

7325 GILEAD RD

00903230

6/5/2007

duponbj

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

Pd - $200.00 2/23/94 Ck # 1176 #3500

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5665A

X 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

PERSON FILING APPLICATION:
NAME: CRIST (last) JAMES (first) E (mi)
ADDRESS: 7311 Gilead Rd PHONE: (704) 875-6988
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: CRIST (last) JAMES (first) E (mi)
ADDRESS: SAME PHONE: (__) _____
CITY: SAME STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 089-032-30
STREET ADDRESS: 7325 Gilead Rd

ZONING:

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):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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: 2

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: Anne E Crist Date: 02.23.94

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.

...

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo S. Walker 3/2/94
Environmentalist Date

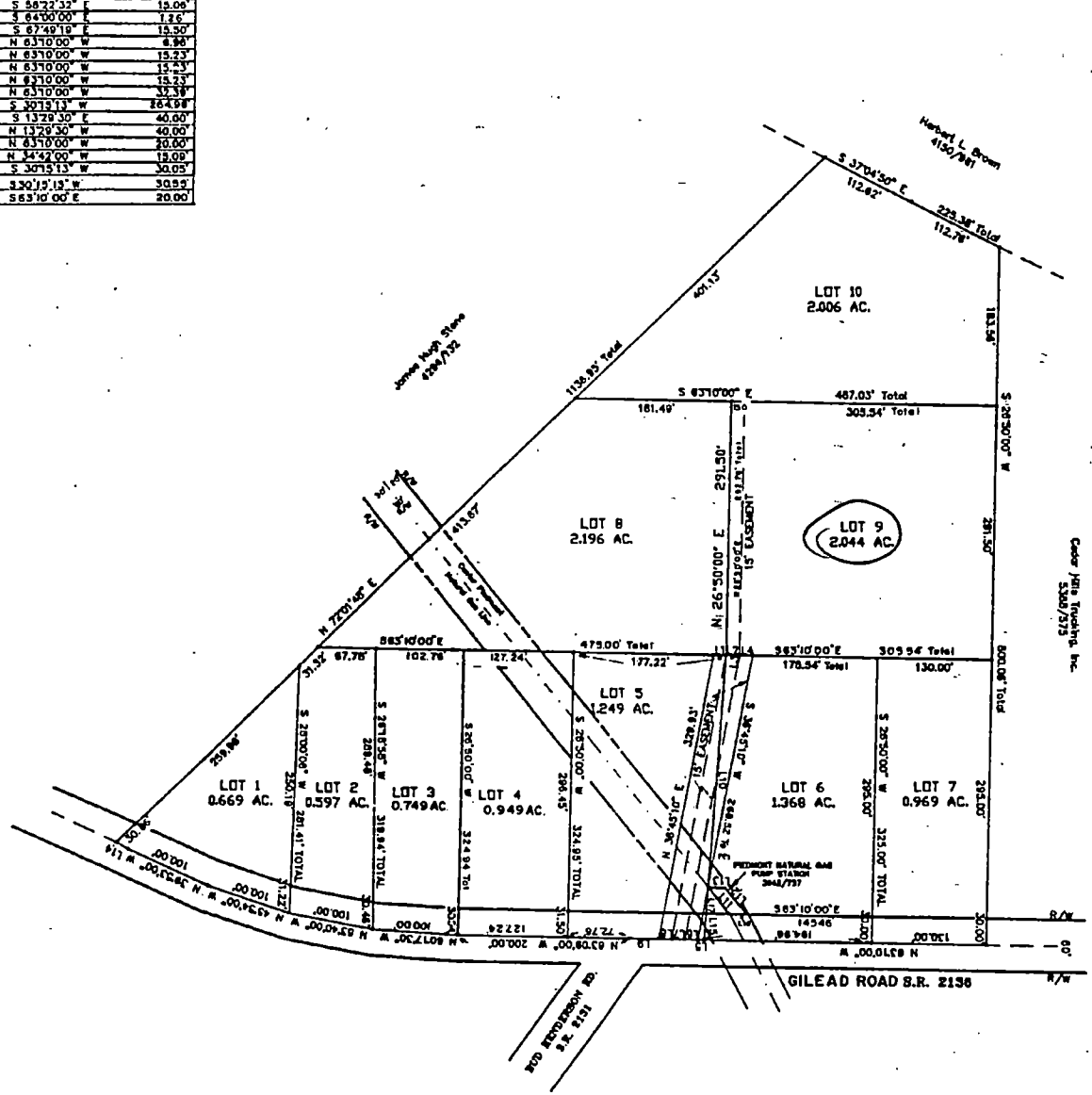
Operation permit - installation for 5(five) bedroom house.

