

1100 CULP RD

20506122

12/27/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

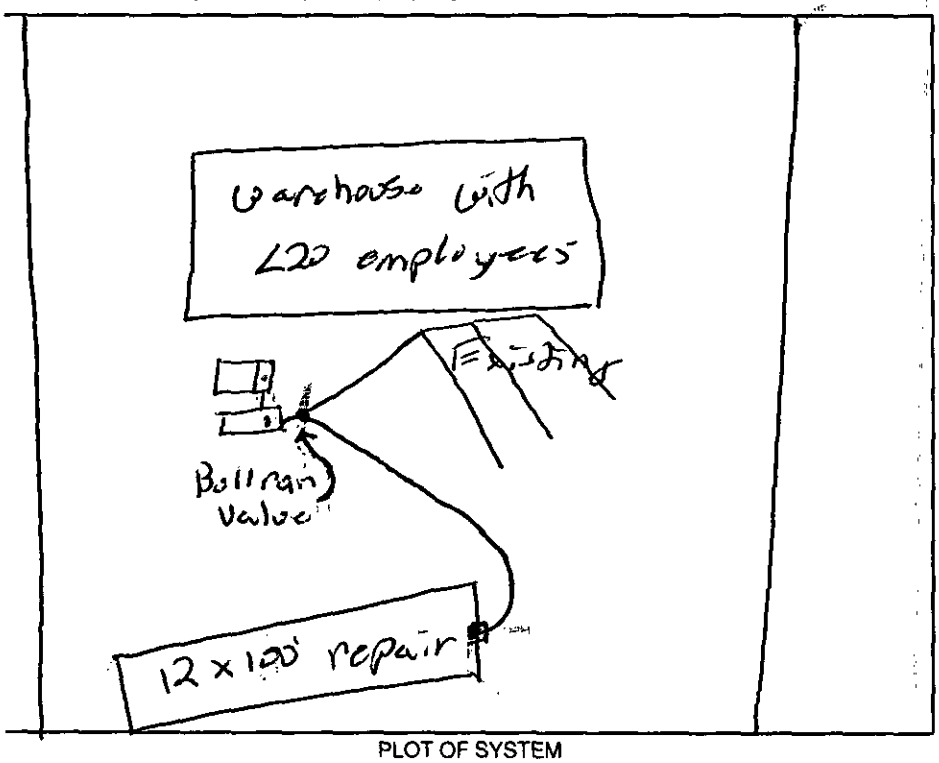
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9177A DATE: 9/16/02

TC: 225-06-122 L

SERIAL 19087

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 _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of
Septic Tank Existing gallons

Liquid Capacity of
Dosing Tank existing gallons

Tank Construction Pec

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 12' feet code

Trench Walls Scored and Porous yes

Total Line Length Bed 12' x 120' feet

Number of Lines Bed 4 @ 120'

Depth of Stone 18" inches

Distance from House >10' feet

Distance from Property Line >5' feet

Distance from Well >50' feet

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

NAME OF OWNER Hans Peiss (Interlex Carousels)

LOCATION OF PROPERTY 1100 Culp Road

Comments: Phone # 704-587-0068 for property manager

Environmental Health Specialist

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

FEE: _____

DATE: _____

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

Repair [ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 9177H

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 20506122

STREET ADDRESS: 1100 Culp Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES: ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS: ___ YES ___ NO
EASTMENTS OR RIGHT OF: ___ YES ___ NO
WELL, SPRINGS OR WATERLINES: ___ YES ___ NO
DESIGNATED WETLANDS: ___ YES ___ NO

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

28134

INTERTEX CAROUSELS CORP.
INTERTEX
W. JAMES (JIM) NIVENS
Plant/Operations Manager
704-587-0068
FAX 704-587-0079
1100 Culp Road
Pineville, NC 28134

...LY DEEDED AND RECORDED? _____

...is subject to suspension or revocation if site plans or the intended use change or if information submitted in th...ation is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 9/16/02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20068 DATE: 4/20/95

TC: 205-061-22 ☐ L ☒ CRT

SERIAL № 15751

Name of Owner JOHN G. (Jerry Blackmon) Juris.:

Address of Property 1100 Culp Rd.

