

3037 OAKCROFT DR

21525133

12/19/2007

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Groundwater and Wastewater Services File Imaging Project

May 2007

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160B/913A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT 3768 $150.00

[] 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: BELL JAMES G.
(last) (first) (mi)

ADDRESS: 3037 OAKCROFT DR. PHONE: (704) 847-6620

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date: 9/8/93

PROPERTY OWNER:

NAME: SAME
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-135-36

STREET ADDRESS: 3037 OAKCROFT DR.
MATTHEWS, NC 28105

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: #21 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[x] 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 N)
[] 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: 3 NUMBER OCCUPANTS: 1

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):
[x] 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 [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: James G. Bell Date: 9/8/93

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

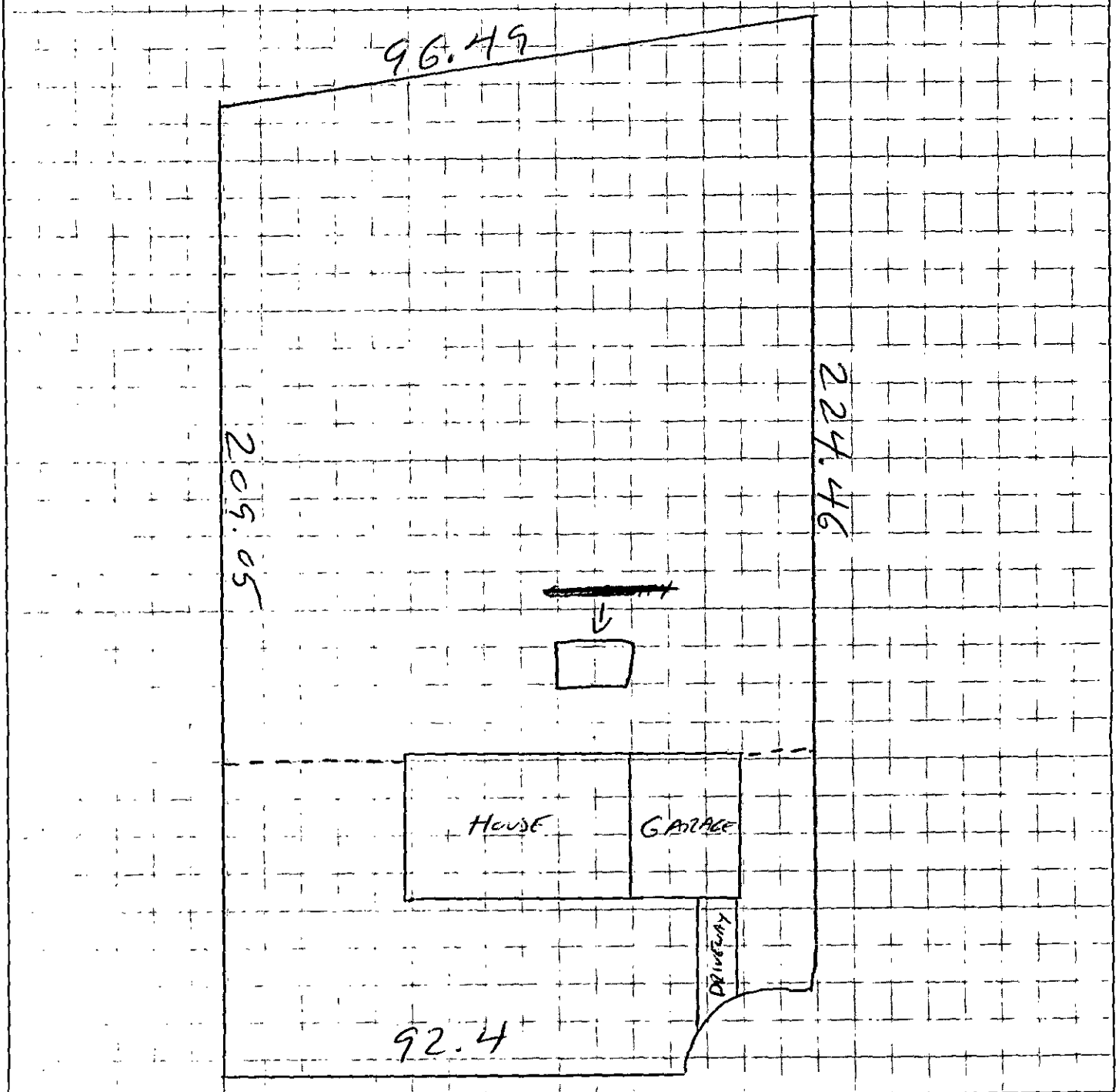
PROPOSED PLOT PLAN

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

FILE: 1160B|913|A

TC: 215-135-36

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

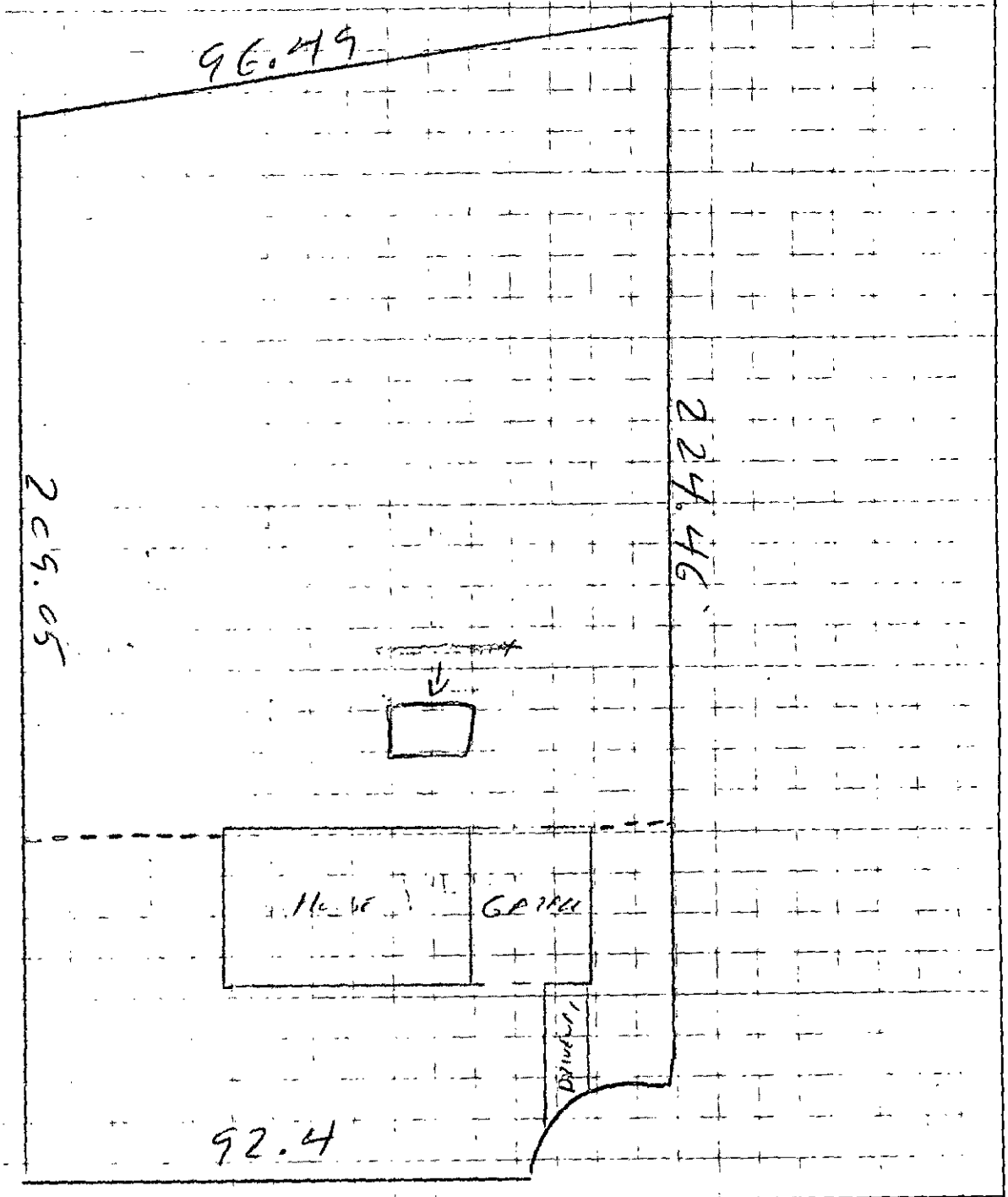
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FILE: 1160 B 19121 A

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Mecklenburg County

Health Department

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

cd4400

September 16, 1993

Mr. James G. Bell
3037 Oakcroft Drive
Matthews, NC 28105

Re: Property located at 3037 Oakcroft Drive
File: 1160B/9131A
Parcel: 215-135-36

Dear Mr. Bell:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19462) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S.,Soil Scientist
Individual Water & Wastewater Systems

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19462

File: 1160B/9131A Action 2

Parcel: 215-135-36 PC

Location: 3037 Oakcroft Dr.

