

1222 BREEZEWOOD DR

02957221

1/3/2008

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028585

File: 3530B Action 3

Parcel: 029-143-12 ☐ PC

Location: 1222 Breezewood Dr.

Subdivision:

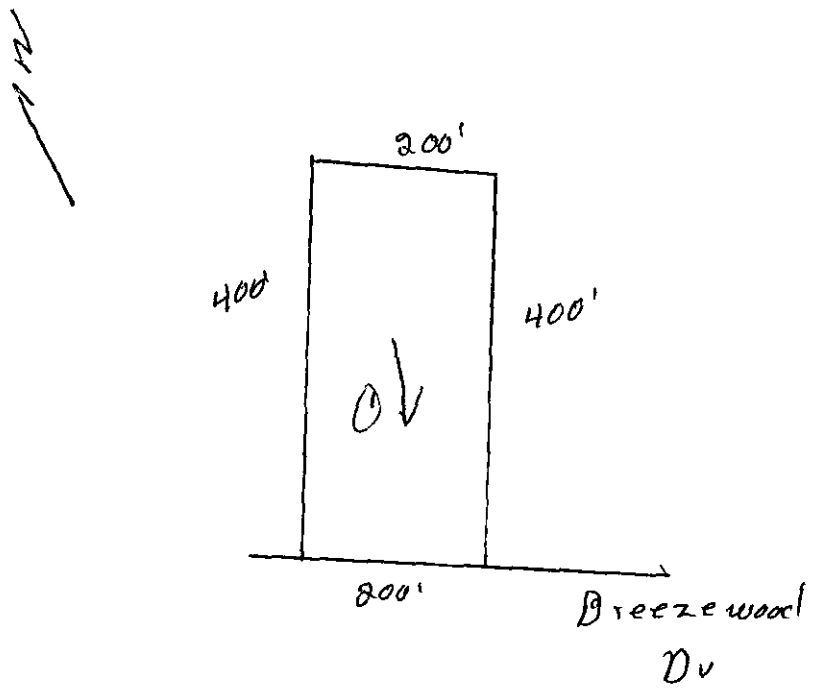
Lot: 17, 18 Block: 6 Acres: 1.83

Owner: Wilson Mitchell
Address: 2529 Pinestream Dr.
Charlotte, N.C. 28216

Comments: _____

Described by: William R. Moul

Date: 5-24-95



***** 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)	S PS U	S PS U	S PS U	S PS U	S PS U
	complex slopes					
Texture	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
	Expansive clay					
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
	Blocky					
Drainage	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
	Some perched water 15-20"					
Depth	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
	2-22"					
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
	>36"					
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Series Not Determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

3530B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P.D. # 150 ov 4/6/95 Ck. # 17412

☐ 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

Date:

PERSON FILING APPLICATION:
NAME: WALKER (last) LEWIS (first) G (mi)
ADDRESS: 1109 NORRIS AVE PHONE: (704) 342-1944
CITY: CHARLOTTE STATE: NC ZIPCODE: 28206

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 029-143-12
STREET ADDRESS: 1222 BREEZEWOOD DR.
ZONING:

PROPERTY OWNER:
NAME: MITCHELL (last) WILSON (first) (mi)
ADDRESS: 2529 PINESTEAM DR. PHONE: (704) 392-8808
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT SIZE (in acres):

☐ 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)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
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: Lewis G. Walker Date: 4-6-95

