

2810 ODELL SCHOOL RD

02918119

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#3 1926B
PO029-161-10

OWNER: Carlita Hunter APPLICANT:
ADDRESS: 2820 Odell School Rd, Hunterdale APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 1.5 ac±
LOCATION OF SITE: Odell School Road PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5-10% .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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-2"	gr/scl	Fr/SE/Ex/Pl/ss/sp	>9" to soil wetness	9"	N/A	None	US
		2-9"	sbk/lc	Fi-Vfi/Ex/Pl/Vgvn					
2	LS	0-3"	gr/scl	Fr/SE/Ex/Pl/ss/sp	>12" to soil wetness	12"	N/A	None	US
		3-12"	sbk/c	Fi-Vfi/Ex/Pl/Vgvn					
3	LS	0-2"	gr/scl	Fr/SE/Ex/Pl/ss/sp	>8" to soil wetness	8"	N/A	None	US
		2-8"	sbk/c	Fi-Vfi/Ex/Pl/Vgvn					
4	LS	0-6"	gr/scl	Fr/SE/Ex/Pl/ss/sp	>32" to soil wetness	32"	N/A	None	US
		6-32"	sbk/c	Vfi/Ex/Pl/Vgvn					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin 5-30-97
OTHER(S) PRESENT: LSS

COMMENTS: Probably 1000 Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1926 B



saprolite investigation conducted 6-6-97- in vicinity of holes 1, 2, 3- all pits unsuitable

W A M- 6-10-97

Odell School Rd

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: 08

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1 1926B
029-181-10

OWNER: Carlita Hendrix APPLICANT:
ADDRESS: 2820 odell School Rd Harrellsville APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 3
LOCATION OF SITE: Off odell School Rd PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-6% 1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-6"	gr l c l	Fr l S EXP l SS/SP	746" TO soil wetness	46"	N/A	None	PS IV .275gpf2
		6-46"	SBK l c	Fi l S EXP l S/P					
2	LS	0-8"	gr l c l	Fr l S EXP l SS/SP	748" TO soil wetness	46"	N/A	None	PS .275gpf2 IV
		8-48"	SBK l c	Fi l S EXP l S/P					
3	LS	0-10"	gr l sc l	Fr l S EXP l SS/SP	746" TO soil wetness	46"	N/A	None	PS .275gpf2 IV
		10-46"	SBK l c	Fi l S EXP l S/P					
4	LS	0-5"	gr l sc l	Fr l S EXP l SS/SP	746" TO soil wetness	48"	N/A	None	PS .275gpf2 IV
		5-48"	SBK l c	Fi l S EXP l S/P					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. R. Nardi 8-19-97
OTHER(S) PRESENT: LSS

COMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

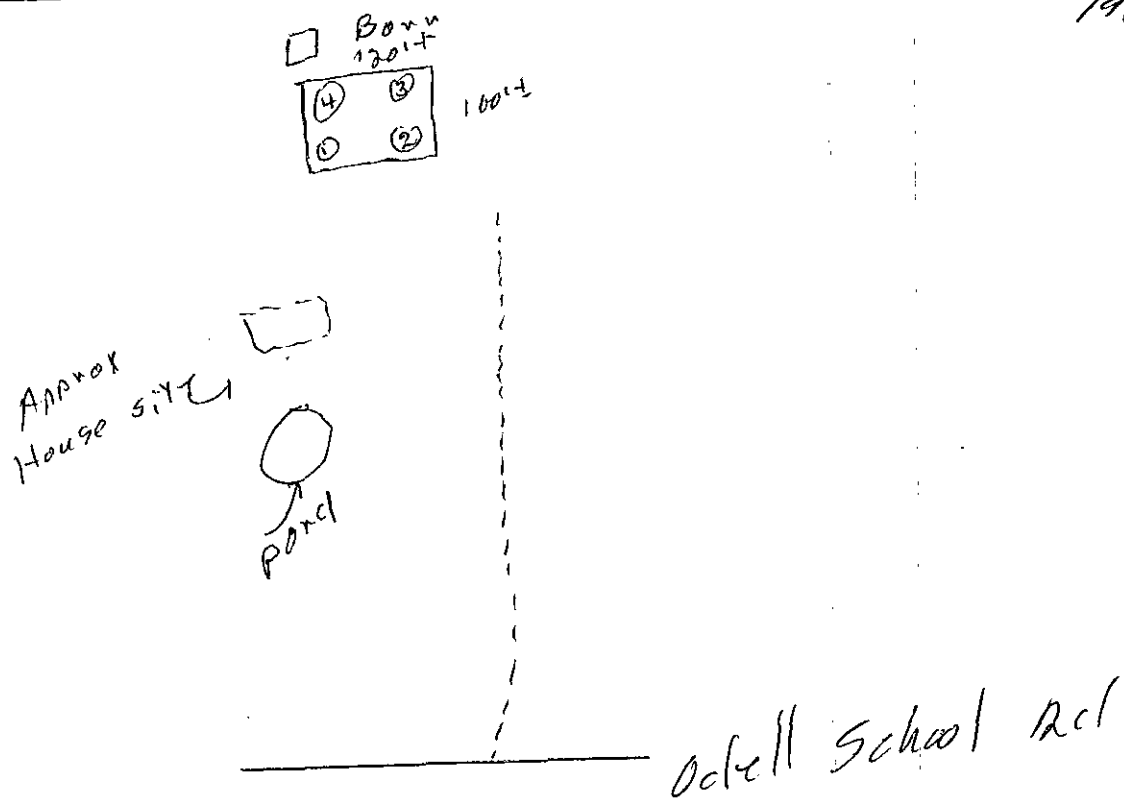
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1926B



CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1926 B DATE: 10-16-97

TC: 029-181-10 PO ☒ L ☐ CRT

SERIAL Nº 17377

Name of Owner CARLITA HUNTER Juris.:

Address of Property 2810 ODELL SCHOOL ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 291

Number of Lines 3 @ 97'

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 2100'

Excavation Inspected 10-16-97

Tank(s) Inspected 10-16-97

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1500 ST CON 888 SF, T, 12" STONE, CECIL CTR# A. CORNFLOWS

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: SYSTEM TYPE II-A

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

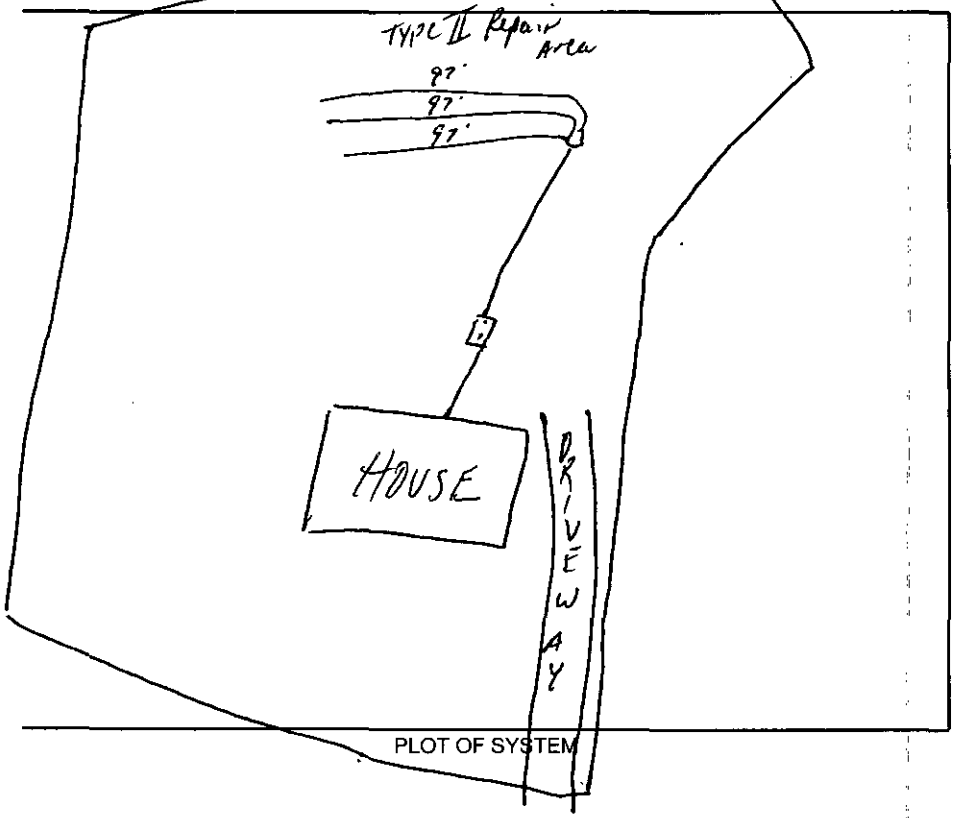
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1926B DATE: 10/14/97

