

19621 WEST CATAWBA AV

00110105

4/14/08

marliwr

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

450 A COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD #30 9/9/94 Ck #370 ☐ 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 19621 W. Catawba Ave

PERSON FILING APPLICATION:
NAME: ALEXANDER (last), MARY (first) A. (mi)
ADDRESS: 11750 Trails End Ln PHONE: (704) 875-0666
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date: 9-7-94

PROPERTY OWNER:
NAME: REID (last), KATHRYN V HAROLD (first) (mi)
ADDRESS: 15915 Ramon Dr PHONE: (704) 875-2771
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-101-05
STREET ADDRESS: ~~19631 NC 73 Hwy~~ ~~DAVIDSON, NC 28036~~
ZONING: Commercial

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: 5 LOT SIZE (in acres): 1/2

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) yes change of use
☐ 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business HAIR SALON # Employees 1 Per Shift ___ ___ ___
Industrial Wastes (Y/N) NO
Underground Storage Tanks On Property (Y/N) NO Type _____

WATER SUPPLY (check one):
☒ Community (C) ☐ Shared Well (S)
☒ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P) CITY WATER

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 2 SINKS INSTALLED

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: Mary Alexander Date: 9-7-94

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

site visit made 9-12-94

Environmentalist Date

9-14 Elizabeth Reavis? 875-9465 informed me That they are going to sewer

Director or Authorized Section Head Date

septic system appears to be under pavement - cannot locate anything besides tank. SRB

WWATER : 122791

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #50 9/9/94 Rec'd #370 ☐ CRT

450 A

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: 9-7-94

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Township (check one):
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Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

