

7005 QUAIL PARK DR

19704134

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Groundwater and Wastewater Services File Imaging Project
May 2007
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DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#1 DOT (400)

Sheet ____
PROPERTY ID #: 197-041-34
Lot # : ____
File # : 18372

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William A. McWhirter Jr. APPLICANT: ____ DATE EVALUATED: 6-25-96
ADDRESS: 7441 Allen Black Rd PROPERTY SIZE: .28 -
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 4Bdrm-1 PROPERTY RECORDED: ____
LOCATION OF SITE: 7441 Allen Black Rd
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	SLOPE % 6-10% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-7"	gr/c/	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		7-48"	sBK/c	Fi/SEXP/SIP					
2	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		5-44"	sBK/c	Fi/SEXP/SIP					
		44-48"	sBK/cl	Fr/SEXP/SS/SP					
3	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		4-48"	sBK/c	Fi/SEXP/SIP					
4	LS	0-7"	gr/c/	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		7-48"	sBK/c	Fi/SEXP/SIP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

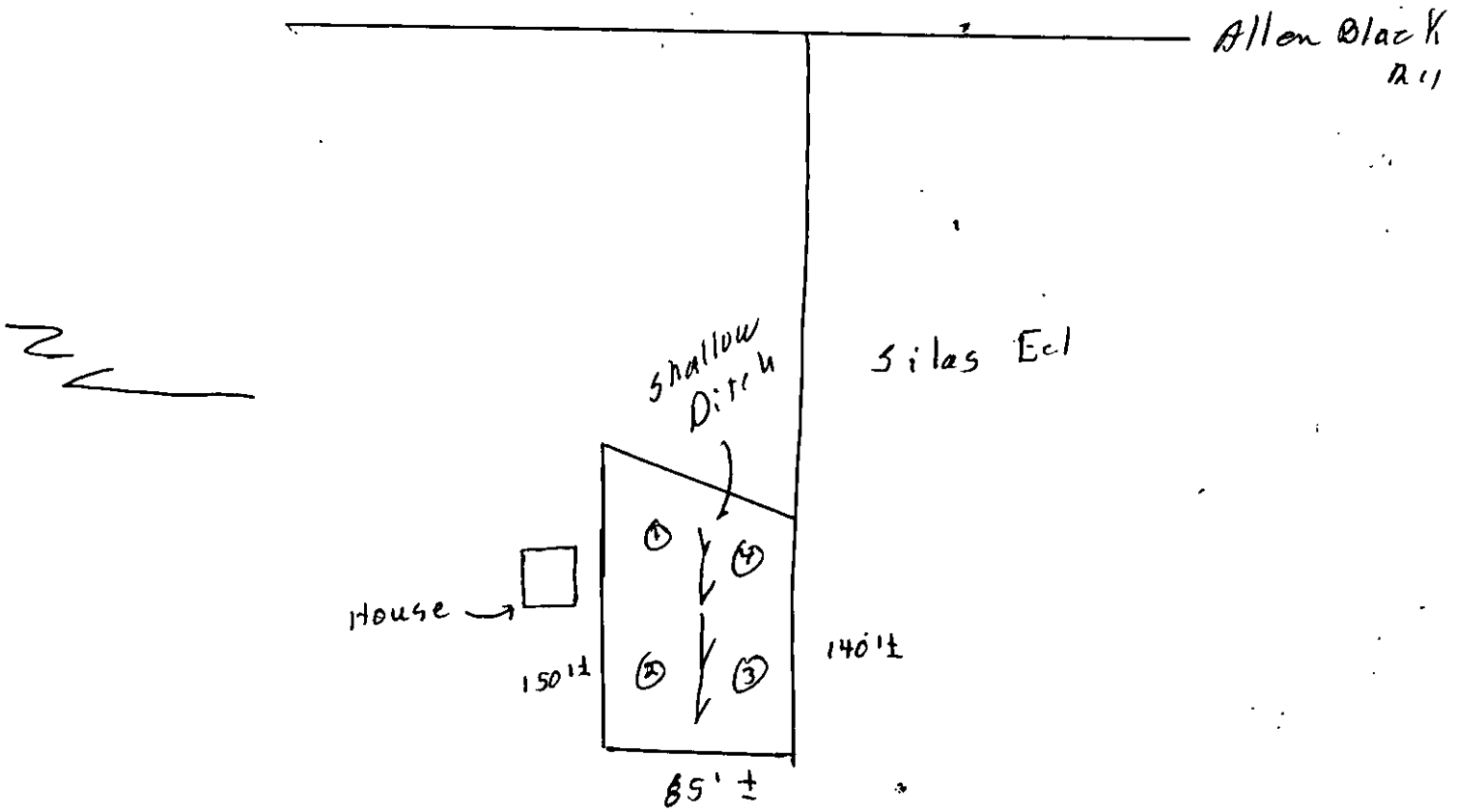
OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin 7390
OTHER(S) PRESENT: Lee R. Walker

