

7821 OLD CONCORD RD

04919107

12/18/2007

duponbj

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

Mecklenburg County

Health Department

July 20, 1992

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

First Citizens Bank
Executor, C.W. Cain Estate
P.O Drawer P
Greensboro, NC 27402

RE: Property located on Torrence Grove Church Road
FILE: 491B/8363A
PARCEL: 049-191-07

Dear Sirs:

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 12724) 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. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
KR/wpg
Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12724

File: 491B/8363A Action 1

Parcel: PO 049-191-07 ☐ PC

Location: Torrence Grove Ch. Road

Subdivision:

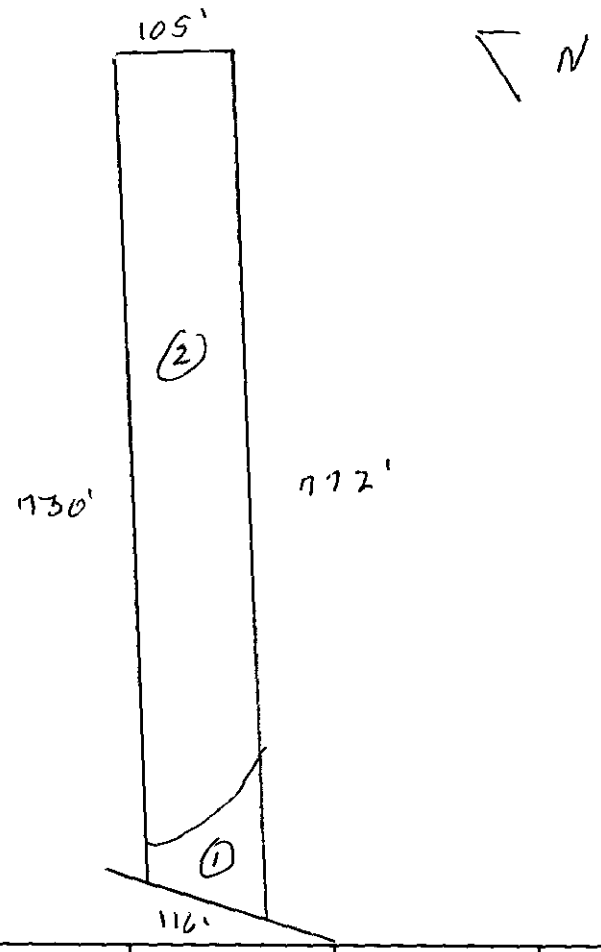
Lot: 6 Block: Acres: 1.8

Owner: First Citizens Bank
Address: Executor, C. W. Cain Est.
PO Drawer P
Greensboro, N.C. 27402

Comments: System could need pump

Described by: William R. Marlin

Date: 7-17-92



***** 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 2-6%	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive Clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub ∠ Blocky	S (PS) U Sub ∠ Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	(S) PS U >48" To water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 28-36"	S (PS) U 38"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	Enon/Ule	IV Cecil-Ule				
Area Classification	S PS (U)	S (PS) U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12724

File: 471 B/ 3430 Action 1

Parcel: PO 041-191-07 ☐ PC

Location: Tarrant Store Rd. Road

Subdivision:

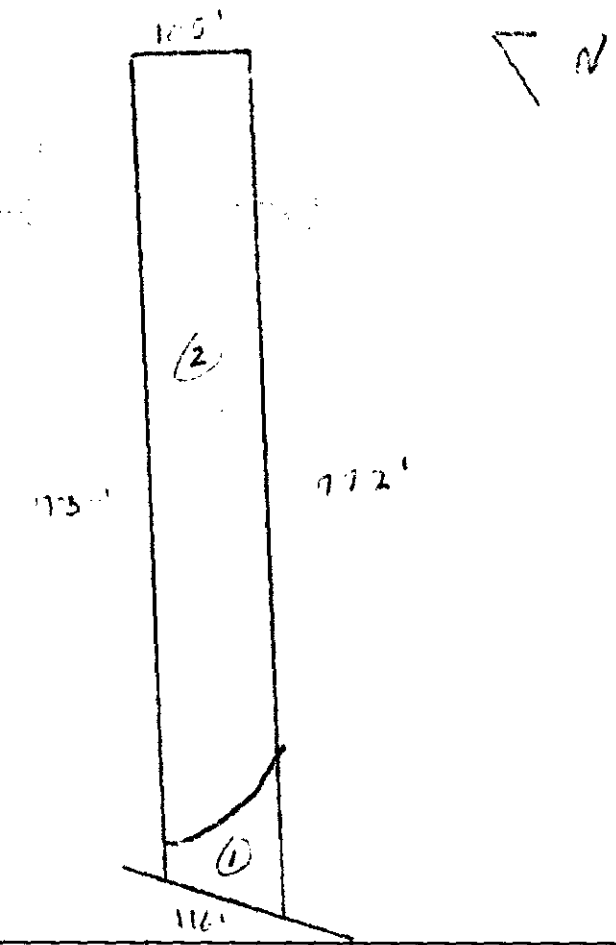
Lot: 6 Block: Acres: 1.8

Owner: Fort Calhoun Land
Address: Executive Park Rd.
P.O. Box P
Charlotte, N.C. 2814

Comments: Existing cabin and shop

Described by: William R. Martin

Date: 7-17-92



***** 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 2-6%	S PS U 2-6%	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Extremely clay	S (PS) U slightly Extremely clay	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Sub & Blocky	S (PS) U Sub & Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" To Water	(S) PS U 24" To Water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 22-36"	S (PS) U 39"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	S (PS) U 24"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited	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	Enon/Ik	IV Cecil-Lloyd				
Area Classification	S PS (U)	S (PS) U	S PS U	S PS U	S PS U	S PS U

4918183638 ET

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 215
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: First Citizens Bank, Executor c/w of Clarence W. Cain Jr. (last) (first) (mi)
ADDRESS: PO Drawer P PHONE: (919) 271-4246
CITY: Greensboro STATE: N.C ZIPCODE: 27402

Date: 6/26/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 049-191-07 (Po)
STREET ADDRESS: Torrence Creek Church Rd
ZONING:

PROPERTY OWNER:
NAME: Cain (last) Clarence Mary (first) c/w Norwell (mi)
ADDRESS: Same as applicant PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 6 on attachment LOT SIZE (in acres):

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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)
[] 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: First Citizens Bank, Executor c/w of Clarence W. Cain Jr. Date: 6/24/92
By: Duncan Boyce Trust Property Manager