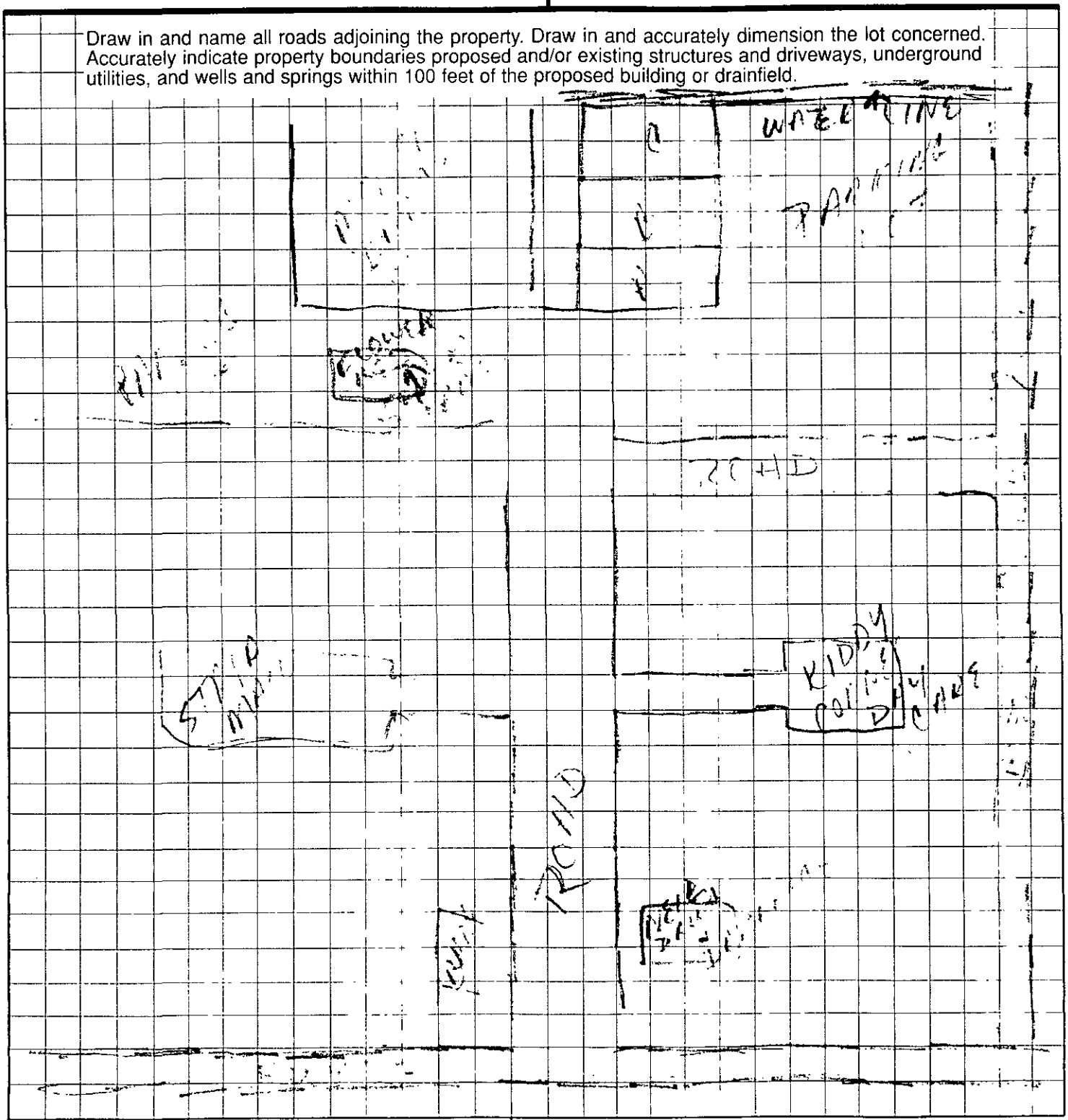
COPY

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

FILE: 4/50A

TC: 001-101-05

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 _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Date Issued 9-11-85 Serial No. 08526 ICAR (S) Permit No. 450-A

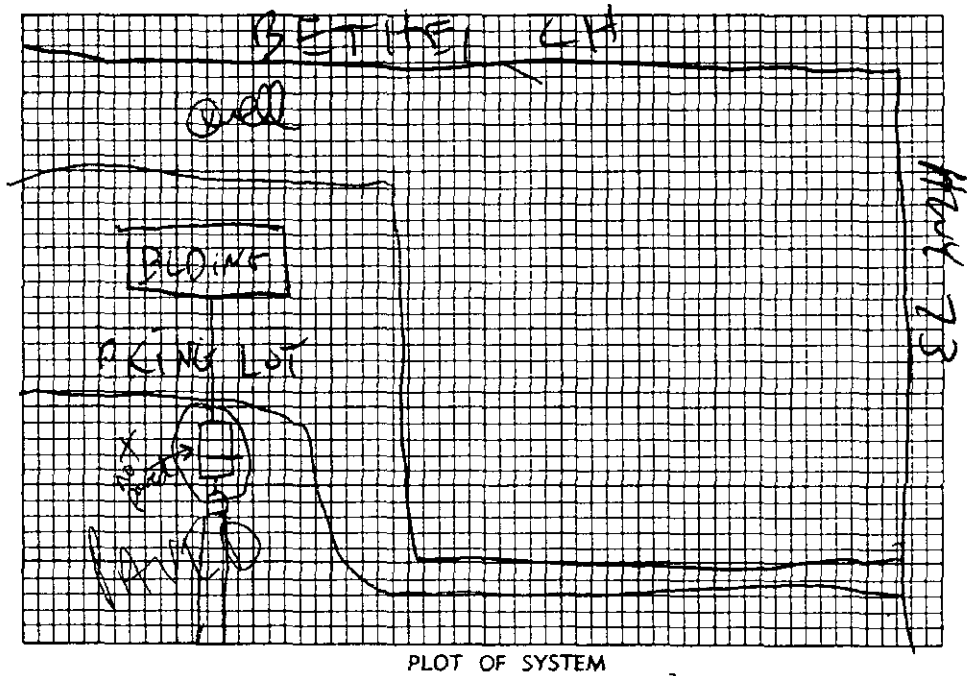
T. C. No. 001 10105

Map Date /

COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 450-A, dated 9-4-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 10-11-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1000'

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 2x100

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER REID, DAVID H.

