

14020 WOODY POINT RD

12/18/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5566 DATE: 10/27/03

TC: 199-08-223 ☒ Y ☐ CRT

SERIAL 19349

Name of Owner BERNIE GESING Juris.: _____

Address of Property 10420 WOODY POINT

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 9'X40' BED

Number of Lines _____ @ _____

Cover Depth 36"-48"

Water Supply Source WELL

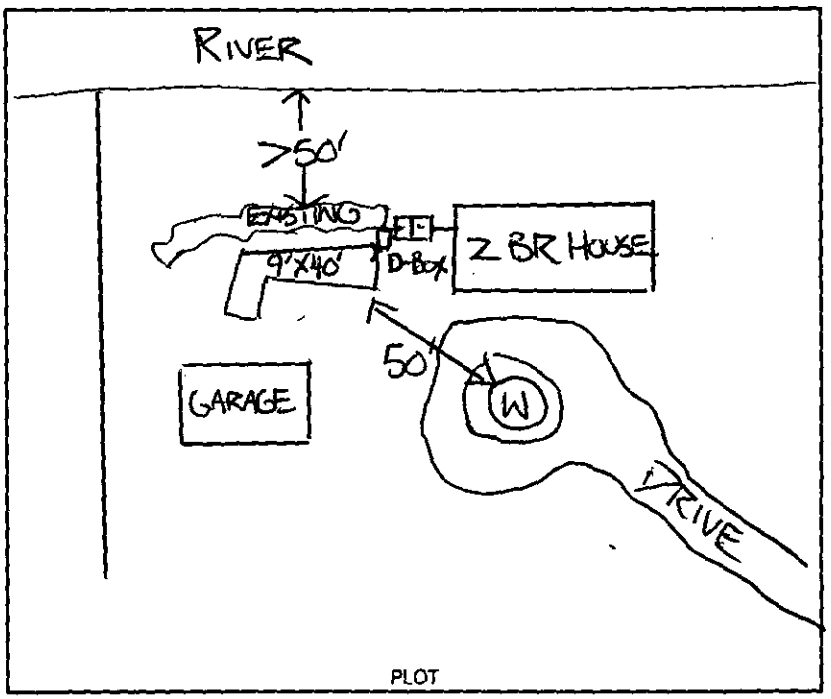
Distance to Water Source 50'

Excavation Inspected 10/27/03

Tank(s) Inspected EXISTING

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2003, REPAIR, 9'X40' BED, 24" STONE CTR# AUTRY

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: 9'X40' BED, 24" STONE, >50' SETBACK FROM RIVER, 50' FROM WELL

NEW D-BOX CONNECTING TO EXISTING DRAINLINE.

Environmental Health Specialist

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

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: 556B DATE: 10/27/03

TC: 199-08-223 ☐ L

SERIAL 19449

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 10/27/03. All work shall be completed on or before 10/27/03, 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.

SEE CERTIFICATE OF COMPLETION

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction EXISTING PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

~~Trench~~ BED Width 9 feet

Trench Walls Scored and Porous Y

Total Line Length 120' feet

Number of Lines 9'X40' BED

Depth of Stone 24 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

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

NAME OF OWNER BERNIE GESING

LOCATION OF PROPERTY 10420 WOODY POINT

Comments: 9'X40' BED, 24" STONE, 50' SETBACK FROM RIVER, 50' FROM WELL

Environmental Health Specialist

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

FEE: _____

DATE: 10/27/03

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

1 1 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 #: 5563

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-08-223

STREET ADDRESS: 10420 WOODY POINT

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1966

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: GESING (LAST) BERNIE (FIRST) (MI)

ADDRESS: 10420 WOODY POINT

CITY: CHARLOTTE STATE: NC ZIP:

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: _____ DATE: 10/27/03

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

Mecklenburg County
Health Department

May 26, 2000

Annie Sue Phifer
820 Poindexter Drive
Charlotte, NC 28209

Re: Woody Point Road
File: 556B
Parcel: 199-082-24

Dear Property Owner:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been concluded. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH**, and .1945 **AVAILABLE SPACE**. For these reasons, your application for Improvement Permit is denied. A possible way to develop the site exists under Rules .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall

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

/kdt

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

3

Property ID: 199-062-24

Lot #:

File #: 5568

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Annie Lee Phifer APPLICANT: Ed Cloer

ADDRESS: 620 Rochelle Dr. Charlotte DATE EVALUATED: 5-10-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .93

LOCATION OF SITE: Woody Pocket Road PROPERTY RECORDED:

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

EVALUATION METHOD: ☐Augur Boring ☒Pit ☐Cut

TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slope 5-15% 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/cl	Fr/SEXP/SS/SP	754" TO SOIL WETNESS	37"	US	None	US IV
		3-37"	SBK/C 7½" peds	F/SEXP/SP					
		37-54"	M/L	Fr/SEXP/SS/SP					
2	LS	0-4"	gr/l	Fr/SEXP/NS/NP	756" TO SOIL WETNESS	56"	US	None	US IV
		4-34"	SBK/C 7½" peds	F/SEXP/SP					
		34-56"	M/SCL	Fr/SEXP/SS/SP					
3	LS	0-4"	gr/l	Fr/SEXP/NS/NP	760" TO SOIL WETNESS	28"	US	None	US IV
		4-28"	SBK/C 7½" peds	F/SEXP/SP					
		28-60"	C/CL	Fr/SEXP/SS/SP					

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.R. Marlin LSS 5-15-00

OTHER(S) PRESENT E. Cloer

FILE # 5568

COMMENTS W/S Repairs probably required

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			

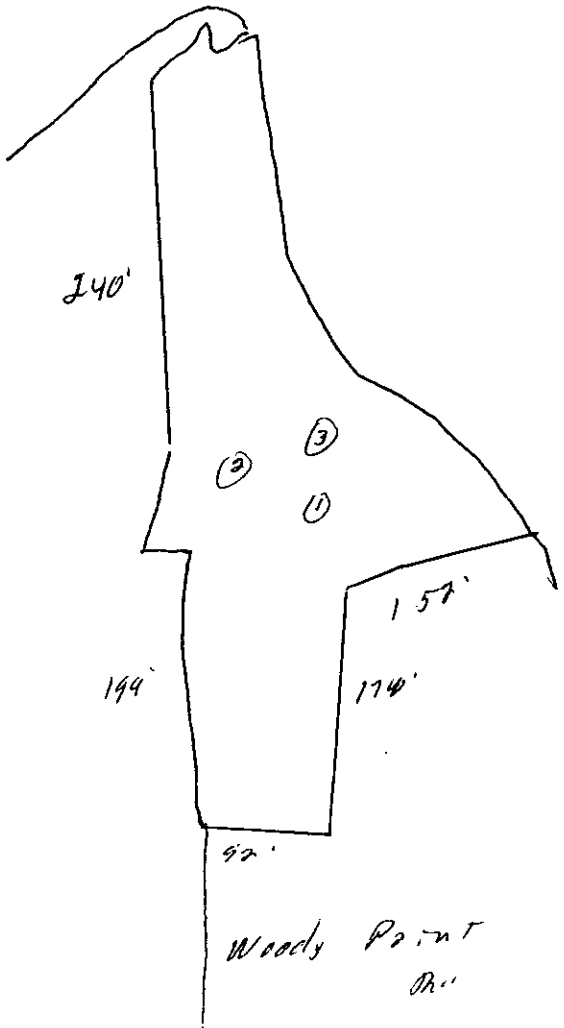
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: $200

DATE: 3-15-00

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

1 1 CRT

TYPE APPLICATION: X 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

COPY

FILE #: 556B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-082-24

STREET ADDRESS: Woody Point Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: —

LOT NUMBER: L1 P2 Sec 40 Unrec Map

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: — 1800

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE: —

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Phifer (LAST) Annie Sue (FIRST) (MI)

ADDRESS: 820 Poindexter Dr.