FILE # 18372

COMMENTS For Possible Relocation of system as result of DOT R/W

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



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SECTION VII: PROCEDURE FOR DEPARTMENTAL INTERACTION WITH THE DEPARTMENT OF TRANSPORTATION, ROAD WIDENING PROJECTS

A. IN GENERAL

Department of Transportation (DOT) will submit an application to "use existing system". regarding road widening projects.

- They WILL NOT BE REQUIRED to pay fees at the time of application.

B. REQUIREMENTS PRIOR TO SITE VISIT

- DOT will be responsible for adequately marking/staking the proposed expansion project on the property.
- DOT will confirm with land owner that all property boundaries are staked/marked properly and have available any pertinent information or documents such as right of ways, easements, buried trash piles, etc. which affect property. DOT will ensure property owner will be on site at the time of the visit.
- DOT agent will call to schedule an appointment with the Environmental Health Specialist.

C. INFORMATION AND EQUIPMENT REQUIRED

- EHS will obtain copies of any available records on file in the office regarding the existing septic tank system, i.e. layout of system, design, repairs, repair requirements, documented easements, agreements, etc.
- EHS will confirm with Charlotte-Mecklenburg Utility Department prior to visit whether city sewer service is available.
- Standard equipment held by EHS (probe, level, auger, etc.)
- Laws and Rules for Sewage Treatment and Disposal Systems (Current Rules Shall be met regarding alterations to the systems).

C. FIELD VISIT, DOCUMENTATION AND RELATED FEES

- A site visit will be conducted with the DOT agent and property owner. If it is determined that the septic system will not be impacted with the proposed road widening project, this information will be documented on the Improvement Permit application as follows: "Existing sub-surface sewage disposal system will not be impacted by proposed road widening project".
- A $50.00 fee will be due and a copy of the Improvement Permit application with the proper documentation will be presented to the DOT Department.

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C. FIELD VISIT, DOCUMENTATION AND RELATED FEES CONT'D

- If the system will be impacted due to the proposed widening project, and an alteration can be installed, a fee of $200.00 will be required.

- This information should be documented on the Application for Improvement Permit as follows: "Alteration required as existing sewage system will be adversly impacted by the proposed road widening project".

- Neither the Construction Authorization nor the Certificate of Operation shall be issued until the $200.00 alteration fee is received.

- If the septic tank system will be impacted due to the project, but no available space is located either on-site or through an easement, in which to install a system, the the following should be indicated on the Improvement Permit: "Road project will impair the system. There is no acceptable area found in which to locate a replacement system".

FEE: N/A
DATE:

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

REPAIR

1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 18372

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-041-[redacted]

STREET ADDRESS: 7441 Allen Black Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE): 1982

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

DOT Alteration 6/18/98 met Phyllis Randall Mr McWirter on lot. portion of septic tank and well will be affected from 485 outerbelt construction

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE:

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASEMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: MCWIRTER JR WILLIAM A
(LAST) (FIRST) (MI)

ADDRESS: 7441 Allen Black Rd

CITY: MINT HILL STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 888-8069 WIFE

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as "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: William A McWirter DATE: 6-18-98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Serial No. 07691

ICAR(S) Permit No. 18372

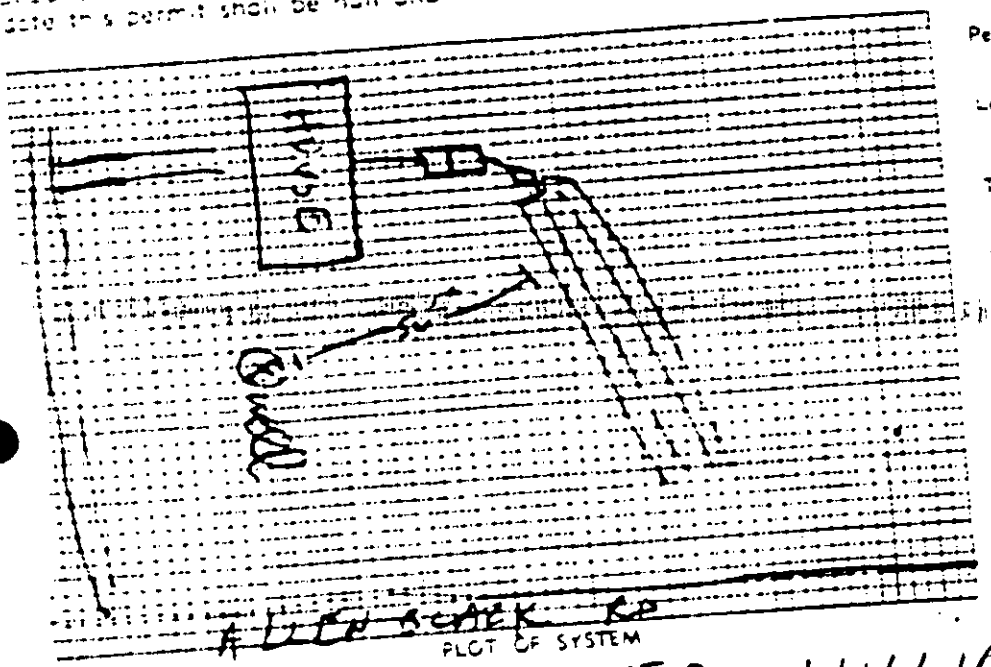
T. C No PO-191-84-18

Map Date L

Date Issued 11-13-84

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permit 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 application 18372 dated 11-5-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12-13-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal.

Tank Construction P.C.C.

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER McWHIRTER WILLIAM A.

LOCATION OF PROPERTY 7441 ALLEN BLACK RD

This system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of completion must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered unobservable or can be used. The issuance of this permit does not in any way guarantee that the system 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.

Comments 4 1/100 x 12' long x 3' wide x 12" stone 4 gal bond w/straw cover

Kelly Randall
Environmentalist

Environmental Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHS 5-75

Mecklenburg County Department of Health



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ISSI Operations Center Staff

C of A (s) No. 18372
PC
T C. No. 197-94 L-L2
L CLT

Serial 7141

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Owner Manchester (LAST) William (FIRST) A. (MIDDLE)

Property 7411 Allen Black Road

Permit Number 18372

Permit Number 18372

Inspection Data:

Tank Material PVC

Number of Lines 4

Cover Depth 2'

Distance from Water Source 50 FT

Tank Inspected 1/22/94 (DATE)

Lines Inspected 1/22/94 (DATE)

Final Inspection 1/22/94 (DATE)

Repair Inspected If Applicable ____ (DATE)

I have inspected the Individual Septic Tank System with subsurface, soil absorption et. as described above and it has been ✓ installed or constructed, in conformance with the permit issued and the regulations of the Mecklenburg Count. at the date of issuance of the permit. The issuance of this Certificate of Ap. does not relieve the property owner or any person now or hereafter controlling or using such system from complying with the requirements of the Mecklenburg County Health Regulations governing such systems. This Certificate of Approval is issued subject to those restrictions and condi. listed below under comments. This Certificate of Approval is void if any information contained in the application is untrue or if any additions are made which increase the requirements for said system.

Environmentalist

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

REPAIR

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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DEPARTMENT OF ENVIRONMENT,
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__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

DOT Alteration 6/18/98 met Phyllis Vandell Mr McWirter on lot. Portion of septic tank and will will be affected from 485 outerbelt construction.

see back

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: McWIRTER JR (LAST) WILLIAM (FIRST) A (MI)

ADDRESS: 7441 Allen Black Rd

CITY: Mint Hill STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 888-8069 wife

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

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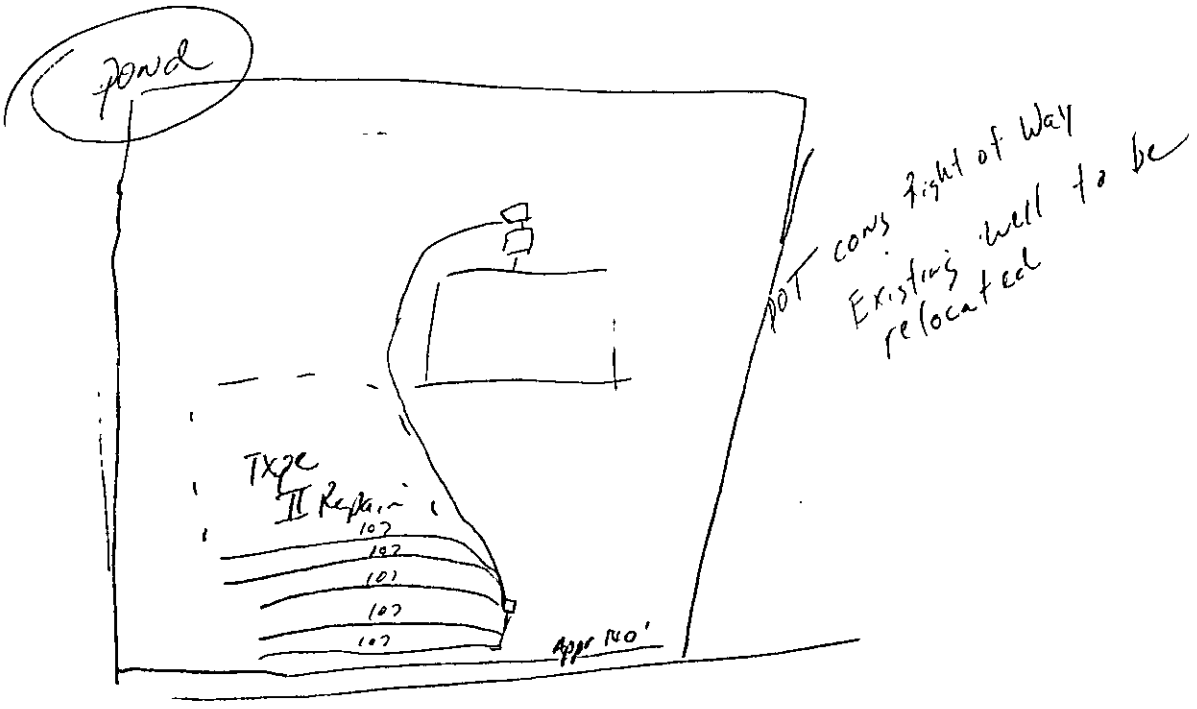
SIGNED: William A McWhirter Jr DATE: 6-18-98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Fathes fax # 197-041-34 PO

William A McWinter

6/25/98 met w/ Bill Martin



Area located for 535' Drainfield