

8115 REEDY CREEK RD

11107409

1/2/2008

duponbj

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

mailed "Optional Site" 2/15/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3322B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr. Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

Date: 11/06/207

PERSON FILING APPLICATION:
NAME: Todd Rodney D (mi)
(last) (first)
ADDRESS: 9525 Woodbourn Ct PHONE: (704) 573-1602
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11106207 PO
STREET ADDRESS: Reedy Creek Rd
ZONING: R

PROPERTY OWNER:
NAME: Hagler Ernest (mi)
(last) (first)
ADDRESS: 8115 Reedy Cr. Rd PHONE: (704) 537-4632 28215
CITY: Charlotte STATE: NC ZIPCODE: 28205

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): 1 Acre

TYPE APPLICATION (check one):
[X] 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: 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: Rodney Todd Date: 1-4-95

NOTICE:

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

...

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER

Mecklenburg County
Health Department

February 14, 1995

Ernest Hagler
8115 Reedy Creek Road
Charlotte, NC 28215

Re: Reedy Creek Road
File: 3322B (tax parcel 111-062-07PO)

Dear Mr. Hagler:

Receipt of the plans and specifications for a ground absorption system of sewage disposal for the property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a soil/site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A,.2900. "Laws and Rules for Sanitary Sewage College, Treatment and Disposal".

The results of the evaluation, a copy of which is attached, indicate that the site is **UNSUITABLE** for installation of a ground absorption sewage system for the following reasons:

.1941 SOIL CHARACTERISTICS (MORPHOLOGY)
(3)(B) Expansive Clay Mineralogy-Soils which have either very firm or extremely firm moist soil consistence, or have either very sticky or very plastic wet soil consistence, are considered to have predominantly 2:1 clay minerals (including mixed mineralogy clays) and shall be considered UNSUITABLE as to clay mineralogy.

.1942 SOIL WETNESS CONDITIONS
(a) Soil wetness conditions as shallow as 18 - 20 inches from soil surface.

.1943 SOIL DEPTH
(a) Soil depth-saprolite 10 - 24 inches deep from soil surface.

Due to the limitations on your site, this Department is not aware of any modifications or alternative measures that can be implemented to upgrade the classification from "UNSUITABLE" to "PROVISIONALLY SUITABLE." Your application for an improvement permit must, therefore, be denied.

You have the right to an informal review of this decision by the environmental health supervisor of this health department and also by the regional staff of the Department of Environment, Health, and Natural Resources. You should contact the health department to arrange for this further review.

You may also wish to obtain the services of a private consultant to collect site-specific data and submit such data and a system design to the health department for technical review. A site may be reclassified to provisionally suitable provided written documentation, including engineering, hydrogeologic, geologic, or soil studies indicates to the local health department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

The substantiating data from these studies must indicate that:

A. The effluent (wastewater) will receive adequate treatment;

B. The effluent (wastewater) will not contaminate any ground water or surface water; and

C The effluent (wastewater) will not be exposed on the ground surface or be discharged to surface waters where it could come into contact with people, animals or vectors.

Finally, you have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of administrative Hearings, P. O. Drawer 27447, Raleigh, N. C. 27611-7447. A copy of a petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within 60 days after the date of this notice. The hearing will be held in the county in which your property is located.

If you file a petition for a hearing, you must send a copy of the petition to Mr. John C. Hunter, Office of General Counsel, P.O. Box 27687, Raleigh, North Carolina 27611-7687.

Please call 336-5570 or write this office if you have questions or need additional assistance.

Sincerely,

Philo S. Walker R.S.

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

Enclosure

cc: Rodney Ladd

.1940 Topography & landscape position

.1941 Soil characteristics & Expansive clay

~~.1942~~ .1942- Soil wetness

.1943 Soil depth

Behind 8115 Reedy Creek Rd

3322B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #150 10/3/94 Job # 473

[] 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: Ladd (last) Rodney (first) D (mi)

ADDRESS: 9 529-34-74 PHONE: (704) 573-1607

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 9-27-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-06207 10

STREET ADDRESS: [redacted] Reedy Cr. Rd

Rharlotte NC

ZONING: R

PROPERTY OWNER: Ernest

NAME: Hagler (last) Ernest (first) W (mi)

ADDRESS: 8115 Reedy Cr. Rd PHONE: (704) 537-4632

CITY: Charlotte STATE: NC ZIPCODE: 282

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):

[X] 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)
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[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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[] SINGLE MOBILE HOME (S) [X] 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

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Signed: Rodney Ladd Date: 9-30-94

NOTICE:

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...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.

...

