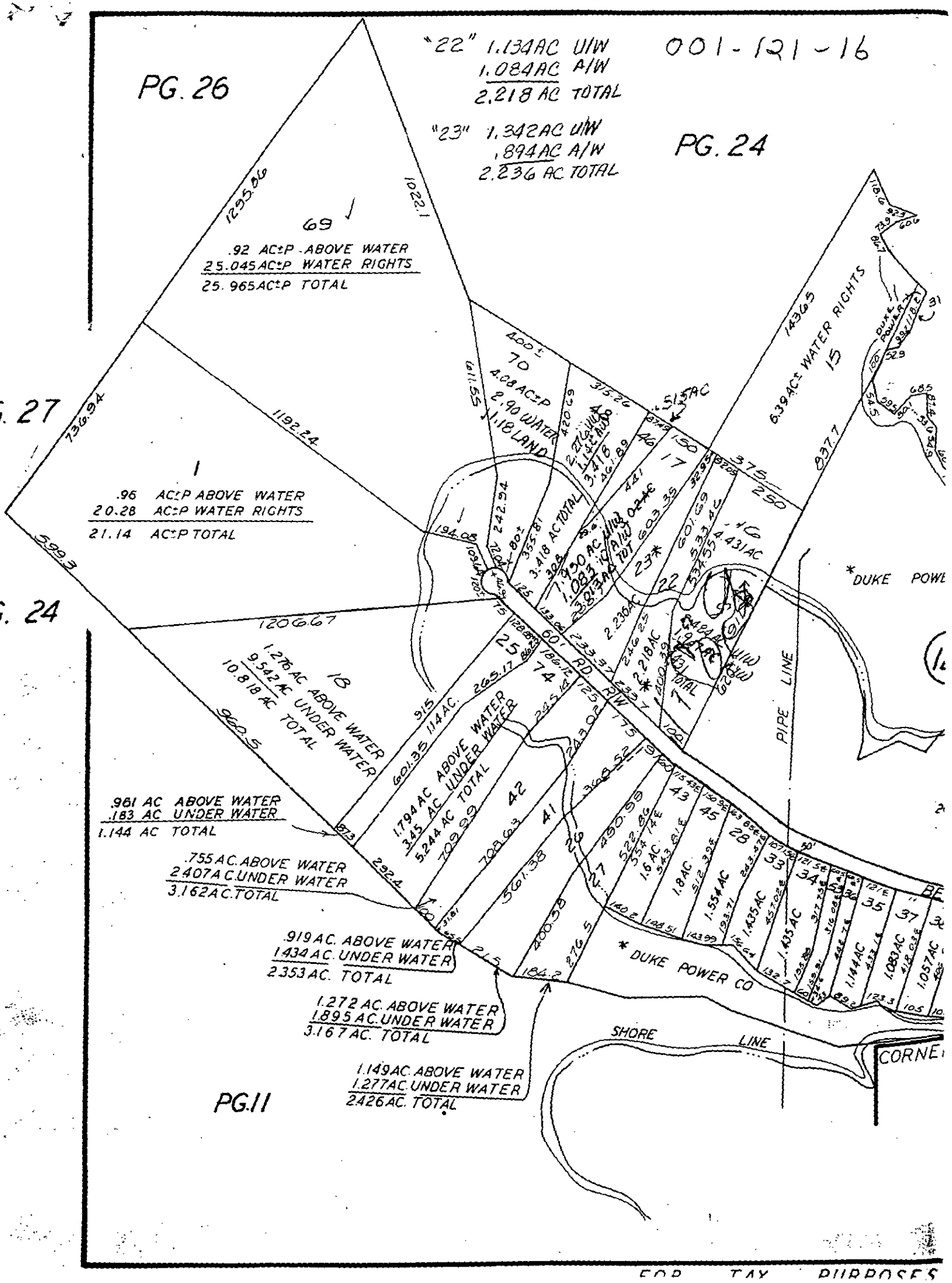
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]

