

12/27/2007

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Groundwater and Wastewater Services File Imaging Project

May 2007

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12/14/93 LW

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES Ck #562 $30.00 [] CRT

2091B/9262A

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: ALLMAN, L P (BUCH)
(last) (first) (mi)

ADDRESS: 8901 Douglas Dr PHONE: (704) 588-5040

CITY: Charlotte STATE: NC ZIPCODE: 28217

Date: 12-14-93

PROPERTY OWNER: William F. Caldwell, Heirs

NAME: CALDWELL JAMES A
(last) (first) (mi)

ADDRESS: 87 Woodcrest Ln PHONE: (215) 345-8683

CITY: Doylestown STATE: PA ZIPCODE: 18901

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PO: 037.126-11

STREET ADDRESS: 5810 Beatties Ford Rd

ZONING: R-3

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: LOT SIZE (in acres): 1.0

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: 4 NUMBER OCCUPANTS:

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: [signature], Agent Date: 12-14-93

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

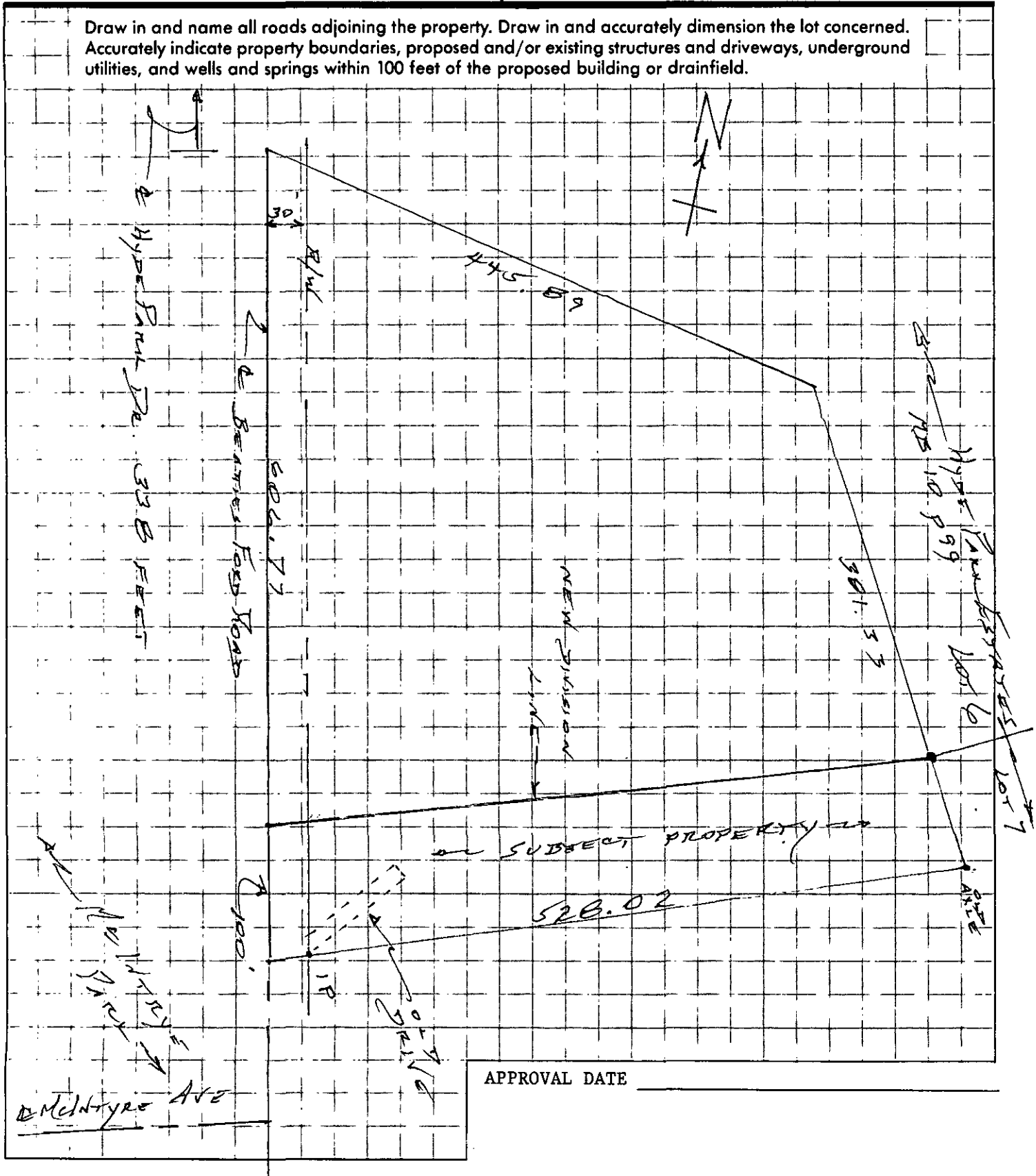
PROPOSED PLOT PLAN

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

FILE: 2091B/9262A

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

Mecklenburg County

Health Department

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

December 30, 1993

William F. Caldwell Heirs
c/o James A. Caldwell
87 Woodcrest Lane
Doylestown, Pa. 18901

