

1833 HART RD

03121606

12/19/2007

duponbj

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

D2600

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 5/13/94 CR#3364 CRT

8.12A

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: SKINNER (last) NANCY (first) M (mi)

ADDRESS: 1833 HART RD PHONE: (704) 336-6696 W 394-4541 H

CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 5/13/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 03121606

STREET ADDRESS: 1833 HART RD

ZONING:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: PHONE: (__) __

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DECK 10X20 (enclosed) DEN & PORCH
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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: Nancy M Skinner Date: 5/13/94

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.

... MAY USE Existing System TO ADD DECK, DEN & PORCH

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

John M. Hovenbold 5-19-94
Environmentalist Date

P Wallen for Daniel 5/19/94
Director or Authorized Section Head Date

WATER : 122791

* CALL BEFORE GOING TO INSPECT } -TWO LARGE ST. BERNARD DOGS
I WORK 7:30 AM - 4:00 PM PHONE: 336-6696 }

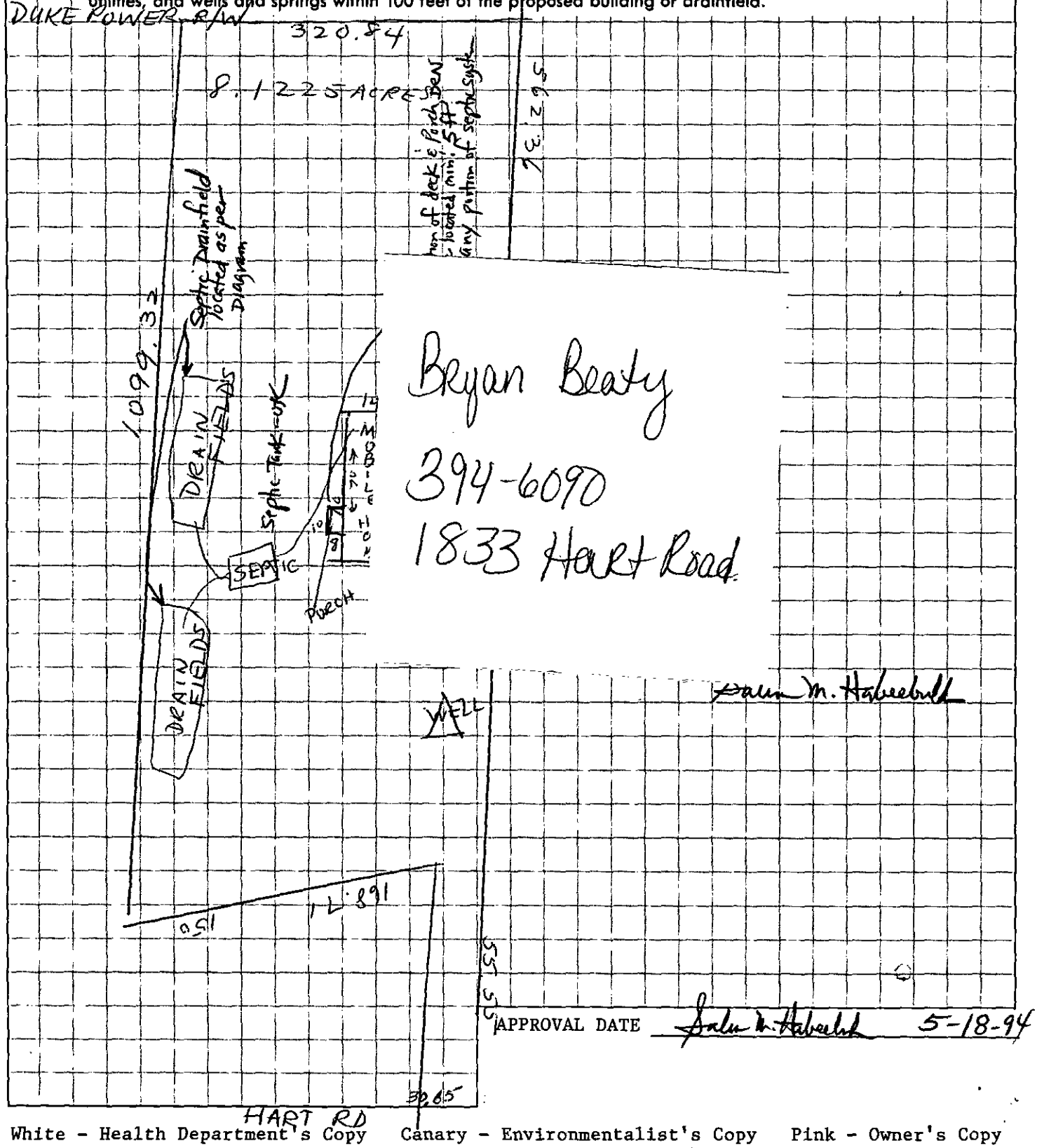
PROPOSED PLOT PLAN

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

FILE: 8612A

TC: 031-216-06

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.



Salem M. Haberbush

APPROVAL DATE Salem M. Haberbush 5-18-94

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: 5/13/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 031-211e-016

