

GALLOWAY ROAD

12/19/2007

duponbj

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

Mecklenburg County

Health Department

400

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

July 15, 1993

Mr. Robert C. Haire
P. O. Box 171
Pineville, NC 28134

RE: Property located at Galloway Road
FILE: 1097B/9069A
PARCEL: 029-011-01

Dear Mr. Haire:

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 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 19419) 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-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randal

Kelly Randal, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19419

File: 10978/9069A Action 3

Parcel: 029-011-01 ☐ PC

Location: Galloway Road

Subdivision:

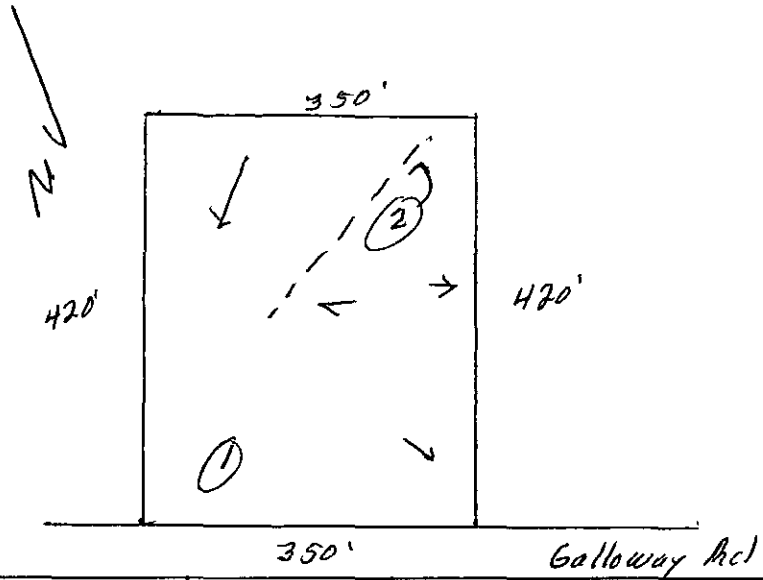
Lot: Block: Acres: 3.4

Owner: Robert C. Haire
Address: PO Box 171
Pineville, N.C. 28134

Comments: 100% Repair for each lot if property is divided

Described by: William A. Marlin

Date: 7-15-93



*** 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) Ditch	S PS U	S PS U	S PS U	S PS U
Texture Expansive clay	S PS (U)	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure Lot Sub & Blocky	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage perched water 6-1891	S PS (U)	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 236"	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	Iredell-Ike	Ditch				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19419