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

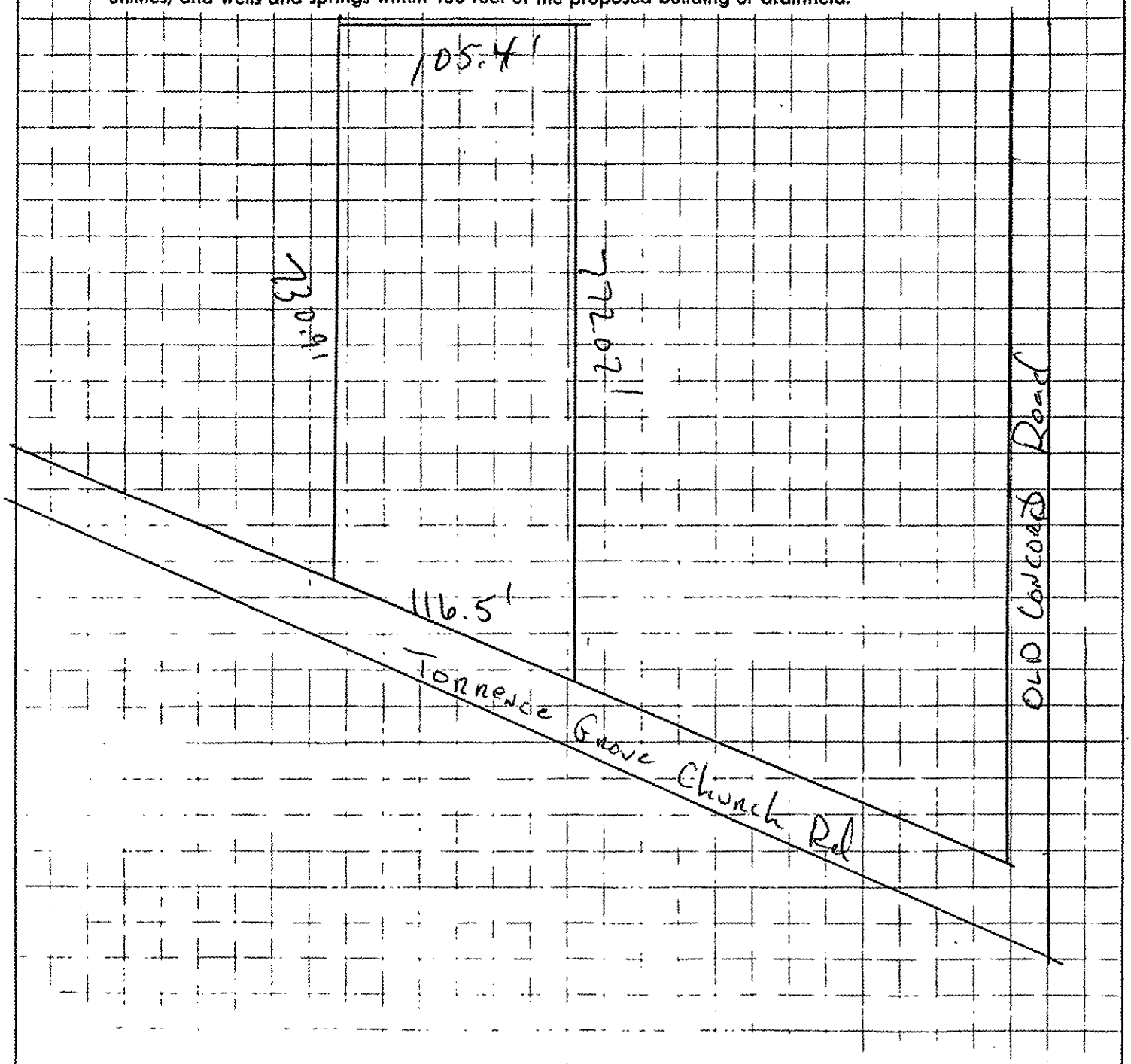
PROPOSED PLOT PLAN

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

FILE: _____

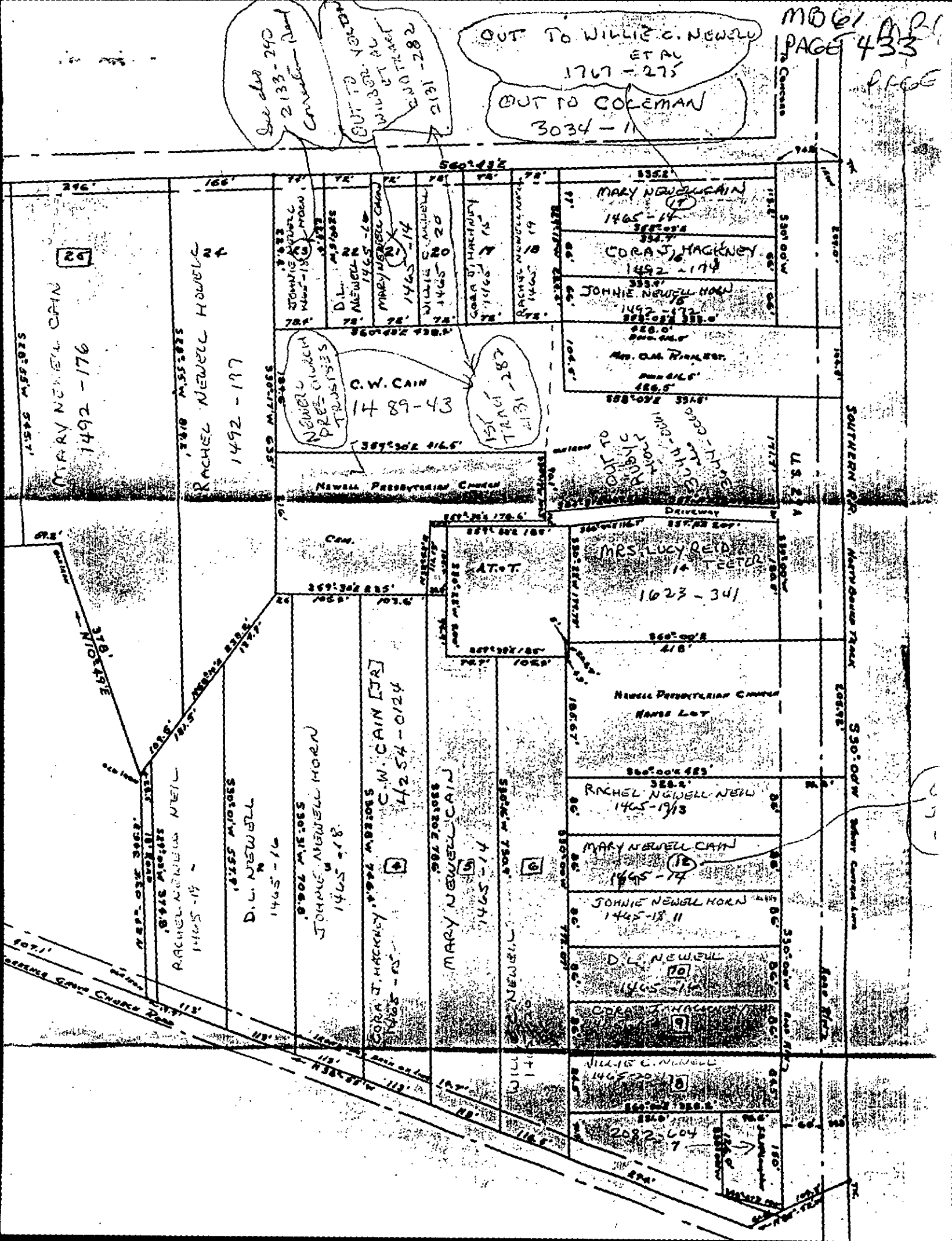
TC: _____

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.



Signed: _____

Date: _____


MB 61 PAGE 433
OUT TO WILLIE C. NEWELL ET AL 1767 - 275
OUT TO COLEMAN 3034 - 11
See also 2133 - 240 Conveyance (Land)
OUT TO NEWELL WILSON ET AL 1767 - 282
2131
MARY NEWELL CAIN 1492 - 176
RACHEL NEWELL HOWELL 1492 - 177
MARY NEWELL CAIN 1465 - 14
CORA J. HACKNEY 1492 - 174
JOHNIE NEWELL HORN 1492 - 172
MRS. O.M. PICKLER
C.W. CAIN 14 89 - 43
NEWELL PRES. CHURCH TRUSTEES
1ST TRACT 2131 - 282
NEWELL PRESBYTERIAN CHURCH
A.T. & T.
MRS. LUCY REID & T. EETOR 1623 - 341
NEWELL PRESBYTERIAN CHURCH NAME LOT
RACHEL NEWELL NEIL 1465 - 1313
MARY NEWELL CAIN 1465 - 14
JOHNIE NEWELL HORN 1465 - 18 11
D. L. NEWELL 1465 - 14
CORA J. HACKNEY 1465 - 13
WILLIE C. NEWELL 1465 - 20
C. W. CAIN JR. 1454 - 0124
MARY NEWELL CAIN 1465 - 14
RACHEL NEWELL NEIL 1465 - 13
D. L. NEWELL 1465 - 14
JOHNIE NEWELL HORN 1465 - 18
CORA J. HACKNEY 1465 - 13
SOUTHERN R.R.
U.S. 29
Driveway
Cem.
Newell Presbyterian Church
Name Lot
Bearing Grove Church Road
S 60° 43' E
S 30° 00' W
N 10° 49' E
N 38° 47' W
378'
330'
418'
208.2'
604.7'
150'