TC: 029 181 10 Po ☐ L

SERIAL No 17319

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 herein at the described location. This permit is granted based upon the information supplied in the application dated 5/16/97. All work shall be completed on or before 11/14/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 ~~PCC~~ N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 291' feet

Number of Lines 3 (97')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Carlita Hunter

LOCATION OF PROPERTY 2810 Odell School Rd

Comments: 1500 ST, 3 lines x 97' long x 3' wd x 12" stone / Rep septic system > 100' from well / Shared well from 2816 Odell School Rd

Phila S. Walker R.S.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

DATE 8/20/97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mech

#029-181-10 p0
PARCEL NUMBER

2810 Odell School Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. **SUBDIVISION REGULATIONS**	_____**APPROVED**	_____**NOT APPROVED**
2. **FLOODWAY REGULATIONS**	_____**APPROVED**	_____**NOT APPROVED**
3. ***WATERSHED PROTECTION***	_____**APPROVED**	_____**NOT APPROVED**
4. **COMMERCIAL DRAINAGE PLAN**	_____**APPROVED**	_____**NOT APPROVED**
5. **PUBLIC UTILITY EASEMENT**	_____**PRESENT**	_____**NOT PRESENT**
6. ***PROPERTY FRONTS ON THOROUGHFARE***	_____**YES**	_____**NO**
7. **DRIVEWAY PERMIT REQUIRED**	_____**YES**	_____**NO**
8. **DOES PROJECT CONFLICT WITH ROAD PROJECT?**	_____**YES**	_____**NO**

REMARKS: S Odell

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: _____

REVISED 1/91

P. Dimpell DCRT 2400

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

DATE: 8/20/97 **PERMIT NO:** 19268
PARCEL NO: PD029-181-10
JOB LOCATION ADDRESS: 2810 Odell School Road
PROPERTY OWNER: Carlita Hunter
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Judy C. Kiser RS **DATE:** 8/20/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19268, 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: House & System on TRACT 2 - See Attached Survey. Lift Pump may be required based on Plumbing/House Elevations To reach Drainfield area. There Shall be no Driveways Installed over any portion of drainfield or Tank.

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.

Irene Fox 8-20-97

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number

Tax Number:

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	X 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	
.275 Long-term acceptance rate	240 Max gallons/day wastewater flow	873 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
✓ Serviced by private well	1500 Gallon septic tank	291' Total trench length (ft)	24" TO 33" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
2 Bedrooms in residence	1000 Gallon pump tank * IF required	12" Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required: N/A				
Additional Conditions: * Lift Pump may be required/See Construction Authorization Notes.				
Repair Area System Type Type (circle one): I (II) III IV V VI	X 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	
873 Absorption Area (Sq ft) 291 Total Trench Length (Ft)	12 Depth of Stone Trench	9 Trench spacing (min. on centers)	24" to 33" 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.

