

10101 PROVIDENCE RD W

22901116

12/19/2007

duponbj

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

400 D

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1047B/9019A DATE: 10/7/93

TC 229-011-04 ☒ L ☒ CRT

SERIAL № 15691

Name of Owner Providence V.F.D. Juris.:

Address of Property 10101 Prov. Rd. West.

Inspection Data:

Tank Material 1500

Total Length of Drainfield —

Number of Lines 2 @ 125'

Cover Depth 12"

Water Supply Source Well

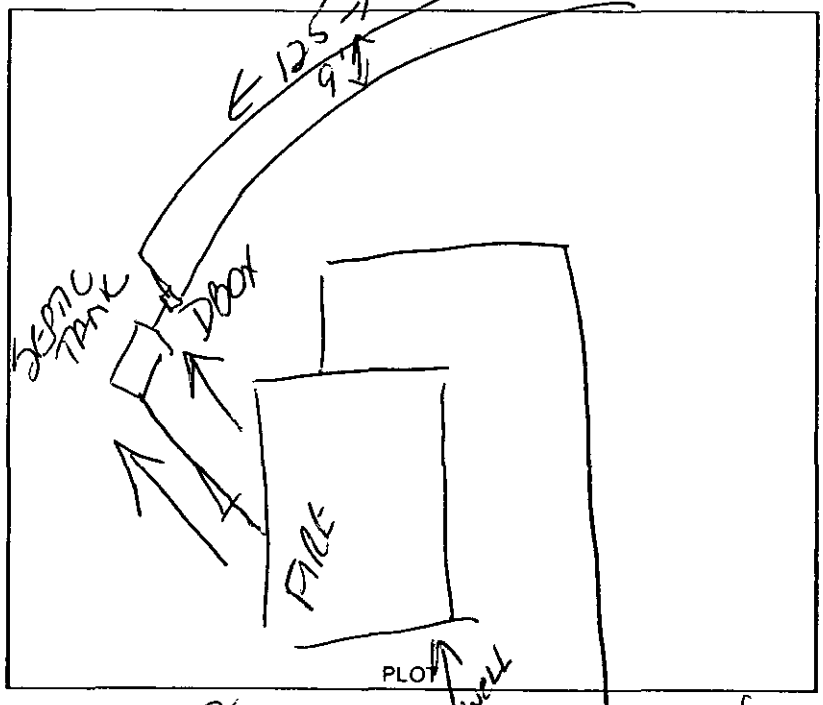
Distance to Water Source 100'

Excavation Inspected 10/7/93

Tank(s) Inspected 10/7/93

Wash Line Inspected

High Water Alarm Inspected —



Design: 1993 conv, 1500 ST, T, 150 sqft., 12"6, C&IC CTR# 1144

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: ~~Type III~~ - Volunteer Fire Dept. -
10 members @ 25 GPD = 250.

Joni H. Newell, R.S.
Environmentalist

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

400 24

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

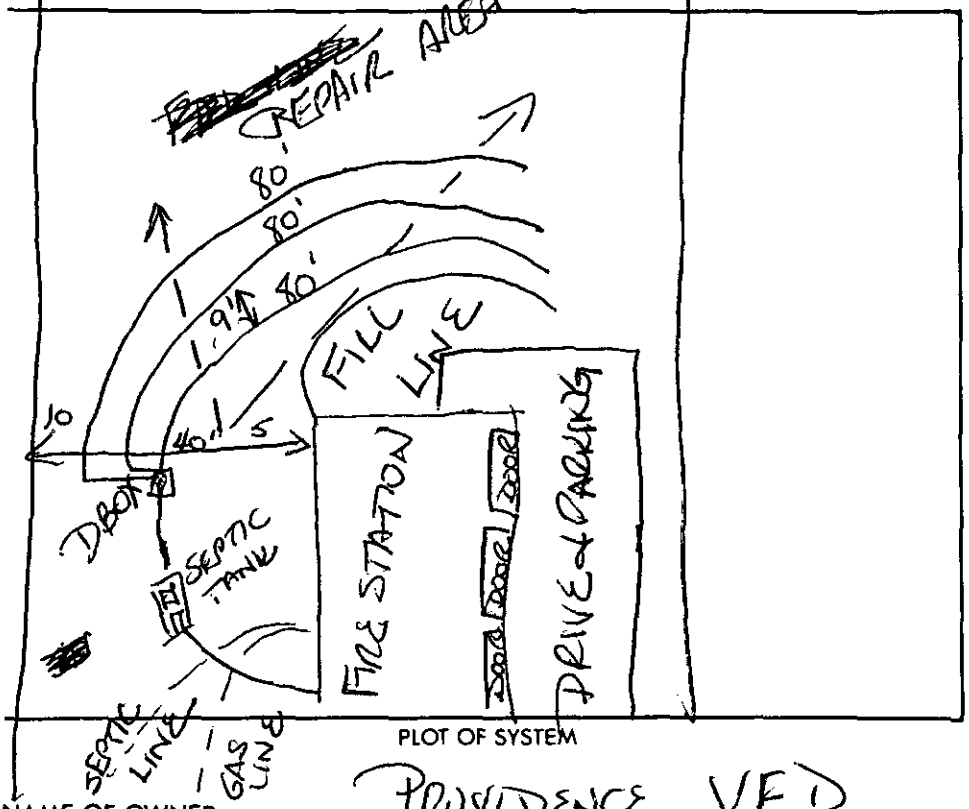
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10478 9019A DATE: 10/4/93

TC: 229-011-04 ~~X~~ L

SERIAL Nº 15568

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified hereinafter at the described location. This permit is granted based upon the information supplied in the application dated 10/4/93. All work shall be completed on or before 11/4/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be ~~covered up or~~ placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 240 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from ~~House~~ BLDG 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER PROVIDENCE VFD

LOCATION OF PROPERTY 10101 Providence Rd. West

Comments: 3 X 80 X 12" - 3 lines. THERE SHALL BE NO CHANGES TO THIS PERMIT.

Judy J. Lewis R.S. for S Daniel — Division or Section Head

Jon W Ewell R.S. — Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

Mecklenburg County

Health Department

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

June 11, 1993

Jack Kerr
Carolina Fire & Rescue
12527 Dorman Road
Pineville, NC 28134

RE: Property located on 10101 West Providence Road
FILE: 9019A/1047B
PARCEL: 229-011-04

Dear Mr. Kerr:

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 19373) 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, R.S., Soil Scientist
Individual Water and Wastewater Systems

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19373

File: 9019-A / 1047B Action 1

Parcel: 229-011-04 ☐ PC

Location: 10101 West Providence Rd

Subdivision:

Lot: Block: Acres: ± 1.0

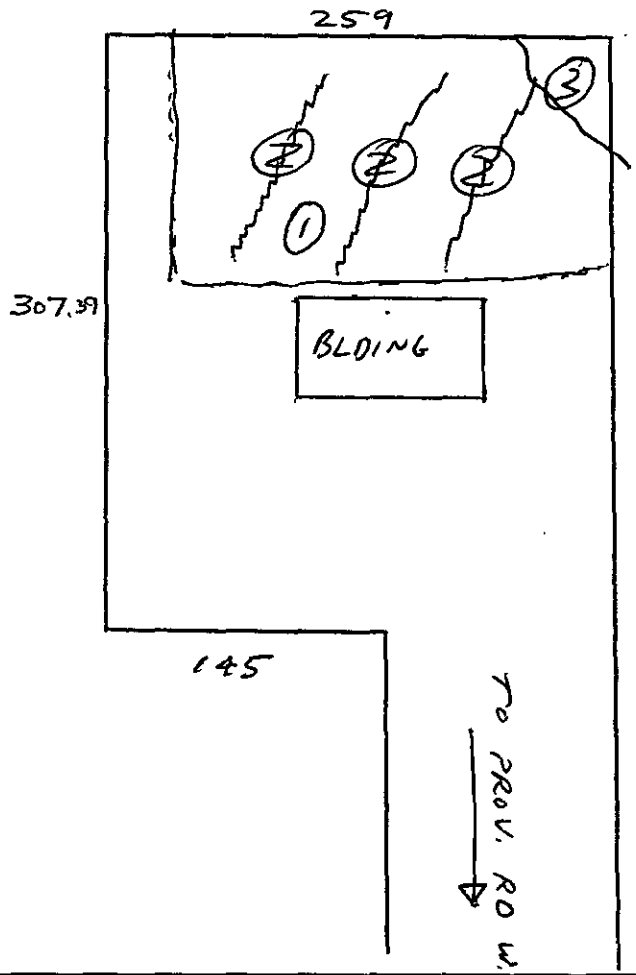
Owner: JACK KERR CAROLINA FIRE + RESCUE

Address: 12527 DORMAN RD PINEVILLE NC 28134

Comments: GOOD ROAD ACCESS
AREA LOCATED AT BEHIND BUILDING
STAKES

Described by: Wells Rell

Date: 6-9-93

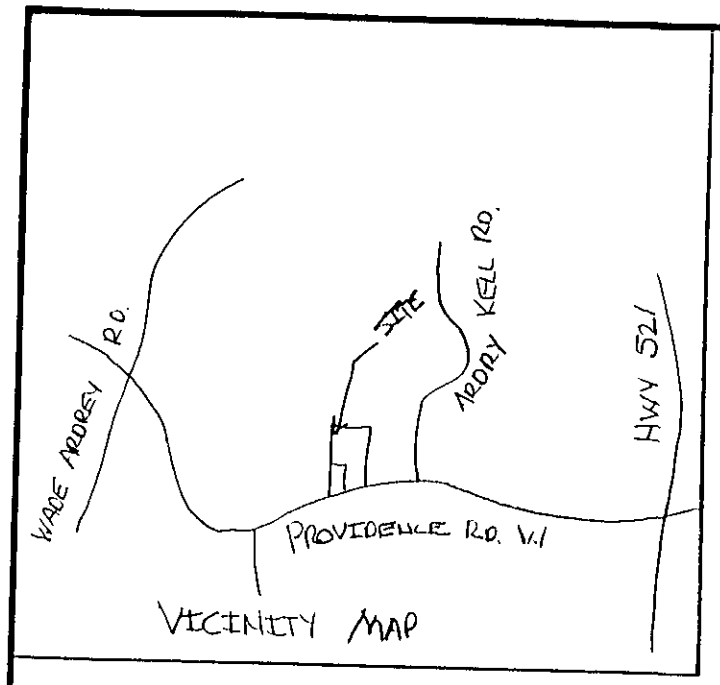


***** EVALUATION KEY *****

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) TERRACES	(S) PS U	S PS U	S PS U	S PS U
Texture	S (PS) U SLIGHTLY EXPANSIVE CL	S PS U	S PS (U) SOME EXPANSIVE CLAY	S PS U	S PS U	S PS U
Structure	S (PS) U SUB L BLOCK	S PS U	S (PS) U SUB L BLOCK	S PS U	S PS U	S PS U
Drainage	(S) PS U >48"	S PS U	S (PS) U 36"	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S (PS) U 36"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U	S PS U NONE	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	CECIL LICE	TERRACES	CECIL/VANCE LICK			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

COLORCRAFT PRINTING COMPANY 32-4228



VICINITY MAP

N

W. FRANK BLACK
DEED 2827-538

S 74° 41' 40" W 259.67'

CLASS "C" BUFFER

INTERIOR LANDSCAPE THIS AREA.

LOT SIZE
2.819 ACRES TOTAL

NEW L. MATURING TREE

GRADING LIMITS (LESS THAN 1-ACRE DISTURBED)

SEPTIC TANK

S 21° 49' 00" 697.03' TOTAL

CLASS "C" BUFFER

1 2 3 4 H

PROPOSED ONE STORY METAL BLDG. 50000 S.F.
10101 PROVIDENCE RD. W

CONC. PAD

WELL

GRAVEL

CLASS "C" BUFFER

S 68° 11' 00" W 145.0'

HASKELL G. EARNHEART
DEED 3963-9

N 21° 49' 01" W 667.

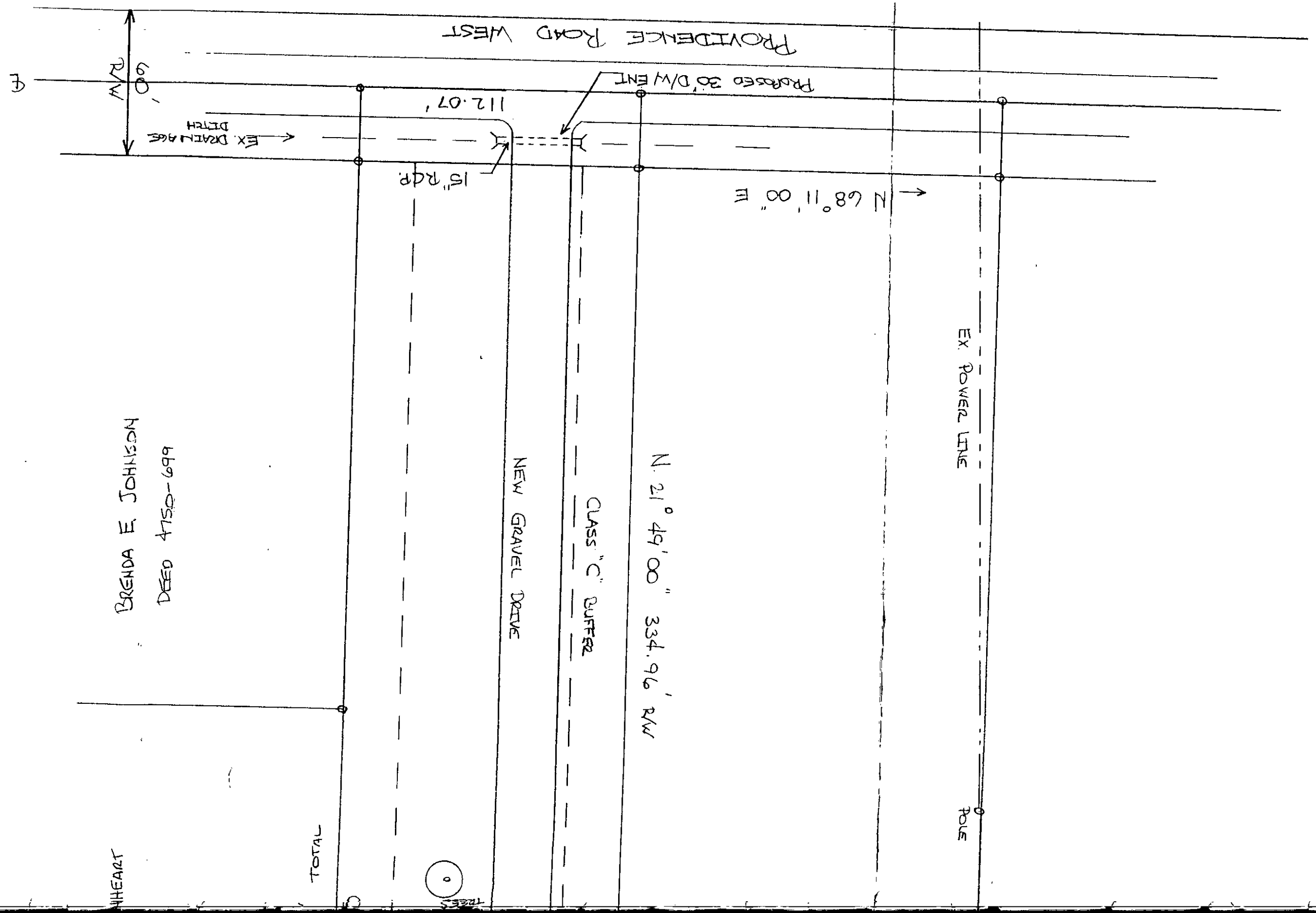
ERSKINE L.
DEED 3963

BARBARA A. BLACKMON
DEED 4355-743

TF TELEDYNE POST 18AB-20 - 24 x 36

SITE PLAN

SCALE 1" = 40'



file
1047B/9019A

ZONING CODE SUMMARY

(Reproduce the following data on the site plan)

PROJECT NAME: Carolina Fire & Rescue

OWNER: Carolina Fire & Rescue PHONE # 541-7202

PLANS PREPARED BY: Bob Baker PHONE # 523-0628

ZONING: R-3 JURISDICTION: Pineville

PROPOSED USE: Volunteer Fire Station

BUILDING HEIGHT: 14 Feet, Stories: One

BUILDING COVERAGE: 5000 Sq. Ft. GROSS FLOOR AREA: 5000 Sq. Ft.

LOT SIZE: 3-Acres Sq. Ft./Acres NUMBER OF UNITS/SUITES: One

YARD REQUIREMENTS:

Setback (front): 30 ft. from R/W, N/A ft. from C/L of R/W
Side Yard (L): 6 ft. Side Yard (R): 6 ft.
Rear Yard: 45 ft.

REQUIRED BUFFERS: Class C

Front: No / (Yes) 22 ft. Rear: No / (Yes) 22 ft.
Side (L): No / (Yes) 22 ft. Side (R): No / (Yes) 22 ft.