1991 CITY OF CHARLOTTE MECKLENBURG COUNTY N.C.

BILL NO.	TAXPAYER'S NAME		
0344126	CAIN MARY NEWELL		
REAL ESTATE PROPERTY DESCRIPTION			
L&&&10P5M&-433 TORRENCE GROVE			
ACCOUNT NUMBER	CITY TAXES PROPERTY TAX	COUNTY TAXES PROPERTY TAX	
049-191-07	189.48	225.65	
REAL ESTATE VALUE	SPECIAL DISTRICT	DOG	
34,450			
PERSONAL VALUE	AUTO FEE	LISTING PENALTY	
EXEMPTION	LISTING PENALTY		
TAXABLE VALUE	TAX RATE	TOTAL TAX	
34,450	1.205	415.13	

SUBJECT TO LEVY, GARNISHMENT, OR FORECLOSURE AFTER JAN. 6, 1992. 10% I. S. $15.00 ADDITIONAL COST FOR RETURNED CHECKS. PLEASE RETAIN THIS PORTION FOR YOUR RECORDS. RECEIPTS WILL NOT BE MAILED.

TAX STATEMENT 1991

REAL PROPERTY DESCRIPTION		BILL NUMBER
L&&&10P5M&-433 TORRENCE GROVE		0344126
TAX DUE DATE SEPT. 1, '91	ACCOUNT NUMBER	TOTAL TAX DUE
PAYABLE THROUGH JAN. 6, '92 WITHOUT INTEREST.	049-191-07	415.13

II CAIN MARY NEWELL
% MRS C W CAIN JR
4309 CASTLEWOOD RD
CHARLOTTE N.C. 28209

DETACH AND RETURN THIS PORTION WITH REMITTANCE TO:
(PLEASE DO NOT FOLD OR STAPLE)
23824 CITY COUNTY TAX COLLECTOR
P.O. BOX 31457
CHARLOTTE, N.C. 28231 PHONE: (704) 336-4600

MECKLENBURG COUNTY
TAX ADMINISTRATOR'S OFFICE
REAL ESTATE DIVISION
P.O. BOX 36819 CHARLOTTE, N.C. 28236
720 E. 4TH STREET 28202

THIS IS NOT A BILL

Notice of Real Property Appraised Value

DEED REF. 2688115

PROPERTY DESCRIPTION/LOCATION L&&&10P5M&-433 TORRENCE GROVE TORRENCE GROVE CHURC RD CHAR

PARCEL NUMBER 049-191-07

FINAL DATE FOR APPEAL 07/01/91

DATE OF NOTICE 01/02/91

CAIN MARY NEWELL
% MRS C W CAIN JR
4309 CASTLEWOOD RD
CHARLOTTE, N.C. 28209

TAX YEAR 1991

THIS APPRAISED VALUE IS THE RESULT OF:
COUNTYWIDE REVALUATION

PRIOR VALUE	$25,630
DEFERRED VALUE	
NEW VALUE	$34,450

CALL 704-336-6349 BY JAN 31, 1991 FOR AN APPOINTMENT TO REVIEW, REVISIT OR APPEAL THIS ASSESSMENT IF NOT AT MARKET VALUE. THIS ASSESSMENT MAY BE CHANGED DUE TO 1990 CONSTRUCTION OR LAND SPLIT.

00004151229103441269

07/07/92 ck#438697 $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

491B/83B3A

pd# 25 7-21-92 [ ] 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: First Citizens Bank, Executor U/W of Clarence W. Cain, Jr. (last) (first) (mi)
ADDRESS: P.O. Drawer P PHONE: (919) 271-4246
CITY: Greensboro STATE: N.C ZIPCODE: 27402

Date: 6/26/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 049-191-07 (Pt)
STREET ADDRESS: Tonnence Grove Church Rd
ZONING:

PROPERTY OWNER:
NAME: Cain (last) Clarence Mercy (first) W Newell (mi)
ADDRESS: Same as Applicant PHONE: ( ) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 6 on attachment LOT SIZE (in acres): 1.5 AC

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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)
[ ] 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: First Citizens Bank, Executor u/w of Clarence W. Cain Jr. Date: 6/26/92
By: Deanna Boyce Trust Property Manager

