

11637 OLD ROZZELLES FERRY RD

03122255

12/18/2007

duponbj

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

Permit Number: 606B

031 22255

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement

Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Municipal water

Repair Area System Type Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

Phillip S. Walker RS.
DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9/8/99 PERMIT NO: 606 B

PARCEL NO: 031 222 55

JOB LOCATION ADDRESS: 11637 Old Pozzelle Ferry Rd

PROPERTY OWNER: Lynn & Marsha Sifford

BUILDING CONTRACTOR: —

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: Rhulo A. Walker RS DATE: 9/8/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 606 B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

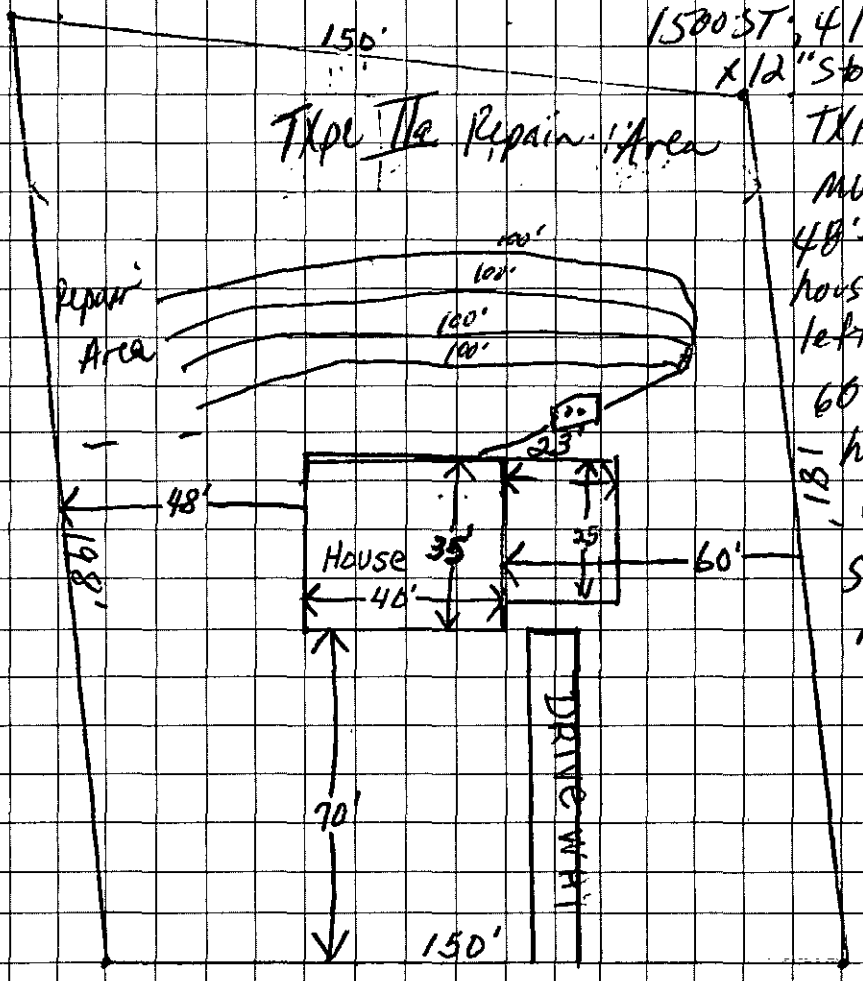
PROPOSED PLOT PLAN

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

FILE: 6066/8477A

TC: 031-222-55

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.



COMMENTS

3 bedroom residence
1500 ST, 4 lines x 100' long x 3 bd
x 12" stone 400 TLF
Type IIa Repair Area
Municipal water
48' from the back left house corner to the left property line
60' from the back right house corner to the back property line
Storage bldg. to be relocated.