[] 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

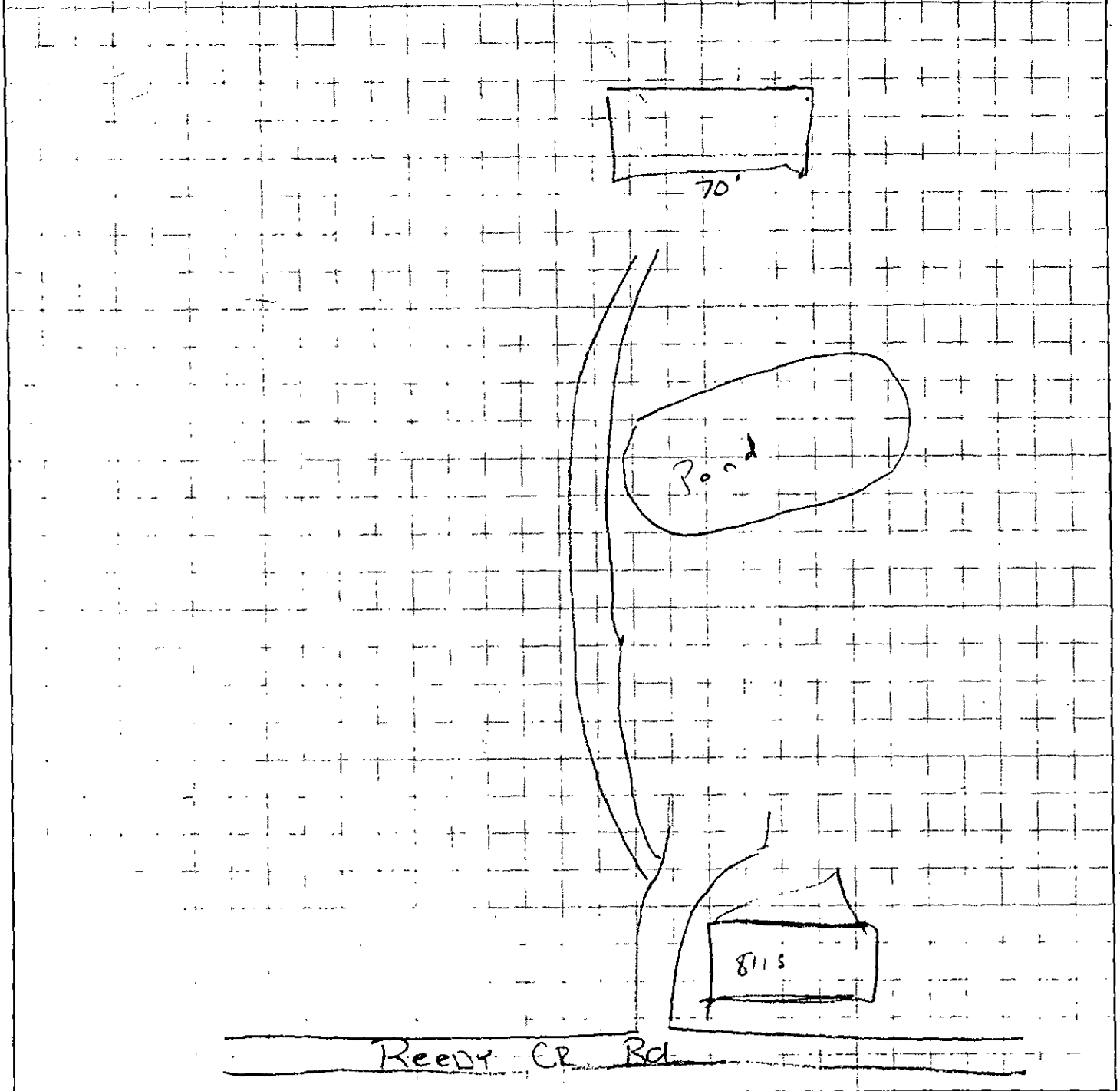
COPY

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

FILE: 3322B

TC: 111-062-07

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
SITE EVALUATION REPORT
SERIAL NUMBER 20486

File: 33228 Action ____

Parcel: [illegible] ☐ PC

Location: Ridge Creek Road

Subdivision:

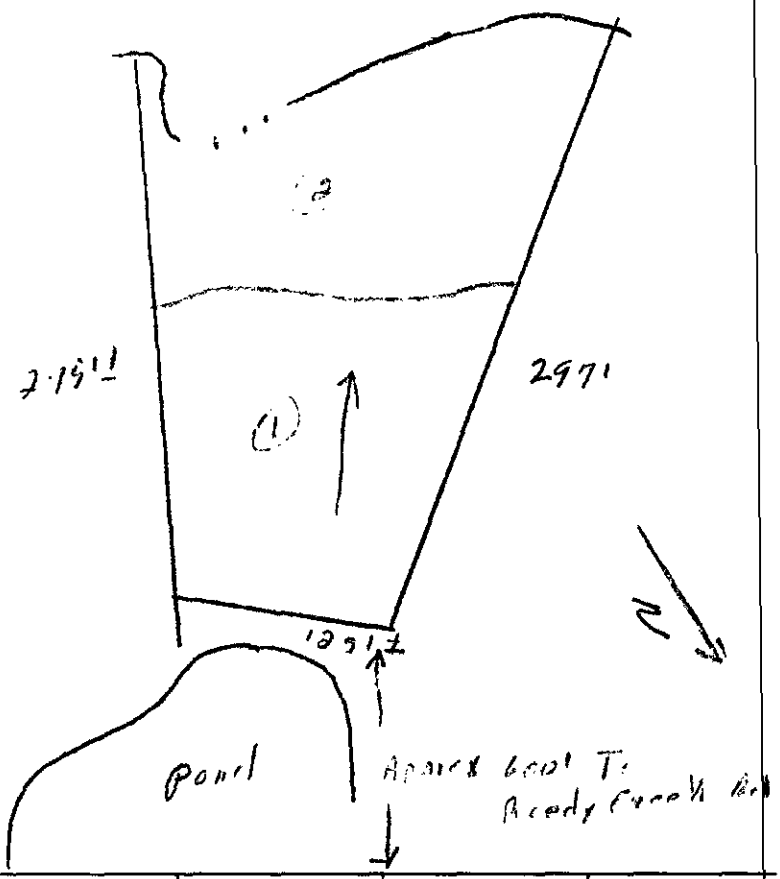
Lot: Block: Acres: Approx. 1.0

Owner: [illegible]
Address: 6115 Ridge Creek Rd.
Charlotte, N.C. 28215

Comments: [illegible]

