Date Received _____

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[illegible] 1984
ENVIRONMENTAL HEALTH

SIR No. 21414
T. C. No. 143-081-47
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Freddie Lee Cooper (LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 3201 Barsicld Dr ZIP 2

3) PHONE NO. Home 332-3308 Office _____

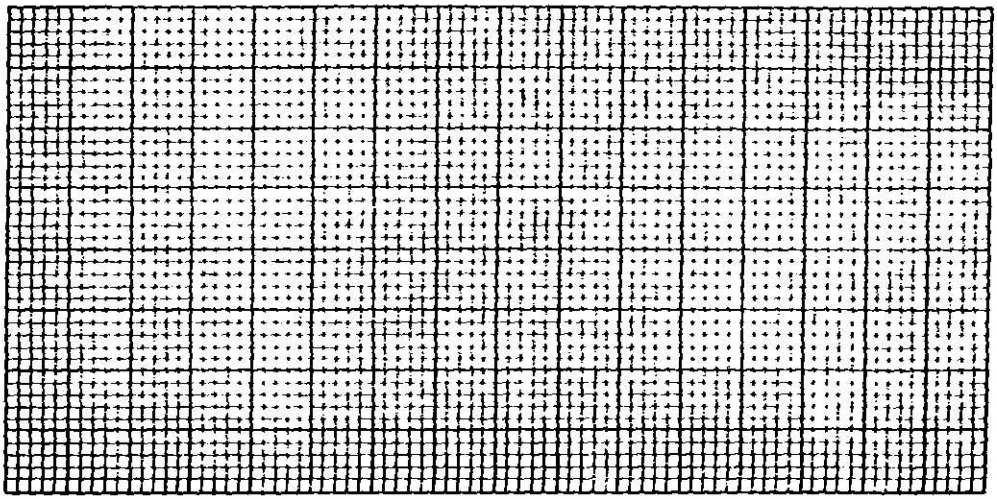
4) LOCATION OF PROPERTY 3115 West Blvd (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Freddie L Coopee
OWNER Robert Coopee Son

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21414

T.C. NO. 143-081-42

(Ground Absorption Sewage Disposal)

OWNER: Eudelle Le Cooper
ADDRESS: 321 Baptist Dr.
Charlotte, N.C.
LOCATION OF SITE: 3415 West Blvd.

PLAT NO:
LOT SIZE: 21,750 Sq. Ft.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 8-15%	S (PS) U — 8-15%	S PS U —	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS (U) — 2-1 Clay	S PS (U) — 2-1 Clay	S PS U —	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S (PS) U — Blocky	S PS U —	S PS U
4. SOIL DEPTH (inches)	S PS (U) — 12-18"	S (PS) U — 36-38"	S PS U —	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS U — 236"	S (PS) U — 236" to Saprolite	S PS U —	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — 236" to ground water	S (PS) U — 236" to ground water	S PS (U) — Depression	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA	IVB	—	
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	[illegible]	Enon	Depression	

S - Suitable PS - Provisionally Suitable U - Unsuitable

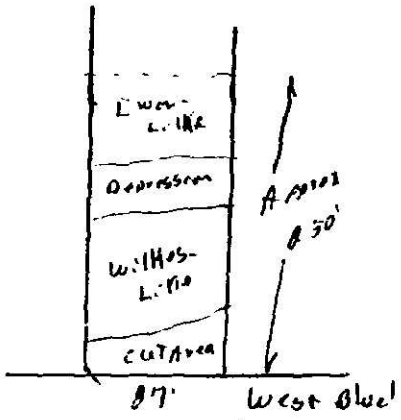
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William R. Mueller
Title: Soil Scientist

Date: 9-26-84

2+4


Lower Lake
Aggregate
Upper Lake
Cutter
87'
West Blvd
Approx
@ 50'

MECKLENBURG COUNTY
Department of Environmental Health

FILE NO. 21414

DATE 9-27-84

Feddie L. Cooper
3201 Barfield Drive
Charlotte, NC 28210

Re: Property located at 3415 West Boulevard

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation, showed the site to be classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

North Carolina General Statute 130A-335 and 10 NCAC 10A .1948 (c) provides that:

> Sites originally classified as UNSUITABLE may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soil studies indicate to the local health department that a suitable septic tank system or a suitable alternate system can reasonably be expected to function satisfactorily. Such sites may be reclassified as PROVISIONALLY SUITABLE upon submission to the local health department and when requested by the local health department to the state agency of the following:
>
> (1) Adequate substantiating data to indicate that a ground absorption system can be installed so that the effluent will receive adequate treatment;
>
> (2) Adequate substantiating data to indicate that the effluent will not contaminate any drinking water supply, ground water used for drinking water, or any surface water;
>
> (3) Adequate substantiating data to indicate that 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.

Upon receipt of a request for reclassification as provided for above, the submission of plans and specifications for an applicable sewerage treatment system, and the approval of such system as submitted, the department will issue the appropriate permits.

If I may be of any assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

Enclosure

3415

Date Received _____

ICAR(S) Application No. 21414

T. C. No. 143-081-47

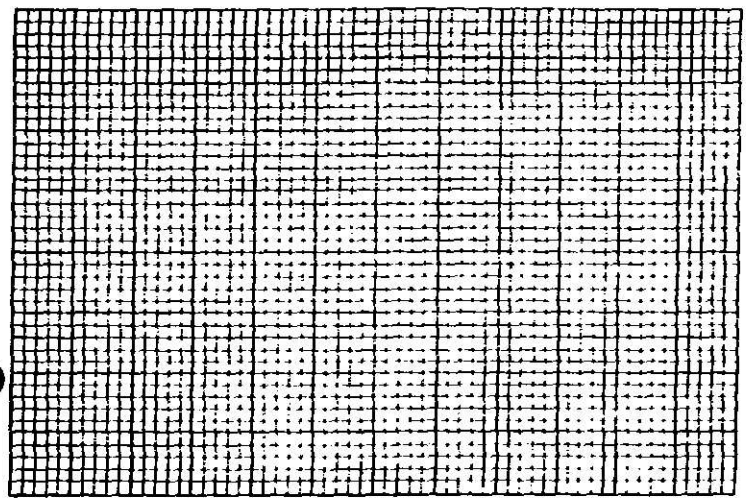
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ✓No
Residence ✓Yes ___No

4) No of Bedrooms _____
5) Business Use — Max No Employees _____
6) Washing Machine ✓Yes ___No
7) Garbage Disposal ___Yes ✓No
8) Dishwasher ___Yes ✓No
9) Water Supply
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1 Well source _____
2 Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ___Yes ✓No
House located within 200 feet of community sewer ___Yes ___No
11) FHA Case No _____
12) VA Case No. _____

13) NAME OF OWNER Cooper (LAST) Freddie (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER 320 Barfield Dr

15) PHONE NO. Home 332-3308 Office _____

16) LOCATION OF SYSTEM 3415 West Blvd (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ✓ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

September 5 1984
DATE OF APPLICATION

Freddie L Cooper
OWNER Robert Cooper Son

EHD-S-76

Environmental Health Department's Copy