Inspection Data: 3/21/94

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12"

Water Supply Source WELL IN FRONT

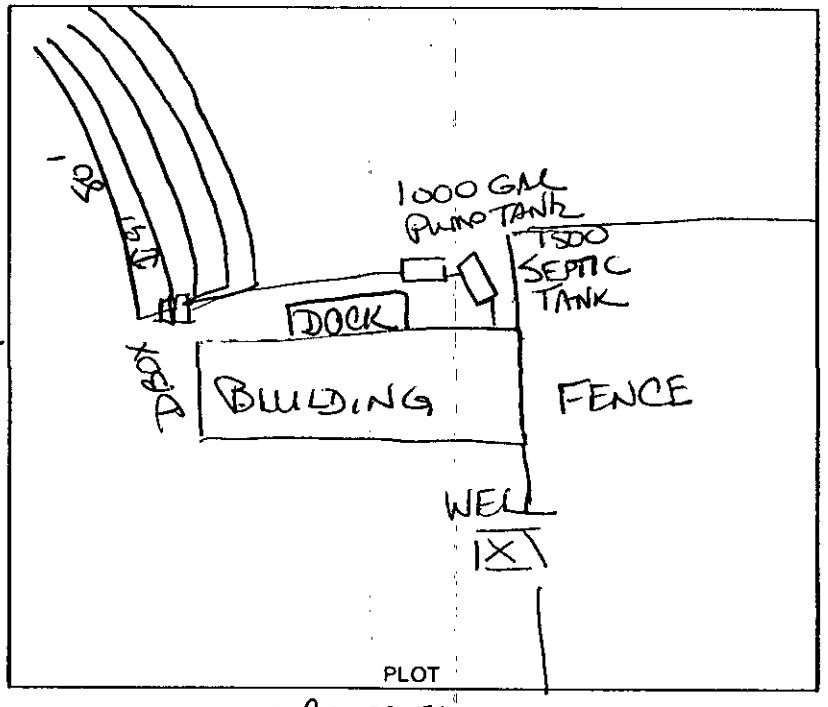
Distance to Water Source 400

Excavation Inspected 5/3/94

Tank(s) Inspected 5/3/94

Wash Line Inspected —

High Water Alarm Inspected 4/20/95



Design: 1500 ST, 1000 PT, 1200 SQFT, 12", COMPACTED CLAY SOILS CTR# STEVE LEE

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: No parking or driving over drainfield.
Installed as permitted.
Trufo LTR

James H. Newell, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

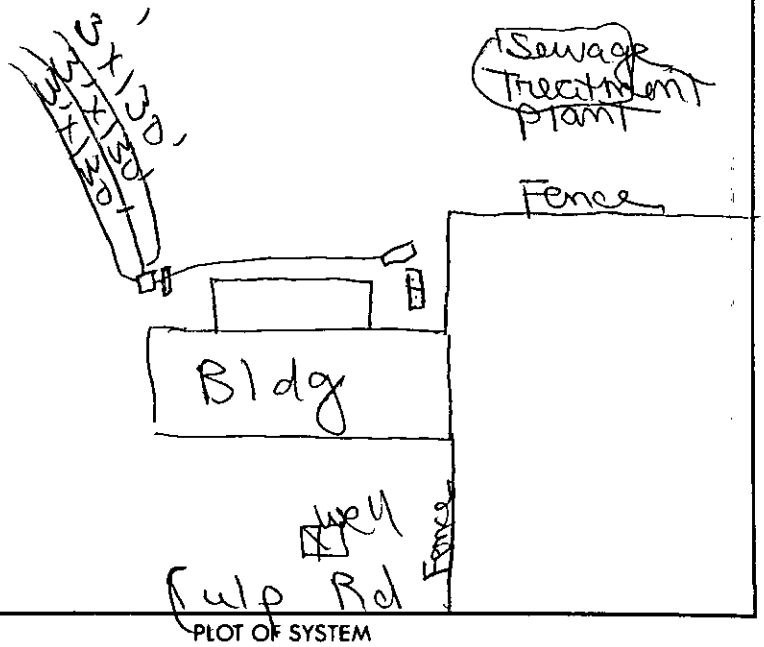
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2006B DATE: 4/14/94

TC: 205-061-22 ☐ L

SERIAL № 15957

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/14/93. All work shall be completed on or before 5/14/94 15 18 after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 18A .1900~~ which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction Pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 330' feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well _____ feet

NAME OF OWNER John D. (Jerry) Blackmon

LOCATION OF PROPERTY 1100 Culp Rd.

