

SHELLEY AVE

12/18/2007

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Groundwater and Wastewater Services File Imaging Project

May 2007

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA #50 6-15-92
BOK #136 CRT

4148B/8320A

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: SHAW (last) WALTER (first) H (mi)
ADDRESS: 6025 SHELLEY AVE PHONE: (__) 8756930
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: PO 029-232-04
STREET ADDRESS: SHELLEY AVE
ZONING:

PROPERTY OWNER:
NAME: SHAW (last) WALTER (first) H (mi)
ADDRESS: 6025 SHELLEY AVE PHONE: (__) 8756930
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

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: 17 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3
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 [X] 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: Walter H. Shaw Date: 6-15-92

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

(4)

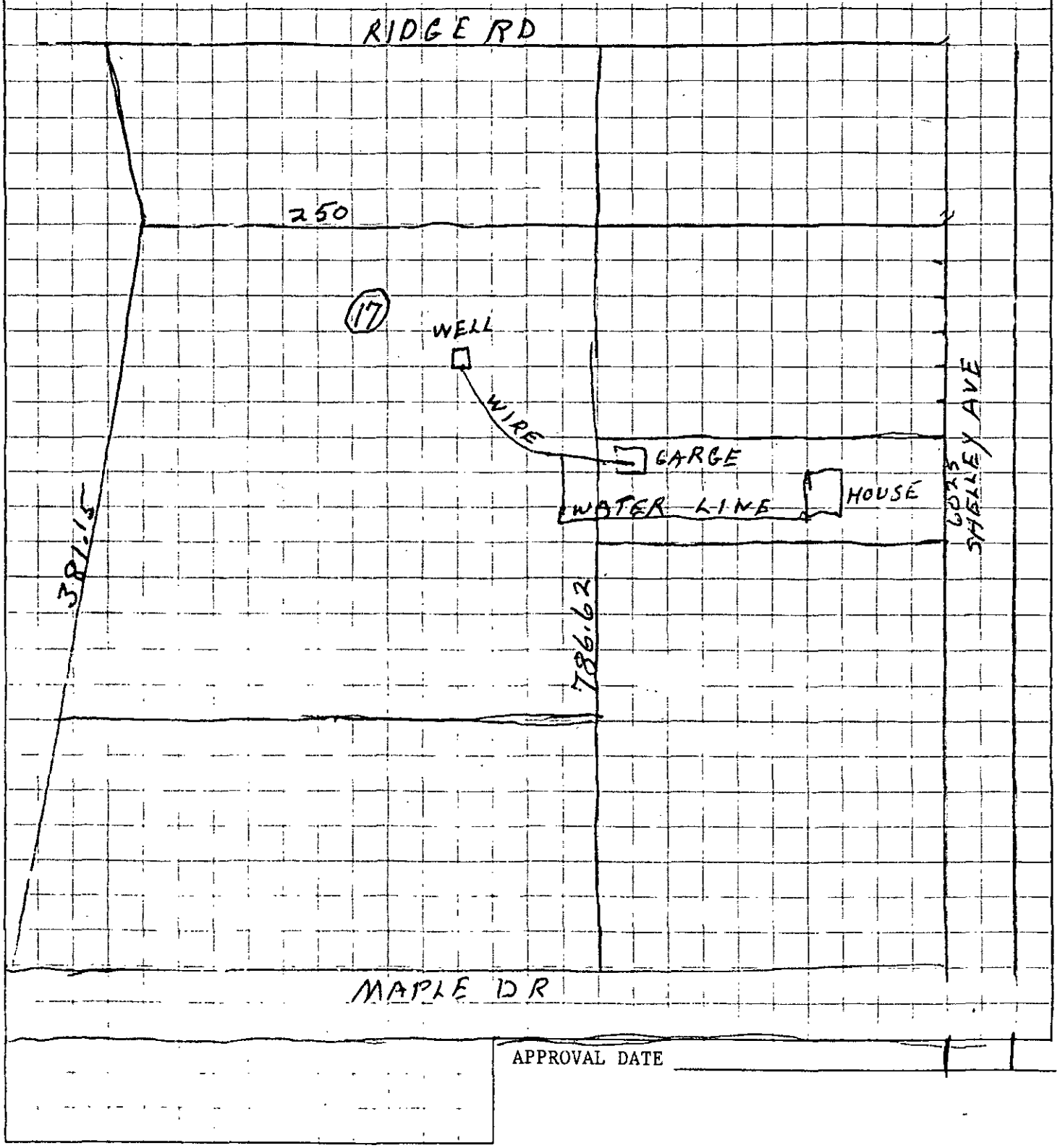
PROPOSED PLOT PLAN

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

FILE: 448B/8320A

TC: _____

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 _____

Mecklenburg County

Health Department

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

June 30, 1992

Mr. Walter H. Shaw
60245 Shelley Avenue
Charlotte, NC 28269

RE: Property located on Shelley Avenue
FILE: ~~8321A/447B~~ 8320A/448B
PARCEL: 029-232-04

Dear Mr. Shaw:

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 12698) 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,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12698

File: 448B/8320A Action 3

Parcel: PO 029-232-04 ☐ PC

Location: Shelley Ave.

Subdivision:

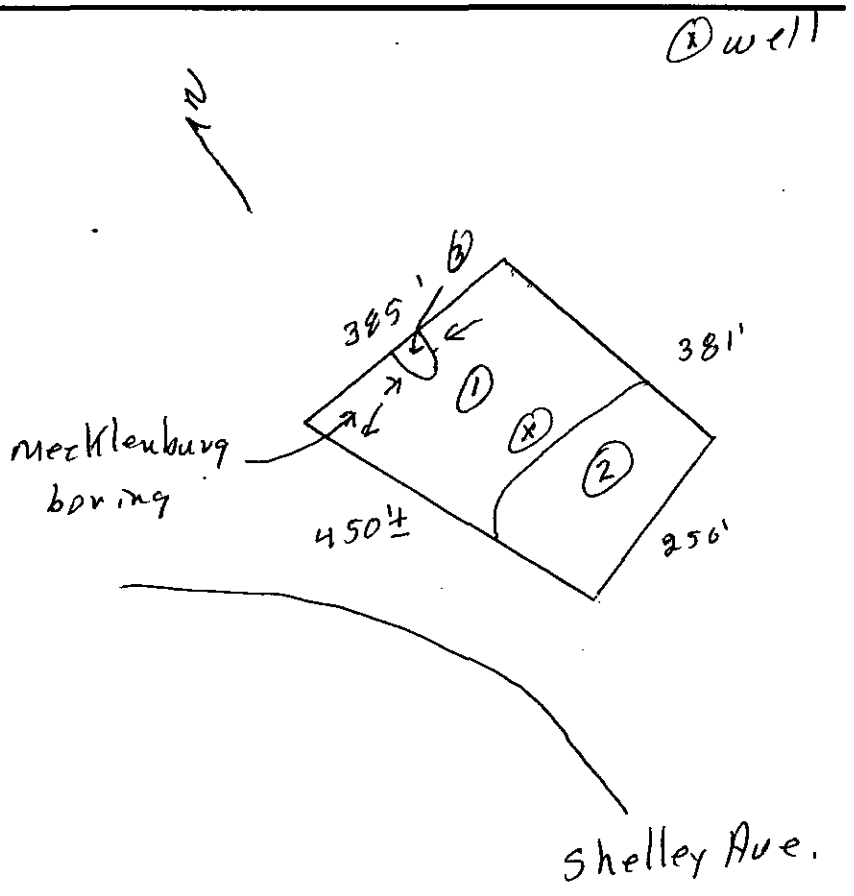
Lot: 17 Block: Acres: 2.0

Owner: Walter H. Shaw
Address: 6025 Shelley Ave
Charlotte, N.C. 28269

Comments: One Mecklenburg like Iredell - still w/ expansive clay

Described by: William R. Merlin

Date: 6-30-92



*** 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 2-6%	S PS (U) Depression	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub ∠ Blocky	S (PS) U Sub ∠ Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS (U) Perched water 0-14"	S PS (U) perched water 0-6"	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 20-36"	S PS (U) 24-36"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	Iredell ∠ Ile	Iredell-Ilo ∠ Depressions	Depression			
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] 28390

