

17111 OLD STATESVILLE RD

00543131

5/22/2007

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: 4778A DATE: 9/21/93

TC: 005 021 41 ☐ L ☒ CRT

SERIAL Nº 15352

Name of Owner Floyd Blackwell Juris.:

Address of Property 17111 Olde Statesville Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 10"

Water Supply Source well

Distance to Water Source ≥ 50'

Excavation Inspected 9/21/93

Tank(s) Inspected 9/21/93

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1993, 1500 ST, CON, 900SFT, 12" Stone ceil CTR# Tim Amons

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: septic system designed for 2 bedroom residence

Typo

Phillip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

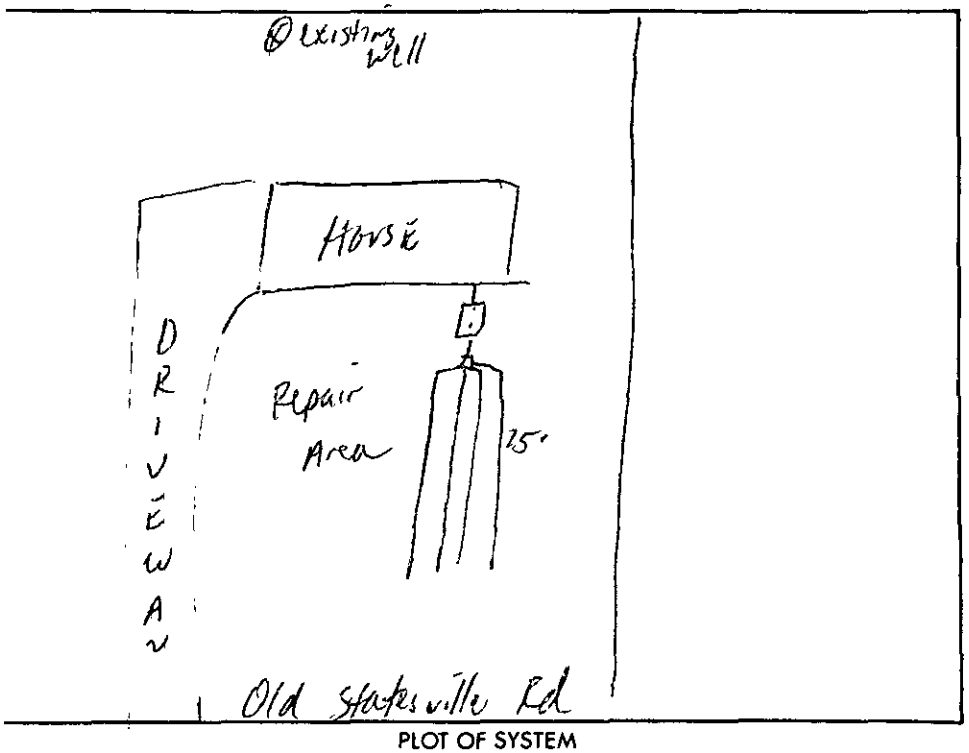
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4778A DATE: 8/12/93

TC: 005 012 41 (L)

SERIAL Nº 15219

Permission is hereby given to V 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 7/22/93. All work shall be completed on or before 9/12/93, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCL

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 300' feet

Number of Lines 4 (75')

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Floyd Blackwell

LOCATION OF PROPERTY 12141 Olde Statesville Rd

Comments: 1500 ST, 4 lines x 75'long x 3'wd x 12" stone
Keep lines on contour of land / Keep septic system >50' from any wells

Judy A. Kroll R.S. for S. Daniel
Division or Section Head

Philo S. Walker 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

L M

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 200.00 1/22/93 CK# 2118 DJ CRT

400 ☑

4778A

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: Blackwell (last) Floyd (first) h (mi)

ADDRESS: Box 14 PHONE: 704, 8926536

CITY: Cornelius STATE: NC ZIPCODE: 28031

Date: 1-22-93

PROPERTY OWNER:

NAME: SAME ↑ (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 005 012 41

STREET ADDRESS: 17111 Old Statesville Rd

ZONING: Huntersville NC 28078 R3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

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: 2 NUMBER OCCUPANTS: 4

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)
[☑] 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: Floyd Blackwell Date: 1-22-93

