

12/17/07

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Groundwater and Wastewater Services File Imaging Project
May 2007
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8146A / 2543 — 3/31-92 WPG

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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:

PERSON FILING APPLICATION:
NAME: Helms (last) Gregory (first) N (mi)
ADDRESS: 15216 Beatties Ford Rd. PHONE: (704) 597-0067
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-115-26 10
STREET ADDRESS: Bethel Church Rd
ZONING:

PROPERTY OWNER:
NAME: Helms (last) Leland & Joyce (first) (mi)
ADDRESS: STAGHORN Ct. PHONE: (704) 892-3074
CITY: Davidson STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT SIZE (in acres): 1.5

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

NUMBER BEDROOMS: 4 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)
[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: Gregory N Helms Date: 3/27/93

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

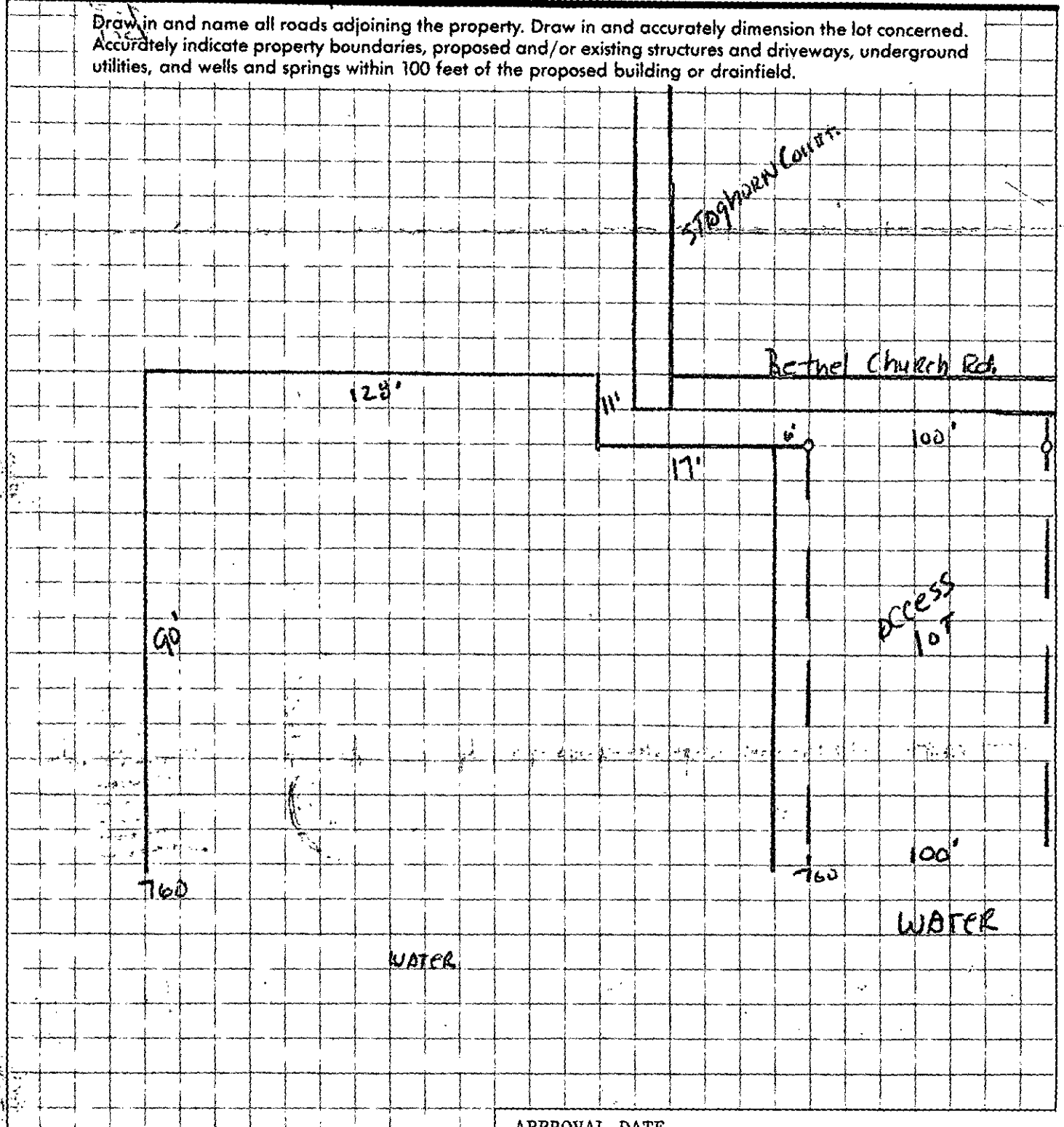
PROPOSED PLOT PLAN

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

FILE: 8146A/2548

TC: 001-115-26 PO

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

April 20, 1992

Mr. Leland Helms
Route #1, Box 658
Davidson, NC 28036

RE: Property located at Bethel Church Road
FILE: 8146A/254B
PARCEL: 001-115-26P0

Dear Mr. Helms:

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 No. 12491) is enclosed for your information.