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:

...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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

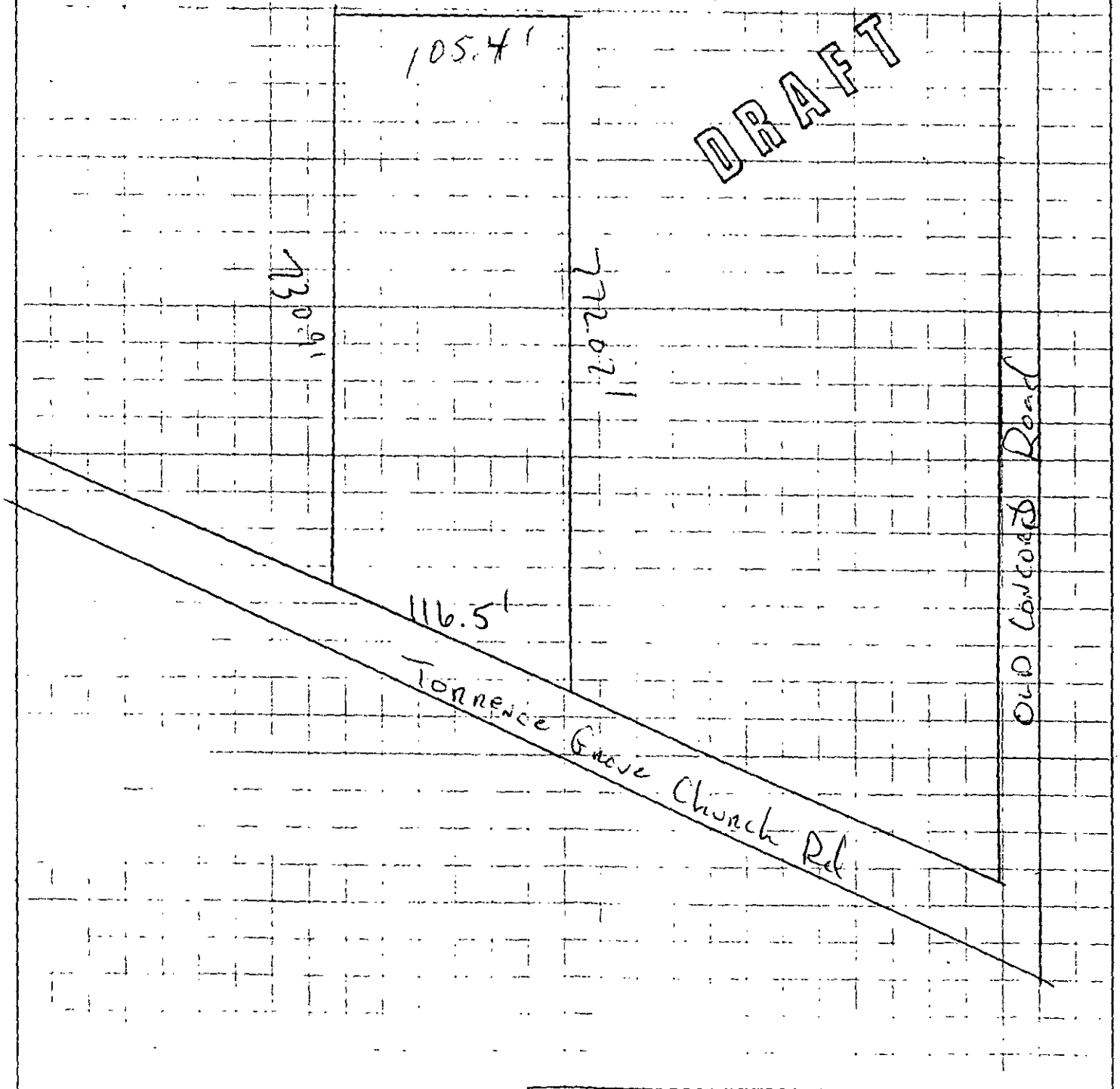
WWATER : 122791

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

FILE: _____

TC: _____

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Signed: _____

Date: _____