File: Action _____

Parcel: 021- ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

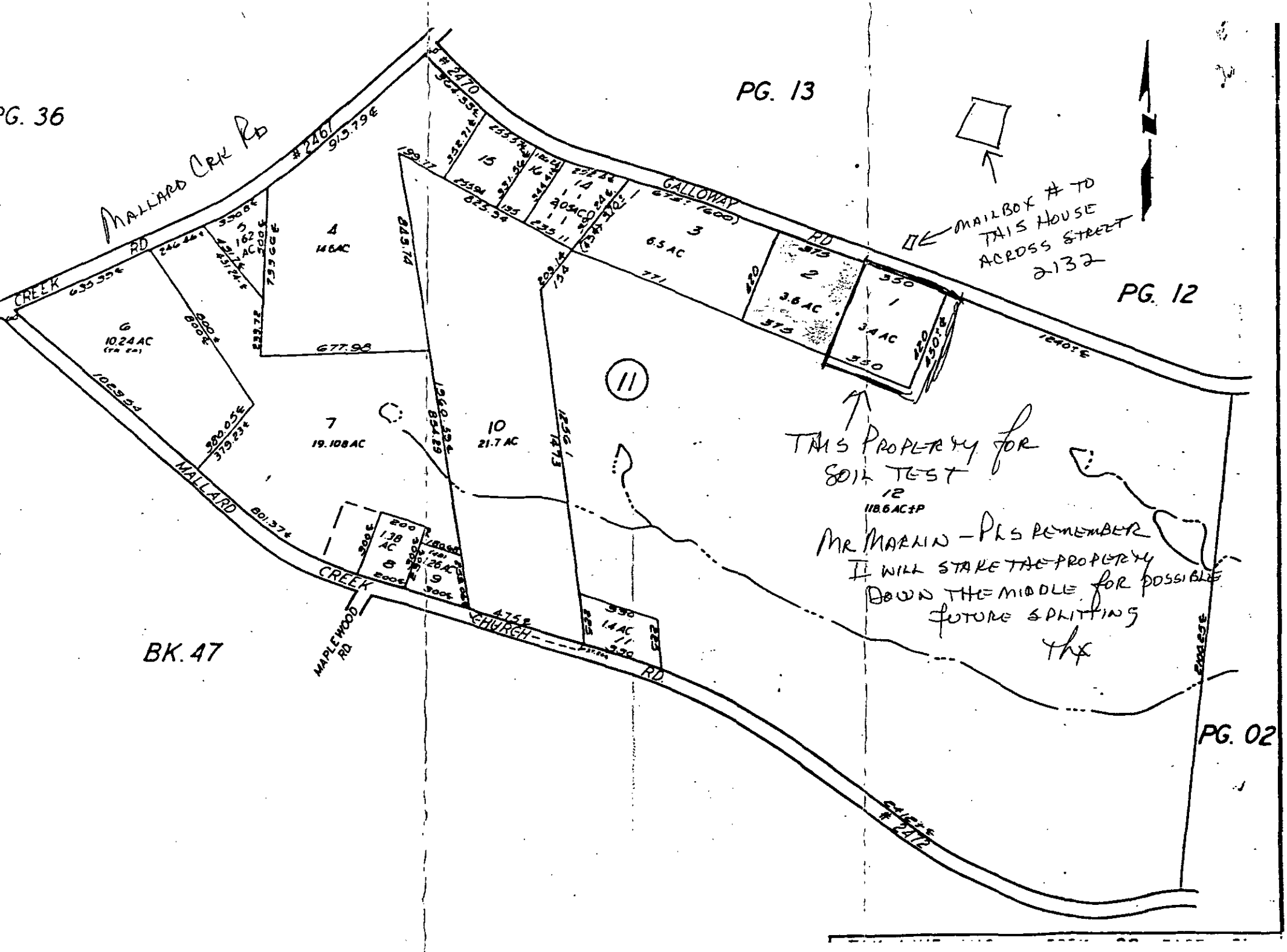
Date: _____

40CM

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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
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Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U


PG. 36
MALLARD CRK RD
2461
2470
PG. 13
GALLOWAY RD
MAILBOX # TO THIS HOUSE ACROSS STREET 2132
PG. 12
CREEK
MALLARD RD
6
10.24 AC
4
14 AC
5
1.62 AC
3
6.5 AC
2
3.6 AC
1
3.4 AC
7
19.108 AC
10
21.7 AC
11
8
1.38 AC
9
1.26 AC
12
118.6 AC ±
THIS PROPERTY FOR SOIL TEST
MR MARLIN - PLS REMEMBER IT WILL STAKE THE PROPERTY DOWN THE MIDDLE FOR POSSIBLE FUTURE SPLITTING
THX
MAPLEWOOD RD
CHURCH RD
2472
BK. 47
PG. 02

07/08/93

1097B/9069A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#0917 $175.00

[] 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

Date: 6-12-93

PERSON FILING APPLICATION:

NAME: DAUGHERTY (last) BENJAMIN (first) M (mi)

ADDRESS: 5522 WARCHMONT AV PHONE: (704) 5356766

CITY: CHAR STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 029-01-01

STREET ADDRESS: off of Galloway Rd.

ZONING:

PROPERTY OWNER:

NAME: HAIR (last) ROBERT (first) C (mi)

ADDRESS: P.O. Box 171 PHONE: (704) 8897320

CITY: PINEVILLE STATE: NC ZIPCODE: 28134

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):

[X] 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)

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: 2

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[X] 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: X Robert C. Hair, Jr. Date: 6-19-93

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.

...

