

10006 MOUNT HOLLY RD

03105143

6/11/08

marliwr

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

#3 (40)

Sheet: _____
Property ID: 031-051-43
Lot #: _____
File #: 10051

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John F. Davis APPLICANT: _____
ADDRESS: 10006 Mt. Holly Rd, Charlotte DATE EVALUATED: 2-4-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: .65
LOCATION OF SITE: 10006 Mt. Holly Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-4-99 .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS		Buried wood debris @ 24"+						
2	LS	0-12"	Mixed sc/sc Fill		>27" TO soil wetness	24"	N/A	None	US
		12-27"	SBK/c	VFi/Exp/Us/up					
3	LS	0-10"	Mixed / Disturbed sc/sc		>32" TO soil wetness	32"	N/A	None	US
		10-32"	SBK/c	VFi/Exp/c/us/up					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.R. Marks LSS 2-4-99
OTHER(S) PRESENT: P. Walker, T. Davis, E.S. Gerringer, Jr.

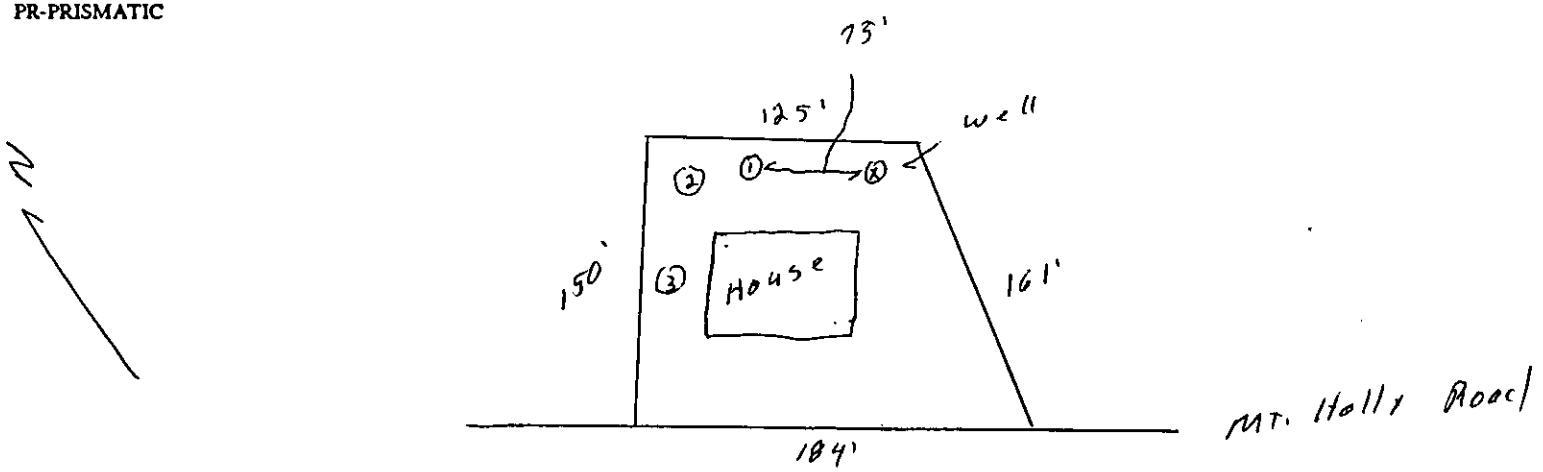
FILE # 10051

COMMENTS Not sure if lot is WC Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

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



COPY

Mecklenburg County
Health Department

February 5, 1999

Mr. John Davis
10006 Mt Holly Road
Charlotte, NC 28214

Re: 10006 Mt Holly Road
File: 10051
Parcel: 031-051-43

Dear Mr. Davis:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5570.

Sincerely,

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

cc: O.R. Colan Associates, Inc.

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

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DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
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System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marks LS3 2-4-94
OTHER(S) PRESENT: R. Walker, J. Davis, E.S. Groninger, Jr.