ASSIGNED ADDRESS 1833 Hart 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: deck / room addition

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: JCM

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County

Health Department

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

December 02, 1992

Ms. Nancy M. Skinner
1833 Hart Road
Charlotte, NC 28214

Re: Property located at 1833 Hart Road
File: 741B/8612A
Parcel: 031-216-04

Dear Ms. Skinner:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12912) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR/wpg
Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12916

File: 14131 362-A

Parcel: 113-122-11

Action 1 Jackoe ☐ PC

Location: off Bentley Forest Court

Subdivision:

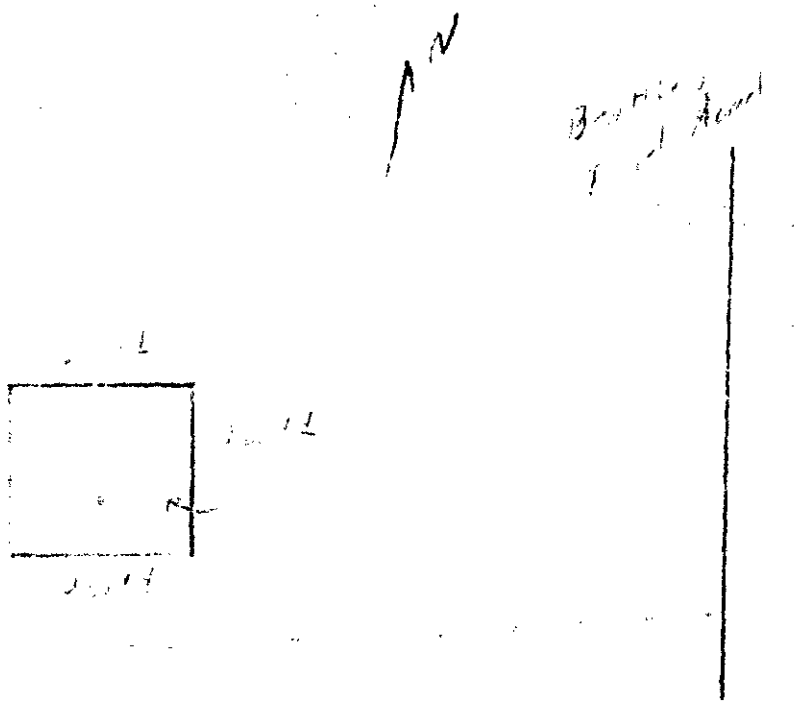
Lot: 4 Block: Acres: 1.1

Owner: Thomas E. Rogers Interests
Address: 9 Deer Lane
Ft. Pierce, FL
Charlotte, N.C. 28210

Comments: 1 & 2 Repair system
for 3 bdrm 1 1/2 BA

Described by: Tim L. Mullis

Date: 12-3-12



***** 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 Level	S PS U	S PS U	S PS U	S PS U
Texture	S PS U Slightly Plastic clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U sub angular	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U Well drained	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 None	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	D Cecil	Tirzah				
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 12912