CITY: Charlotte STATE: NC ZIP:

DAYTIME PHONE: (704) 347-5961

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Cloer (LAST) Ed (FIRST) Anna Hedrick (MI)

DAYTIME PHONE: ( ) 596-5490

594-9462

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Annie Sue Phifer DATE: 3-15-00

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

COPY

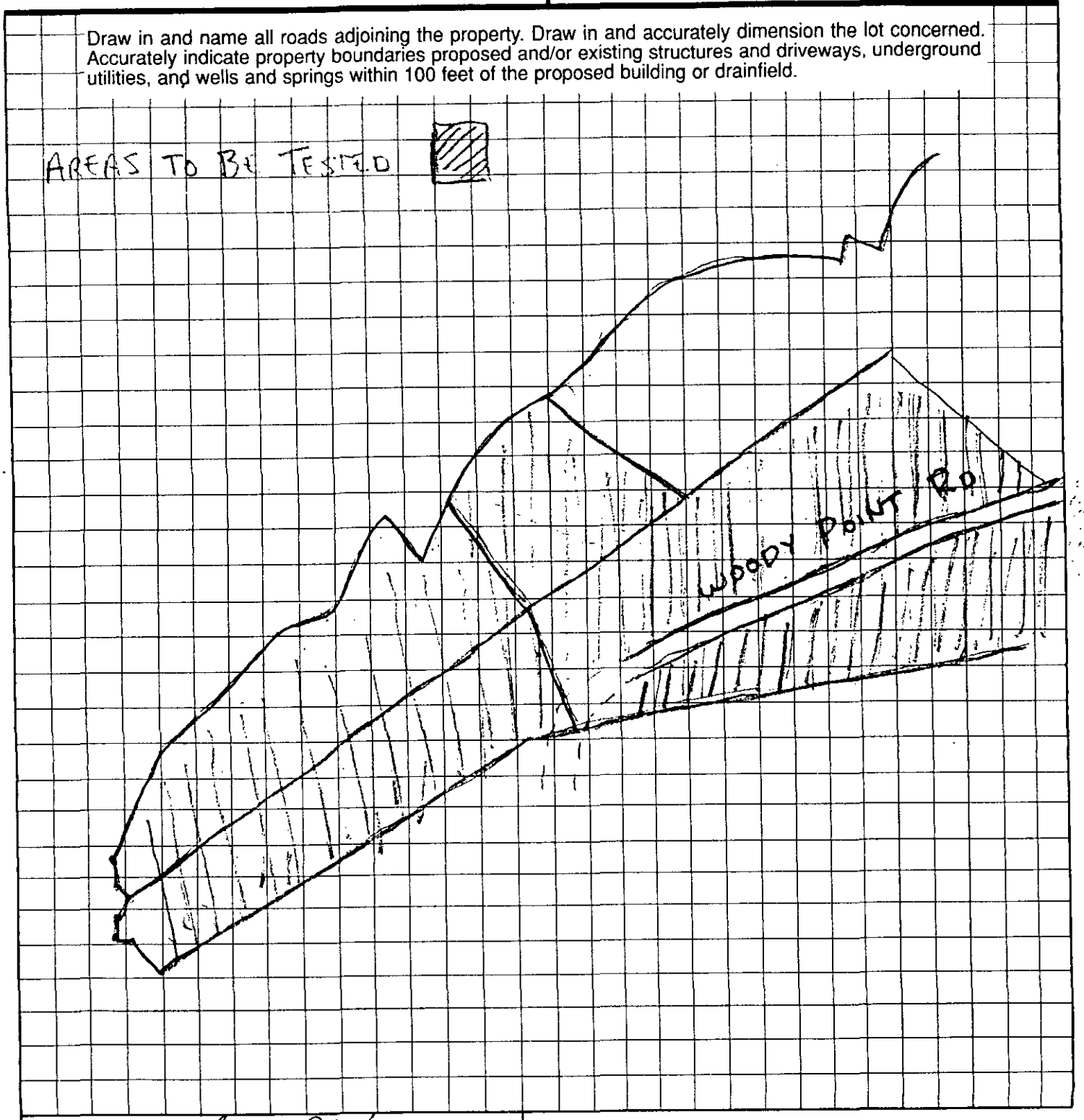
PROPOSED PLOT PLAN

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

FILE: 556B

TC: 199-082-24

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.



Annie Sue Phifer
OWNER/AGENT SIGNATURE

DATE 3-15-00

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

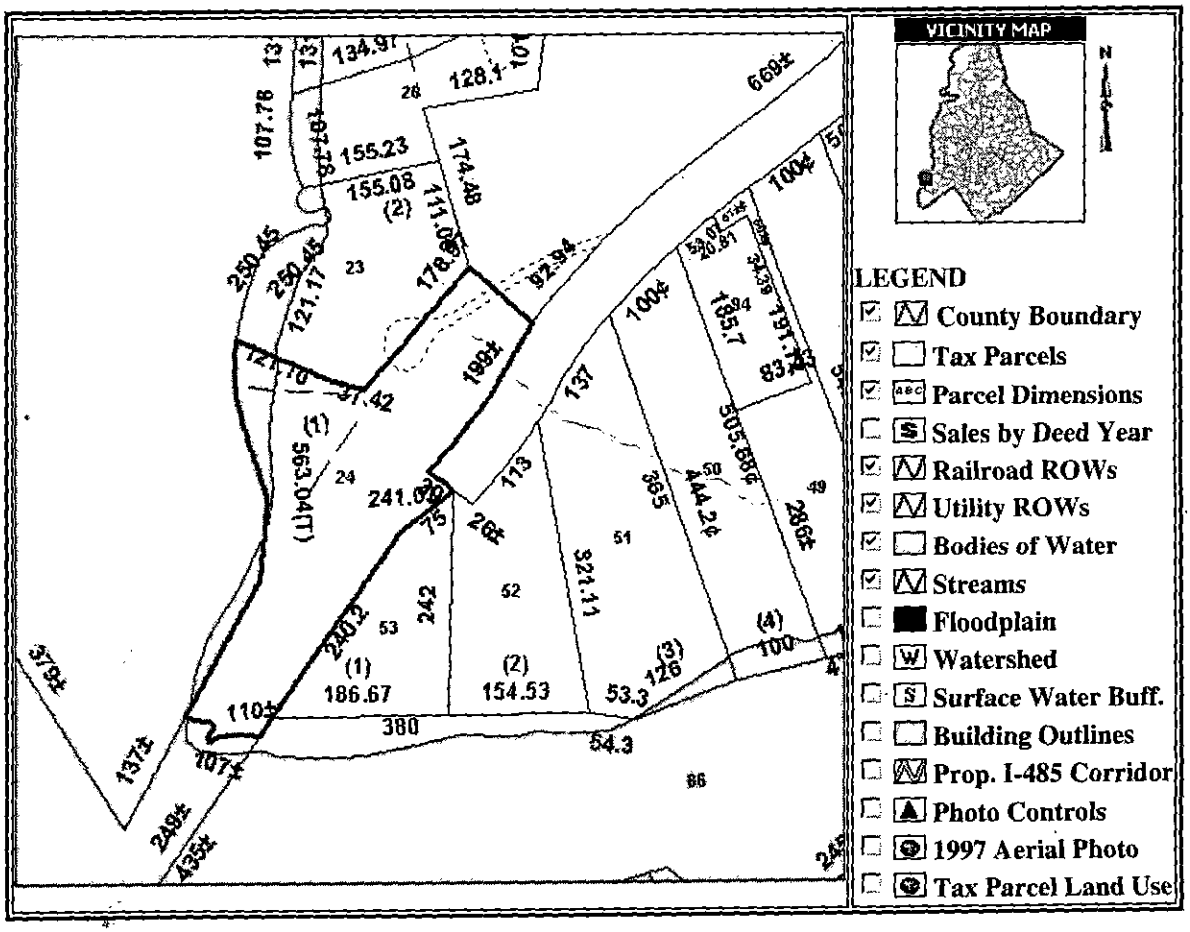
GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Public Access