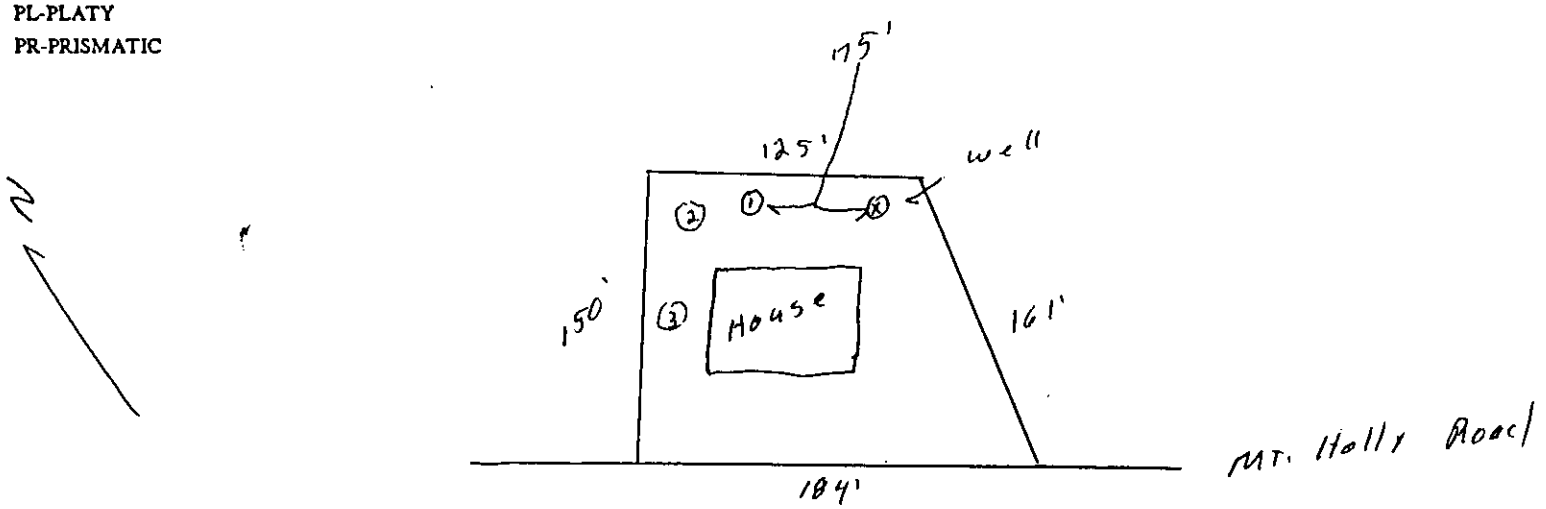
FILE # 10051

COMMENTS Not sure if lot is NOT Repair

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CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 100.00 CK # 2935
DATE: 1/19/99 PC

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

[ ] CRT

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

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

COPY

FILE #: 10051

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 031-051-43

STREET ADDRESS: 10006 Mt Holly Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

.65

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

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

Right of Way (DOT)

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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: X YES __ NO
EXISTING WASTEWATER SYSTEMS: X YES __ NO
EASTMENTS OR RIGHT-OF-WAYS: __ YES X NO
WELL, SPRINGS OR WATERLINES: X YES __ NO
DESIGNATED WETLANDS: __ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Davis (FIRST) John (MI) F.	NAME: (LAST) (FIRST) (MI)
ADDRESS: 10006 Mt Holly Rd	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: N.C. ZIP: 28214	
DAYTIME PHONE: 704 394-2575 520-8882	

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 in this application is falsified or changed. 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: John F. Davis DATE: 1-19-99