File: 445-3/5320-4 Action 3

Parcel: 20 C11-232-04 ☐ PC

Location: Shelby Ave.

Subdivision:

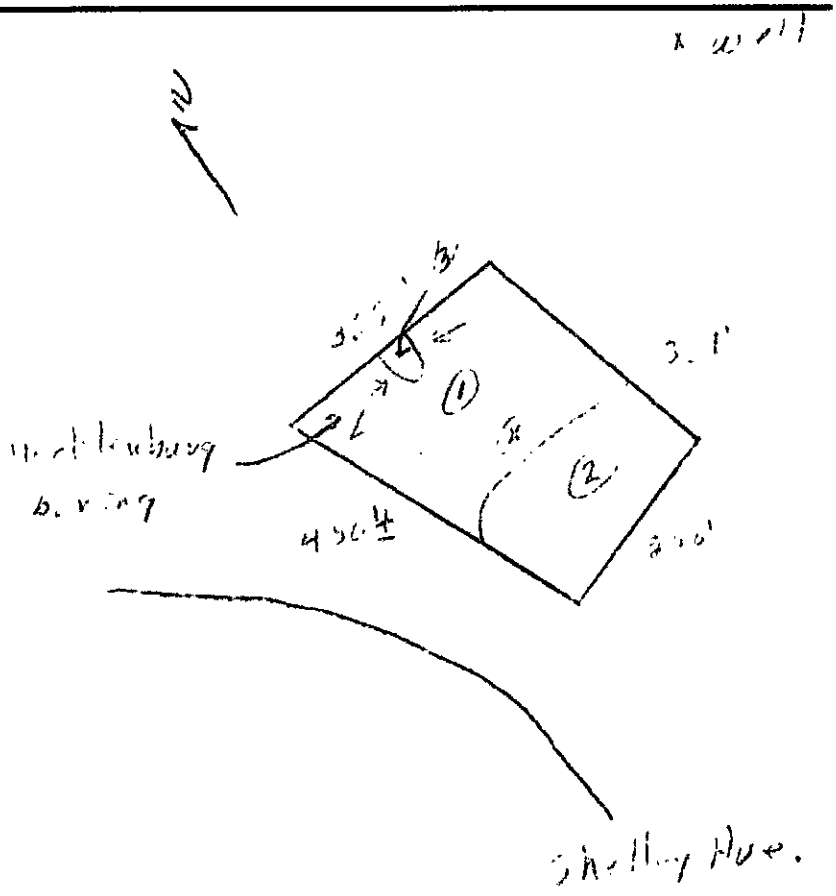
Lot: 11 Block: Acres:

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: William A. Martin

Date: 6-30-14



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The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U (2-6%)	S PS U Depression	S PS U Depression	S PS U	S PS U	S PS U
Texture	S PS U [illegible]	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS U [illegible]	S PS U [illegible]	S PS U —	S PS U	S PS U	S PS U
Depth	S PS U 30-36"	S PS U 24-36"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U >36"	S PS U >36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS U	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	Enon II Le Ne	Enon II-Ids (Depression)	Depression			
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