Click on Map to Perform Operation

○ Refresh Map ◉ Pan ○ Zoom In ◉ Zoom Out Zoom Factor 1X ○ Identify Parcels ○ Surveyor's Report
○ Adjoining Owner's Report within 10 FEET ○ Measure Start Line Label Parcels by:



Click here to submit questions or comments about the information shown on this page.

Map Scale: 1 Inch = 168 Feet Date and Time Stamp 3/31/00 7:28:10 AM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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

Sheet: _____

Property ID: 199-062-24

Lot #: _____

File #: 556B

AS # 3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Annie Lee Phifer — APPLICANT: Ed Cloer

ADDRESS: 820 Poindexter Dr. Charlotte — DATE EVALUATED: 5-10-00

PROPOSED FACILITY: residence — PROPOSED DESIGN FLOW (.1949) 360gpd — PROPERTY SIZE: .93

LOCATION OF SITE: Woody Pond 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 5-15% .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/cl	Fr/SEXP/SS/SP	754" TO 50:1 WETNESS	37"	US	None	US IV
		3-37"	SBK/c 7½" peds	F:/SEXP/SP					
		37-54"	m/L	Fr/SEXP/SS/SP					
2	LS	0-4"	gr/l	Fr/SEXP/NS/NP	756" TO 50:1 WETNESS	56"	US	None	US IV
		4-34"	SBK/c 7½" peds	F:/SEXP/SP					
		34-56"	m/sc/l	Fr/SEXP/SS/SP					
3	LS	0-4"	gr/l	Fr/SEXP/NS/NP	760" TO 50:1 WETNESS	28"	US	None	US IV
		4-28"	SBK/c 7½" peds	F:/SEXP/SP					
		28-60"	C/c/l	Fr/SEXP/SS/SP					

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.R. Marlin LSS 5-15-00

OTHER(S) PRESENT: Ed Cloer

FILE # 556B

COMMENTS WB Repairs probably required

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

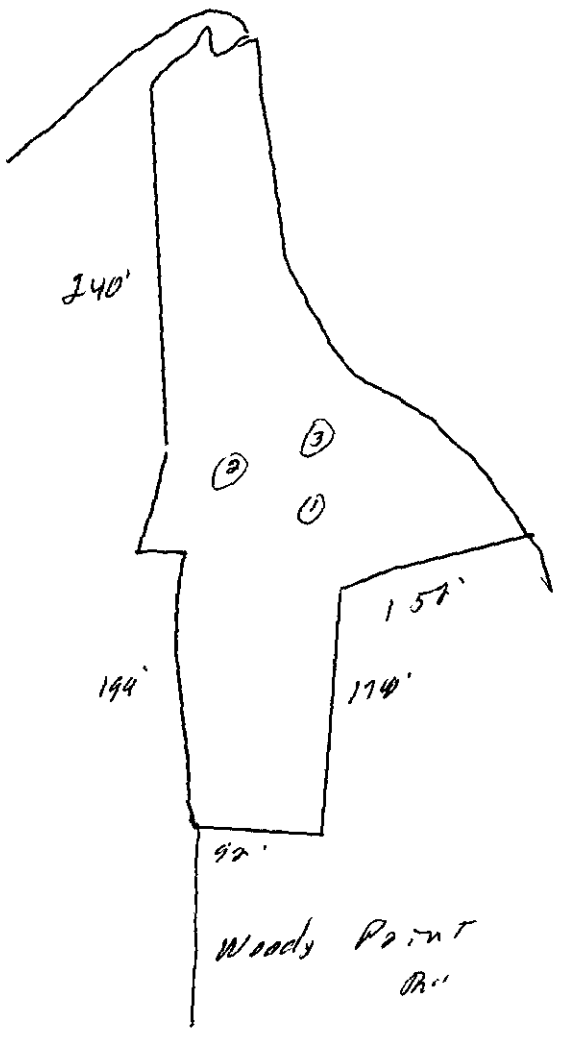
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



State of North Carolina
Department of Environment, Health, and Natural Resources
Mooresville Regional Office

James G. Martin, Governor
William W. Cobey, Jr., Secretary

Albert F. Hilton, Regional Manager

TO: William Marlin, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn Regional Soil Specialist
Division of Environmental Health
On-Site Wastewater Section

SUBJECT: Annie Sue Phifer property on Woodie Point Road

DATE: December 22, 1992

The above referenced property was evaluated for its suitability for a ground absorption sewage treatment and disposal system to serve a two bedroom residence. The site is Unsuitable under current laws and rules, 15A NCAC 18A .1900. The enclosed report gives a brief summary of the findings, conclusions, and recommendations.

If I can be of any assistance or you have any questions, contact me through the Mooresville Regional Office (704) 663-1699.

P.O. Box 950, 919 North Main Street, Mooresville, N.C. 28115-0950 • Telephone 704-663-1699 • FAX 704-663-6040

An Equal Opportunity Affirmative Action Employer

SOIL/SITE REPORT

GENERAL INFORMATION

COUNTY: Mecklenburg **DATE:** December 22, 1992

OWNER/APPLICANT: Annie Sue Phifer

LOCATION: Woodie Point Road, property ID# 199-082-24

TYPE OF FACILITY: Residence **DESIGN UNIT:** 240 gpd

PROPOSED WATER SUPPLY: On-Site well

EVALUATED BY: Joe Lynn and William Marlin using hand augers

DATE OF EVALUATION: October 29, 1992

OTHER(S) PRESENT: N/A

SITE INFORMATION

AREA/PRESENT USE: Approximately one acre / few trees

TOPOGRAPHY: 9 to 16 percent

LANDSCAPE POSITION: Linear slope

SITE LIMITATIONS: Lake / gullies / old road

SOIL INFORMATION

SOIL TEXTURE: (surface) Clay loam, some loam
(subsoil) Clay, some clay loam

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Expansive and some slightly expansive

SOIL DEPTH: 0 to 14 inches to unsuitable soil condition

SOIL WETNESS: None

RESTRICTIVE HORIZONS: None

SAPROLITE: 8 to 22 inches to unsuitable saprolite

AREA of S or PS SOIL: None found

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption sewage system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Drainage features (gullies)
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches.
4. Insufficient Available Space — Section .1945
   Not enough area for an initial sewage system and a repair if needed.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Neither shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule. Drainage will not be needed on this site.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. Neither a low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. He may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. He may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1957 (c). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must receive adequate treatment.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.
5. The denial can be appealed under G. S. 130A-24 if requested within 60 days of the denial date.