8-20-97
DEHNR Authorized Agent Date

Owner/Agent Signature 8-20-97 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

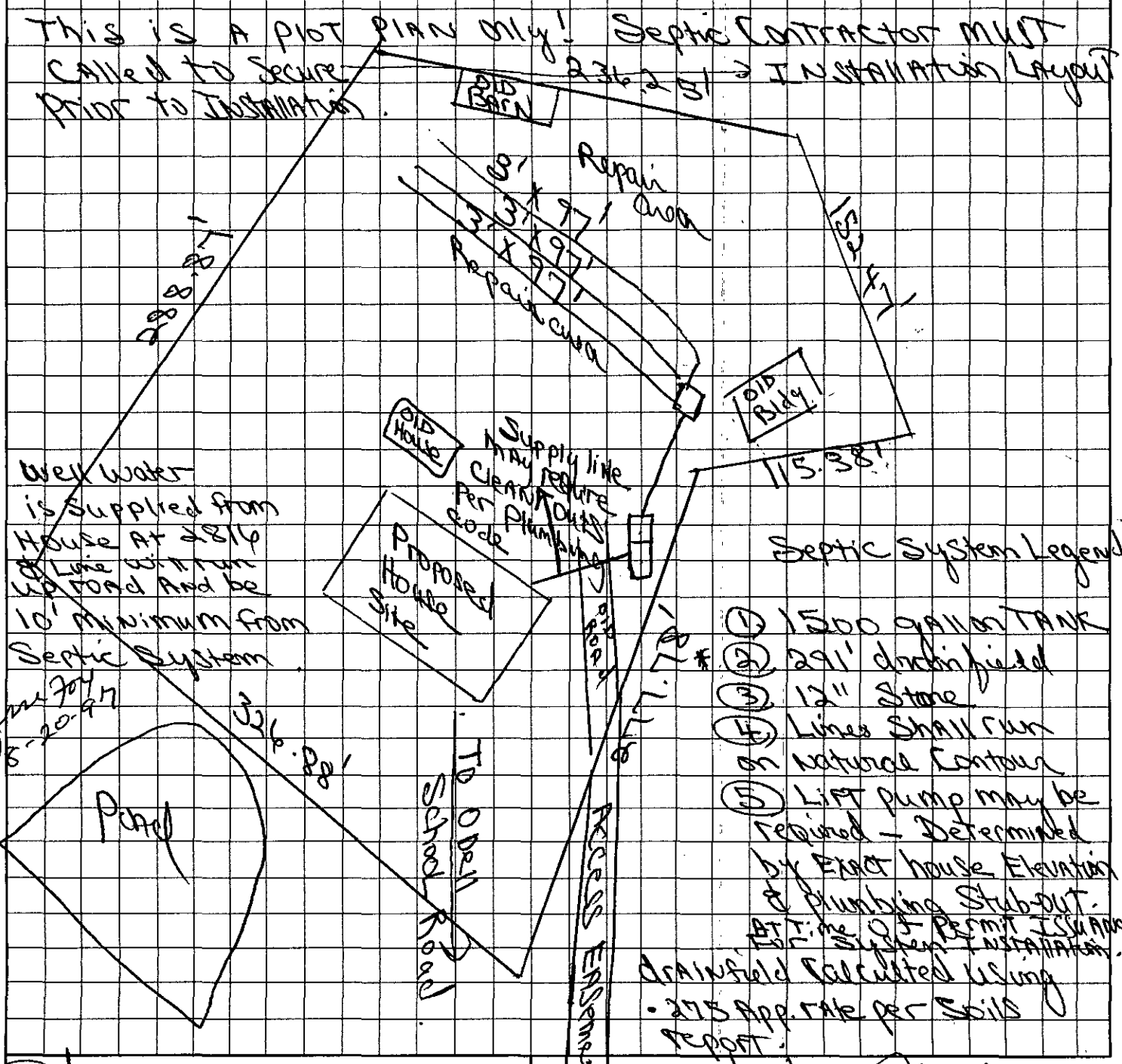
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

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

FILE: 1926B
PD
TC: 029-181-10

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.



OWNER/AGENT SIGNATURE
DATE 8-20-97

APPROVAL DATE 8/20/97 [signature], R.S.