File: 7410/6A2A Action 2

Parcel: PO 031-216-04 ☐ PC

Location: 1833 Hart Road

Subdivision:

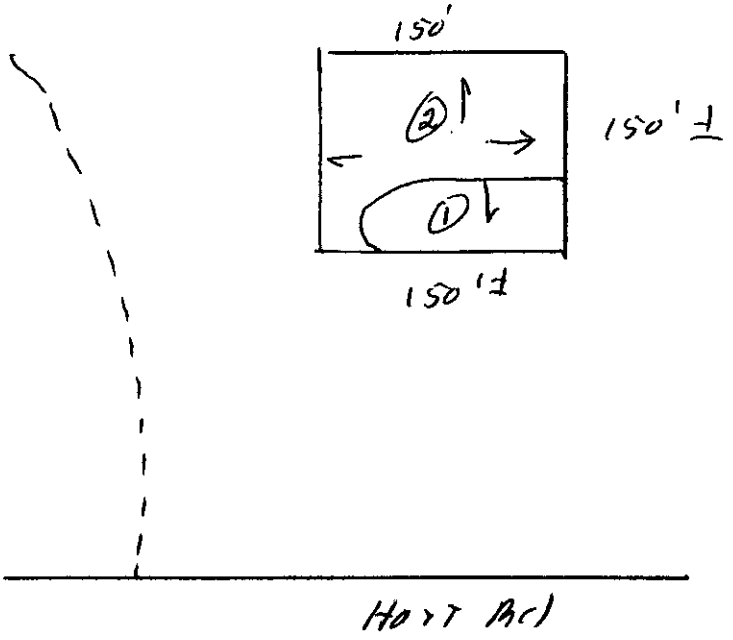
Lot: Block: Acres: Approx .5 A

Owner: Maney M. Skinner
Address: 1833 Hart Road
Charlotte, N.C. 28214

Comments: 100% Repair

Described by: William R. Marlin

Date: 12-2-92



***** 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 2-8%	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS (U) Expansive clay (Mixed)	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 736" To water	S PS (U) some perched water 24"	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 17-24"	S PS (U) 24-30"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IV Pacolet Like	Vance/ Helena				
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 № 12912

File: [illegible] Action 2

Parcel: PO 031-2H-04 ☐ PC

Location: 1533 [illegible]

Subdivision:

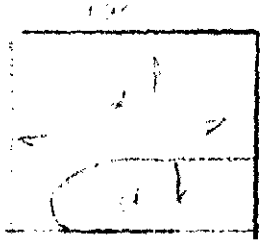
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date: 12-12



***** 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	S PS U	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	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 12"-14"	S PS U 24"	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	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

74|B|8612A

11/19/92

CK#2790 $50.00

[] 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

Date: 11/17/92

PERSON FILING APPLICATION:

NAME: SKINNER (last) NANCY (first) M (mi)

ADDRESS: 1833 HART RD PHONE: (704) 336-6696

CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 031-216-04

STREET ADDRESS: 1833 HART RD

CHARLOTTE, NC 28214

ZONING:

PROPERTY OWNER:

NAME: SKINNER (last) NANCY (first) M (mi)

ADDRESS: 1833 HART RD PHONE: (704) 336-6696

CITY: CHARLOTTE STATE: N C ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 8

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

NUMBER BEDROOMS: 2 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 [X] Workshop [] None
[] Garage [X] 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: Nancy M Skinner Date: 11/17/92

