

7305 MCWHIRTER RD

19724102

12/27/2007

duponbj

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

Mecklenburg County
Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: April 6, 1994

Ref: 7305 McWhirter Road/File 2131B

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. James Amendum originally paid $150.00 for an improvement permit to alter septic system on February 28, 1994.

A refund should be issued for $50.00 because The permit was denied, client was charged for a site visit and a soil evaluation.

Please make check payable to: James Amendum
7305 McWhirter Road
Charlotte, NC 28227

He's due a

$50 refund

(50 for my work
+ 50 for Bill's work &
additional soil eval for
rest of lot)

2nd
site
done

RECORD OF LONG DISTANCE CALL

DATE _____ TIME _____ A.M. P.M.

CITY CALLED _____

PHONE _____
AREA CODE NUMBER

FIRM CALLED _____ Station ☐ Person ☐

TALKED WITH _____

CALLED BY _____

SUBJECT MATTER OF CALL _____

_____

_____

_____

RESULT _____

_____

_____

CHARGES _____

TAX _____

_____ MINUTES TOTAL COST $ _____

TOPS FORM 1209 LITHO IN U.S.A.

Mecklenburg County
Health Department

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

March 30, 1994

Mr. James Amendum
7305 McWhirter Road
Charlotte, NC 28227

Re: 7305 McWhirter Road
File: 2131B/9302A
Tax Parcel: 197-033-03

Dear Mr. Amendum:

Receipt of the plans and specifications for an alteration to your septic tank system to accomodate a second residence on your 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 as follows:

> -Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the long-term acceptance rate determined in accordance with these Rules. Sites shall have sufficient available space for a repair area separate from the area determined above.

Due to the above mentioned items, the plans as submitted are disapproved. As we had discussed, a possible way to resolve your situation is to consider remodeling your house so that it would still be a maximum four-bedroom house but redesigned to fit your present needs. Any addition on the property would need to be approved by our Department.

Please be advised that you have the right to an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 120A-24, which appeal can be held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:gf

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

213B / 8302A

Pd. #1 2/28/94 CK. # 2730 [] 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

Date: Feb 28, 94

PERSON FILING APPLICATION:
NAME: Amendum (last) James (first) T (mi)
ADDRESS: 7305 McWhirter Rd PHONE: 704 (__) 573-0783
CITY: Charlotte, STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197 033-03
STREET ADDRESS: 7305 McWhirter Rd
Mint Hill
ZONING:

PROPERTY OWNER:
NAME: Amendum (last) James (first) T. (mi)
ADDRESS: 7305 McWhirter Rd PHONE: 704 (__) 573-0783
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 197-033-03 LOT SIZE (in acres): 2

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N) * UXS
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Modular move on
[] 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) [X] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 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)
[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

* Guest house (modular) for mother-in-law. Went to share septic + well.

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: X James T. Amendum Date: X Feb 28, 1994