Mecklenburg County
Health Department

May 25, 1995

Ms. Annie Sue Phifer
820 Poindexter Drive
Charlotte, NC 28209

Dear Ms. Phifer:

Re: 14020 Woody Point Road
File: 556B
Parcel: 199-082-23PO

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A.1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1940 Topography and Landscape Position - complex slopes
(b) .1943 Soil Depth - Soil depth less than 36 inches
(c) .1945 Available Space - Insufficient available space for sewage disposal system installation and the required repair area.

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955,.1956, or 1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist

Enclosure

456B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 4/24/95 #265

☐ 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

Date:

PERSON FILING APPLICATION:
NAME: Phifer (last) Annie (first) Sue (mi)
ADDRESS: 820 Poundstone Dr PHONE: (704) 3475796
CITY: Charlotte STATE: NC ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):
D Prod
TAX/PARCEL NUMBER: 199-082-23
STREET ADDRESS: Waverly Point Road
ZONING:

PROPERTY OWNER:
NAME: GESING (last) BERNARD F. (first) (mi)
ADDRESS: 4020 Woody Point Rd PHONE: (__) _____
CITY: CHAR STATE: NC ZIPCODE: 28278

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)
☐ 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: 1
SYSTEN 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: Annie Sue Phifer Date: 4-24-95

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.

...unsuitable from 5/12/95

☐ 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 12/91

HOUSE on 199-082-24

"DRAINFIELD" NEED EASEMENT

Please
mail copy
of soil
report.

Thanks
Lisa

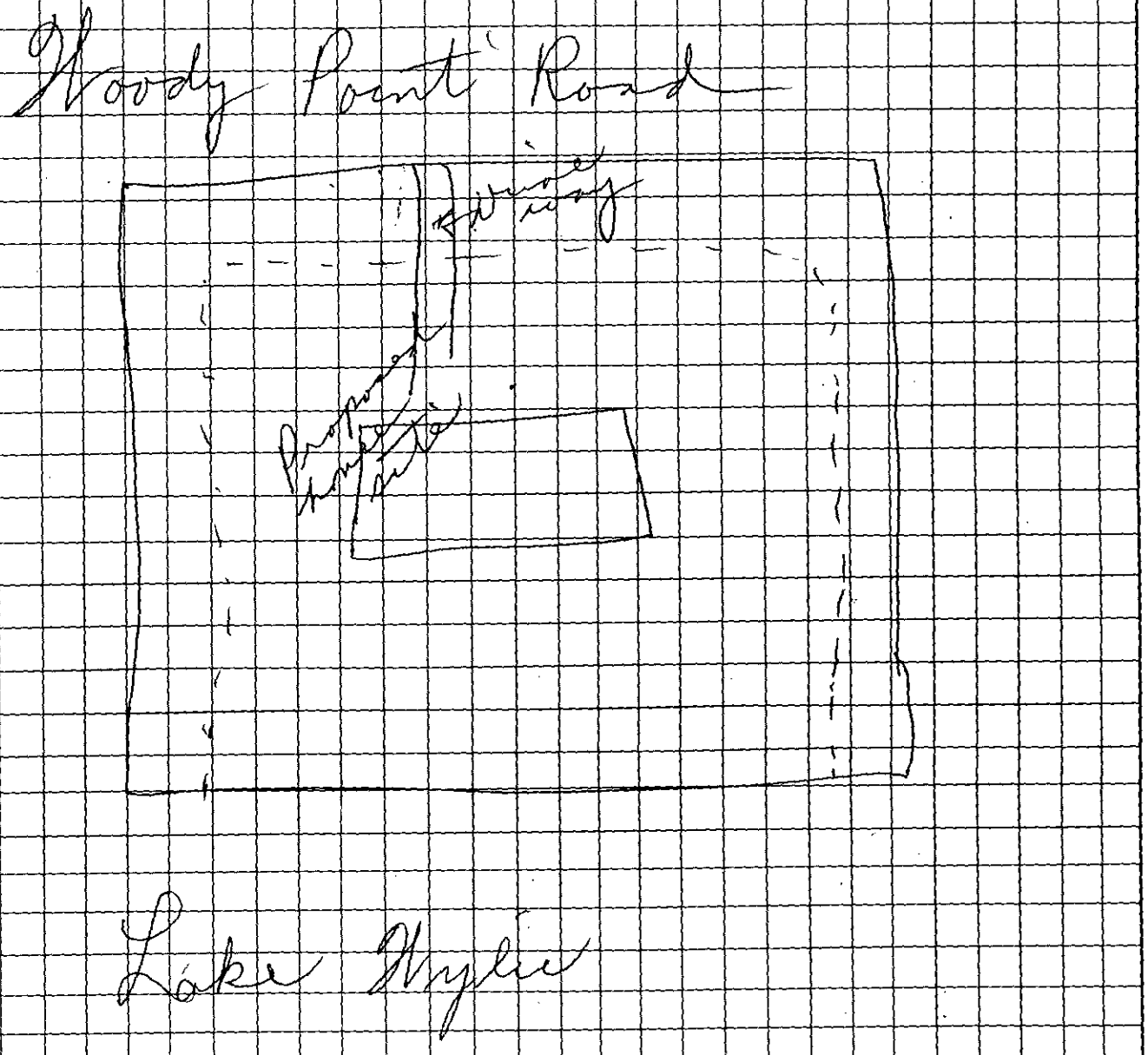
PROPOSED PLOT PLAN

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

FILE: 556B

TC: 199-082-24 House
" 199-082-23P0 Drainfield

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PG. 09
PG. 46
PG. 34
WOODY
POINT
CRESCENT
PLEASANT
POINT LOOKOUT RD.
PINE
HARBOR
RD.
WINDWARD COVE
ESTATE
15' ESMT.
3.675 AC
5.351 AC
1.5 AC
2.525 AC.
1.19 AC
17.49 AC
9.912 AC.
199-087-98
FOR TAX PURPOSES ONLY

DEPARTMENT OF ENVIRONMENT,
HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY I.D.#: 199-082-23 ~~PO~~
DATE: 5/12/95
COUNTY: Meck Co.

SOIL SITE EVALUATION FOR ON-SITE WASTEWATER SYSTEM

APPLICANT: Annie Sue Phifer
ADDRESS: 820 Poindexter Dr
Charlotte, NC 28209

OWNER__ AGENT:__ PHONE: 347-5964
APPLICATION DATE: 4/24/95 DATE EVALUATED 5/12/95
PROPOSED FACILITY: 3 bedroom house
PROPERTY SIZE: 2.23 Acres w/existing residence

LOCATION OF SITE: 14020 Woody Point Rd, Charlotte
WATER SUPPLY: On-site Well ✓ Comm. Well__ Public__ Other__ EVAL. METHOD: Auger Boring ✓ Pit__ Cut__

PROFILE #	.1940 LANDSCP POS./ SLOPE(%)	HORIZON DEPTH (IN.)	.1941 (a)(1) TEXTURE	(a)(2) STRUCTURE	(a)(3) MINEROLOGY/ CONSISTENCE	MATRIX COLOR	MOTTLE COLOR	OTHER PROFILE FACTORS
1	L	0-2"						.1942 Wetness Cond. -
	20-25%	3-22"	C	SBK	FR			.1943 Depth/.1956 Sapr. - 23"
		23"-29"	C/Sap					.1944 Restrictive Hori. -
								.1948 Profile Class. - US
								Profile LTAR -
2	L	0-14"	CL					.1942 Wetness Cond. -
	20-25%	15-32"	C	SBK	FR			.1943 Depth/.1956 Sapr. - 39"
		33"-39"	C-TR	1,	VS, VP			.1944 Restrictive Hori. - ——
		40"-43"	C/Sap					.1948 Profile Class. - US
							33**	Profile LTAR -
3								.1942 Wetness Cond. -
								.1943 Depth/.1956 Sapr. -
								.1944 Restrictive Hori. -
								.1948 Profile Class. -
								Profile LTAR -
4								.1942 Wetness Cond. -
								.1943 Depth/.1956 Sapr. -
								.1944 Restrictive Hori. -
								.1948 Profile Class. -
								Profile LTAR -