REQUIRED SCREENING:

Front: (No) / Yes Rear: (No) / Yes
Side (L): (No) / Yes Side (R): (No) / Yes
Parking Only: No / (Yes) Service Area Only

PAVEMENT COVERAGE: 30580 sq. ft./acres

INTERIOR LANDSCAPING: Required 3558 sq. ft., provided 3600 sq. ft.

PARKING DATA: (specify requirement, zoning ordinance and section number)

One space per 300 sq. ft. (exclude apparatus area)

Required: 4 Provided: 4 Handicap: 1 Compact: _____
Carpool: _____ Loading Spaces: _____

ZONING INFORMATION

Total impervious area including gravel parking and building roof is 35580 S.F. Internal tree planting is four trees.

The trees to be planted must be from the approved list of Appendix 1. Minimum tree caliper measured 6 inches above ground on all trees shall be 2½ inches and the minimum height shall be 8 feet.

Planting requirements in Class C Buffers are 5 trees and 20 shrubs per 100 L.F. 40% of trees must be large maturing and 25% must be evergreen. Minimum size for large maturing trees is 2½" and small maturing trees is 1½". Trees and shrubs must be from approved list. Shrubs must be 3 feet tall at planting.

Large maturing tree.

PROPOSED BUILDING FOR CAROLINA FIRE & RESCUE

SCALE: 1" = 40'	APPROVED BY	DRAWN BY REB
DATE: 5-19-93		

10101 PROVIDENCE RD. W.

BOB BAKER (704) 523-0628

DRAWING NUMBER SP-1

PT #023992601

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1047B/9019A 06/09/93 CD# 7920 $200.00 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:

PERSON FILING APPLICATION:
NAME: BAKER (last) ROBERT (first) E. (mi)
ADDRESS: 3411 SOUTH BLVD. PHONE: (704) 523-0628
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28209

PROPERTY OWNER: CAROLINA FIRE & RESCUE
NAME: KERR (last) JACK (first) (mi)
ADDRESS: 12527 DORMAN RD. PHONE: (704) 541-7202
CITY: PINEVILLE STATE: N.C. ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 229-011-04
STREET ADDRESS: 10101 W. PROVIDENCE RD.
CHARLOTTE, N.C.
ZONING: R-3

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):

[ ] 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)
[X] 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 VOLUNTEER FIRE DEPT # Employees 10 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: Robert E. Baker Date: 6-9-93

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.

... VOLUNTEER FIRE DEPT.

NO ONE ON DUTY ON PERM. BASIS.

[X] 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 6-14-93 Date

WATER : 122791

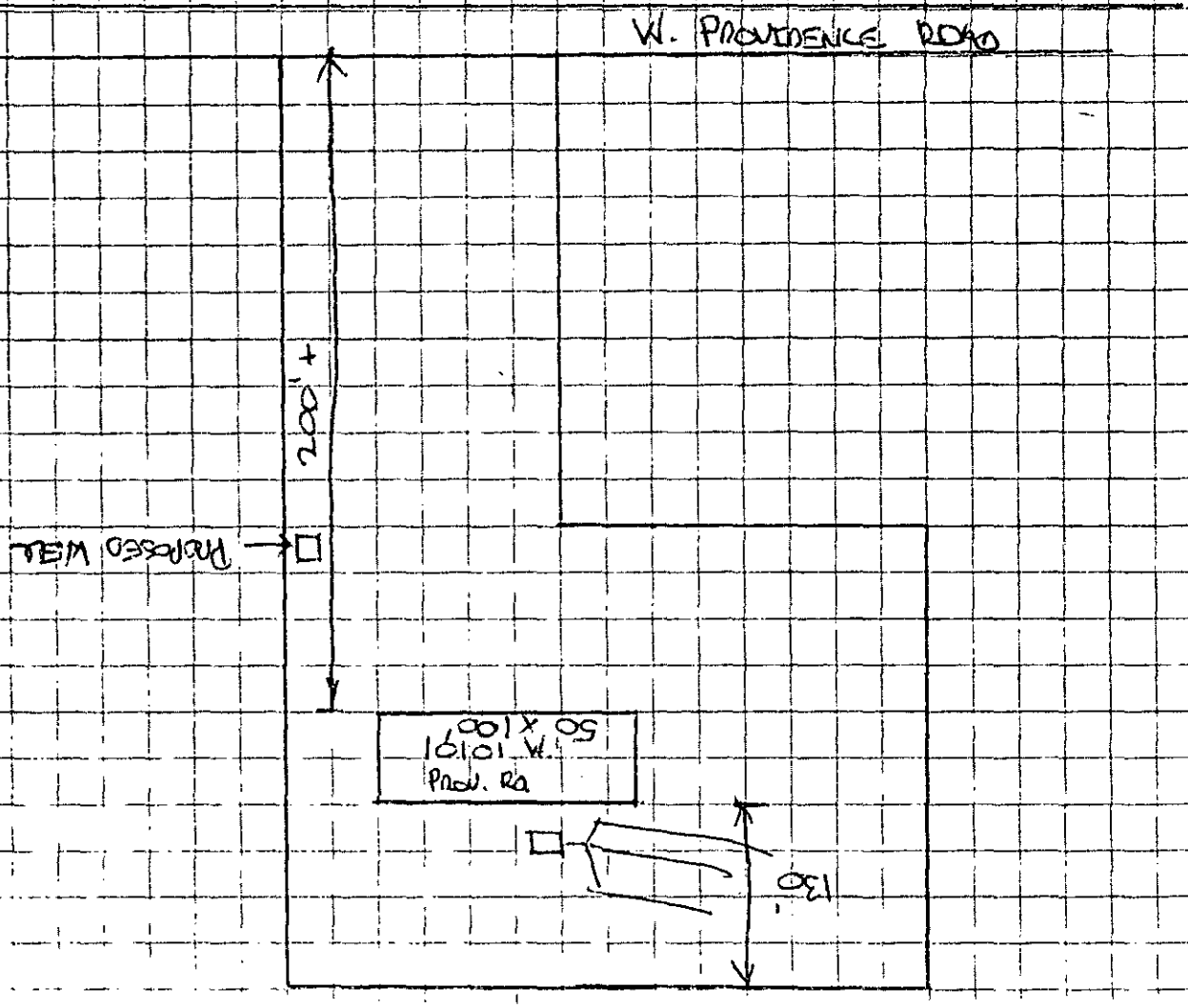
PROPOSED PLOT PLAN

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

FILE: 104B/901A

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.



APPROVAL DATE _____

10478/90 19A

PD 50° DK 4/25/93 Ch 452

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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:

PERSON FILING APPLICATION:

NAME: BAKER (last) BOB (first) E (mi)

ADDRESS: 3411 SOUTH BLVD PHONE: (704) 523-0628

CITY: CHARLOTTE STATE: NC ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER 229-011-04

STREET ADDRESS: 10101 W. PROVIDENCE RD

ZONING: R-3

PROPERTY OWNER:

NAME: CAROLINA FIRE & RESCUE (last) (first) (mi)

ADDRESS: 10101 W. PROVIDENCE RD PHONE: (704) 541-4102

CITY: CHARLOTTE STATE: NC ZIPCODE: 28210

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): 2.819 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 VOLUNTEER FIRE DEPT. # Employees 10 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) 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 [X] 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: Robert E Baker Date: 4-25-93

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

PROPOSED PLOT PLAN

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

FILE: _____

TC: 22 9-01-04

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.