RE: Property located at 5810 Beatties Ford Road
FILE: 20918/9262A
PARCEL: 037-126-11PO

Dear William F. Caldwell Heirs:

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. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20116) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20116

File: 2091B/9262A Action 2

Parcel: po 037-126-11 PC

Location: 5810 Beatties Ford Rd

Subdivision:

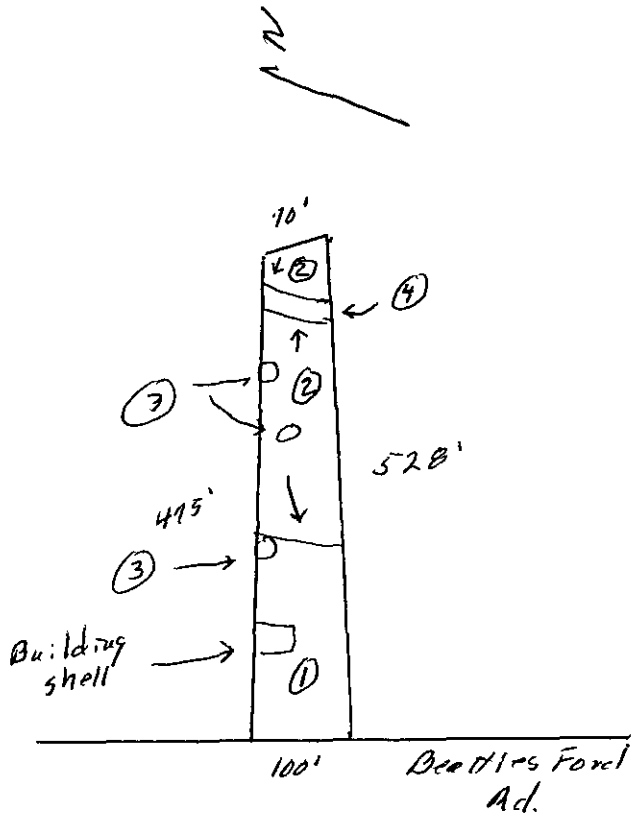
Lot: Block: Acres: 1.0

Owner: William F. Caldwell Heirs
Address: c/o James A. Caldwell
67 Woodcrest Lane
Doylestown, Pa. 18901

Comments: 100% Repair, .3gal/ft²/day LTAR, May be wells on adjacent

Described by: William A. Marlin

Date: 12-29-93



***** 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 2-10%	S PS (U) Pits	S PS (U) Slight Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subt Blocky	S (PS) U Subt Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 740" To water	S (PS) U 740" To water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30-36"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U see Note	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Parolet-Like	IV Cecil-Like	Pits	Slight Depression		
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 20116

File: 2-1181-12-14 Action 2

Parcel: 2-037-12-11 ☐ PC

Location:

Subdivision:

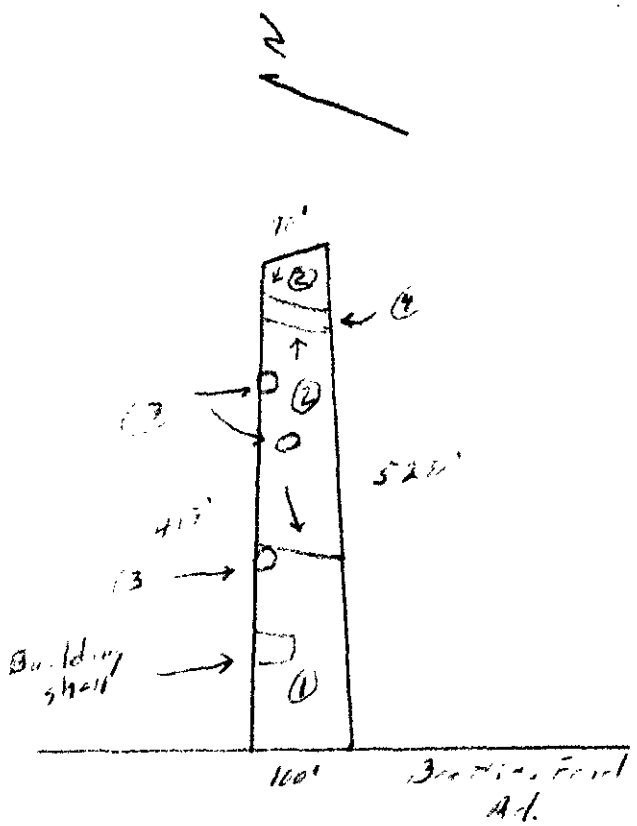
Lot: Block: Acres:

Owner: William F. Caldwell Heirs
Address: % James L. Caldwell
of Universal Insurance
Huntersville, Pa. 15411