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 10 NCAC 10A .1948 (c) 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 concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water & Wastewater Systems

Enclosure (2)

GV:lw

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12491

File: 81464 / 2548 Action 2

Parcel: PO 001-115-26 ☑ PC

Location: Bethel Church Road

Subdivision:

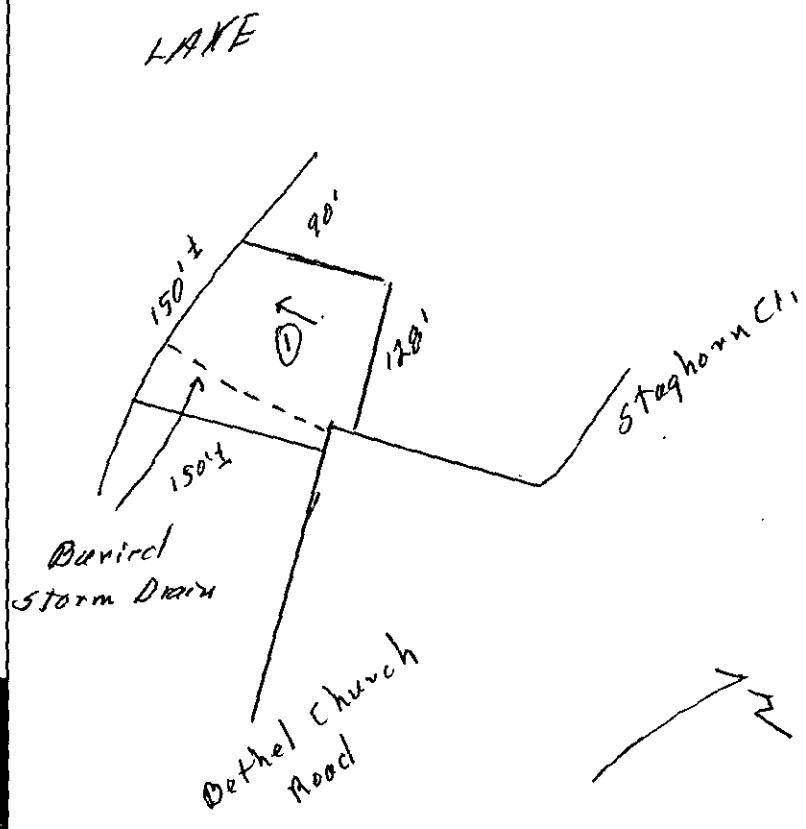
Lot: Block: Acres: Approx. .6

Owner: Leland Helms
Address: Rt. 1, Box 658
Davidson, N.C. 28036

Comments: 100% Repair

Described by: William R. Mullen

Date: 4-16-92



***** 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 2-4%	S PS U	S PS U	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) Compacted Fill 17-30"	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) compacted Fill 17-30"	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) 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 Fill poor Est. 1-1.4%					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER [illegible] 22401

File: [illegible] Action [illegible]

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

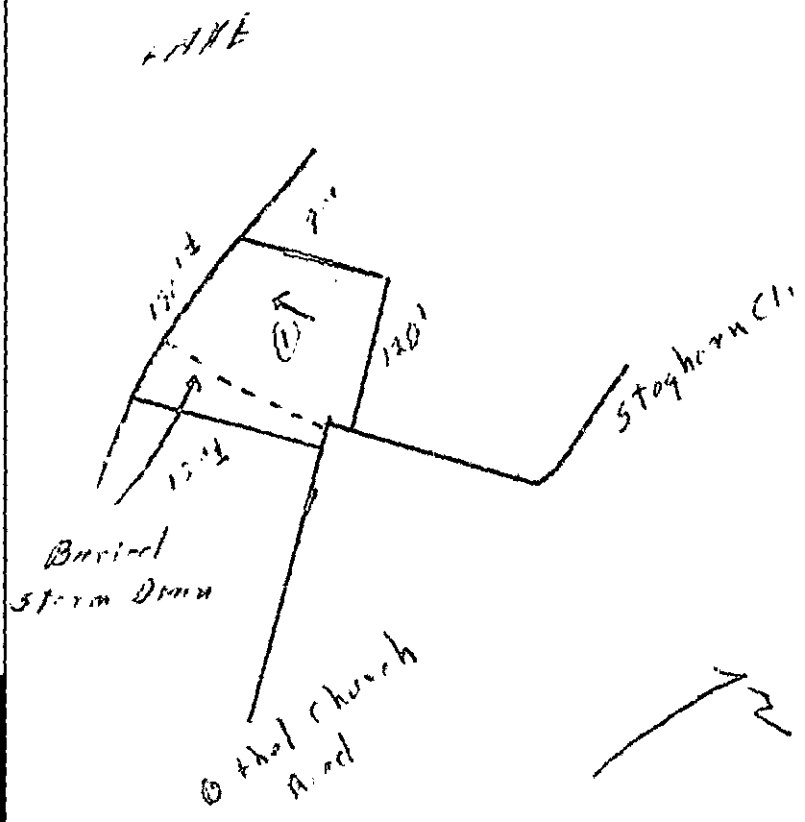
Lot: Block: Acres: [illegible]

