

3520 ORIOLE PL

02712213

6/11/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6126A DATE: 8/29/90

TC: 027 122 13 ☒ L ☐ CRT

SERIAL № 13553

Name of Owner Jeffrey Jennings Juris.:

Address of Property 3520 Oriole Place

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 67'

Cover Depth 12"

Water Supply Source P/Well

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, CON, 1200 SFT, 12"G, Cecil like CTR# 109

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 3bedrm. (6) 3'x67'x12"G, Straw.

Tim Whitaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

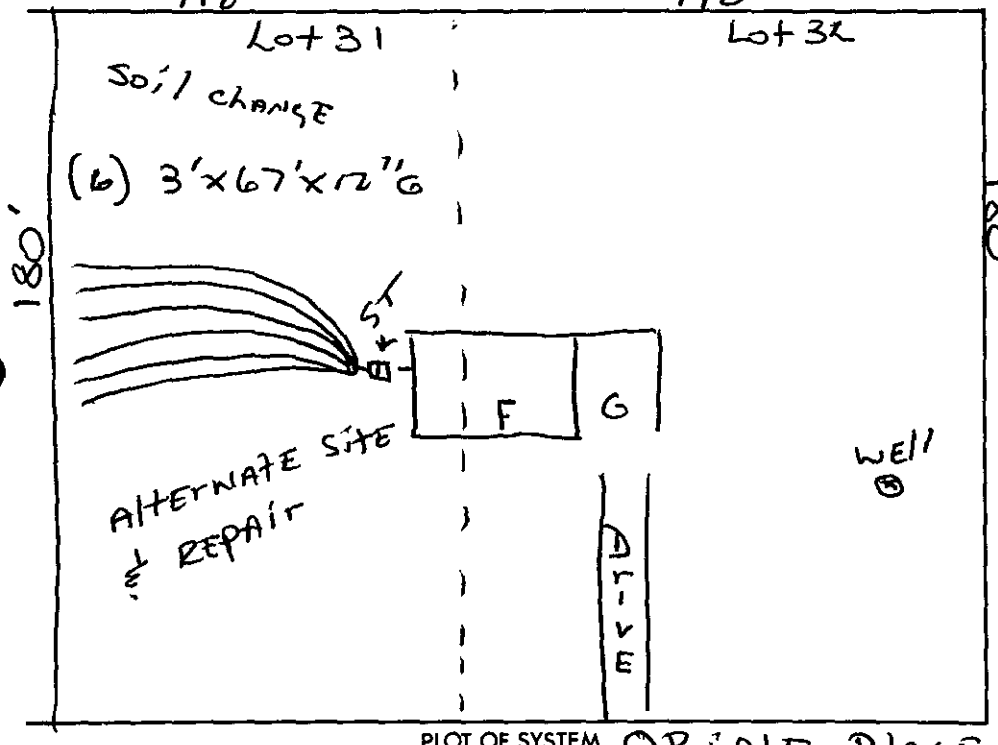
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6126A DATE: 8/21/90

TC: 027 122 13 P ☐ L

SERIAL Nº 14733

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 5/11/90. All work shall be completed on or before 9/21/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM ORIOLE PLACE

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines (6) 67'

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER JEFFREY JENNINGS

LOCATION OF PROPERTY 3520 ORIOLE PLACE

Comments: 3 bedrm. (6) 3'x67x12"G, Straw. USE ALTERNATE AREA if soil CHANGES. MAY REQUIRE lift STATION.