Comments: Install 2 D Boxes, Pump Tank with risers and Alarm System, risers on tanks if needed & required. Install 3 trenches 3'x130'x12" Stone. Sleeve Supply Line Past dock

W. Walker for S. Gamil 4/18/94
Division or Section Head

Judy J. Rizer R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Mecklenburg County
Health Department

February 16, 1995

Mr. Jerry Blackmon
2019 Queens Road
Charlotte, North Carolina 28207

Dear Mr. Blackmon:

Re: 1100 Culp Road
File: 2006B/9177A (Tax Parcel No. 205-061-22)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the sewage treatment and disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Several inspections have been done at this property and I have given detailed instructions on how to connect the electrical components for this pump system. I have received calls from Environmental Protection as to the status of this system. This system is not legally installed until all components are in compliance with our regulations for proper installation.

If you need any further assistance or have any further questions, please contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

Request letter
OLD

Mecklenburg County
Health Department

December 7, 1994

Mr. Louis Burton Mr. Jerry Blackmon
15224 Old Statesville Road ~~1100 Culp Rd.~~ 2019 Queens Rd.
Huntersville, North Carolina 28078 Charlotte, NC 28207

Dear Mr. Burton:

Re: ~~15216 Old Statesville Road~~ 1100 Culp Rd.
File: ~~2061~~B/9232A (Tax Parcel No. ~~011-013-21~~) 20063/9177A 20506122

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the ~~S~~sewage ~~T~~treatment and ~~D~~isposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

~~Please call me at 336-5569 to discuss any question you may have concerning this matter.~~
Several inspections have been done at this property and I have given detailed instructions on how to correct ~~the~~ electrical components for this pump
~~Sincerely,~~ system. I have received ~~electrical~~
~~Susan M. Bateman, R.S.~~
~~Individual Water and Wastewater Systems~~ calls from Environmental Protection as to the status of this system. This system is not legally installed until all components are in compliance with the regulations for proper installation

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

If you need any further assistance or have any further questions, please feel contact me at 336-5372.

Sincerely,

Toni Higgins-Barney

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2006B/9/77A

PD 300.00 CK 10/14/93 DT 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: 10-14-93

PERSON FILING APPLICATION:
NAME: Blackmon (last) John (first) G (Jerry) (mi)
ADDRESS: 2019 Queens Rd East PHONE: 704 332-6164
CITY: Charlotte STATE: NC ZIPCODE: 28207

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 20506122
STREET ADDRESS: 1100 Culp Rd.
Charlotte, N.C
ZONING: I-2

PROPERTY OWNER:
NAME: Blackmon (last) John (first) G (mi)
ADDRESS: 2019 Queens Rd East PHONE: (__) 332-1048
CITY: Charl. STATE: NC ZIPCODE: 28207

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [X] 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)
[X] 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business WAREHOUSE # Employees 12 Per Shift ___
Industrial Wastes (Y/N) NONE
Underground Storage Tanks On Property (Y/N) 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 [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: John G. Blackmon Date: 10-14-93

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.

...Alteration permit issued 4/14/94.

