

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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

ACS #3

Sheet: _____
Property ID: 139-211-12
Lot #: _____
File #: 44793

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Wesley B. Tarlton APPLICANT: _____
ADDRESS: POBox 3229, Matthews, N.C. DATE EVALUATED: 12-28-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.0ac
LOCATION OF SITE: Hess Road PROPERTY RECORDED: _____
WATER SUPPLY: ☐~~Private~~ ☐Public ☐~~Well~~ ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐~~Pit~~ ☐Cut
TYPE OF WASTEWATER: ☐~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	Slopes 2-8% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr/sicl	Fr/SEXPl SS/SP	7.26" to soil wetness	17"	US	None	US IW
		4-17"	SBK/sic	Fi/SEXPl S/P					
		17-26"	M/ Saprolite	UFi					
2	LS	0-5"	gr/ sicl	Fr/SEXPl SS/SP	2.5Y 6/1 @ 28"	38"	US	None	US
		5-21"	SBK/ABK sic	Fi/SEXPl S/P					
		21-38"	M/ sicl	Fi/ SEXPl SS/SP					
3	LS	0-3"	gr/sicl	Fr/SEXPl SS/SP	2.5Y 7/2 @ 12"	37"	~~N~~ N/A	None	US
		3-24"	SBK/sicl	Fr/SEXPl SS/SP					
		24-37"	ABK /sic	UFi/Mixed/US/UP					
4	LS	0-2"	gr/sicl	Fr/SEXPl SS/SP	2.5Y 7/1 @ 13"	13"	US	None	US
		2-6"	SBK/ sicl	Fr/SEXPl SS/SP					
		6-13"	ABK/ sic	Fi/SEXPl S/P					
		13-19"	M/ Saprolite	UFi					
5	LS	0-2"	gr/sicl	Fr/SEXPl SS/SP	2.5Y 7/2 @ 10"	9"	US	None	US
		2-9"	SBK/sic	Fr/SEXPl SS/SP					
		9-42"	M/ weathered/slate	UFi					
6	LS	0-3"	gr/sicl	Fr/SEXPl SS/SP	7.5Y" to soil wetness	19"	US	None	US
		3-6"	SBK/sicl	Fr/SEXPl SS/SP					
		6-19"	SBK/ sic	UFi/Mixed/US/UP					
		19-28"	M/ weathered/slate	UFi					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Mullis LSS 12-29-00
OTHER(S) PRESENT: Mr. Griffiths

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

Sheet: 2

Property ID:

Lot #:

File #: 44793

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:

ADDRESS: DATE EVALUATED:

PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:

LOCATION OF SITE: PROPERTY RECORDED:

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
7	4s	0-2"	gr/sl cl	FV/SEXP/SS/SP	7.5YR 5/8 ~~saprolite~~ soil wetness	12"	US	None	US III
		2-12"	SBM/sicl	Fr/SEXP/SS/SP					
		12-28"	~~sapro~~ fri/ weathered slate VF						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

FILE # 44 78B

COMMENTS Not sure if Level is 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