AVAILABLE SPACE (.1945) US OTHER FACTORS (.1946)__ SITECLASSIFICATION (.1948) US

SYSTEM TYPE__ LONG-TERMACCEPTANCE RATE(S)__

EVALUATED BY: Lisa Mialik OTHER(S) PRESENT: Joe Lynn, Bill Mallin

COMMENTS: Available space restricted by existing residence, existing septic system, well, lake, complex slopes & % slopes

199-082-23 evaluated for septic system drainfield for proposed 3 bedroom house on 199-082-24

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20606

File: 556B Action _____

Parcel: 199-082-24 Proposed House
199-082-23 PO Drainfield ☐ PC

Location: 14020 Woody Point Rd

Subdivision:

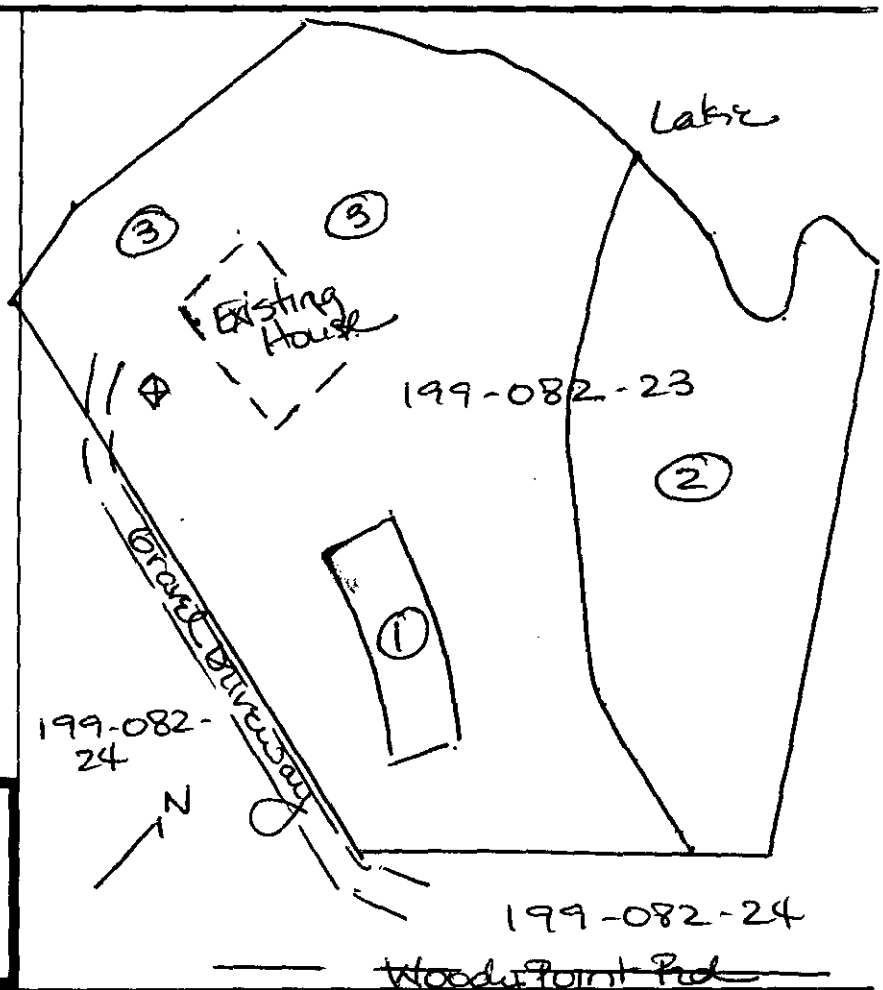
Lot: Block: Acres:

Owner: Bernard F. Gesing
Address: 14020 Woody Point Road
Charlotte, NC 28278

Comments: 100% Repair
Limited area - Extreme restrictions (US)

Described by: Joan B. Mialik

Date: 5/10/95 Wk 5-16-95



***** 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 20-25%	S PS (U) complex slopes (erosion)	S PS (U) complex slope	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly exp. clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SBK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 23"-33"	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
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) Existing septic system	S PS U	S PS U	S PS U
Soil Group/Series	IV clay		Existing well Existing House			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

May 25, 1995

Ms. Annie Sue Phifer
820 Poindexter Drive
Charlotte, NC 28209

Dear Ms. Phifer:

Re: 14020 Woody Point Road
File: 556B
Parcel: 199-082-23PO

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A.1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1940 Topography and Landscape Position - complex slopes
(b) .1943 Soil Depth - Soil depth less than 36 inches
(c) .1945 Available Space - Insufficient available space for sewage disposal system installation and the required repair area.

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955,.1956, or 1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist

Enclosure

State of North Carolina
Department of Environment, Health, and Natural Resources
Mooresville Regional Office

James G. Martin, Governor
William W. Cobey, Jr., Secretary

Albert F. Hilton, Regional Manager

TO: William Marlin, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn Regional Soil Specialist
Division of Environmental Health
On-Site Wastewater Section

SUBJECT: Annie Sue Phifer property on Woodie Point Road

DATE: December 22, 1992

The above referenced property was evaluated for its suitability for a ground absorption sewage treatment and disposal system to serve a two bedroom residence. The site is Unsuitable under current laws and rules, 15A NCAC 18A .1900. The enclosed report gives a brief summary of the findings, conclusions, and recommendations.

If I can be of any assistance or you have any questions, contact me through the Mooresville Regional Office (704) 663-1699.

P.O. Box 950, 919 North Main Street, Mooresville, N.C. 28115-0950 • Telephone 704-663-1699 • FAX 704-663-6040

An Equal Opportunity Affirmative Action Employer

SOIL/SITE REPORT

GENERAL INFORMATION

COUNTY: Mecklenburg DATE: December 22, 1992

OWNER/APPLICANT: Annie Sue Phifer

LOCATION: Woodie Point Road, property ID# 199-082-24

TYPE OF FACILITY: Residence DESIGN UNIT: 240 gpd

PROPOSED WATER SUPPLY: On-Site well

EVALUATED BY: Joe Lynn and William Marlin using hand augers

DATE OF EVALUATION: October 29, 1992

OTHER(S) PRESENT: N/A

SITE INFORMATION

AREA/PRESENT USE: Approximately one acre / few trees

TOPOGRAPHY: 9 to 16 percent

LANDSCAPE POSITION: Linear slope

SITE LIMITATIONS: Lake / gullies / old road

SOIL INFORMATION

SOIL TEXTURE: (surface) Clay loam, some loam
(subsoil) Clay, some clay loam

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Expansive and some slightly expansive

SOIL DEPTH: 0 to 14 inches to unsuitable soil condition

SOIL WETNESS: None

RESTRICTIVE HORIZONS: None

SAPROLITE: 8 to 22 inches to unsuitable saprolite

AREA of S or PS SOIL: None found

GPP - Improvement Permit 6 150- $75 70 229 2nd

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption sewage system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Drainage features (gullies)
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Insufficient Soil Depth — Section .1941
   Soil depths of less than 36 inches.
4. Insufficient Available Space — Section .1941
   Not enough area for an initial sewage system and a repair if needed.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Neither shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule. Drainage will not be needed on this site.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. Neither a low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. He may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. He may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1957 (c). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must receive adequate treatment.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.
5. The denial can be appealed under G. S. 130A-24 if requested within 60 days of the denial date.

