

12524 MOORES CHAPEL RD

05317405

1/2/2008

duponbj

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

Mecklenburg County
Health Department

August 30, 1995

Mr. Larry McCarty
7903 Parke West Drive
Glen Burnie, MD 21061

Re: New subdivision/Morris Chapel Rd
File: 3301B
Parcel: 053-174-05,07

Dear Mr. McCarty:

Receipt of the plans and specifications for a conventional system of sewage disposal for a three bedroom residence at 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 15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

An area was located on this lot for the utilization of a subsurface sewage disposal system and repair area. An improvement permit is contingent on these lots being surveyed, house sites being established, and other setbacks. Septic systems will be required to maintain a minimum of 50' separation distance from any well.

The utilization of a community well or a public water supply would provide possibilities of more available areas for septic systems and being able to utilize other lots.

Please notify me 10 days prior to the issuance of a building permit in order to design the improvement permit and complete all necessary documentation.

If you have any further questions or need further assistance, please contact me at 336-5572.

Sincerely,

Toni Higgins Bunney

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

THB:gf

Mecklenburg County
Health Department

August 29, 1995

Mr. Larry McCarty
7903 Parke West Drive
Glen Burnie, MD 21061

Re: New subdivision/Morris Chapel Rd
File: ~~3299B~~ 3301B
Parcel: 053-174-05,07

Dear Mr. McCarty:

Receipt of the plans and specifications for a conventional system of sewage disposal for a three bedroom residence at 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 15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

An area was located on this lot for the utilization of a subsurface sewage disposal system and repair area. An improvement permit is contingent on these lots being surveyed, house sites being established, and other setbacks. Septic systems will be required to maintain a minimum of 50' separation distance from any well.

The utilization of a community well or a public water supply would provide possibilities of more available areas for septic systems and being able to utilize other lots.

Please notify me 10 days prior to the issuance of a building permit in order to design the improvement permit and complete all necessary documentation.

If you have any further questions or need further assistance, please contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

THB:gf

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2301B

Pd. #150.00 9/13/94 Jr. #350

☐ 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: Robinson & Sawyer, Inc. Sawyer (last) Bill (first) E (mi)
ADDRESS: 612A E 2nd Ave PHONE: (704) 864-2201
CITY: Gastonia STATE: NC ZIPCODE: 28054

Date: 9-6-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBERS Part of 053174.05 and 053174.07
STREET ADDRESS: New subdivision Moore Chapel Rd
ZONING: R-5

PROPERTY OWNER:
NAME: McCarty (last) Larry (first) (mi)
ADDRESS: 7963 Parke West Dr PHONE: (410) 760-2826
CITY: Glen Burnie STATE: MD ZIPCODE: 21061

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

LOT NUMBER: 7 LOT SIZE (in acres): 0.460 Ac

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:
SYSTEM CLASSIFICATION: Conventional Septic Tank

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: Bill E. Sawyer Date: 9-8-94