SEE ATTACHED PLOT

DRAWING # SP-1

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

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

FILE: _____

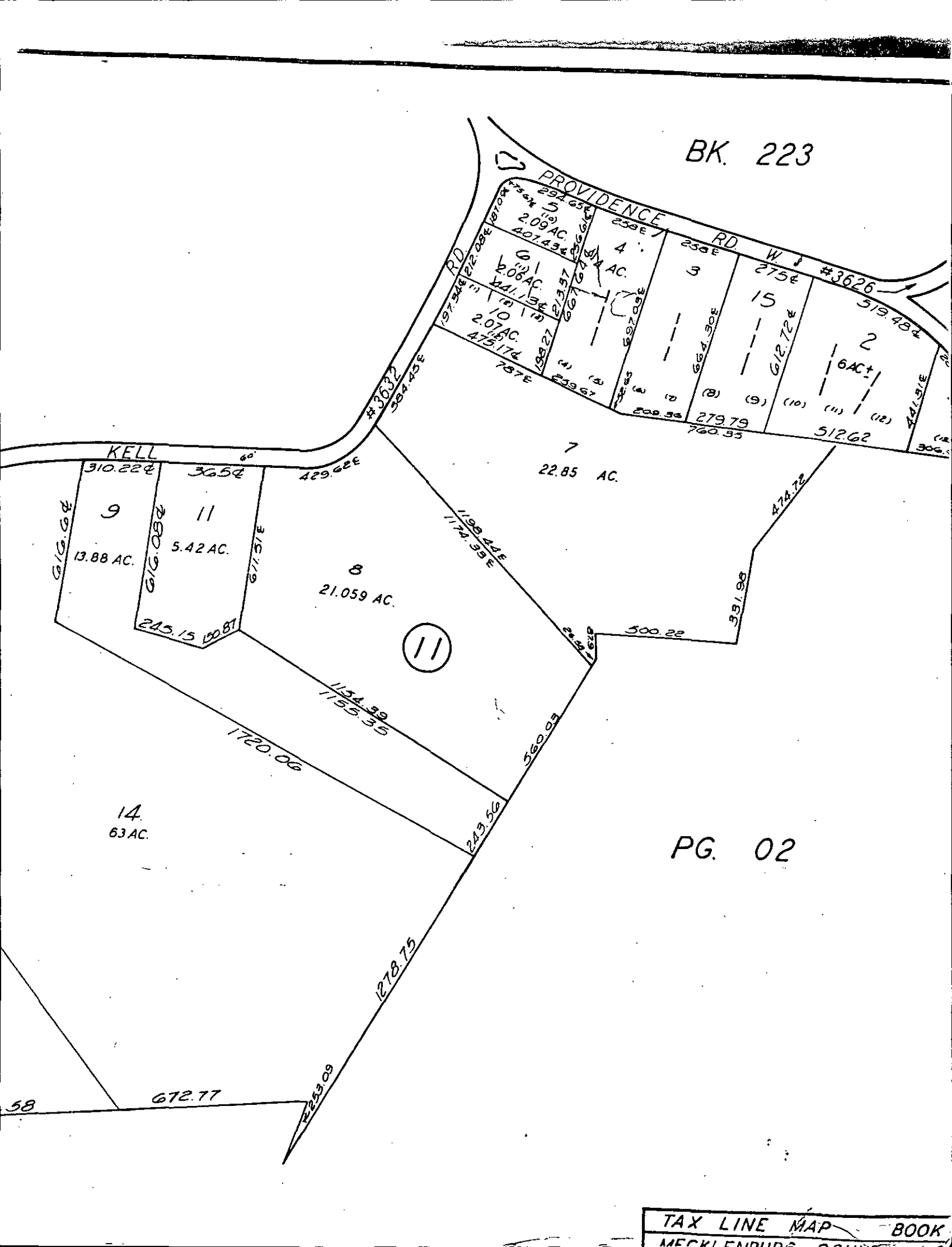
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SEE ATTACHED PLOT
DRAWING # SP-1

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy


BK. 223
PROVIDENCE RD. W.
#3626
#3632
KELL
60'
RD
5
2.09 AC.
6
2.06 AC.
10
2.07 AC.
4
4 AC.
3
15
2
6 AC±
7
22.85 AC.
9
13.88 AC.
11
5.42 AC.
8
21.059 AC.
14
63 AC.
PG. 02
TAX LINE MAP
BOOK

104/78/90/9A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD chk 6/4/93
50.00 7892 [ ] 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: BAKER (last) ROBERT (first) E. (mi)
ADDRESS: 3411 SOUTH BLVD. PHONE: (704) 523-0628
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28209

Date:

PROPERTY OWNER: CAROLINA FIRE & RESCUE
NAME: KERR (last) JACK (first) (mi)
ADDRESS: 12527 DORMAN RD. PHONE: (704) 541-7202
CITY: PINEVILLE STATE: N.C. ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 229-011-04 PO
STREET ADDRESS: 10101 W. PROVIDENCE RD.
CHARLOTTE, N.C.
ZONING: R-3

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
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[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

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SYSTEM CLASSIFICATION:

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Underground Storage Tanks On Property (Y/N) N Type _____

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[ ] 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: Robert E. Baker Date: 6-4-93

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

Baker Construction Co., Inc. of Charlotte
3411 South Blvd.
Charlotte, North Carolina 28209
704/523-0628

Authorized Builder
A&S BUILDING SYSTEMS, INC.