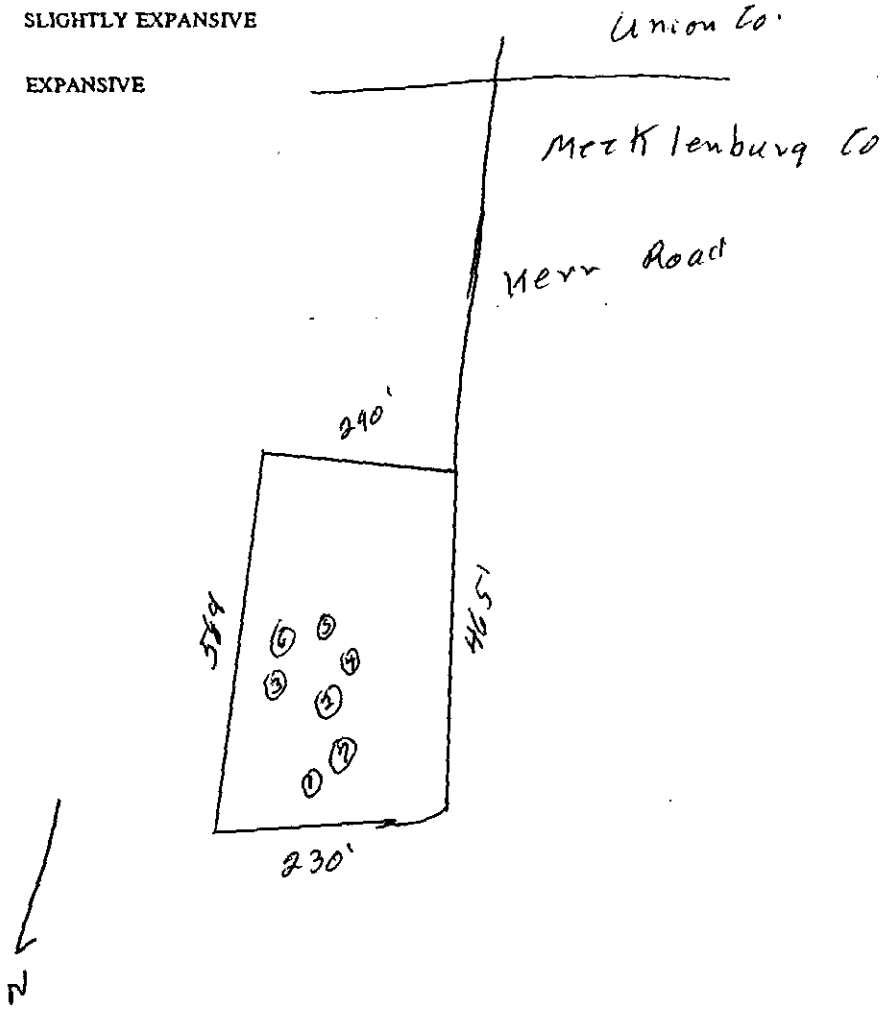
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Mecklenburg County
Health Department

January 10, 2001

Sherley B. Tarlton
P O Box 3229
Matthews, NC 28106

Re: Application for improvement permit for: Ms Tarlton
Property Site: Kerr Road
Health Department file no. 4479B

Dear Property Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on January 10, 2001 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a Three bedroom residence, with a design wastewater flow of ___360____gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____Unsuitable soil topography and/or landscape position (Rule .1940)
____X____Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
____X____Unsuitable soil wetness condition (Rule .1942)
____X____Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
____X ____Insufficient space for septic system and repair area (Rule .1945)
_____Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is January 10, 2001. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Kelly Randall, R.S.
Authorized Agent - DENR

Encl: (2)

FEE: $ 200

DATE: 11/17/00 expedited

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

P8,10 12, 1108 2nd pvt well Call for 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 41479B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13921112

STREET ADDRESS: Kerr Rd.

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1606

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: Tarlton Shirley B.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 3229

CITY: Matthews STATE: NC ZIP 28106

DAYTIME PHONE: (704) 201-0587 or 821-8088

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-20-00

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application 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: Shirley B. Tarlton DATE: 11-14-00

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

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

#3 ACS Plans

Sheet: _____
Property ID: 139-211-12
Lot #: _____
File #: 44798

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Sherley B. Tarlton APPLICANT: _____
ADDRESS: PO Box 3229, Matthews DATE EVALUATED: 12-5-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd / PROPERTY SIZE: Approx 1.0
LOCATION OF SITE: Hwy Parcel PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	3 to 5% 5-10% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/sicl	Fr/SEXPl SS/SP	716" To soil wetness	16"	N/A	None	US IV
		3-16"	SBM/ sic	Fi/SE XPl s/P					
2	LS	0-3"	gr/sicl	Fr/SEXPl SS/SP	725" To soil wetness	25"	N/A	None	US
		3-15"	SBM/sicl	Fr/SEXPl SS/SP					
		15-25"	ABM/sic	vFi/Mixed//VS/VP					
3	LS	0-12"	gr/sicl	Fr/SEXPl SS/SP	724" To soil wetness	24"	N/A	None	US
		12-24"	ABM sicl SBK/sic	vFi/Mixed//VS/VP					
			silty Clay	Lenses					
4	LS	0-3"	gr/sicl	Fr/SEXPl SS/SP	725" To soil wetness	25"	N/A	None	US IV 1/91 F2 LPP
		3-12"	SBK/sicl	Fr/SEXPl SS/SP					
		12-25"	SBM/sic	Fi/SEXPl S/P					
5	LS	0-3"	gr/sicl	Fr/SEXPl SS/SP	719" To soil wetness	9"	N/A	None	US
		3-9"	ABM SBK/sic	vFi/Mixed//VS/VP					
6	LS	0-3"	gr/sicl	Fr/SEXPl SS/SP	720" To soil wetness	20"	N/A	None	US
		3-20"	ABM/sic	vFi/Mixed//VS/VP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	LPP	
System Type(s)		
Site LTAR		