448B/8320A

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APPLICATION FOR SERVICES

DRAFT

M 450 6-15-92
BOK # 136 CRT

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Environmental Health Division
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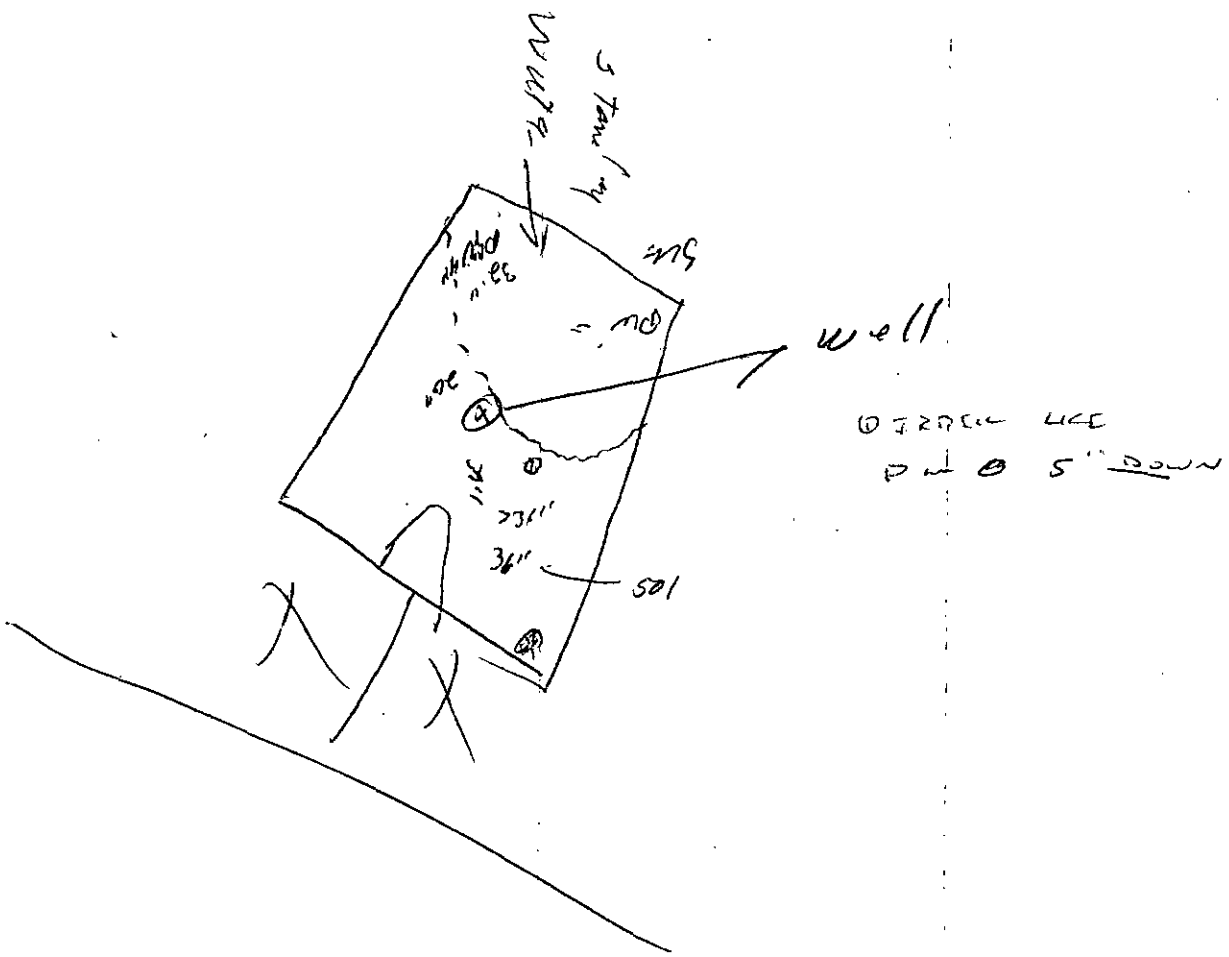
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_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791


well
105

(4)

