

7201 GILEAD RD

00903223

6/5/2007

duponbj

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

PROPOSED PLOT PLAN

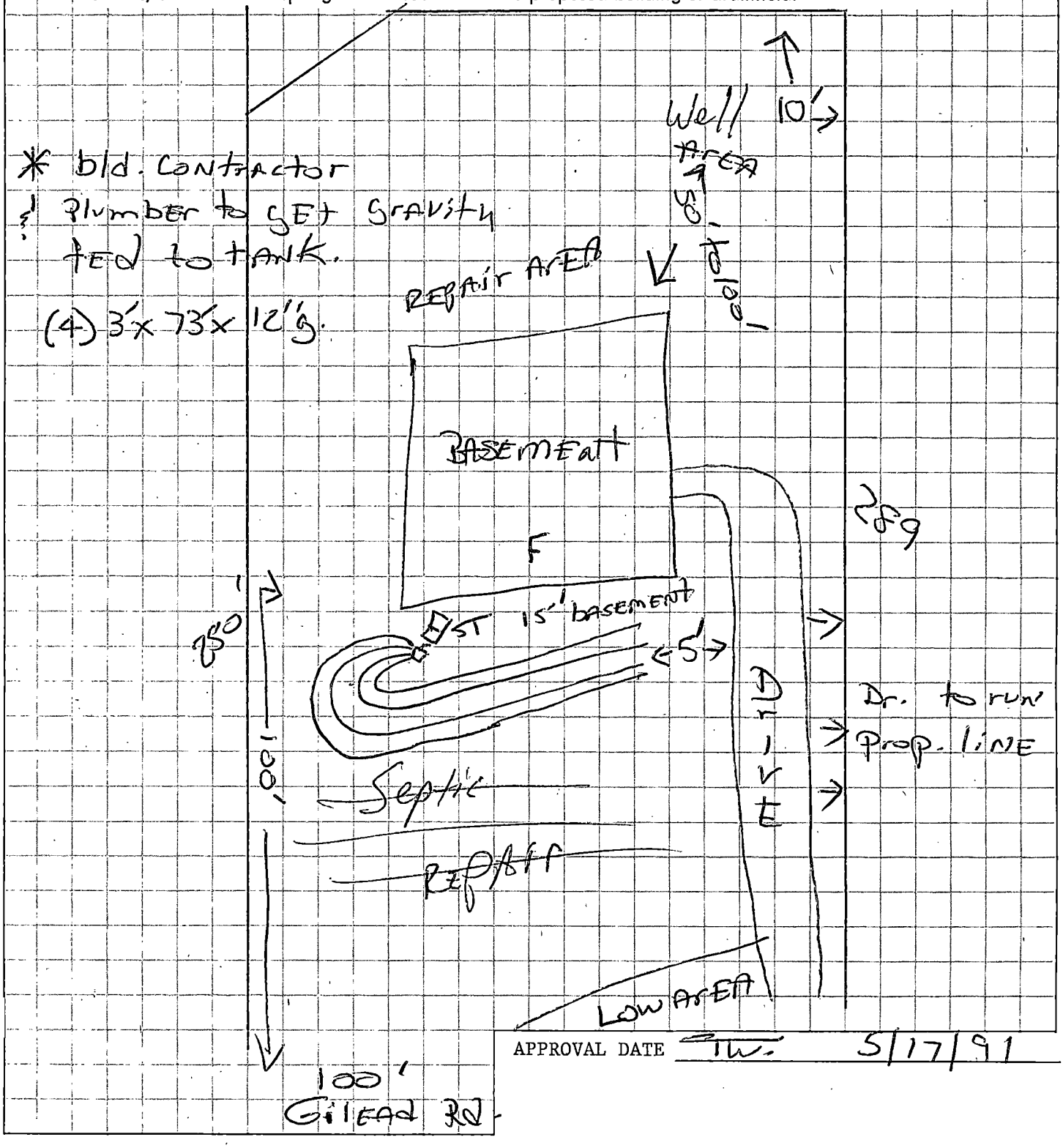
5657A

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

FILE: 5658-A

TC: 009-03-223

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 TW. 5/17/91

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

APPLICATION FOR AN IMPROVEMENT PERMIT

4/15/91

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

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

(OFFICE USE ONLY)
FILE: ~~5658A~~ 5657A
TC: _____
SERIAL: № 21872 ☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 7201 (STREET NO.) Gilead Road (STREET) Huntersville NC ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 009-03-223
⑤ SUBDIVISION: _____ ⑥ LOT: LOT 2 ⑦ BLOCK: _____

OWNER

⑧ NAME: Randall (FIRST) E. (MIDDLE) Ford (LAST)
⑨ MAILING ADDRESS: 2412 Bethel Church Rd
⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) (704) 892-5553 ⑭ (HOME) 892-8964

REQUEST

This request is for a(n):

⑮ ☒ New 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? 2
㉕ Type? _____
㉓ Maximum occupancy? 2
㉖ Maximum number of employees? _____
㉔ Basement? ☒ yes ☐ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges t[illegible]he contents of same are true, and authorizes agents of the M[illegible]KLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Randall E. Ford
Date: 5-6-91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

Tim Whitaker, 5/17/91
Environmentalist Date

_____, 5-21-91
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)
FILE: 5657 A
TC: 009-032-28
SERIAL: № 21988
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 7121 Gilead Rd, Huntersville, NC 28078 (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: 12 ⑦ BLOCK: _____