Described by: William J. Marlin

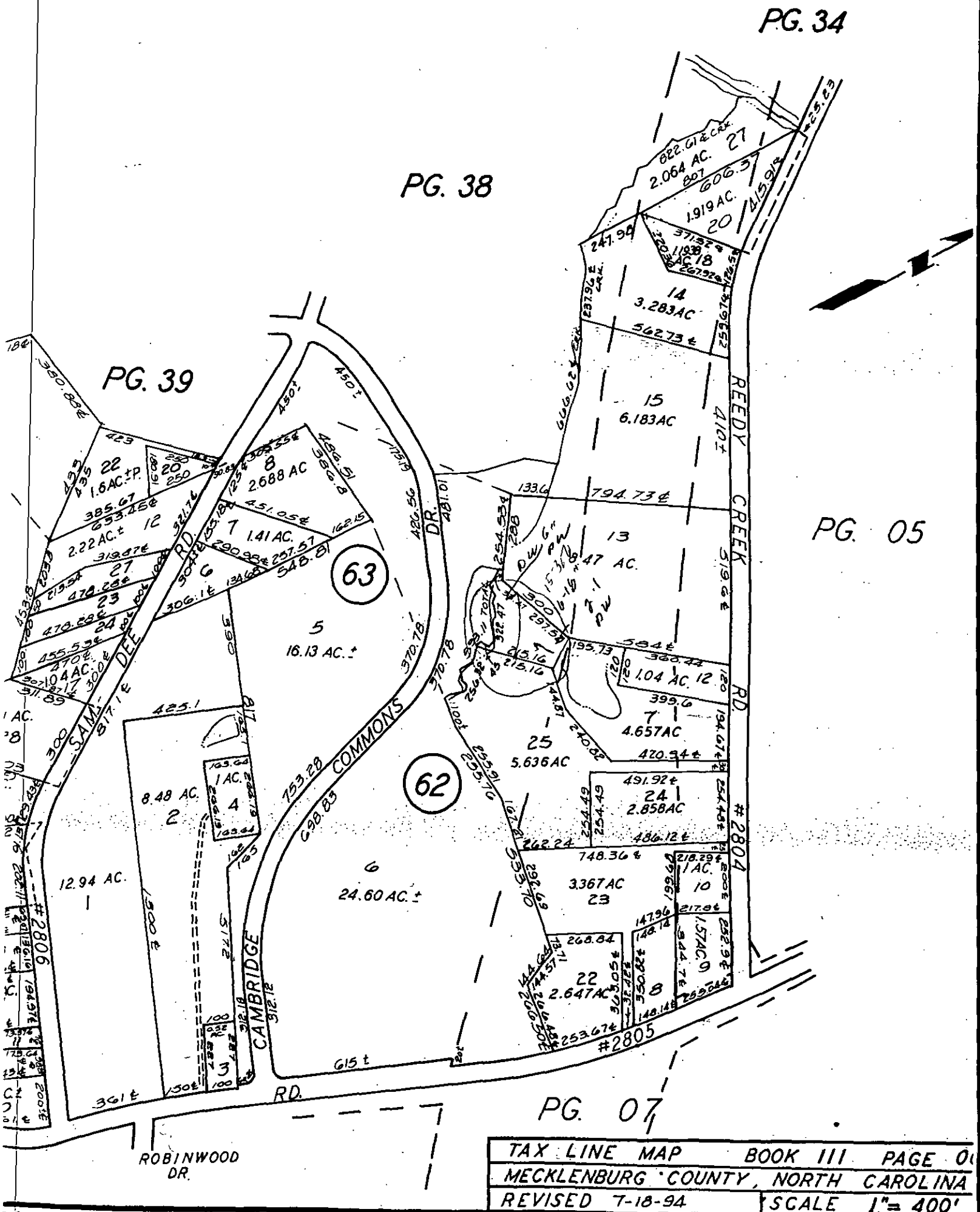
Date: 10-16-94



***** 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 15-30%	S PS (U) Depression/Floodplain	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Excessive clay	S (PS) U sandy clay	S PS U Loam	S PS U	S PS U	S PS U
Structure	S (PS) U weak sub & blocky	S PS U weak	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) 18-20" to saturation	S PS (U) 6-9" to saturation	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 16-18"	S PS (U) 18-20"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	S PS U	S PS U	S PS U	S PS U
(specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Series not determined	Depression/ Floodplain				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U



TAX LINE MAP	BOOK 111 PAGE 0
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 7-18-94	SCALE 1"= 400'

OSES ONLY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20486

File: 3322 B Action 3

Parcel: PT 111 [illegible] ☐ PC

Location: Rocky Creek Road

Subdivision:

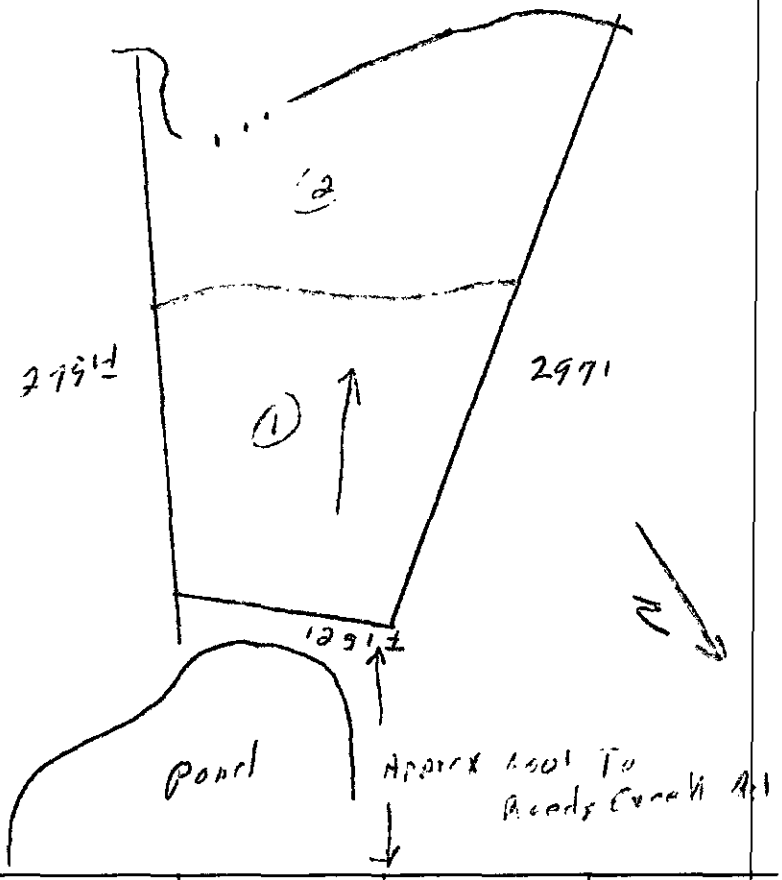
Lot: Block: Acres: Approx. 1.0

Owner: [illegible] Hughes
Address: 6115 Rocky Creek Rd.
Charlotte, N.C. 28214

Comments: 1 ± Acres

Described by: William A. Marks

Date: 10-10-94



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
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FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 15-30%	S PS (U) Depressional/Floodplain	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S (PS) U sandy clay	S PS U Loam	S PS U	S PS U	S PS U
Structure	S (PS) U weak sub & Blocky	S (PS) U weak	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) 18-20" To saturation	S PS (U) 6-8" To saturation	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-19"	S PS (U) 18-20"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	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	Series Not Determined	Depressional/ Floodplain				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

February 14, 1995

Ernest Hagler
8115 Reedy Creek Road
Charlotte, NC 28215

Re: Reedy Creek Road
File: 3322B (tax parcel 111-062-07PO)

Dear Mr. Hagler:

Receipt of the plans and specifications for a ground absorption system of sewage disposal for the property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a soil/site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A,.2900. "Laws and Rules for Sanitary Sewage College, Treatment and Disposal".

The results of the evaluation, a copy of which is attached, indicate that the site is **UNSUITABLE** for installation of a ground absorption sewage system for the following reasons:

.1941 SOIL CHARACTERISTICS (MORPHOLOGY)
(3)(B) Expansive Clay Mineralogy-Soils which have either very firm or extremely firm moist soil consistence, or have either very sticky or very plastic wet soil consistence, are considered to have predominantly 2:1 clay minerals (including mixed mineralogy clays) and shall be considered UNSUITABLE as to clay mineralogy.

.1942 SOIL WETNESS CONDITIONS
(a) Soil wetness conditions as shallow as 18 - 20 inches from soil surface.

.1943 SOIL DEPTH
(a) Soil depth-saprolite 10 - 24 inches deep from soil surface.

Due to the limitations on your site, this Department is not aware of any modifications or alternative measures that can be implemented to upgrade the classification from "UNSUITABLE" to "PROVISIONALLY SUITABLE." Your application for an improvement permit must, therefore, be denied.

You have the right to an informal review of this decision by the environmental health supervisor of this health department and also by the regional staff of the Department of Environment, Health, and Natural Resources. You should contact the health department to arrange for this further review.

You may also wish to obtain the services of a private consultant to collect site-specific data and submit such data and a system design to the health department for technical review. A site may be reclassified to provisionally suitable provided written documentation, including engineering, hydrogeologic, geologic, or soil studies indicates to the local health department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

The substantiating data from these studies must indicate that:

A. The effluent (wastewater) will receive adequate treatment;

B. The effluent (wastewater) will not contaminate any ground water or surface water; and

C The effluent (wastewater) will not be exposed on the ground surface or be discharged to surface waters where it could come into contact with people, animals or vectors.

Finally, you have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of administrative Hearings, P. O. Drawer 27447, Raleigh, N. C. 27611-7447. A copy of a petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within 60 days after the date of this notice. The hearing will be held in the county in which your property is located.

If you file a petition for a hearing, you must send a copy of the petition to Mr. John C. Hunter, Office of General Counsel, P.O. Box 27687, Raleigh, North Carolina 27611-7687.

Please call 336-5570 or write this office if you have questions or need additional assistance.

Sincerely,

Philo S. Walker R.S.

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

Enclosure

cc: Rodney Ladd

MECKLENBURG COUNTY HEALTH DEPARTMENT 4600
SITE EVALUATION REPORT
SERIAL NUMBER 20597

File: 33228 Action 3

Parcel: PO 111-062-07 ☐ PC

Location: Reedy Creek Road

Subdivision:

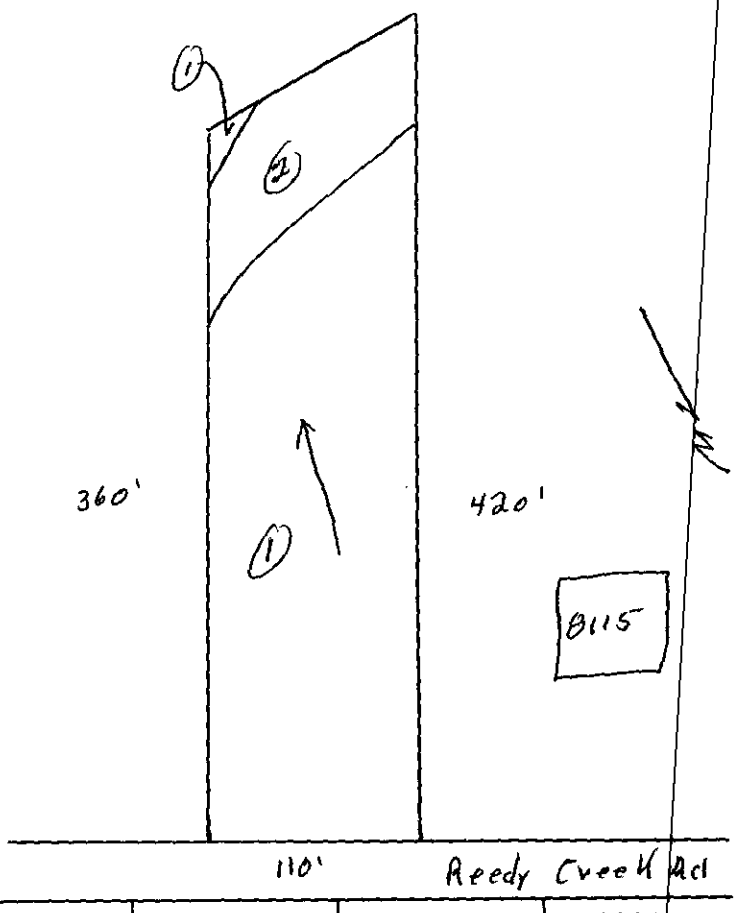
Lot: Block: Acres: 1.0

Owner: Ernest Hagler
Address: 8115 Reedy Creek Road
Charlotte, N.C. 28215

Comments: 100% Repair

Described by: William R. Marlin

Date: 2-6-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
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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) Drainageway/ Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36" to soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-16"	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	Series Not Determined	Drainageway/ Depression				
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

"Optional Site"

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3322B

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: Ladd (last) Rodney (first) D (mi)
ADDRESS: 9525 Woodbeam Ct PHONE: (704) 573-1602
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 11/06/07

PROPERTY OWNER:
NAME: Hagler (last) Ernest (first) (mi)
ADDRESS: 8115 Reedy Cr. Rd PHONE: (704) 537-4632 28215
CITY: Charlotte STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11106207 PO
STREET ADDRESS: Reedy Creek Road
ZONING: R

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): 1 Acre

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)
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[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, ch
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (N)
[ ] DOUBLE WIDE (D) [ ] MODULAR

MS: 3 NUMBER OCCUPANTS: 4

FICATION:

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

(check one):
ity (C) [ ] Shared Well (S)
pal (M) [ ] Other 'spring' (O)
e Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITION
[ ] Swimming Pool [ ] Jacuzzi
[ ] Garage [ ] Storage

None
] Other

The undersigned, owner, or legal age
foregoing application, acknowledges the
DEPARTMENT to enter onto the property f

as the "JOB LOCATION" has read the
nts of the MECKLENBURG COUNTY HEALTH

Signed: [signature]

mail
Disapproval
letter

NOTICE:

es that the Department has approved the
accordance with the provisions of Laws
of issuance of the permit and is subject

The undersigned, an authorized agent of
the Request for the Job Location contained
And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time
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.

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soil depth
Expansive Clay

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

...