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

Bill Collins
Jesse

Voice pager
335-7647

PROPOSED PLOT PLAN

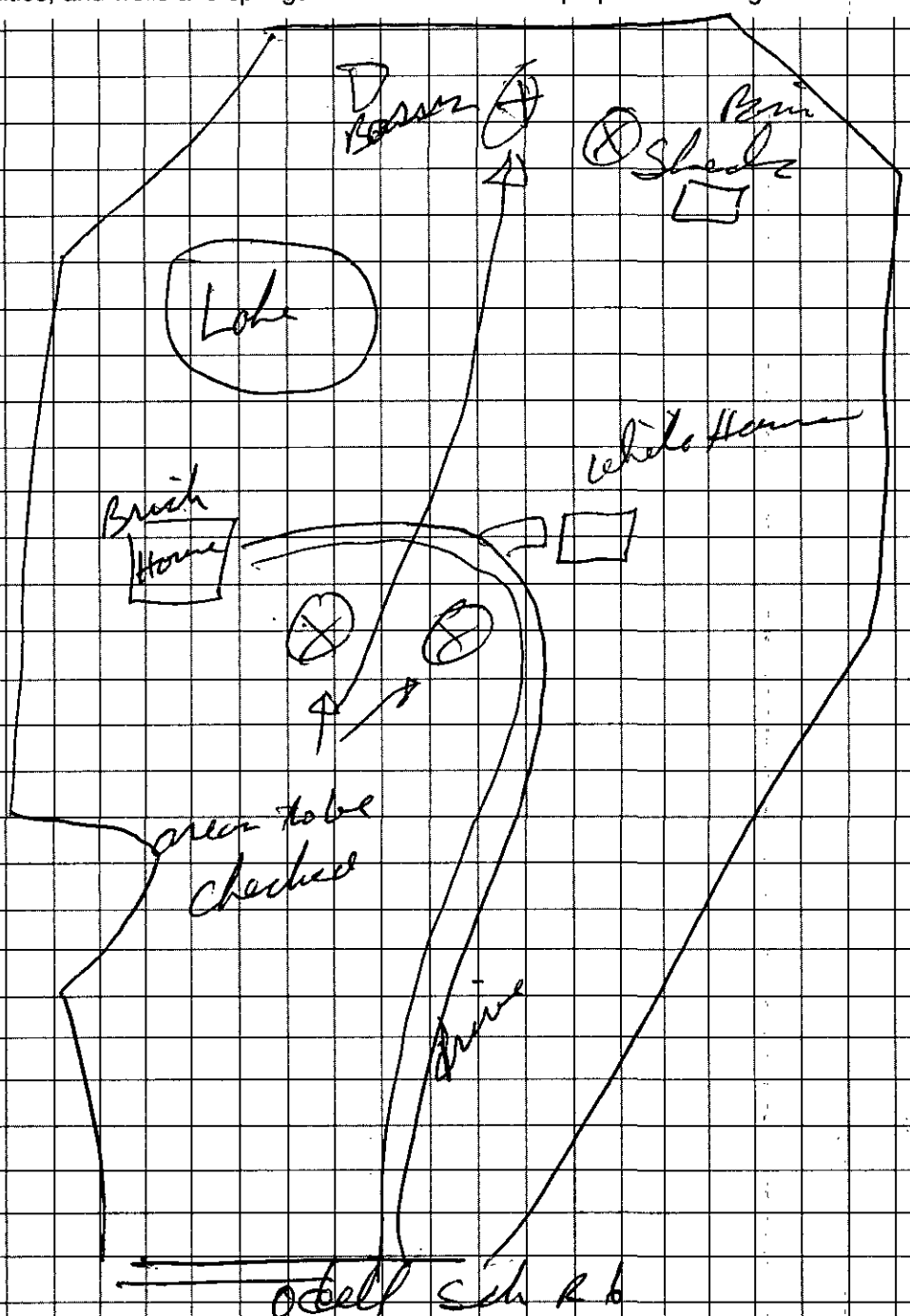
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$75.00
7-31-97

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

FILE: 1926B

TC: 029-181-10 PO

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.