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

Date: 11-13-91

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


001-121-16
"22" 1.134AC U/W
1.084AC A/W
2.218 AC TOTAL
"23" 1.342AC U/W
.894AC A/W
2.236 AC TOTAL
PG. 26
PG. 24
PG. 27
PG. 24
PG.11
69
.92 AC±P ABOVE WATER
25.045AC±P WATER RIGHTS
25.965AC±P TOTAL
1
.96 AC±P ABOVE WATER
20.28 AC±P WATER RIGHTS
21.14 AC±P TOTAL
70
4.08AC±P
2.90 WATER
1.18 LAND
15
6.39AC± WATER RIGHTS
18
1.276 AC ABOVE WATER
9.542 AC UNDER WATER
10.818 AC TOTAL
.961 AC ABOVE WATER
.183 AC UNDER WATER
1.144 AC TOTAL
.755 AC. ABOVE WATER
2.407 AC. UNDER WATER
3.162 AC. TOTAL
.919 AC. ABOVE WATER
1.434 AC. UNDER WATER
2.353 AC. TOTAL
1.272 AC. ABOVE WATER
1.895 AC. UNDER WATER
3.167 AC. TOTAL
1.149 AC. ABOVE WATER
1.277 AC. UNDER WATER
2.426 AC. TOTAL
1.794 AC ABOVE WATER
.345 AC UNDER WATER
5.244 AC TOTAL
3.418 AC TOTAL
2.218 AC
2.236 AC
1.430 AC
1.083 AC
4.431 AC
1.8 AC
1.55 AC
1.435 AC
1.144 AC
1.083 AC
1.057 AC
PIPE LINE
* DUKE POWER CO
SHORE LINE
60' RD
RW
CORNE
FOR TAX PURPOSES

