

5318 COLD HARBOR DR

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12/17/07

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Groundwater and Wastewater Services File Imaging Project
May 2007
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400 3/17/92 P 0129 $50

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

RC [ ] CRT

*8124A (232B)

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:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 153-172-37

STREET ADDRESS: Cold Harbor Drive

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: AUTEN, JR. (last) RALPH (first) E. (mi)

ADDRESS: 5318 COLD HARBOR RD PHONE: (704) 392-9795

CITY: CHARLOTTE STATE: NC, ZIPCODE: 28214

PROPERTY OWNER:

NAME: AUTEN, JR. (last) RALPH (first) E. (mi)

ADDRESS: 5318 COLD HARBOR RD PHONE: (704) 392-9795

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28214

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

LOT NUMBER: 6 BLOCK/SEC. C LOT SIZE (in acres): 0.624

TYPE APPLICATION (check one):

[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: 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):
[X] 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 [X] 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: Ralph E. Auten Jr. Date: 3-17-92

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

P-2#50

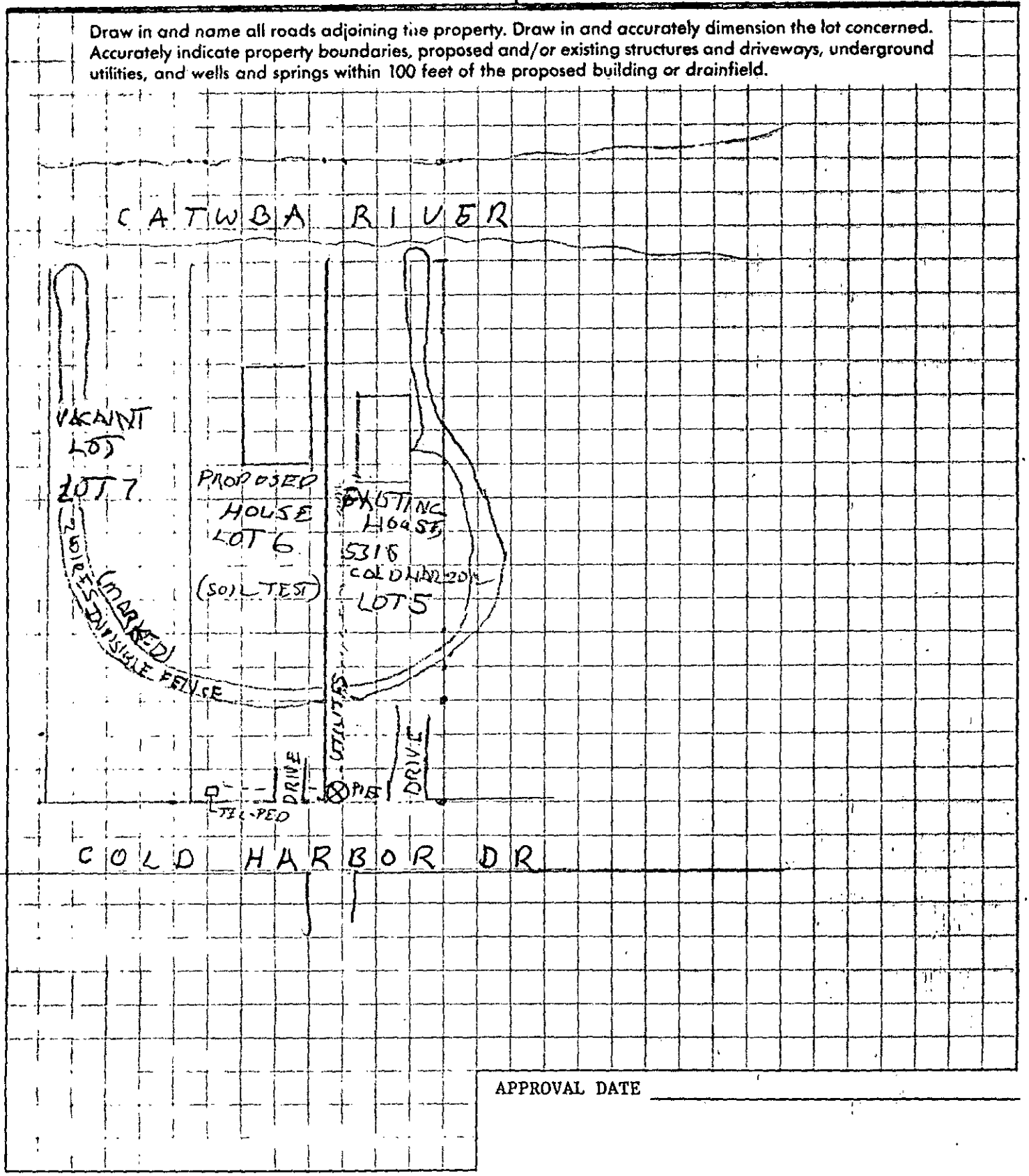
PROPOSED PLOT PLAN

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

FILE: 8124A (232B)

