Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

Service Request Information

Request Number: **17859**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 10/13/10 10:29:29 AM
Submitted To: MICHAEL, JEREMY

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: MICHAEL, JEREMY

Incident Location

Problem Address: **10318 EDWARD'S PLACE, CHARLOTTE, 28227**

Requesting Party Information

First Name	Last Name	Address		
GARY	MURPHY	10318 EDWARD'S PLACE	CHARLOTTE	28227

Home Phone	Work Phone	Other Phone
(704) 531-6815	7047012755	

Question	Answer

Problem Details

Caller Details	residential pool request, septic system on property, file # 74B

Details (cont.)	residential pool request, septic system on property, file # 74B

Activity Details

Comments	

SERVICE REQUEST/WORK ORDER

Log No.: 17859 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 10/13/10 Parcel: 137-241-04 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 65545

PROPERTY CONCERNED: Name Gary Murphy

ADDRESS: 1038 Edwards Place CITY Smithfield ZIP 27577

SERVICE REQUESTED: Please check location of septic to the proposed pool location

ASSIGNED TO/ AREA: JAM COMPLETED BY:

DATE	ACTIVITY REPORT
10/13/10	File # → 74B lot 27 B1 1992
10/15/10	SEPTIC MEETS REQUIRED SETBACKS OFF POOL
10/19/10	P# 31483 - Pool approval - gc

NOTIFICATION TO REQUESTING PERSON: (✓) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Jeremy Mabry DATE 10/15/2010

REVIEWED BY: Kelly Rich DATE 10-20-10

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 10318 EDWARDS PLACE

Subdivision Name: BAINBRIDGE City: MINT HILL Zip Code: 28227

Owner: GARY MURPHY Home Phone: 704 531-6815

Mailing Address: 10318 EDWARDS PLACE Work Phone: 704 701-2755

City: MINT HILL State: NC Zip Code: 28227

Contractor: CABARRUS POOLS Phone: 704 786-7665

Mailing Address: 42 MANOR AVE City: CONCORD State/Zip: NC 28025

1. Type of Water Supply(check one): ☑ City (Municipal) ☐ Private utility (Community) ☐ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I GARY MURPHY, owner of the property, agree to the following requirements: (*Initials are required beside each item listed.*)

- I certify that the application and site drawing being submitted are accurate and complete. GTM
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. GTM
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and **completed once the pool is capable of holding water** GTM

Signed: _____ 10/11/10
Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

BOB SMITH _____ 10/12/10
NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☑ Contractor Account

Check Number: _____ Date: 10/12/10 By: _____

Contractor Charge Account: X31497

Request #: 3630 Parcel ID#: _____ EHS: Jeremy Michael

Approved By: Jeremy Michael Date: 10/15/2010 CRT: _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water.