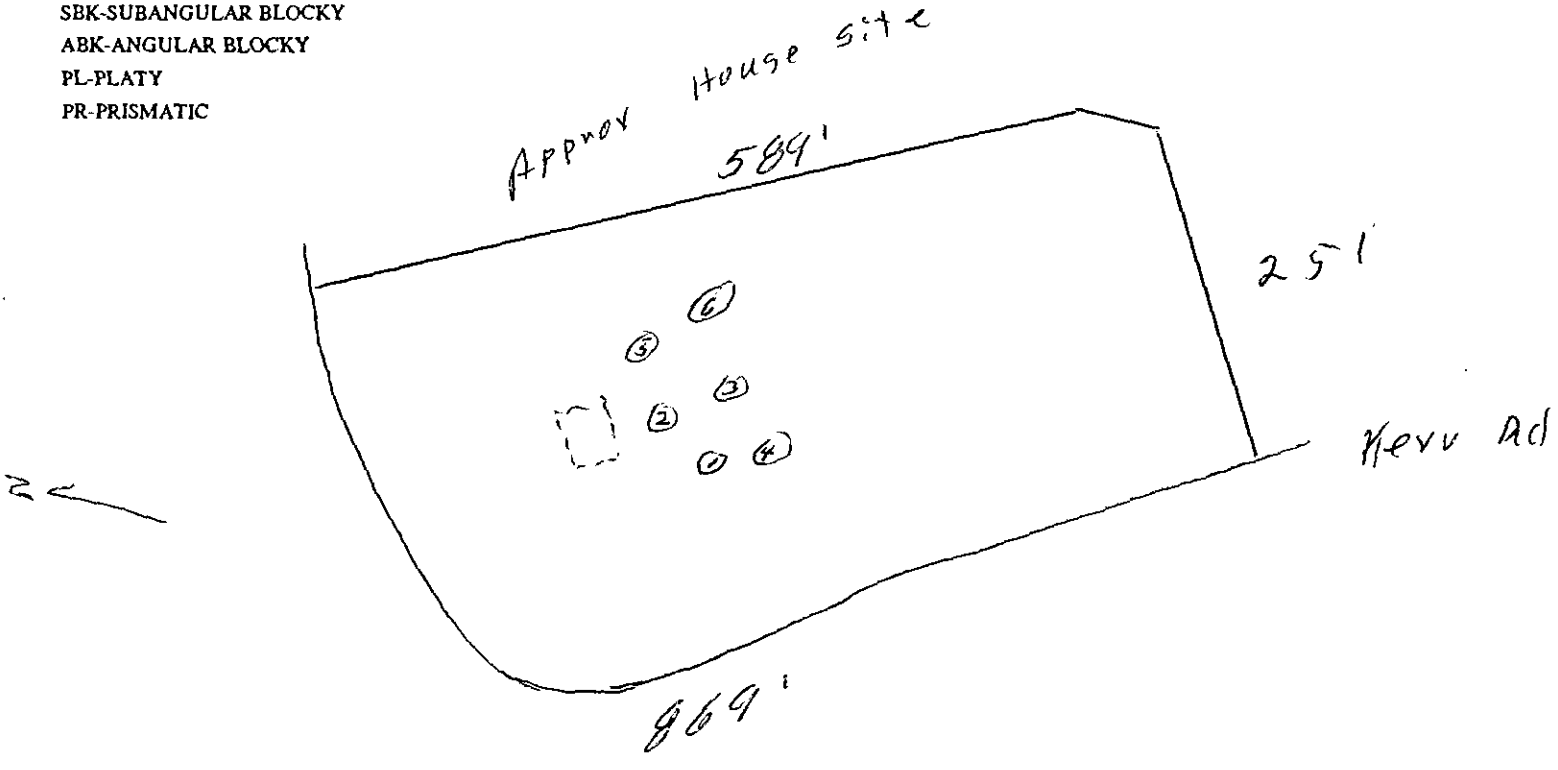
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Recommended
EVALUATED BY: W. A. Marlin LSS 12-6-00
OTHER(S) PRESENT: _____