OWNER

⑧ NAME: Randall (FIRST) E. (MIDDLE) Ford (LAST)

⑨ MAILING ADDRESS: 21412 Bethel Church Rd

⑩ CITY: Davidson ⑪ STATE: N.C. ⑫ ZIP: 28036

⑬ PHONE: (WORK) 892-5553 ⑭ (HOME) 892-8964

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type? _____

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ Basement? ☒ yes ☐ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Randall E. Ford

Date: 4/15/91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

Tim Whittaker, Environmentalist — 4/18/91 (Date)

_____, Director or Authorized Section Head — 4-22-91 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12/5/89

5658A

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 009-032-06 223 P0

ASSIGNED ADDRESS 7201 Gilead Rd

EXISTING ADDRESS ~~lot 2~~

PROJECT NAME NIA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/ /	/ /*
2.	FLOODWAY REGULATIONS	/ /	/ /*
3.	EROSION CONTROL REGULATIONS	/ /	/ /*
4.	PUBLIC UTILITY EASEMENT	/ /	/ /*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	/ /*	/ /
6.	PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7.	DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank & well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

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

April 27th, 1989

Ronald J. Stephens, Sr.
Rt. 1, Box 410
Iron Station, NC 28080

RE: Property located at Gilead Road 2
FILE: ~~S658A~~ S659A
PARCEL: 00903206

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. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 12065) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please 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 12065

File: 5658A Action 1

Parcel: PO 009-032-06 ☐ PC

Location: Gilead Road

Subdivision:

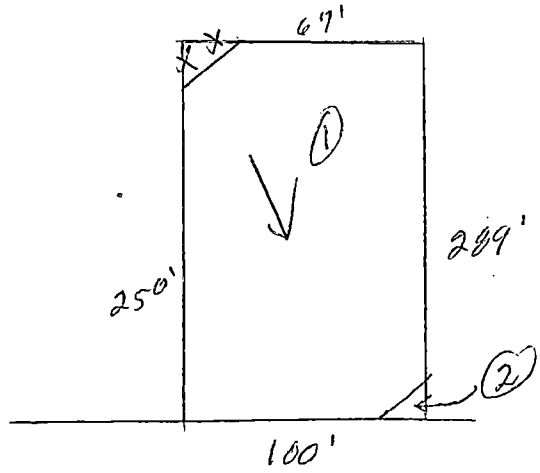
Lot: 2 Block: Acres: .6

Owner: Ronald J. STephens, Sr.
Address: Rt. 1, Box 410
Iron Station, N. C. 28080

Comments: _____

Described by: William A. Mould

Date: 3-27-89

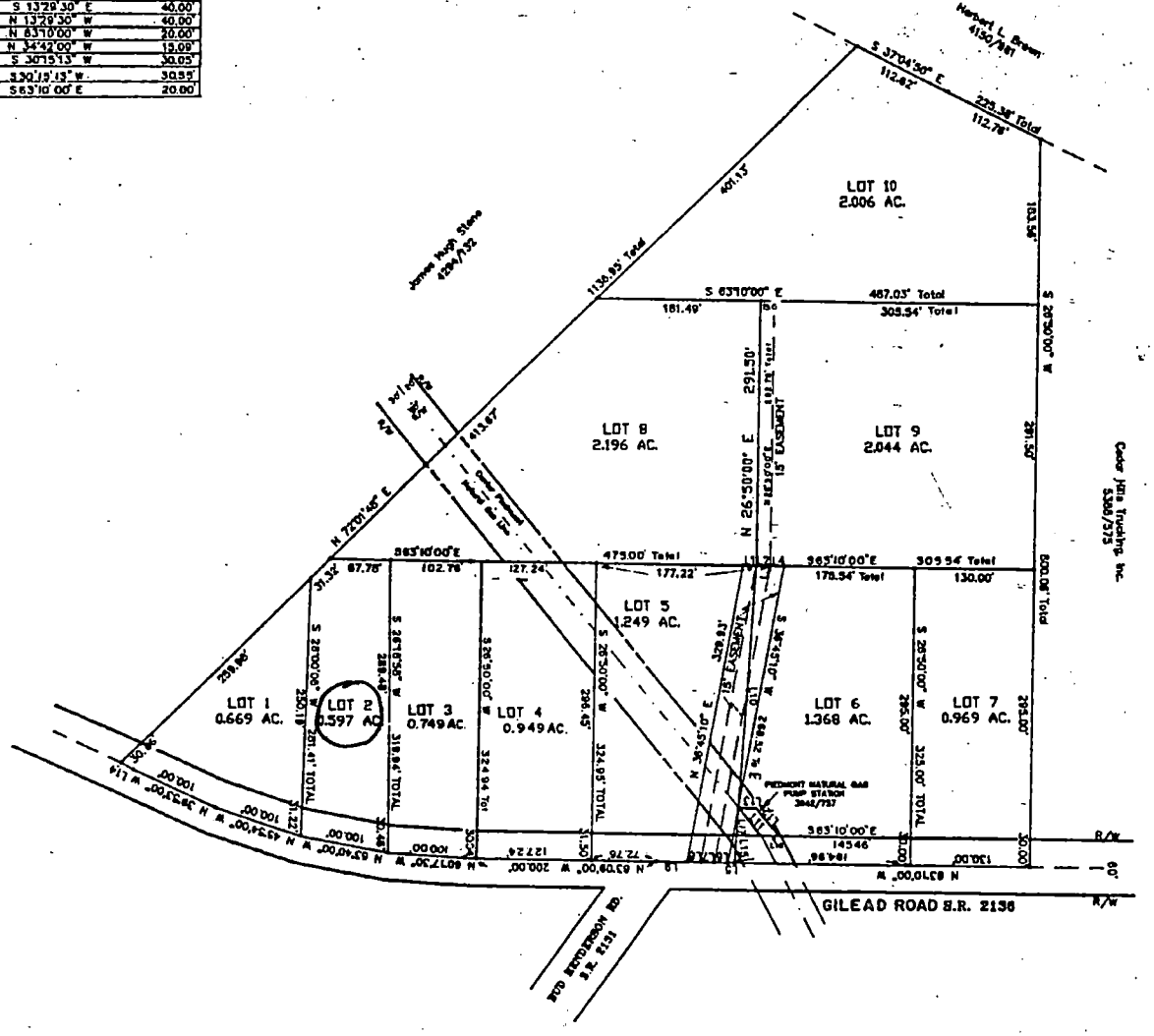


***** EVALUATION KEY *****

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 6-15%	(S) PS U 6-12%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS (U) 2-1 clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" to water	S PS (U) Perched water 30-36"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-49"	S (PS) U 36"	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 limited	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	10A Cec. Hills	10B Helena-Mer-Rlanburg				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

