

600 TOM HUNTER RD

08917103

12/18/2007

duponbj

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

Mecklenburg County

Health Department

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

June 5, 1992

Ms. Saundra H. Turner
1137 Wiillhaven
Charlotte, NC 28211

RE: Property located off Boyce Road
FILE: 402B/8274A
PARCEL: 089-171-03

Dear Ms. Turner:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 12668) is enclosed.

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

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

Sincerely,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12668

File: 4028/8274A Action 3

Parcel: PO 189-171-03 ☐ PC

Location: off Boyce Road

Subdivision:

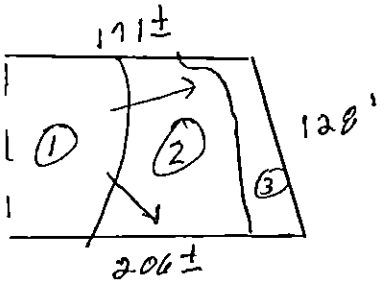
Lot: Block: Acres: 1.5

Owner: Saundra H. Turner
Address: 11317 Willhaven Dr.
Charlotte, N.C. 28211

Comments: 100% Repair

Described by: William R. Marlin

Date: 6-4-92



N

Boyce Road

***** 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 10-20%	S PS (U) complex slopes	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub-Blocky	S (PS) U sub-Blocky	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) 12-18"	S PS (U) 22-30"	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	Wilkes-Lile	Mecklenburg-Lile complex	slopes			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12668

File: 4c 28/ 5 2744 Action 3

Parcel: P 141-111x3 ☐ PC

Location: Dyer Road

Subdivision:

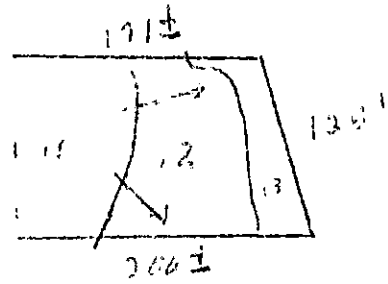
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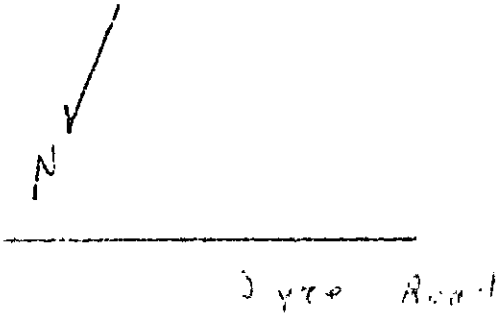
Owner: [illegible]
Address: 1137 [illegible] Ln.
Rock Hill S.C. 29711

Comments: 1 perc

Described by: William R. Martin

Date: 6-4-92





***** 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 10-20%	S PS U complex slopes	S PS U	S PS U	S PS U
Texture	S PS U Sandy clay	S PS U Sandy clay	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U subangular blocky	S PS U subangular blocky	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 13-18"	S PS U 32-36"	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	Wilkes L. H.	Iredell/Mecklenburg complex L. H.	complex slopes			
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

4028 (8274A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5-22-92.

[] CRT

DRAFT

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: ADZEMOVIC RADI
(last) (first) (mi)

ADDRESS: 6628 MORGANFORD RD PHONE: (H) 366-7362

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date:

PROPERTY OWNER:

NAME: TURNER SAUNDRA A
(last) (first) (mi)

ADDRESS: 1137 Willhaven Dr PHONE: 364 3661505

CITY: Charlotte STATE: N.C. ZIPCODE: 28211

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 189 171 03 10

STREET ADDRESS: BOYCE ROAD

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):

TYPE APPLICATION (check one):

[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 (H) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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: Saundra H. Turner Date: 5/19/92