Division or Section Head

Tim Whitacre, R.S.
Environmentalist

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

REV. 6/8/90
REV. 6/22/90

PROPOSED PLOT PLAN

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

FILE: 6126A

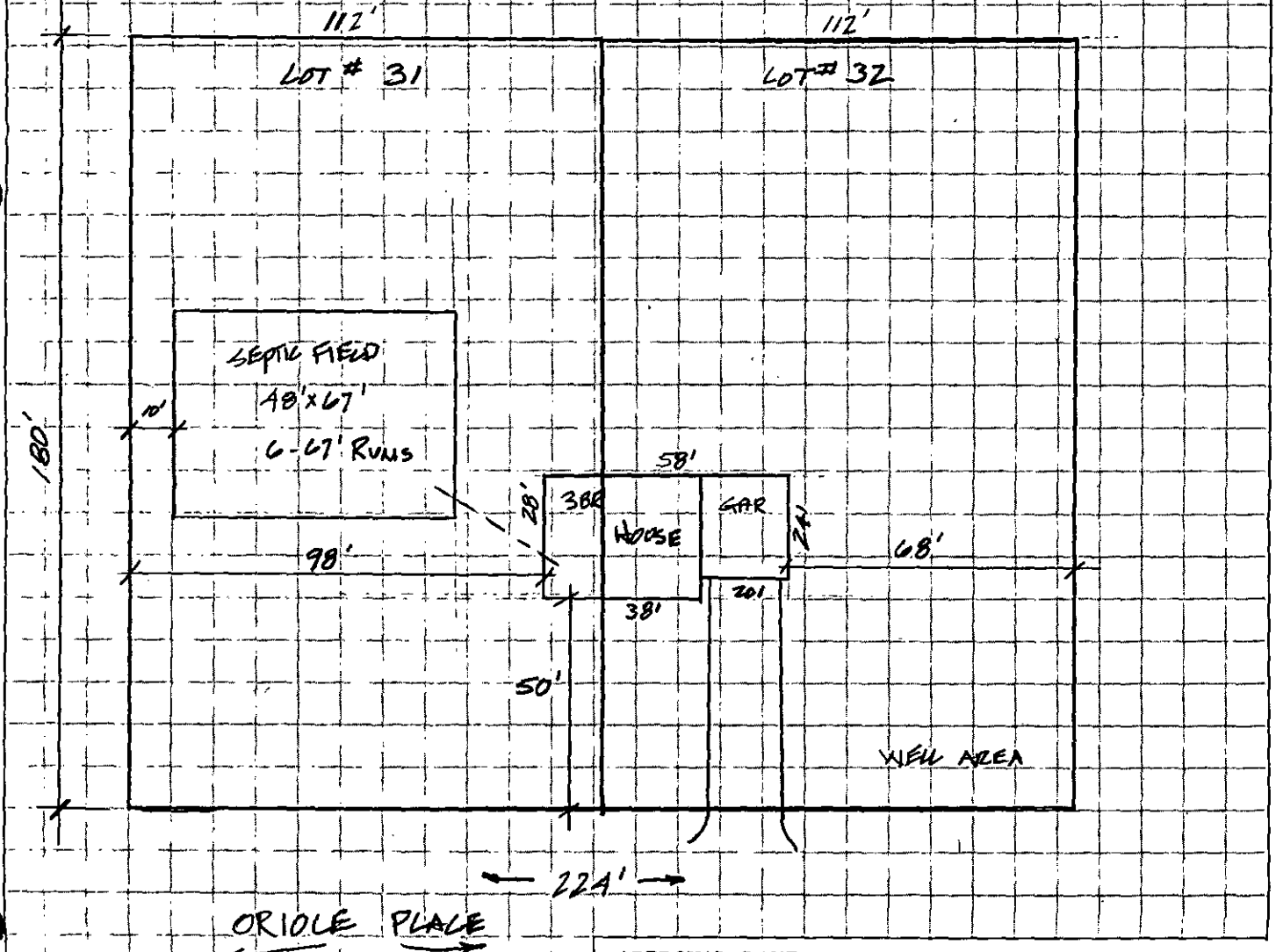
TC: 0271221 3pm

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: JEFFREY JENNINGS
7614 EAST LANE DR.
CHARLOTTE, N.C. 28212 537-7029

SCALE: 1" = 40'-0"