Revised FEB 2008

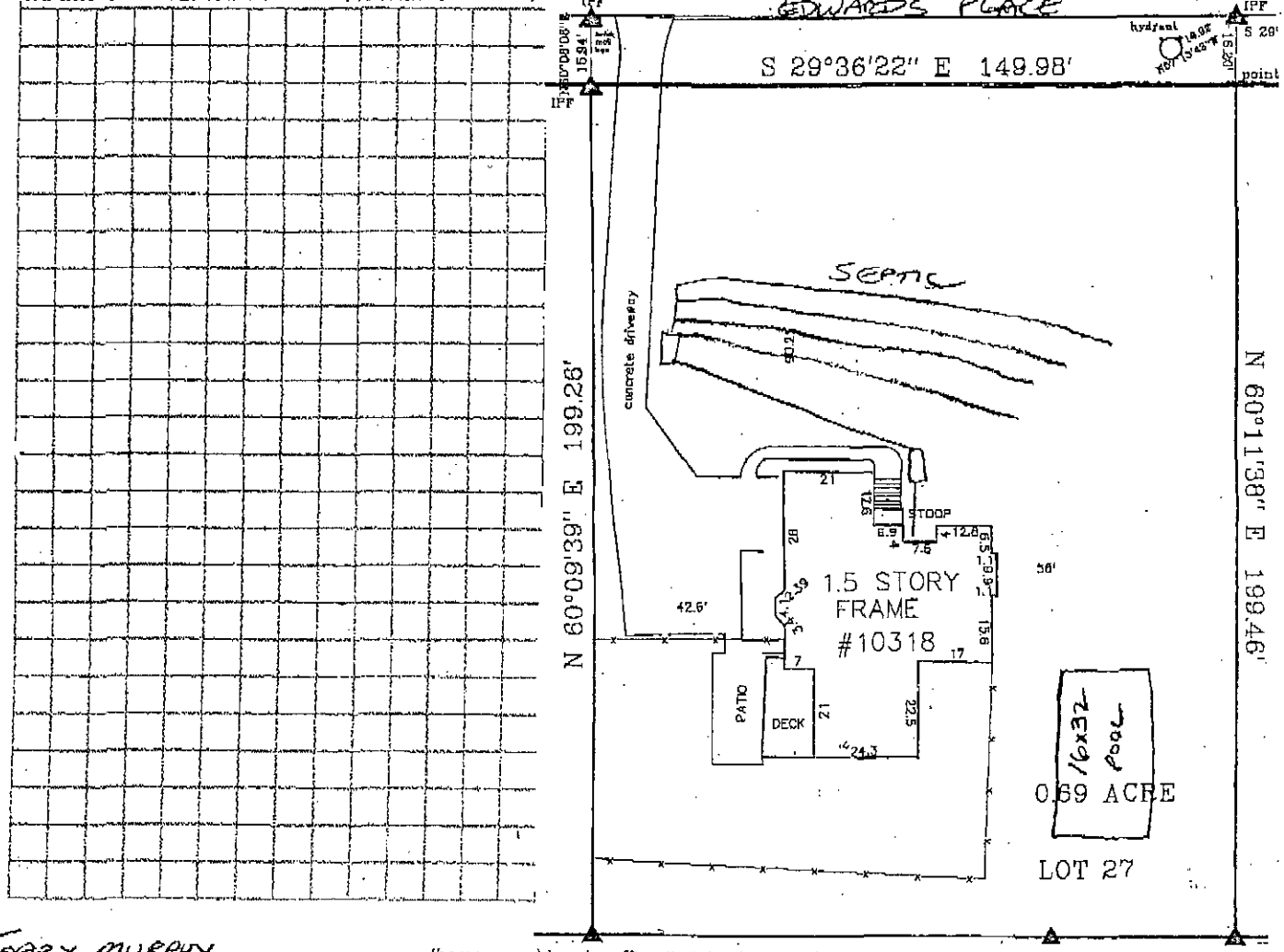
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28203
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 10318 EDWARDS PLACE MINT HILL, NC

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet), and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: X NO WELL



I, GARY MURPHY (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

Gary Murphy
HOMEOWNER SIGNATURE

10/11/10
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE:

EXEC Pd 50.00 CK#950

8-27-93 g

74B/796HA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

Date:

PERSON FILING APPLICATION:
NAME: CORD (last) LEE (first) R. (mi)
ADDRESS: 3652 PLANTATION RD PHONE: (704) 847-7778
CITY: CHARLOTTE STATE: NC ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03
STREET ADDRESS: 10318 EDWARDS PLACE
MINT HILL NC 28227
ZONING:

PROPERTY OWNER:
NAME: POOLE (last) GREGORY (first) (mi)
ADDRESS: 10318 EDWARDS PLACE PHONE: (704) 573-9875 (HOME) 523-1334 (WORK)
CITY: MINT HILL STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[X] 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 [X] Deck/Patio [] Bedrooms [X] Other GAZEBO (FUTURE)

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: Lee R. Cord Date: 8-27-93

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.