LINE	DIRECTION	DISTANCE
L1	S 63°10'00" E	15.23'
L2	S 58°22'32" E	13.06'
L3	S 64°00'00" E	1.26'
L4	S 67°49'19" E	13.50'
L5	N 63°10'00" W	6.98'
L6	N 63°10'00" W	15.23'
L7	N 63°10'00" W	15.23'
L8	N 63°10'00" W	15.23'
L9	N 63°10'00" W	32.38'
L10	S 30°13'13" W	264.98'
L11	S 13°29'30" E	40.00'
L12	N 13°29'30" W	40.00'
L13	N 63°10'00" W	20.00'
L14	N 34°42'00" W	13.00'
L15	S 30°15'13" W	30.05'
L17	S 30°15'13" W	30.55'
L18	S 63°10'00" E	20.00'



UNRECORDED PLAT
OF
PHILLIP E. JANSEN PROPERTY
HUNTERSVILLE TWSP., MECKLENBURG CO., N.C.
SCALE: 1"=100' DATE: APRIL 19, 1989

GRAPHIC SCALE

(IN FEET)
1 inch = 100 ft.

SURVEYORS NOTES

DAS
DON ALLEN SURVEYORS, INC.
Rt. 7 Box 283 • Mooresville, N.C. 28115 • (704) 664-7029

TAX MAP NO:

FILE NAME: DRAW\JANSEN

30

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5658A

TC: _____

☐ PC ☐ REPT

See file #5658A for charge slip

JOB LOCATION

① ADDRESS: Gilead Road at Bud Henderson Road

② SUBDIVISION: Philip E. Jansen ③ LOT: 2 ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 009-032-06

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Ronald (FIRST) J. (MIDDLE) Stephens (LAST) Sr.

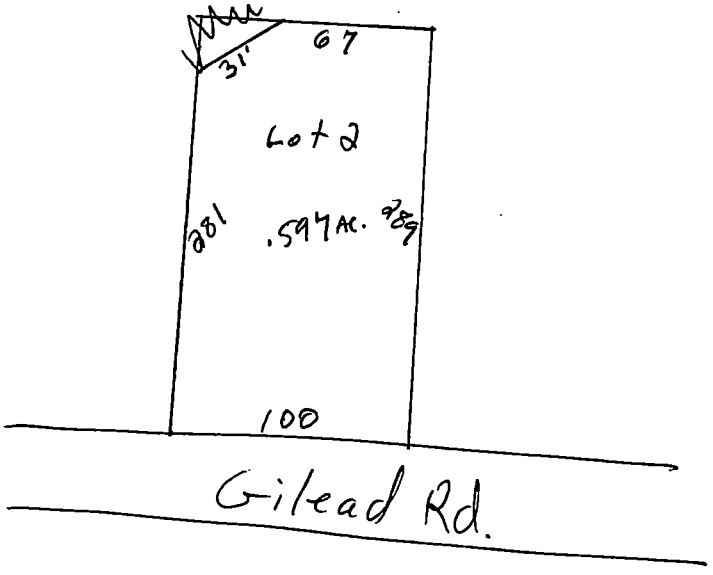
⑧ MAILING ADDRESS: Rt. 1 Box 410

⑨ CITY: Iron Station ⑩ STATE: NC ⑪ ZIP: 28080

⑫ PHONE: (WORK) 598-7890 (HOME) 732-6181

⑬ Accurately diagram and dimension lot.

See Attached Plat



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

Signed: Ronald J. Stephens, Sr.

Date: 4-20-89

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