


11905 ABERNATHY RD

02310120

12/19/2007

duponbj

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

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

1172B/9143A

$200 3/20/94 ck. #1641 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: Long (last) Kim (first) S. (mi)

ADDRESS: 1514 Allenbrook Dr PHONE: (__) 398 0401

CITY: Charlotte STATE: NC ZIPCODE: 28205

Date:

PROPERTY OWNER:

NAME: Long (last) Kim (first) S. (mi)

ADDRESS: _____ PHONE: 704 398-0401

CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-101-03P0

STREET ADDRESS: 11905 Abernathy Rd

ZONING: _____

Township (check one):
[ ] 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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[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: 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):
[ ] 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

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: Kim S. Long Date: 5-18-94

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.

...

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

Phillip S. Walker 5/25/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

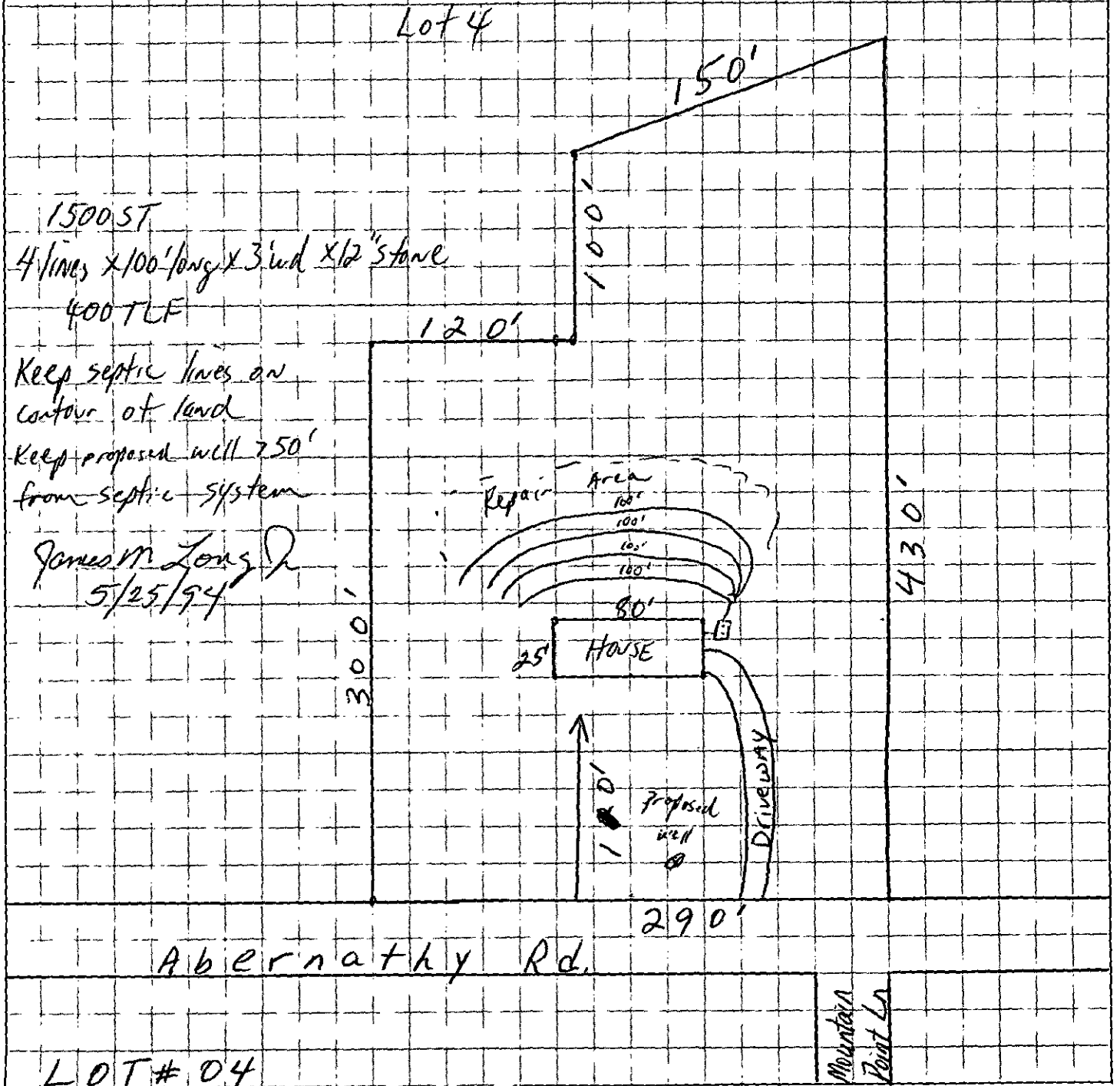
# PROPOSED PLOT PLAN

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

FILE: 11728/9434

TC: 023-101-03 PP

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 5/25/94 TSW

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: 5/18/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 023-101-03p0

ASSIGNED ADDRESS 11905 Abernathy Rd

EXISTING ADDRESS Lot 4

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: Septic tank

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 DRIVEWAYS.

SIGNED: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

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

April 7, 1994

Jack Parker
11956 Abernathy Road
Charlotte, NC 28216

RE: Property located on Abernathy Road (Lot #4)
FILE: 1172B/9143A
PARCEL: 023-101-03PO

Dear Mr. Parker:

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 property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20283) is enclosed for your information.

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 accommodate 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. Furthermore, 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, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

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

Enclosure

KR:lw

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 20283

File: 117281 9143A Action 1

Parcel: pc 023-101-03 ☐ PC

Location: Abernathy Road

Subdivision:

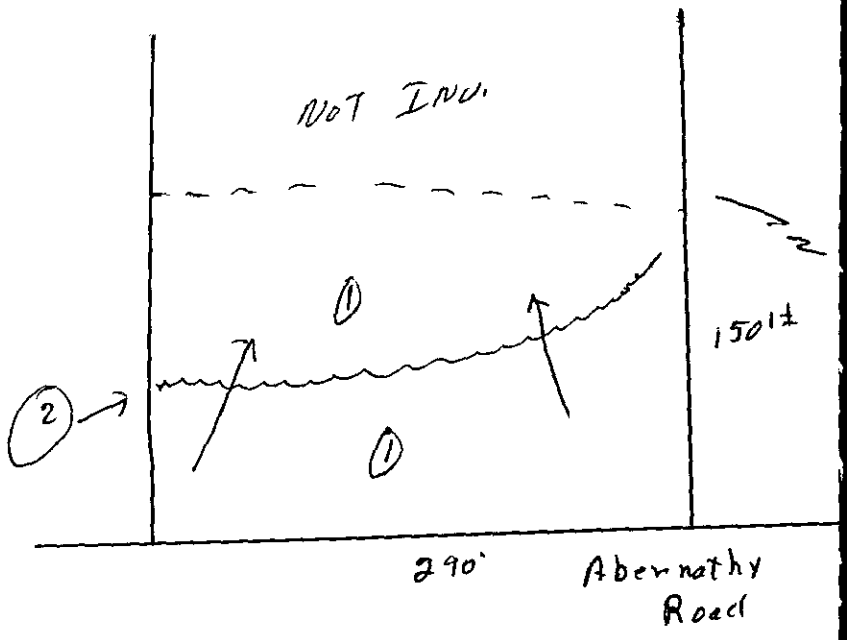
Lot: 4 Block: Acres: 1.0 INC.

Owner: Jack Parker
Address: 11956 Abernathy Road
Charlotte, N.C. 28216

Comments: 100% Repair area, 3 gal/ft/day LTAR system may require pump

Described by: William A. Marlin

Date: 4-5-94




***** 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 6~12% | S PS (U) Terrace | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Slightly Expansive clay | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U sub & Blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 7'-8' TO water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | (S) PS U 48"+ | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | (S) PS U 48"+ | 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 | III Cecil/Ue | Terrace | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# IMPORTANT MESSAGE

FOR

DATE TIME A.M. P.M.

M

OF

PHONE
AREA CODE NUMBER EXTENSION

| | | | |
|---|---|---|---|
| TELEPHONED | | PLEASE CALL | |
| CAME TO SEE YOU | | WILL CALL AGAIN | |
| WANTS TO SEE YOU | | RUSH | |
| RETURNED YOUR CALL | | SPECIAL ATTENTION | |

MESSAGE

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

117B/9142A

[ ] 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: PARKER (last) JACK (first) (mi)

ADDRESS: 11956 ABERNATHY RD. PHONE: (704) 399-1722

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28216

Date: 07 SEPT 93

PROPERTY OWNER:

NAME: PARKER (last) JACK (first) (mi)

ADDRESS: 11956 ABERNATHY RD. PHONE: (704) 399-1722

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-101-03 P0

STREET ADDRESS: ABERNATHY RD.

ZONING: R 5

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: #03 LOT SIZE (in acres): 2.0

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)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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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: Jack Parker Date: SEPT. 14, 1993

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:

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[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

# PROPOSED PLOT PLAN

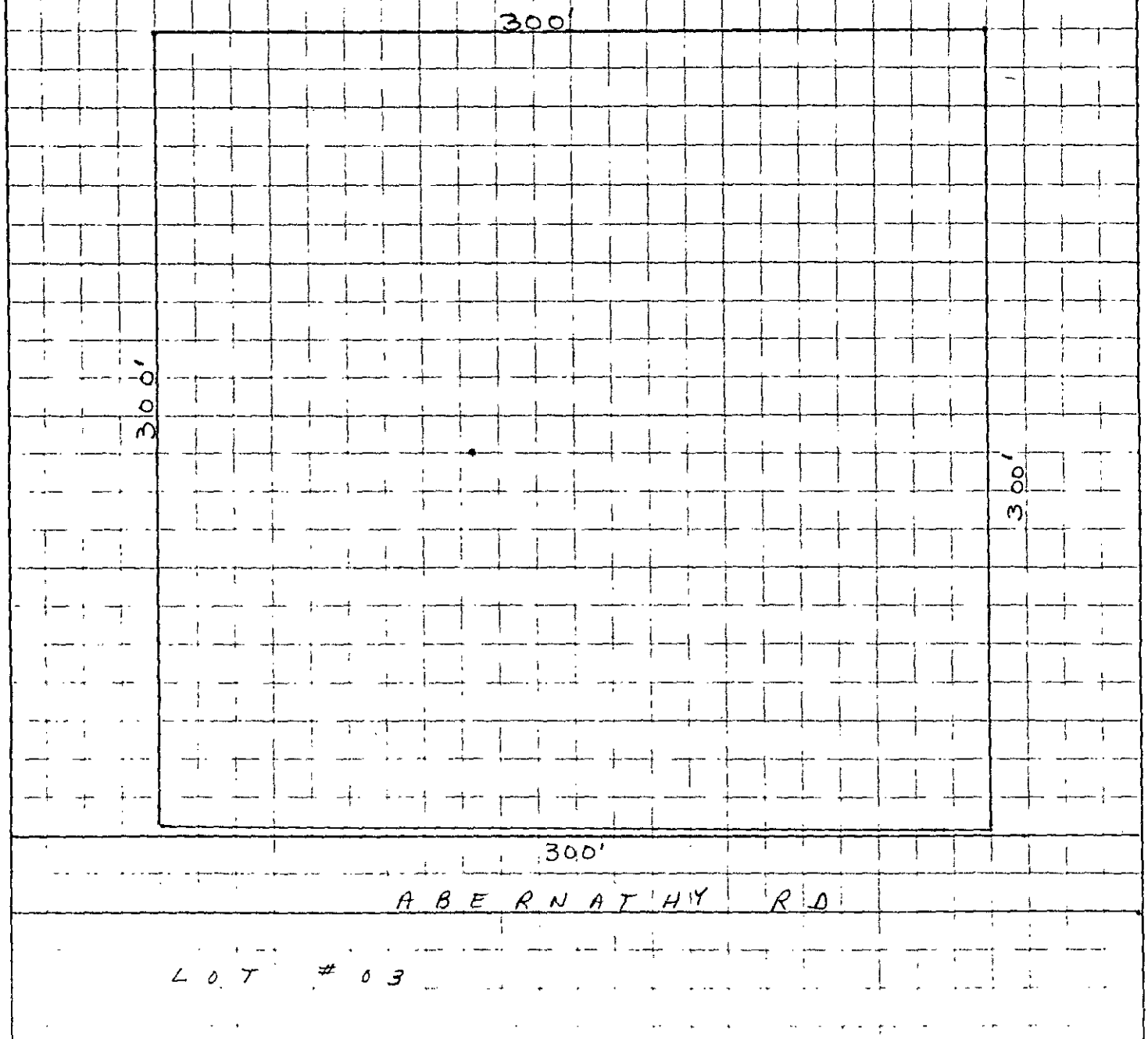
COPY

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

FILE: 1171B/942A

TC: 023-101-0300

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 _____

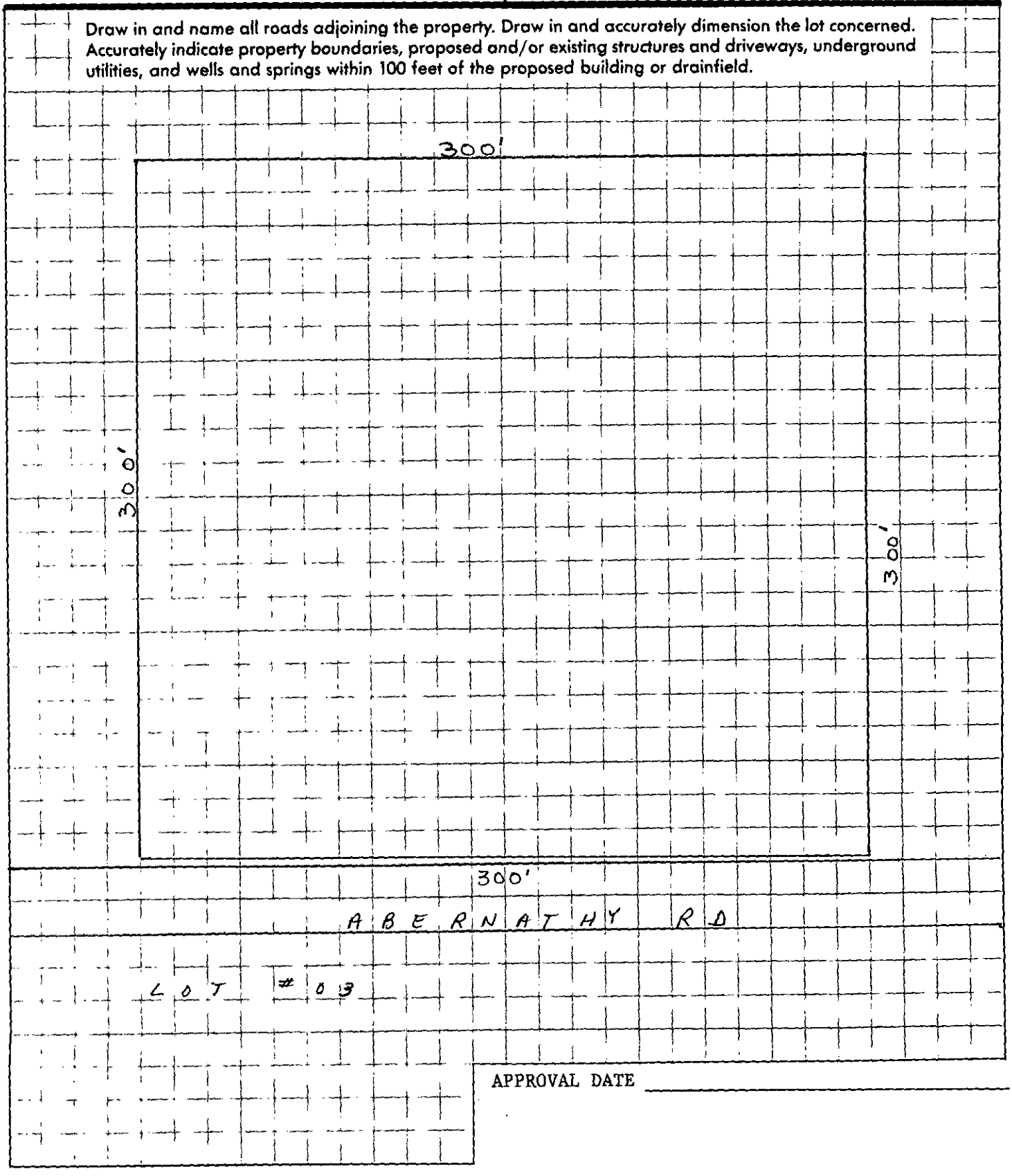
# PROPOSED PLOT PLAN

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

FILE: 11713/3142A

TC: 023-101-0300

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