... use existing system

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

Environmentalist 8-31-93 Date

Director or Authorized Section Head 9/2/93 Date

WWATER : 122791

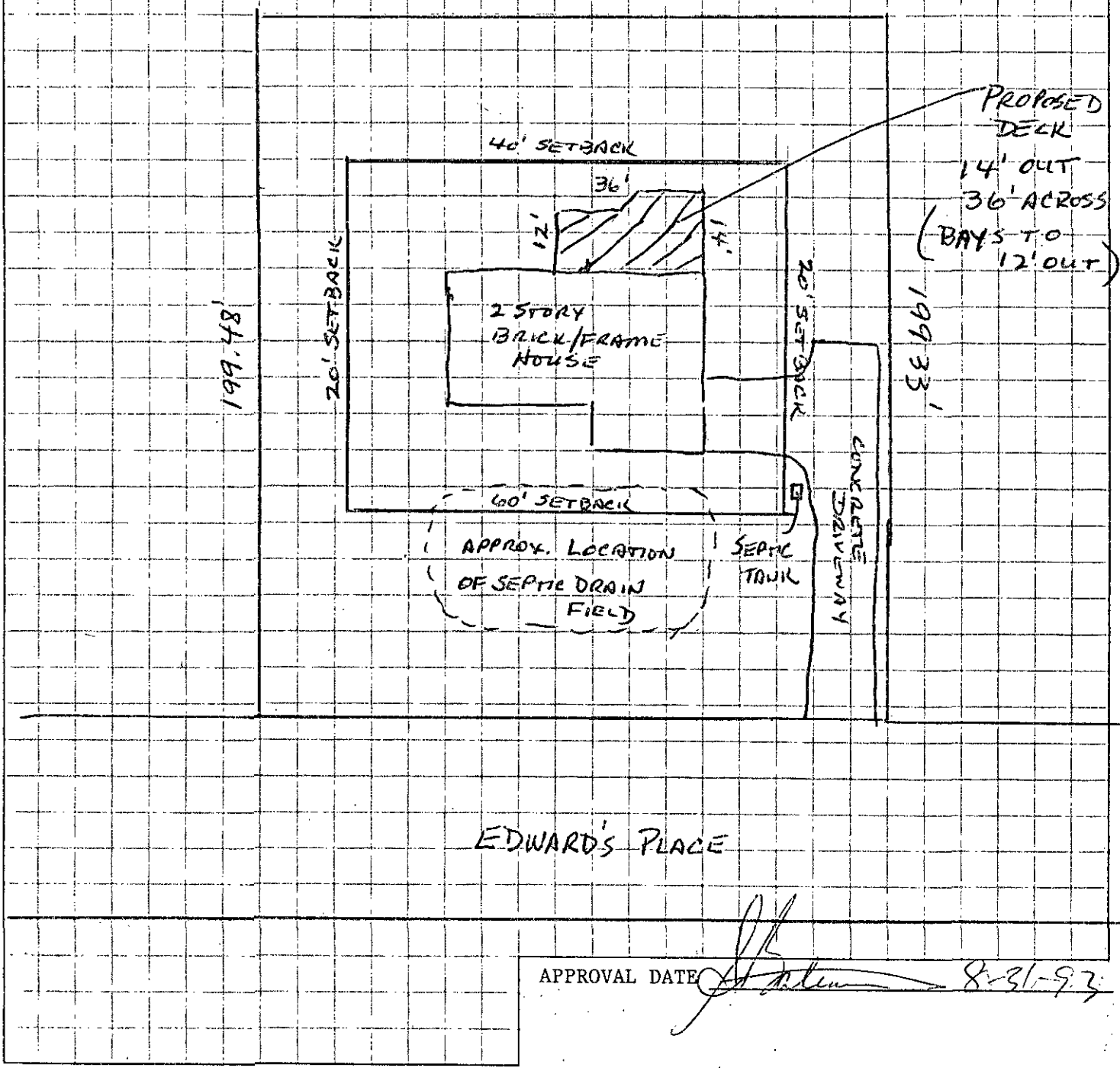
PROPOSED PLOT PLAN

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

FILE: 74B / 7964A

TC: 137-132-03pc

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 8-31-93

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

~~$440~~ 3/25/92 CK # 1822 $200

(196A)0607-4B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ PC ☒ 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: LEWIS (last) TOM (first) A (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