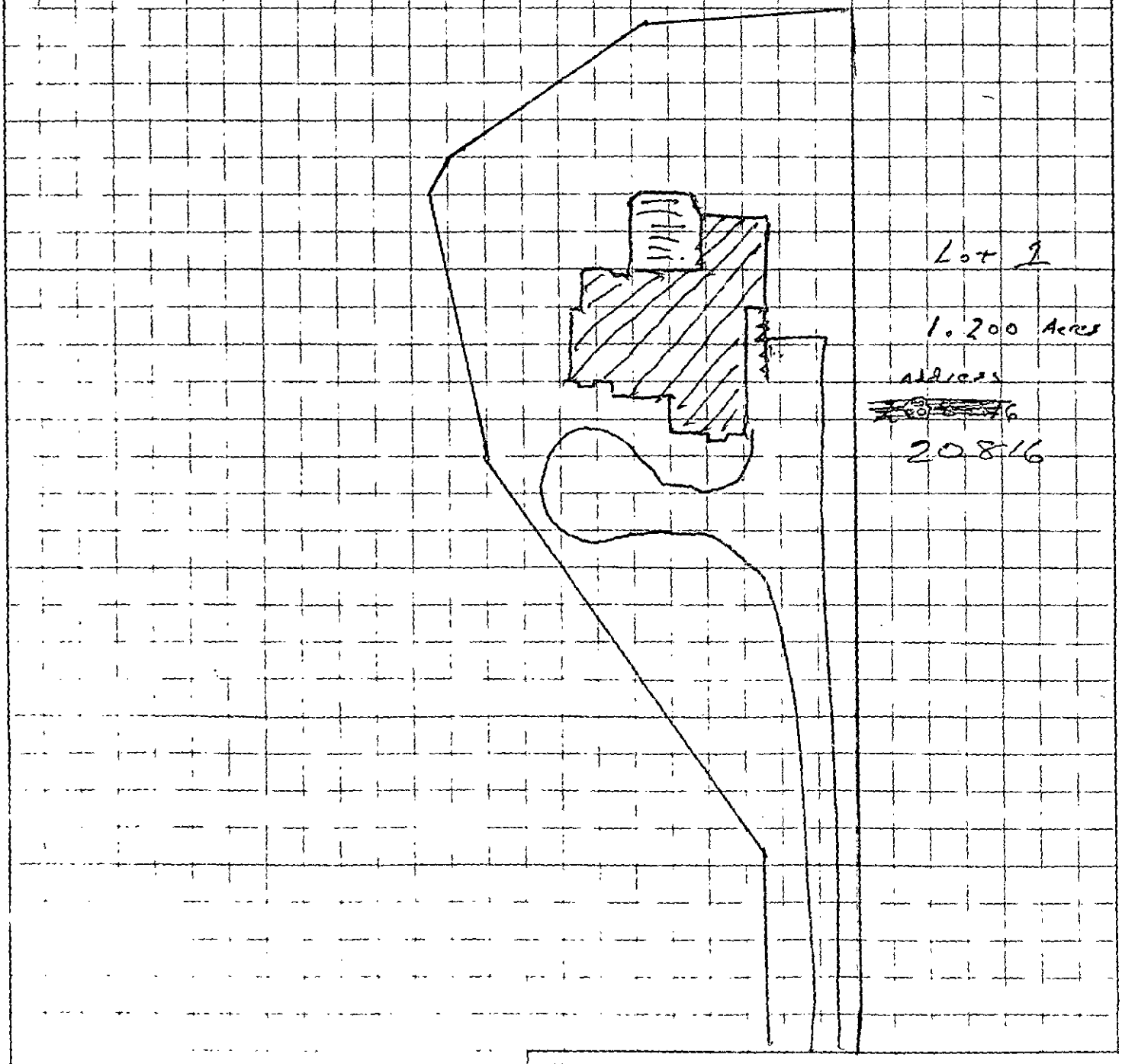
PROPOSED PLOT PLAN

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

FILE: 7858A

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.