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

$50.00

U
Applicant AUTEN, JR. RALPH E Appl.Date 03/17/92 Updated 03/21/92
Mail Addr 5318 COLD HARBOR DRIVE Phone 704 392-9795
City CHARLOTTE State NC Zipcode 28214
Prop Ownr AUTEN, JR. RALPH E
Mail Addr 5318 COLD HARBOR DRIVE Phone 704 392-9795
City CHARLOTTE State NC Zipcode 28214 Township O
Tax Map No. 15317237 Road COLD HARBOR DRIVE 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 00 No. Occupants 000 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 25001
Directions:

Date Appl. Recd. 03/17/92 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. 00232B Operat. Permit (Y/N)
3/21/92 9:28:51
23-79 SA MW KS DM IM II S1 S1037498 KB

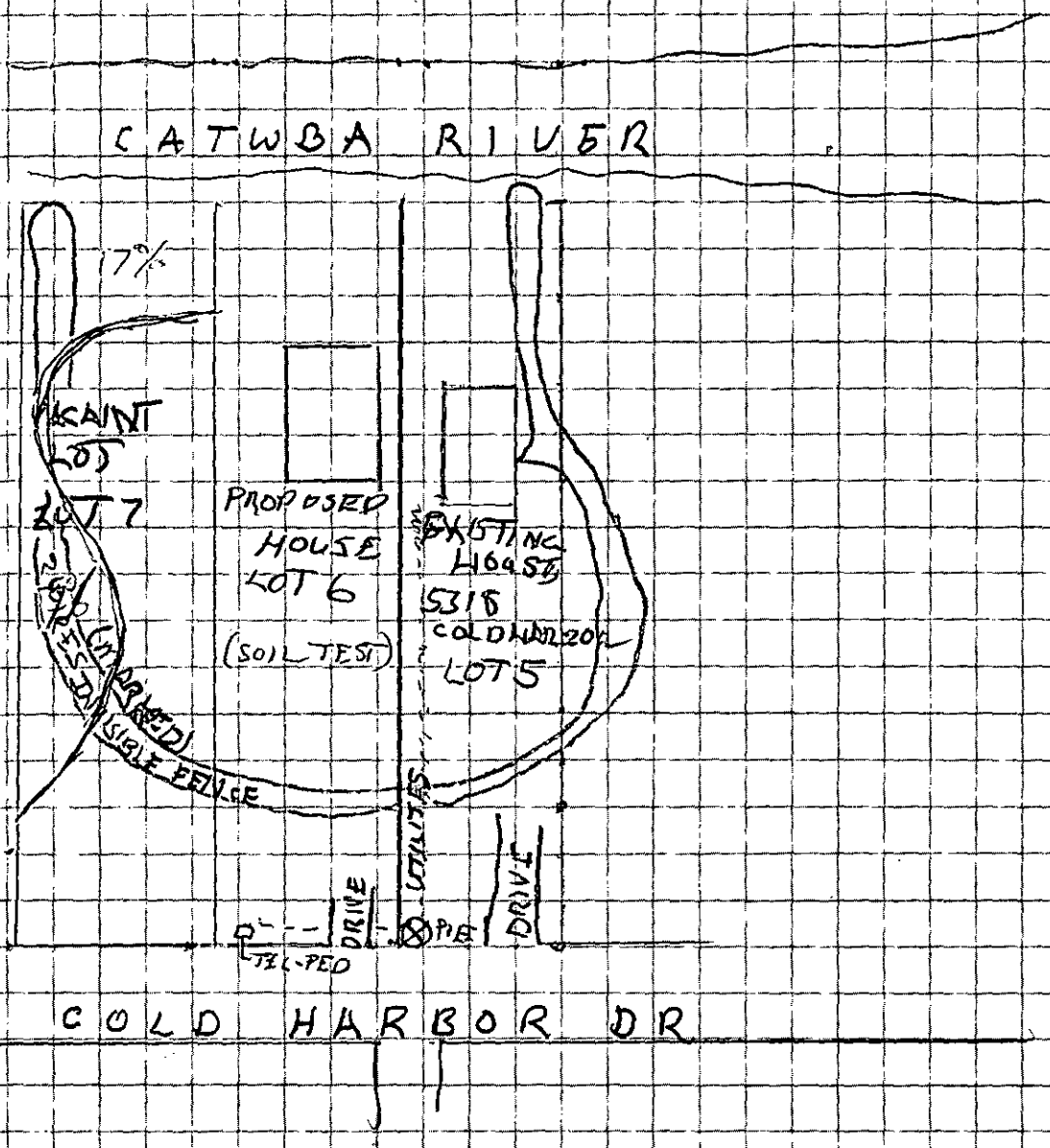
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TC: _____