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

Phillip A. Walker R.S. 1/26/93
Environmentalist Date

Director or Authorized Section Head 1/28/93 Date

WATER : 122791

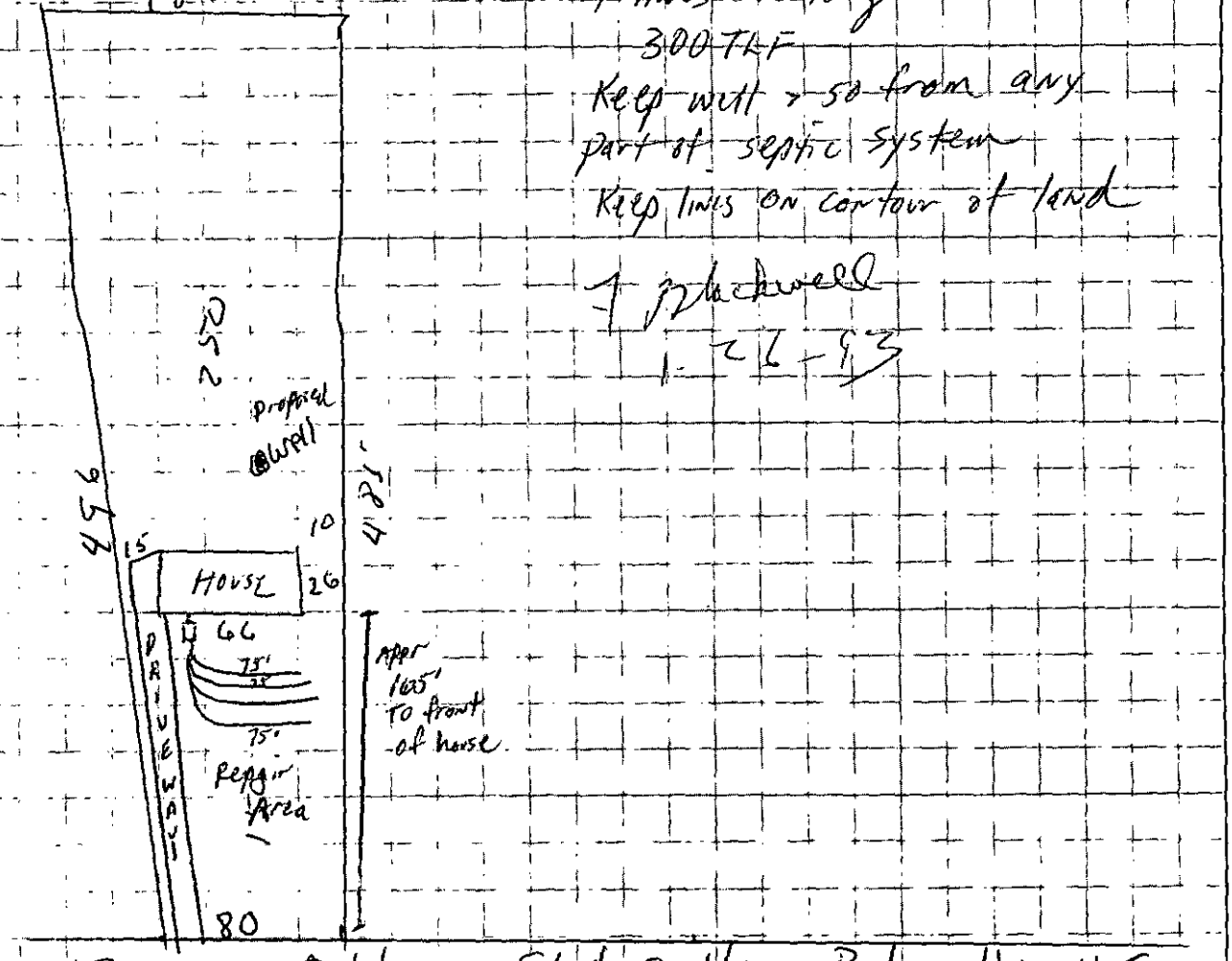
PROPOSED PLOT PLAN

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

FILE: 4778A

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 7dW 1/26/93

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

DATE 1/22/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Hunt

005-012-41
PARCEL NUMBER

17111 Old Statesville Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	___APPROVED	___NOT APPROVED
2. FLOODWAY REGULATIONS	___APPROVED	___NOT APPROVED
3. EROSION CONTROL REGULATIONS	___APPROVED	___NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	___APPROVED	___NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	✓ YES	___NO
7. DRIVEWAY PERMIT REQUIRED	___YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___YES	✓ NO