Date: 3-25-92

PROPERTY OWNER:
NAME: CHERRY (last) HOMES (first) (mi)
ADDRESS: 8519 FOXBRIDGE DR PHONE: (__) 846 8300
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03
STREET ADDRESS: 10318 EDWARDS PL
ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: BAINBRIDGE III

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

TYPE APPLICATION (check one):

LOT NUMBER: 27 BL1 LOT SIZE (in acres): .69

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
☒ Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] 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: Tom Lewis Date:

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 MAY BE 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 Date

Director or Authorized Section Head Date

WWATER : 122791

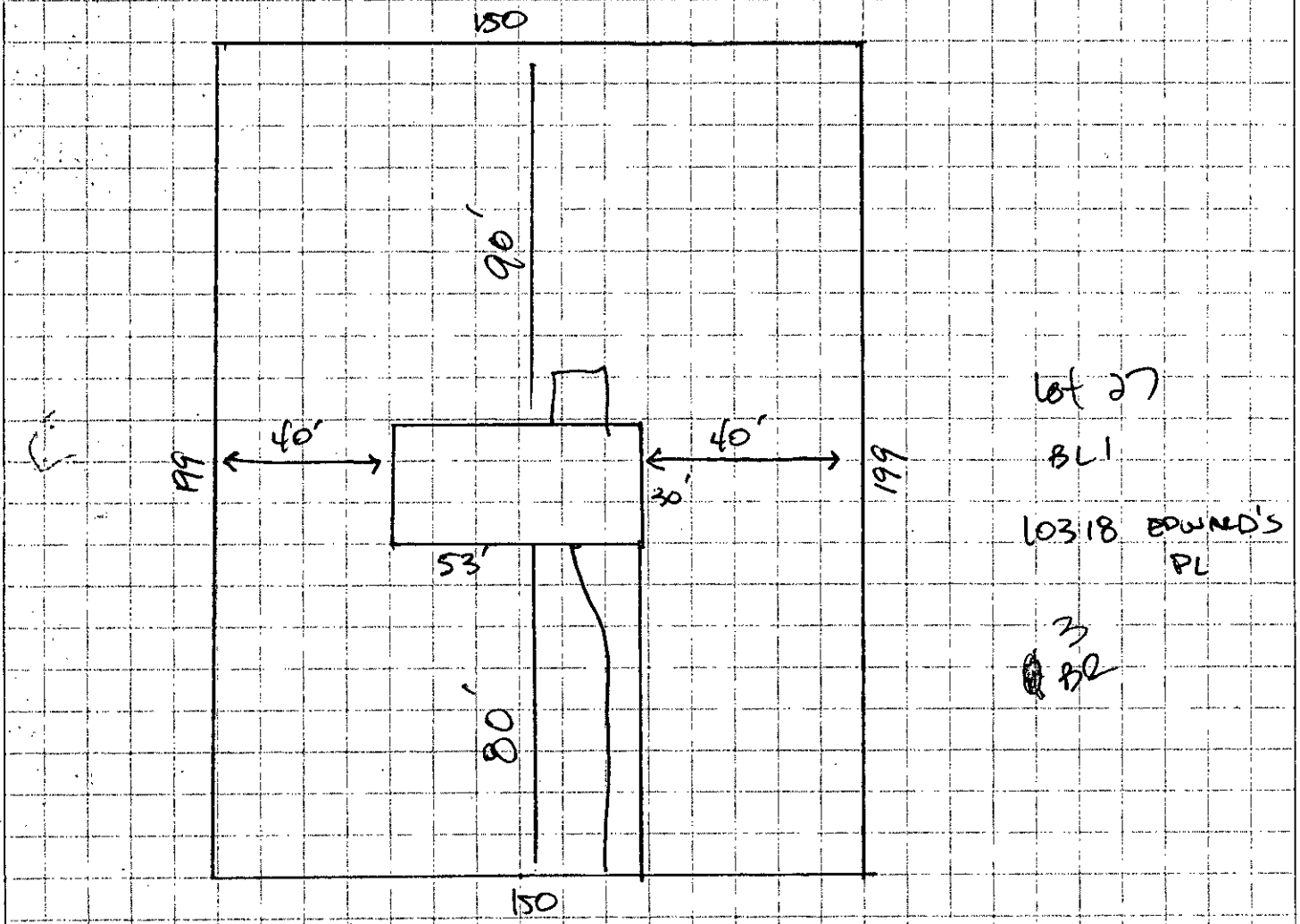
PROPOSED PLOT PLAN

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

FILE: 000748

TC: 139-132-03

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 27
BL 1
10318 EDWARD'S PL

Signed: Tom Ames

Date: 3-25-92

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

DATE 3/25/92

FROM: COUNTY ENGINEERING DEPARTMENT

FED FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 137-132-03 po

ASSIGNED ADDRESS 10318 Edward's Pl

EXISTING ADDRESS Lot 27 Blk 1

PROJECT NAME Bainbridge 3

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic

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 DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

Bainbridge Sub.