Robert E. Baker

PROPOSED PLOT PLAN

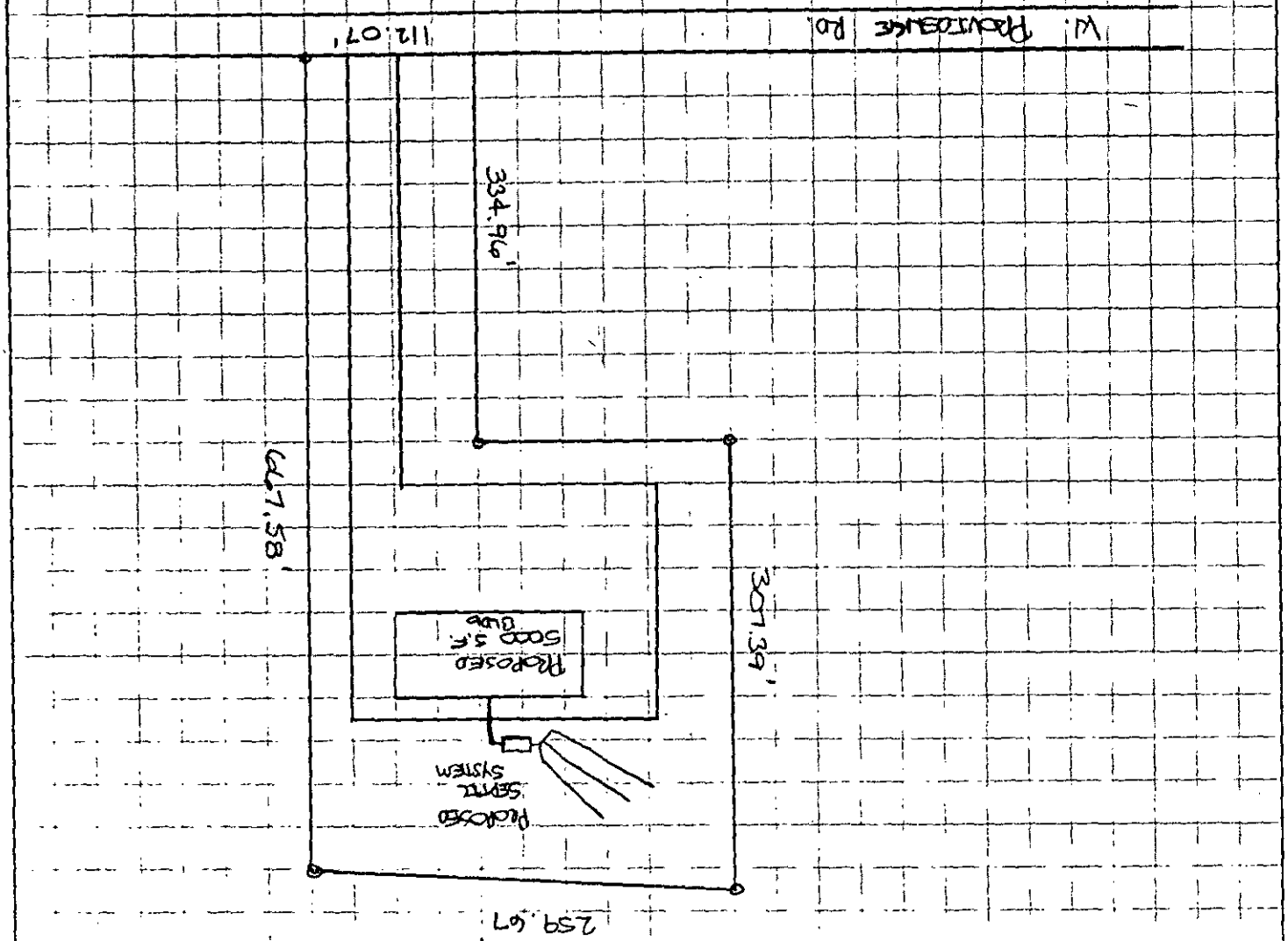
COPY

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

FILE: 1047B/9019A

TC: 229-011-04PO

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 _____

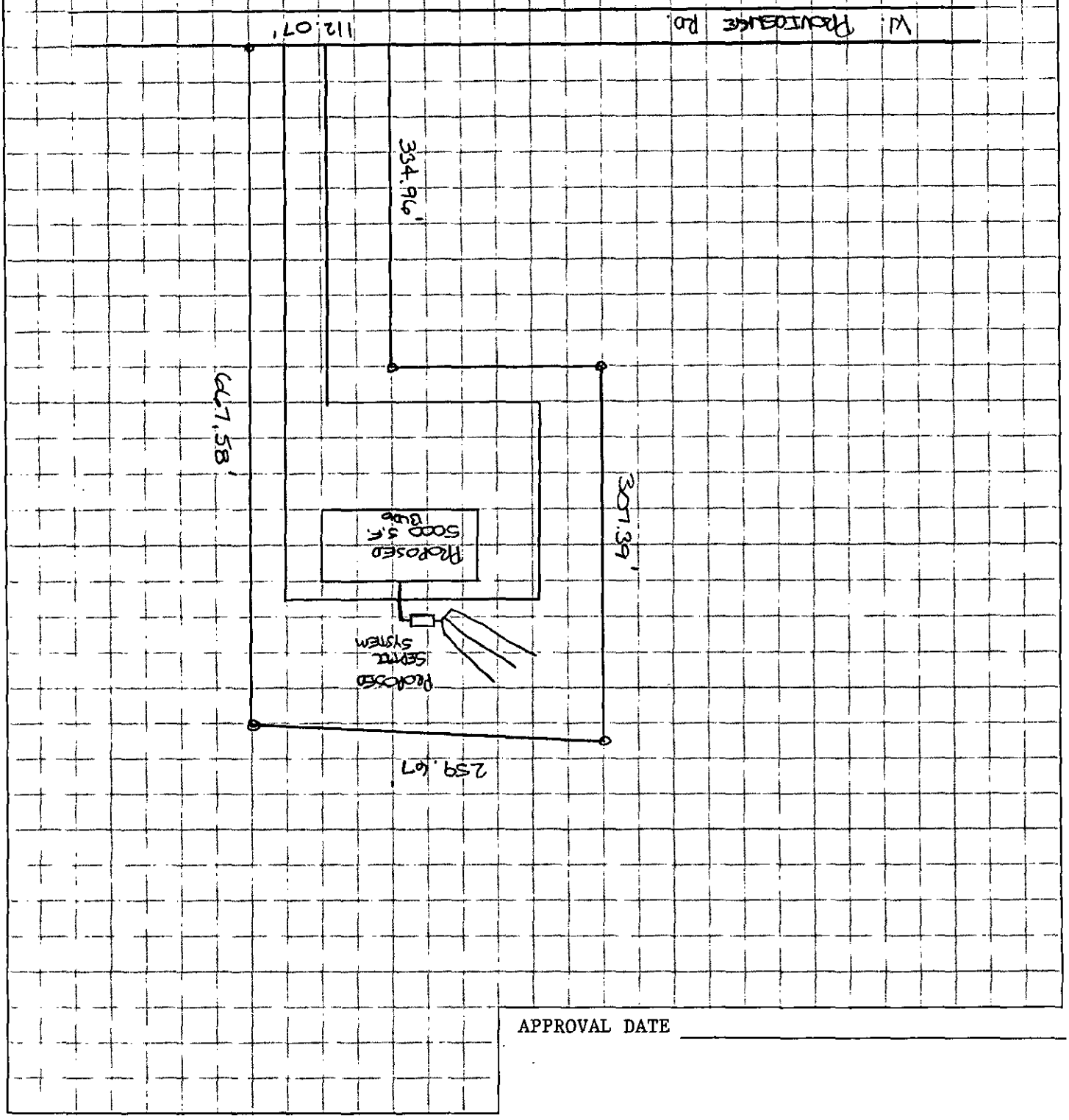
PROPOSED PLOT PLAN

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

FILE: 1047B/9019A

TC: 229-011-04PO

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APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

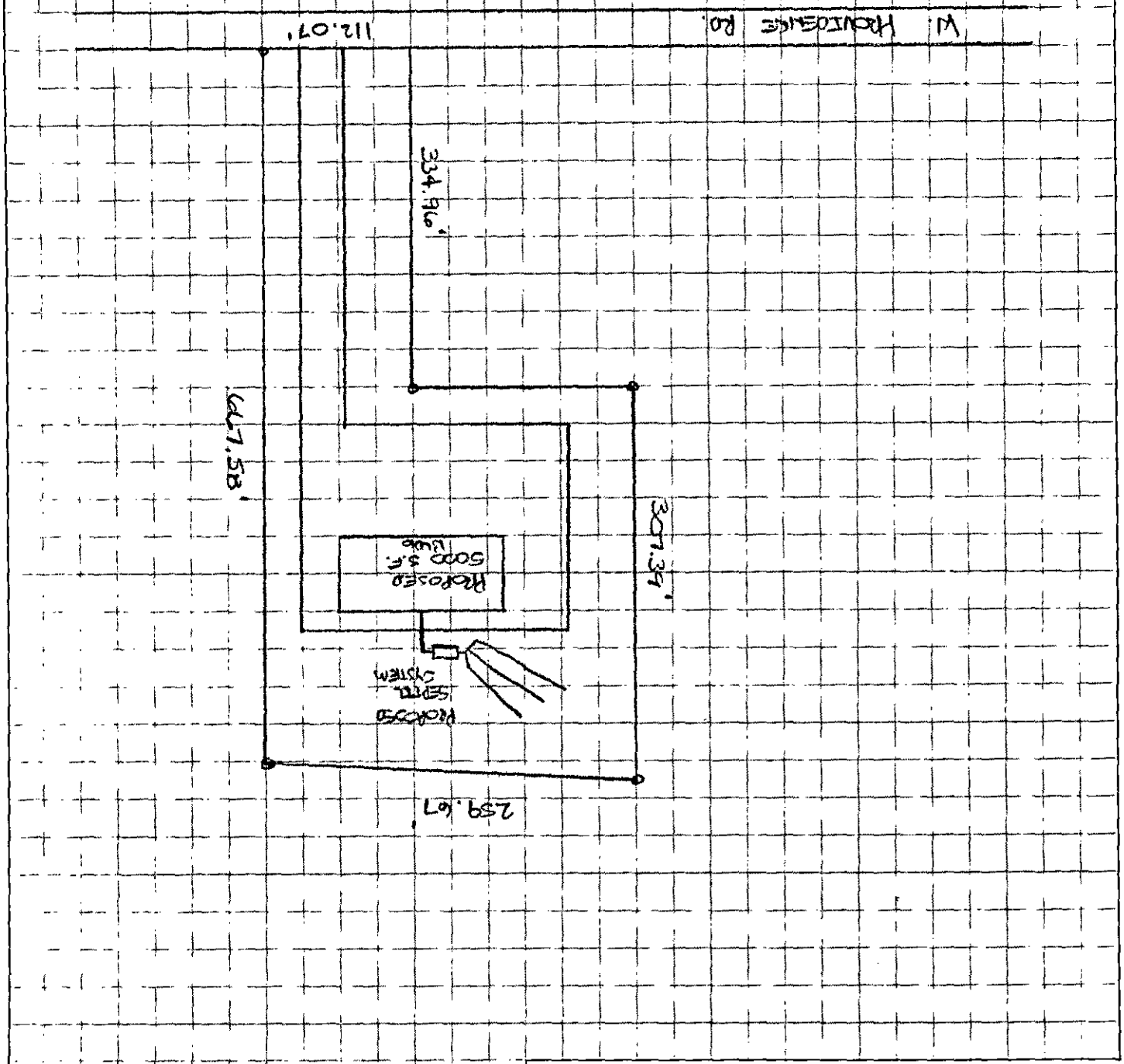
PROPOSED PLOT PLAN

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

FILE: 1047B/9019A

TC: 229-011-04P8

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

104TB/90184

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD chk 6/4/93
50.00 7892 A1 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

COPY

PERSON FILING APPLICATION:

NAME: BAKER (last) ROBERT (first) E (mi)

ADDRESS: 3411 SOUTH BLVD PHONE: (704) 523-0628

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28209

Date:

PROPERTY OWNER: CAROLINA FIRE & RESCUE

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

ADDRESS: 12527 DORMAN RD PHONE: (704) 541-7202

CITY: PINEVILLE STATE: N.C. ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 229-011-04 PP

STREET ADDRESS: 10101 W. PROVIDENCE RD.

CHARLOTTE N.C.

ZONING: R-3

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: 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)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] 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 VOLUNTEER FIRE DEPT # Employees 10 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: Robert E. Baker Date: 6-4-93

NOTICE:

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...This permit is not transferable.