OLD ROZZELLES FERRY ROAD

1/4" = 10'

OWNER/AGENT SIGNATURE

DATE 8-11-95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.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

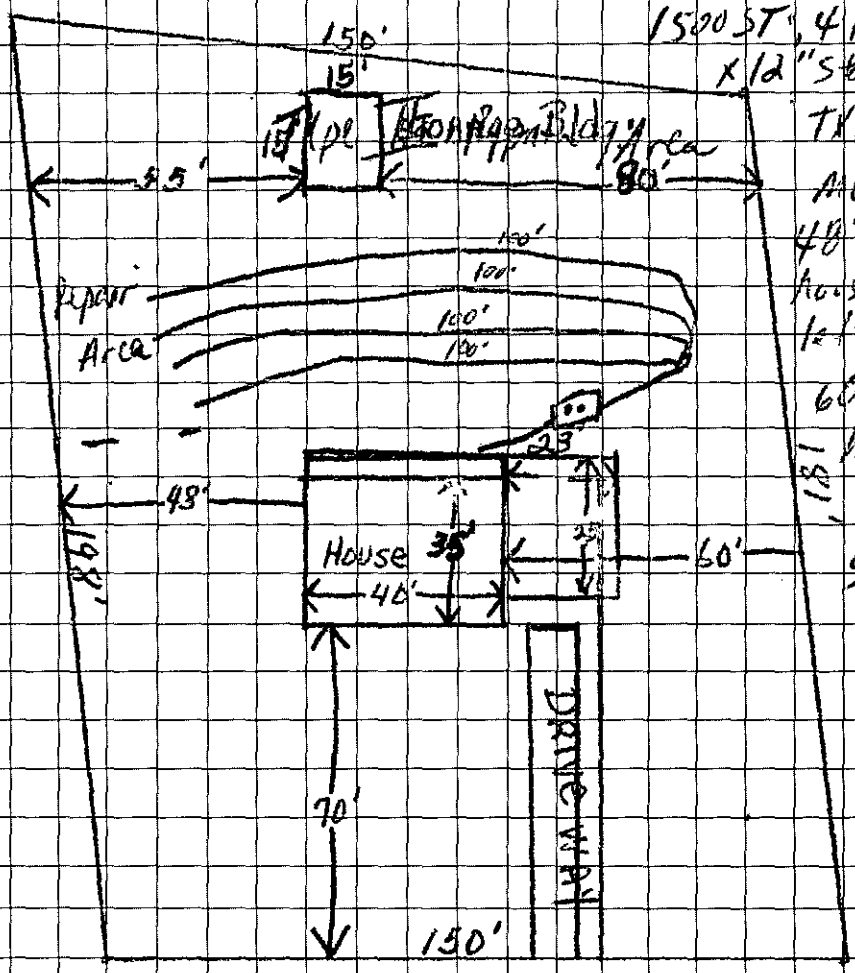
FILE: book B/8477A

TC: 031-222-55

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.

COMMENTS

3 bedroom residence
1500 ST, 4 lines x 100' long x 3 bed x 12" stone 400 TLF
TYPE IIa Repair Area
Municipal water
48' from the back left house corner to the left property line
60' from the back right house corner to the back property line
storage bldg. to be relocated.



OLD ROZZELLES FERRY ROAD

1/4" = 10'

OWNER/AGENT SIGNATURE

DATE 8-11-95

APPROVAL DATE _____

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

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

#1

Sheet: _____
Property ID: 031-222-55
Lot #: _____
File #: 6068

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tyson & Marsha Tiffford APPLICANT: Richard F. Rozzelle
ADDRESS: 7310 Cherry Trail, Stanley, N.C. DATE EVALUATED: 8-16-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .63
LOCATION OF SITE: 1163? Rozzelles Ferry Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-60 .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr|sl	Fr|SEXP| NS|NP	>42" TO soil wetness	42"	N/A	None	PS .25gl Fz IV
		4-39"	sBK/c	F:| SEXP| S|P					
		39-42"	sBK| sc|	Fr| SEXP| SS|SP					
2	LS	0-12"	gr| sl	Fr| SEXP| NS|NP	>48" TO soil wetness	48"	N/A	None	PS .25gl Fz IV
		12-16"	sBK|sc|	Fr|SEXP|SS|SP					
		16-37"	sBK| sc	F:| SEXP| S|P					
		37-48"	sBK| c	F:| SEXP| S|P					
3	LS	0-3"	gr|sl	Fr| SEXP| NS|NP	>48" TO soil wetness	48"	N/A	None	PS .3gl Fz IV
		3-29"	sBK| sc	F:| SEXP| S|P					
		29-41"	sBK| c	F:| SEXP| S|P					
		41-48"	sBK| sc|	Fr| SEXP| SS|SP					
4	LS	0-4"	gr|sl	Fr|SEXP| NS|NP	>48" TO soil wetness	48"	N/A	None	PS .3gl Fz IV
		4-48"	sBK|sc	F:| SEXP| S|P					