REMARKS: Moore Dr

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

ALL OTHER FOR S OBSOLETE

☐ NEW ADDRESS

SIGNED: Rick

REVISED 1/91

Mecklenburg County
Health Department

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

July 27th, 1988

Floyd Lewis Blackwell
Box 44
Cornelius, NC 28031

RE: Property located at Old Statesville Road
FILE: 4778A
PARCEL: 00501241

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15403) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15403

File: 4778A Action 4

Parcel: 00501241 ☐ PC

Location: Old Statesville Road

Subdivision:

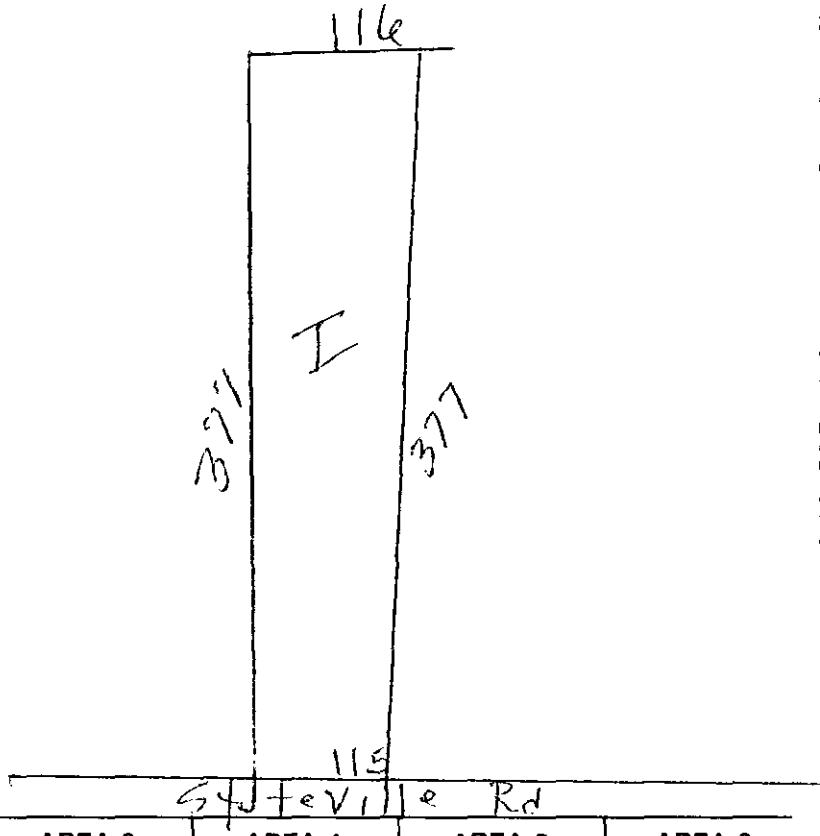
Lot: Block: Acres:

Owner: Floyd Lewis Blackwell
Address: Box 44
Cornelius, NC 28031

Comments: _____

Described by: W. B. Ramsey

Date: 2-26-88



***** 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	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 47+	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	IVa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 20 1988
CK 1069
$30.00

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4778A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 1700 old statesville Rd Huntersville

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 005 PAGE NO.: 012 PARCEL NO.: 41

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

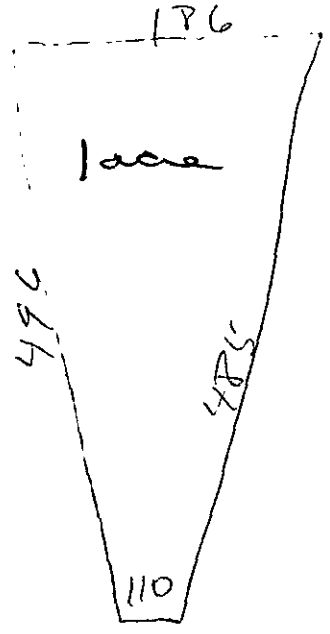
⑦ NAME: Floyd (FIRST) Lewis (MIDDLE) Blackwell (LAST)

⑧ MAILING ADDRESS: Box 44

⑨ CITY: Cornelius ⑩ STATE: NC ⑪ ZIP: 28031

⑫ PHONE: (WORK) 892 6536 (HOME)

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Floyd Blackwell

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

Date:

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY