


4312 WALLACE NEEL RD

11313304

12/17/07

duponbj

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

☑ 400 gal 1993A (0103B) 01/10/92 cash #0130 $125.00

Project #70-99550

# 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

PERSON FILING APPLICATION:
NAME: Birchfield (last) William T. (first) (mi)
ADDRESS: 4312 Wallace Neel PHONE: (704) 399-4450
CITY: Charlotte STATE: NC ZIPCODE: 28208

Date: JAN. 10, 1992

PROPERTY OWNER:
NAME: Birchfield (last) William T. (first) (mi)
ADDRESS: 16069 Pago Pago PHONE: 803-548-5491
CITY: Tega Cay STATE: SC ZIPCODE: 29715

PROPERTY INFORMATION
(FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-133-04
STREET ADDRESS: 4312 Wallace Neel Rd Charlotte, NC 28208
ZONING: BD-2

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):

TYPE APPLICATION (check one):

[] 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)
[X] 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: 1 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business WAREHOUSE # Employees 3 Per Shift 3 - -
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shar
[] Municipal (M)
[X] Private

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that
[] Swimming Pool [] Jacuzzi [] Stable/Barn
[] Garage [X] Storage Building [] Dec

The undersigned, owner, or legal agent f
foregoing application, acknowledges that the
DEPARTMENT to enter onto the property for th

Signed: William T. Birchfield Jr

NOTICE:

The undersigned, an authorized agent of the MEC
the Request for the Job Location contained in t
And Rules For Sanitary Sewage Collection, Treat
to the following provisions:

...No work shall be conducted on the septic tank
an installation, Construction, Alteration and/
permit is issued by this Department.

...This permit is not transferable.

...May use existing
System

05/04/92
Possible Denied
by # 100.00
Two chambers — system
ok

... ISSUANCE

Environmentalist Date 5/4/92

Director or Authorized Section Head Date

WWATER : 112991

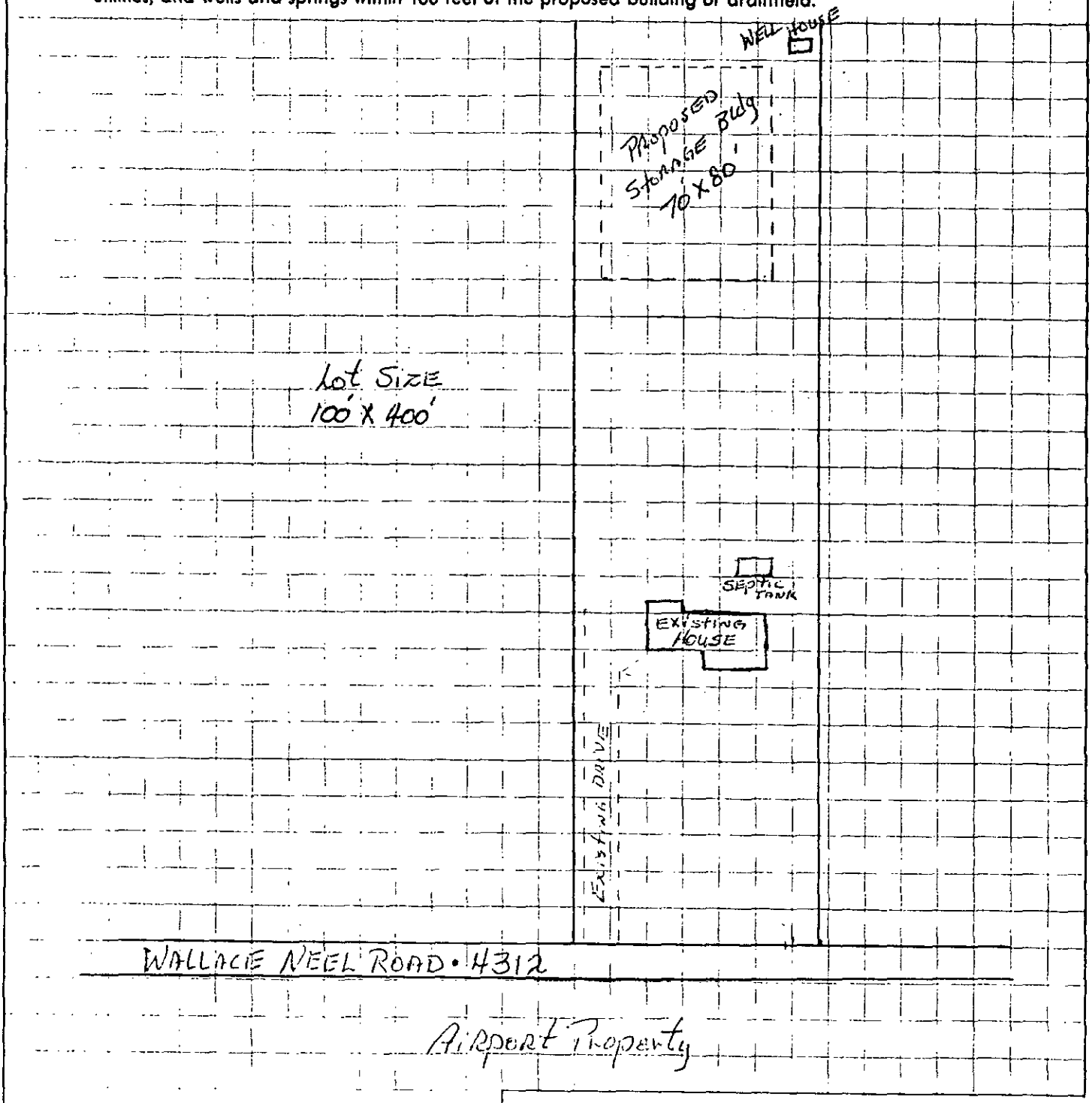
# PROPOSED PLOT PLAN

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

FILE: 0103B

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.




Signed: _____

Date: _____

UPDATE COMPLETE

Applicant BIRCHFIELD WILLIAM T Appl.Date 01/10/92 Updated 01/10/92
Mail Addr 4312 WALLACE NEEL RD Phone 704 399-4450
City CHARLOTTE State NC Zipcode 28208
Prop Ownr BIRCHFIELD WILLIAM T
Mail Addr 16069 PAGO PAGO Phone 803 548-5491
City TEGA CAY State SC Zipcode 29715 Township 0
Tax Map No. 11313304 Road 4312 WALLACE NEEL RD Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App A Site Y or Tract Type Bldg O System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 2 No. Occupants 2 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type 328 No. Empl. 3 No. Empl. per Shift 3
Industrial or Mfg. Wastes (Y/N) N Underground Stor. Tank (Y/N) N
Prop. Water Sup. P Proposed Sewage E Construct. Status P Sites 1
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17029
Directions:

Date Appl. Recd. 01/10/92 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. 00103B Operat. Permit (Y/N)
1/10/92 14:50:19
01-03 SA MW KS IM II S1 S1037498 KB

# PROPOSED PLOT PLAN

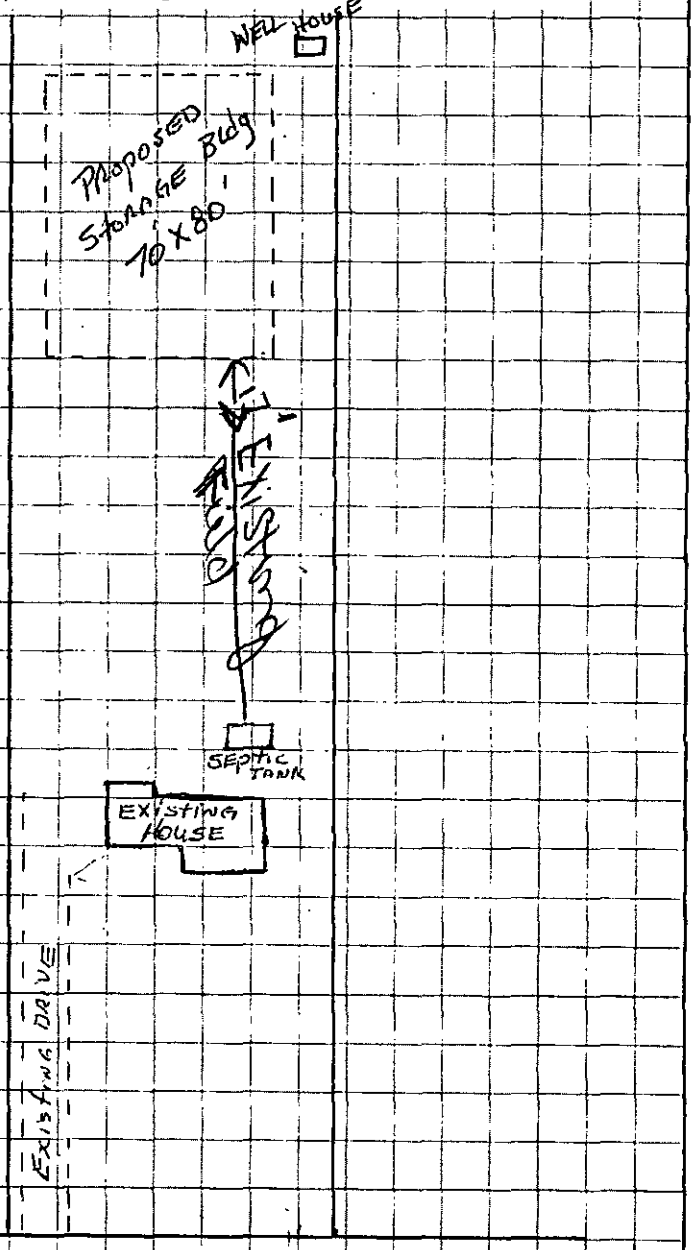
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

7993A

FILE: 0103B

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.




Lot Size
100' X 400'

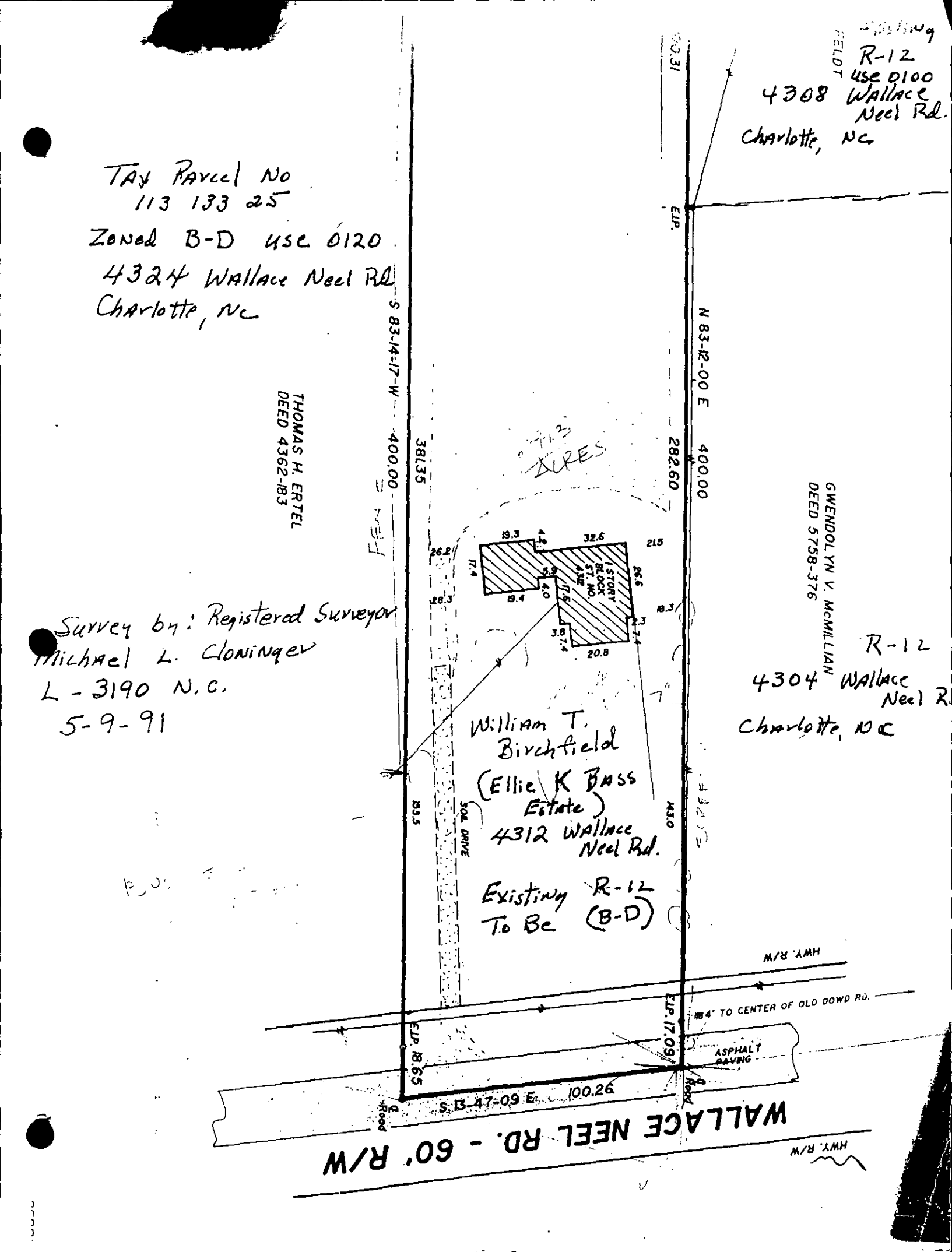
See Attached Plot Plan

WALLACE NEEL ROAD • 4312

Airport Property

Signed: _____

Date: _____


TAX PARCEL NO
113 133 25
ZONED B-D USE 0120
4324 WALLACE NEEL RD
CHARLOTTE, NC
Existing
R-12
USE 0100
4308 WALLACE
NEEL RD.
CHARLOTTE, NC
FELDT
S 83-14-17-W 400.00
N 83-12-00 E 400.00
282.60
381.35
E.I.P.
THOMAS H. ERTEL
DEED 4362-183
GWENDOLYN V. McMILLIAN
DEED 5758-376
R-12
4304 WALLACE
NEEL RD
CHARLOTTE, NC
1 STORY BLOCK ST. NO. 4312
Survey by: Registered Surveyor
Michael L. Cloninger
L-3190 N.C.
5-9-91
William T. Birchfield
(Ellie K Bass Estate)
4312 Wallace Neel Rd.
Existing R-12
To Be (B-D)
SOIL DRIVE
153.5
143.0
HWY. R/W
118.4' TO CENTER OF OLD DOWD RD.
E.I.P. 18.65
E.I.P. 17.09
ASPHALT PAVING
S 13-47-09 E 100.26
WALLACE NEEL RD. - 60' R/W
HWY. R/W

File 7993A (103B)

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

PERSON FILING APPLICATION:

NAME: Autry (last) Steve (first) (mi)

ADDRESS: 8918 Byrum Drive PHONE: 704 352-1250

CITY: Charlotte STATE: NC ZIPCODE: 28217

Date:

PROPERTY OWNER: Quality Plumbing Products

NAME: Birchfield (last) Bill (first) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-133-04

STREET ADDRESS: 4312 Wallace Neel Rd.

ADDRESS: 4312 Wallace Neel Rd. PHONE: 704 399-4450

CITY: Charlotte STATE: NC, ZIPCODE: 28208

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Plumbing Prod. # Employees 3 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: Steve Autry Date: 12/16/92

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791