Mecklenburg County
Health Department

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

August 25, 1992

Ms. Anne Phifer
820 Poindexter
Charlotte, NC 28209

RE: Property located on Woody Point Road
FILE: 556B/8427A
PARCEL: 199-082-24, po199-082-23

Dear Ms. Phifer:

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 12794) 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 Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

KR/wpg

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12794

File: 5-56 B/8 4/27/94 Action 3

Parcel: 199-082-24, PO 199-082-23 ☐ PC

Location: Woody Point Road

Subdivision:

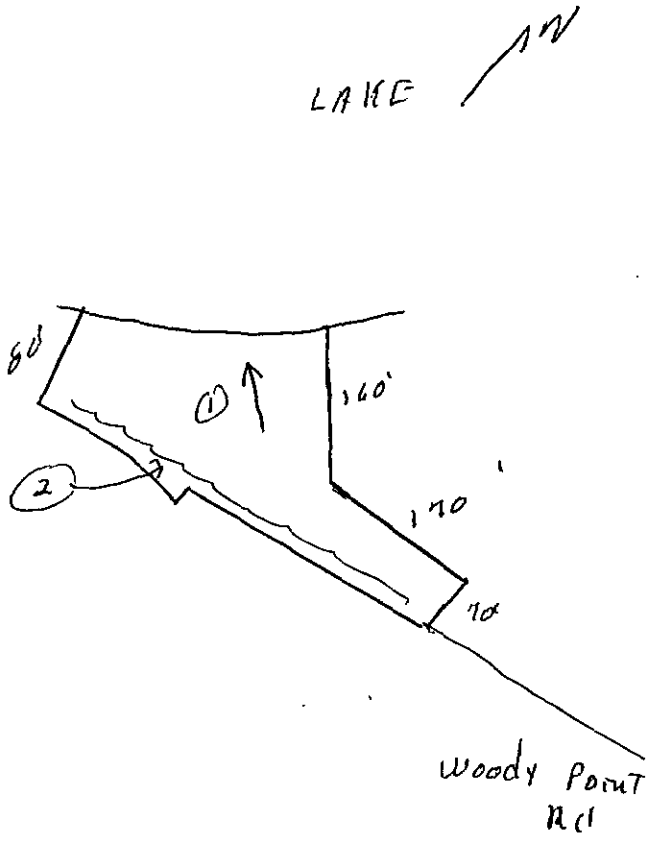
Lot: Block: Acres:

Owner: anne Shiffer
Address: 820 Poindexter
Charlotte, N.C. 28209

Comments: 100% Repair

Described by: William A. Marlin

Date: 8-25-93



*** 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 6-15%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub & Block	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 8-20"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	Mecklenburg-Wilkes	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 [illegible]

File: [illegible] Action 3

Parcel: 111-02-24, 111-[illegible]

☐ PC

Location: [illegible]

Subdivision:

Lot: Block: Acres:

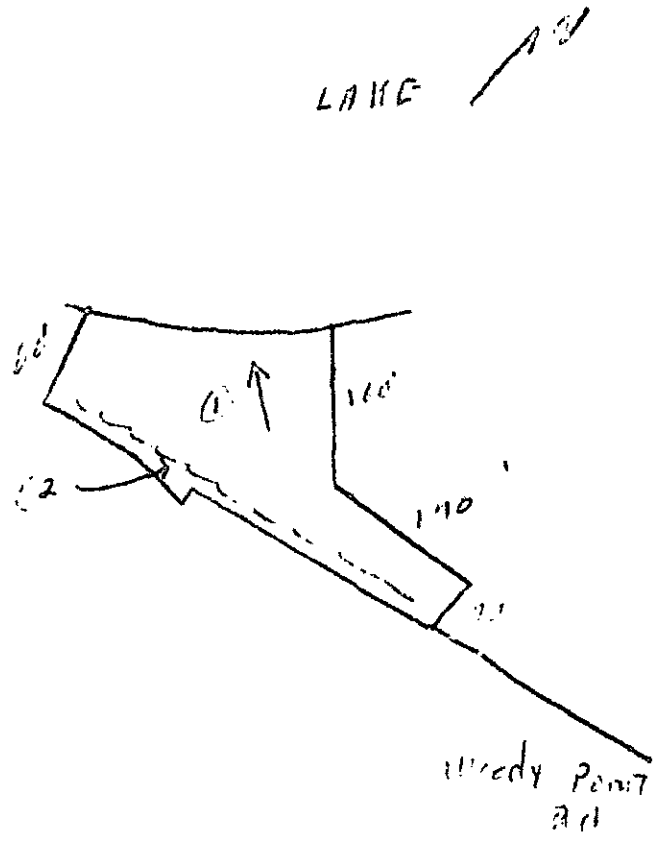
Owner: [illegible]

Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: 9-25-92



***** 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 [illegible]	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U
Texture	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U [illegible]	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	[illegible]	[illegible]				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

File 556B/4427A

APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Kal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

DRAFT

Date:

PERSON FILING APPLICATION:

NAME: Phifer Annie L. (last) (first) (mi)

ADDRESS: 820 Foundation PHONE: (704) 358-8775

CITY: Charlotte STATE: NC ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-082-24

STREET ADDRESS: Woody Pt. Rd.

ZONING:

PROPERTY OWNER:

NAME: Hurst Annie L. (last) (first) (mi)

ADDRESS: 520 Foundation PHONE: (704) 358-8775

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): 1/2

[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 H)
[ ] 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: 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)
[X] 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: Annie Lee Phifer Date: 8/4/92