[] 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 : 122791

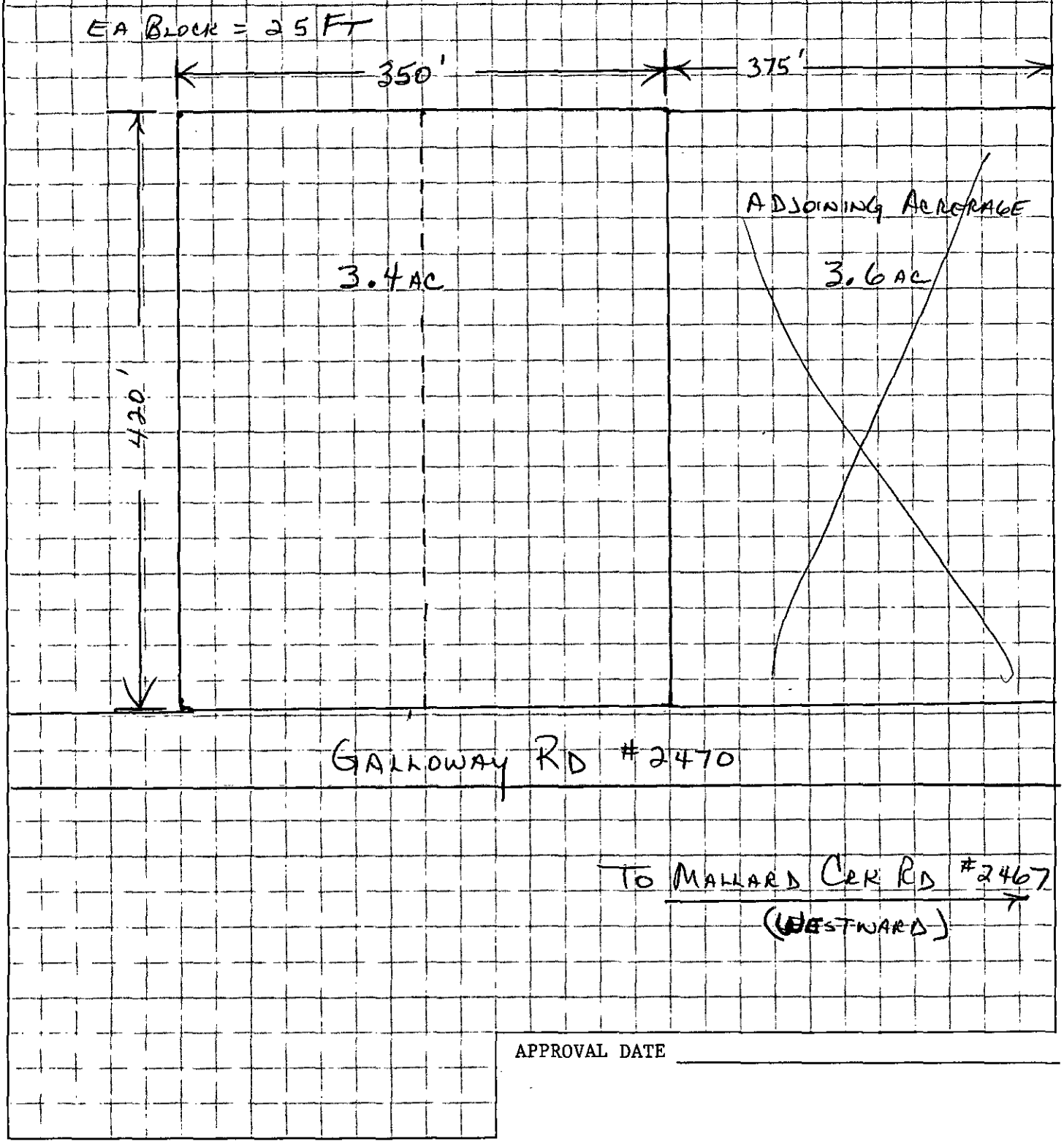
PROPOSED PLOT PLAN

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

FILE: 1097B (9069A)

TC: 029-011-01

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

STATE OF NORTH CAROLINA

Mecklenburg County

File No. 93-E-661

In The General Court Of Justice
Superior Court Division
Before The Clerk

In The Matter Of The Estate Of:

Name
Margaret Alexander Hair

SS# 248-12-0676
DOD March 18,1993

LETTERS

TESTAMENTARY

G.S. 28A-6-1

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Title Of Fiduciary Robert C. Hair, Jr.,Executor	*Date Of Qualification* March 23, 1993
Address P.O. Box 171	*Clerk Of Superior Court* Martha H. Curran
City, State, Zip Pineville, NC 28134-0171	EX OFFICIO JUDGE OF PROBATE
Name And Title Of Fiduciary	
Address	*Date Of Issuance* March 23, 1993
City, State, Zip	*Signature* Beverly P. Stutts
SEAL	☒ Deputy CSC ☐ Assistant CSC