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: [illegible]



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Texture	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U [illegible]	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	[illegible]					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Lot 1, Box 655 Davidson

UPDATE COMPLETE

Applicant HELMS GREGORY N Appl.Date 03/31/92 Updated 04/07/92
Mail Addr 15216 BEATTIES FORD ROAD Phone 704 597-0067
City HUNTERSVILLE State NC Zipcode 28078
Prop Ownr HELMS LELAND
Mail Addr STAGHORN COURT Phone 704 892-3074
City DAVIDSON State NC Zipcode 28036 Township 0
Tax Map No. 00111526PO Road BETHEL CHURCH ROAD Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App D Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 04 No. Occupants 04 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage N Construct. Status U Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 25001
Directions:

Date Appl. Recd. 03/31/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 00254B Operat. Permit (Y/N)
4/07/92 11:24:25
01-03 SA MW KS DM IM II S1 S1037498 KB

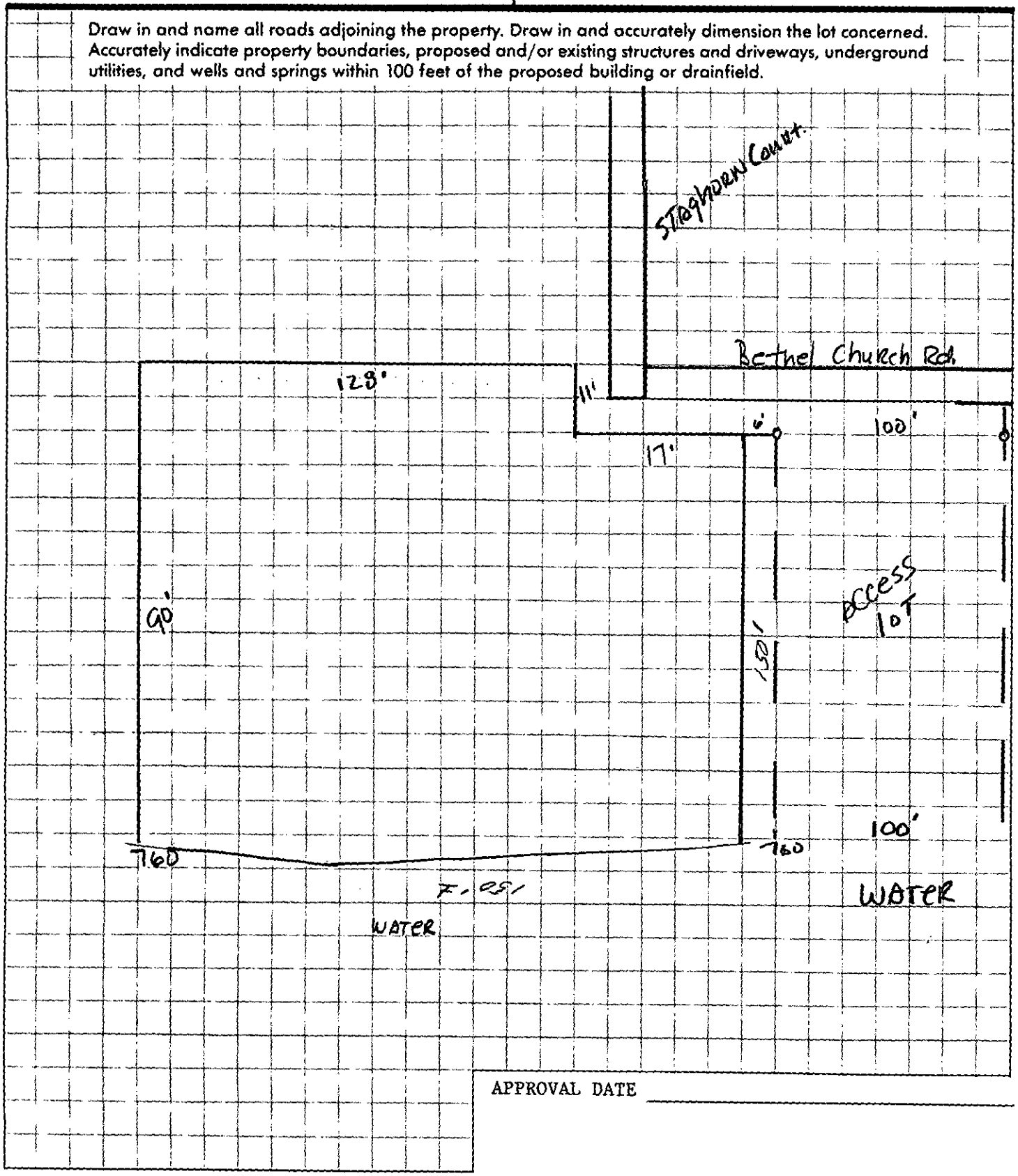
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