

705 N OLD STATESVILLE RD

1/3/2008

duponbj

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

Mecklenburg County
Health Department

December 12, 1995

Doris Johnson Overby
P. O. Box 214
Huntersville, NC 28078

Re: 15229 Old Statesville Road
File 3739B
Parcel: 017-331-31 P.O.

Dear Ms. Overby:

Receipt of your application to use the existing sewage disposal system to serve a proposed welding shop at the above referenced site is hereby acknowledged.

Your request was reviewed in conjunction with the provisions of 15A NCAC 18A .1900 "Laws and Rules For Sanitary Sewage Collection, Treatment and Disposal".

We have no files or records of soils information or copies of permits issued by this office for installation or approval of any sewage disposal system at this site.

A site visit was made in an attempt to locate the existing septic tank and drainfield by probing on the lot. I was unable to locate the septic tank or a nitrification field system. You were advised to contact the alleged septic contractor who installed the system to obtain a copy of any approvals or other pertinent information he might provide. I have received no information nor have I been contacted by a contractor.

Your application fee covered a soil evaluation which was conducted by Bill Marlin, Soil Scientist of this Department. Our comments are as follows:

The available area on the site is classified as UNSUITABLE in accordance with the following rules (see enclosed copy).

- .1940 Topography And Landscape Position
- .1941 Soil Characteristics (Morphology) Expansive Clay Mineralogy
- .1942 Soil Wetness Conditions

In addition, please be aware that according to Rule .1948(d) "A site classified at UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall b reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data can indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous.
(2) the effluent will not contaminate groundwater of surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The state shall review the substantiating data if requested by the local health department".

Unfortunately, due to the reasons outlined in this correspondence, your request to use the existing septic system to accommodate the proposed welding shop is denied.

An option which might be available to you is connection to the Charlotte Mecklenburg Municipal sewer system. You may contact a representative at 399-2551 for further details.

You also have the right to an informal review with this Department. If no resolution can be reached, you have the right to appeal the decision of this Department under G.S. 130A-24 and G.S. 150B-23(a) through the State Office of Administrative Hearings (OAH).

If you have any questions concerning this matter, please contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

Enclosure

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 Case 91149 ☐ CRT

3739B

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: Johnson (last) Hugh (first) (mi)
ADDRESS: 523 walnut St PHONE: (704) 663-2752
CITY: Mooresville NC STATE: ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-331-31 PO
STREET ADDRESS: old Statesville Rd
~~5289~~ ~~5289~~ 505 old States. Rd
ZONING:

PROPERTY OWNER: Overby Doris Johnston
NAME: Overby (last) (first) (mi)
ADDRESS: PO Box 214 PHONE: (704) 948-0387
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ 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: Welding Shop # Employees 1 Per Shift 2 nights
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☑ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Doris Overby Date: /

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

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

...9/19/95 Rec S.R.

5:15 Mr mess from Mr Johnson
PC to Mr Johnson - Mr Ogleby NC

9/19/95 10:00 " " " " " " NC.

9/24/95 Mr mess from Mr Johnson.

10/12/95 OSR. Mr. Ogleby, Mr Johnson
Environmentalist Date
present - PC Mr Ogleby - Claudius Morrison installed ST Sup. Q 10 years ago Advised - will check our records again + consult w/ CMUD.
Director or Authorized Section Head Date

9/25/95 PC w/ Mr. Ogleby; shop not started; to have Mr Johnson contact me when started for

10/17/95 (4 years produce stand) WATER 22 GPM
10/19/95 No records - system found
10/19/95 OSR. Mr. Ogleby present. Advised he to contact Claudius Morrison for copy of his records (i.e. I.P., Install app.) DCM

10/19/95 PC w/ GingerSaxon @ CMUD. Sewer available to real.

11/3/95 PC w/ Mrs Overby; stated Claudius had no records. Advised ① soil work would need to be done ② septic uncovered. Refer Mrs Overby to CMUD. JSR

11/10/95 Mr from Hugh Johnson
PC w/ Mrs. Overby; stated she will check w/ graders? next week regarding avenue to pursue.
Advised - will have B. Marlin check soils - if O.K; sep. would have to be uncovered.

~~12/12/95 letter sent - Denial~~

11/15/95 OSV w/ B. Marlin · Doris Overby present.
Soils unsuitable

12/12/95 Letter - Denial · sent.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

37139B

$50.00 Cash @ 9/14/95 at

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: Johnson (last) Hugh (first) (mi)
ADDRESS: 523 walnut st PHONE: (704) 663-2752
CITY: Mooresville NC STATE: ZIPCODE: 28078

Date:

PROPERTY OWNER: Overby
NAME: Overby (last) Doris Johnson (first) (mi)
ADDRESS: PO Box 214 PHONE: (704) 948-0387
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-331-31 PO
STREET ADDRESS: ~~15289 15289~~ 705 old statesville Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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- [ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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- [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Welding Shop # Employees 1 Per Shift 1 1 1 (1 visits)
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
- [ ] Community (C)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITION: - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
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10/12/95 OSR. Mr. Ogleby, Mr Johnson
Environmentalist Date
present - Per Mr Ogleby - Claudius Morrison installed ST sys. 6-10 years ago. Advised - will check our records again & consult w/ CMUD.
Director or Authorized Section Head Date

10/17/95 (was produce stand) WATER system found
10/19/95 NO record
10/19/95 OSR. Mr. Ogleby present. Advised her to contact Claudius Morrison for copy of his records (i.e. I.P. Install app.) CMUD.