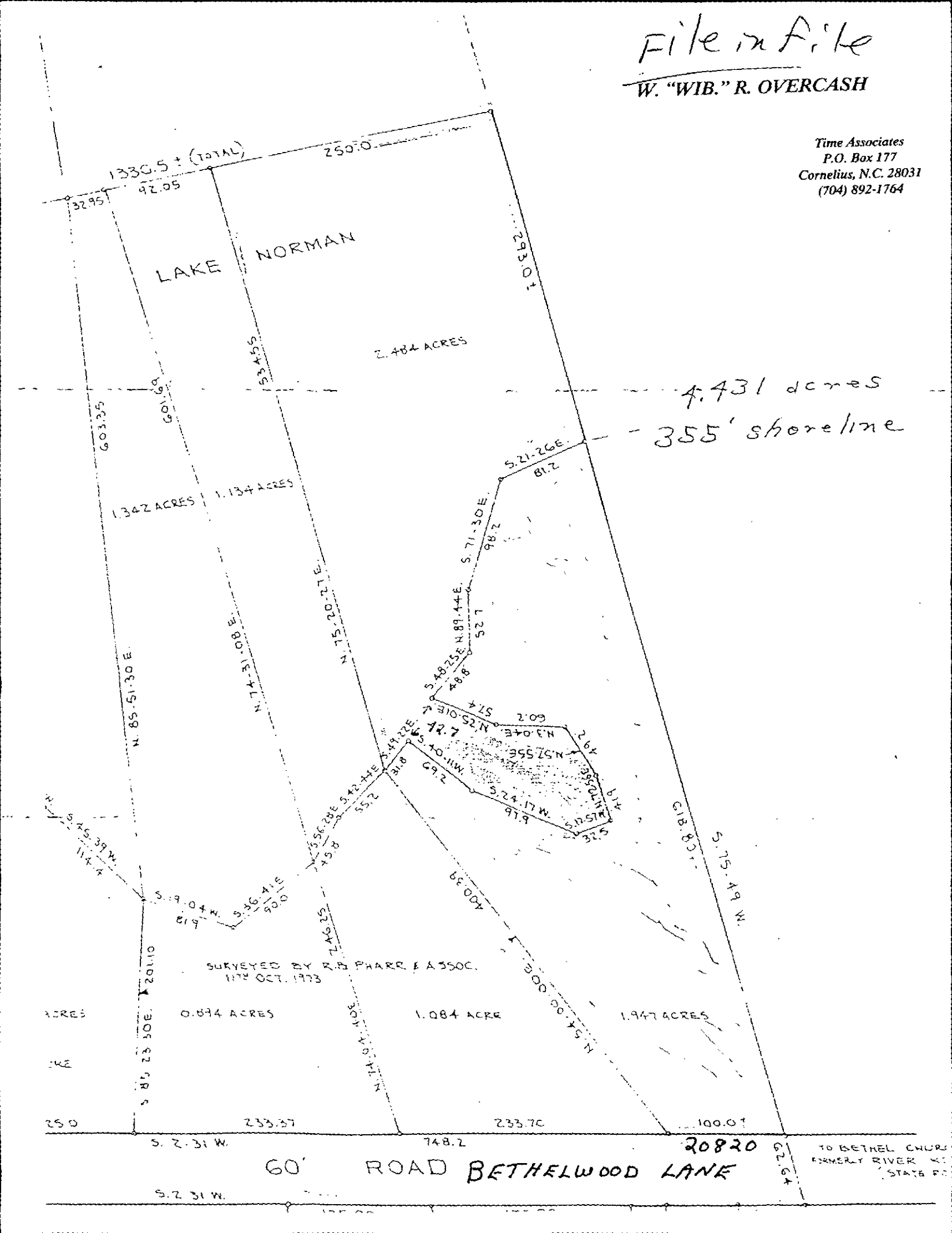


APPROVAL DATE _____

File in file

W. "WIB." R. OVERCASH

Time Associates
P.O. Box 177
Cornelius, N.C. 28031
(704) 892-1764



SURVEYED BY R.B. PHARR & ASSOC.
11TH OCT. 1973

(Rec Receipt 1096B)

07/08/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7858A (Rec Receipt 0057) CK#293 $200.00

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Hughes (last) Brian (first) N. (mi)

ADDRESS: _____ PHONE: (704) 335 8680

CITY: Charlotte STATE: NC ZIPCODE: 2

Date: 7-8-93

PROPERTY OWNER:

NAME: Hughes (last) Brian (first) N. (mi)

ADDRESS: _____ PHONE: (704) 335-8680

CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-121-16

STREET ADDRESS: 20816 Bothelwood Ln

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

NUMBER BEDROOMS: 4 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)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: Brian N. Hughes Date: 7-8-93

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.

... Lot disapproved for conventional system. letter mailed 7/28/93 PSW

[] 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 Date

Director or Authorized Section Head Date

WWATER : 122791

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER

File:

Action:

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

ck 7484
paid 50.00
(100)

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

(OFFICE USE ONLY)

FILE: 7858-A

TC: 001-121-16

☐ PC ☑ REPT

JOB LOCATION

① ADDRESS: Bethelwood Lane

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

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 121 PARCEL NO.: 16

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

OWNER

⑦ NAME: Wilburn (FIRST) Riley (MIDDLE) OVERCASH (LAST)

⑧ MAILING ADDRESS: 20931 Bethelwood Lane

⑨ CITY: Davidson ⑩ STATE: N. C. ⑪ ZIP: 28031

⑫ PHONE: (WORK) 704-892-1764 (HOME) 704-892-1764

⑬ Accurately diagram and dimension lot.

See attached map -

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: [signature]

Date: 11-13-91

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



944 RIVERSIDE DR

03115213

7/13/2007

duponbj

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

Mecklenburg County
Health Department

December 16th, 1991

Ravon C. Deese
1004 Riverside Drive
Charlotte, NC 28214

RE: Property located at 944 Riverside Drive 17
FILE: 7857A
PARCEL: 031-15213

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 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 Number 12378) is enclosed.

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 10 NCAC 10A .1948 (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 I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12378

File: 18 37A

Action 2

Parcel: 031-152-13

☐ PC

Location: 944 Riverside Dr.