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

Environmentalist Date

Director or Authorized Section Head Date

WATER - 12279

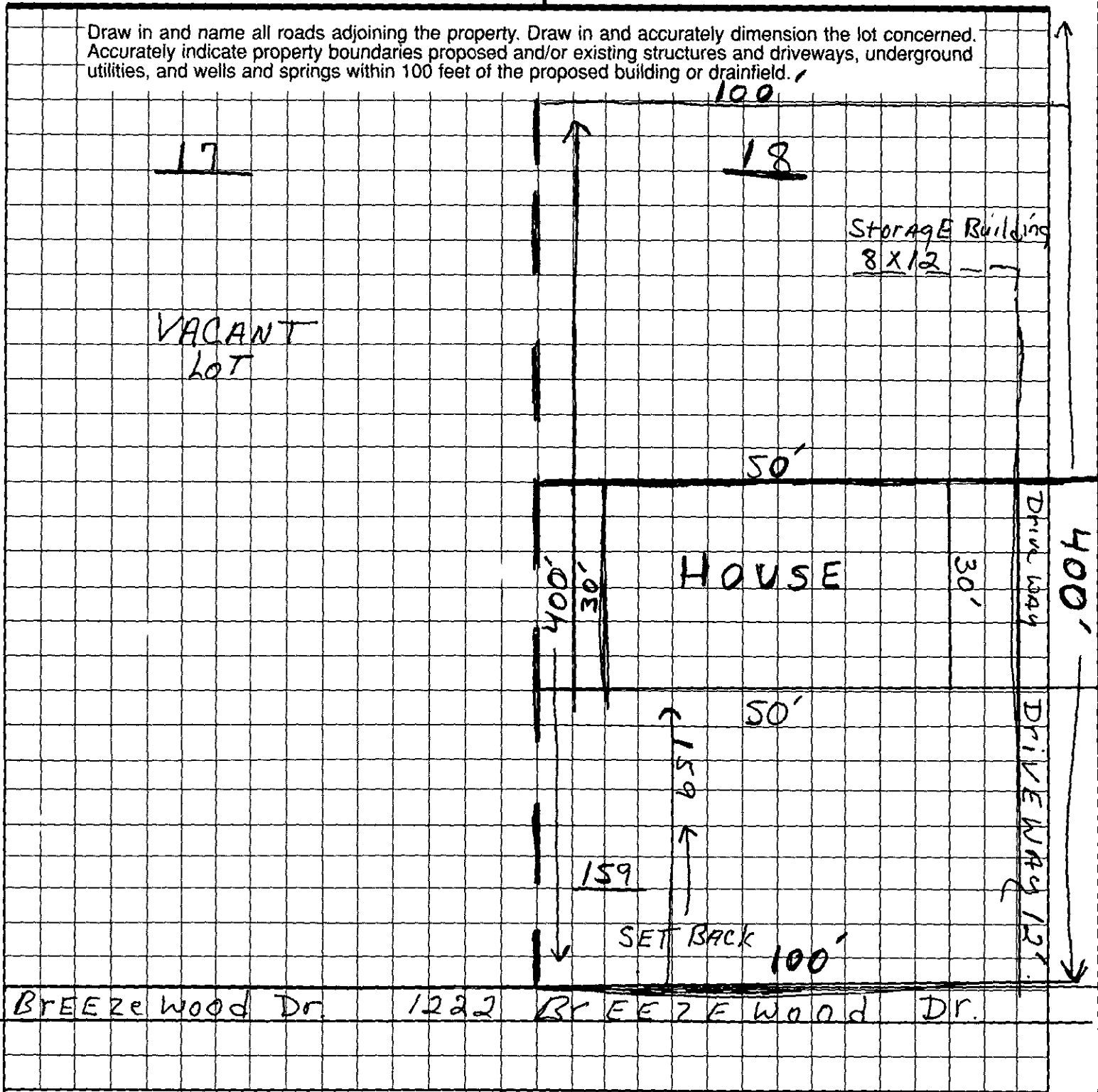
PROPOSED PLOT PLAN

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

FILE: 3530B

TC: ~~1222 Breezewood Dr~~ 029-143-12

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.



Lewis Walker
OWNER/AGENT SIGNATURE

DATE 4-6-95

APPROVAL DATE _____

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

Mecklenburg County
Health Department

June 1, 1995

Wilson Mitchell
2529 Pinestream Drive
Charlotte, NC 28216

Re: 1222 Breezewood Drive
File: 3520B (tax parcel 029-143-12)

Dear Mr. Mitchell:

Receipt of the plans and specifications for a ground absorption system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a soil/site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal".

The results of the evaluation, a copy of which is attached, indicate that the site is **UNSUITABLE** for installation of a ground absorption sewage system for the following reasons:

.1940 TOPOGRAPHY AND LANDSCAPE POSITION
(d) Complex slope patterns and slopes dissected by gullies and ravines shall be considered UNSUITABLE with respect to topography.