File 3739.B

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☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

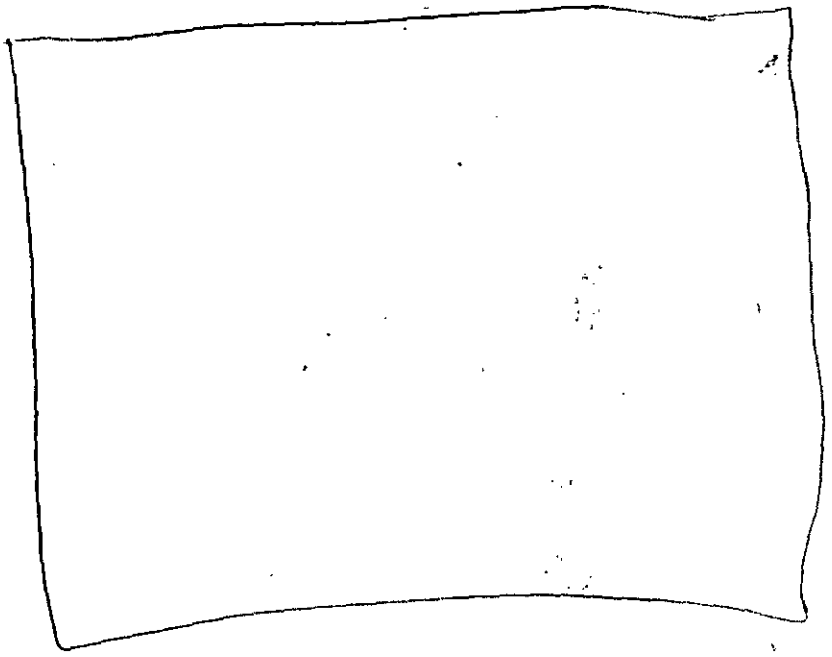
_____ Director or Authorized Section Head Date

WATER (2270)

75'

Rt 110

200 Front Road



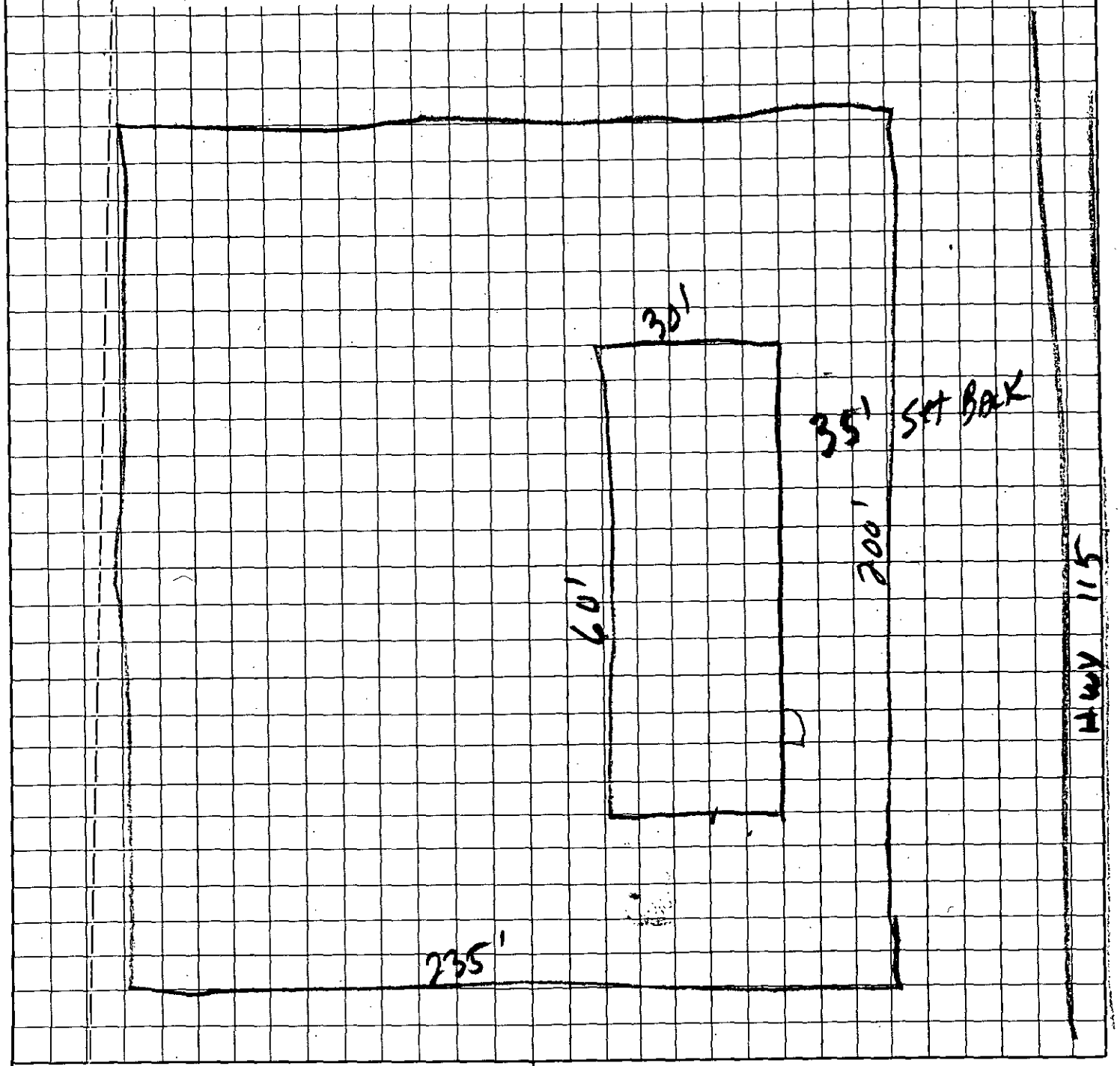
PROPOSED PLOT PLAN

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

FILE: 3739B

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

APPROVAL DATE _____

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