

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

December 1, 1995

Mr. Fletcher Pressgrove
9520 McRorie Road
Charlotte, NC 28216

Re: 9610 McRorie Road
File: 3661B
Parcel: 033-041-28

Dear Mr. Pressgrove:

We received your application for an Improvement Permit for a sewage treatment and disposal system for the above referenced property. A site visit was conducted. Due to the house site not being clearly identified on the property, we cannot continue evaluating this site.

Please contact me for an appointment when you have properly prepared the property for evaluation. I can be reached at 336-5573.

Sincerely,

Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

LM:gf

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028661

File: 3661B 10500 Action 1

Parcel: PO 033-041-28 ☐ PC

Location: 9610 McRorie Road

Subdivision:

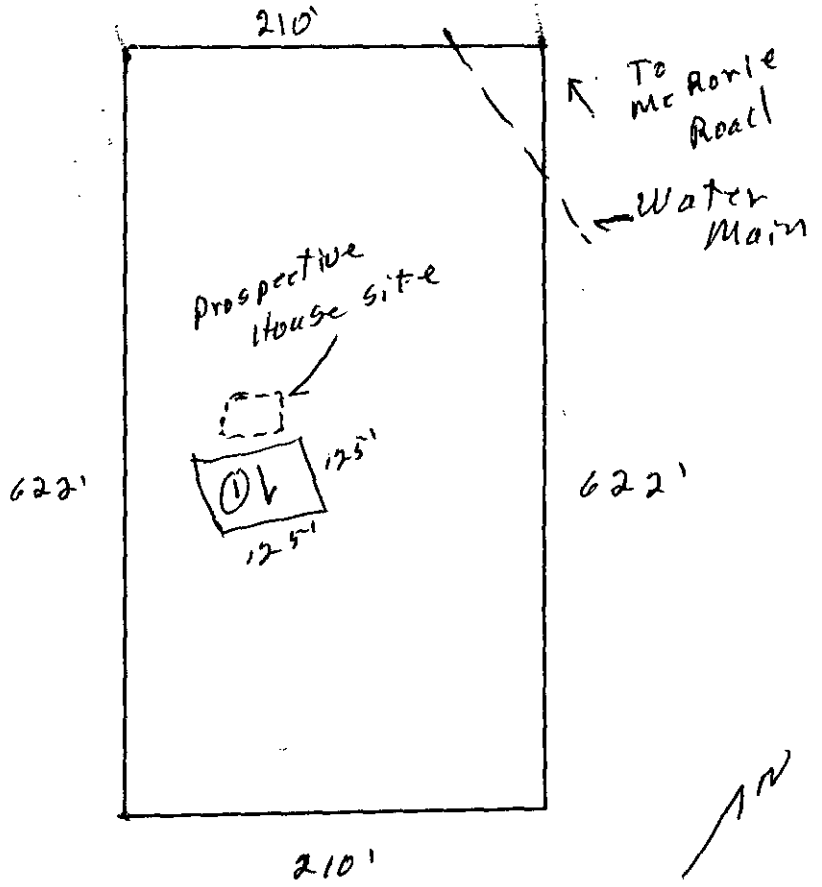
Lot: Block: Acres: .3

Owner: Fletcher Pressgrove
Address: 9520 McRorie Road
Charlotte, N.C. 28216

Comments: .3gal/Br/day
LTAR

Described by: William R. Meuli

Date: 8-24-95



***** 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 8-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly EXA 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 74" To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-41"	S PS U	S PS U	S PS U	S PS U	S PS U
estrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
ilable Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
(specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
up/Series	III Cecil Ile					
ification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