FILE # 4479B

COMMENTS Probably not 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: $260.00 DATE: 11/17/00 paid

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

PB 10 p 1 7/09 2nd pmt pd 2 call pd 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4 4 79 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13921112

STREET ADDRESS: Kerr Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1606

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Tarlton Shirley B.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 3229

CITY: Matthews STATE: NC ZIP: 28106

DAYTIME PHONE: (704) 201 - 0587 or 821-8088

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

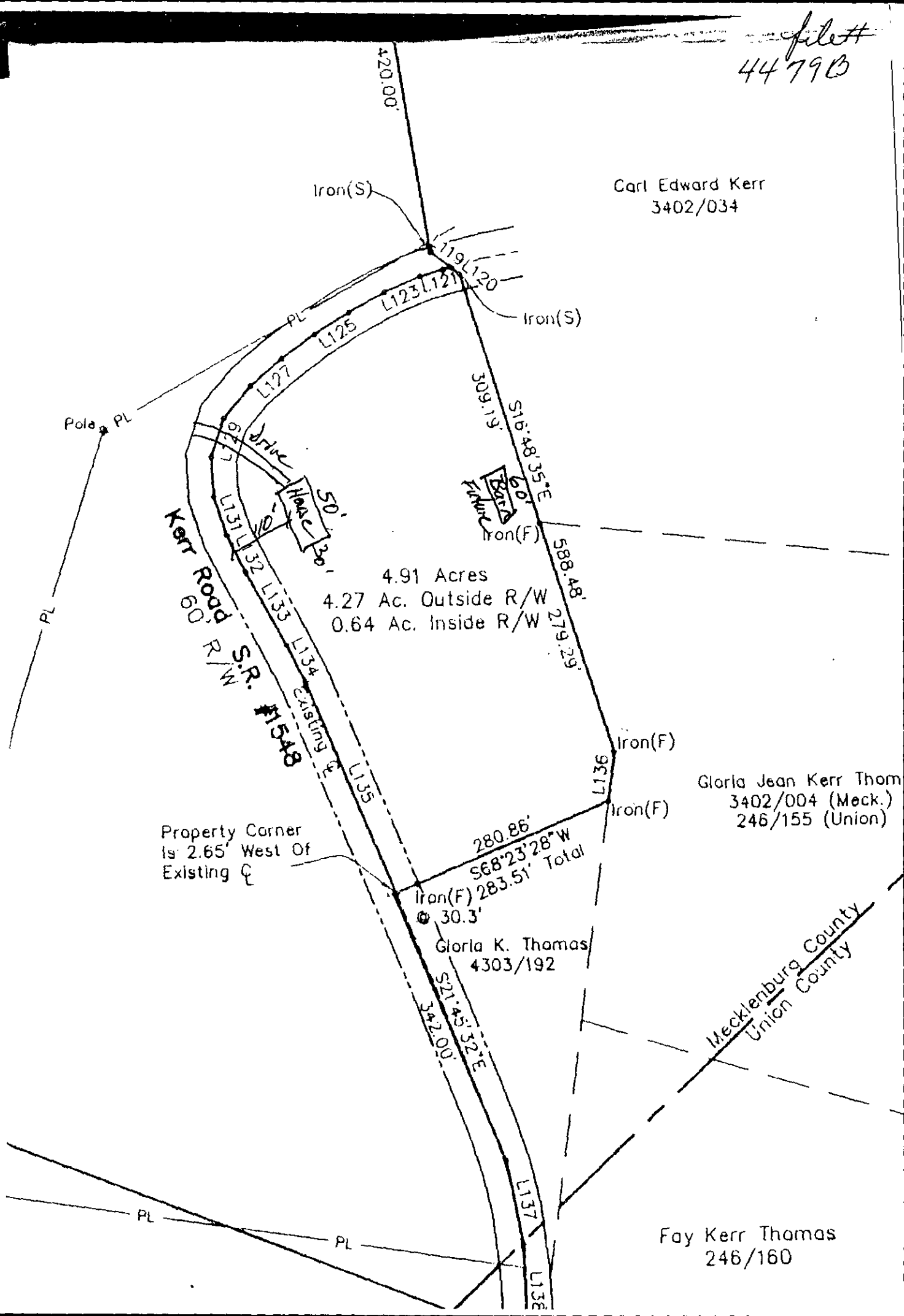
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-20-00