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[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
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Baker Construction Co., Inc. of Charlotte
3411 South Blvd.
Charlotte, North Carolina 28209
704/523-0628

Environmentalist Date

Director or Authorized Section Head Date

Authorized Builder
A&S BUILDING SYSTEMS
Robert E. Baker

WATER : 122791

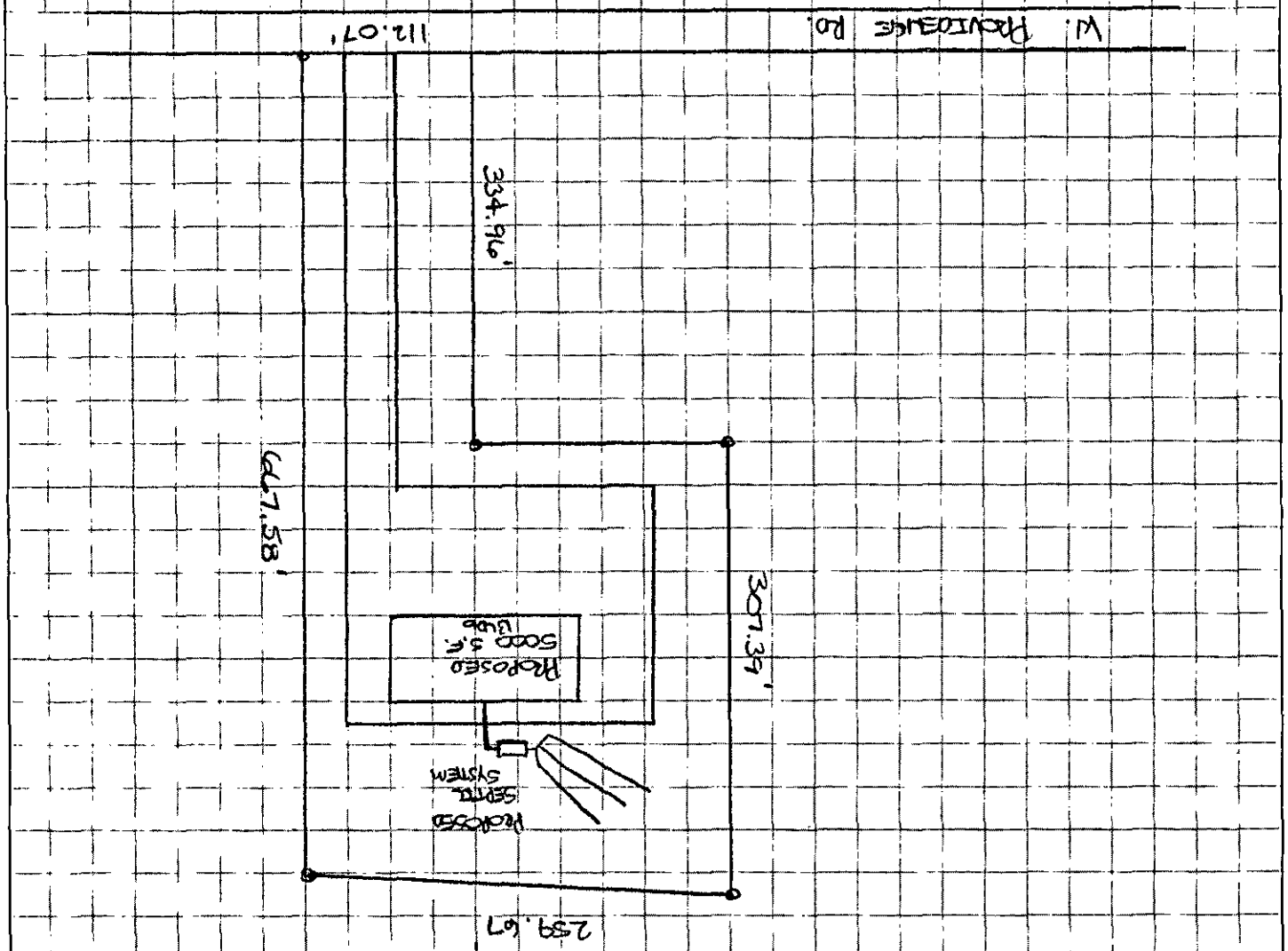
PROPOSED PLOT PLAN

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

FILE: 1047B/9019A

TC: 229-011-04PO

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

1047B/9019A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

06/09/93 CK# 7920 $200.00 [] 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

COPY

Date:

PERSON FILING APPLICATION:
NAME: BAKER (last) ROBERT (first) E. (mi)
ADDRESS: 3411 SOUTH BLVD. PHONE: (704) 523-0628
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 229-011-04
STREET ADDRESS: 10101 W. PROVIDENCE RD.
CHARLOTTE, N.C.
ZONING: R-3

PROPERTY OWNER: CAROLINA FIRE & RESCUE
NAME: KERR (last) JACK (first) (mi)
ADDRESS: 12527 DORMAN RD. PHONE: (704) 541-7202
CITY: PINEVILLE STATE: N.C. ZIPCODE: 28134

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):

[] 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)
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[] 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 VOLUNTEER FIRE DEPT # Employees 10 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: Robert E. Baker Date: 6-9-93

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.

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[] 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

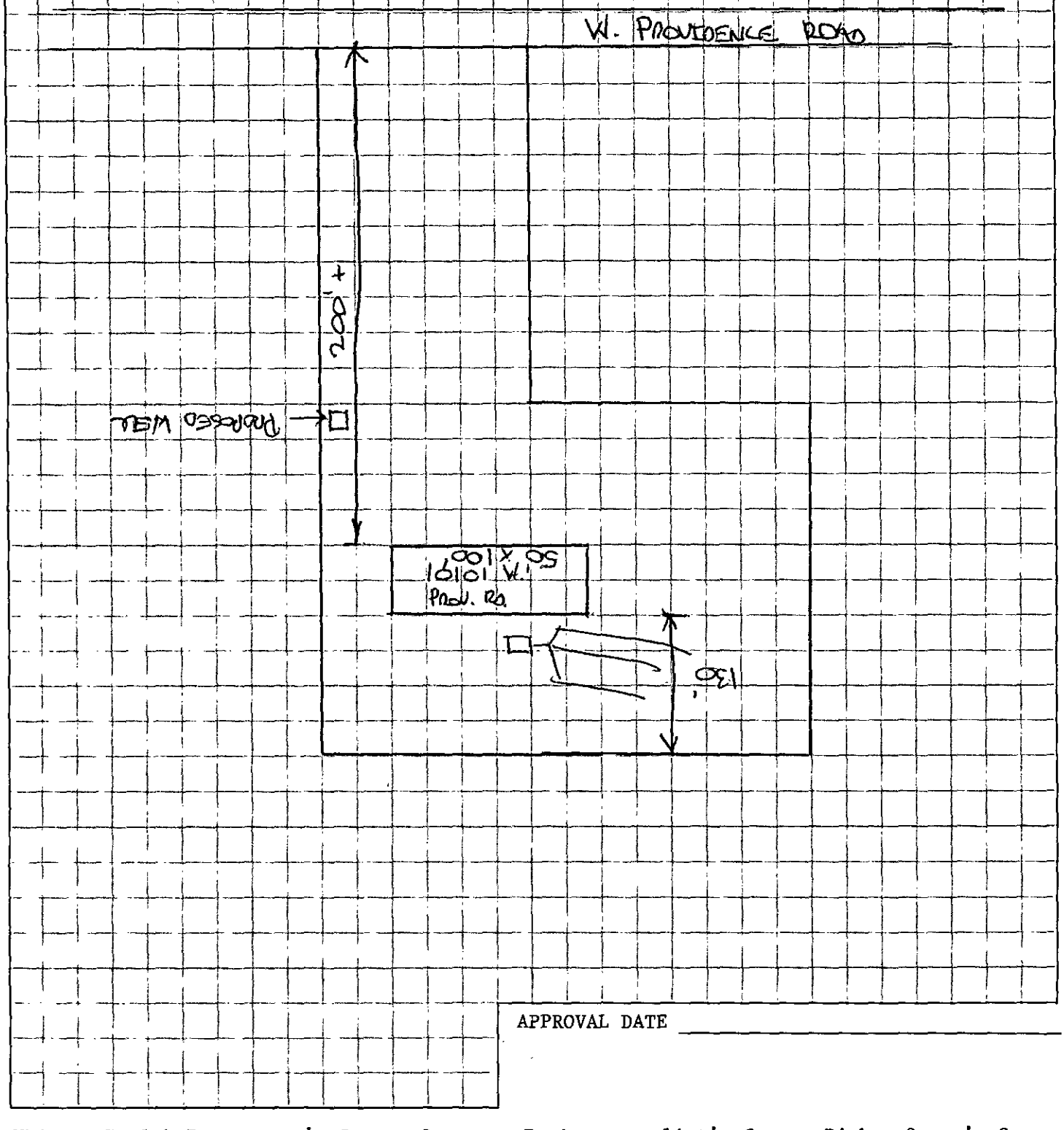
PROPOSED PLOT PLAN

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

FILE: 104B/901A

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County

Health Department

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

July 1, 1993

Carolina Fire & Rescue
10101 W. Providence Road
Charlotte, NC 28220

RE: Property located on 10101 W. Providence Road
FILE: 1047B/9019A
PARCEL: 229-011-04

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 19409) 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, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19409