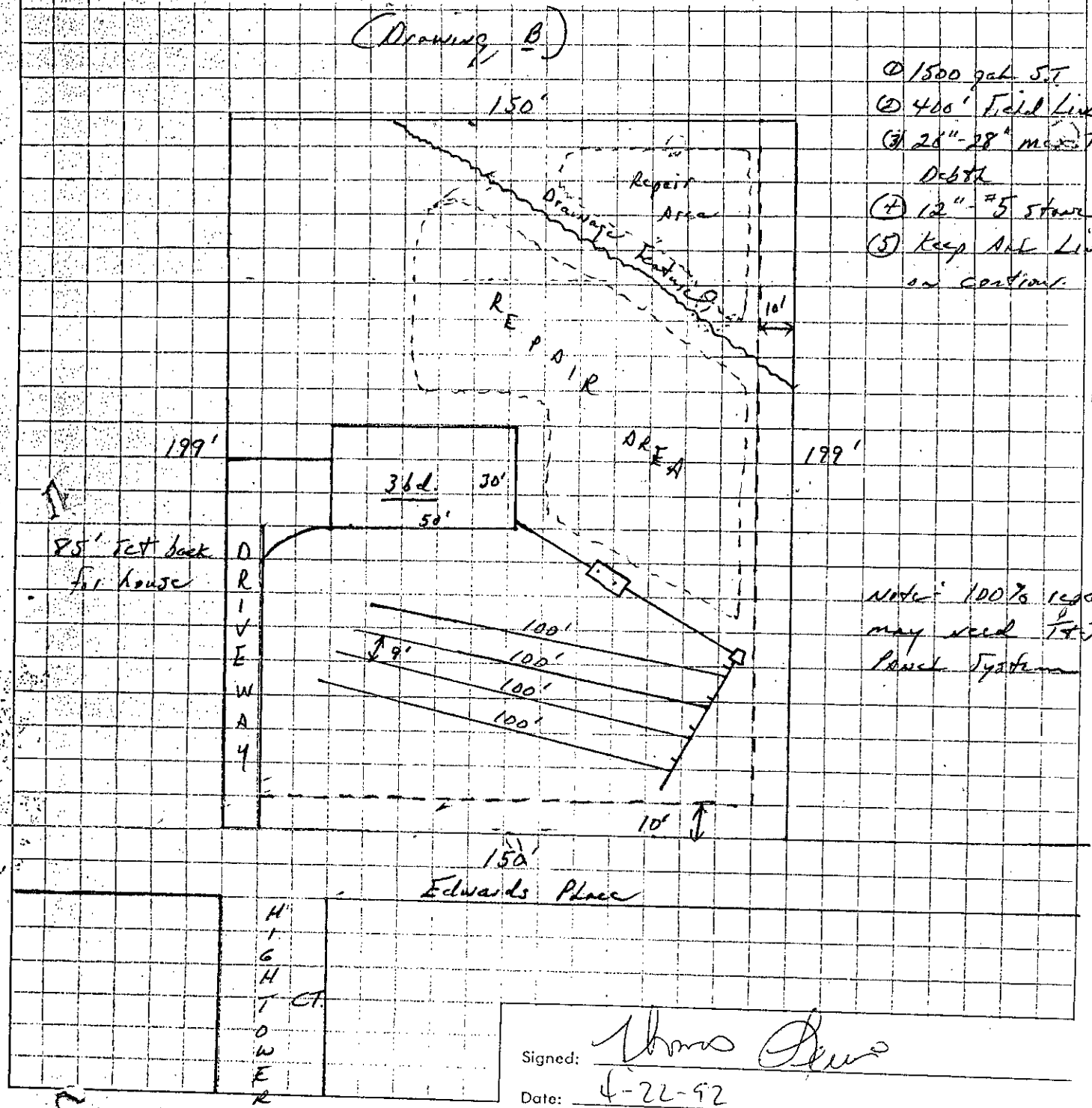
FILE: 7964-A Lot 27 BL. 1

TC:

Address: 10318 Edwards Place

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.

(Drawing B)



① 1500 gal. S.T.
② 400' Field Line
③ 24"-28" max. Trench Depth
④ 12"-#5 Stone