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

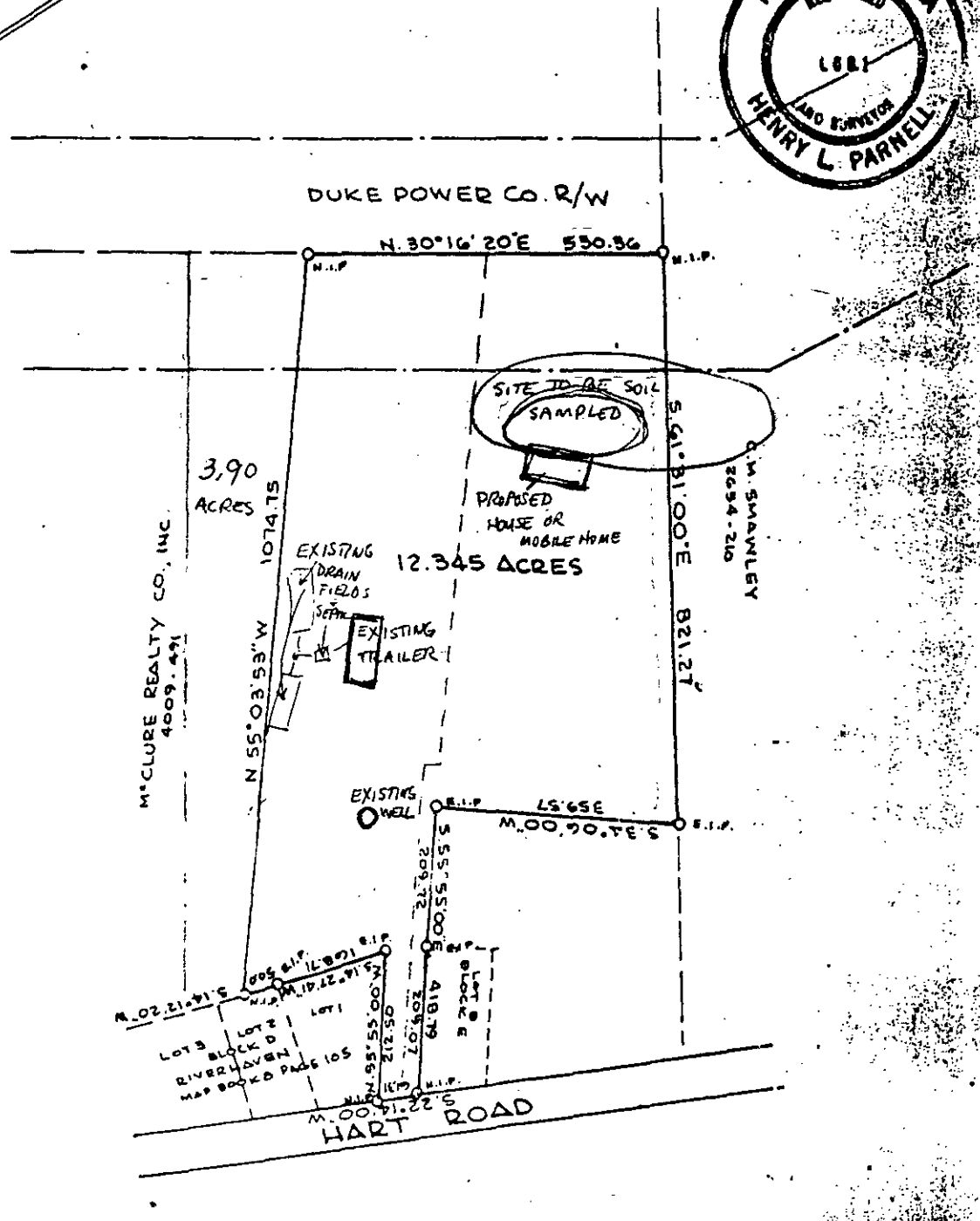
_____
Director or Authorized Section Head Date

WWATER : 122791

THIS IS TO CERTIFY THAT ON THE 18TH DAY OF JULY 1983 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Henry L. Parnell
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED L.S. LAND SURVEYOR HENRY L. PARNELL