.1941 SOIL CHARACTERISTICS (MORPHOLOGY)
(3)(B) Expansive Clay Mineralogy - Soils which have either very firm or extremely firm moist soil consistence, or have either very sticky or very plastic wet soil consistence, are considered to have predominantly 2:1 clay minerals (including mixed mineralogy clays) and shall be considered UNSUITABLE as to clay mineralogy.

.1942 SOIL WETNESS CONDITIONS
(a) Soil wetness conditions 15 - 20"

.1943 SOIL DEPTH
(a) Soil depth - saprolite 2 - 22"

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.

(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

Due to the limitations on your site, this Department is not aware of any modifications or alternative measures that can be implemented to upgrade the classification from "unsuitable" to "provisionally suitable." Your application for an improvement permit must, therefore, be denied.

You have the right to an informal review of this decision by the environmental health supervisor of this health department and also by the regional staff of the Department of Environment, Health, and Natural Resources. You should contact the health department to arrange for this further review.

You may also wish to obtain the services of a private consultant to collect site-specific data and submit such data and a system design to the health department for technical review. A site may be reclassified to provisionally suitable provided written documentation, including engineering, hydrogeologic, geologic, or soil studies indicates to the local health department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

The substantiating data from these studies must indicate that:

A. The effluent (wastewater) will receive adequate treatment;

B. The effluent (wastewater) will not contaminate any ground water or surface water; and

C. The effluent (wastewater) will not be exposed on the ground surface or be discharged to surface waters where it could come into contact with people, animals or vectors.

Finally, you have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, N. C. 27611-7447. A copy of a petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within 60 days after the date of this notice. The hearing will be held in the county in which your property is located.

If you file a petition for a hearing, you must send a copy of the petition to Mr. John C. Hunter, Office of General Counsel, P. O. Box 27687, Raleigh, North Carolina 27611-7687.

Please call 336-5570 or write this office if you have questions or need additional assistance.

Sincerely,

Philo S. Walker R.S.

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

Enclosure

cc: Lewis Walker

3530B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. # 150.00 4/6/95 Ck. # 17412

☐ 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

Date:

PERSON FILING APPLICATION:
NAME: WALKER (last) LEWIS (first) G (mi)
ADDRESS: 1109 NORRIS AVE PHONE: (704) 342-1944
CITY: CHARLOTTE STATE: NC ZIPCODE: 28206

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 029-143-12
STREET ADDRESS: 1222 BREEZEWOOD DR.
ZONING:

PROPERTY OWNER:
NAME: MITCHELL (last) WILSON (first) (mi)
ADDRESS: 2529 PINESTEAM DR. PHONE: (704) 392-8808
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (O)
☒ 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 [illegible]DENCE > 4 BEDROOMS (Z)
☐ REPAIR TO [illegible]

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S)
☐ DOUBLE WIDE (D)

OCCUPANTS: 4

COMMERCIAL/INDUSTRIAL PR
Type Business
Industrial Wastes (Y/N)
Underground Storage Tanks

[illegible]ared Well (S)
[illegible]her 'spring' (O)

FUTURE ADDITIONS - ALL
☐ Swimming Pool
☒ Garage

The undersigned, owne
foregoing application,
DEPARTMENT to enter ont
Signed: X Lew

has read the
COUNTY HEALTH

NOTICE:

The undersigned, an auth
the Request for the Job
And Rules For Sanitary S
to the following provisi

...No work shall be con
an installation, Con
approval is granted l

...This permit is not t

...