Subdivision:

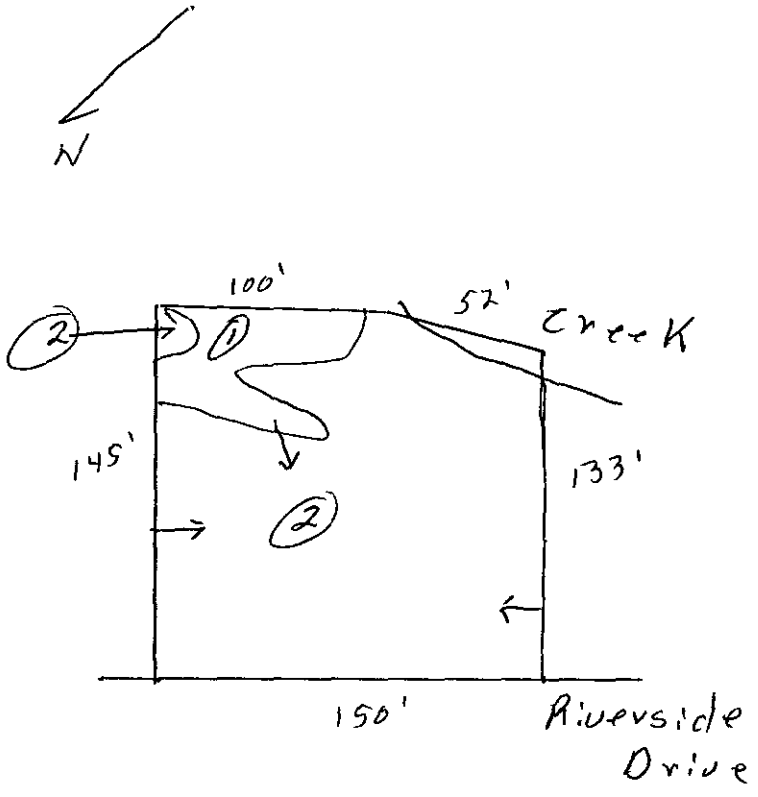
Lot: 13,18,14 Block: B Acres: .5

Owner: Aaron C. Deese
Address: 1004 Riverside Dr.
Charlotte, N.C. 28214

Comments: Silt loam horizon @ Approximately 24-36" Within 10 & 100 year floodplain

Described by: William R. Marlin

Date: 12-5-91



***** 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 2-6%	S PS (U) Area of low runoff	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U loamy sand	S (PS) U silt loam	S PS U	S PS U	S PS U	S PS U
Structure	(S) PS U granular	S (PS) U wk. blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 40" To water	S PS (U) seasonal water 24"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S (PS) U 7 40"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S (PS) U 7 40"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U see Note	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	I Series Not Determined	III Series Not Determined				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