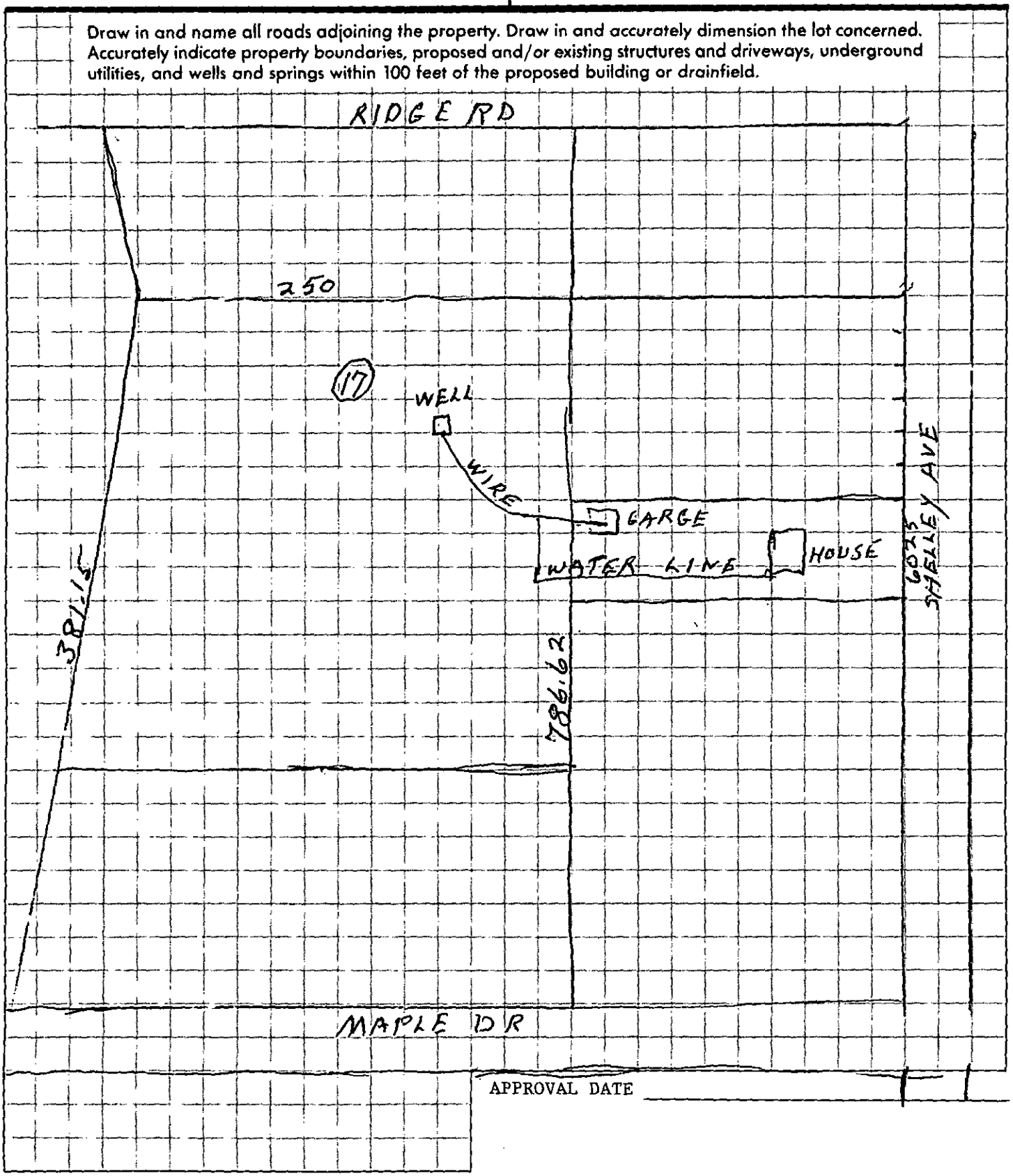
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 448B/8320A