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

PROPOSED PLOT PLAN

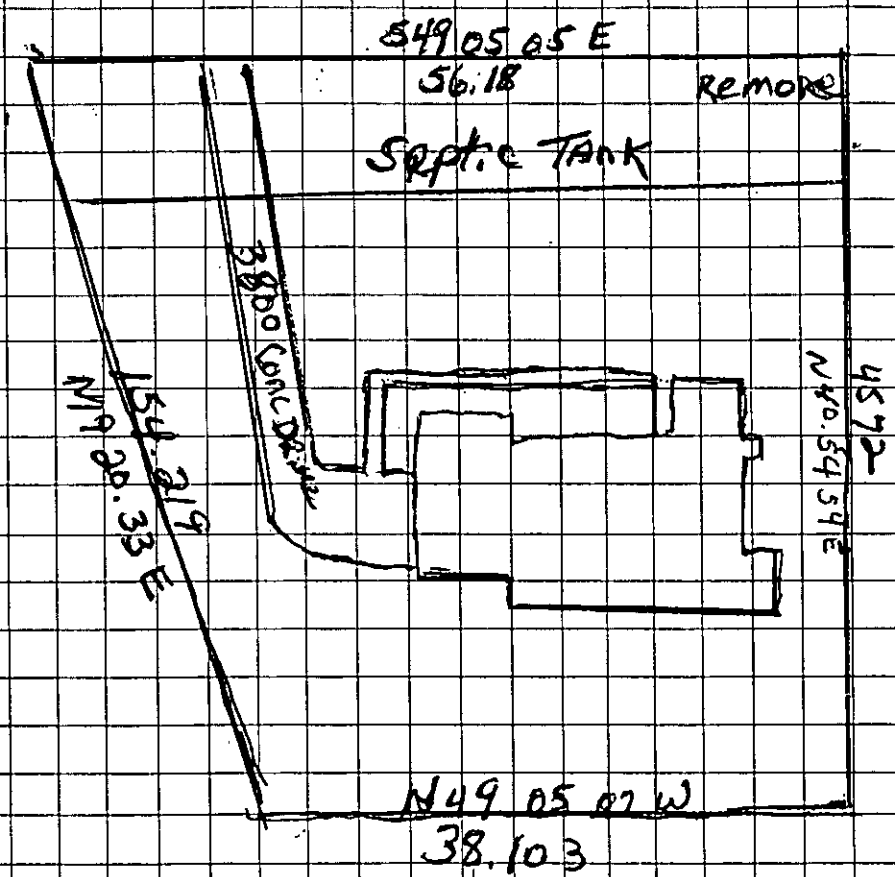
COPY

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

FILE: 10051

TC: 031-057-43

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.



