

15401 CABARRUS RD

13915244

5/29/2007

duponbj

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

address on
Computer under
139152-44

15401 CABARRUS

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: _____

Name/Company: _____

Sanitation _____

Vector Control _____

IWWS _____

Service: _____

_____

_____

_____

Fee: $ _____

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

_____ _____

Completed by Collected by

CERTIFICATE OF COMPLETION/OPERATION PERMIT 12402

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

FILE: 4935A DATE: 4/7/94

TC: 139 152 44 ☐ L ☒ CRT

SERIAL Nº 15839

Name of Owner Connell Mill Partners Juris.:

Address of Property 15401 Cabarrus Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 460

Number of Lines 3 @ 133'

Cover Depth 8"

Water Supply Source well

Distance to Water Source >100'

Excavation Inspected 4/7/94

Tank(s) Inspected 4/7/94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994, 1500ST, CON, 1200SFT, 12'stone Ceil WT Norwood CTR# 92

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 plot 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~~ 15A NCAC ~~10A~~ 18A .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: Septic system designed for 3 bedroom residence Type II

Philip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

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

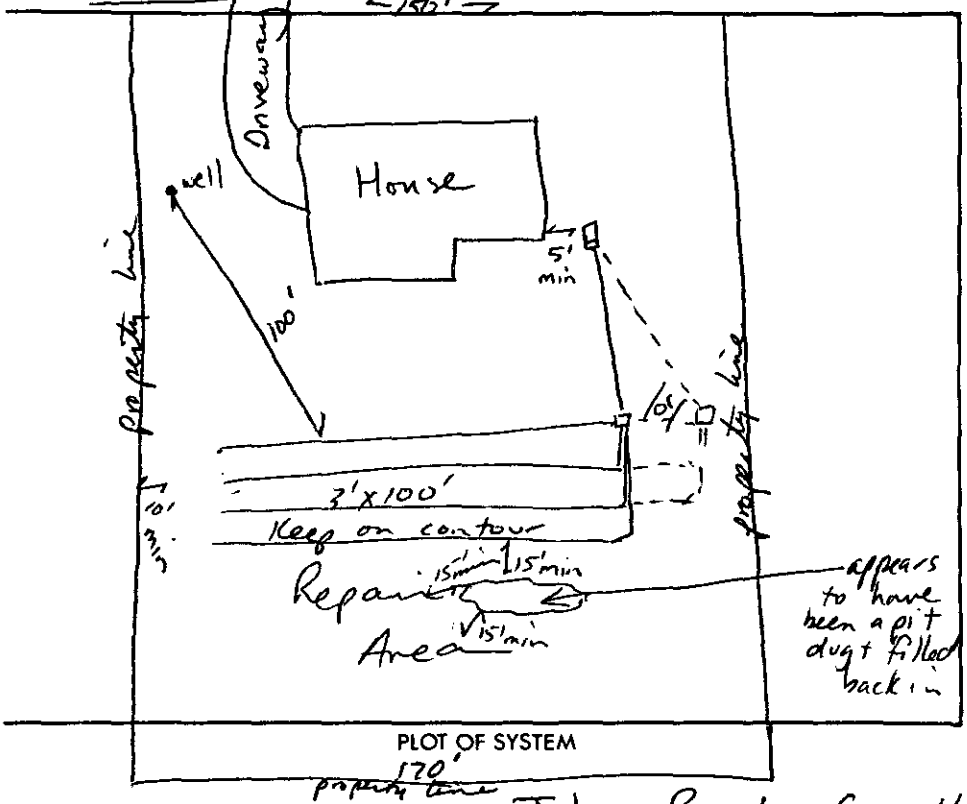
47460

FILE: 4935 A DATE: ~~4-4-94~~ 4-5-94

TC: 139-152-44 ☐ L

SERIAL Nº 15933

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 12-2-93. All work shall be completed on or before 5-4-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15A~~ 15A NCAC 18A .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 Health Department 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines ~~5~~ 3 at 133' each 4 at 100' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 100' feet

12"-16" soil cover

NAME OF OWNER ~~John Roach~~ Connell Mill Partners

LOCATION OF PROPERTY 15401 Cabarrus Road

Comments: Keep 100' from well with drainfield. Repair area changed to backyard area due area being cleared & determining topography acceptable. Keep min 15' off area shown.