⑤ Keep All Lines on Contour

Note: 100% repair may need LPP System

Signed: Thomas Price

Date: 4-22-92

Scale: 1" = 40'

PROPOSED PLOT PLAN

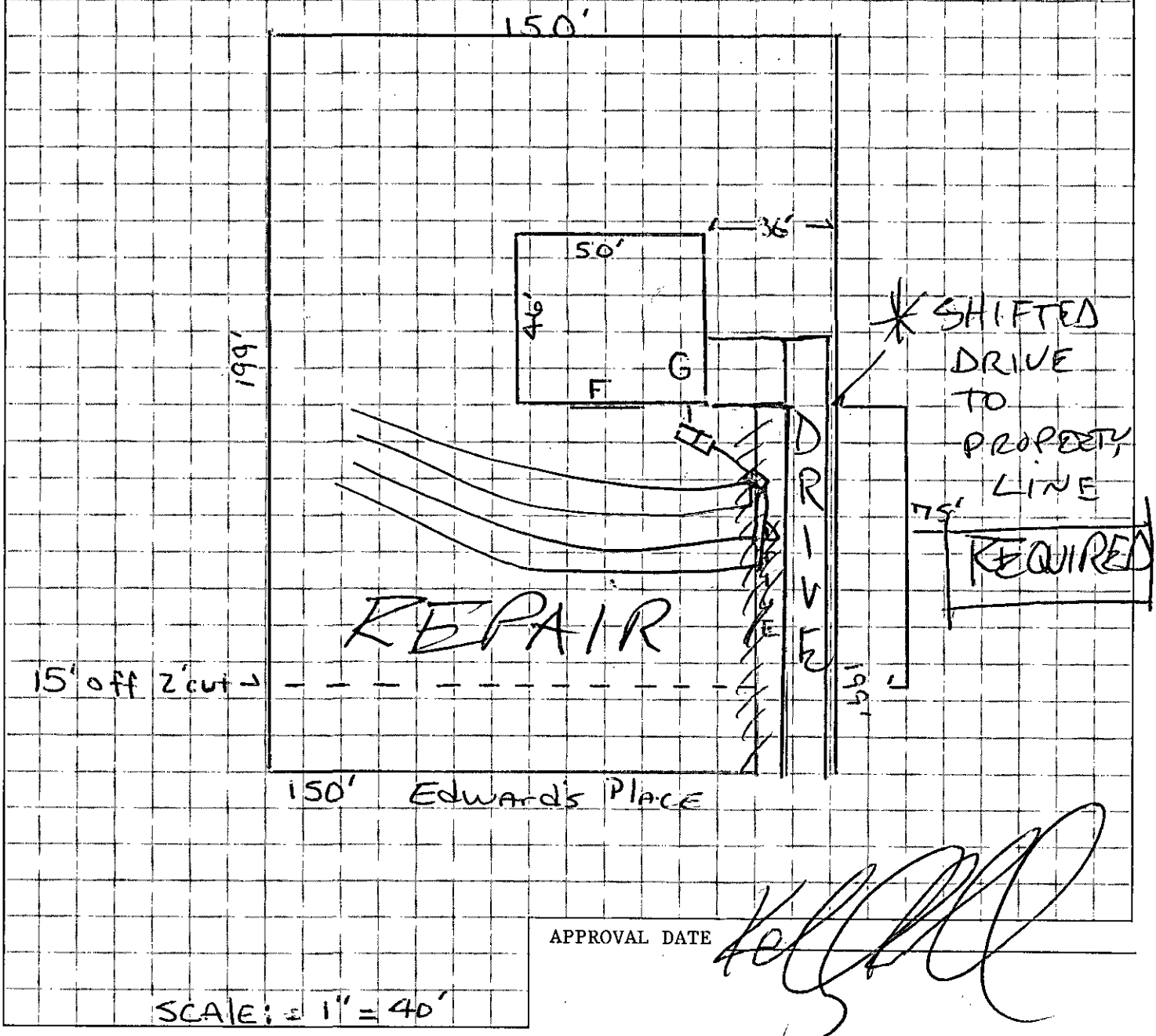
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7964-A/74B