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

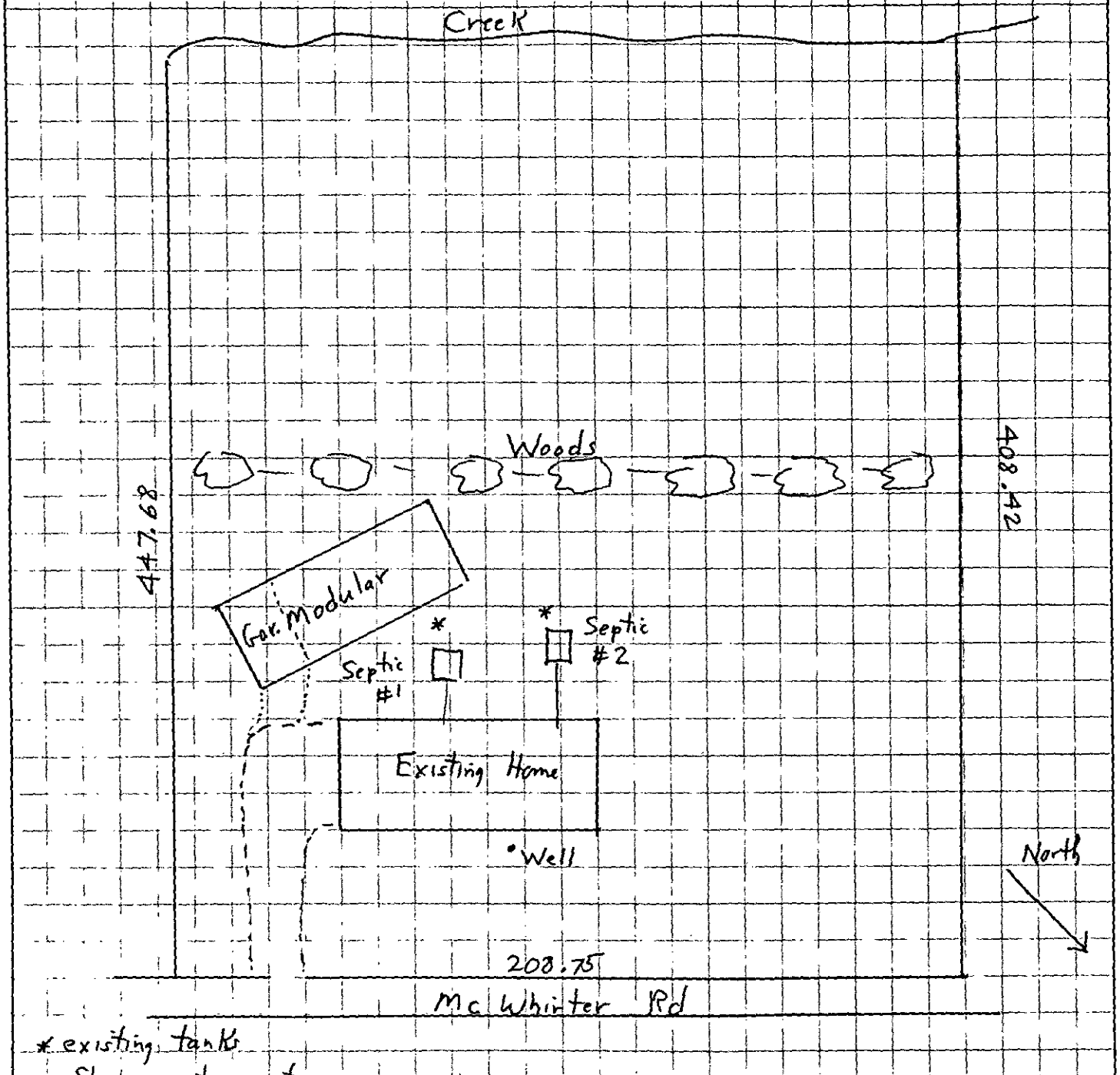
COPY

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

FILE: 2131B / 9302A

TC: 197-033-03

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.



* existing tanks
Share septic syst.
pump waste up to
existing system

APPROVAL DATE _____

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

Mecklenburg County

Health Department

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

January 26, 1994

Mr. James T. Amendum
7305 McWhirter Road
Charlotte, NC 28227

RE: Property located at 7305 McWhirter Road
FILE: 2131B/9302A
PARCEL: 197-033-03PO

Dear Mr. Amendum:

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 20186) 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

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

Enclosure

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20186

File: 2131B/9302A Action 3
Parcel: 047-033-03 RC

Location: 7305 McWhirter Road

Subdivision:

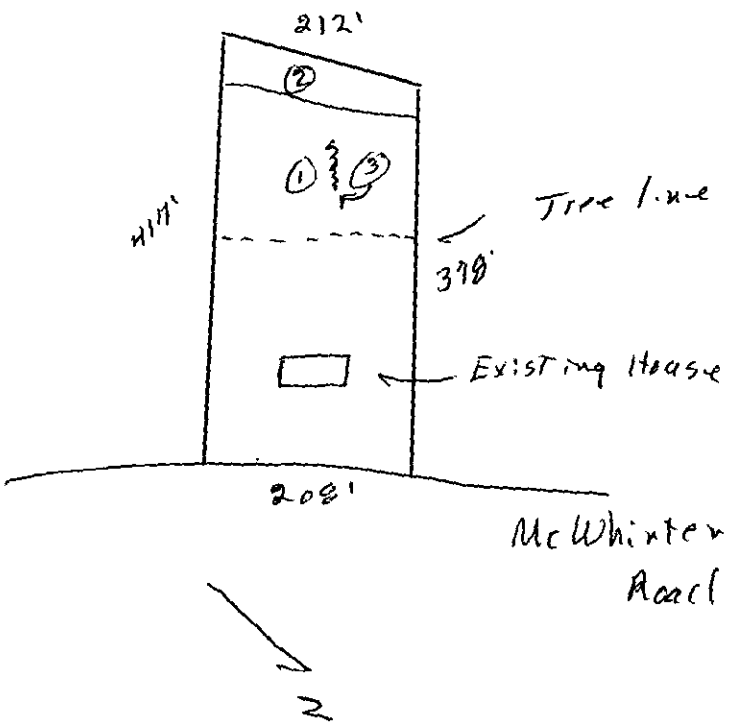
Lot: Block: Acres: Approx. 1.0

Owner: James T. Amerikum
Address: 7305 McWhirter Road
Charlotte, N.C. 28227

Comments: 100% Repair

Described by: William R. Merlin

Date: 1-25-94



*** 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 6-12%	S PS (U) Drainageway/ Depression	S PS (U) Complex slopes	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 subBlocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS (U) Perched water 6-24"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 24-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	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	Helena-Lilo	Drainageway/ Depression	complex slopes			
Area Classification	S PS (U)	S PS U	S PS (U)	S PS U	S PS U	S PS U

