

7521 NEWELL RD

11313104

7/22/08

marliwr

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

DATE 1-29-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

113-131-03
PARCEL NUMBER

7531 Mcwell RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	___APPROVED	___NOT APPROVED	
2.	FLOODWAY REGULATIONS	___APPROVED	___NOT APPROVED	
3.	EROSION CONTROL REGULATIONS	___APPROVED	___NOT APPROVED	
4.	COMMERCIAL DRAINAGE PLAN	___APPROVED	___NOT APPROVED	
5.	PUBLIC UTILITY EASEMENT	___PRESENT	___NOT PRESENT	
6.	PROPERTY FRONTS ON THOROUGHFARE	___YES	___NO	
7.	DRIVEWAY PERMIT REQUIRED	___YES	___NO	

REMARKS: Move On Permit

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McConnis

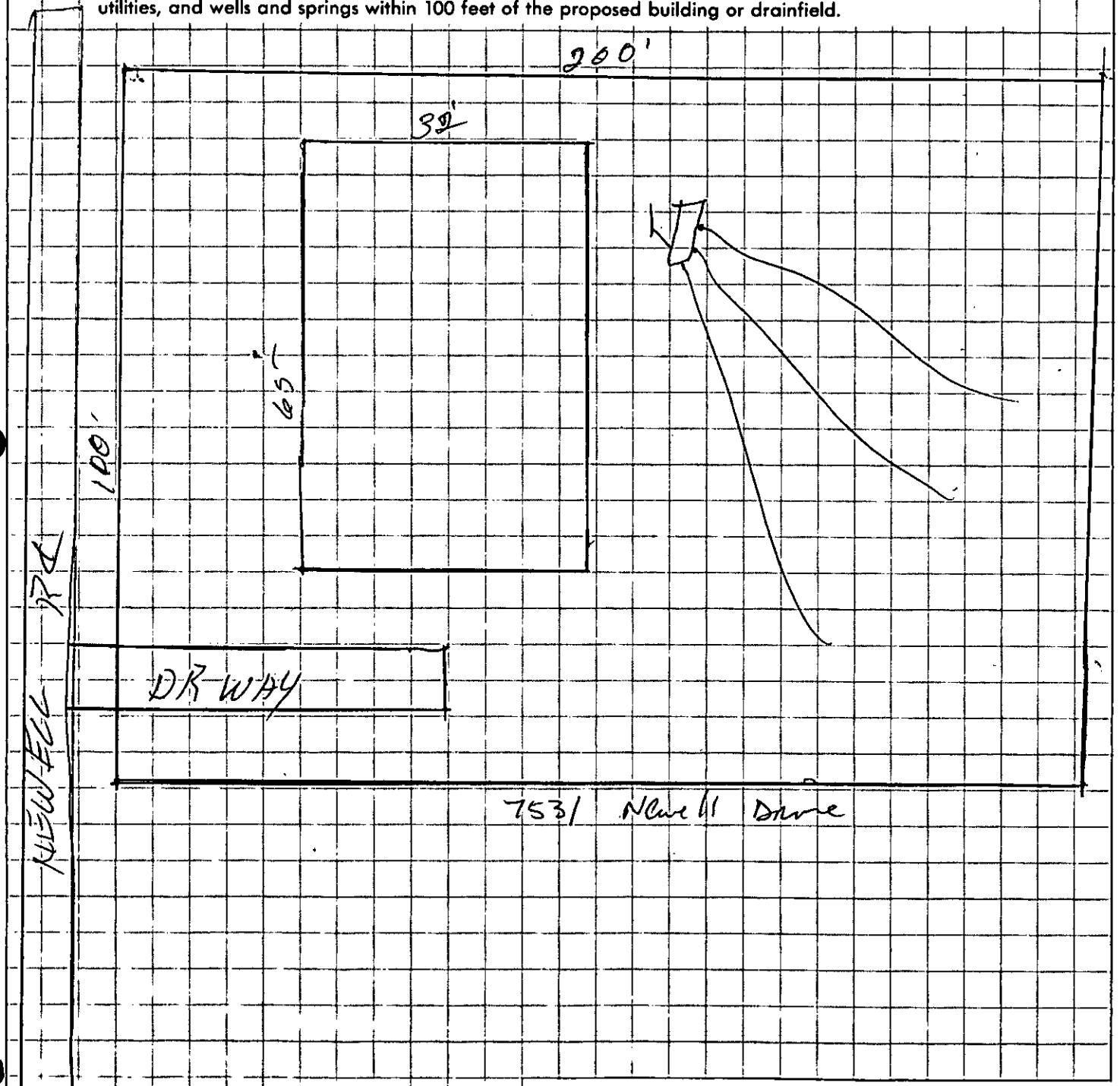
PROPOSED PLOT PLAN

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

FILE: 15637

TC: 113-131-03

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

APPLICATION FOR AN IMPROVEMENT PERMIT

See 6470A 6471A 6472A

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

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

(OFFICE USE ONLY)
FILE: 15637
TC: 113-131-03
SERIAL: No 20464
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4531 (STREET NO.) NEWELL RD (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 113-131-03