OWNER/AGENT SIGNATURE

DATE 7-31-97

APPROVAL DATE _____

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

CK # 4011

FEE: $100.00 Check
DATE: 5/16/97

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

CK # 3990 $150.00
6/4/97 ES
I JCRT

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 #: 1926B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 029-181-10 PO

STREET ADDRESS: Odell School Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE ASAP

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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

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: (LAST) Houston (FIRST) Carlita (MI)	NAME: (LAST) Fox (FIRST) Jesse (MI) W
ADDRESS: 2820 Odell School Rd	DAYTIME PHONE: (704) 536-9411
CITY: Harrisburg STATE: NC ZIP: 28075	536-7474
DAYTIME PHONE: ( ) —	

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: Jesse Fox DATE: 5-16-97

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

Rebooker ck# 6011 75.00 7/31/97 E.S.(1 DSD)

100.00 Cash
DATE: 5/16/97 JC

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
ck# 1236 **SYSTEMS PROGRAM** 200.00

ck# 3990 $150.00 (200.00)
6/4/97 E.S. (Reduced)
1 ICRT

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

TRACT A

FILE #: 1926B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 029-181-10 PO

STREET ADDRESS: 2820 Odell School Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE ASAP

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Jesse Fox 8-20-97

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

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: (LAST) Houston (FIRST) Carlita (MI)	NAME: (LAST) Fox (FIRST) Jesse (MI) W
ADDRESS: 2820 Odell School Rd	DAYTIME PHONE: (704) 536-9411
CITY: Harrisburg STATE: NC ZIP: 28075	536-7474
DAYTIME PHONE: ( ) —	

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: Jesse Fox DATE: 5-16-97

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

FAX 336 [illegible] P.04

5-16-97

Att Georgann Gratz
Mecklenburg Health Dept

Property L
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& Sit
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Soil Te

7/24/97 I MET ON SITE WITH MR. JESSIE FOX, OWNER OR PROPERTY. THIS PROPERTY IS 19 ACRES IN SIZE AND HE IS GOING TO LOCATE A MOBILE HOME (DOUBLEWIDE OR MODULAR) ON A PORTION OF THE PROPERTY FOR HIS DAUGHTER. THE AREA THAT BILL TESTED WITH ACCEPTABLE SOILS IS DISTANT FROM THE HOUSE SITE. I EXPLAINED THE FOLLOWING TO MR. FOX:

1. CHECK WITH BUILDING STANDARDS-ZONING TO FIND OUT IF HE CAN PUT THE UNIT ON THE PROPERTY AND HOW MUCH LAND HE HAS TO ALLOCATE TO THE HOUSE.

2. IF HE IS SATISFIED WITH WHAT THEY TELL HIM, HE NEEDS TO GET HIS SURVEYOR TO SURVEY THE LOT AND THE EASEMENT AREA FOR THE DRAINFIELD AND THE DRIVEWAY RIGHT OF WAY OR EASEMENT TO TIE ALL OF THIS TOGETHER ON A DOCUMENT.

3. HE NEEDS TO CONTACT ME AFTER THE SURVEY IS COMPLETE SO I CAN VISIT THE LOT AND CONFIRM ALL THE SITE.

4. I WILL THEN GIVE HIM A COPY OF OUR EASEMENT FORM TO TAKE TO HIS ATTORNEY FOR COMPLETION. HE COULD USE THE SURVEY FOR THE EXHIBIT WITH THE EASEMENT.

5. WHEN WE GET THE EASEMENT BACK AND CONFIRM I CAN COMPLETE THE IMPROVEMENT PERMIT, CONSTRUCTION AUTHORIZATION AND CONDITIONS OF THE PERMIT.

I EXPLAINED THAT I WOULD COMPLETE THE IMPROVEMENT PERMIT FOR HIM SINCE PHILO HAS NEVER BEEN ON HIS LOT.