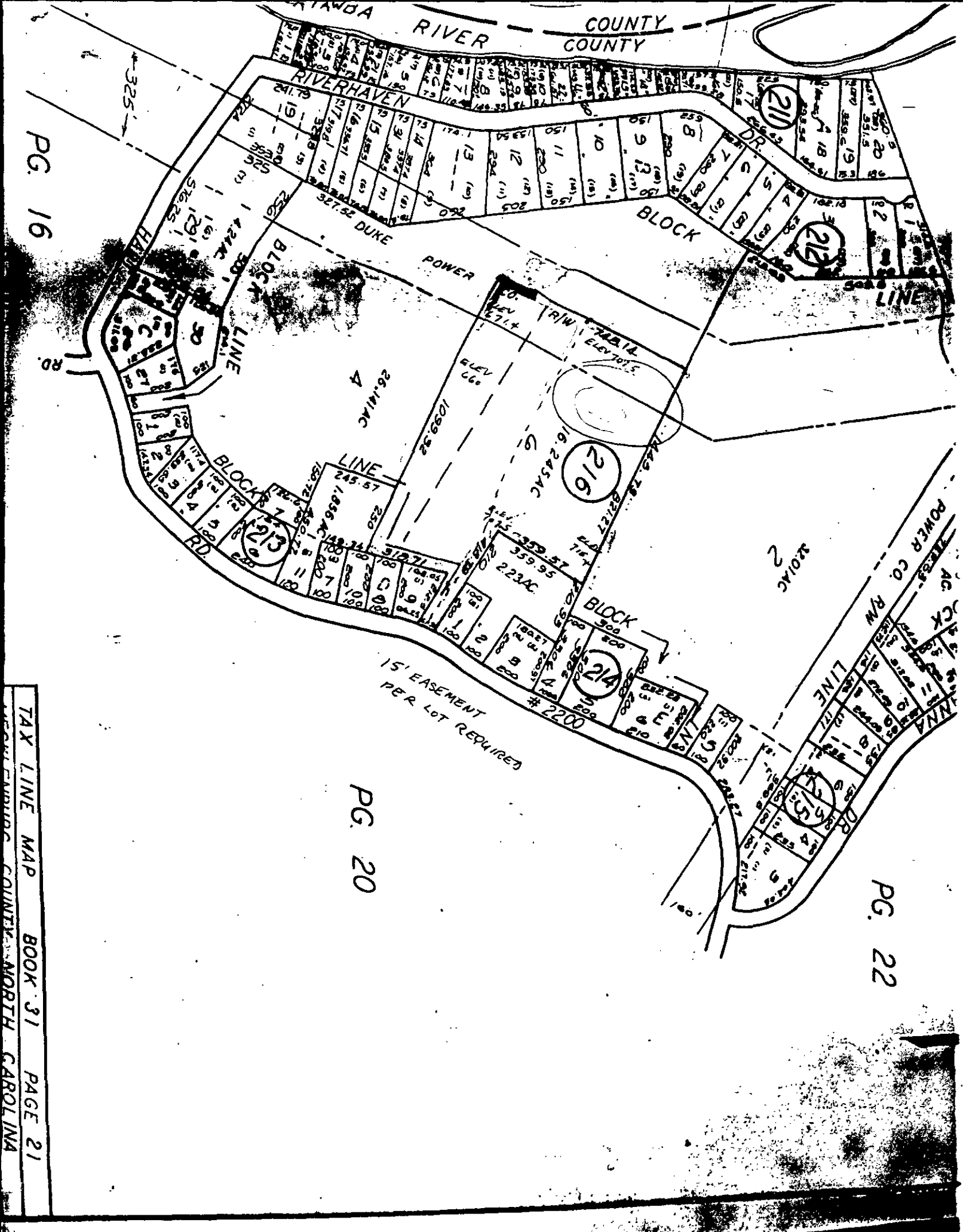
BOUNDARY SURVEY OF

PART OF McCLURE REALTY CO., INC. PROPERTY

SCALE 1" = 200' PAW CREEK TWSP., MECKLENBURG COUNTY, N.C.

THE PROPERTY OF PETER J. CONN & NANCY MARIE SKINNER

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE


CATAWBA RIVER
COUNTY
COUNTY
RIVERHAVEN
DR
BLOCK
DUKE POWER
LINE
BLOCK
LINE
BLOCK
LINE
BLOCK
15' EASEMENT PER LOT REQUIRED
#2200
POWER CO. R/W
LINE
PG. 16
PG. 20
PG. 22
TAX LINE MAP BOOK 31 PAGE 21
MECKLENBURG COUNTY, NORTH CAROLINA