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

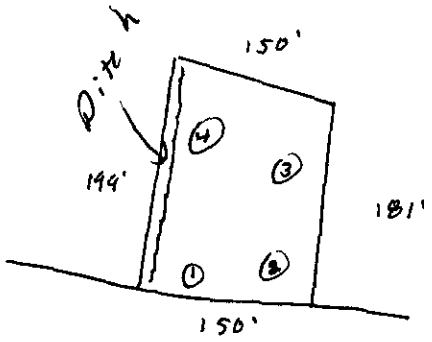
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin LSS 8-16-99
OTHER(S) PRESENT: _____

FILE # 606B

COMMENTS _____

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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



Old Rozzelles Ferry Rd

ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
ENVIRONMENTAL HEALTH
STEWATER SECTION

#1

Property ID: 031-222-55

Lot #:

File #: 6068

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tyson & Martha Tifford APPLICANT: Richard F. Rozzelle

ADDRESS: 7310 Cozy Trail, Stanley, N.C. DATE EVALUATED: 8-16-99

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .63

LOCATION OF SITE: 11637 Rozzelles Ferry Rd PROPERTY RECORDED:

WATER SUPPLY: [ ]Private [x]Public Well [ ]Spring [ ]Other

EVALUATION METHOD: [x]Augur Boring Pit [ ]Cut

TYPE OF WASTEWATER: [ ]Sewage [ ]Industrial Process [ ]Mixed

PROFILE #	2-60 .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr/ls/	Fr/SE XP/ NS/NP	>42" TO soil wetness	42"	N/A	None	PS .25gpf2 IV
		4-39"	SBK/c	F:/ SE XP/ S/P					
		39-42"	SBK/ sc/	Fr/ SE XP/ SS/SP					
2	LS	0-12"	gr/ sl	F-/ SE XP/ NS/NP	>48" TO soil wetness	48"	N/A	None	PS .25gpf2 IV
		12-16"	SBK/sl/	Fr/SE XP/SS/SP					
		16-37"	SBK/ SC	F:/SE XP/S/P					
		37-48"	SBK/ C	F:/SE XP/ S/P					
3	LS	0-3"	gr/sl	Fr/ SE XP/ NS/NP	>48"TO soil wetness	48"	N/A	None	PS .3gpf2 IV
		3-29"	SBK/ sc	F:/SE XP/ S/P					
		29-41"	SBK/ C	F:/ SE XP/ S/P					
		41-48"	SBK/ sc/	Fr/SE XP/ SS/SP					
4	LS	0-4"	gr/s/	Fr/SE XP/ NS/NP	>48" TO soil wetness	48"	N/A	None	PS .3gpf2 IV
		4-48"	SBK/ SC	F:/ SE XP/ S/P					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W.R. Mauldin LSS 8-16-99

OTHER(S) PRESENT:

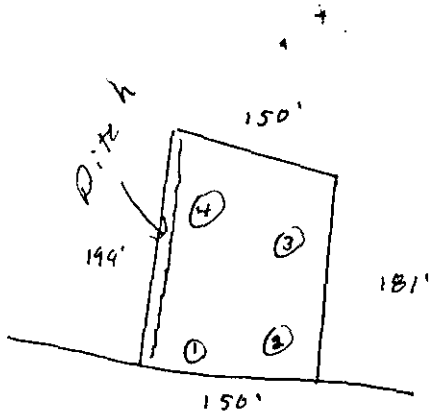
FILE # 606B

COMMENTS

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



Old Rozzelles Ferry Rd

FEE: 200.00 ck#6172

DATE: 8/24/99

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 #: 6068/8477A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 031-222-55