[illegible]ment has approved the
[illegible]e provisions of Laws
permit and is subject

[illegible]ON ISSUANCE
[illegible] MONTHS FROM ISSUANCE
YEAR FROM ISSUANCE

DIS III PSW

Topography & landscape poor
complex slope
soil characteristics - expansive clay
soil wetness condition
soil wetness 15-20"
soil depth to rock 2-22"
available space -
no suitable or reserve soil

Environmentalist Date

Director or Authorized Section Head Date

WATER - 12279

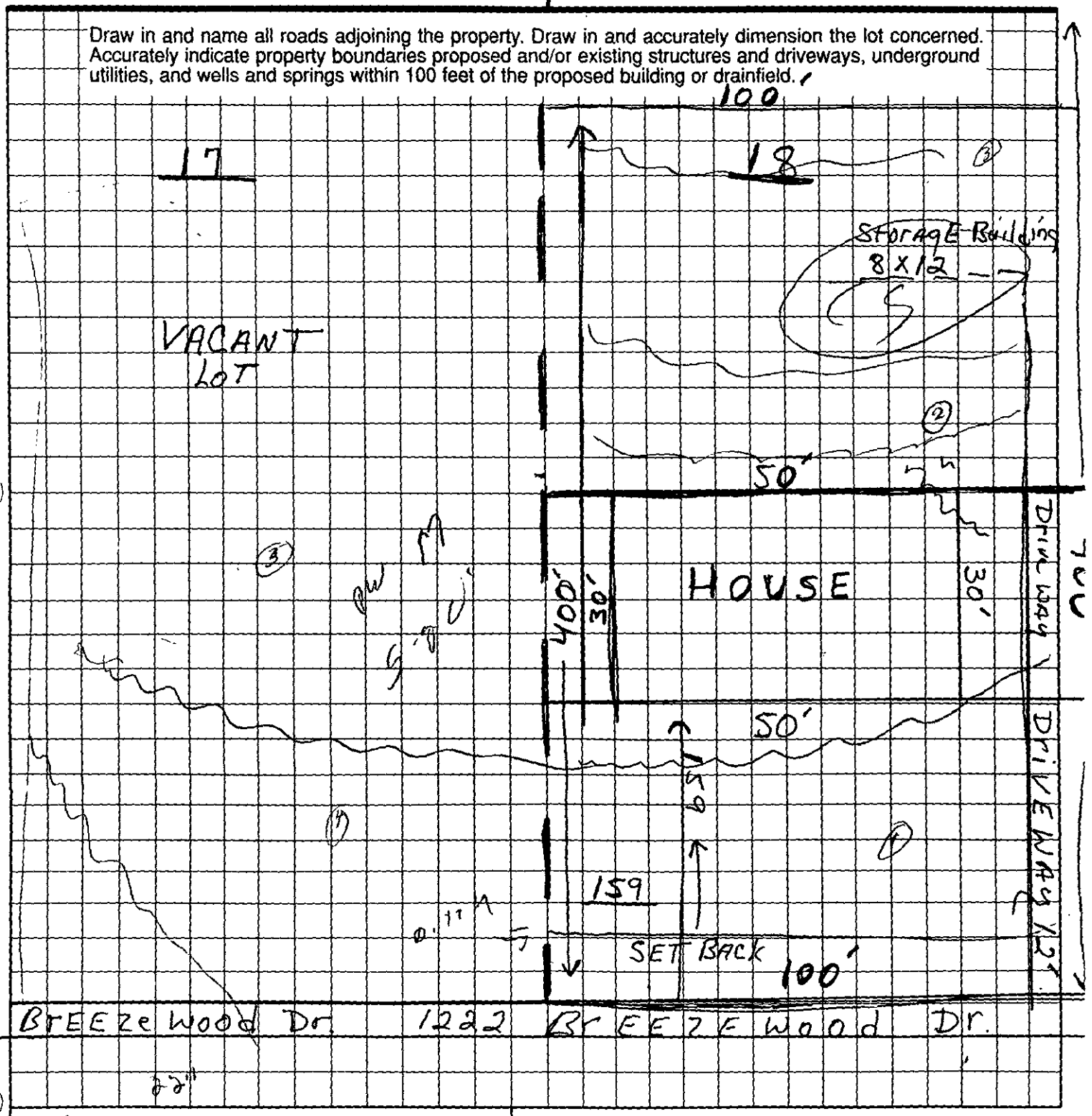
PROPOSED PLOT PLAN

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

FILE: 3530B 029-143-12

TC: ~~1222 Breezewood Dr~~

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.



Lewis Walker
OWNER/AGENT SIGNATURE

DATE 4-6-95

APPROVAL DATE _____

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