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

WWATER : 122791

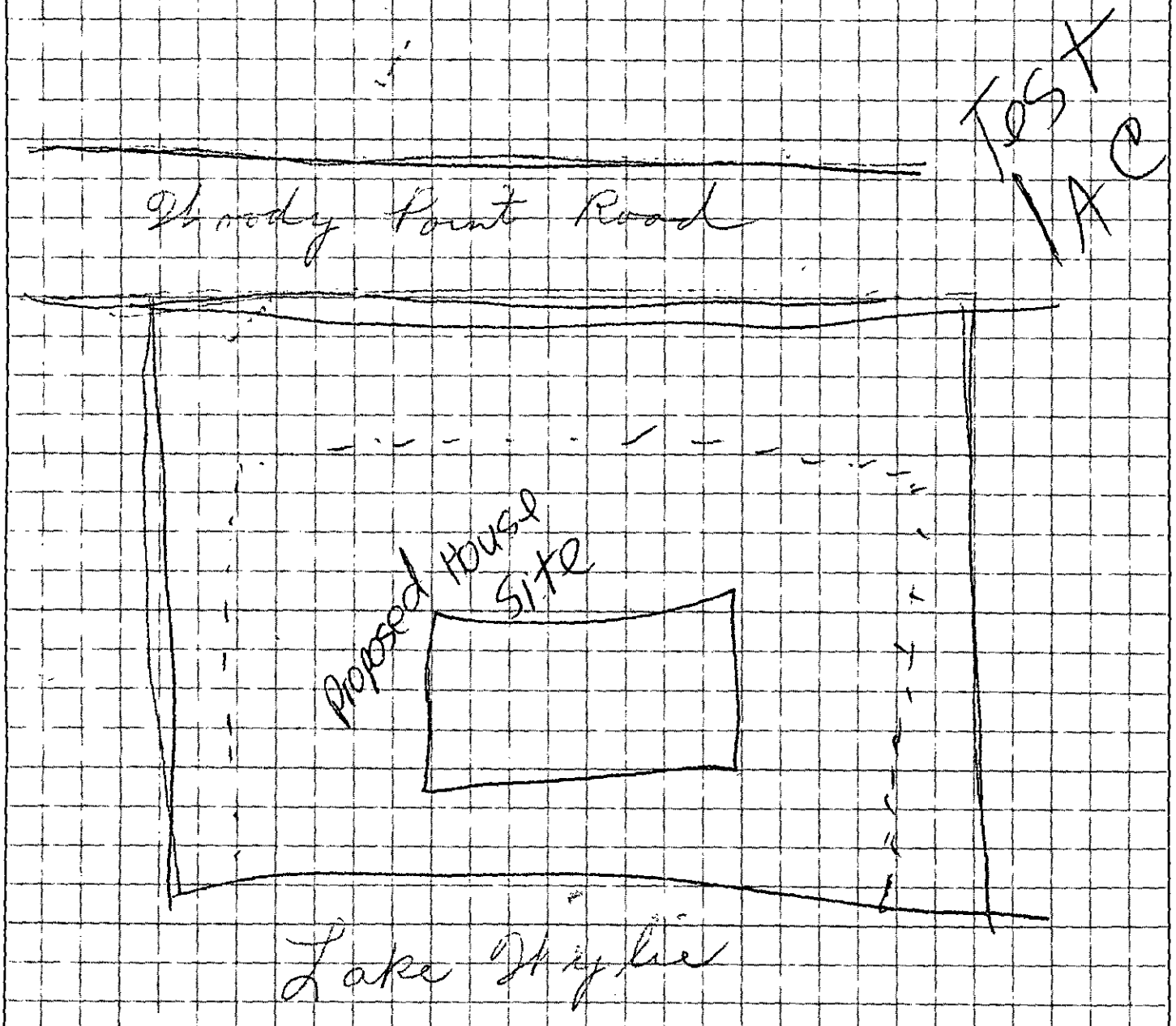
PROPOSED PLOT PLAN

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

FILE: 556B/8427A

TC: 199-082-24

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.



* Address next door is 14020 Woody Point Rd.

APPROVAL DATE _____

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

Lake
old road
gully
gully
Peedie Point Rd

456B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 4/24/95 #265

☐ 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: Phifer Annie Sue
(last) (first) (mi)

ADDRESS: 820 Poundstone Dr. PHONE: (704) 3475964

CITY: Charlotte STATE: NC ZIPCODE: 28209

Date:

PROPERTY OWNER:

NAME: GESING, Virginia BERNARD F.
(last) (first) (mi)

ADDRESS: 1020 Woody Point Rd PHONE: (704) 347-5965

CITY: CHARLOTTE STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-082-23 (Deed)

STREET ADDRESS: Woody Point Road

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ 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: 3 NUMBER OCCUPANTS: 1

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: Annie Sue Phifer Date: 4-24-95

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 (2279)

HOUSE on 199-082-24
"DRAINFIELD" — NEED EASEMENT

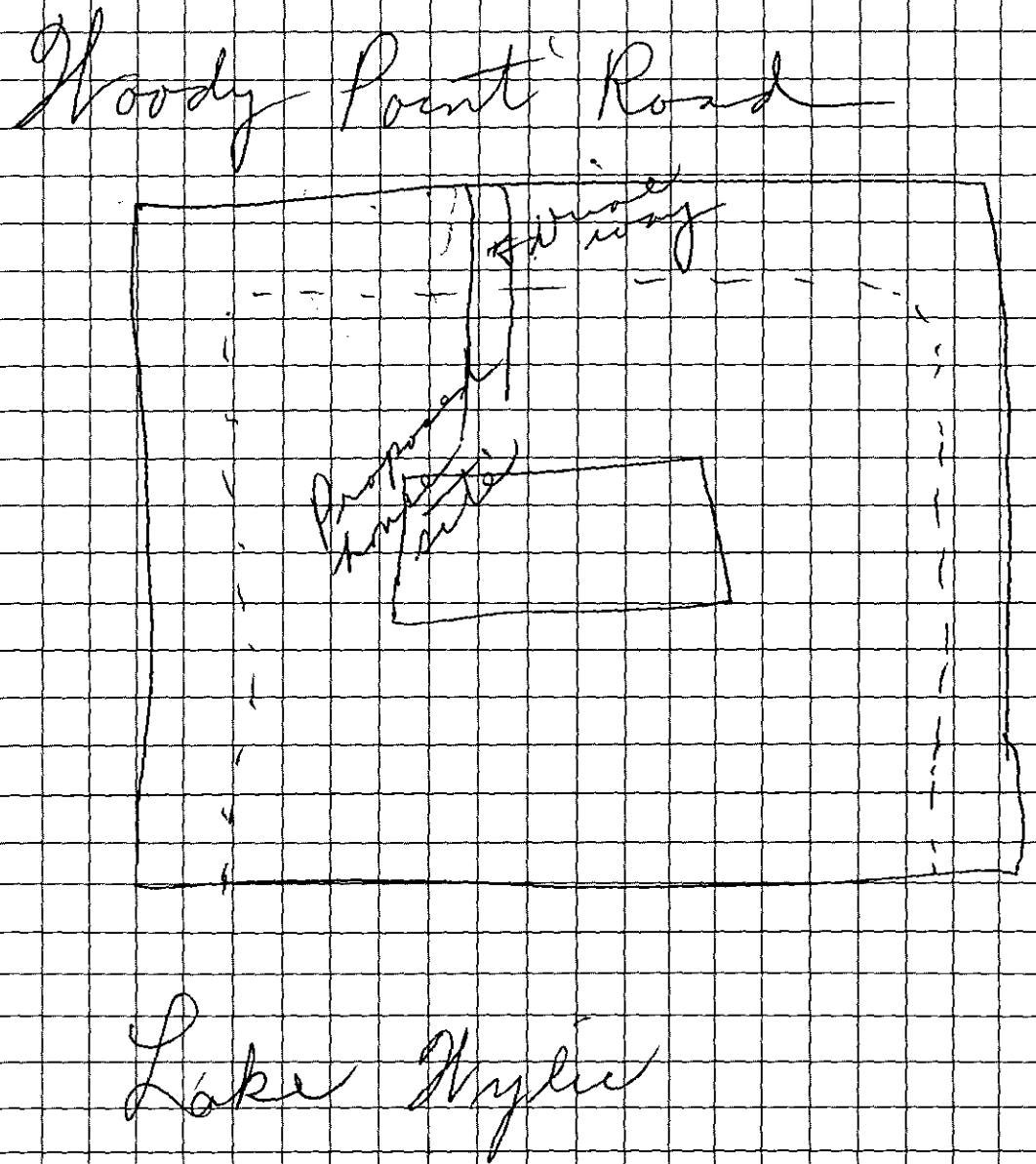
PROPOSED PLOT PLAN

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

FILE: 556B

TC: 199-082-24 House
" 199-082-23PO Drainfield

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County
Health Department

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

December 28, 1992

FILE 5576B

Ms. Annie Phifer
820 Poindexter Drive
Charlotte, NC 28209

Dear Ms. Phifer:

Enclosed please find a copy of the soil report prepared by Joe Lynn, Regional Soil Specialist, for the property (199-082-24, Part Of 199-082) located at the end of Woody Point Road. This area was originally investigated by the Mecklenburg County Health Department on August 24, 1992.

If you have any question regarding this matter, please contact me at 336-5574.