TC: _____

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

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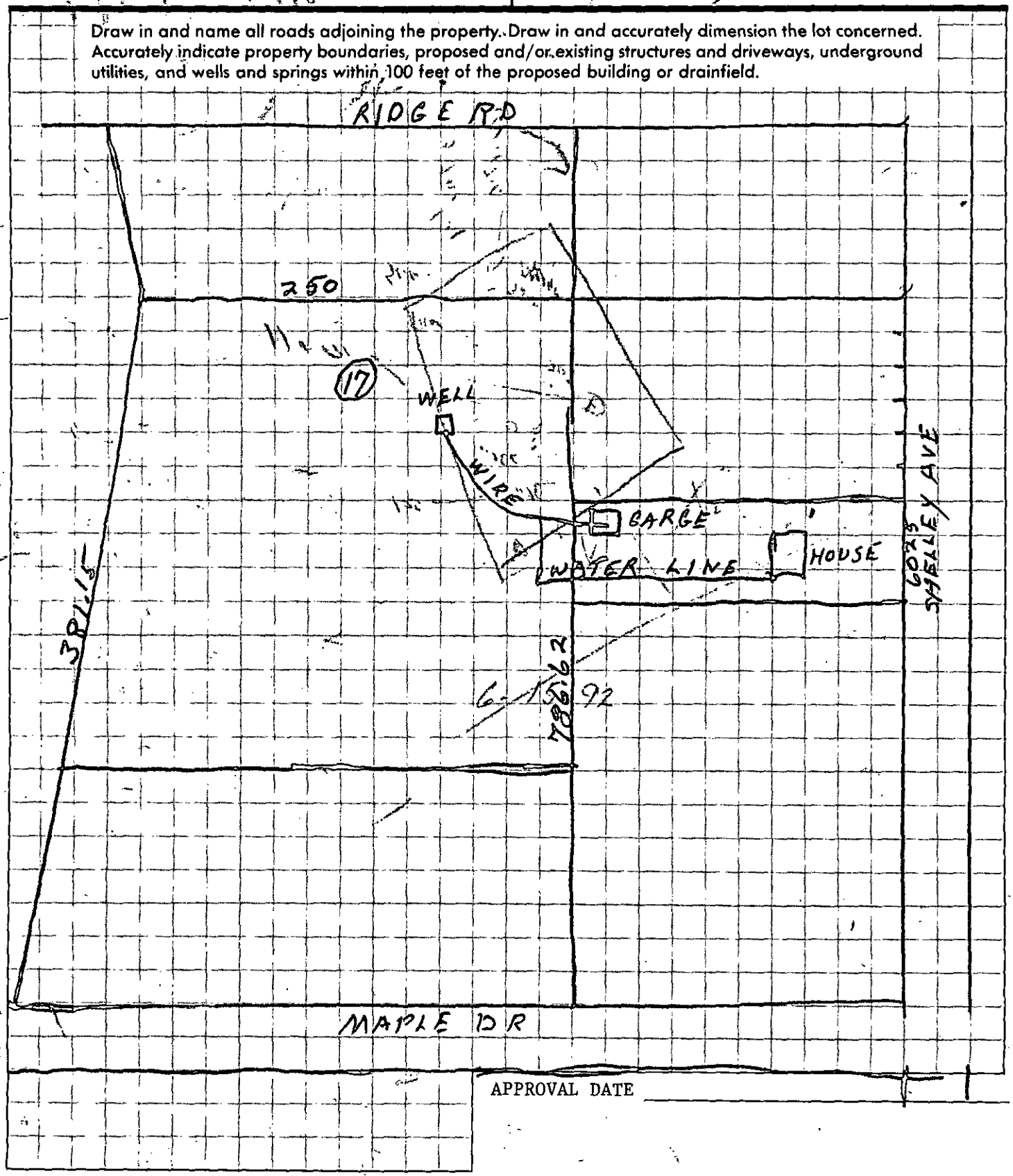
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BOK # 136