BUILDER: KEY HOMES, INC.
7508 E. INDEPENDENCE BLVD., SUITE #115
CHARLOTTE, N.C. 28227 567-6873



APPROVAL DATE _____

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

PROPOSED PLOT PLAN

REV. 6/8/90

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

FILE: 6126A

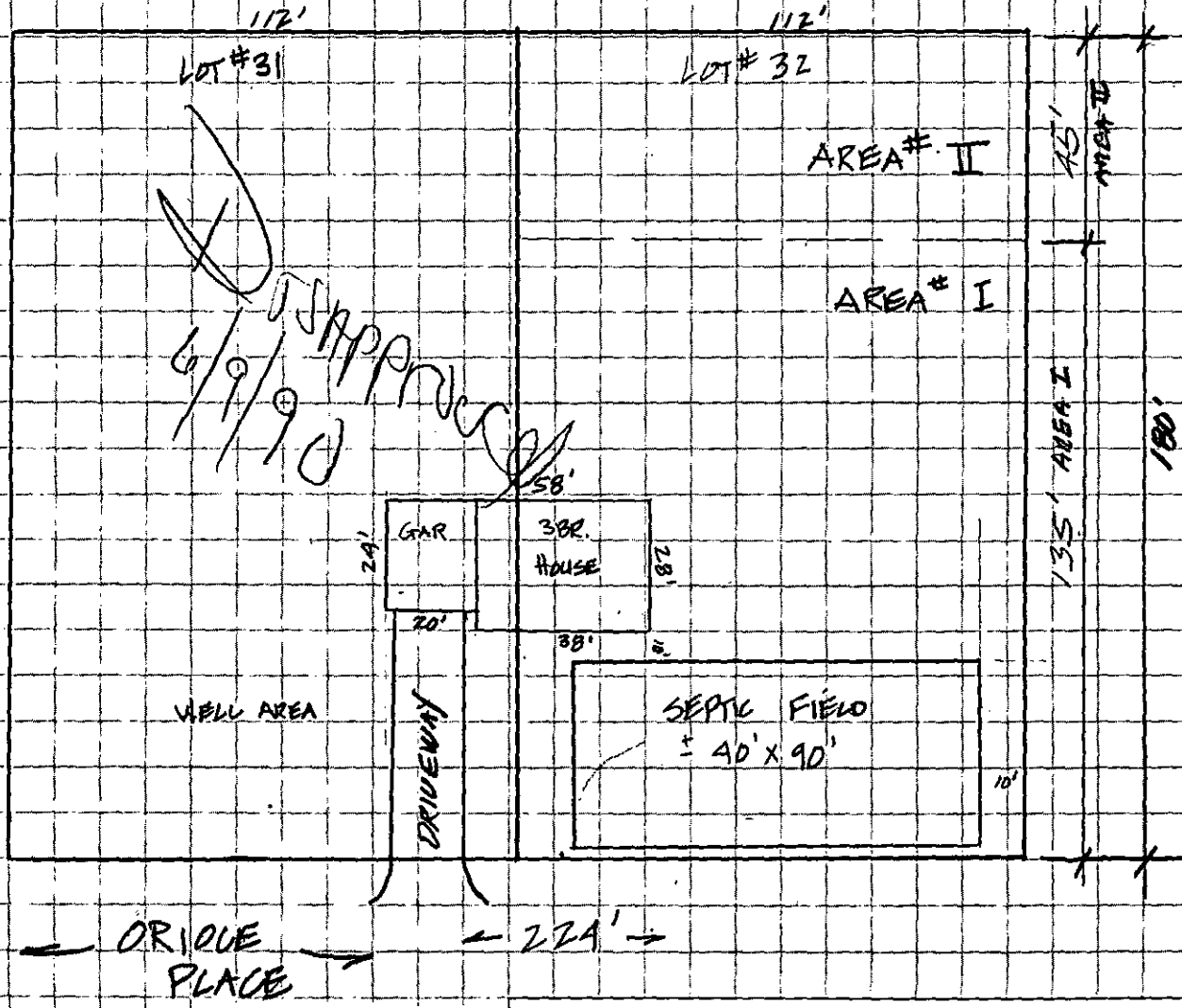
TC: 027122 13 PO

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: JEFFREY JENNINGS
7614 EASTLAKE DR.
CHARLOTTE, N.C. 28212 531-7029

SCALE: 1" = 40'-0"