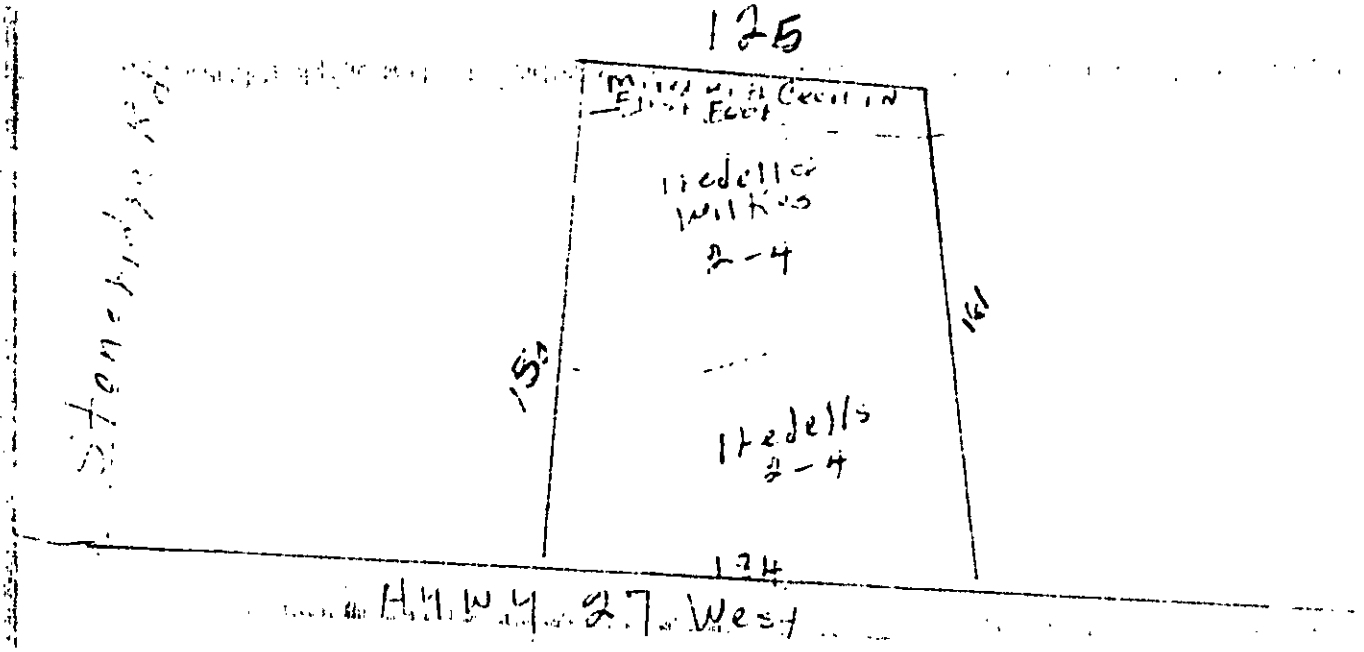
OWNER/AGENT SIGNATURE John H. Dunn

DATE 1-19-99

APPROVAL DATE _____

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

Alternate Plan



FEE: 100.00 CK # 2935
DATE: 1/19/99 RC

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

[ ] CRT

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

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DEPARTMENT OF ENVIRONMENT,
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ON-SITE WASTEWATER SECTION

FILE #: 10051

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SIGNED: John F. Davis DATE: 1-19-99

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c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

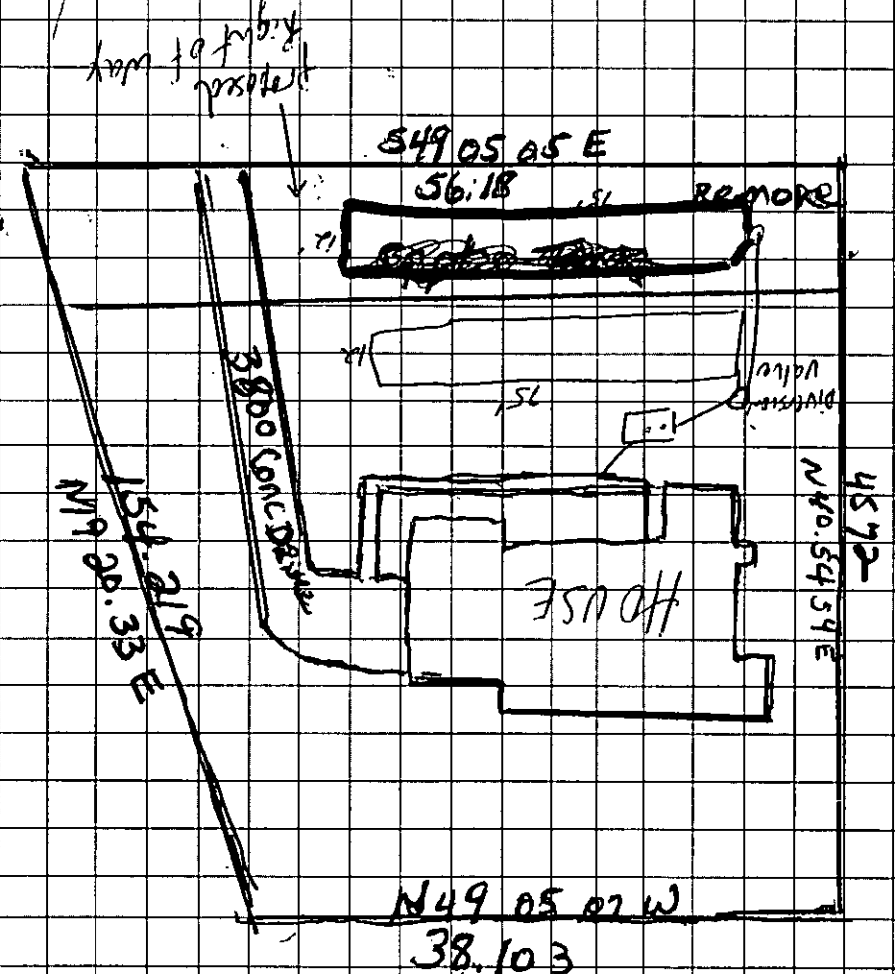
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

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OWNER/AGENT SIGNATURE John H. Dawson