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12

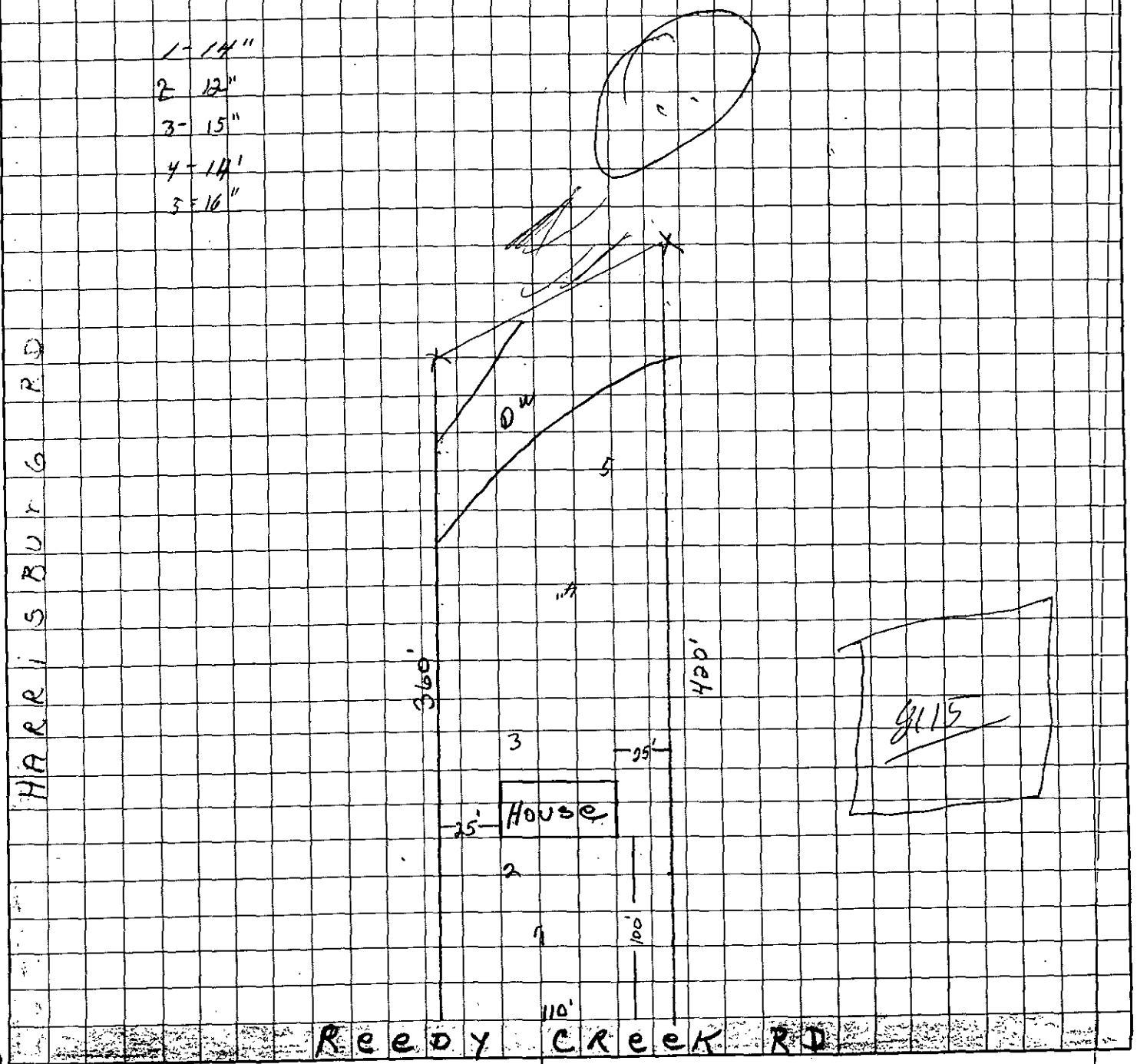
PROPOSED PLOT PLAN

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

FILE: 3322B

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 _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20597

File: 33 [illegible] 6 Action [illegible]

Parcel: [illegible] ☐ PC

Location: Lady Creek Acres

Subdivision:

Lot: Block: Acres: 1.0

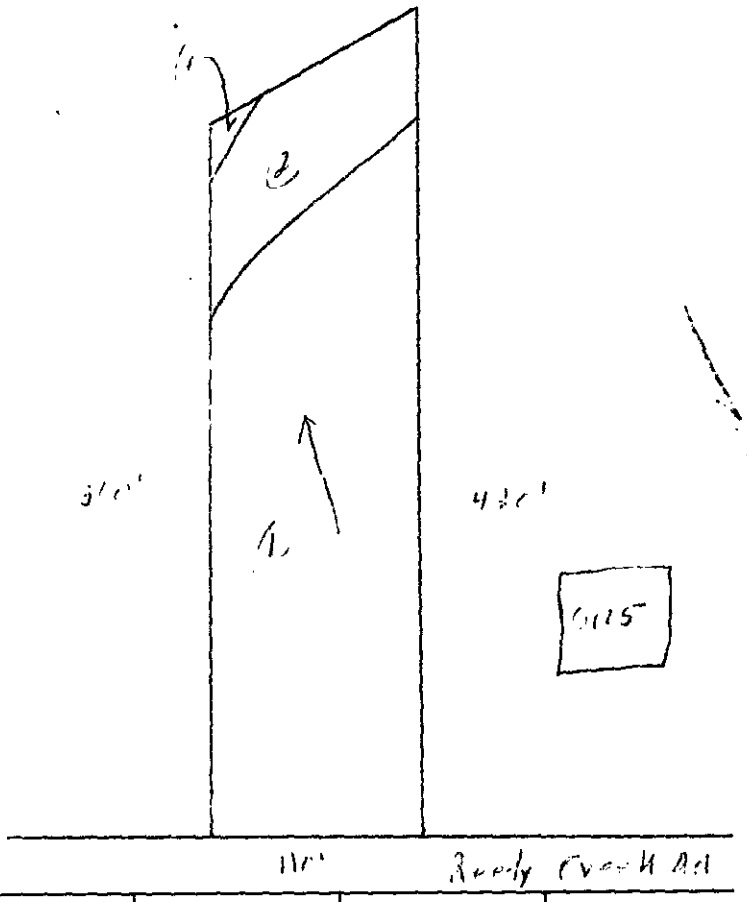
Owner: [illegible]

Address: [illegible]

Comments: [illegible]

Described by: William J. Martin

Date: 2-6-95



***** 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) Drainageway/Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive 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 Tight 20" water t.	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-14"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 20"	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	Series not determined	Drainageway/ Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

"Official Site"

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$175.00 Ck. #1801 1/9/95 Ck. #5432 ☐ CRT

3322B

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: Ladd (last) Rodney (first) D (mi)

ADDRESS: 9525 Woodbeam Ct PHONE: (704) 573-1607

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 11/06/207

PROPERTY OWNER:

NAME: Hagler (last) Ernest (first) (mi)

ADDRESS: ~~8115~~ 8121 Reedy Cr. Rd PHONE: (704) 537-4632 28215

CITY: Charlotte STATE: NC ZIPCODE: ~~28205~~

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 11106207 PO

STREET ADDRESS: Reedy Creek Road

ZONING: R

Township (check one):
☒ 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): 1 Acre

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (D)
☒ 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)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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

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: Rodney Ladd Date: 1-4-95

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.

...