BUILDER: KEY HOMES, INC
7508 E. INDEPENDENCE BLVD, SUITE # 115
CHARLOTTE, N.C. 28227 567-6813



APPROVAL DATE _____

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

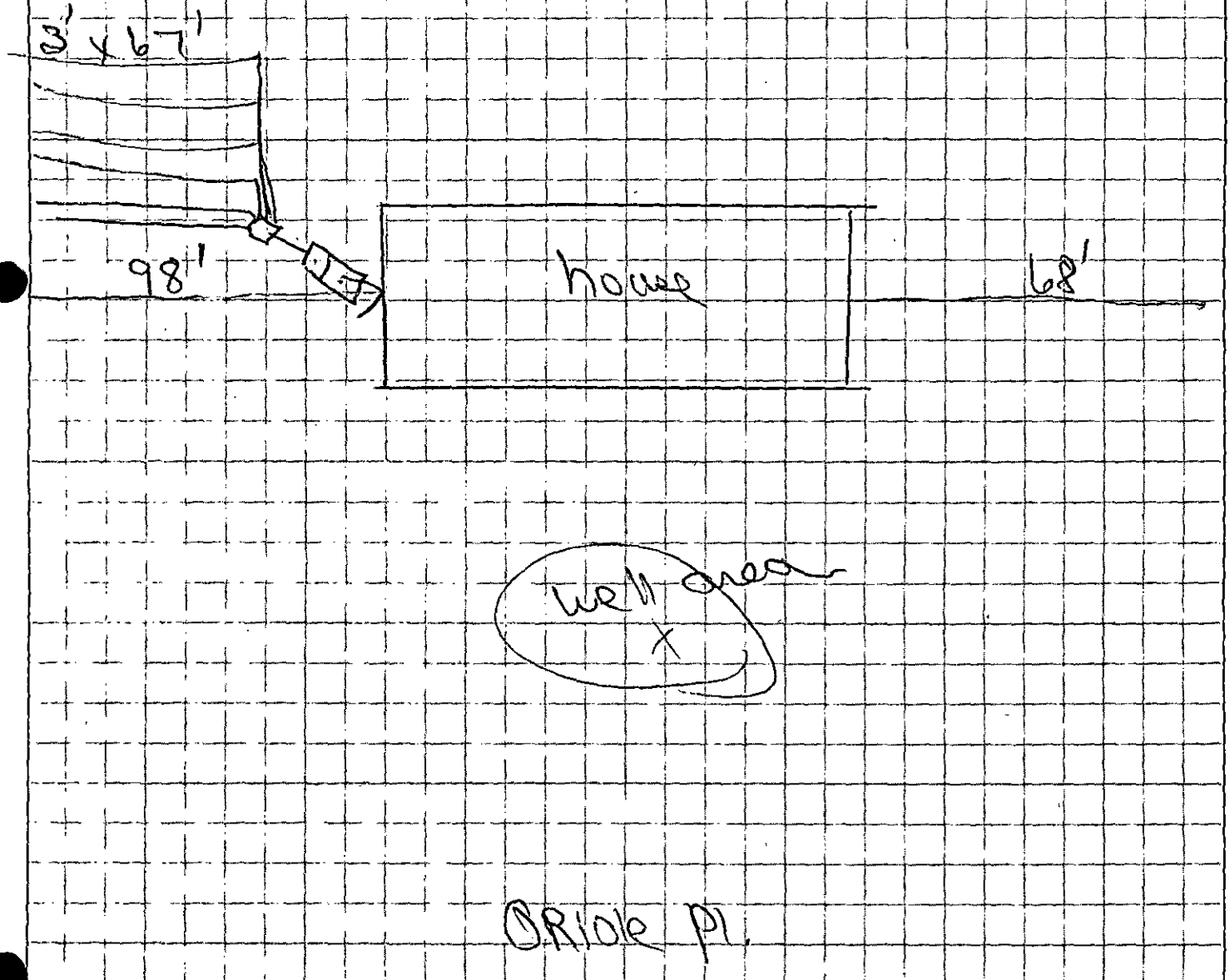
PROPOSED PLOT PLAN

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

FILE: 6126 A

TC: 027-122-13 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

DATE: 5/9/90

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mock

PARCEL NUMBER # 027-122-13.00

ASSIGNED ADDRESS 3520 Oriole Pl

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐

	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic Tank & well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 02/86

PROPOSED PLOT PLAN

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

FILE: 6126 A

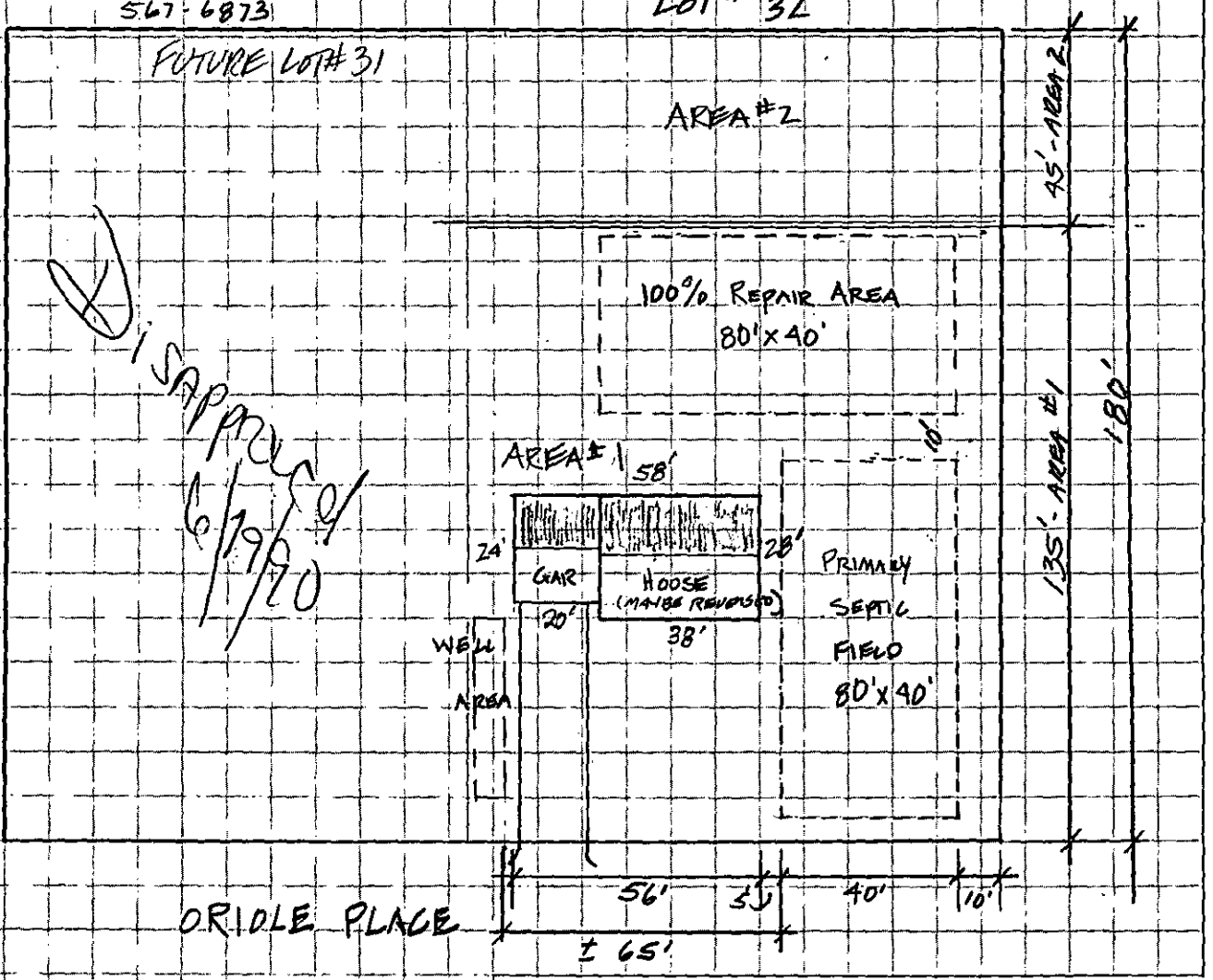
TC: 02712213PO

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: JEFFREY JENNINGS
7614 EASTLANE DR
CHARLOTTE, NC. 28212
537-7029

BUILDER: KEY HOMES, INC.
7508 E. INDEPENDENCE, STE# 115
CHARLOTTE, NC. 28227
567-6873

SCALE: 1"=40'



APPROVED
6/19/96

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5/14/90

Name/Company: The Key Company

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Urp - new
6126.A

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 14 1990

ck # 000345
#200.00

Fee: $ 200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

7133

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

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

(OFFICE USE ONLY)

FILE: 6126A

TC: 027/122/13PO

SERIAL: № 20994

☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 3520 (STREET NO.) ORIOLE PLACE (STREET) ② FILE: 6126A

③ JURISDICTION: ④ TAX PARCEL NO.: 027-122-13 PO

⑤ SUBDIVISION: MALLARD CREEK ESTATES ⑥ LOT: 32 ⑦ BLOCK:

OWNER

⑧ NAME: JEFFREY (FIRST) K (MIDDLE) JENNINGS (LAST)

⑨ MAILING ADDRESS: 7614 EASTLAKE DRIVE

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28212

BUILDER: KEY HOMES, INC. 567-6873

⑬ PHONE: (WORK) 537-7029 ⑭ (HOME) 535-8769

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? WILL BE 2 COULD BE 6 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Jeffrey K. Jennings

Date: 5-11-90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 6/21/90

Director or Authorized Section Head — Date 6-22-90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6126A
TC: 027 122 13 PO
SERIAL: NC 20994
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5520 (STREET NO.) ORIOLE PLACE (STREET) ② FILE: 6126A
③ JURISDICTION: ④ TAX PARCEL NO.: 027-122-13 PO
⑤ SUBDIVISION: MALLARD CREEK ESTATES ⑥ LOT: 32 ⑦ BLOCK:

OWNER

⑧ NAME: JEFFREY (FIRST) K (MIDDLE) JENNINGS (LAST)
⑨ MAILING ADDRESS: 7614 EASTLAKE DRIVE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28212
BUILDER: KEY HOMES, INC. 567-6873
⑬ PHONE: (WORK) 537-7029 ⑭ (HOME) 535-8769

REQUEST

This request is for a(n):
Rt to David Cox
Rt off David Cox End of Ryan Subdivision
⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange
TO Gravel Rd
⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) Turn Rt on 2 NC
3 Gravel Rd

DESIGN CRITERIA

System will serve:
⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? WILL BE 2 COULD BE 6 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Jeffrey K. Jennings
Date: 5-11-90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

JJK 6/21/90
Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

October 18th, 1989

Jeffrey Jennings
7614 Eastlane Drive
Charlotte, NC 28212

RE: Property located at Oriole Place
FILE: 6126A
PARCEL: 02712213po

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16424) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16424

File: 6126A Action 1

Parcel: 02712213po ☐ PC

Location: Oriole Place

Subdivision:

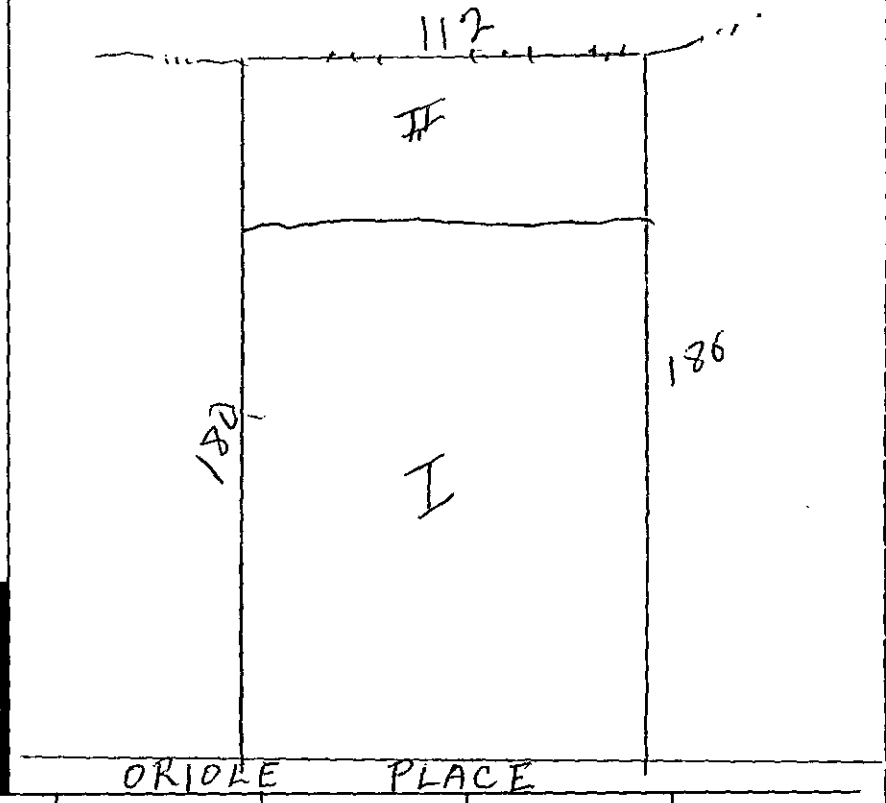
Lot: Block: Acres: .47

Owner: Jeffrey Jennings
Address: 7614 Eastlane Drive
Charlotte, NC 28212

Comments: Need 100% Repair
Limited Area

Described by: W. B. Ramsey

Date: 10-16-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-8	S (PS) U 2-6	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U) Mixed	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U) Weak	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U) Drainageway	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS (U) Various	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 Limited Area *	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	IIe Cecil	IVe+L Cecil-Helena				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/12/89

Name/Company: Jeff Jennings

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sail
Acre
6126A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 12 1989

cash 624
$40.00

Fee: $ 40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-8-512.