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APPROVAL DATE _____

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

Mecklenburg County
Health Department

April 2, 1992

Ralph E. Auten Jr.
5318 Cold Harbor Drive
Charlotte, NC 28214

RE: Property located on 5318 Cold Harbor Drive
FILE: 8124A (232B)
PARCEL: 153-172-37

Dear Mr. Auten:

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 12477) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact me at 336-5573.

Sincerely,

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12477

File: 8/24N/232 B Action 1

Parcel: 153-172-37 ☐ PC

Location: 5318 COLD HARBOR DR

Subdivision: HARBOR HOUSE ESTATES

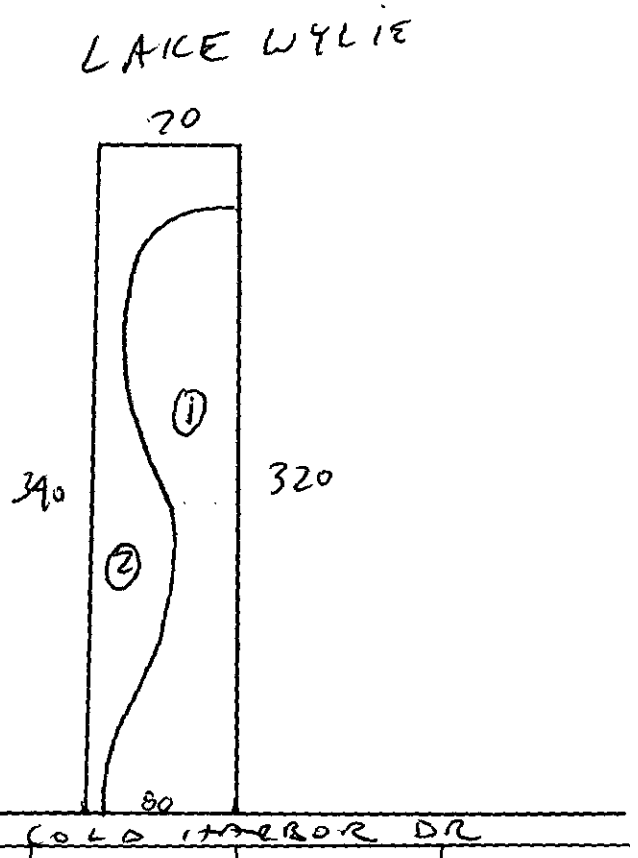
Lot: 6 Block: C Acres: ≈ 1.0

Owner: RALPH E AUTEN JR.
Address: 5318 COLD HARBOR DR
CHARLOTTE NC 28214

Comments: _____

Described by: Cecil Randall

Date: 3-30-92



***** 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	S (PS) U 17%	S PS U	S PS U	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 SUB ANG BLK.	S (PS) U SUB ANG BLK	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48"	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U none	S PS U none	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIMITED	S (PS) U 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	CECIL CLAY	CECIL CLAY				
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]

File: [illegible] Action 1

Parcel: [illegible] ☐ PC

Location:

Subdivision:

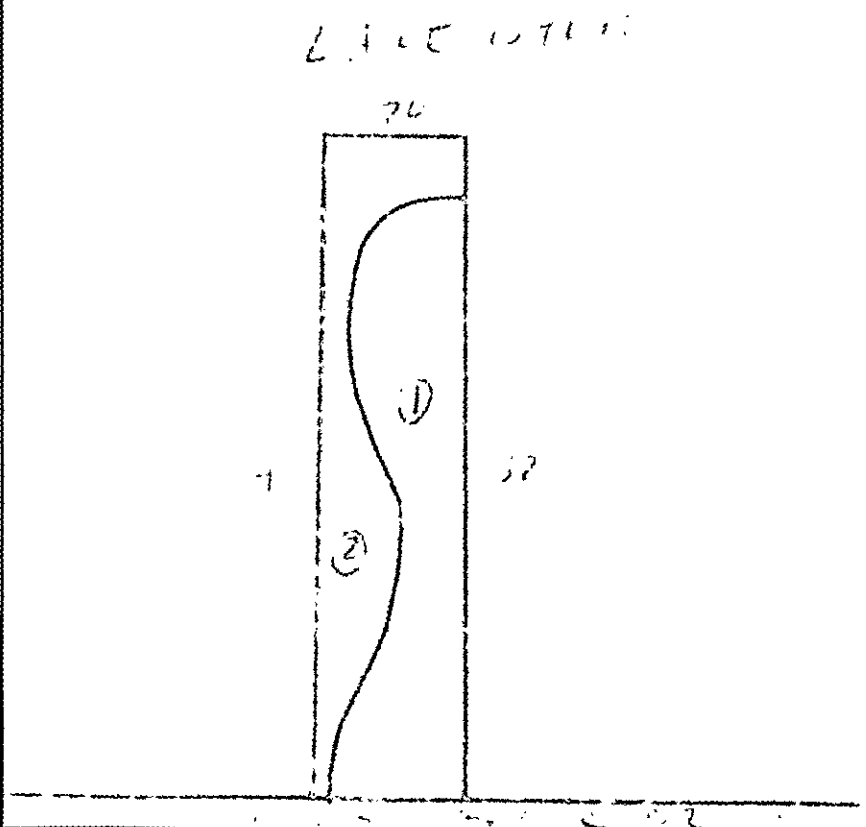
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date:



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Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Date Issued Ma[illegible] 2, 1971

Do Not [illegible]

MECK[illegible]NBURG, [illegible]

ENVI[illegible]

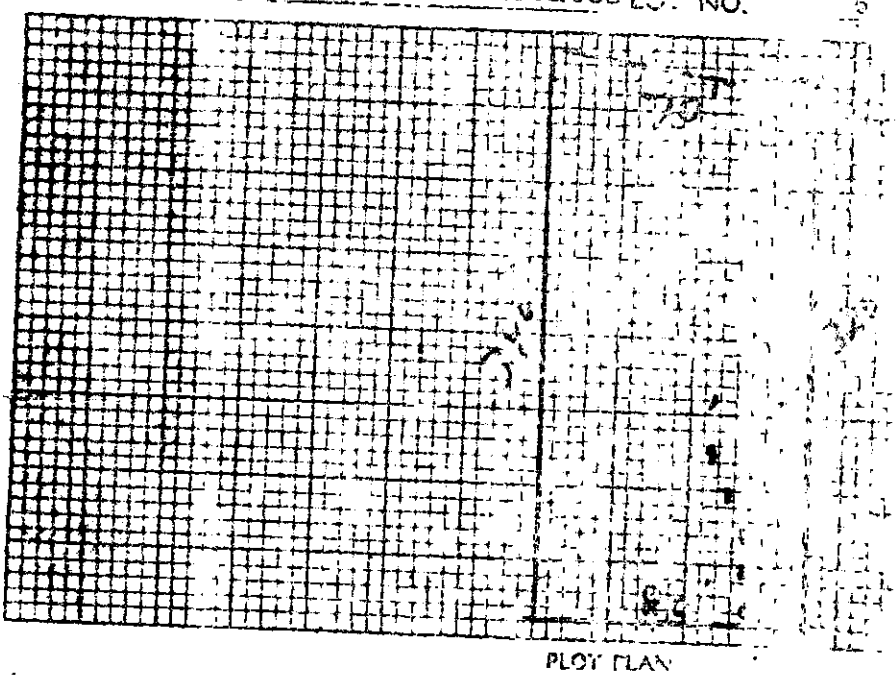
PER[illegible]

NAME OF OWNER [illegible] Hillwood [illegible]
LAST

ADDRESS OF OWNER 245 Hillwood [illegible] Zo1

LOCATION OF PROPERTY Moores Chapel Road [illegible] 55
STREET OR [illegible]

SUBDIVISION Harbor House Estates LOT NO. 6



PLOT PLAN

This is to certify that a percolation test has been run and on on [illegible] County Health Department on the lot described above. The soil [illegible] was the lot as indicated on above plot.

The percolation rate determined by the test was 5[illegible] min/in. tion of an individual septic tank wastewater treatment system [illegible] discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be Department prior to the beginning of any construction of buildings or
2. The size of the septic tank wastewater treatment system will be issued partment prior to installation based on the percolation rate obtained structed thereon.
3. This approval is valid only if the system is installed in the [illegible]
4. This approval is void if any grading, filling, or construction [illegible] in the opinion of the Health Department, renders the area where the tion, construction, alteration, and/or repair of such a system

This approval is granted based on the laws of the State [illegible] of the North Carolina State Board of Health and the Mecklenburg in effect on the date of issuance and is void if [illegible] system, these laws, rules and regulations governing [illegible] and has the new or revised laws, rules and regulations [illegible]

FORM [illegible]