File: 10417B/9019A Action 1

Parcel: PO 229-011-04 ☐ PC

Location: 10101 Providence Road W

Subdivision:

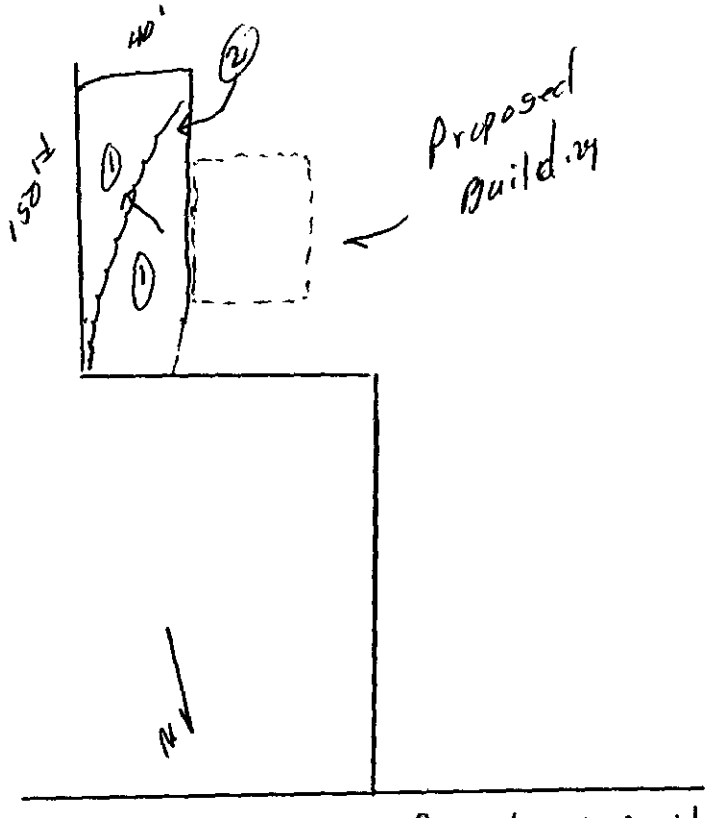
Lot: Block: Acres: Approx .14 inc.

Owner: Carolina Fire & Rescue
Address: 10101 W. Providence Road
Charlotte, NC 28270

Comments: .3 gal/ft²/day LTAR
may need stepdowner

Described by: William A. Marlin

Date: 6-29-93



*** 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) Terrace	S PS U	S PS U	S PS U	S PS U
Texture Slightly Expansive clay	(S) PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subt Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 74" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 35"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 72"	S PS U	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	IV Cecil-Like	Terrace				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19409

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

Described by: _____

Date: _____

***** EVALUATION KEY *****

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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	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	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

10478/90 19A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

RQ 50' DK 6/25/93 Ch 452

[] 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

COPY

PERSON FILING APPLICATION:

NAME: BAKER (last) BOB (first) E (mi)

ADDRESS: 3411 South Blvd PHONE: (704) 523-0628

CITY: Charlotte STATE: NC ZIPCODE: 28209

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER 229-011-04

STREET ADDRESS: 10101 W. Providence Rd

ZONING: R-3

PROPERTY OWNER:

NAME: Carolina Fire & Rescue (last) (first) (mi)

ADDRESS: 10101 W. Providence Rd PHONE: (704) 541-4102

CITY: Charlotte STATE: NC ZIPCODE: 28210

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): 2.819 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)
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[] 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 Volunteer Fire Dept. # Employees 10 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
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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: Robert E Baker Date: 4-25-93

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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[] 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

PROPOSED PLOT PLAN

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

FILE: _____

TC: 22 9-011-04

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.