STREET ADDRESS: 11637 Old Rozzelle Ferry Rd, Charlotte, N.C.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 55

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE March 3, 2000

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:

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Sifford, Lynn R & Marsha W. (LAST) (FIRST) (MI)	NAME: Rozzelle, Richard F. (LAST) (FIRST) (MI)
ADDRESS: Century 21, Heath Realty	DAYTIME PHONE: 704 483-3920
CITY: Denver STATE: N.C. ZIP:	4363 Little Ford Cove Rd.
DAYTIME PHONE: 704 483-3651	Denver, N.C. 28037

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Richard Rozzelle DATE: 8-11-99

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

Mecklenburg County
Health Department

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

September 17, 1992

Mr. Jerry L. Sifford
11647 Old Rozzelles Ferry Road
Charlotte, NC 28214

RE: Property located at 11637 Old Rozzelles Ferry Road
FILE: 606B/8477A
PARCEL: 031-222-55

Dear Mr. Sifford:

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 12780) 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

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12780

File: 606B/8477A Action 1

Parcel: 031-222-55 ☐ PC

Location: 11637 Old Rozzelles Ferry Rd

Subdivision:

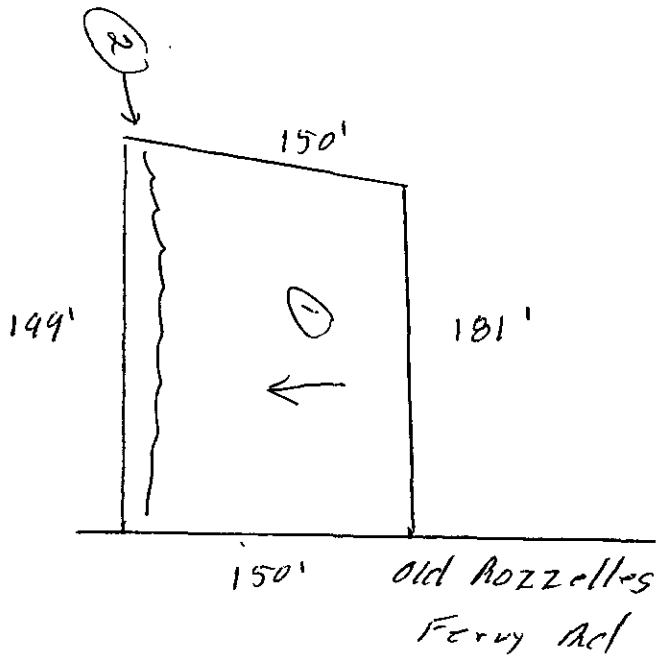
Lot: A Block: Acres: .63

Owner: Jerry D. Sifford
Address: 11647 Old Rozzelles Ferry Rd.
Charlotte, N.C. 28214

Comments: Not sure if 100% repair is required

Described by: William B. Marlin

Date: 9-16-93



***** 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 2-6%	S PS (U) ditch	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 Sub-Block	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	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-1.Uo	Ditch				
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 № 12780

File: [illegible] Action 1

Parcel: 031-232-55 ☐ PC

Location: 11637 Old Rozzelles Ferry Rd.

Subdivision:

Lot: A Block: Acres: .63

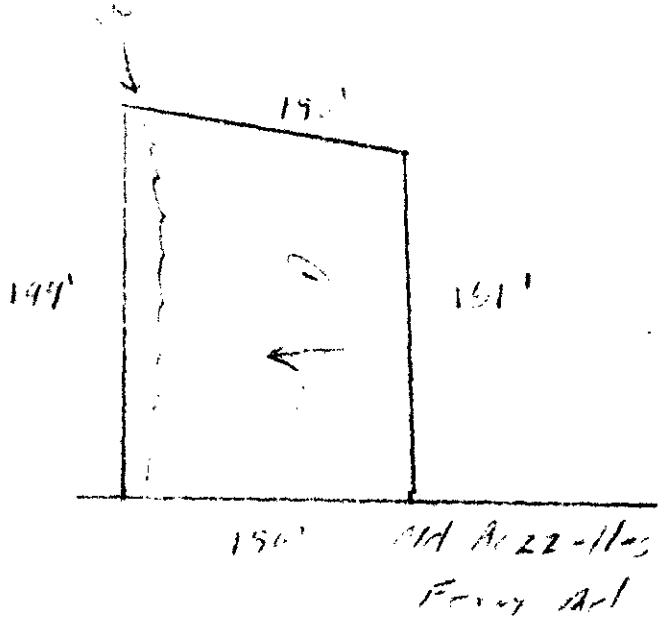
Owner: Jerry D. Dellinger

Address: 11647 Old Rozzelles Ferry Rd. Charlotte, N.C. 28214

Comments: Not much left level open as proposed

Described by: William A. Wheeler

Date: 7-16-92



***** 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 (2-7%)	S PS (U) Ditch	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 Subangular blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	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 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-Urban	Ditch				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

File - 60166/6477A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PO 8/26/92 [ ] CRT

DRAFT

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: SIFFORD (last) JERRY (first) L. (mi)
ADDRESS: 11647 OLD Rozzelles Ferry Rd PHONE: (704) 392-6604
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date: 8/28/92

PROPERTY OWNER: (HEIRS OF ORIS A. & ELOISE SIFFORD)
NAME: SIFFORD (last) JERRY (first) L. (mi)
ADDRESS: 11647 OLD Rozzelles Ferry Rd PHONE: (704) 392-6606
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-222-55
STREET ADDRESS: 11637 OLD Rozzelles Ferry Rd. CHARLOTTE, N.C. 28214
ZONING:

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: A LOT SIZE (in acres): 0.63 Ac.

TYPE APPLICATION (check one):
[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)
[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: Jerry L. Sifford Date: 8/28/92

