

10700 ALBEMARLE RD

13707506

6/22/2007

duponbj

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

200.ED

APPLICATION FOR AN IMPROVEMENT PERMIT

OW CRT

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: 6980A

TC: _____

SERIAL: № 21200

☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 10700 Albemarle Rd Charlotte (STREET NO. / STREET) ② FILE: 6980A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-095-06

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Donald Miscenheimer (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: RT 2 Box 264

⑩ CITY: Oakboro ⑪ STATE: N.C. ⑫ ZIP: 28129

⑬ PHONE: (WORK) 704-485-4227 ⑭ (HOME) 704-485-4227

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? _____

㉕ Type? B-1 Zoning

㉓ Maximum occupancy? _____

㉖ Maximum number of employees? 10

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: Donald Miscenheimer

Date: Sept 13, 1990

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.

see 6982-A for site plan - no industrial or hazardous wastewater to be discharged into tank or system

Environmentalist — Date 10/11/90

Director or Authorized Section Head — Date 10/11/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-13-90

Name/Company: Donald Mosenheimer

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: SP- New

File #6980A - Albemarle Rd. 137-075-06
" #6981A - Albemarle Rd. 137-075-05
" #69821 - " " 137-075-04

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 13 1990

ck # 3250.

Fee: $ 600.00 #600.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernathy
Completed by

Elizabeth Johnstone
Collected by

200.00

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 6980A
TC: _____
SERIAL: NP 212-0 ☐ L ☐ CRT

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③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-095-06
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Donald Misenheimer (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: Rt 2 Box 264
⑩ CITY: Oakboro ⑪ STATE: N.C. ⑫ ZIP: 28129
⑬ PHONE: (WORK) 704-485-4227 ⑭ (HOME) 704-485-4227

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㉒ Number of bedrooms? _____
㉕ Type? B-1 Zoning
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 10
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? _____

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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.

Void
Project #22

DATE 9-21-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meca

137-075-06
PARCEL NUMBER

10700 Albemarle 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: New Structure

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: [signature]

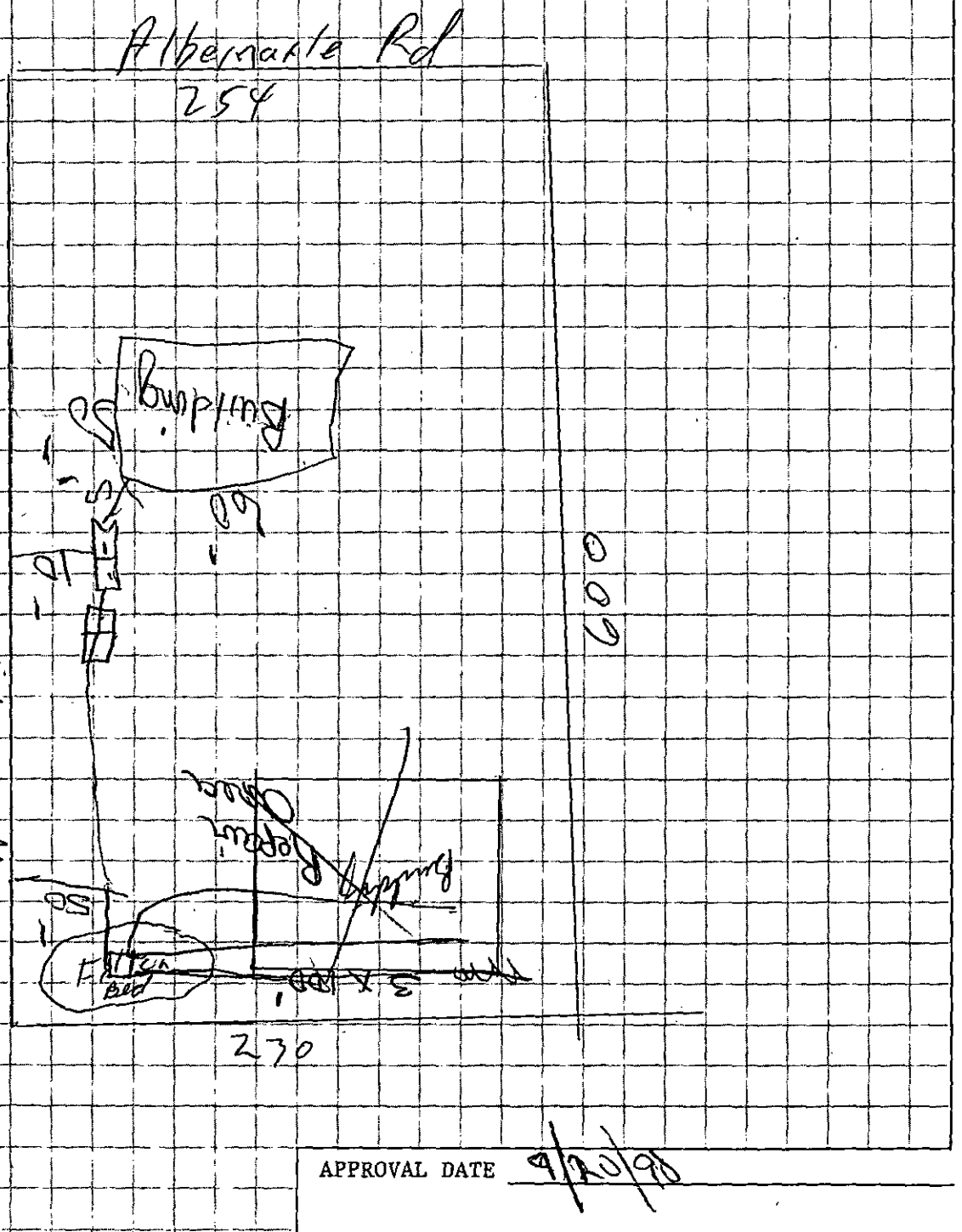
PROPOSED PLOT PLAN

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

FILE: 6980A

TC: _____

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.