TC: 137-132 03

Lot 27 Blk. 1

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

SCALE: 1" = 40'

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

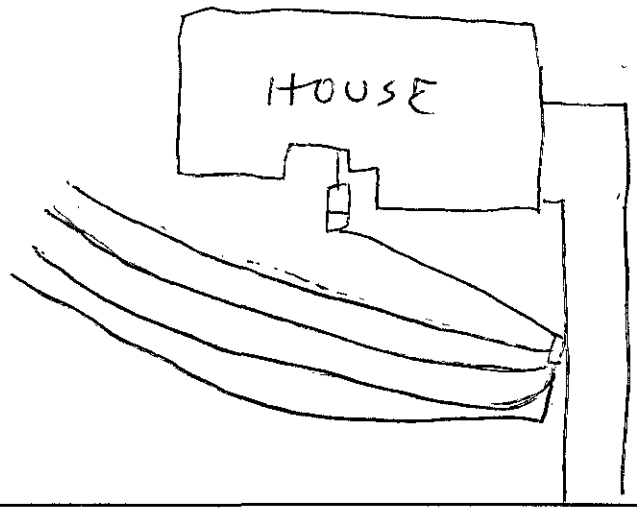
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7964-A DATE: 11-16-92

TC: 137-132-03 X ☐ L

SERIAL Nº 13504

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 _____. All work shall be completed on or before 12-16-92, 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 x 100

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 150'+ feet

NAME OF OWNER CHERRY HOMES

LOCATION OF PROPERTY 10318 EDWARDS PLACE

Comments: 4 Lines @ 100' each x 12" rock

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7964-A/7 DATE: 12-15-92
PO
TC: 137-132-03 ☐ L ☐ CRT
SERIAL Nº 15123

Name of Owner Cherry Homes Juris.:
Address of Property 10318 Edwards Rd.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 21" - 36"
Water Supply Source Comm
Distance to Water Source —
Excavation Inspected 12-15-92
Tank(s) Inspected 12-15-92
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1992, 1500ST, CON, 1200SFT, 12G, Cecil CTR# 113

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: Installed as permitted for 3 bedrooms
Power & gas lines installed in septic field.
Type II System

B. R. Ferguson
Environmentalist

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

APPLICATION FOR SOIL INVESTIGATION

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

005

(OFFICE USE ONLY)

FILE: 7964A (74B)

TC: 137 - 132 -03

☑ PC ☐ REPT

$50.00 CK#2908 11/04/92

JOB LOCATION

① ADDRESS: 10318 Edward's Place Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 27 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03