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

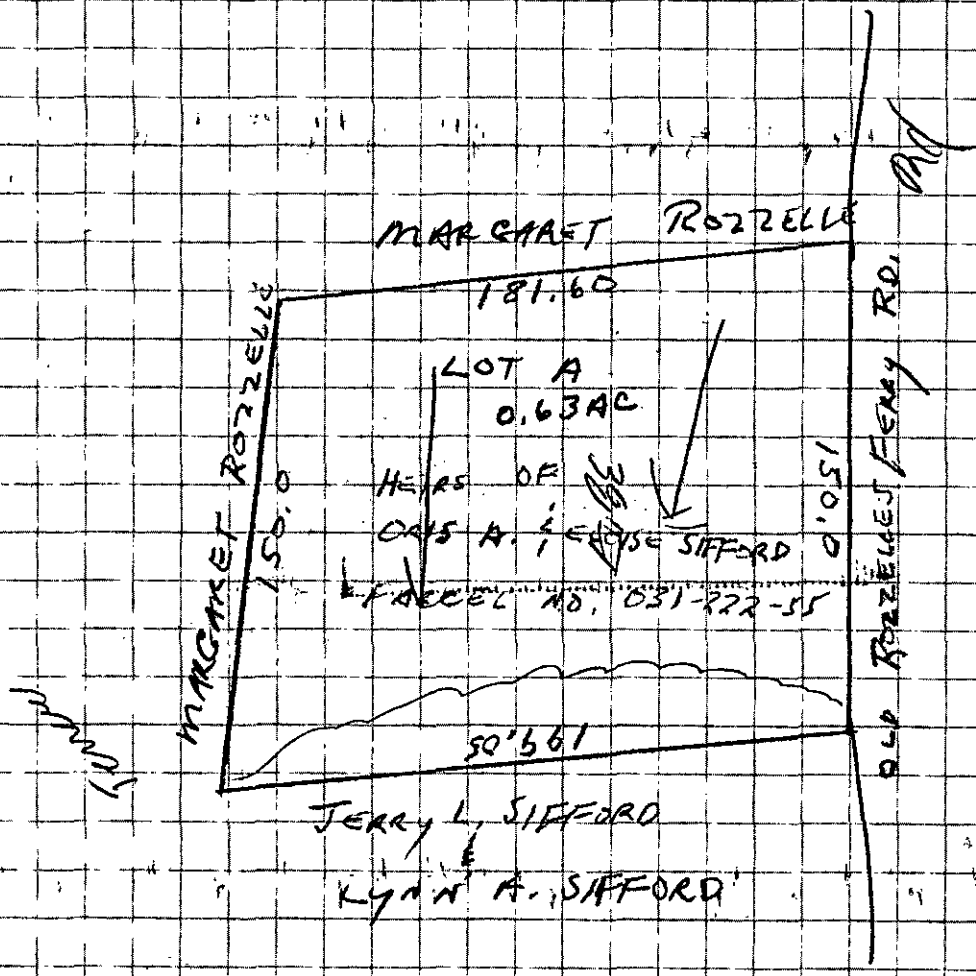
PROPOSED PLOT PLAN

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

FILE: 16666/84177A

TC: 031-222-55

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.



1" = 60'

APPROVAL DATE _____

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

File - 60066/8477A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PO #5026 97

[] CRT

AOK

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: SIFFORD (last) JERRY (first) L. (mi)

ADDRESS: 11637 OLD ROZZELLES FERRY RD PHONE: (704) 392-6606

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date: 8/28/92

PROPERTY OWNER: (HEIRS OF ORIS A. & ELOISE SIFFORD)

NAME: SIFFORD (last) JERRY (first) L. (mi)

ADDRESS: 11637 OLD ROZZELLES FERRY RD PHONE: (704) 392-6606

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 031-222-55

STREET ADDRESS: 11637 OLD ROZZELLES FERRY RD. CHARLOTTE, N.C. 28214

ZONING:

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: A LOT SIZE (in acres): 0.63 AC.

TYPE APPLICATION (check one):

[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)
[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: Jerry L. Sifford Date: 8/28/92

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

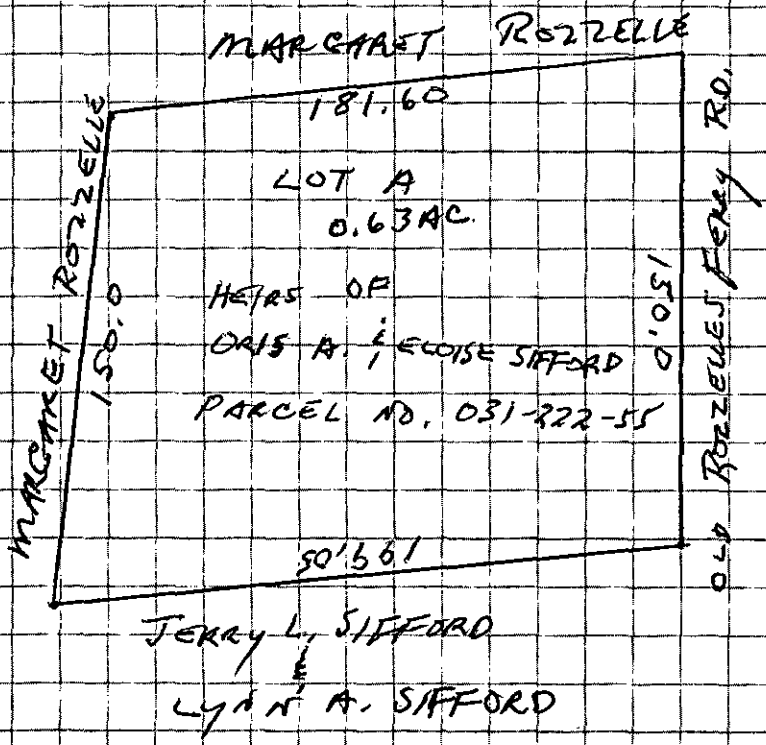
PROPOSED PLOT PLAN

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

FILE: 6066/8477A

TC: 031-222-55

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.



1" = 60'

APPROVAL DATE _____

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