[ ] 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

Judy C. Rice R.S. 4/14/94
Environmentalist Date

P. Walker for A. Reed 4/14/94
Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

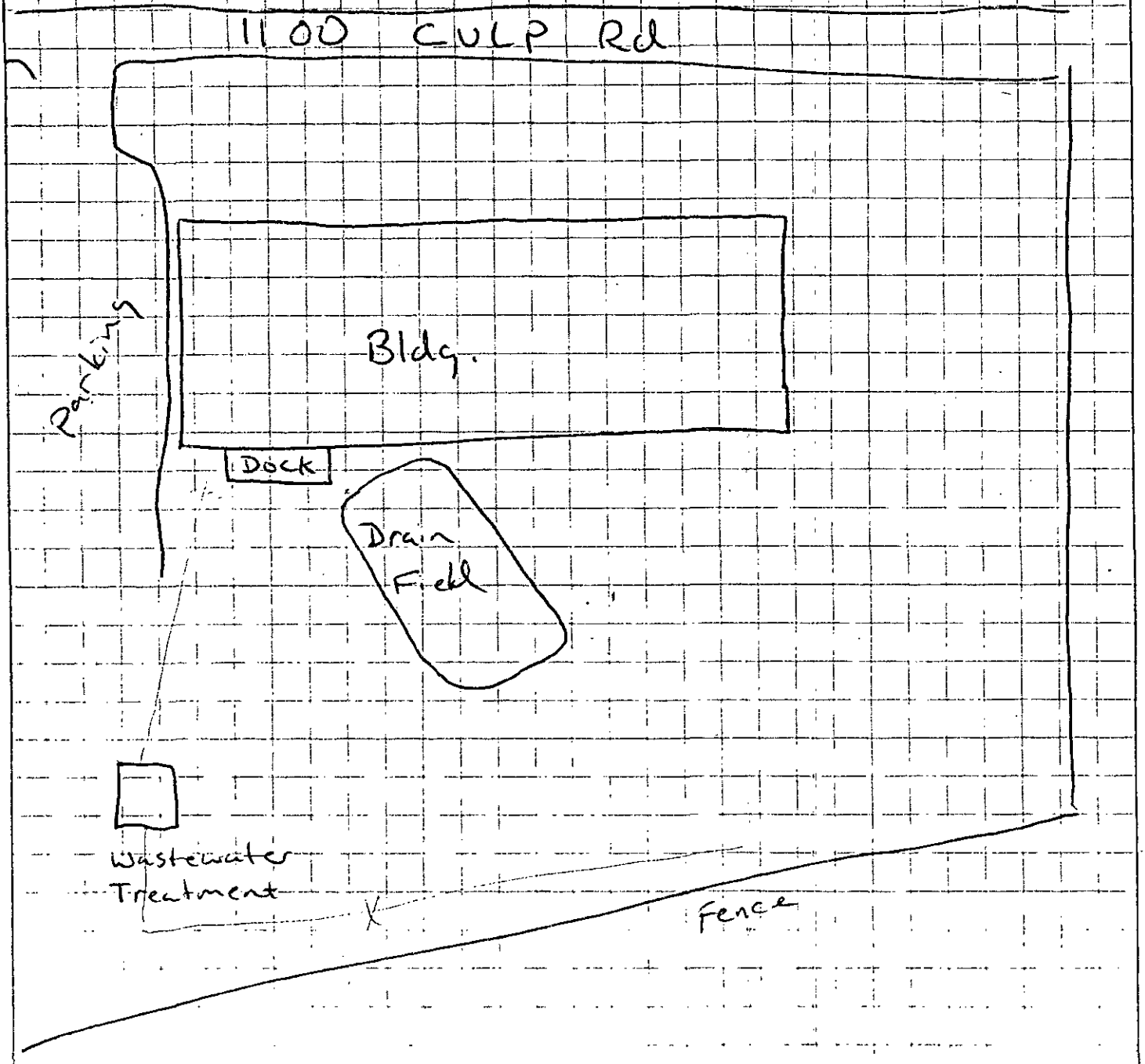
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2006B

TC: 205-061-22

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 _____

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

DATE: 10/14/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 205-061-22

ASSIGNED ADDRESS 1100 Culp Rd

EXISTING ADDRESS _____

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: Septic tank

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: Rule

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Sylvia, File #2006B, Owner Jerry Blackmon, Location: 1100 Culp Road

Sly,
He asked about the possibility of using existing tank. The tank appears to have four (4) compartments. The top is not solid. There are slated metal covers which of cource would allow rainwater into it. It appears to discharge to a ditch at the rear of the property. If we were to allow the use of this tank then it would have to have solid covers.

If he does not use this then I'm sure we're talking about a septic tank, and a pump, tank. (the building is on a concrete slab and would probably require a pump tank. I explained I would discuss this with you and follow up on whether he could use the tank portion.