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application 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: Shirley B. Tarlton DATE: 11-14-00

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

file #
44793


420.00'
Iron(S)
Carl Edward Kerr
3402/034
L119
L120
L123
L121
Iron(S)
PL
L125
L127
309.19'
S16°48'35"E
Pole
PL
Drive
Future
Barn
60'
50'
House
30'
10'
Iron(F)
588.48'
L131
L132
L133
L134
4.91 Acres
4.27 Ac. Outside R/W
0.64 Ac. Inside R/W
279.29'
Kerr Road S.R. #1548
60' R/W
Existing ℄
L135
Iron(F)
L136
Gloria Jean Kerr Thom
3402/004 (Meck.)
246/155 (Union)
Iron(F)
Property Corner
is 2.65' West Of
Existing ℄
280.86'
S68°23'28"W
283.51' Total
Iron(F)
@ 30.3'
Gloria K. Thomas
4303/192
S21°45'32"E
342.00'
Mecklenburg County
Union County
L137
PL
PL
Fay Kerr Thomas
246/160
L136

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): W D Griffin Phone #: 821-8088 Date Requested: 12/27/00 Date Filled:

Account Name: W. D. Griffin Builders Inc Cash Charge Account No. X31127

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

For Fire 44778 (Shirley Tucker Lane in Mint Hill)

Req'd by Telephone 12/27/00

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702	1	Optional Site Evaluations	$ 100.00	100.00
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 12 27 00 Total: [illegible]

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

Mecklenburg County
Health Department

COPY

December 14, 2000

Sherley B Tarlton
P O Box 3229
Matthews, NC 20106

Re: Application for improvement permit for Kerr Road
Health Department file no. 4479B

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on December 6, 2000 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a residence, with a design wastewater flow of ___360___gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground adsorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____Unsuitable soil topography and/or landscape position (Rule .1940)
___X___Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____Unsuitable soil wetness condition (Rule .1942)
___X___Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
___X___Insufficient space for septic system and repair area (Rule .1945)
_____Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

COPY

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is December 14, 2000. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Kelly Randall, R.S.
Authorized Agent - DENR

Encl: (2)

FEE: 260.00
DATE: 11/17/00 paid

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

CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4479B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13921112

STREET ADDRESS: Kerr Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1606

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE

No info Union to 3040
Brick Ranch
Wayne Griffin 201-0587

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-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ~~✓~~ NO
DESIGNATED WETLANDS __ YES ~~✓~~ NO

PROPERTY OWNER:

NAME: Tarlton Shirley B.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 3229

