

14001 MCCORD RD

01115124

1/4/2008

duponbj

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#1

Sheet: _____
Property ID: 011-151-06
Lot #: _____
File #: 44473

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Dennis & Renee Cope APPLICANT: _____
ADDRESS: 14432 Black Farms Road, Huntersville DATE EVALUATED: 10-11-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480 gpd PROPERTY SIZE: 1.5
LOCATION OF SITE: 14001 McCord Road PROPERTY RECORDED: _____

WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-7"	gr/sl	Fr/SE/SP/SS/SP	>48" TO soil wetness	48"+	NA	None	PS .39/F2 IV
		7-43"	SBK/ C	Fi/SE/SP/ SP					
		43-48"	SBK/ CL	Fr/SE/SP/SS/SP					
2	LS	0-6"	gr/sl	Fr/SE/SP/SS/SP	>48" TO soil wetness	48"+	NA	None	PS .39/F2 IV
		6-48"	SBK/C	Fi/SE/SP/SP					
3	LS	0-7"	gr/sl	Fr/SE/SP/SS/SP	> 48" TO soil wetness	48"+	NA	None	PS .39/F2 IV
		7-48"	SBK/C	Fi/SE/SP/SP					
4	LS	0-5"	gr/sl	Fr/SE/SP/SS/SP	>48" TO soil wetness	48"	NA	None	PS .39/F2 IV
		5-48"	SBK/ C	Fi/SE/SP/SP					
5	LS	0-6"	gr/sl	Fr/SE/SP/SS/SP	>48" TO soil wetness	48"	NA	None	PS .39/F2 IV
		6-41"	SBK/C	Fi/SE/SP/SP					
		41-48"	SBK/CL	Fr/SE/SP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin - LSS - 10-12-00
OTHER(S) PRESENT: _____

FILE # 44478

COMMENTS Appears to be 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

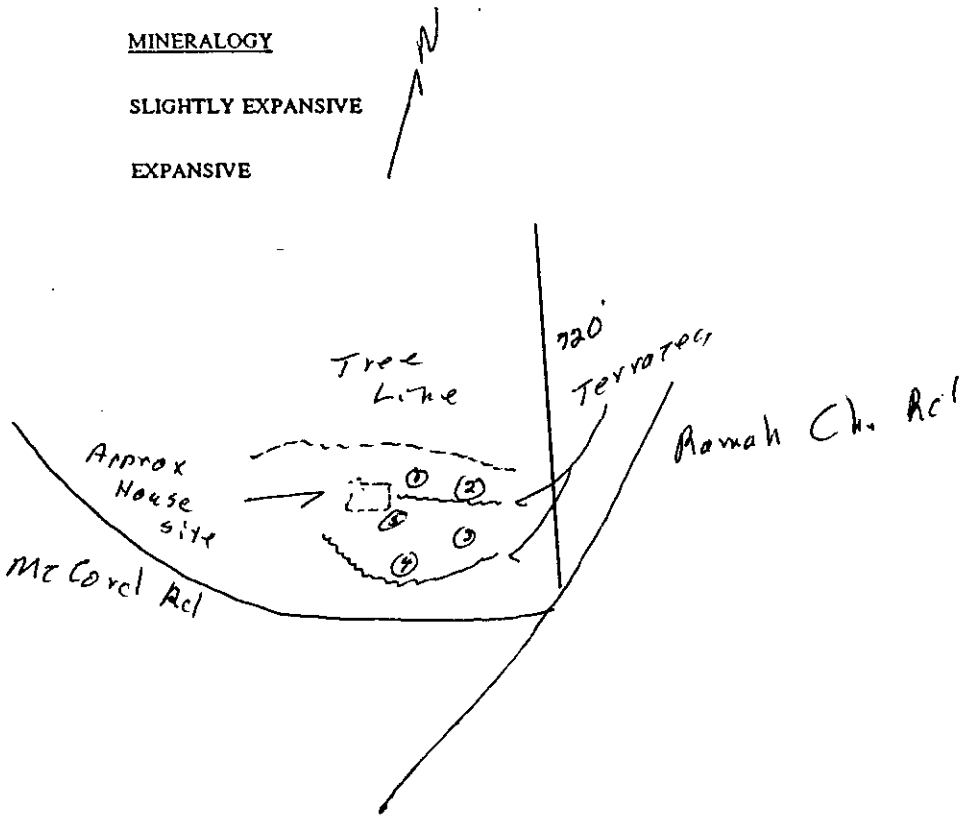
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 CHK# 2142
DATE: 10/9/00 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4/4/28

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 91 - 151 - 06 PT

STREET ADDRESS: ~~14001~~ McCord Road

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: # 1

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [ ] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[✓] HOUSE (H) [ ] OTHER (O)

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [✓] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[ ] CRAWL SPACE
[✓] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [✓] PRIVATE WELL (P)
[ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES [ ] YES [✓] NO
EXISTING WASTEWATER SYSTEMS * [✓] YES [ ] NO
EASTMENTS OR RIGHT-OF-WAYS [ ] YES [✓] NO
WELL, SPRINGS OR WATERLINES [✓] YES [ ] NO
DESIGNATED WETLANDS [ ] YES [✓] NO

* on seperate parcel small brick house

PROPERTY OWNER:

NAME: ~~Derrike~~ Derrike
(LAST) Cope (FIRST) Renee (MI) W.

ADDRESS: 14001 McCord Road

CITY: Huntersville STATE: ZIP:

DAYTIME PHONE: (704) 875 - 9340 or 907-2448

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) - Owner's residence & Billing address

14432 Black Farms Road
Huntersville NC 28078

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? We purchased this property July 21, 2000

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Renee W. Cope DATE: 10-9-2000

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

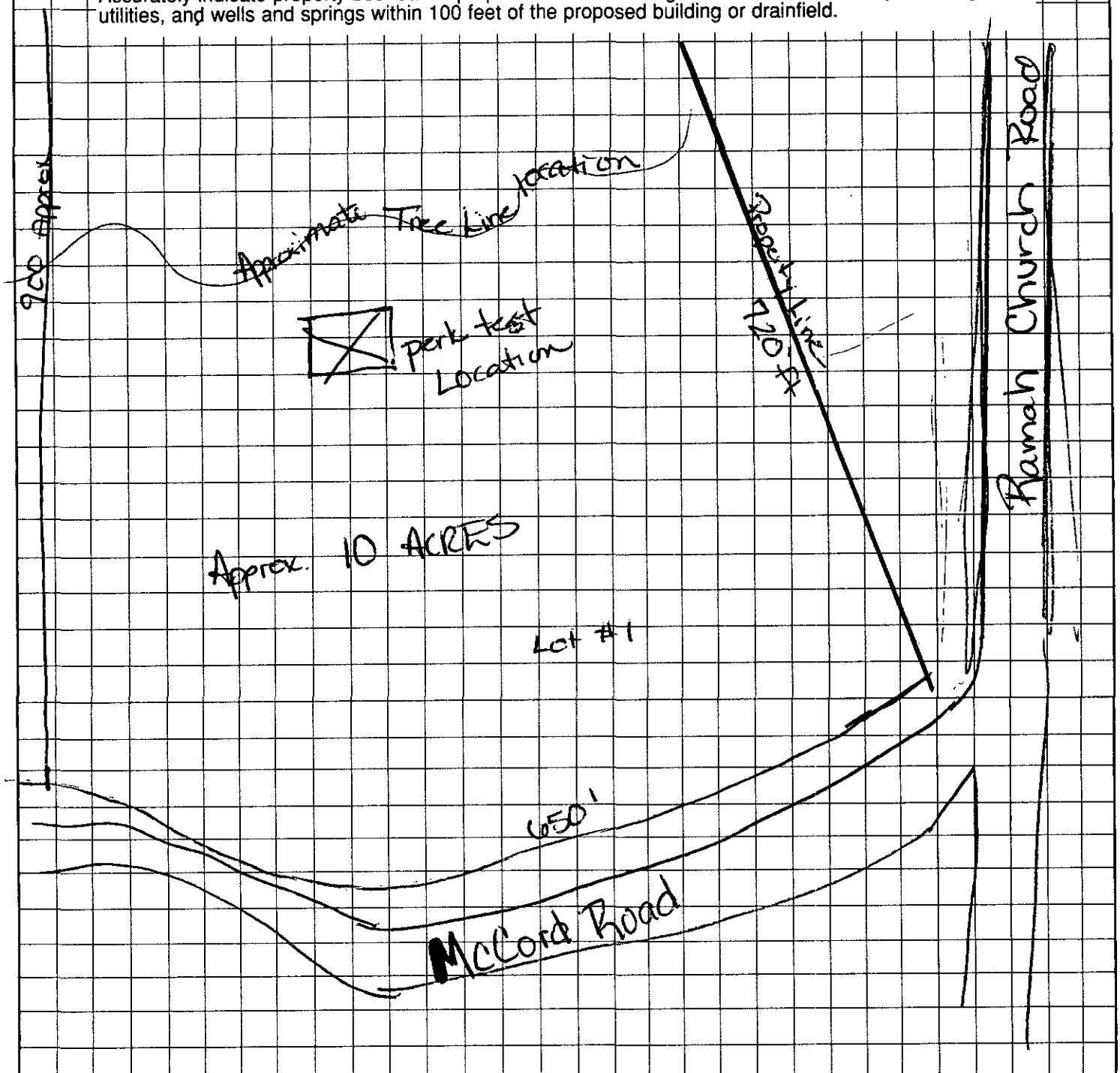
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

AOC Approx

FILE: 4447B

TC: 011-151-06

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.

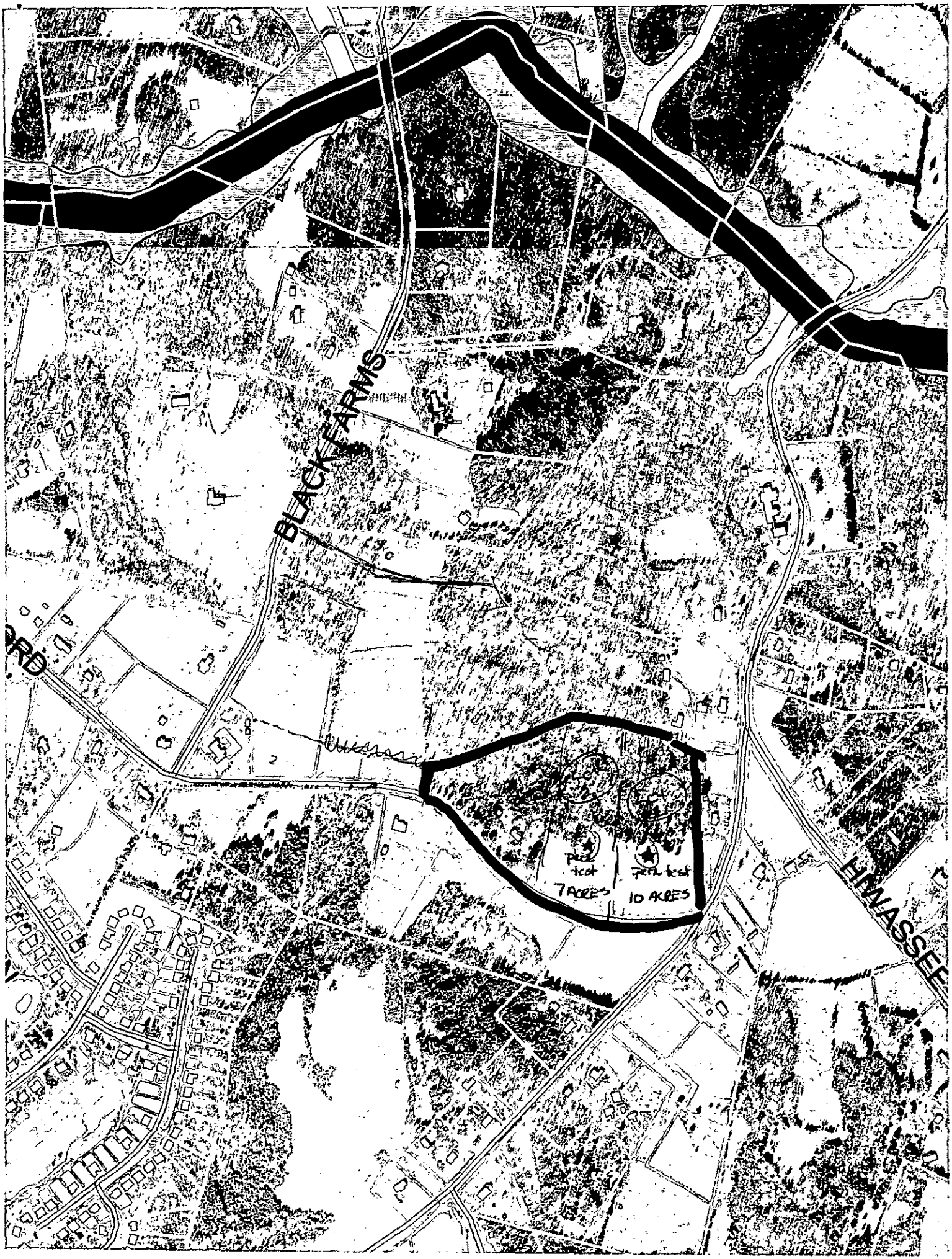


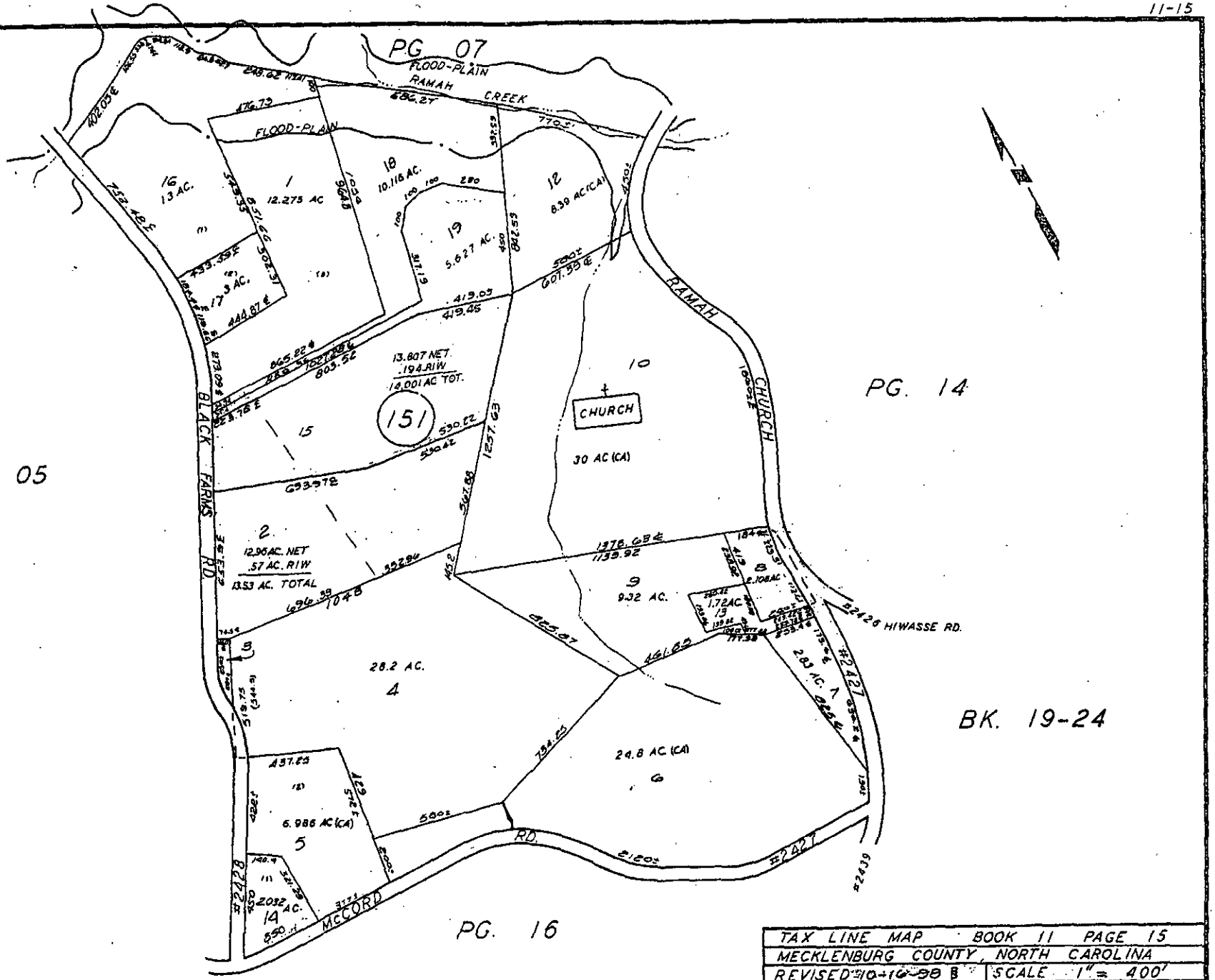
Ronnie W. Cope
OWNER/AGENT SIGNATURE

DATE 10-9-00

APPROVAL DATE _____

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


BLACK FARMS
perk test
perk test
7 ACRES
10 ACRES



TAX LINE MAP BOOK 11 PAGE 15
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 10-10-90 B | SCALE 1" = 400'

FOR TAX PURPOSES ONLY