P. Walker for S. Daniel 3/4/94
Director or Authorized Section Head Date

WWATER : 122791

File 5065A

LINE	DIRECTION	DISTANCE
L1	S 63°10'00" E	15.23'
L2	S 58°22'32" E	13.08'
L3	S 64°00'00" E	1.26'
L4	S 67°49'19" E	15.50'
L5	N 63°10'00" W	8.98'
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	264.68'
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	19.09'
L15	S 30°13'13" W	30.05'
L17	S 30°13'13" W	30.59'
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, 1990

GRAPHIC SCALE

(IN FEET)
1 inch = 100 ft.

DAS

DON ALLEN SURVEYORS, INC.
Rt. 7 Box 283 • Mooresville, N.C. 28115 • (704) 664-7039

TAX MAP NO:

FILE NAME: DRAW\JANSEN

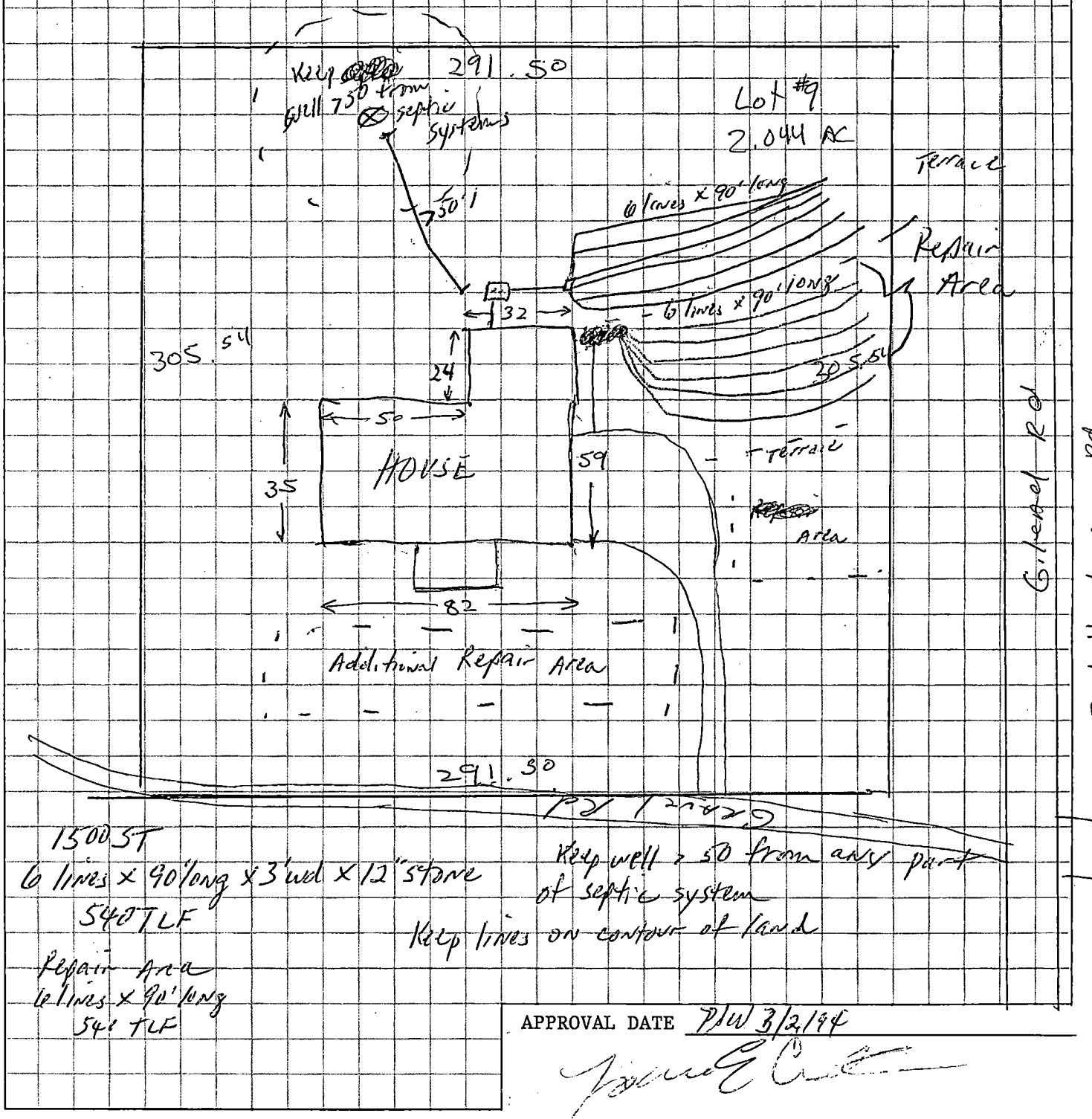
PROPOSED PLOT PLAN

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