Albemarle Rd
254
Building
90
10
1
1
1

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

DATE 9-12-90

FROM: COUNTY ENGINEERING DEPARTMENT

RE: FAX _____ JURISDICTION CODE Mech

PARCEL NUMBER 137:075:06

ASSESSED ADDRESS 16700 Albemarle Rd

BUILDING 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: Miscellaneous Job Site

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

SIGNED: _____

Mecklenburg County
Health Department

August 29th, 1990

Donald Misenheimer
Rt. 2 Box 264
Oakboro, NC 28129

RE: Property located at Albemarle Road
FILE: 6980A
PARCEL: 13707506

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. 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 16640) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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 to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, 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 HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16640

File: 6980A Action 1

Parcel: 13707506 PC

Location: Albemarle Road

Subdivision:

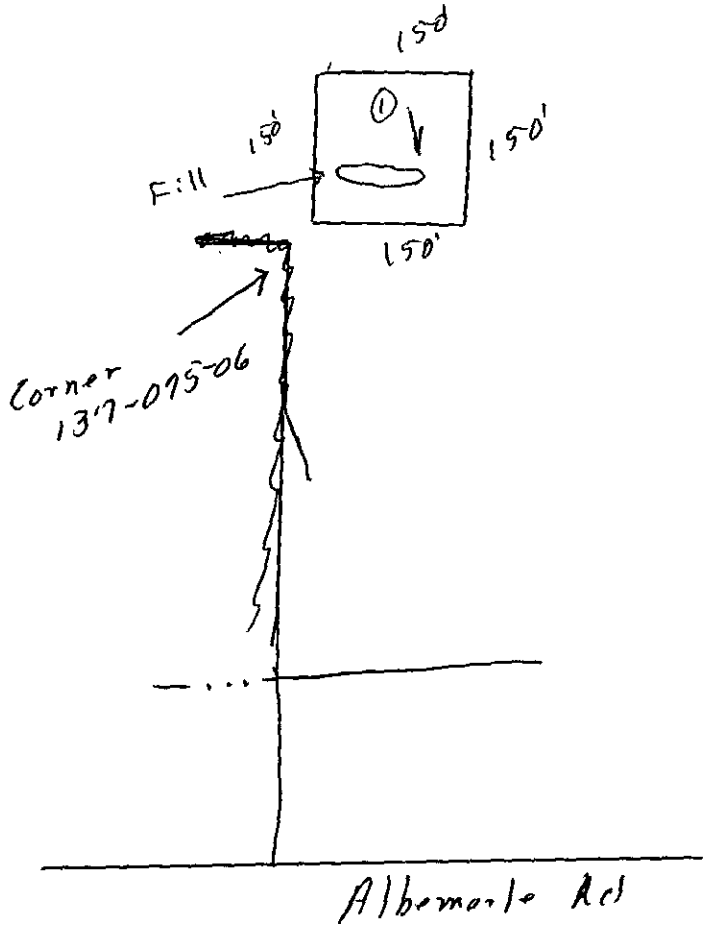
Lot: Block: Acres: .51

Owner: Donald Misenheimer
Address: Rt. 2 Box 264
Oakboro, NC 28129

Comments: Some piled Fill on area - should not present problem

Described by: William A. Mecli

Date: 8-28-90



***** 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	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 42-47"	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	IV Cecil-Lilo					
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: 6980A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Albemarle Rd Charlotte

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

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 095 PARCEL NO.: 06

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

OWNER

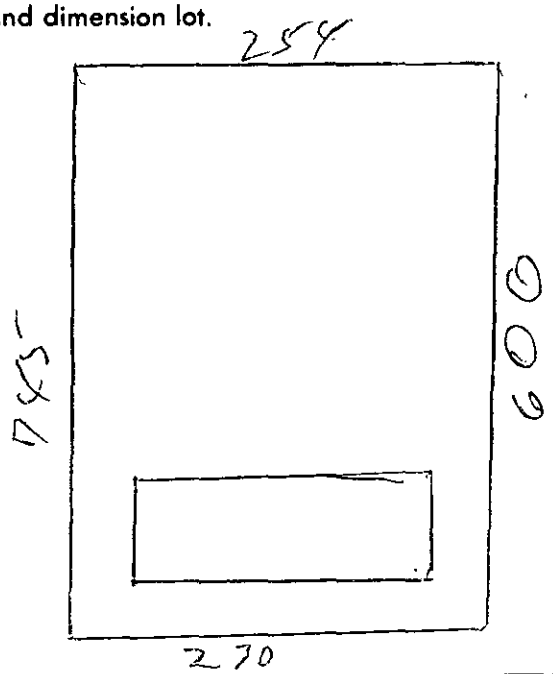
⑦ NAME: Donald Eugene Misenheimer
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: Rt 2 Box 264

⑨ CITY: Oakboro ⑩ STATE: N.C. ⑪ ZIP: 28129

⑫ PHONE: (WORK) 704 485-4227 (HOME) 704 485-4227

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: Donald Eugene Misenheimer

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

Date: Aug 14, 1990

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-16-90

Name/Company: Donald E. Miseheiman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Apps. Soil Invest.
(Approx 4 acres total)

File #'s 6980A-6983A

ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 16 1990

ck #3215

Fee: $200.00 $200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by