1/18/94 $50
2/3/93 3020 cle #2705 [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date: Jan 17, 1994

PERSON FILING APPLICATION:
NAME: Amendum (last) James (first) T. (mi)
ADDRESS: 7305 McWhirter Rd PHONE: (704) 573-0783
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: Amendum (last) James (first) T. (mi)
ADDRESS: 7305 McWhirter Rd PHONE: (704) 573-0783
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-033-03
STREET ADDRESS: ~~7305~~ McWhirter Rd
Charlotte, NC 28227
ZONING: R20

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 — house 7305 LOT SIZE (in acres): 2.05

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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [X] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 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)
[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: James T. Amendum Date: Jan 17, 1994

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Director or Authorized Section Head Date

WATER : 122791

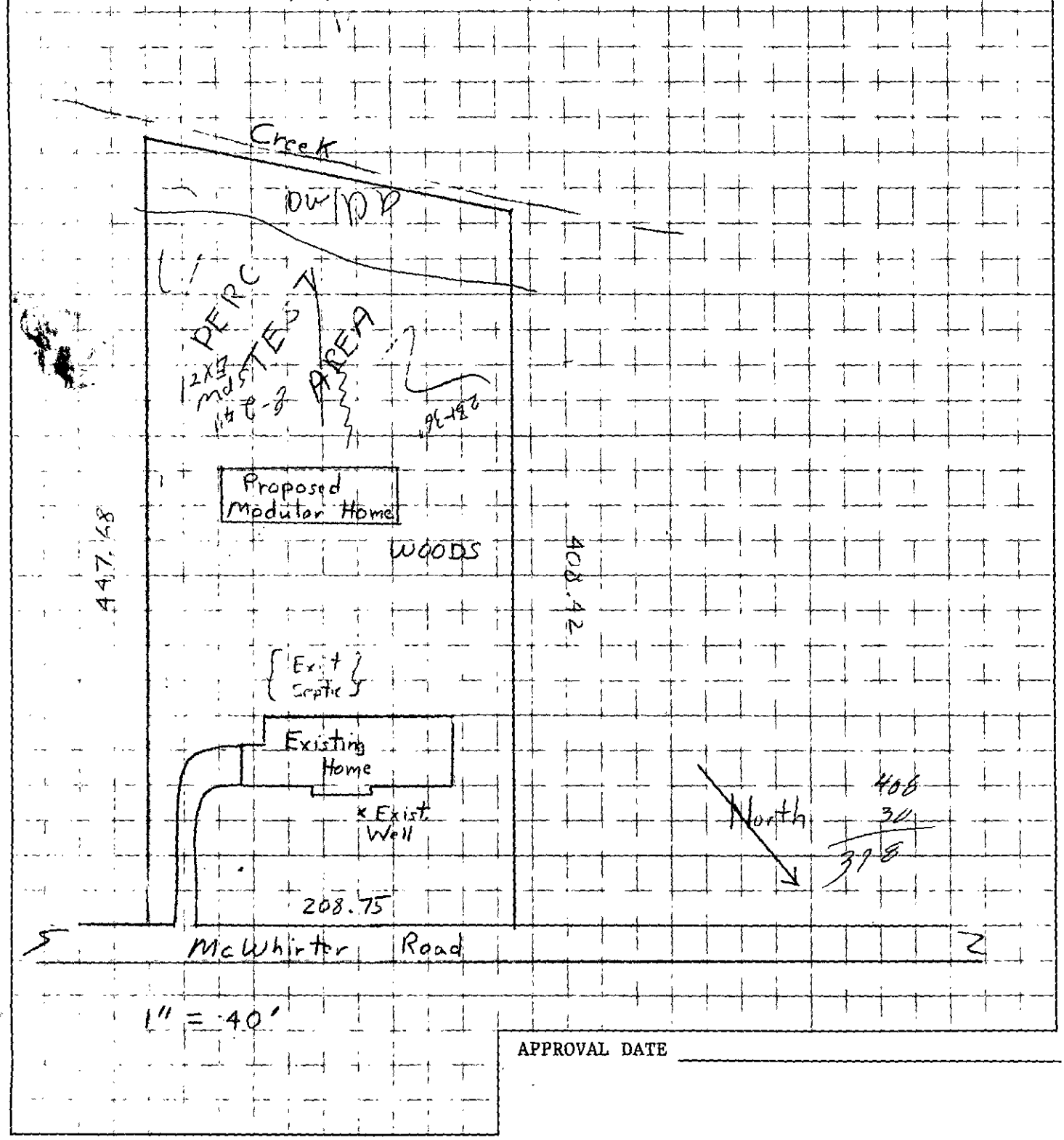
PROPOSED PLOT PLAN

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

FILE: 3131B/930RA

TC: 197-033-03

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APPROVAL DATE _____

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1/18/94 cle #2705 $50.00

2/3/B/93028

[] CRT

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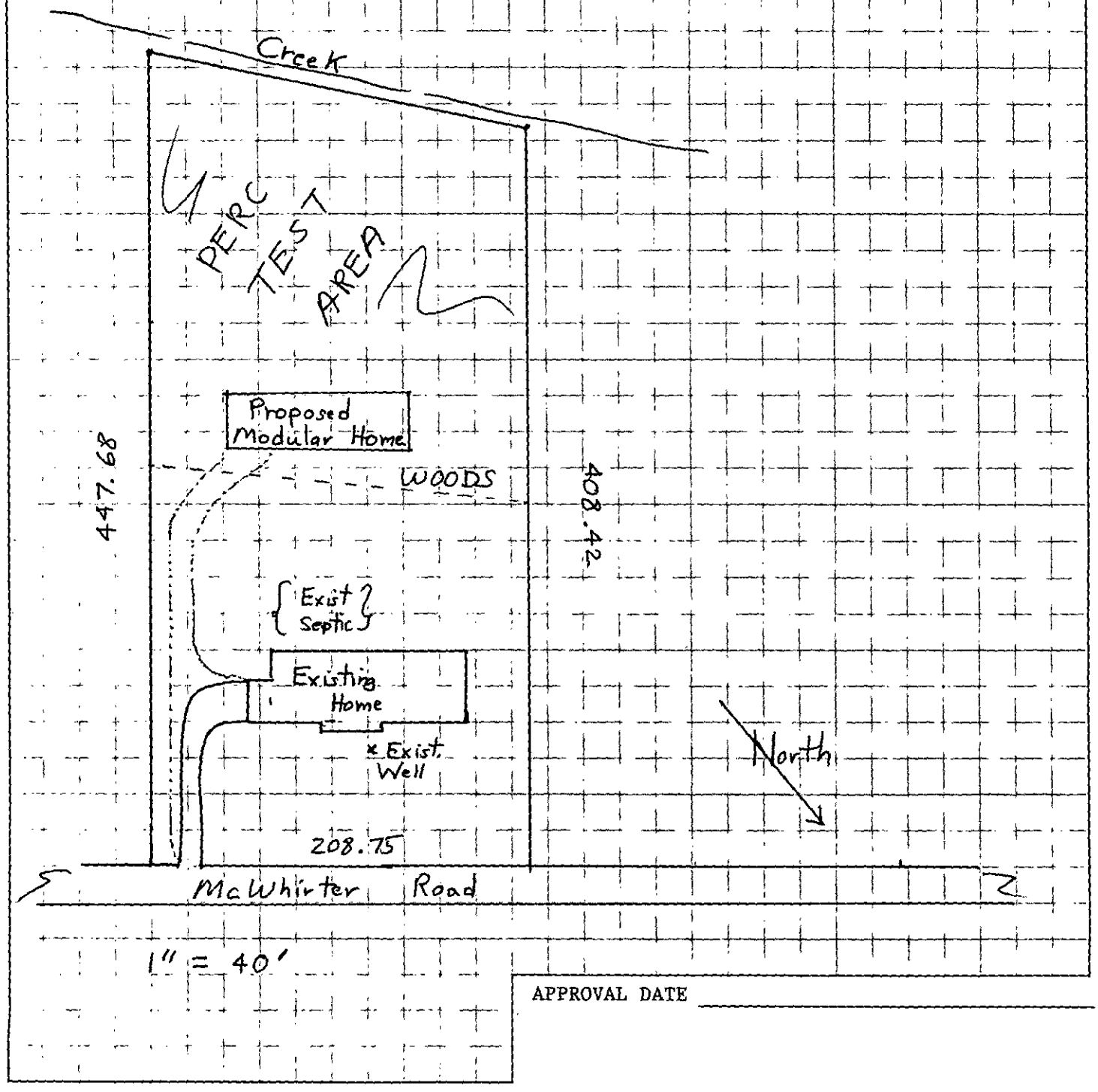
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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