Completed by

Collected by

BILLING — WHITE

APPLICATION FOR SOIL INVESTIGATION

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

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 1 .

(OFFICE USE ONLY)

FILE: Cel26A

TC: ENVIRONMENTAL HEALTH DIVISION

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Oriole Place

② SUBDIVISION: Mallard Creek Estates ③ LOT: 32 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 027127130

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 0418

OWNER

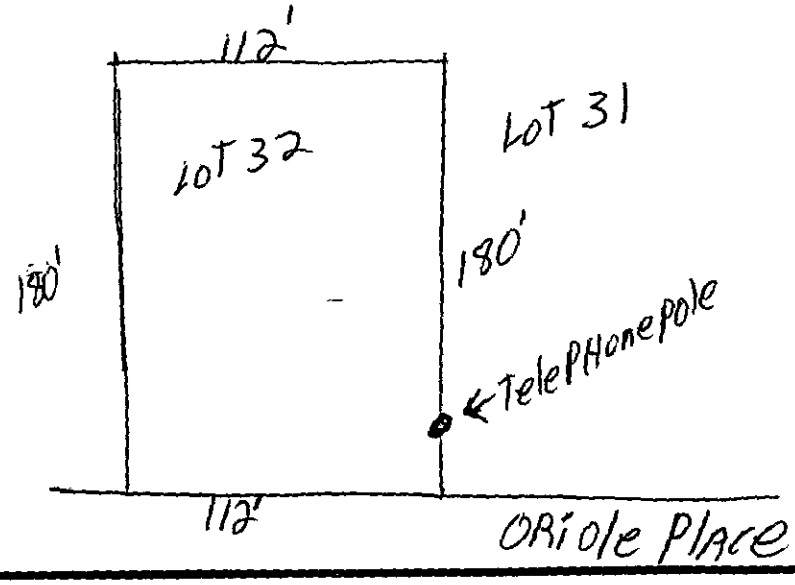
⑦ NAME: Jeffrey (FIRST) Keith (MIDDLE) Jennings (LAST)

⑧ MAILING ADDRESS: 7614 Eastlane DR

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) [illegible]535-4444 (HOME) 563-9465

⑬ Accurately diagram and dimension lot.



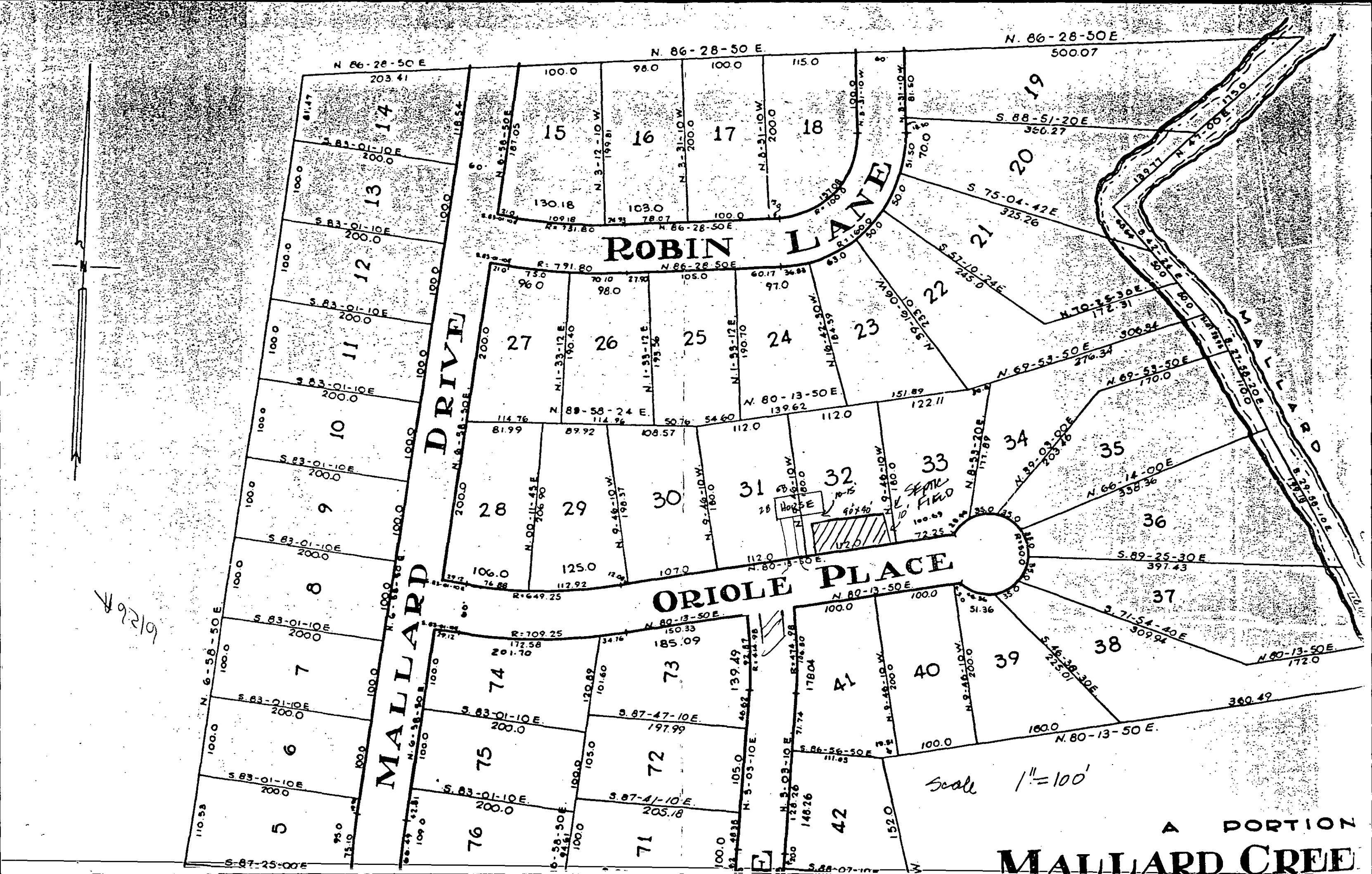
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jeffrey Keith Jennings