Comments: Soil Report, 3ga/1/24
by LTAR only 2 wells
applied for

Described by: William F. Hunter

Date: 11-17-23



***** EVALUATION KEY *****

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Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	2-10%	2-10%	P.T.	Sl. hill, moderate		
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	Slightly Expansive clay	Slightly Expansive clay				
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	Subangular blocky	Subangular blocky				
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	Well drained	Well drained				
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	30-36"	> 36"				
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	> 36"	> 36"				
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
	Adequate	Adequate				
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
		See Note 7				
Soil Group/Series	IIe Pacolet Like	IIe Cecil-Like	P.T.	Slight Depression		
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(704)336-5102

COPY

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NAME: ALLMAN (last), L. P. (first), (BUCK) (mi)

ADDRESS: 8901 Douglas Dr PHONE: (704) 508-5040

CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

Date: 12-14-93

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NAME: CALDWELL (last), JAMES (first), A (mi)

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WATER : 122791

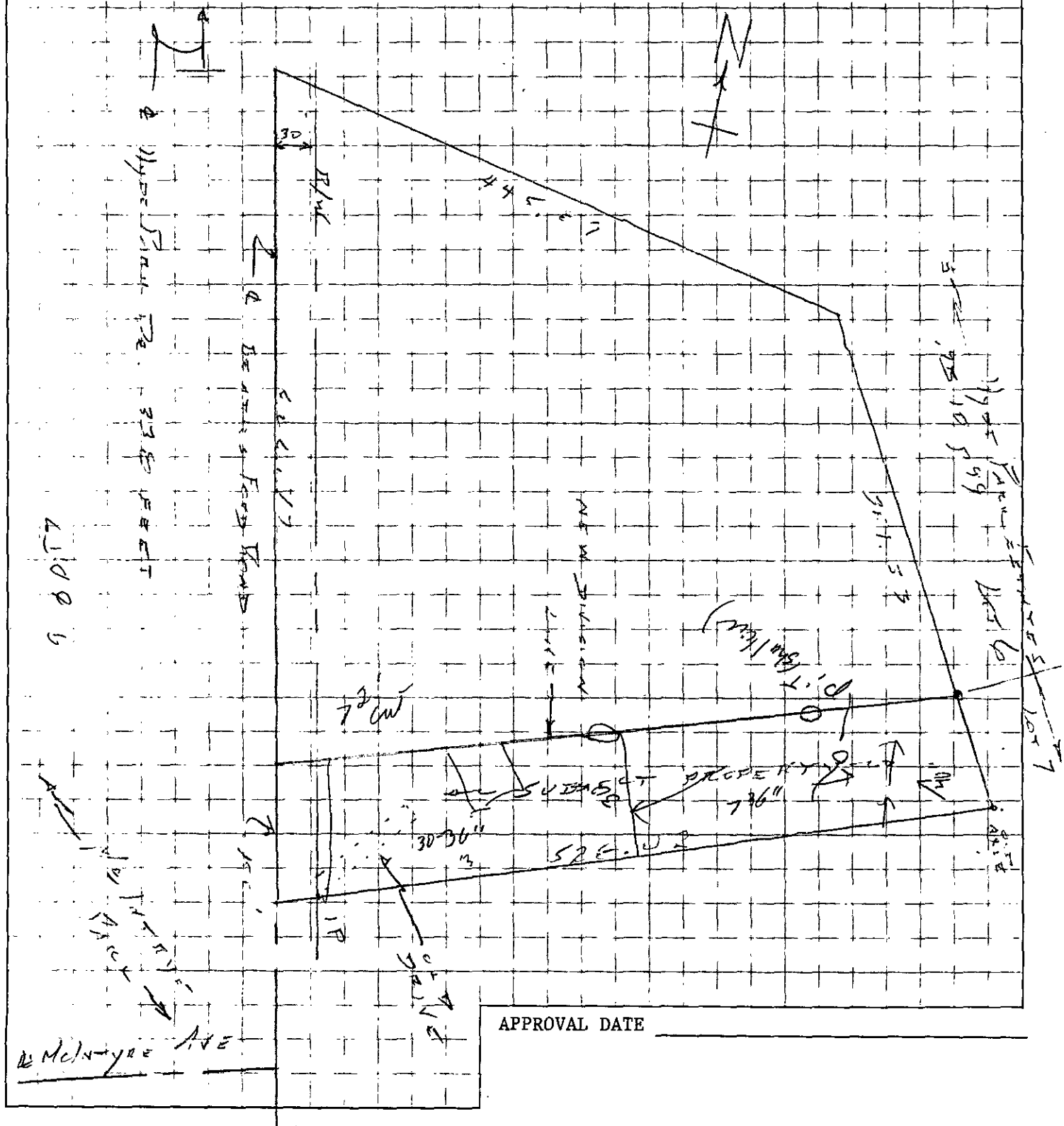
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PHONE (704) 336-5102

FILE: 2C91E/9262A

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