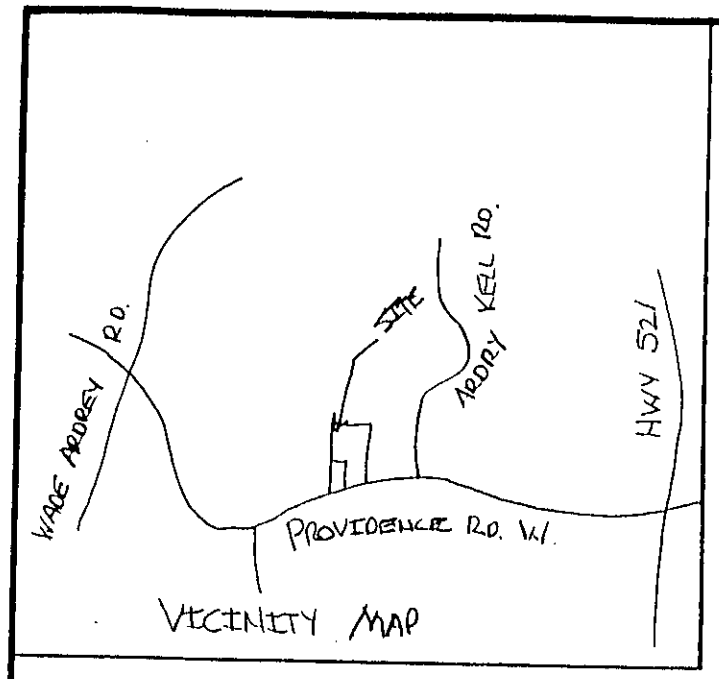
SEE ATTACHED PLOT
DRAWING # W'11 SP-1

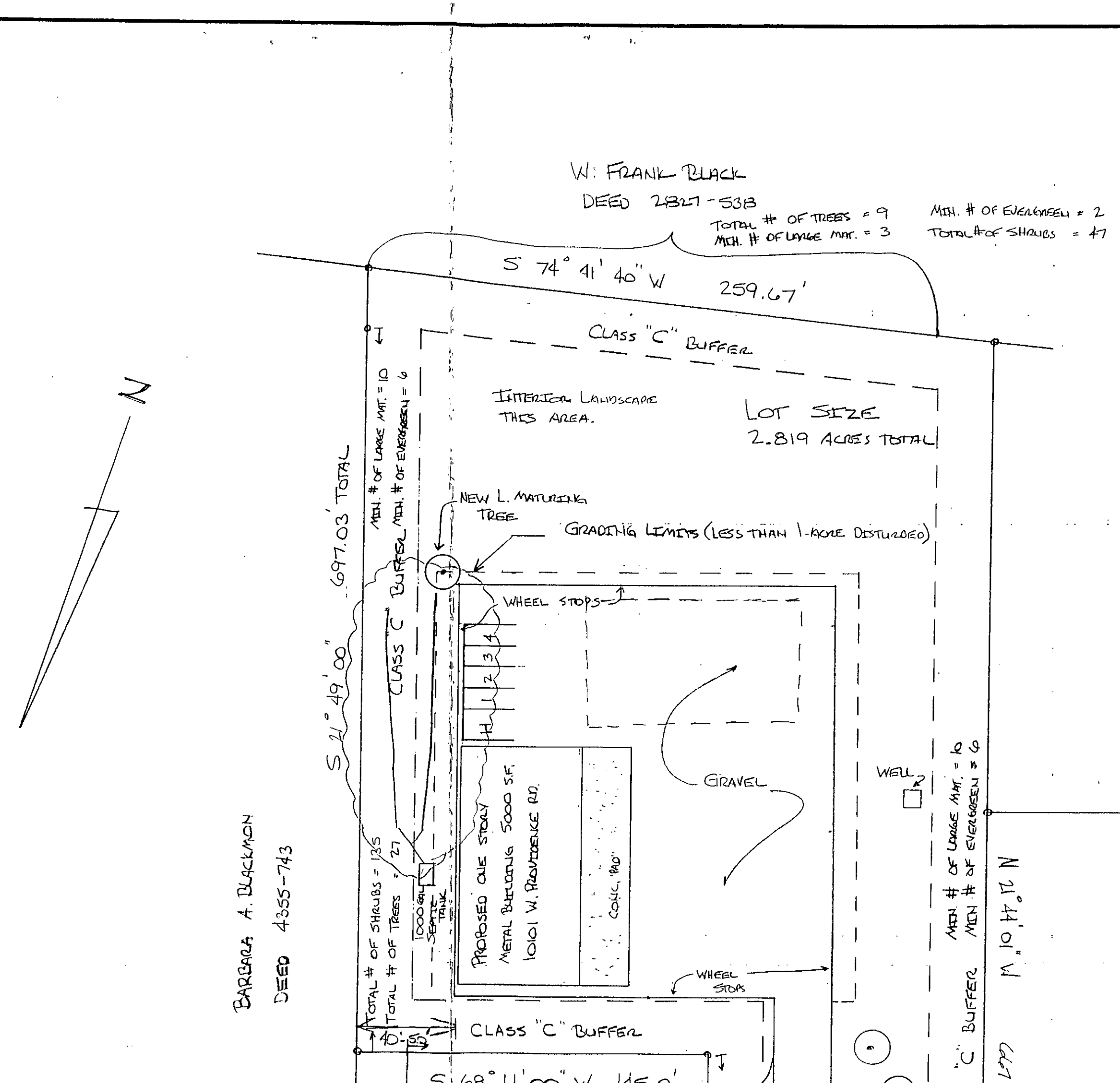


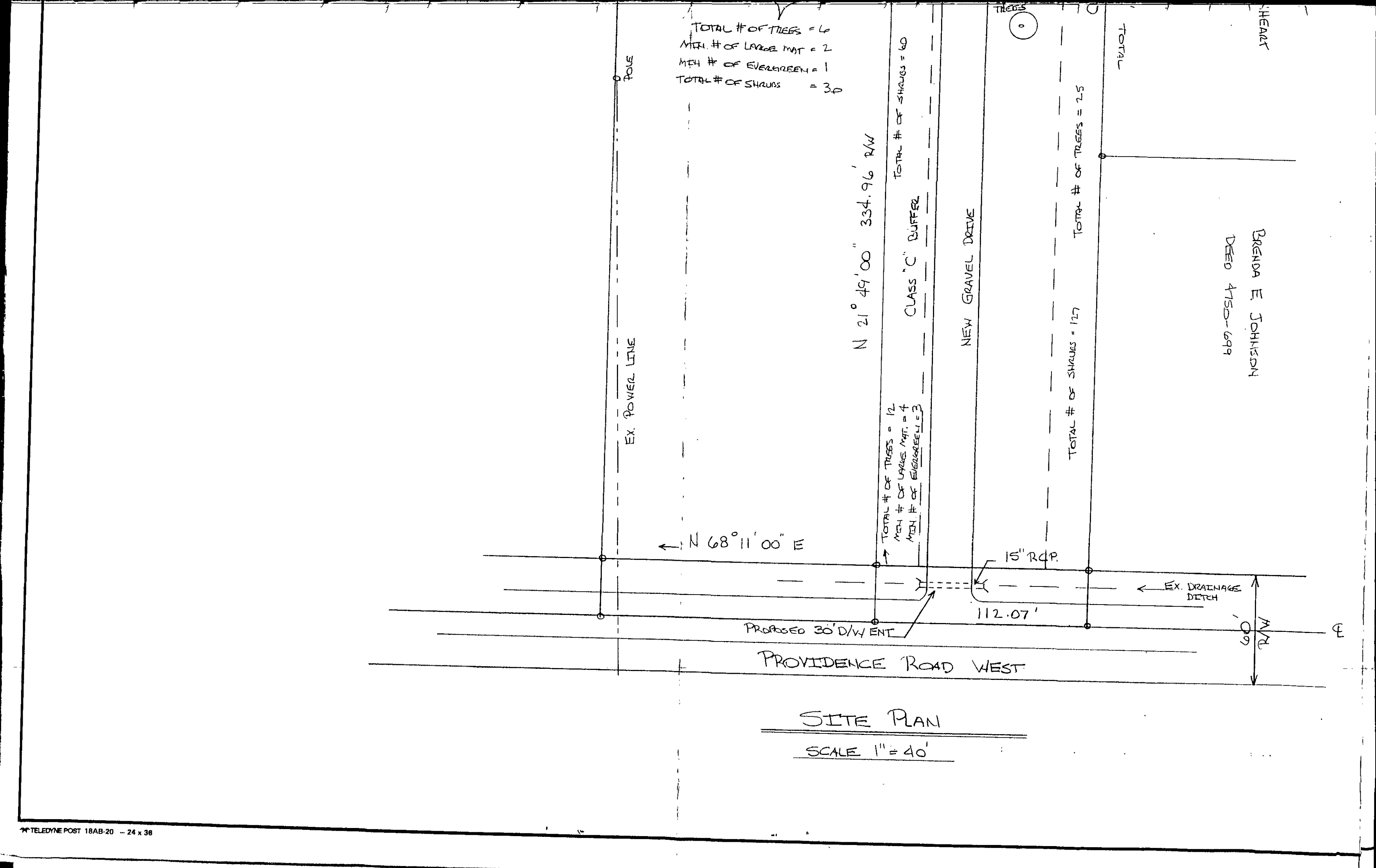
Sewer and
mud stipulation

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy


WADE ABDREY R.D.
SITE
ABDREY KELL RD.
HWY 521
PROVIDENCE R.D. W.
VICINITY MAP


W. FRANK BLACK
DEED 2827-538
TOTAL # OF TREES = 9
MIN. # OF LARGE MAT. = 3
MIN. # OF EVERGREEN = 2
TOTAL # OF SHRUBS = 47
S 74° 41' 40" W 259.67'
CLASS "C" BUFFER
INTERIOR LANDSCAPE THIS AREA.
LOT SIZE
2.819 ACRES TOTAL
NEW L. MATURING TREE
GRADING LIMITS (LESS THAN 1-ACRE DISTURBED)
MIN. # OF LARGE MAT. = 10
MIN. # OF EVERGREEN = 6
697.03' TOTAL
S 21° 49' 00" E
CLASS "C" BUFFER
WHEEL STOPS
1 2 3 4
PROPOSED ONE STORY METAL BUILDING 5000 S.F. 1001 W. PROVIDENCE RD.
CONC. PAD
GRAVEL
WELL
1000 GAL SEPTIC TANK
TOTAL # OF SHRUBS = 135
TOTAL # OF TREES = 27
WHEEL STOPS
CLASS "C" BUFFER
S 68° 11' 00" W 145.0'
MIN. # OF LARGE MAT. = 10
MIN. # OF EVERGREEN = 6
NEW
N 21° 44' 01" W 697.5
HASKELL G. EARNHEART
DEED 3963-9
ERSKINE L. EA
DEED 3963-
BARBARA A. BLACKMON
DEED 4355-743



SITE PLAN

SCALE 1" = 40'

TELEDYNE POST 18AB-20 – 24 x 36

Large maturing tree.

PROPOSED BUILDING FOR CAROLINA FIRE & RESCUE

SCALE: 1" = 40'	APPROVED BY	DRAWN BY REB
DATE: 5-19-93		

10101 PROVIDENCE RD. W.

BOB BAKER (704) 523-0628

DRAWING NUMBER SP-1

ZONING CODE SUMMARY

(Reproduce the following data on the site plan)

PROJECT NAME: Carolina Fire & Rescue

OWNER: Carolina Fire & Rescue PHONE # 541-7202

PLANS PREPARED BY: Bob Baker PHONE # 523-0628

ZONING: R-3 JURISDICTION: Pineville

PROPOSED USE: Volunteer Fire Station

BUILDING HEIGHT: 14 Feet, Stories: One

BUILDING COVERAGE: 5000 Sq. Ft. GROSS FLOOR AREA: 5000 Sq. Ft.

LOT SIZE: 3-Acres Sq. Ft./Acres NUMBER OF UNITS/SUITES: One

YARD REQUIREMENTS:

Setback (front): 30 ft. from R/W, N/A ft. from C/L of R/W
Side Yard (L): 6 ft. Side Yard (R): 6 ft.
Rear Yard: 45 ft.

REQUIRED BUFFERS: Class C

Front: No / (Yes) 20 ft. Rear: No / (Yes) 20 ft.
Side (L): No / (Yes) 20 ft. Side (R): No / (Yes) 20 ft.

REQUIRED SCREENING:

Front: (No) / Yes Rear: (No) / Yes
Side (L): (No) / Yes Side (R): (No) / Yes
Parking Only: No / (Yes) Service Area Only

PAVEMENT COVERAGE: 30580 sq. ft./acres

INTERIOR LANDSCAPING: Required 3558 sq. ft., provided 3600 sq. ft.

PARKING DATA: (specify requirement, zoning ordinance and section number)
One space per 300 sq. ft. (exclude apparatus area)

Required: 4 Provided: 4 Handicap: 1 Compact: _____
Carpool: _____ Loading Spaces: _____

ZONING INFORMATION

Total impervious area including gravel parking and building roof is 35580 S.F. Internal tree planting is 3 trees.

The trees to be planted must be from the approved list of Appendix 1. Minimum tree caliper measured 6 inches above ground on all trees shall be 2½ inches and the minimum height shall be 8 feet.

Planting requirements 20 Class C Buffers are 4 trees and 20 sbrubs per 100 L.F. 40% of trees must be large maturing and 25% must be evergreen. Minimum size for large maturing trees is 2½" and small maturing trees is 1½". Trees and shrubs must be from approved list. Shrubs must be 2½ feet tall at planting.

3558 S.F. LANDSCAPED AREA REQUIRED