FILE: 5665A

TC: 009-032-30

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 PW 3/2/94

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

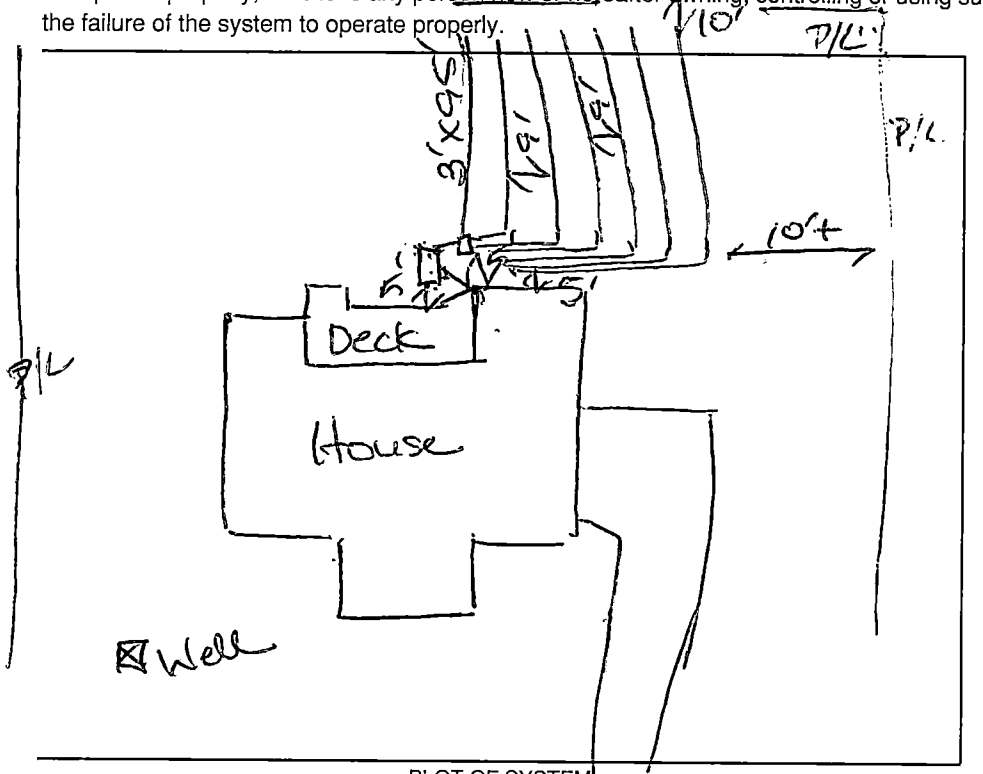
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5665A DATE: 7/15/96

TC: 009-032-30 L

SERIAL Nº 16812

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/23/96. All work shall be completed on or before 8/15/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 28"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 665' feet

Number of Lines 7@95' each

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 750 feet

common driveway → to Gilead Rd

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER James E. Crist

LOCATION OF PROPERTY 7325 Gilead Road.