CITY: Matthews STATE: NC ZIP: 28106

DAYTIME PHONE: 704 201-0587 or 821-8088

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

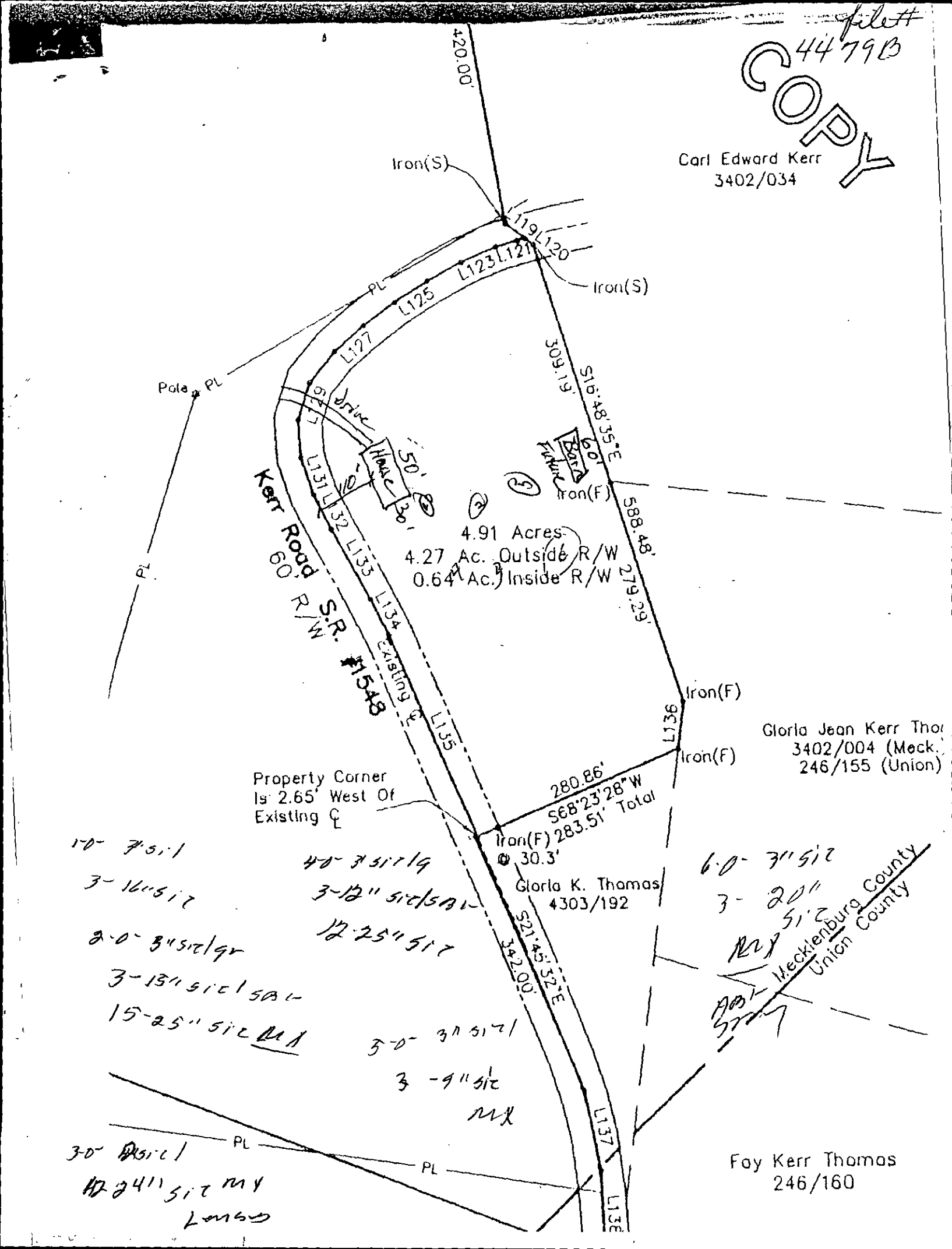
DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-20-00

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application 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: Shirley B. Tarlton DATE: 11-14-00

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


file #
44798
COPY
Carl Edward Kerr
3402/034
420.00'
Iron(S)
119.12'
Iron(S)
L123
L121
L125
L127
PL
Pole
PL
309.19'
S16°48'35"E
588.48'
279.29'
Iron(F)
Future
60'
Drive
50'
Future
30'
Kerr Road
60' R/W
S.R. #1548
Existing ℄
L131
L132
L133
L134
L135
4.91 Acres
4.27 Ac. Outside R/W
0.64 Ac. Inside R/W
Iron(F)
L136
Iron(F)
Gloria Jean Kerr Thor
3402/004 (Meck.)
246/155 (Union)
280.86'
S68°23'28"W
Total
Property Corner
Is 2.65' West Of
Existing ℄
Iron(F) 283.51'
@ 30.3'
Gloria K. Thomas
4303/192
S21°45'32"E
342.00'
L137
L138
Mecklenburg County
Union County
Foy Kerr Thomas
246/160
PL
PL