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: BARBARA (FIRST) K (MIDDLE) OLIVER (LAST)
⑨ MAILING ADDRESS: 4206 NEWELL RD
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28205
⑬ PHONE: (WORK) 332-2462 ⑭ (HOME) 398 1434

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type? _____
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
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 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: Barbara K Oliver
Date: 1-25-50

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

SEE INSTRUCTIONS ON BACK

Date [redacted]

ICAR(S) Application No. 15687

T. C. No. 113-131-[redacted]204

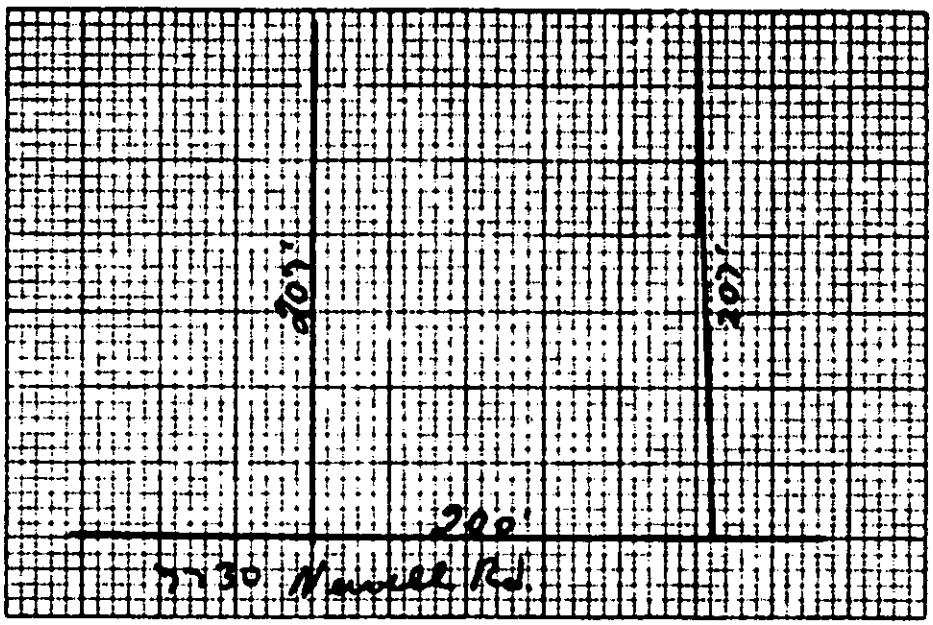
Map Date ___ — 02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence X Yes ___ No

4) No. of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
   A) Individual Well X
   B) Governmental System ___
   C) Community System:
      1. Well source ___
      2. Governmental source ___
10) Sewage System
   House located within 200 feet of public sewer ___ Yes X No
   House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No. ___

13) NAME OF OWNER OLIVER (LAST) BARBER (FIRST) K (MIDDLE)

14) ADDRESS OF OWNER RT 4 NEWELL RD

15) PHONE NO. Home 392 2462 Office 392 2462

16) LOCATION OF SYSTEM 7730 NEWELL (STREET OR COUNTY ROAD) RD 1199

17) SUBDIVISION ___ Lot No. 3+4 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5-14-80
DATE OF APPLICATION

[redacted]

EHD-S-76

Environmental Health Department's Copy

OWNER: Robert Dyer
ADDRESS: [redacted] Newell Rd
COUNTY: Mck 28267
LOCATION OF SITE: Newell Rd

DATE REQUESTED: 5-29-79
PLAT NO.:
LOT SIZE: 20,900

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-10 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S PS (Clayey) U 2-1	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S PS (Massive) U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS >48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S PS (Clay) U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S PS (Slow) U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS (Slow) U	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Unsuitable			
SOIL SERIES	Helena			

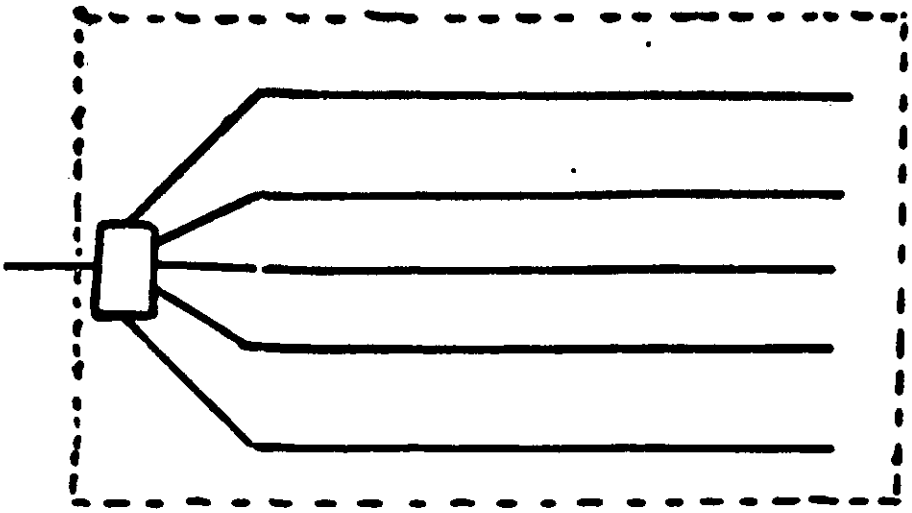
S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

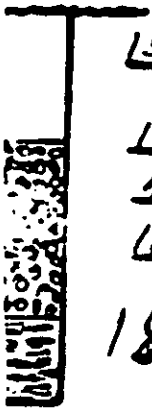
Recommendations/Comments:

Described By: W. B. Ramsey
Title: Soil Scientist Date: 7-17-79

DHS Form 2601 (2/77)
Sanitation



5 drain pipe 66 long 3' on center 990 sq foot bottom area.



Proposed septic Tank system

Submitted for consideration and

Approval Barbar & Olivier

Bed System

1 CACL

Mecklenburg County
Health Department

April 30, 1991

Ms. Barbara H. Oliver
Route 4, Newell Road
Charlotte, NC 28208

RE: Property located at 7521 Newell Road
FILE: 15637
PARCEL: 113-131-03, 04

Dear Ms. Oliver:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 17173) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17173

File: 15637 Action 3

Parcel: 113-131-03,04 ☐ PC

Location: 7521 Newell Road

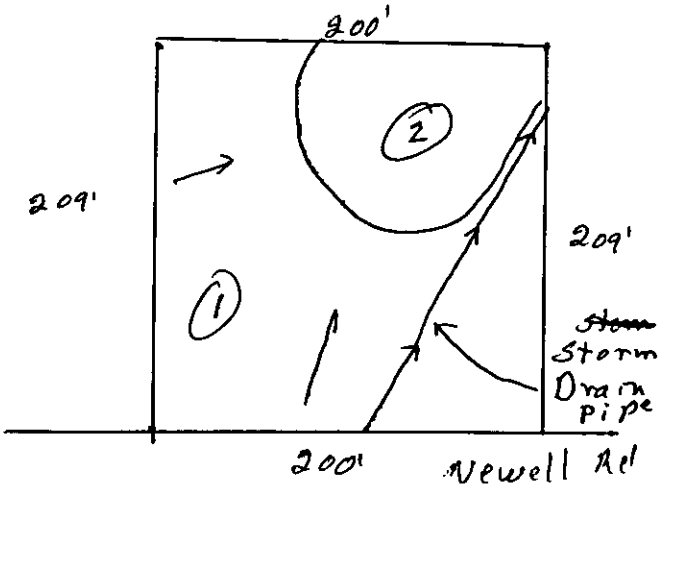
Subdivision:

Lot: Block: Acres: 1.0

Owner: Barbara H. O-Lewis
Address: #1-4, Newell Road
Charlotte, N.C. ~~28~~ 28208

Comments: 100% Repair
fill in area #1 (front 18" ± in place

Described by: William A. Martin
Date: 4-29-91



*** 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 2-8%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-Clay	S PS U —	S PS U	S PS U	S PS U	S PS U.
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) Moderate 20-24" Water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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 See Note-	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Helena/F.11	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U.	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 15637

TC: 113-131-0304

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 7521 NEWELL

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 113-0 PAGE NO.: 131 PARCEL NO.: 0304

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

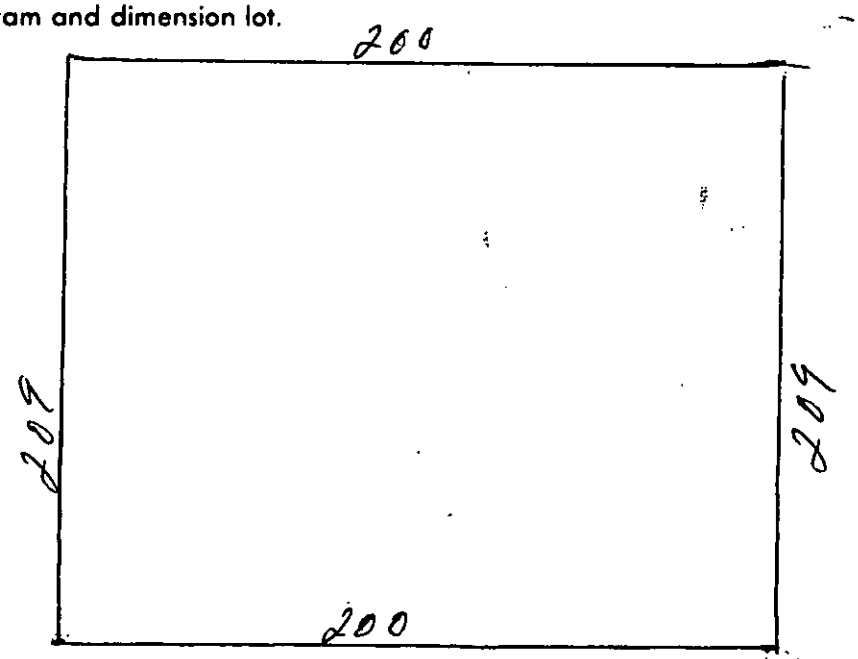
⑦ NAME: Barbara (FIRST) K (MIDDLE) Oliver (LAST)

⑧ MAILING ADDRESS: Rt #4 Newell Rod

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28208

⑫ PHONE: (WORK) 392-2462 (HOME) 398-1434

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Barbara K Oliver

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

Date: 4/16/91

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 3/25/91

FROM: COUNTY ENGINEERING DEPARTMENT

File No. 1563?

EHD FILE _____ JURISDICTION CODE Meek

PARCEL NUMBER 113 - ~~132-10~~ 131 04 103

ASSIGNED ADDRESS 7521 Newell Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: move on

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: JCM

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100