Comments: Installation for 5 bedroom house, per 1/5/96 phone consult. w/ owner & 7/15 walk-through
① Set septic tank as shallow as possible.
② Keep nitrification lines on contour & 10' from any property line.

J Bateman for Stanley Program Chief 7-22-96

Rita B. Mialik, RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5665A DATE: 7/30/96

TC: 009-032-30 ☐ L ☑ CRT

SERIAL № 16691

Name of Owner James E. Crist Juris.:

Address of Property 7325 Gilead Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 665'

Number of Lines 7 @ ~95' each

Cover Depth 12"-30"

Water Supply Source Well

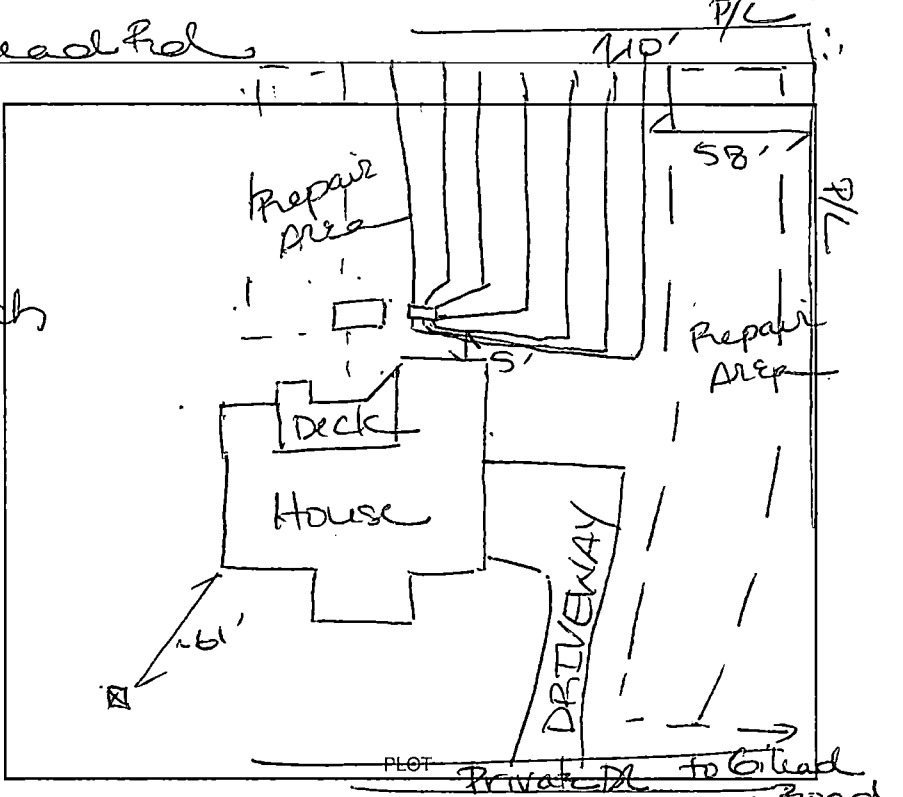
Distance to Water Source >100'

Excavation Inspected 7/30/96

Tank(s) Inspected 7/30/96

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 CON, [redacted] 500g ST, 1995 ft² 12" G CTR# 174
Cecil-like Ira Howell

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

~~☐ Certificate of Completion~~ ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II, 5 Bedroom House

Ilba B. Malik, RS
Environmental Health Specialist

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 56657A

TC: _____

☐ PC ☐ REPT

See file 56574 for charge slip ✓

JOB LOCATION

① ADDRESS: Gilead Road at Bud Henderson Road

② SUBDIVISION: Phillip E. Jansen ③ LOT: 9 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.