Judy Rice

PROPOSED PLOT PLAN

2nd Addt. 3rd Addt Eval

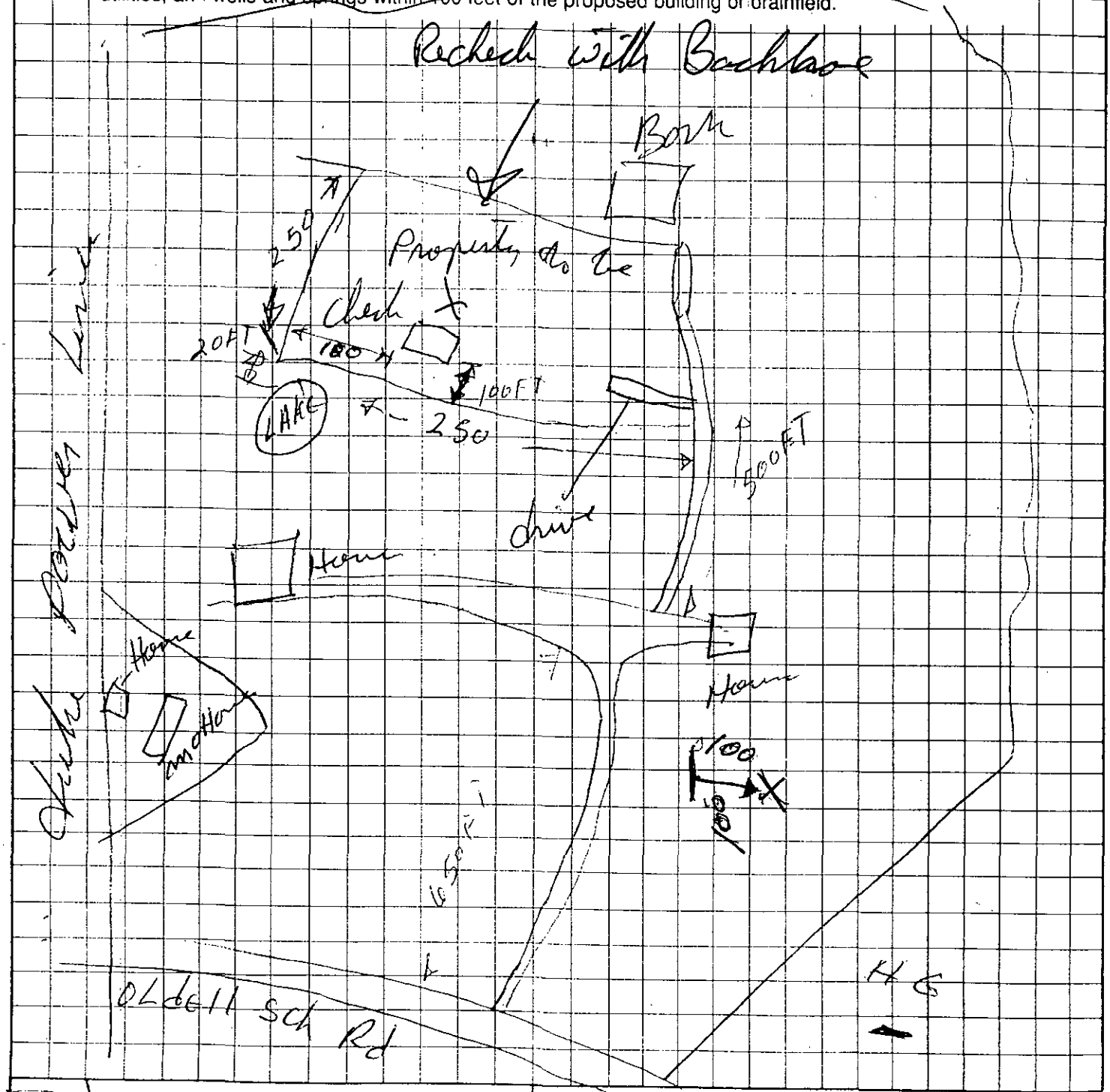
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

1926B

FILE: 029-181-10 PO

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.



OWNER/AGENT SIGNATURE

DATE 6-4-97

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Co

1 2nd site evaluation transferred to file

3-26-99
VW