LOCATION OF PROPERTY 19621 HIGHWAY 73

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

2 lines x 100' long - 3' cut x 12" stone

Comments:

Division or Section Head

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Environmental Health Department's Copy

C of A (s) No. 450-A

Date Issued 9-20-85 Serial 7923 T. C. No. 001-101-05 L CRT

COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner REID (LAST) DAVID (FIRST) H. (MIDDLE)

Location of Property 19621 HWY 73

Application Number 450-A Permit Number 450-A

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PCC

Total Length of Drain Tile 200' Number of Lines 2

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 9-20-85 (DATE) Tank Inspected 9-20-85 (DATE)

Nitrification Field Inspected 9-20-85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 1985, 1000 ST, CON, 600 SFT, 12L, CECIC

Kelly Rudd
Environmentalist

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 450-A

T.C. NO. 20 05-1605 L

(Ground Absorption Sewage Disposal)

OWNER: David H. Reid
ADDRESS: 15915 Campus Dr Huntersville, N.C. 28078
PLAT NO:
LOT SIZE: Approx 1½ A
LOCATION OF SITE: Bethel Church Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-6%	S PS (U) — Complex slopes	S PS — U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clay	S PS — U	S PS — U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS — U	S PS — U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 36"+	S PS — U	S PS — U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — 36" To Saprolite	S PS — U	S PS — U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — 36" To ground water	S PS (U) — collects & channels runoff	S Depressions PS collects (U) water	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	WA	—	—	
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable	unsuitable	
10. SOIL SERIES	Cecil-Lille	Old Terrace	Depression	

S - Suitable PS - Provisionally Suitable U - Unsuitable

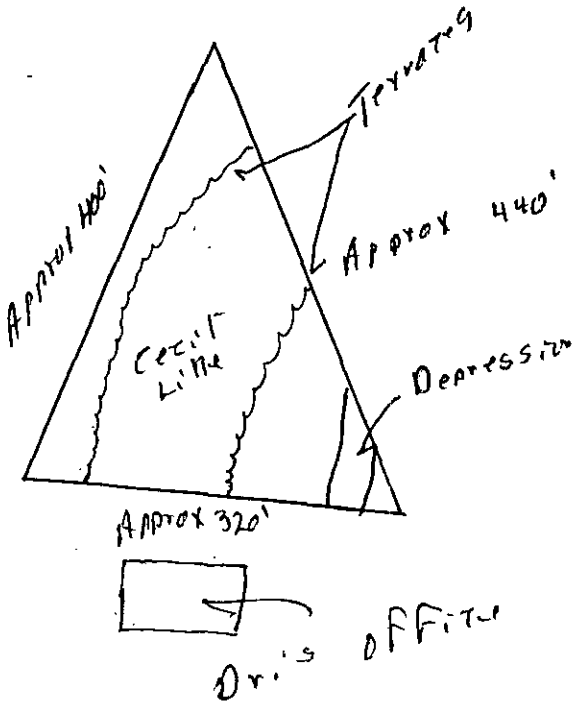
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Recommend place for structures, septic tank system, well to be submitted

Described by: William A. Mackie
Title: Soil Scientist

Date: 6-3-05

10



Bethel Church R

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 450A

IC: PO 001-10R-05

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
SEP 5 1985

JOB LOCATION

① ADDRESS: 19621 (STREET NO.) Highway #73 (STREET) ② FILE: 450 A

③ CITY: Davidson ④ TAX PARCEL NO.: 00110105 PO

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: David (FIRST) Harold (MIDDLE) Reid (LAST)

⑨ MAILING ADDRESS: 15915 Cramur Drive

⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 333-7784 ⑭ (HOME) 875-2771

REQUEST

This request is for a(n):

⑮ ☑ New installation permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☑ Business or place of public assembly

㉒ Number of bedrooms?

㉓ Maximum occupancy?

㉔ Basement? ☐ yes ☐ no

㉕ Type? Dance Studio

㉖ Maximum number of employees? 5

㉗ Maximum number of seats? 4

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☑ Community well

D ☐ Community system

on file at health department w/ application for soil investigation

㉚ 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: Elizabeth Reid Reavis

Date: 9-4-85

㉘ Accurately dimensioned plot

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