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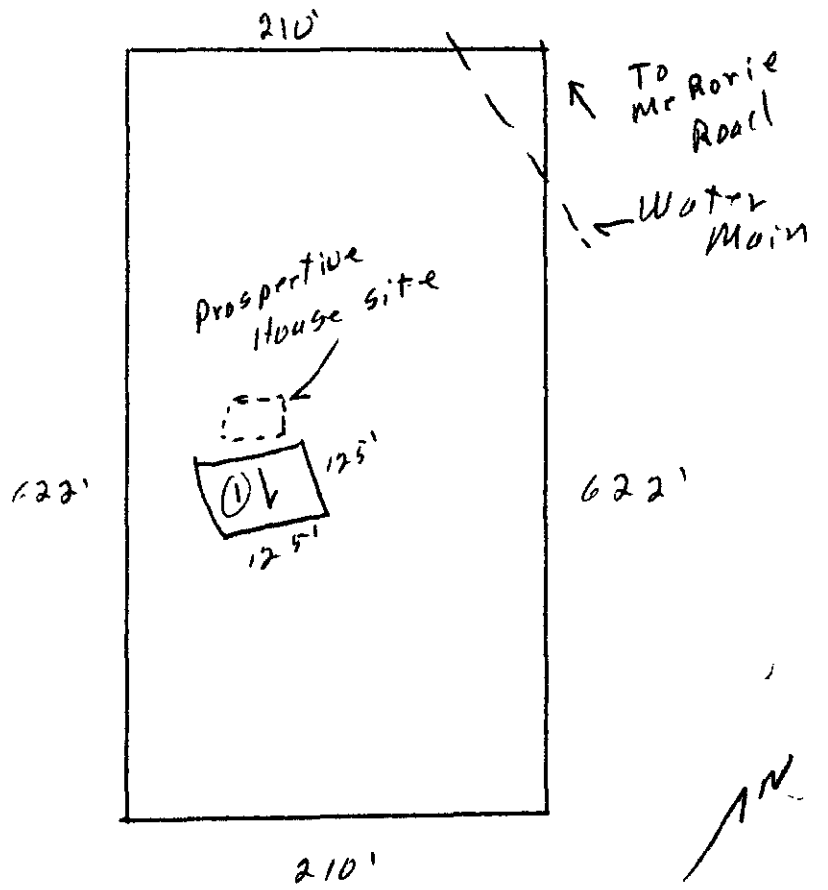
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Address: 952C Mc Rorie Road
Charlotte, N.C. 28216

Comments: .3gal/fr2/day
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Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 741" To 50" Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
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p/Series	III Cecil-Lile					
ification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

H 150 SJeans.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

-3686B

PA #150 cash 7/28/95

☐ 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: Pressgrove Fletcher
(last) (first) (mi)
ADDRESS: 9520 McRonie Rd PHONE: 704 394-1729.
CITY: Charlotte STATE: NC ZIPCODE: 28216.

Date: 7/27/95.

PROPERTY OWNER:
NAME: Pressgrove Fletcher Malice
(last) (first) (mi)
ADDRESS: 9520 McRonie Rd PHONE: (704 394-1729
CITY: Charlotte STATE: NC ZIPCODE: 28216.

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 033-041-28
STREET ADDRESS: 9610 McRonie Rd
ZONING:

Township (check one):
☑ 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): 3 ACRES.

TYPE APPLICATION (check one):
☑ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) MOVE ON
☐ 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) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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)
☑ 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: X J Fletcher Pressgrove Date: X 7/27/95

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.

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

...8/24/95 Received from B. Martin
9/1/95 PC w/Mike Pressgrove - Proposed House, garage + stor. bldg not stated - requested that this be done & then contact me for appointment.
11/3/95 PC to Pressgroves. No contact. Left message on answer machine requesting status.
12/1/95 See letter on file from Malik to Pressgroves. DJM

Environmentalist Date

Director or Authorized Section Head Date

WATER 22 (6)