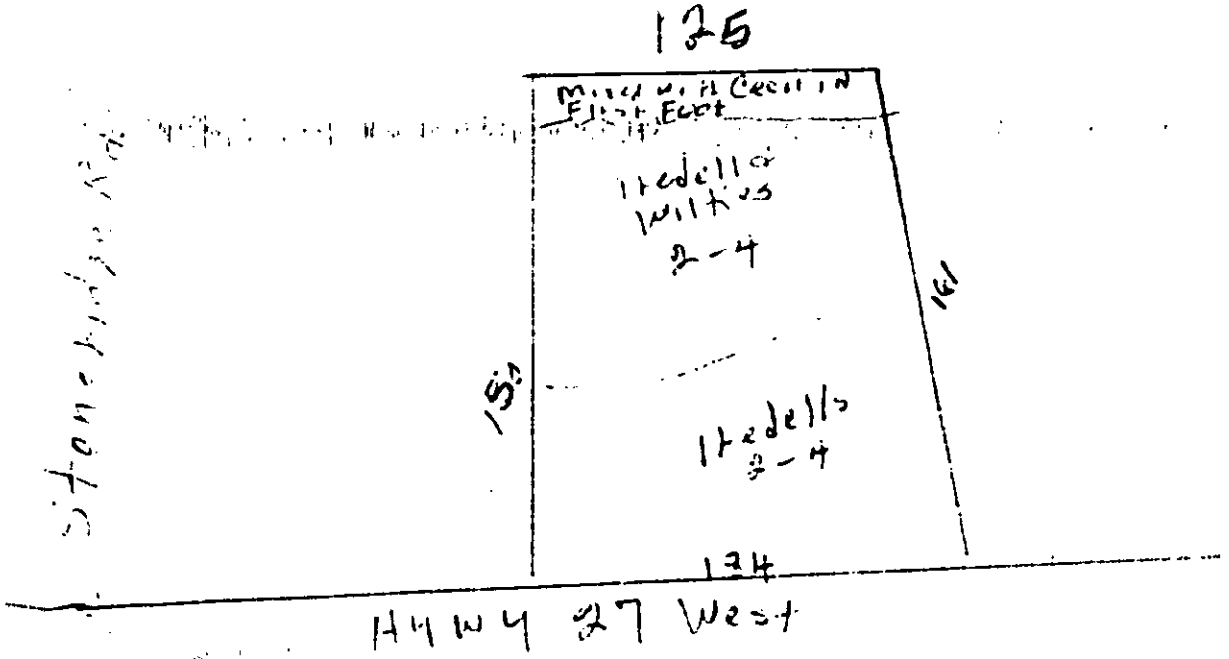
DATE 1-19-99

APPROVAL DATE Denied 2/4/99

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy


125
Mixed with Cecil N
First Ecpt
Iredell
Wilkes
2-4
151
161
Iredell
2-4
134
HWY 27 West

APPLICATION FOR AN IMPROVEMENT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 10051

TC: 051-051-43 L

JOB LOCATION

① ADDRESS: 10006 (STREET NO.) Mt. Holly Road (STREET) ② FILE:

③ CITY: Charlotte ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: [redacted] (FIRST) John (MIDDLE) DAVIS (LAST)

⑨ MAILING ADDRESS: 3001 Apt. 6 Forrest Brook Drive

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP:

⑬ PHONE: (WORK) ⑭ (HOME) 393-2143

REQUEST

This request is for a(n):

⑮ ☑ New installation permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 2

㉓ Maximum occupancy? 2

㉔ Basement? ☐ yes ☑ no

㉑ ☐ Business or place of public assembly

㉕ Type?

㉖ Maximum number of employees?

㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above ("JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this application.

Signed: Mrs John A. Davis

Date: 10-7-85

㉒ Accurately dimensioned plat

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY CANARY - ENVIRONMENTALIST'S COPY PINK - OWNER'S COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