He knows I'm on vacation next week, so if you're able to find out any info or decide anything let me know. CITY SEWAGE IS NOT AN OPTION FOR HIM.

judy

Called Joe / copied

Called Joe left message 10-28-93

Mecklenburg County

Health Department

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

October 14, 1993

John G. Blackmon
2019 Queens Road East
Charlotte, NC 28207

RE: Property located at 1100 Culp Road
FILE: 2006B/9177A
PARCEL: 205-061-02P0

Dear Blackmon:

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 19488) 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 15A NCAC 18A .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19488

File: 2006 B/91777A Action 2

Parcel: PO 205-061-02 ☐PC

Location: 1100 Culp Road

Subdivision:

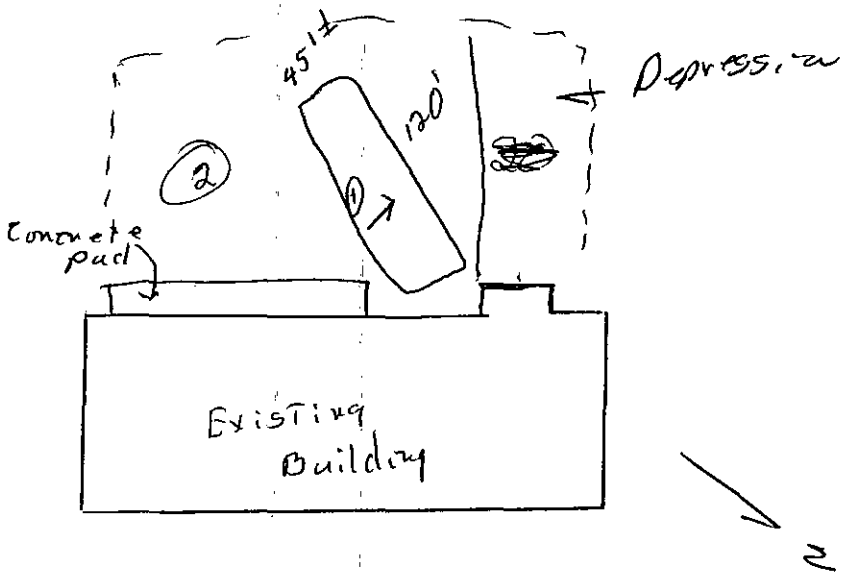
Lot: Block: Acres: Approx 1.5 AC±

Owner: John D. Blackmon
Address: 2019 Queens Road E.
Charlotte, N.C. 28207

Comments: 20" (Approx) of fill + gravel on surface.
Area investigated w/ Backhoe

Described by: William A. Marsh

Date: 10-13-93



***** 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 2-10%	(S) PS U 2-10%	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U slightly Expansive clay	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U ± 2 Sub ± Block	S (PS) U ± 2 Sub ± Block	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U ≥36" To water	S (PS) U ≥36" To water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30" Borrow Fill	S PS (U) ±36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U ≥36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive Soil	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	Cecil-Like w/ Fill	Mecklenburg-Like w/ Fill				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

2006B/9772A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 10/4/93 ck# 631 OT [ ] 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

COPY

PERSON FILING APPLICATION: * 332 6164 DAY #

NAME: Blackmon (last) John (first) G (mi)

ADDRESS: 2019 Queens Rd E PHONE: (704) 332 1048

CITY: Charlotte STATE: NC ZIPCODE: 28207

Date: 10-4-93

PROPERTY OWNER: * 332 6164 DAY #

NAME: Blackmon (last) John (first) G. (mi)

ADDRESS: 2019 Queens Rd E PHONE: (704) 332-1048

CITY: Charlotte STATE: NC ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 205-061-22

STREET ADDRESS: 1100 Culp Rd.

ZONING:

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): 4.22

TYPE APPLICATION (check one):

[X] 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Distribution # Employees 12 Per Shift 1 shift
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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 [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: Bobby Cobb for JG Blackmon Date: 10-4-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for I ... This approval is granted in accordance with the provisions of Laws And Rules For Sa... of the permit and is subject to the following

...No work shal... an installat... approval is ...

...This permit ...

Please call when ready to go out
Area is fenced + locked
Bill Blackmon
or
Jerry Blackmon
332-6164

...ONTHS FROM ISSUANCE
VALID 6 MONTHS FROM ISSUANCE
VALID 1 YEAR FROM ISSUANCE

_____ Date

_____ Date

WWATER : 122791

2006B/9772A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 59.00 10/4/93 CK 631 OT [I] 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: 10-4-93

PERSON FILING APPLICATION: * 332 6164 DAY #

NAME: Blackmon (last) John (first) G (mi)

ADDRESS: 2019 Queens Rd E. PHONE: (704) 332 1048

CITY: Charlotte STATE: NC ZIPCODE: 28207

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 205-061-22

STREET ADDRESS: 1100 Culp Rd.