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

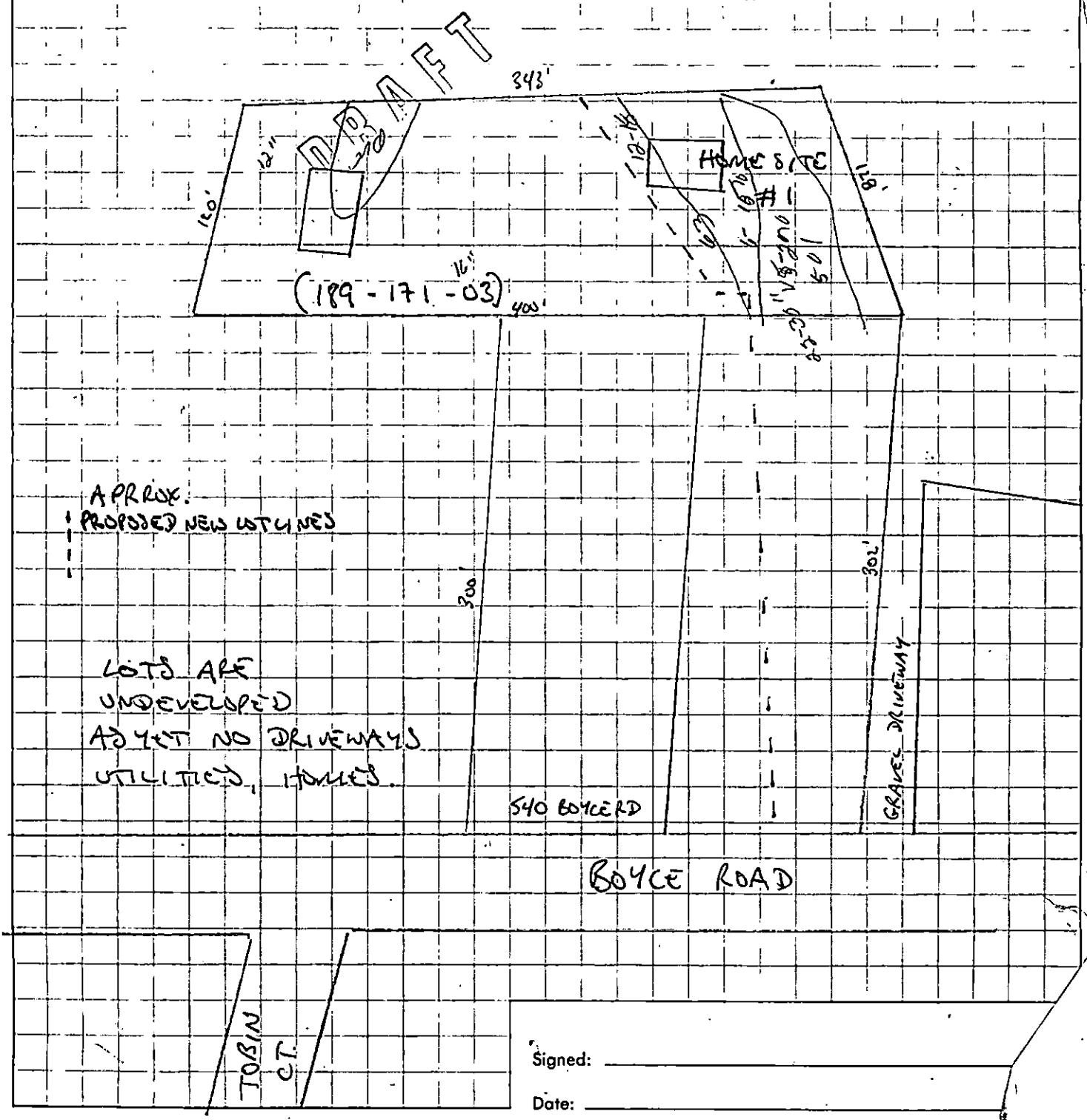
WATER : 122791

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

FILE: 402B (0274A)

TC: 189-171-03

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.