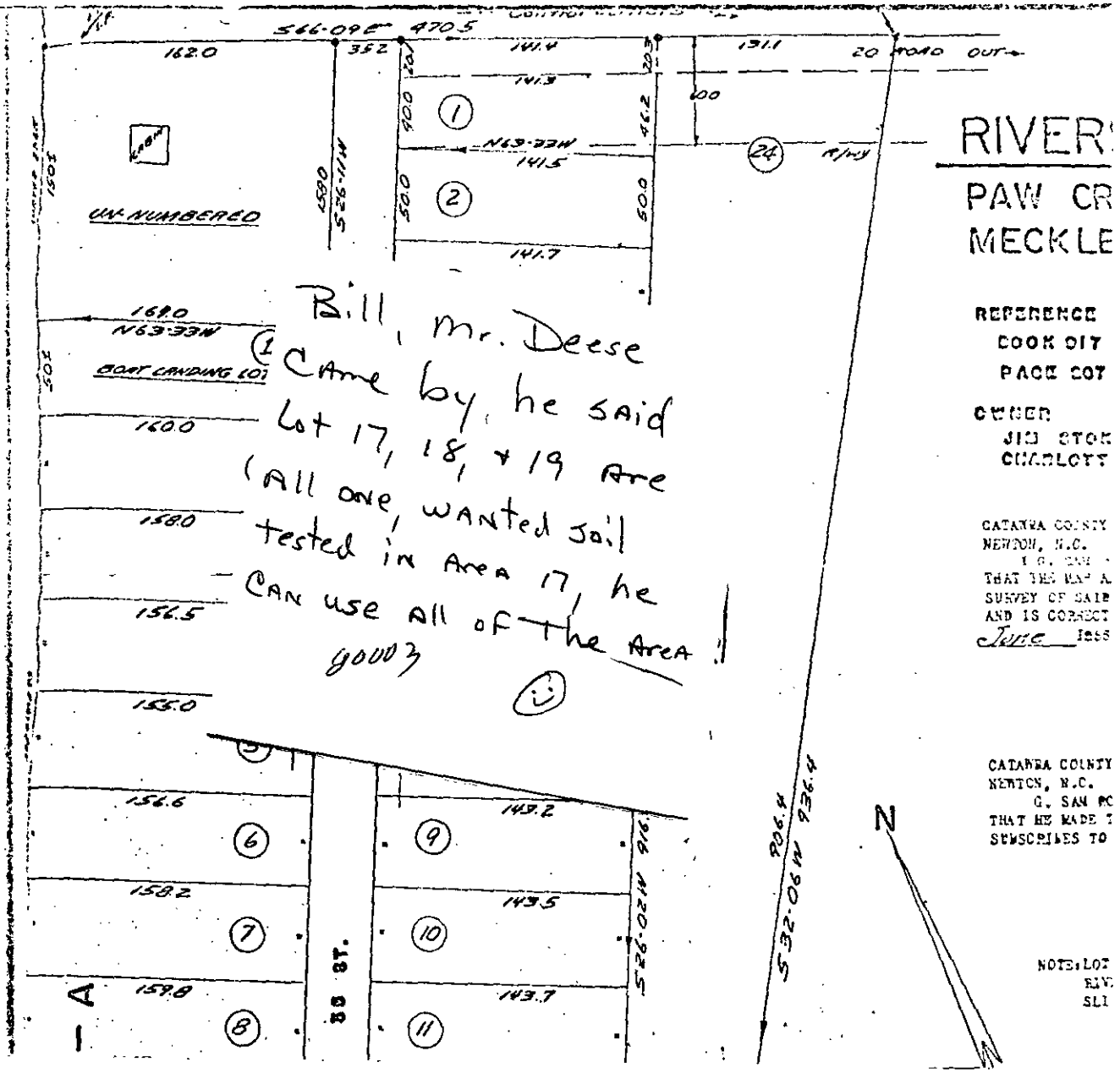
Described by: _____

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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U



Bill, Mr. Deese came by, he said Lot 17, 18, & 19 are (All one) wanted soil tested in Area 17, he can use all of the Area! goods

Mecklenburg County
Health Department

November 29th, 1991

Ravon C. Deese
1004 Riverside Drive
Charlotte, NC 28214

RE: Property located at 944 Riverside Drive 17
FILE: 7857A
PARCEL: 031-152-13PO

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 12359) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Kelly Rundell for Gene Vaughan

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 7857A Action 3
SITE EVALUATION REPORT
SERIAL NUMBER 12359 Parcel: PO 031-152-13 ~~PC~~

Location: 9444 Riverside Dr.

Subdivision:

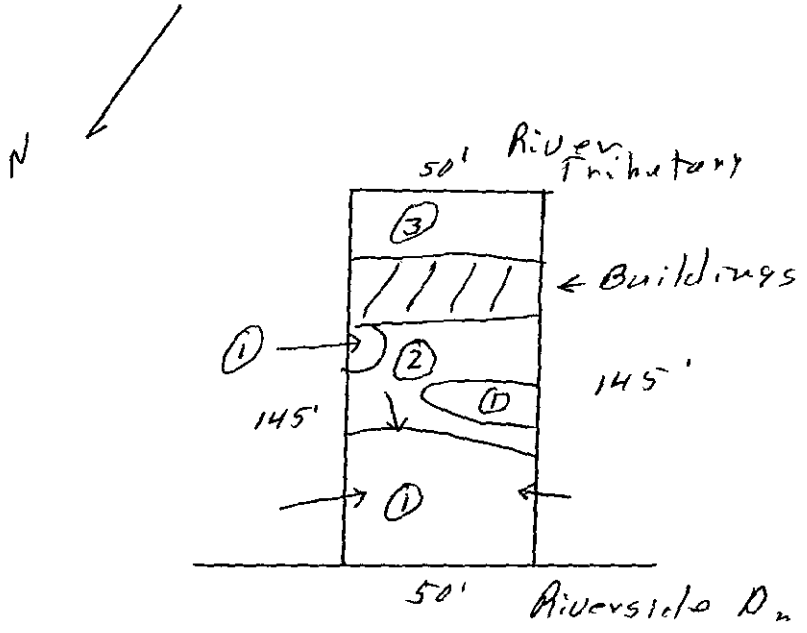
Lot: #17 Block: Acres: .117

Owner: Aaron C. Dare
Address: 10014 Riverside Dr.
Charlotte, N.C. 28214

Comments: _____

Described by: William R. Marlin

Date: 11-27-91



***** 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) Depressed Area	(S) PS U 2-6%	S PS (U) complex slopes	S PS U	S PS U	S PS U
Texture	(S) PS U loamy sand	(S) PS U loamy sand	S PS U —	S PS U	S PS U	S PS U
Structure	(S) PS U granular	(S) PS U granular	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS (U) perched water 26"	S (PS) U 740" TO water	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 740"	S (PS) U 740"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	S (PS) U 740"	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	I -series not determined	I -series not determined	Complex slopes			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
Ck# 443
11-8-91
NR

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

(OFFICE USE ONLY)

FILE: 7857A

TC: 031-152-13

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 944 Riverside DR

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

⑤ PARCEL REFERENCE: BOOK NO.: 031 PAGE NO.: 152 PARCEL NO.: 13

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

OWNER

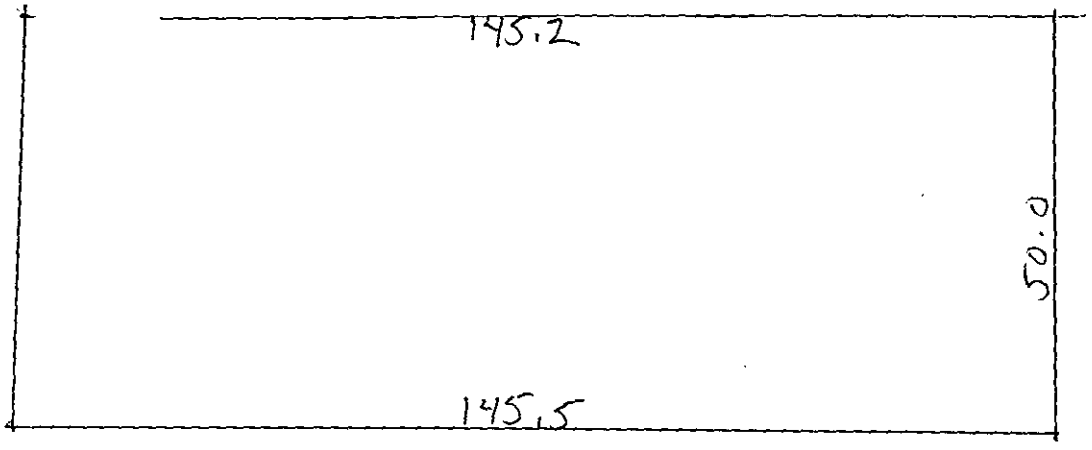
⑦ NAME: RAVON C DEESE
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1004 Riverside DR

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28214

⑫ PHONE: (WORK) 3948171 (HOME) 393-2312

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: Ravon C Deese

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

Date: 11-8-91

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