

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

January 26, 1994

Rebecca H. Rollins
9817 Arlington Church Road
Charlotte, NC 28227

Copy to Applicant

336-7803

RE: Property located at Williams Road
FILE: 2103B/9274A
PARCEL: 139-072-22PO

Dear Ms. Rollins:

At your request a soils investigation was conducted on the property
designate site to be
classifie NCA 18A .1900
of Laws ar and Disposal,
August 1, nclosed.

The soil c onventional,
modified c ish to exercise
your right cement of these
rules you

If there a 6-5574.

Sincerely,

Kelly Ran
Individua

Enclosure

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20185

File: 21039/9214A Action 3
Parcel: PD 139-012-22 PC

Location: Williams Road

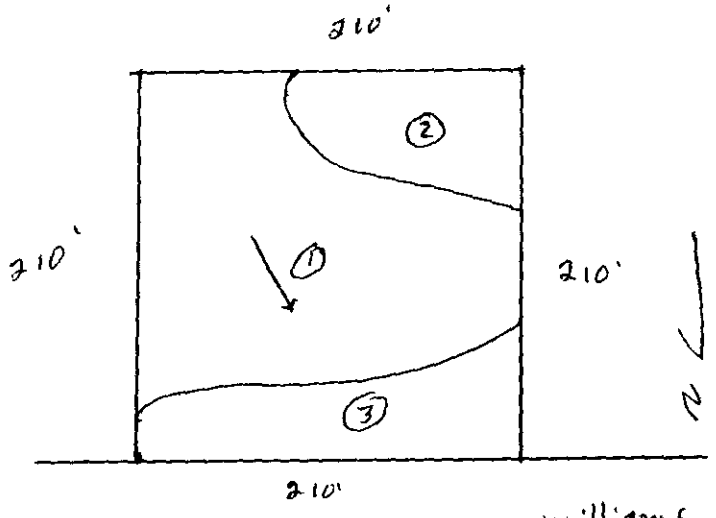
Subdivision:

Lot: Block: Acres: 1.0

Owner: Rebecca H. Rollins
Address: 9817 Arlington Ch. Road
Charlotte, N.C. 28227

Comments: 100% Repair

Described by: William R. Marlin
Date: 1-25-94



*** 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) Complex Slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Subx Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS (U) Perched water 30-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 30-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	Series Not Determined	Complex Slopes	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20185

File: 21039/11 14A Action 3
Parcel: 131-172-22 ☐ PC

Location: Williams Trail

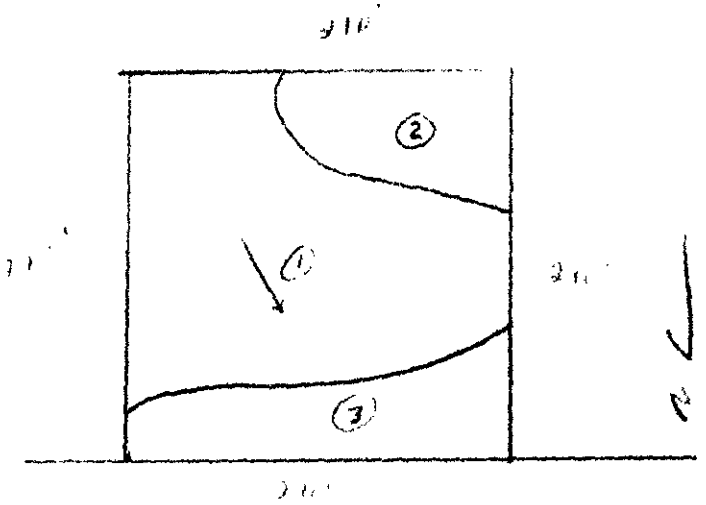
Subdivision:

Lot: Block: Acres: 1.1

Owner: Bruce H Collins
Address: 1811 Arlington Ch. Road
Concord, NC 28111

Comments: W & Williams

Described by: William A. Martin
Date: 1-25-94



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FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS (U) Complex Slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S PS (U) Extensive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subs Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS (U) Surface water in 24"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS U 30"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 72"	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	Series Not Determined	Complex slopes	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Hall Marshall Mecklenburg RX 50 cast 12/29/93 DX