ZONING: _____

PROPERTY OWNER: * 332 6164 DAY #

NAME: Blackmon (last) John (first) G. (mi)

ADDRESS: 2019 Queens Rd E PHONE: (704) 332-1048

CITY: Charlotte STATE: NC ZIPCODE: 28209

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 4.22

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEN CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Distribution # Employees 12 Per Shift 1 shift
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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 [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: Bobby Cobb for JG Blackmon Date: 10-4-93

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

WWATER : 122791

PROPOSED PLOT PLAN

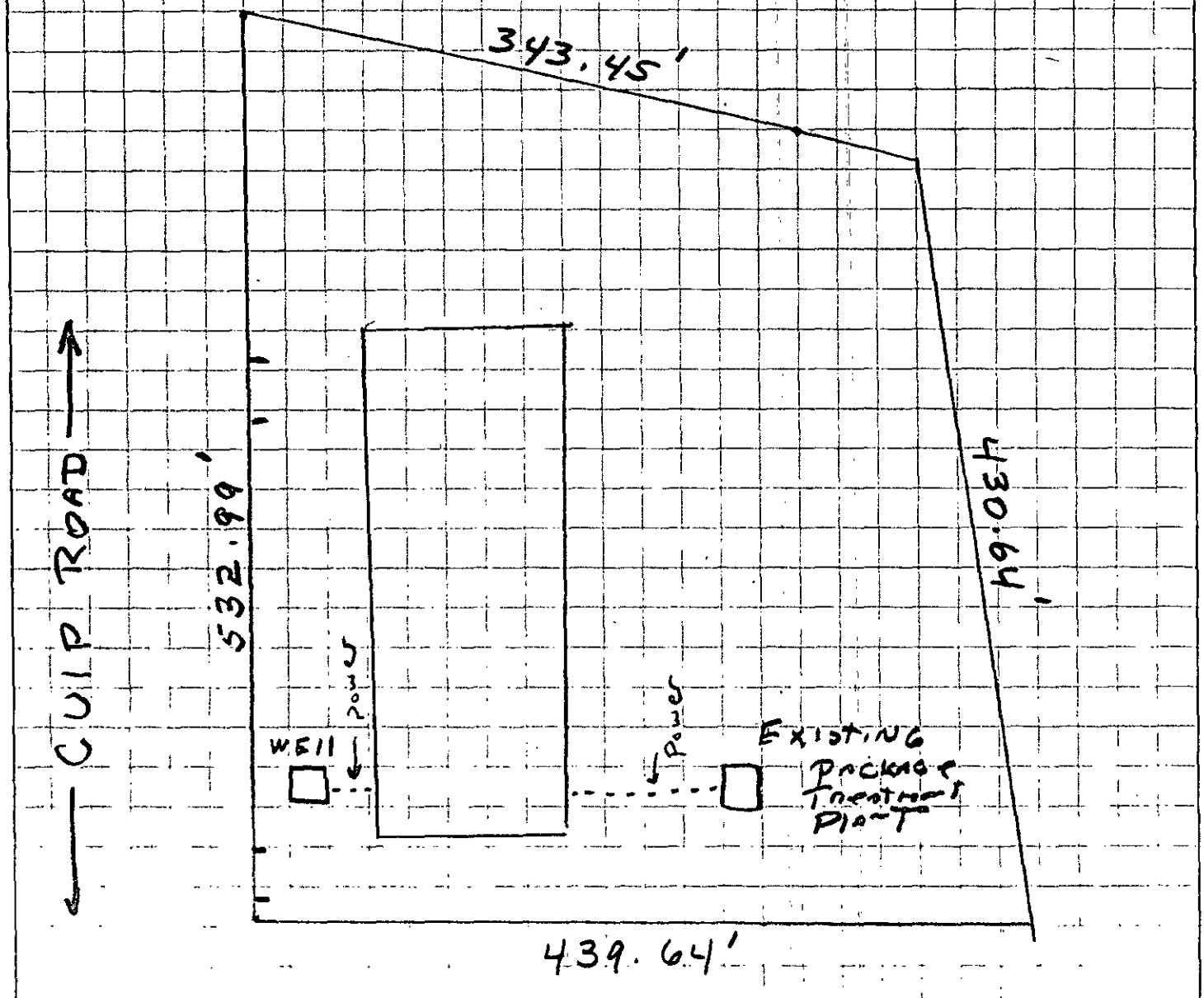
COPY

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

FILE: 2006B/9177A

TC: 205-06/-22

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 _____

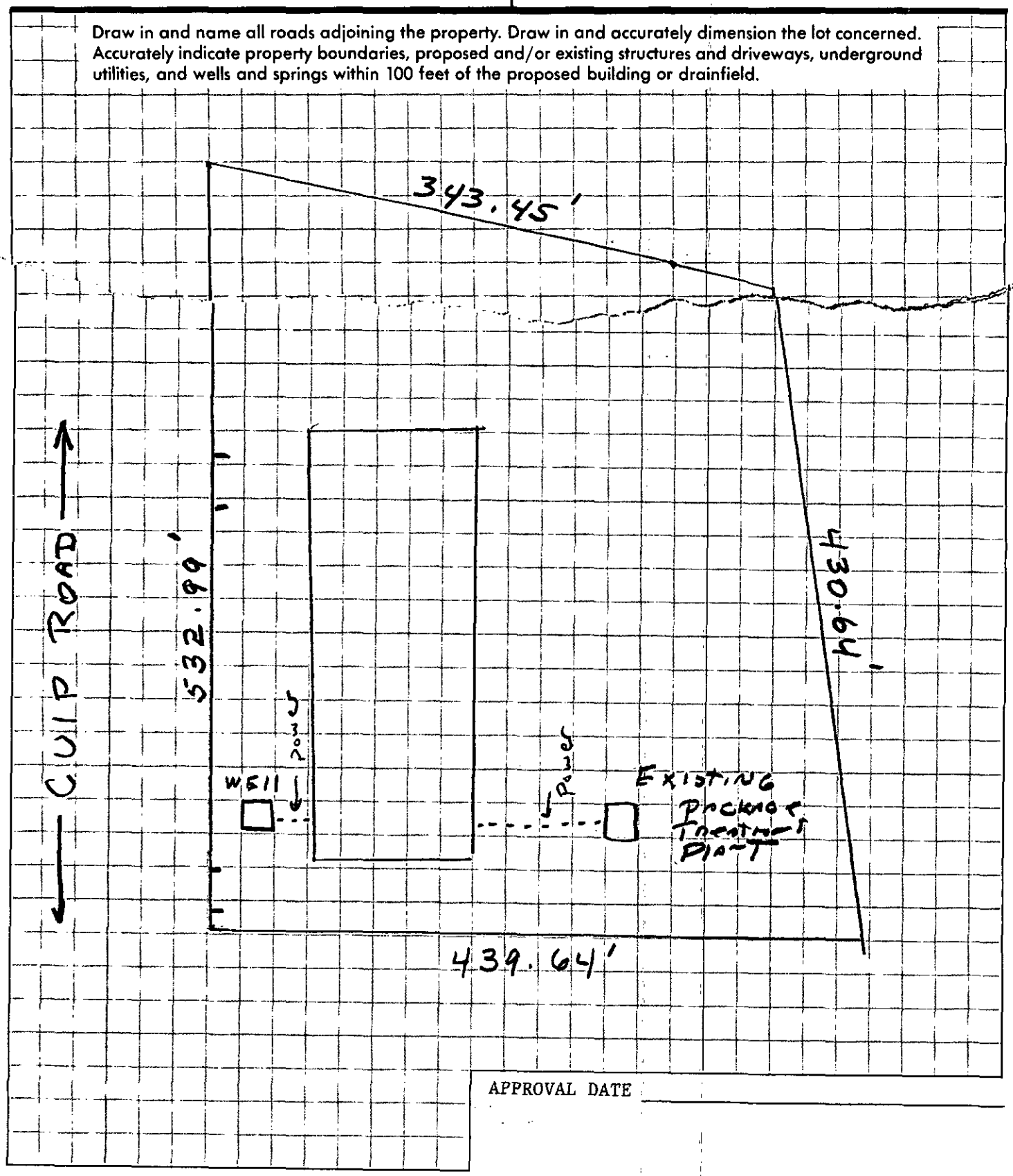
PROPOSED PLOT PLAN

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

FILE: 2006B/9177A

TC: 205-06/-22

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

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