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 : 1227

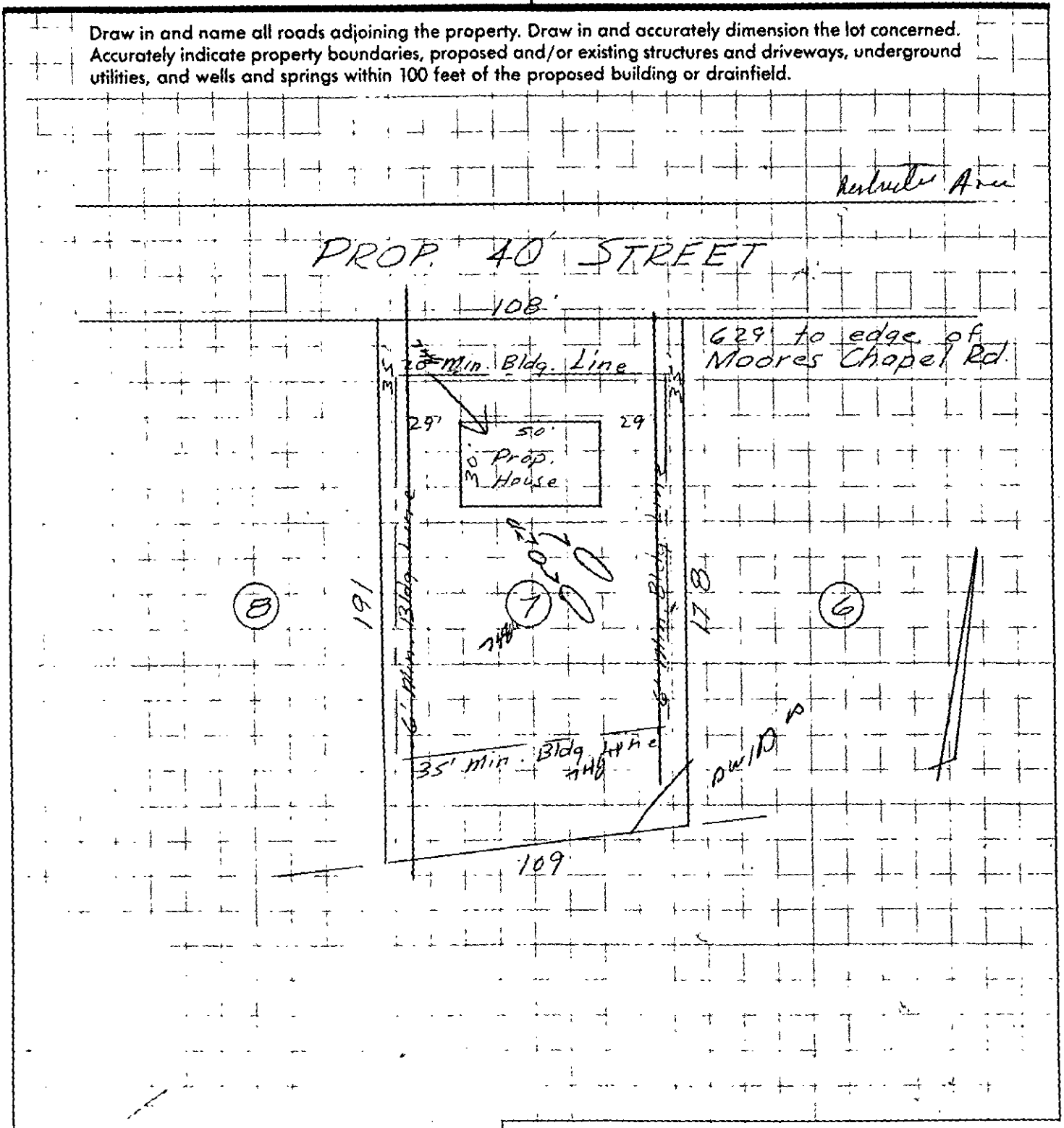
PROPOSED PLOT PLAN

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

FILE: 3301B

TC: 053-124-05, 17 PC

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20598

File: [illegible] Action [illegible]

Parcel: [illegible] ☐ PC

Location:

Subdivision:

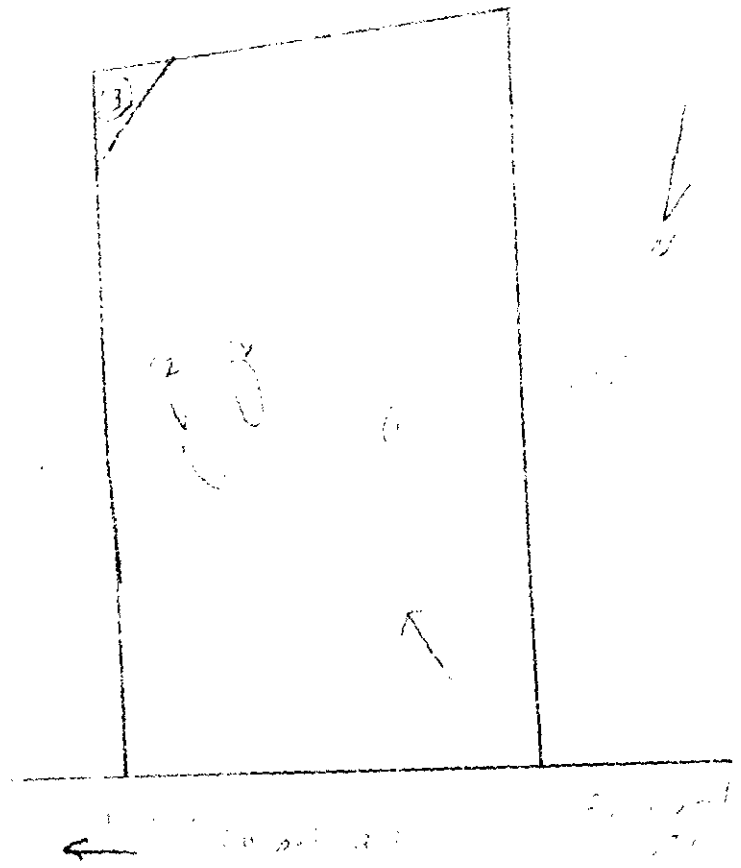
Lot: Block: Acres:

Owner:
Address:

Comments

Described by:

Date:



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	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	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20598

File: 3 301B W1600 Action 2

Parcel: po- 053-174-05
053-174-04

☐ PC

Location: off Moore's Chapel Rd

Subdivision:

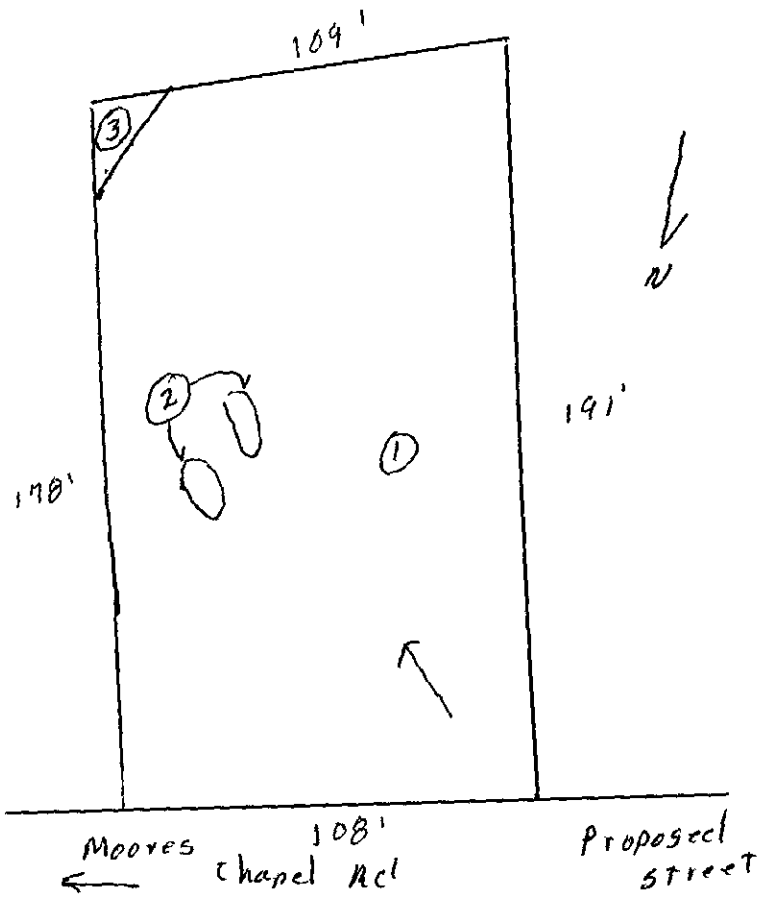
Lot: 7 Block: Acres: .46

Owner: Jerry McCarty
Address: 7903 Parke West Dr.
Allen Park, Mich. 21061

Comments: 100% Repair, .3 gal/ft² dig LTAR

Described by: William R. Marks

Date: 2-6-95



***** 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 2-10%	S PS (U) Depression	S PS (U) Drainageway - Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To soil wetness	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 48" +/-	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48" +/-	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	IV Cecil/Lloyd	Depression	Drainageway/ Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd. $150.00, 9/13/94 Jr. # 350

☐ CRT

3.301B

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: Robinson & Sawyer, Inc. Sawyer (last), Bill (first) E. (mi)
ADDRESS: 617A E 2nd Ave PHONE: (704) 864-2201
CITY: Gastonia STATE: NC ZIPCODE: 28054