Signed: _____

Date: _____

pd 50.00 ck# 1243

402B (8274A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5-22-92

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ZONING:

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WWATER : 122791

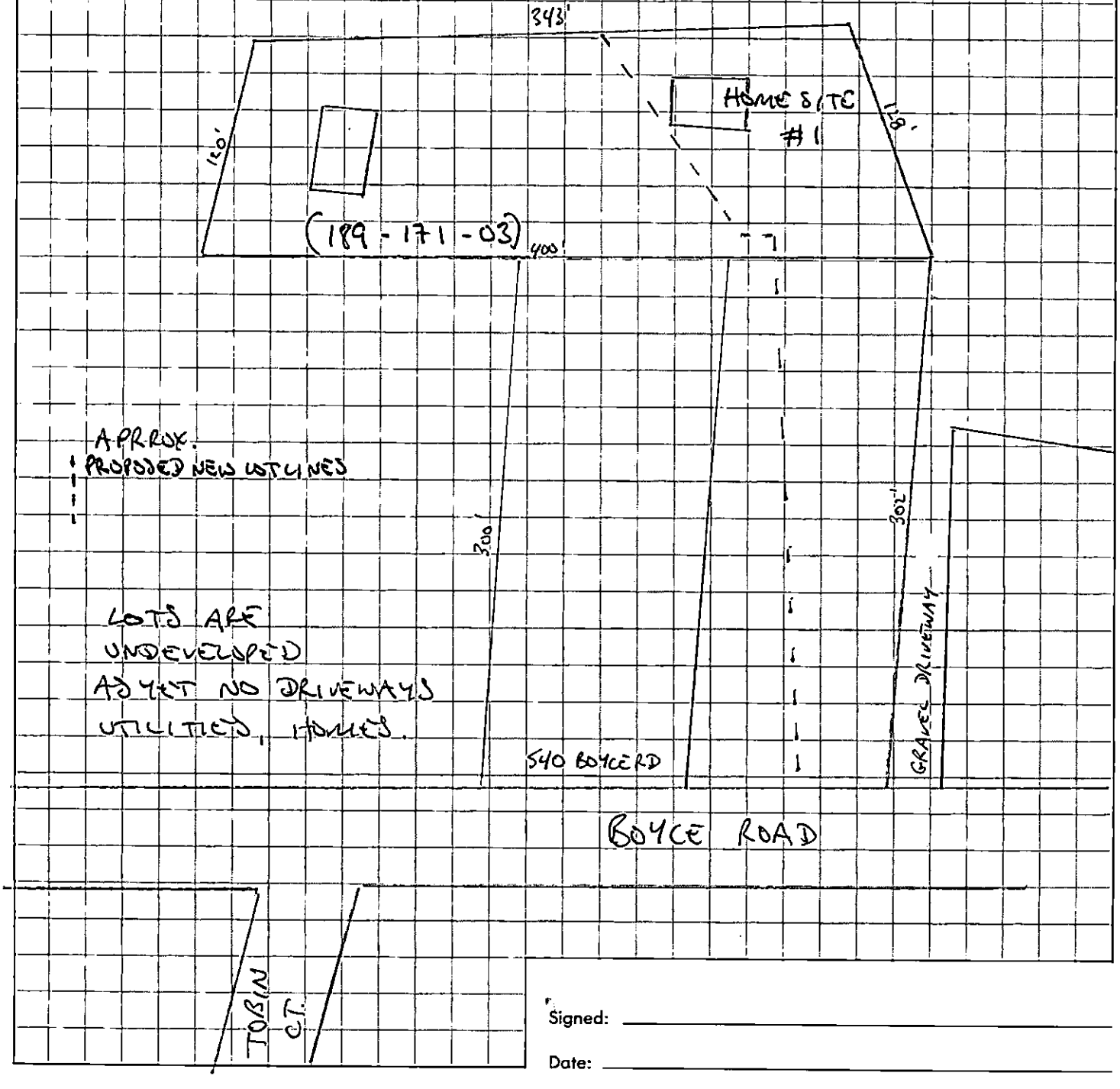
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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Signed: _____

Date: _____