COPY

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 2038/824A

PERSON FILING APPLICATION:

NAME: Penninger (last) William (first) H (mi) w/k work 573-3593 ANGIE

ADDRESS: 8535 Arlington Ch. Rd PHONE: (704) 545-2086

CITY: Charlotte STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:

NAME: Rollins (last) Rebecca (first) H. (mi)

ADDRESS: 9817 Arlington Ch. Rd. PHONE: (__) 545-1674

CITY: Charlotte, STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-072-22

STREET ADDRESS: Williams Rd

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1 acre

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (O)
[] 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 (M)
[] 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: 3 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 [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: Rebecca H. Rollins Date:

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 approva... this Department.

...This pe...

...

Copy to Applicant

[] 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

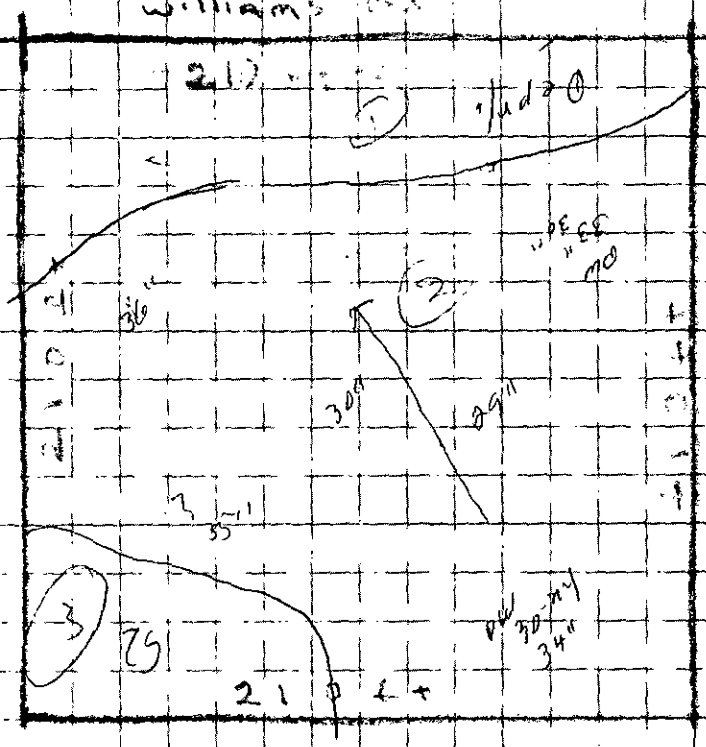
PROPOSED PLOT PLAN

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

FILE: 21038/127/H

TC: [redacted] 137-072-22 PC

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

PD 50 CAST 12/29/93 DX

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...This permit is not transferable.

...