Sincerely,

William R. Marlin

William R. Marlin, Soil Scientist
Individual Water and Wastewater Systems

State of North Carolina
Department of Environment, Health, and Natural Resources
Mooresville Regional Office

James G. Martin, Governor
William W. Cobey, Jr., Secretary

Albert F. Hilton, Regional Manager

TO: William Martin, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn Regional Soil Specialist
Division of Environmental Health
On-Site Wastewater Section

SUBJECT: Annie Sue Phifer property on Woodie Point Road

DATE: December 22, 1992

The above referenced property was evaluated for its suitability for a ground absorption sewage treatment and disposal system to serve a two bedroom residence. The site is Unsuitable under current laws and rules, 15A NCAC 18A .1900. The enclosed report gives a brief summary of the findings, conclusions, and recommendations.

If I can be of any assistance or you have any questions, contact me through the Mooresville Regional Office (704) 663-1699.

P.O. Box 950, 919 North Main Street, Mooresville, N.C. 28115-0950 • Telephone 704-663-1699 • FAX 704-663-6040

An Equal Opportunity Affirmative Action Employer

SOIL/SITE REPORT

GENERAL INFORMATION

COUNTY: Mecklenburg DATE: December 22, 1992

OWNER/APPLICANT: Annie Sue Shifer

LOCATION: Woodie Point Road, property ID# 199-081-24

TYPE OF FACILITY: Residence DESIGN UNIT: 240 gpd

PROPOSED WATER SUPPLY: On-Site well

EVALUATED BY: Joe Lynn and William Marlin using hand augers

DATE OF EVALUATION: October 29, 1992

OTHER(S) PRESENT: N/A

SITE INFORMATION

AREA/PRESENT USE: Approximately one acre / few trees

TOPOGRAPHY: 9 to 16 percent

LANDSCAPE POSITION: Linear slope

SITE LIMITATIONS: Lake / gullies / old road

SOIL INFORMATION

SOIL TEXTURE: (surface) Clay loam, some loam
(subsoil) Clay, some clay loam

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Expansive and some slightly expansive

SOIL DEPTH: 0 to 14 inches to unsuitable soil condition

SOIL WETNESS: None

RESTRICTIVE HORIZONS: None

SAPROLITE: 8 to 22 inches to unsuitable saprolite

AREA of S or PS SOIL: None found

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption sewage system due to:

1. Unsuitable Topography and Landscape Position — Section .1941
   Drainage features (gullies)
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches.
4. Insufficient Available Space — Section .1945
   Not enough area for an initial sewage system and a repair if needed.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Neither shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule. Drainage will not be needed on this site.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. Neither a low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. He may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. He may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1957 (c). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must receive adequate treatment.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.
5. The denial can be appealed under G. S. 130A-24 if requested within 60 days of the denial date.

Lake
Gravelle Point Rd

File 556B/8427A

pd #50 8-4-92 BCK #2004

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

PERSON FILING APPLICATION:
NAME: Phifer (last) Anne (first) L. (mi)
ADDRESS: 820 Poindexter PHONE: (704) 358-8775
CITY: Charlotte STATE: NC ZIPCODE: 28209

Date:

PROPERTY OWNER:
NAME: Phifer (last) Anne (first) L. (mi)
ADDRESS: 820 Poindexter PHONE: (704) 358-8775
CITY: Charlotte STATE: NC ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-082-24
STREET ADDRESS: Woody Pt. 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): 1/2

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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] 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)
[X] 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: Anne L Phifer Date: 8/4/92

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

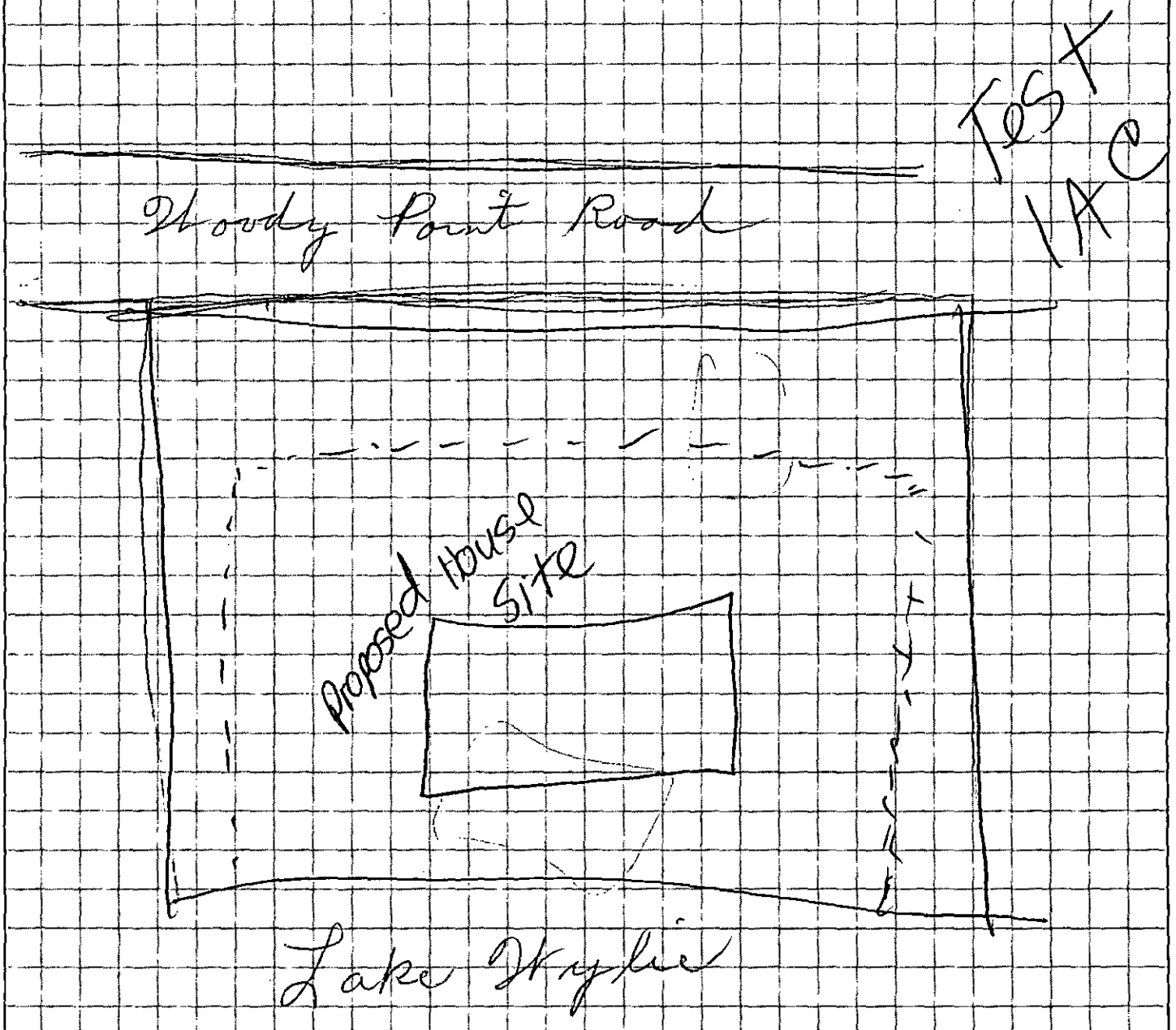
PROPOSED PLOT PLAN

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

FILE: 556B/8427A

TC: 199-082-24

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.



X Address next door is 14020 Woody Point Rd.

APPROVAL DATE _____

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