AOC-E-403
Rev. 5/87

01/08/93

1097B/9069A

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CK# 0917 $175.00

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COPY

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_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

Water

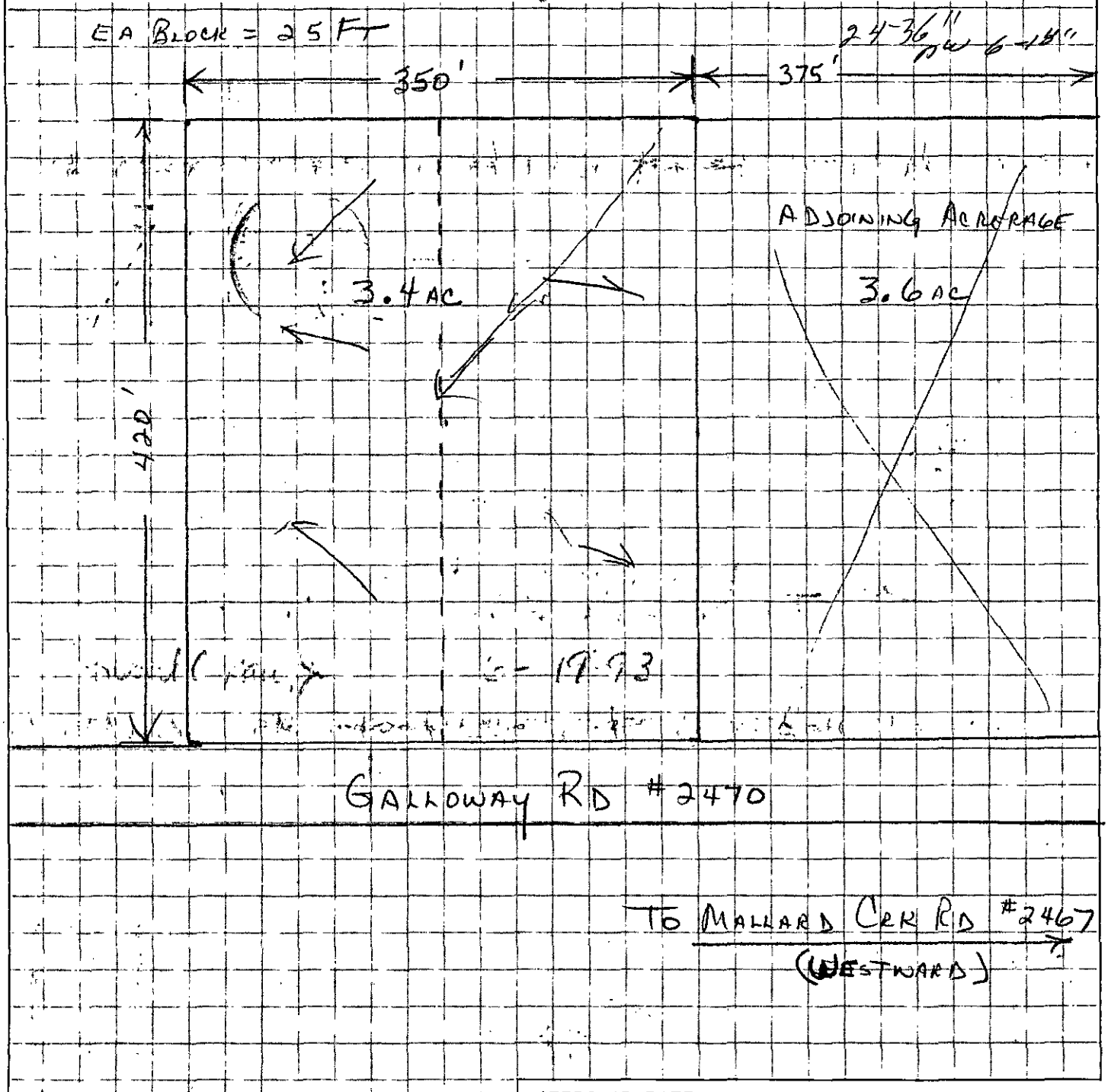
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