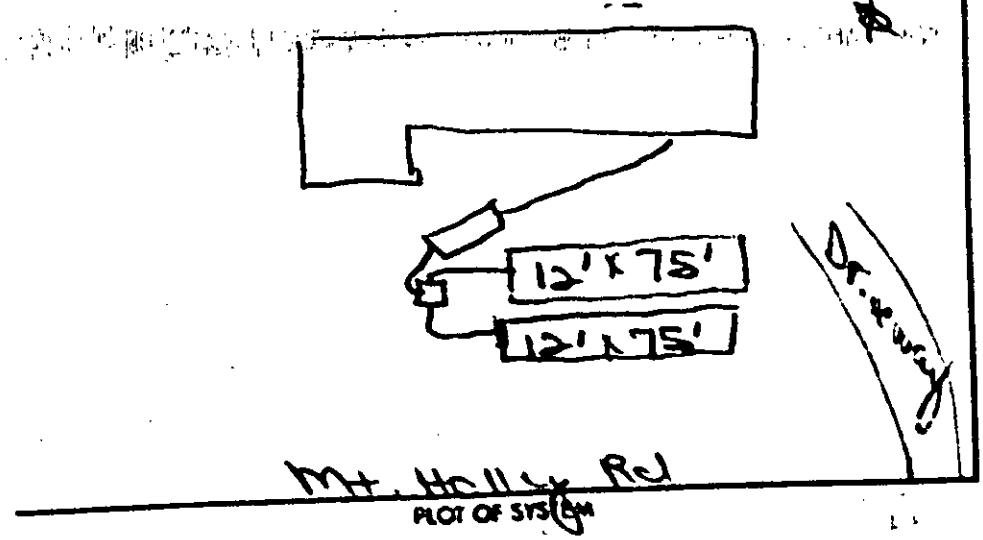
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10051 DATE: 5/28/87

TC: 031-051-43 PIL

SERIAL Nº 10913

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 ____. All work shall be completed on or before 6/28/87, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 gals

Liquid Capacity of Dosing Tank ____ gals

Tank Construction PRECAST

Absorption and/or Nitrification Lines:

Trench Width 2 Beds 12'

Total Line Length 600

Number of Lines 8

Depth of Stone 12" Stone 6"

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Davis John

LOCATION OF PROPERTY 10006' Mt. Holly Rd

Comments: Install 2 Beds 12' x 75' lines 3 ft. on Centers. 12" Stone 6" Coarse Sand diversion Valve. Total depth 30"-32" System designed By John Auth. Original drawing out of file

Division or Section Head

Judy J Kain RS
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS C

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10051 DATE: 6/3/87

TC: 031-051-43 ☐ L ☒ CRT

SERIAL № 10263

Name of Owner: DAVIS JOHN Juris.:

Address of Property 10006 Mt. Holly Rd.

Inspection Data:

Tank Material Pre-CAST

Total Length of Drainfield 600

Number of Lines 8 @ 75

Cover Depth 24"

Water Supply Source WELL

Distance to Water Source 50+

Excavation Inspected 6/3/87

Tank(s) Inspected 6/3/87

Wash Line Inspected N/A

High Water Alarm Inspected

PLOT

Design: 1987 1500ST, DV. MOD, 900SFB, 12"6, 6"S, IN WELL CWM

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 plat above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

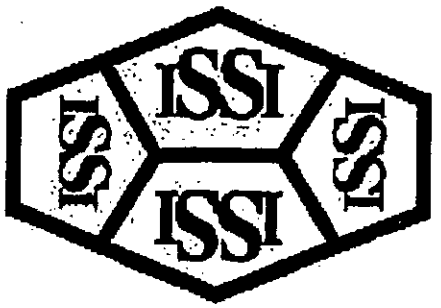
☒ Certificate of Completion ☐ Operation Permit

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 10 NCAC 10A .1900 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.

COMMENTS: System design per John Allison — Original Out of File for System Design. Can Construction Co.

Jerry D. Kerr R.S.

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



Imaging Solutions and Services, Inc

The following is a

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ISSI Operations Center Staff

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. [illegible]

T.C. ID. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
LOCATION OF SITE: [illegible]

PLAT NO: [illegible]
LOT SIZE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-20 inches) Sandy, Loamy, Clayey (Loam 2:1 Clay)	S PS U [illegible] clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-20 inches)	S PS U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS U 30	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (impervious strata, rock, etc.)	S PS U [illegible]	S PS U	S PS U	S PS U
6. SOIL DRAINAGE CLASSIFICATION (external and internal)	S PS U slow	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IV B			
9. SITE CLASSIFICATION	V M S with M			
10. SOIL SERIES	[illegible]			

S - Suitable PS - Provisionally Suitable U - Unsuitable

See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slo

Recommendations/Comments: [illegible]

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 8-8-7