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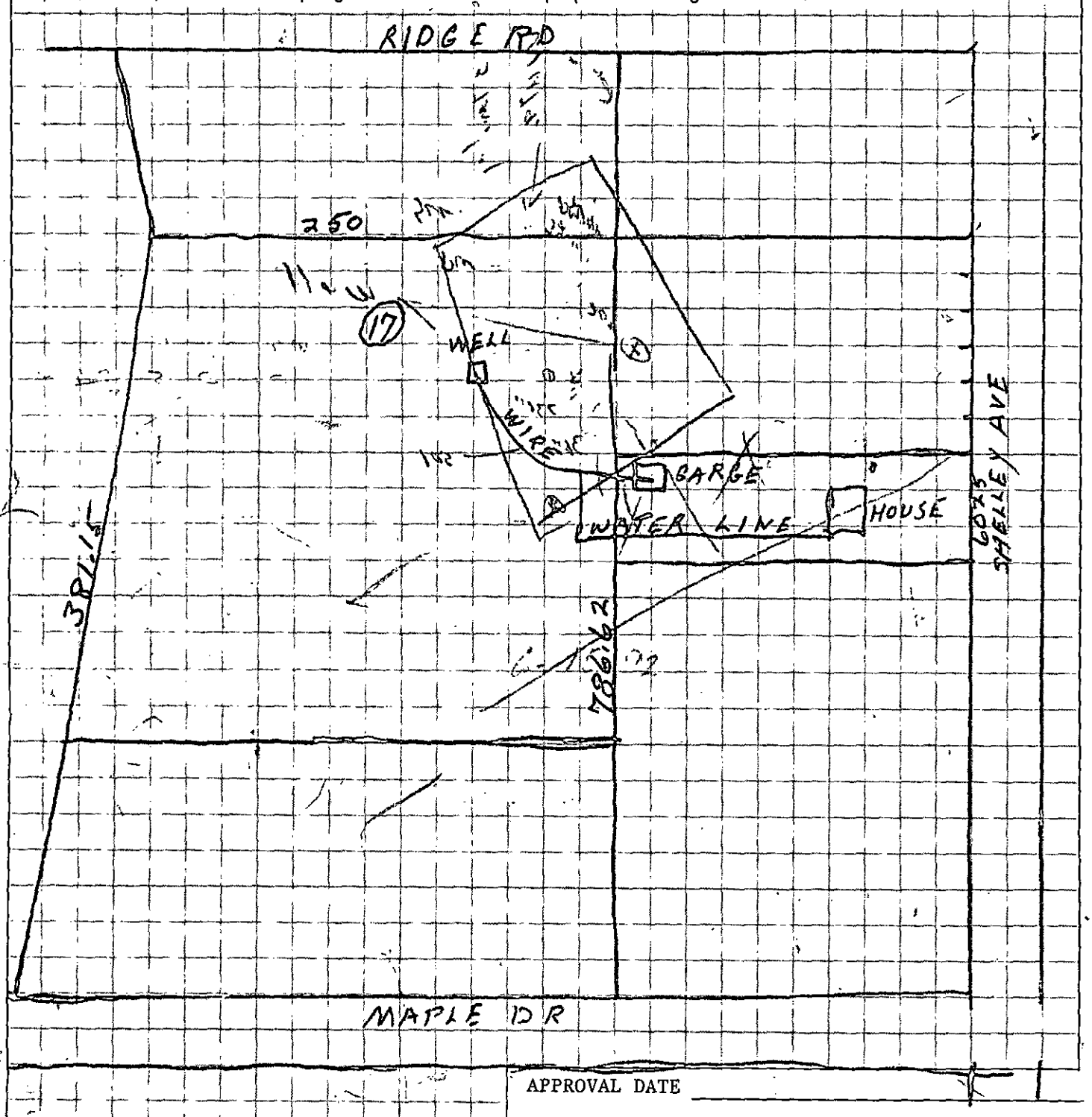
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