Date: 9-7-89

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

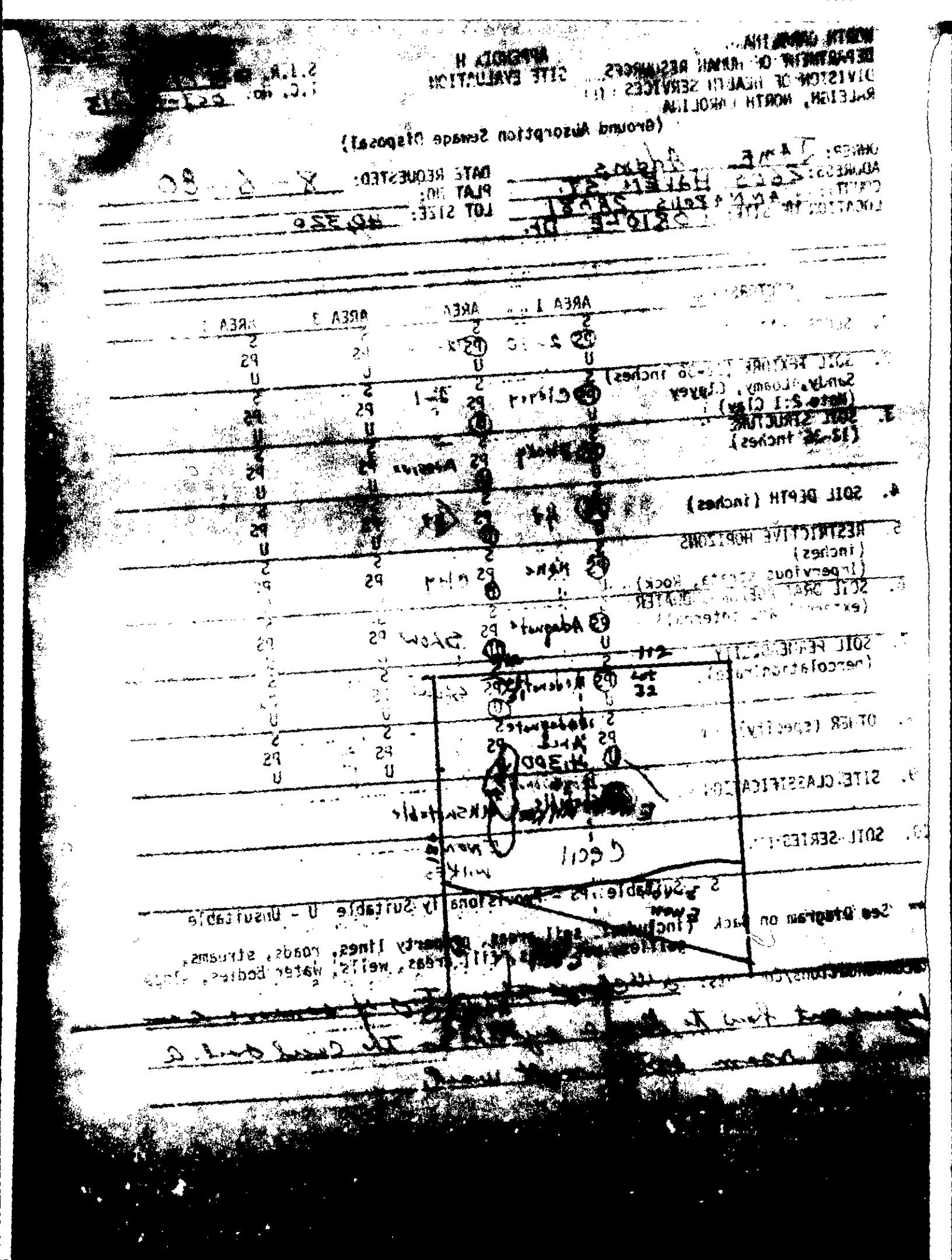
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY


ROBIN LANE
MALLARD DRIVE
ORIOLE PLACE
N. 86-28-50 E.
500.07
S. 88-51-20 E.
350.27
S. 75-04-42 E.
325.26
S. 57-10-24 E.
245.0
N. 70-35-30 E.
172.31
N. 69-53-50 E.
276.34
N. 69-53-50 E.
170.0
S. 22-58-20 E.
N. 47-06 E.
139.77
S. 29-58-10 E.
N. 39-03-00 E.
203.46
N. 66-14-00 E.
338.36
S. 89-25-30 E.
397.43
S. 71-54-40 E.
309.94
N. 80-13-50 E.
172.0
S. 46-38-30 E.
225.01
N. 80-13-50 E.
360.49
N. 80-13-50 E.
139.62
N. 88-58-24 E.
114.96
N. 80-13-50 E.
150.33
N. 6-38-50 E.
S. 87-25-00 E.
S. 87-41-10 E.
205.18
S. 87-47-10 E.
197.99
S. 83-01-10 E.
200.0
N. 6-38-50 E.
181.05
N. 3-12-10 W.
199.81
N. 3-31-10 W.
200.0
N. 8-31-10 W.
200.0
N. 8-31-10 W.
81.50
R = 731.80
R = 791.80
R = 649.25
R = 709.25
R = 1660.0
R = 1060.0
R = 474.28
R = 1414.98
N. 90-00-11-45 E.
N. 9-46-10 W.
160.0
N. 16-42-30 W.
184.59
N. 10-33-12 E.
190.70
N. 1-33-12 E.
193.56
N. 1-33-12 E.
190.40
N. 6-38-50 E.
N. 3-03-10 E.
S. 86-56-50 E.
S. 88-07-10 E.
House
10' SEPTIC FIELD
90' x 40'
10-15
1 = 100'
A PORTION
MALLARD CREE

APPENDIX H

SITE EVALUATION

(Ground Absorption Sewage Disposal)



APPENDIX H
SITE EVALUATION

S.I.R. No. 174
T.C. No. [redacted]

HUMAN RESOURCES
HEALTH SERVICES
NORTH CAROLINA

(Ground Absorption Sewage Disposal)

DATE REQUESTED: 8-6-80
PLAT NO:
LOT SIZE: 130,320

James Adams
[redacted] HAVEN ST.
[redacted] CARLINNAPOLIS 28081
LOCATION OF SITE: 85 to E Dr.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS U (S) 2-10	S PS U (S) 2-10	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) (Sandy, Loamy, Clayey (Silt, Clay))	S PS U (S) Clayey	S PS U A-1	S PS U	S PS U
3. STRUCTURE (12-36 inches)	S PS U (S) Blocky	S PS U [illegible]	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS U (S) 42	S PS U 42"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S PS U (PS) None	S PS U PS Clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U (S) Adequate	S PS U PS Slow	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S PS U (PS) Moderate (1)	S PS U PS Slow (1)	S PS U	S PS U
8. OTHER (specify)	S PS U Inadequate Area (1) 41,300 Provisionally Suitable	S PS U PS	S PS U	S PS U
9. SITE CLASSIFICATION	[illegible]	Unsuitable Provisionally Suitable		
10. SOIL SERIES	Cecil	Enon Wilkes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, gullies, wet areas, fill areas, wells, water courses, etc.)

Recommendations/Comments: Need to see how to lay a system in Cecil soil. Enon has severe

...F HUMAN RESOURCES
...OF HEALTH SERVICES
..., NORTH CAROLINA

ATTACHMENT H
SITE EVALUATION

S.I.R. No. [redacted]
T.C. No. [redacted]

(Ground Absorption Sewage Disposal)

OWNER: James Adams
ADDRESS: [illegible] HAVEN ST.
COUNTY: [illegible]
LOCATION OF SITE: [illegible]

DATE REQUESTED: 8-6-80
PLAT NO:
LOT SIZE: 40,320

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS U — 2-10	S PS U — 2-10	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (More 2:1 Clay)	S PS U — Clayey	S PS U — [illegible]	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS U — Blocky	S PS U — [illegible]	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS U — 24	S PS U — 6	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S PS U — none	S PS U — clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U — Adequate	S PS U — Slow	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S PS U — Moderate	S PS U — Slow	S PS U	S PS U
8. OTHER (specify)	S PS U — adequate Area 41,300	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Enon a Wilkes		

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, [illegible])

Recommendations/Comments: [illegible] figure out how to design a system for the Cecil soil & the [illegible]

Signed By: [illegible]