☐ 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

WATER : 12279

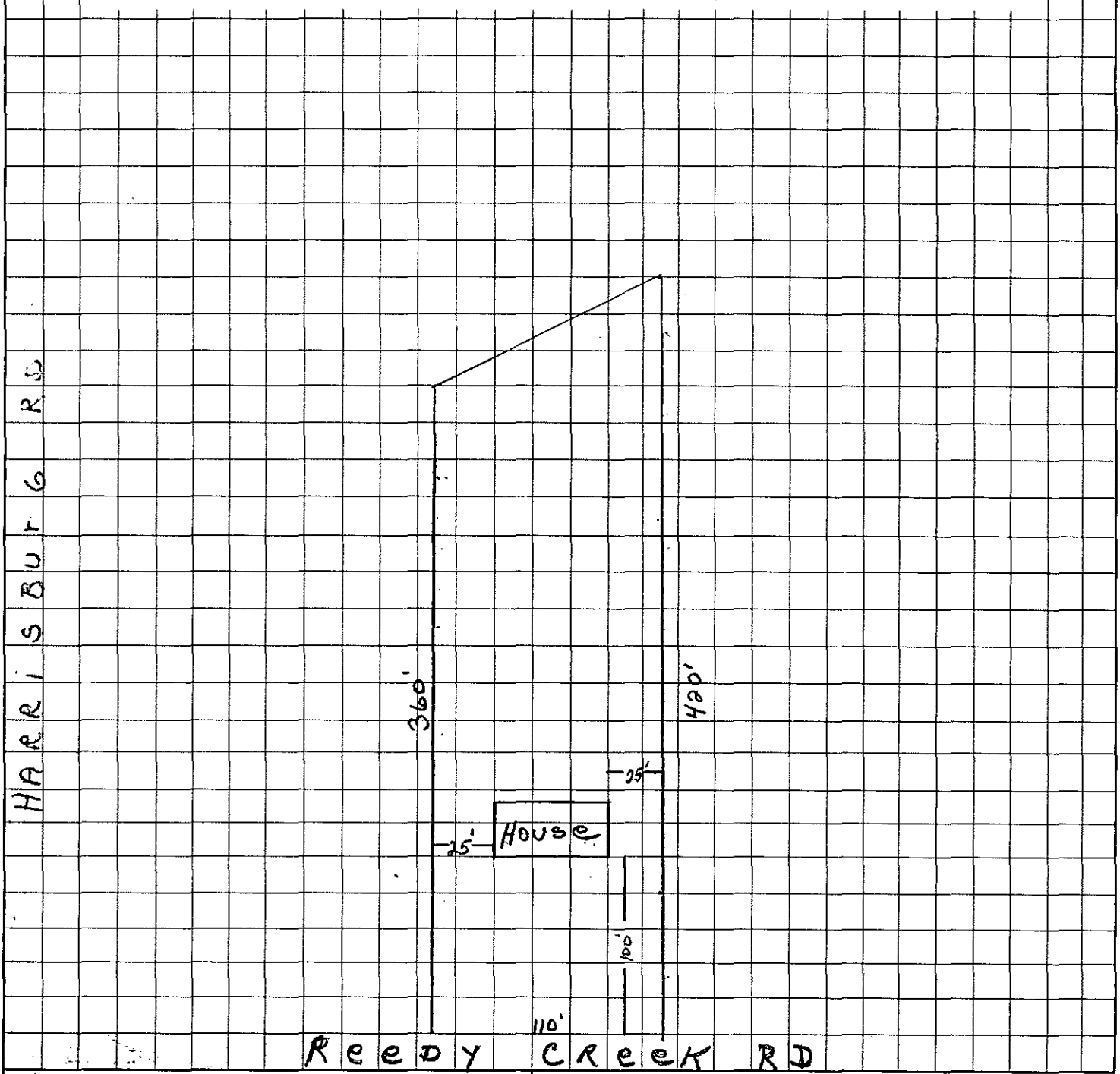
PROPOSED PLOT PLAN

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

FILE: 3322B

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 _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20486

File: 33228 Action 3

Parcel: PO 111-062-07 ☐ PC

Location: Reedy Creek Road

Subdivision:

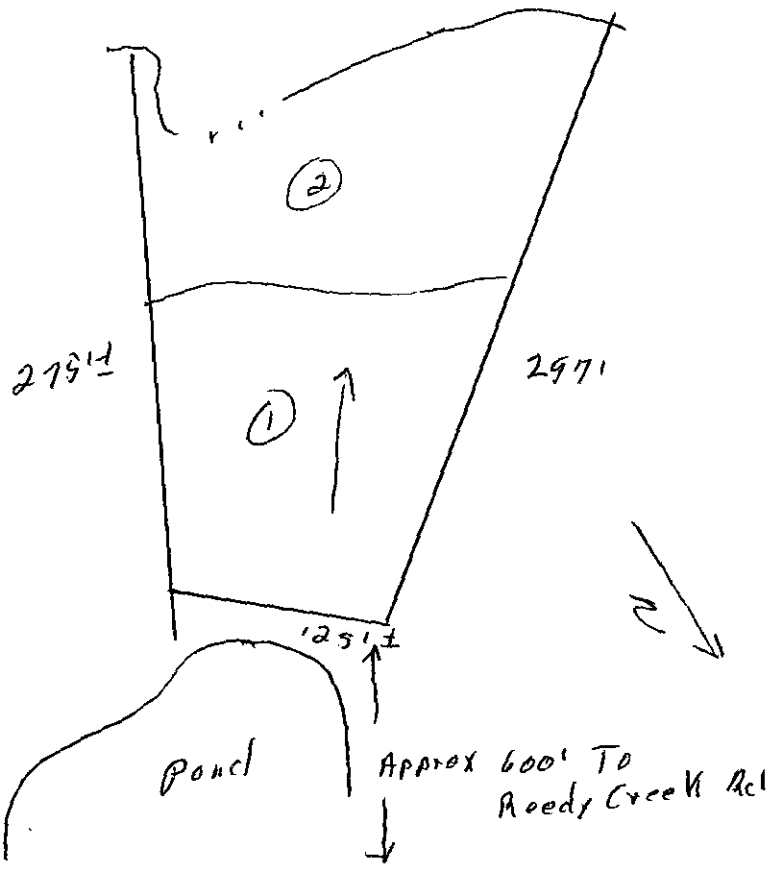
Lot: Block: Acres: Approx, 1.0

Owner: Ernest Hagler
Address: 8115 Reedy Creek Rd.
Charlotte, N.C. 28215

Comments: 100% Repair

Described by: William A. Marlin

Date: 10-10-94



***** 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 15-30%	S PS (U) Depression/Floodplain	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S (PS) U sandy clay	S PS U Loam	S PS U	S PS U	S PS U
Structure	S (PS) U weak sub ∠ Blocky	S (PS) U weak	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) 18-20" To soil wetness	S PS (U) 6-9" To soil wetness	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 16-18"	S PS (U) 16-20"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	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	Series Not Determined	Depression/ Floodplain				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

3322B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #150 10/3/94 Ck.# 473

[] 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: Ladd (last) Rodney (first) D (mi)

ADDRESS: 9525 Wood Baron Ct PHONE: (704) 573-1607

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 9-27-94

PROPERTY OWNER:

NAME: Hagler (last) Ernest (first) W (mi)

ADDRESS: 8115 Reedy Cr. Rd PHONE: (704) 537-4632

CITY: Charlotte STATE: NC ZIPCODE: 282

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-06207 10

STREET ADDRESS: [redacted] Reedy Cr. Rd

Charlotte NC

ZONING: R

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):

[X] 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: 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: Rodney Ladd Date: 9-30-94

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.

...

[] 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

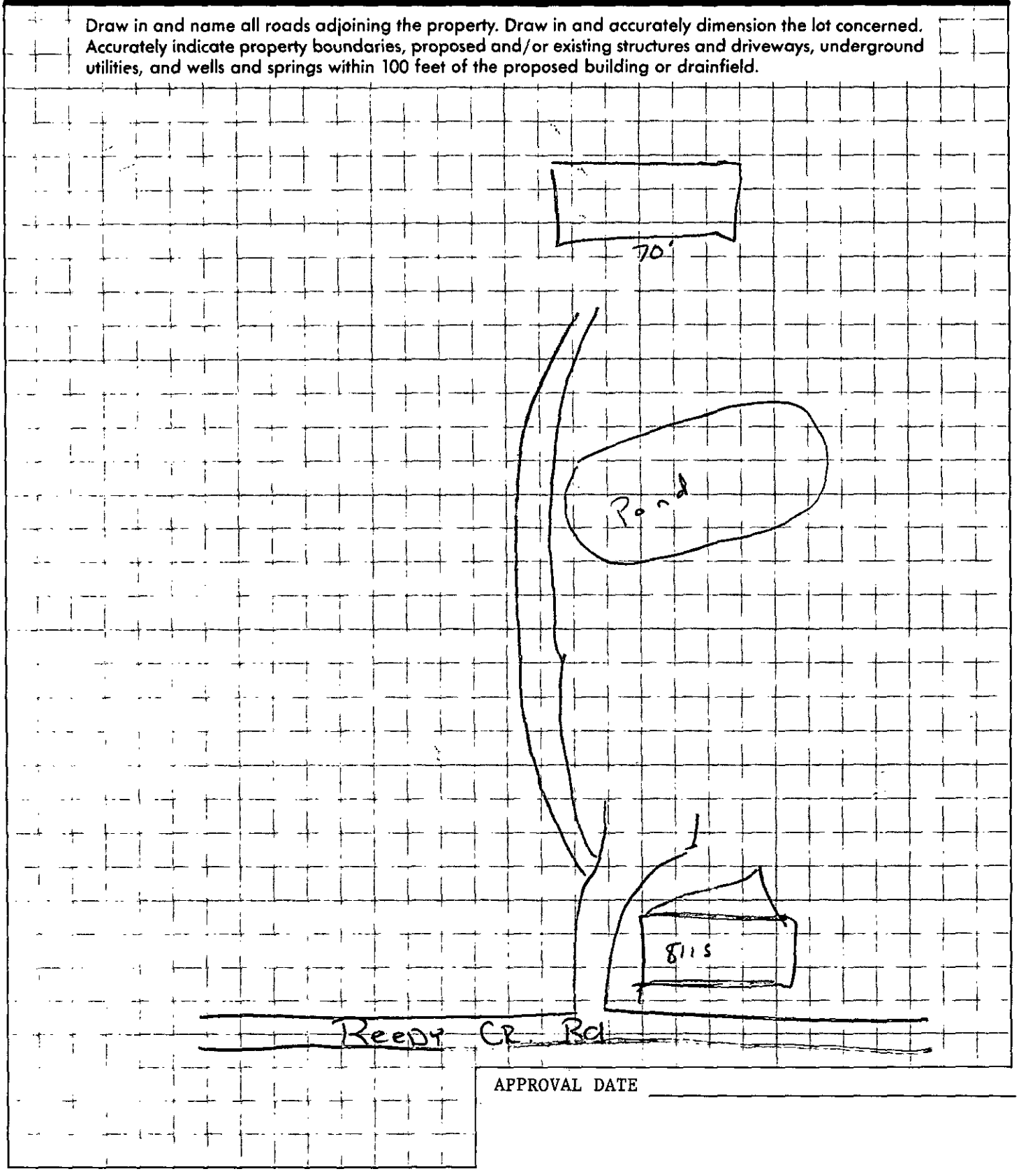
PROPOSED PLOT PLAN

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

FILE: 3322B

TC: 111-062-07

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