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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
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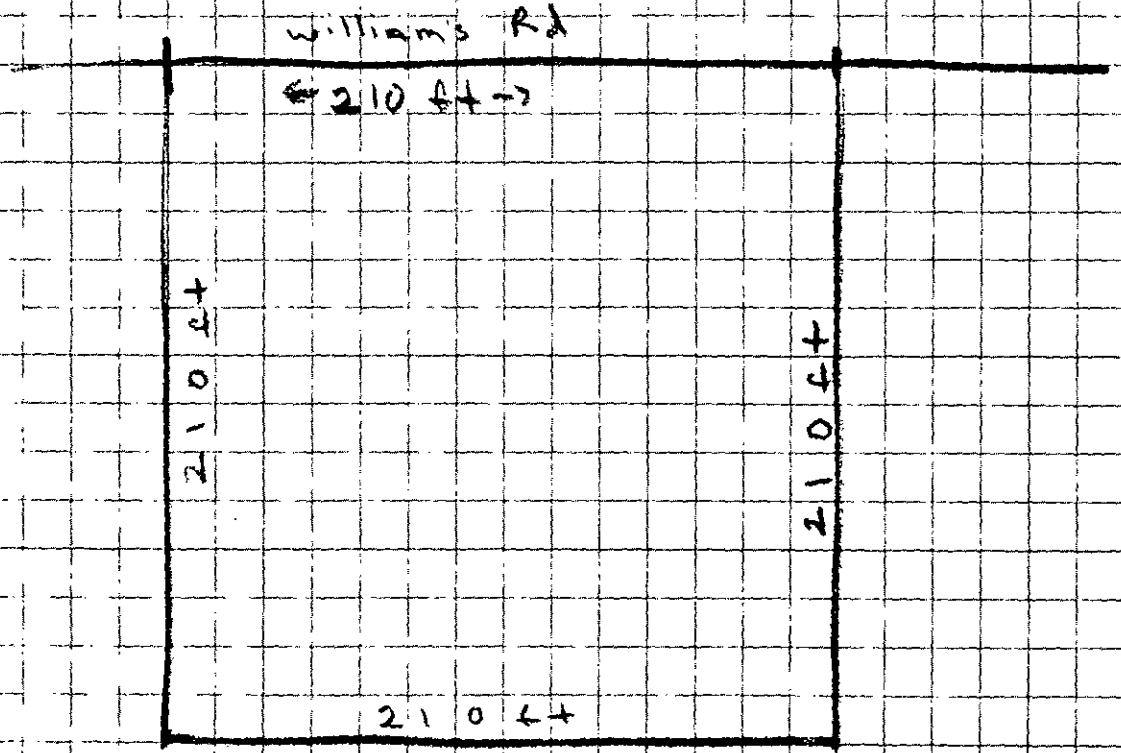
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TC: [redacted] 139-072-22 PO