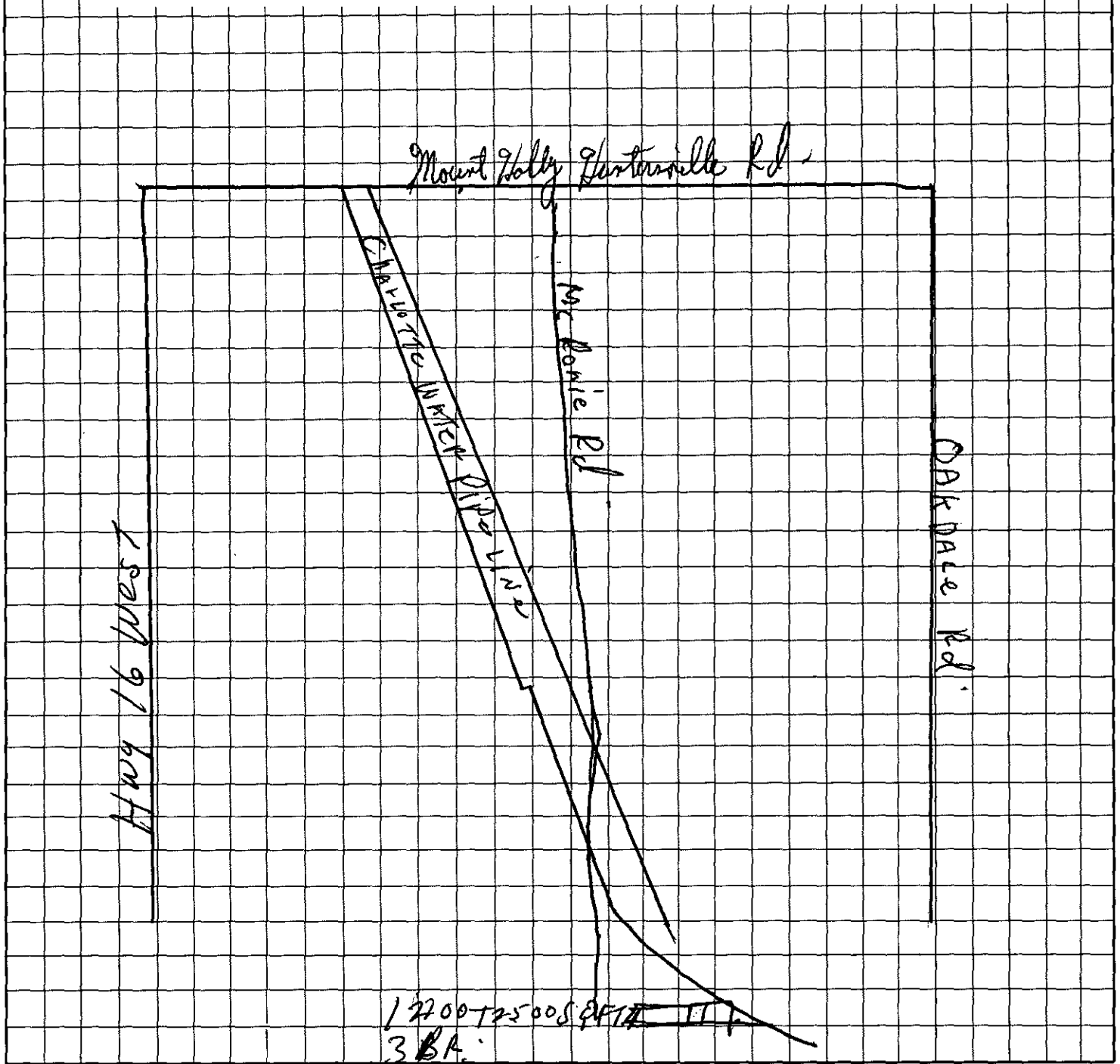
PROPOSED PLOT PLAN

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

FILE: 3661B

TC: 033-041-28

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 _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

DATE 7/28/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mk

033-041-28
PARCEL NUMBER

9610 McRoie Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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. WATERSHED PROTECTION	___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
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___YES	X NO

REMARKS: Perk Test SFS

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91