Subdivision: Oakcroft

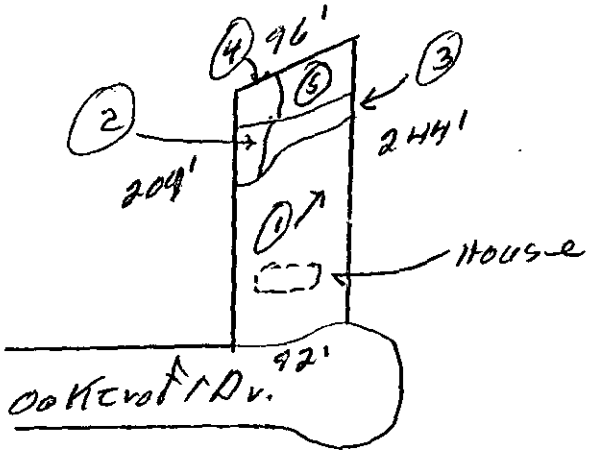
Lot: #21 Block: Acres: .45

Owner: James D. Bell
Address: 3037 Oakcroft Dr.
Matthews, N.C. 28105

Comments: 100% Repair, .3gal/ft²
dy LTAR

Described by: William A. Marlin

Date: 9-16-93



*** 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 2-12%	S PS U —	S PS (U) oldgully	(S) PS U 2-6%	(S) PS U 2-8%	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS U —	S PS U —	(S) PS U Slightly clay Expansive	S PS (U) clay Expansive	S PS U
Structure	S (PS) U Sub-Blocky	S PS U —	S PS U —	S (PS) U Sub-Blocky	S (PS) U Sub-Blocky	S PS U
Drainage	S (PS) U 7-36" Towater	S PS U —	S PS U —	S (PS) U 7-36" water	S (PS) U 7-30" To water	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U —	S PS (U) 30-32"	S PS (U) 30-36"	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U —	S (PS) U 7-36"	S (PS) U 7-36"	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U —	S PS (U) Restricted	S PS U	S PS U
Other (specify)	S PS U Some Fill Present	S PS (U) Fill	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Cecil-Like IV	Fill	Old gully	IV Potolot-Like	Vance-Like	
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 19462

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

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Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
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9160B/9131A 09108/93 CRT 3768 $50.00 [] CRT

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Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

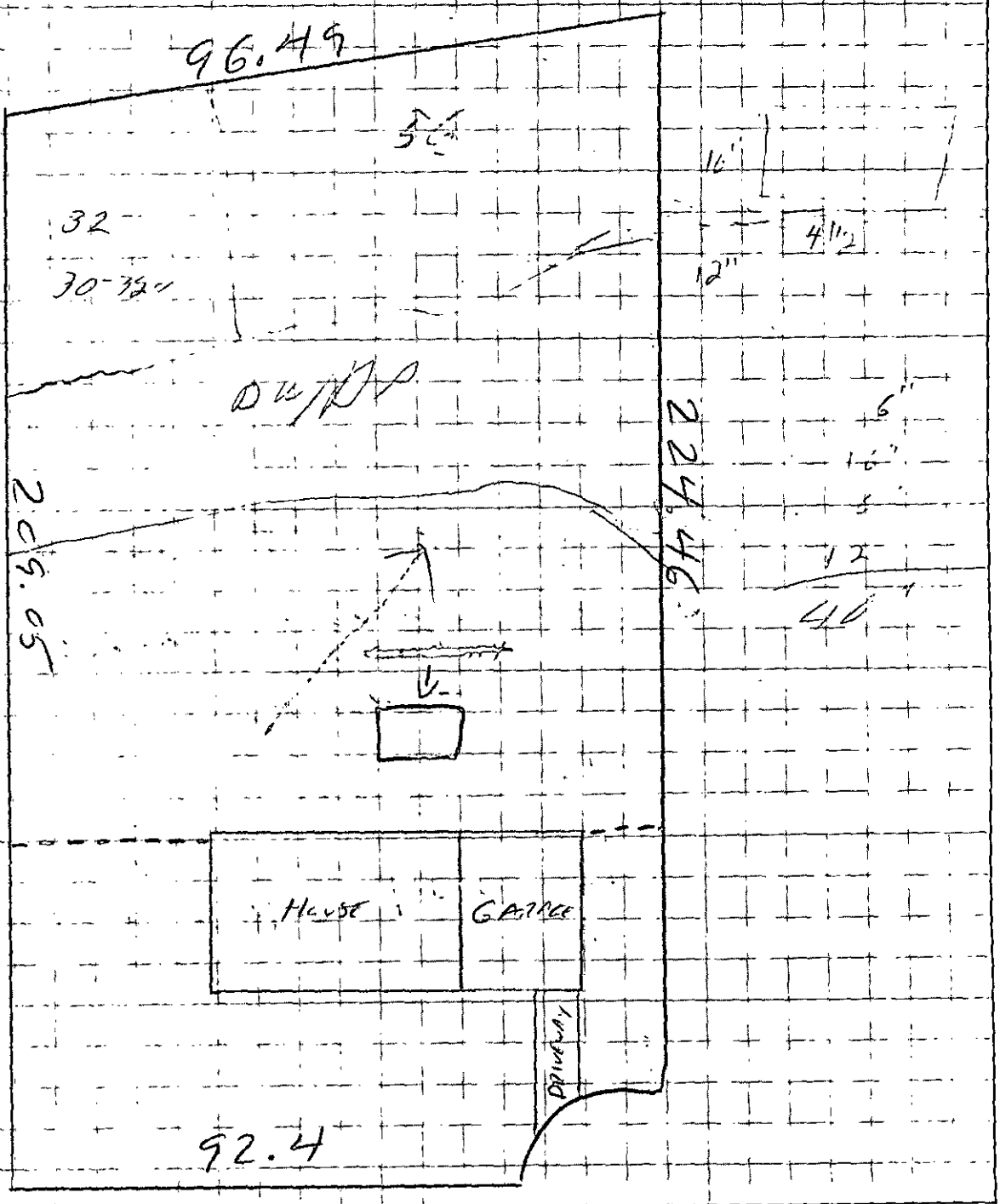
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