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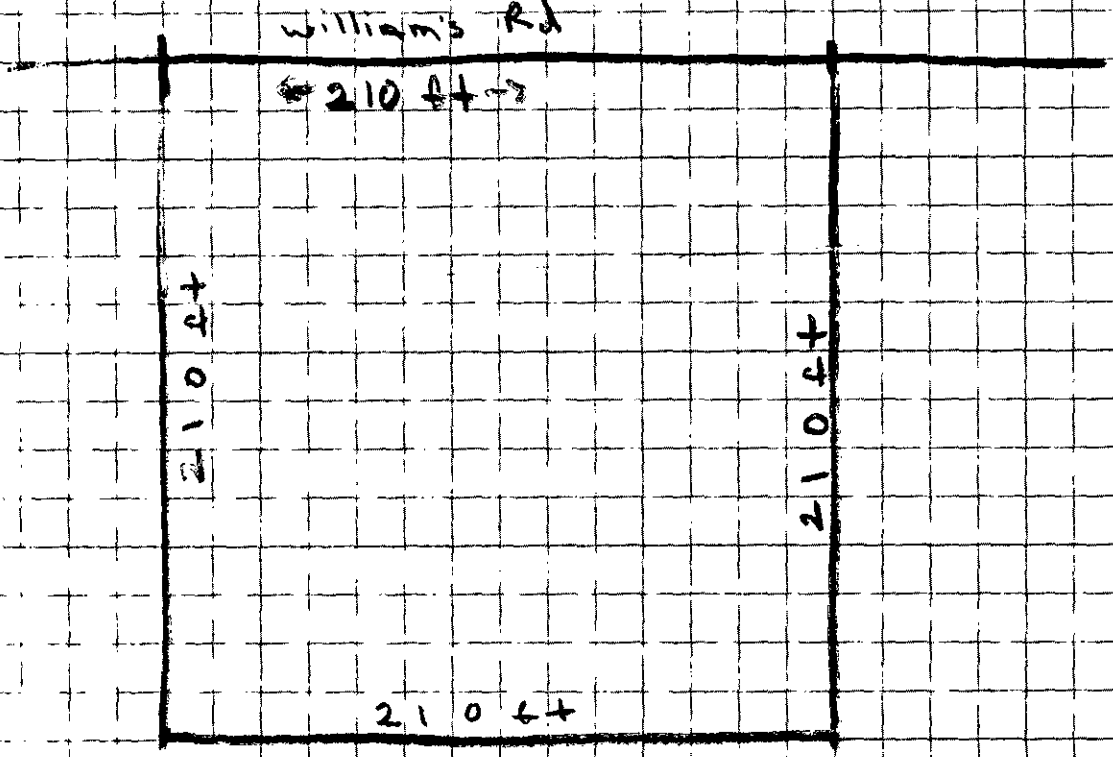
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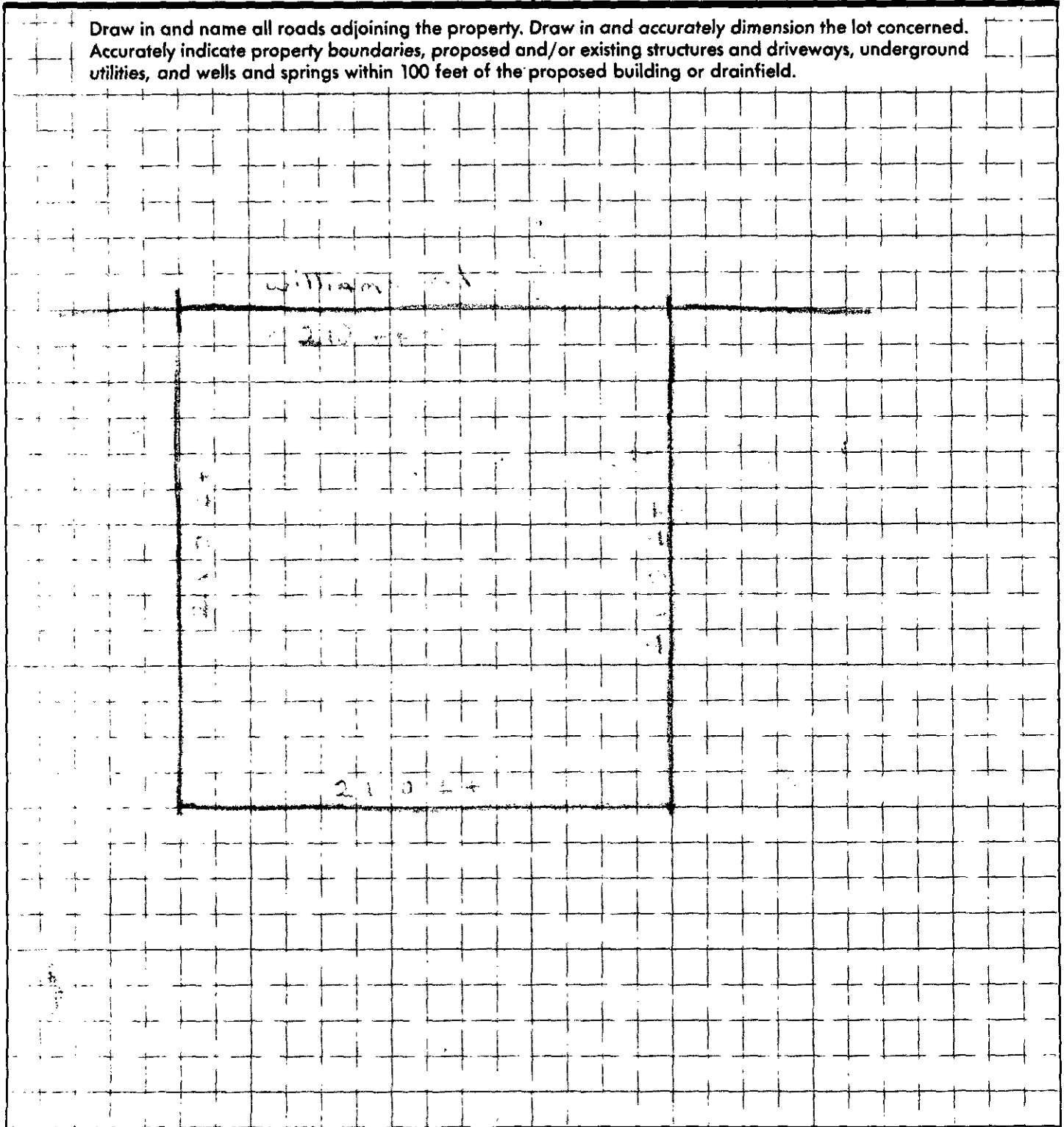
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