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

OWNER

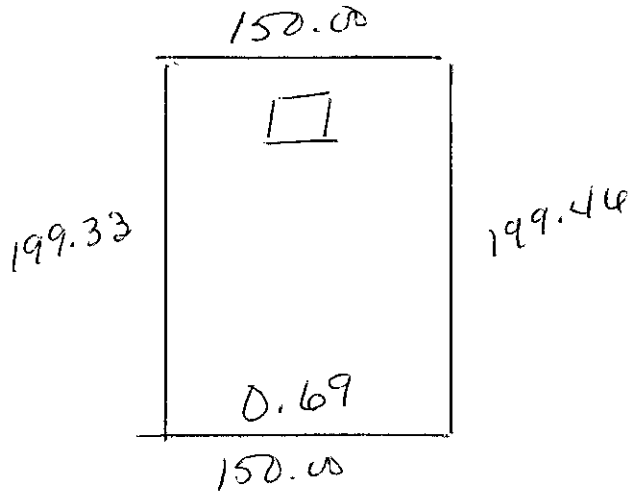
⑦ NAME: Dan (FIRST) A (MIDDLE) Moser (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan A Moser

Date: 11 9 92

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12435

File: 796HA / 14B Action 1

Parcel: 20 13 7-132-03 ☐ PC

Location: 10318 Edwards Place

Subdivision: Bainbridge III

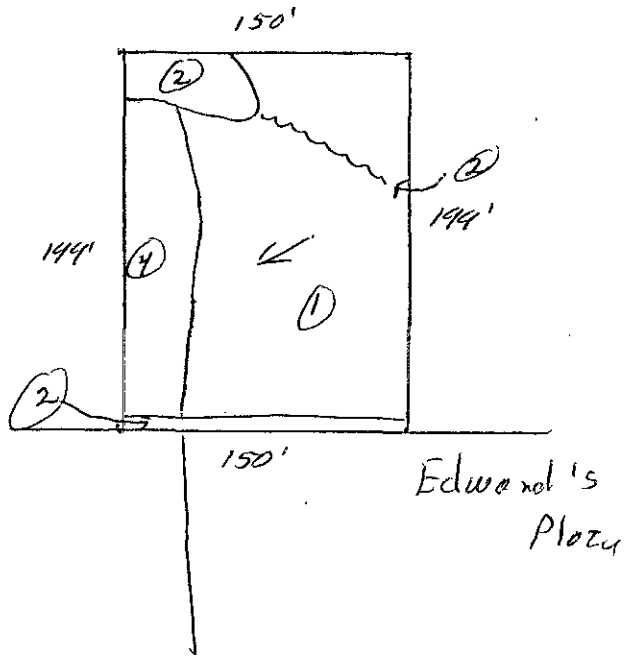
Lot: 217 Block: 1 Acres: .69

Owner: Dan L. Moser
Address: 2101 Sardis Rd. N. #110
Charlotte, N.C. 28270

Comments: 100% Repair

Described by: William A. Marks

Date: 2-12-92



***** 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) 72' cut	S PS (U) complex slopes	(S) PS U 6-12%	S PS U	S PS U
Texture slightly Expansive Clay	S (PS) U	S PS U	S PS U	S (PS) U slightly Expansive clay	S PS U	S PS U
Structure	S (PS) U subblocky	S PS U	S PS U	S (PS) U subblocky	S PS U	S PS U
Drainage	S (PS) U 7-40" To water	S PS U	S PS U	S (PS) U 7-36" To water	S PS U	S PS U
Depth	S (PS) U 7-40"	S PS U	S PS U	S PS (U) 15-30"	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S (PS) U 7-36"	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil/Ilo	72' cut	complex slopes	IV Pacolet-Lilo		
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 13th, 1992

Dan L. Moser
2101 Sardis Road North #110
Charlotte, NC 28227

RE: Property located at 10318 Edward's Place 27/1
FILE: 7964A /748
PARCEL: 137-132-03PO

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 12435) 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