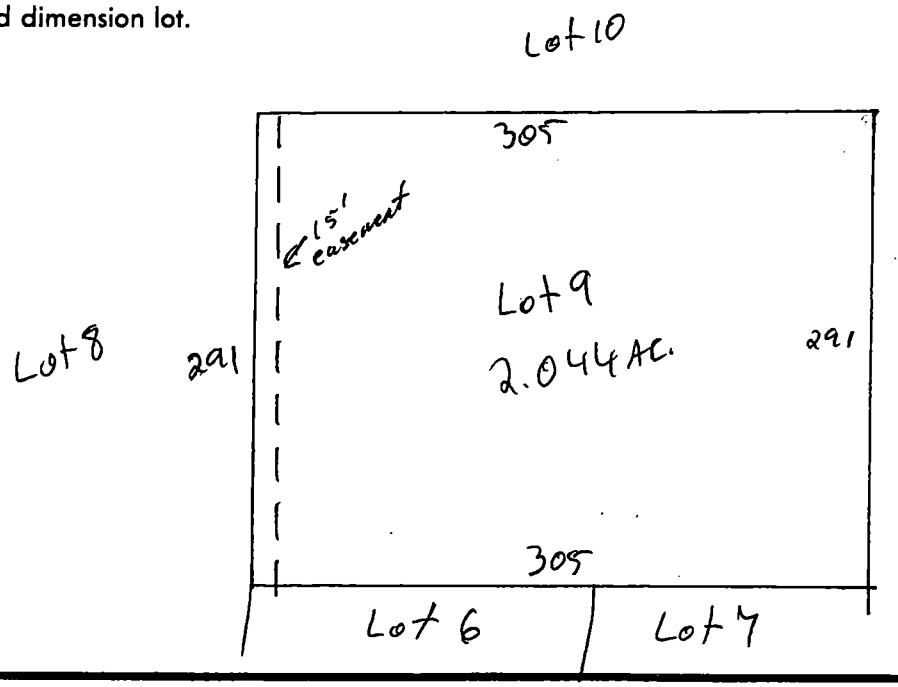
⑧ MAILING ADDRESS: Rt.1 Box 410

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

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 ENVIRONMENTAL HEALTH File: 5665A Action 4

SITE EVALUATION REPORT

SERIAL NUMBER 12072 Parcel: PO 009-032-06 ☐ PC

Location: Gilead Road

Subdivision:

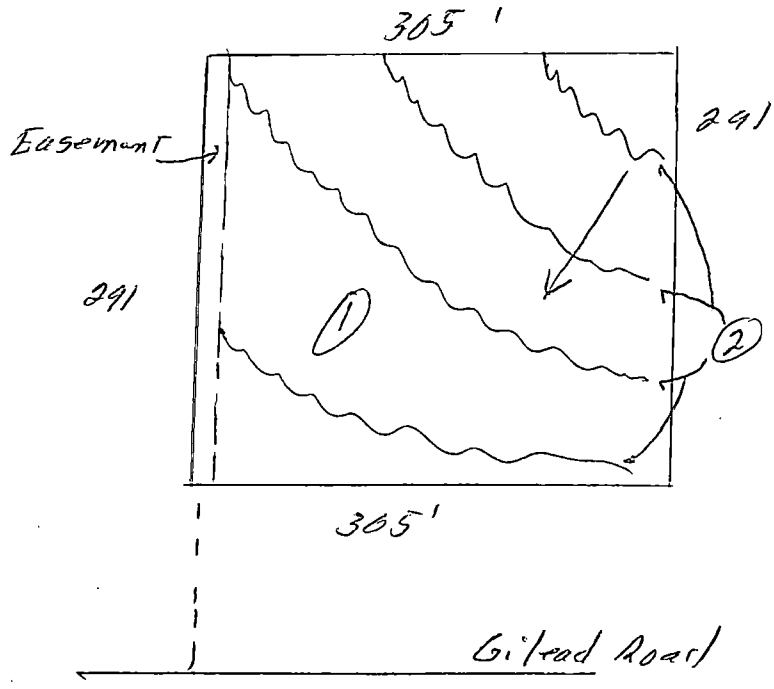
Lot: 9 Block: Acres: 2.0

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

Comments: Terrace locations
as approximate

Described by: William R. Marlin

Date: 4-27-89



***** 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) Terraced	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+8" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48"	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	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	IVA Cecil-Hills	Terraces				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

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 8
FILE: 5665A
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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 12072) deliniating the soil types and their respective classifications is enclosed.

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 accomodate 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. Futhermore, 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, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure