

10800 ALBEMARLE RD

13707503

6/22/2007

duponbj

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

Dan Honeycutt
Ph - 563-1375

~~Project # 93~~ - New # 22
~~Void~~

DATE 9-21-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

137-075-03,04
PARCEL NUMBER

10800 Albemarle 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

REMARKS: New Structure

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 APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

200.00 ge

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 6982A
TC: _____
SERIAL: № 21198

not for CRT

☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 10800 Albemarle Rd (STREET NO. / STREET) ② FILE: 6982A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-075-03e-04

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

OWNER

⑧ NAME: Donald (FIRST) Mi (MIDDLE) Eenheimer (LAST)

⑨ MAILING ADDRESS: Rt 2 Box 264

⑩ CITY: Oakboro ⑪ STATE: N.C. ⑫ ZIP: 28129

⑬ PHONE: (WORK) 704 485-4227 ⑭ (HOME) 704-485-4227

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? _____ ㉕ Type? B-1 Zoning

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? 10

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: Donald Mieenheimer

Date: Sept 13, 1990

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 months from the date of issuance.

no industrial or hazardous wastewater to be discharged into tank or system

Environmentalist _____ 10/11/90 Date

Director or Authorized Section Head _____ 10/11/90 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

10800

CHARGE SLIP

Date: 9-13-90

Name/Company: Donald Musenheimer

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: OP - New

File #6980A - Albemarle Rd. 137-075-06
" #6981A - Albemarle Rd. 137-075-05
" #6982A - " " 137-075-04

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 13 1990

ck # 3240.

Fee: $ 600.00 $600.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernathy
Completed by

Elizabeth Johnstone
Collected by

no industrial

200.00

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 6982A
TC: _____
SERIAL: N 21193
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: Albemarle Rd (STREET NO. / STREET) ② FILE: 6982A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-075-04
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Donald M. Eisenheimer (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: Rt 2 Box 264
⑩ CITY: Oakboro ⑪ STATE: N.C. ⑫ ZIP: 28129
⑬ PHONE: (WORK) 704 485-4227 ⑭ (HOME) 704-485-4227

REQUEST

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⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

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㉒ Number of bedrooms? _____
㉕ Type? B-1 Zoning
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 10
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

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Signed: Donald Eisenheimer
Date: Sept 13, 1990

IMPROVEMENT PERMIT

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... This permit is not transferable, and shall become null and void 36 months from the date of issuance; or hazardous wastewater to be discharged into tank or system

Environmentalist _____ Date 10/11/90
Director or Authorized Section Head _____ Date 10/11/90

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

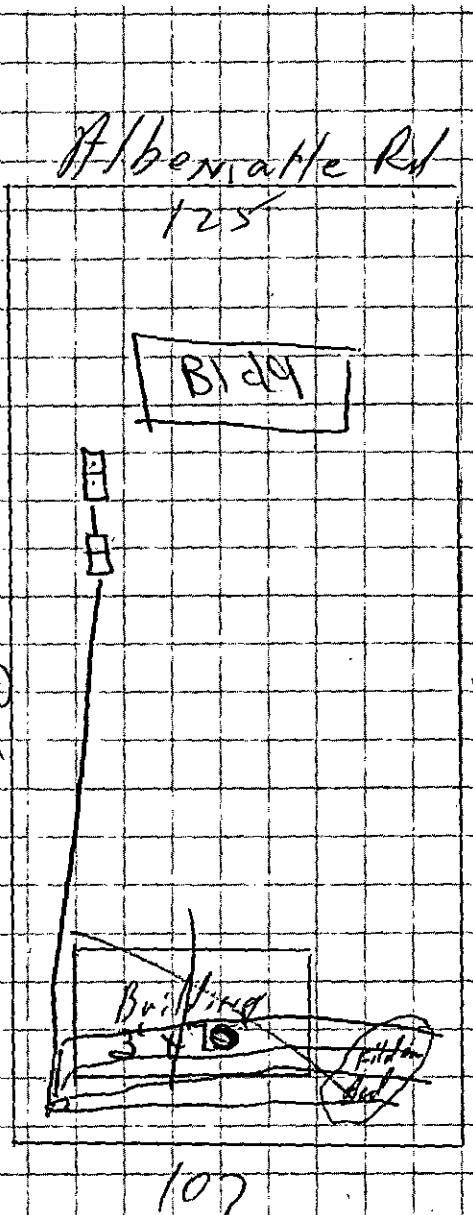
PROPOSED PLOT PLAN

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

FILE: 6782A

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.



1500 gallon Tank
1000 gallon Pump Tank
300 [redacted] Diameter
4 trenches
3' x [redacted] 75

APPROVAL DATE 10/11/90

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

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

DATE 9-17-90

FROM: COUNTY ENGINEERING DEPARTMENT

SUBD FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 137-075-03,04

ASSIGNED ADDRESS 10800 Albemarle Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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: Misenheimer Job Site

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]

OTHER 06-88

NEW ADDRESS / /*

FORM 100

Done?

about Set #1

Done Set #3

04

We only have Set #4 on
application

Mecklenburg County
Health Department

August 29th, 1990

Donald Misenheimer
Rt. 2 Box 264
Oakboro, NC 28129

RE: Property located at Albemarle Road
FILE: 6982A
PARCEL: 13707504

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 16642) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16642

File: 6982A Action 1

Parcel: 13707504 ☒ PC

Location: Albemarle Road

Subdivision:

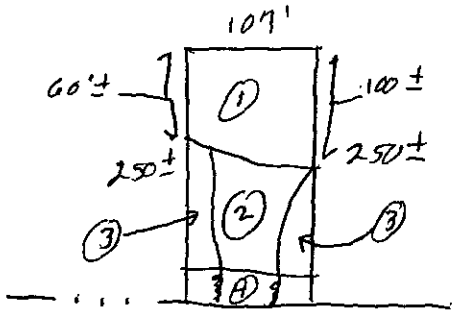
Lot: Block: Acres: .61

Owner: Donald Misenheimer
Address: Rt. 2 Box 264
Oakboro, NC 28129

Comments: System might need lift pump

Described by: William A. Marlin

Date: 8-28-90



Albemarle Rd

***** 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 6-12%	S (PS) U 15-25%	S PS (U) Complex Slopes	S PS (U) Drainageway Depression	S PS U	S PS U
Texture	S (PS) U clay ~~Blocky~~	S (PS) U 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 7-36" TO water	S (PS) U 7-36" TO water	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 38-42"	S (PS) U 38-40"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U Very limited	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 Cecil-1/40	IV Cecil-1/40	Complex slopes	Drainageway Depression		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6982A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Albemarle Rd Charlotte N.C

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 075 PARCEL NO.: 04

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

OWNER

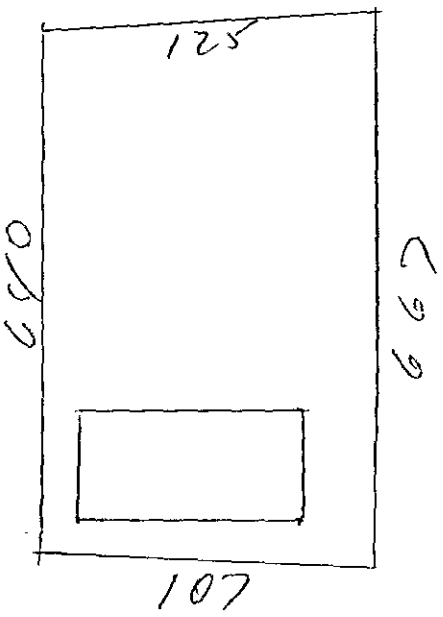
⑦ NAME: Donald (FIRST) Eugene (MIDDLE) Misenheimer (LAST)

⑧ MAILING ADDRESS: Rt 2 Box 264

⑨ CITY: Oakboro NC ⑩ STATE: NC ⑪ ZIP: 28129

⑫ PHONE: (WORK) 704 485-4227 (HOME) 704 485-4227

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

Signed: Donald Eugene Misenheimer

Date: Aug 16, 1990

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-16-90

Name/Company: Donald E. Miseheiman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Apps. Soil Invest.
(Approx 4 acres total)

File #'s 6980A-6983A

ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 16 1990

ck # 3215

Fee: $200.00 $200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by