T. Waller for A. Daniel 4/5/94
Division or Section Head

Susan Patterson
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

$ 400 ✓

4935A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 CK#0262 11/12/93 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: Roach (last) John (first) D. (mi)
ADDRESS: 8719 Milton Morris Dr PHONE: (704) 545-4929
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-152-44
STREET ADDRESS: Cabarrus Rd. 15401
139152-44
ZONING:

PROPERTY OWNER: Connell Mill Partners
NAME: Sonnenburg (last) Vance (first) E (mi)
ADDRESS: 7103 Forest Ridge Dr. PHONE: (704) 846-8124
CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: Connell Mill

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

LOT NUMBER: 5 LOT SIZE (in acres): 1.

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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)
[X] 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 FRONT YARD IS PREPERED.

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: George Houston Date: 11-10-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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.

...Innovative in near. Pump to front for repair.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

C Dewell, RS. 12-2-93
Environmentalist Date

Thilo S. Walker R.S. for S. Daniel
Director or Authorized Section Head Date

WWATER : 122791

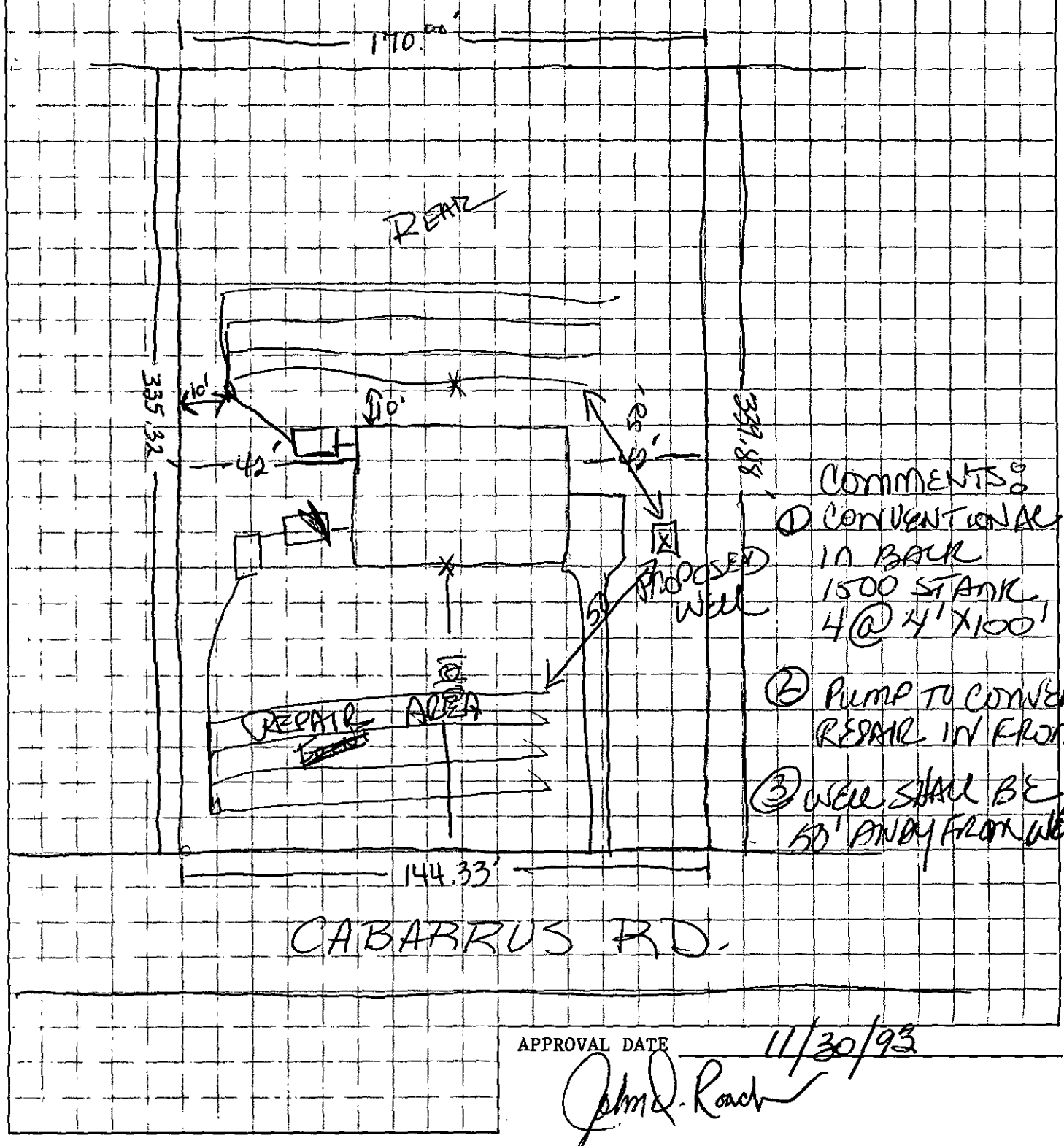
PROPOSED PLOT PLAN

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

FILE: 4935A

TC: 139-152-44

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.



COMMENTS:
① CONVENTIONAL IN BACK 1500 STANK 4@ 4' X 100'
② PUMP TO CONVENTIONAL REPAIR IN FRONT
③ WELL SHALL BE 50' AWAY FROM WELL.

APPROVAL DATE 11/30/93

John D. Roach

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

November 9th, 1988

George P. Houston
3933 Bon Rea Road
Charlotte, NC 28226

RE: Property located at Cabarrus Road 5
FILE: 4935A
PARCEL: 13914103 PO

Dear Sir:

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15591) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15591

File: 4935A

Parcel: 13914103 PO

Action 4

☐ PC

Location: Cabarrus Road

Subdivision:

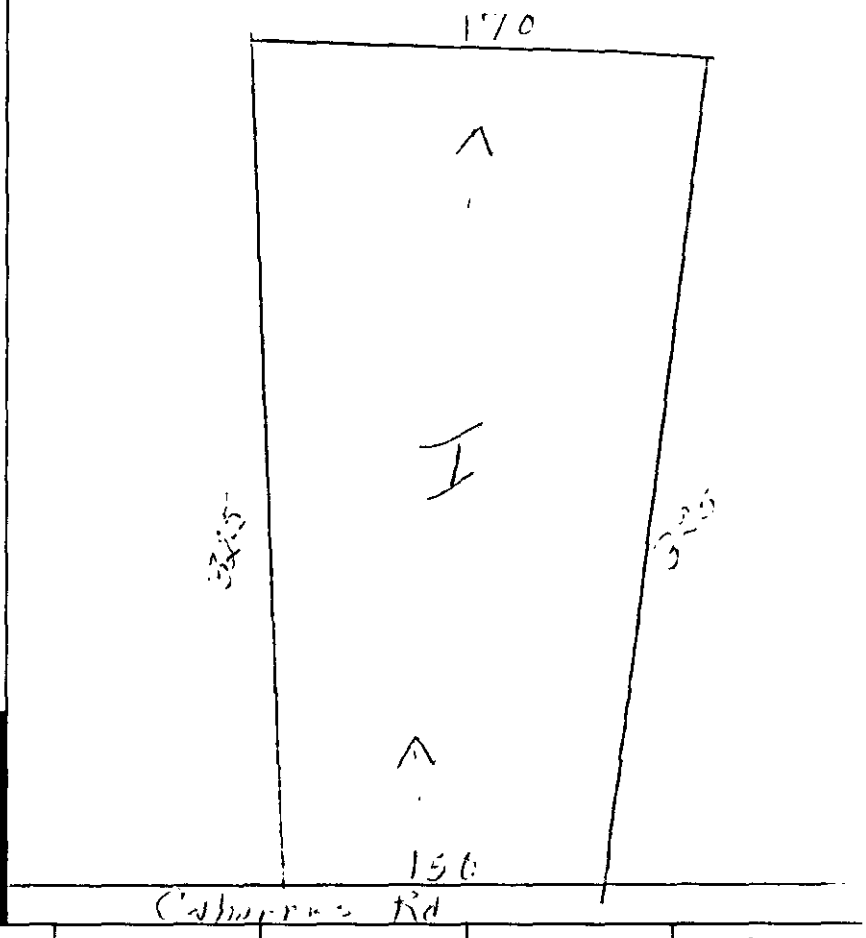
Lot: 5 Block: Acres: 1.33

Owner: George P. Houston
Address: 3933 Bon Rea Road
Charlotte, NC 28226

Comments: _____

Described by: W. B. Ramsey

Date: 11-7-06



***** 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 H-5%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
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 H&I	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
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	IV- Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: ~~45HA~~ 4935A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Undeveloped land between 15135 Cabarrus Rd. & 15555 Cabarrus Rd.

② SUBDIVISION: Connell Mill ③ LOT: 5 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 15 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: 5657 PAGE NO.: 0243

OWNER

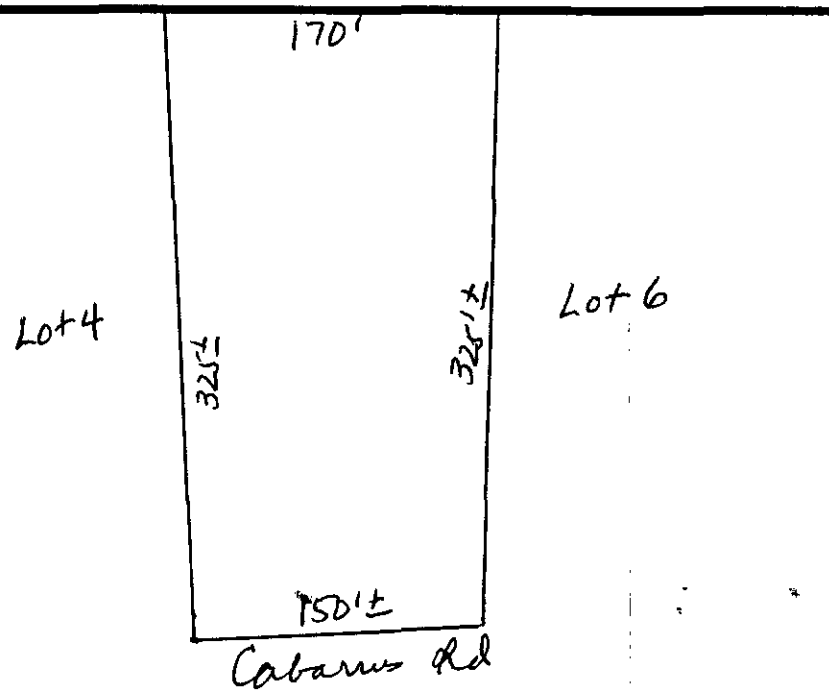
⑦ NAME: George P. Houston
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 3933 Bon Rea Rd.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) 542-0126

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: George P Houston Jr

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

Date: 10/28/88

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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 26 1988
#1851

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4935A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Undeveloped land between 15135 Cabarrus Rd. & 15555 Cabarrus Rd. - Lots are staked.

② SUBDIVISION: Connell Mill ③ LOT: 5 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 15 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: 5657 PAGE NO.: 0243

OWNER

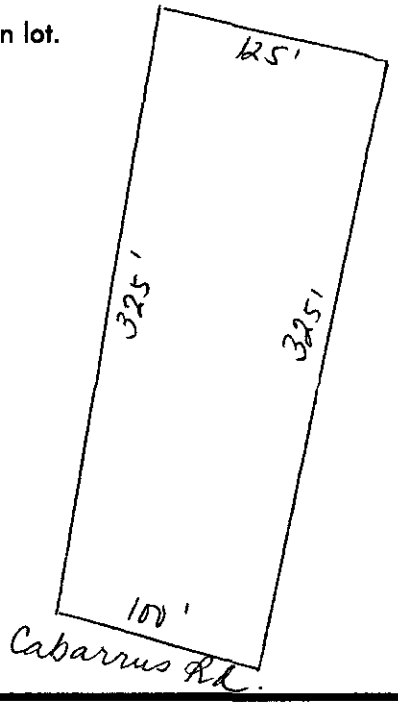
⑦ NAME: George (FIRST) P. (MIDDLE) Houston (LAST)

⑧ MAILING ADDRESS: 3933 Bon Rea Rd.

⑨ CITY: ~~Matthews,~~ Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) 542-0126

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: George P. Houston Jr

Date: 8/26/88

[illegible] county services are available without regard to ethnic origin, sex, or disability.

Note: Sketch Plan of Connell Mill attached to APPL. FOR SOIL INVEST. for Lot #1.

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

[redacted]