Date: 9-6-94

PROPERTY OWNER:
NAME: McCarty (last), Larry (first) (mi)
ADDRESS: 7903 Parke West Dr PHONE: (410) 760-2826
CITY: Glen Burnie STATE: MD ZIPCODE: 21061

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBERS: Part of 053174.05 and 053174.07
STREET ADDRESS: New subdivision - Moores Chapel Rd
ZONING: R-5

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 7 LOT SIZE (in acres): 0.460 Ac

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:

SYSTEM CLASSIFICATION: Conventional - Septic Tank

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: Bill E. Sawyer Date: 9-8-94

NOTICE:

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 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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 1227

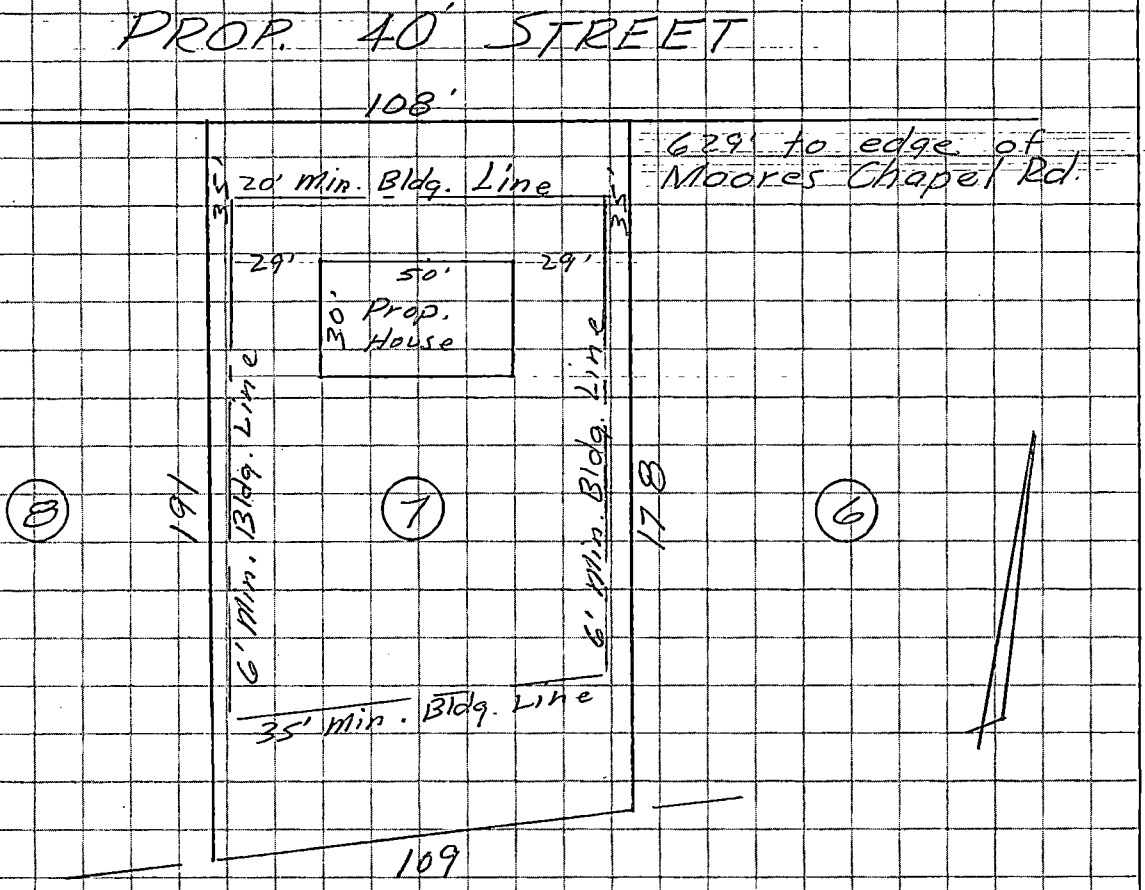
PROPOSED PLOT PLAN

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

FILE: 33018

TC: 053-124-05, 07 PC

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