

17321 BOYD'S COVE DR

1/2/2008

duponbj

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

SOIL AND SITE REPORT FOR A GROUND ABSORPTION WASTEWATER SYSTEM

by

JOE LYNN, REGIONAL SOIL SPECIALIST
ON-SITE WASTEWATER SECTION
DIVISION OF ENVIRONMENTAL HEALTH

Submitted to:

BILL MARLIN, SOIL SCIENTIST
MECKLENBURG COUNTY HEALTH DEPARTMENT

JULY 25, 1994

Joe Lynn
Regional Soil Specialist

SUMMARY

This site is **UNSUITABLE** for a ground absorption wastewater treatment and disposal system under current laws and rules 15A NCAC 18A .1900. **No ground absorption wastewater (septic tank) system can be permitted on this site.**

Conventional systems	NO
Shallow conventional systems	NO
Large Diameter Pipe systems	NO
Prefabricated Porous Block Panel systems	NO
Low Pressure Pipe Systems	NO
Fill Systems	NO
Aerobic Treatment Systems	NO

This report gives a brief summary of the findings, conclusions, and recommendations.

If you have any questions or I can be of assistance contact me at the Mooresville Regional Office (704) 663-1699.

INTRODUCTION

COUNTY: Mecklenburg

OWNER/APPLICANT: John Sneed / Gary Aaron

LOCATION: Greenhill Road

TYPE OF FACILITY: Residence

DESIGN UNIT: 360 gpd

PROPOSED WATER SUPPLY: On-site well

EVALUATED BY: Joe Lynn assisted by Bill Marlin using hand augers

DATE OF EVALUATION: May 18, 1994

OTHER(S) PRESENT: N/A

SITE INFORMATION

AREA/PRESENT USE: Approximately 2 acres / wooded

TOPOGRAPHY: 5 to 15 percent

LANDSCAPE POSITION: Linear slopes

SITE LIMITATIONS: Complex slopes / old roads / eroded areas

SOIL INFORMATION

SOIL TEXTURE: (surface) Sandy loam to clay
(subsoil) Sandy clay and clay

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Expansive at 0 to 16 inches

SOIL DEPTH: 14 to 27 inches to saprolite, rock, or parent material

SAPROLITE: 14 to 24 inches to unsuitable saprolite

SOIL WETNESS: None

RESTRICTIVE HORIZONS: None

AREA of S or PS SOIL: None found

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption wastewater system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Drainage features (gullies) and complex slopes
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches
4. Insufficient Available Space — Section .1945
   Not enough area for an initial sewage system and a repair if needed.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Neither shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule (greater than 20 percent clay and mafic rock). Drainage will not be sufficient to reclassify the site to Provisionally Suitable.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. Neither a low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. The applicant may purchase other Suitable or Provisionally

Suitable property to place the ground absorption sewage system on.

2. The applicant may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1948 (d). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must be non-pathogenic, non-infectious, non-toxic, and non-hazardous.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.

Mecklenburg County
Health Department

August 8, 1994

Gary Aaron
17222 Green Hill Road
Charlotte, NC 28278

Re: Greenhill Road
File: 3113B
Parcel: 217-083-08

Dear Gary:

Enclosed you will find a copy of the report for the Snead property (217-083-08) located off Greenhill Road. This report was prepared by Joe Lynn, Regional Soil Specialist.

Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

WM:gf

cc: file

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Gary Aaron
17222 Green Hill Road
Charlotte, N.C. 28278

Dear Gary:

Enclosed you will find a copy of the report for the Arend property (217-093-05) located off Greenhill Road. This report was prepared by Joe Tyson, Regional Soil Specialist.

Sincerely,

William A. Martin

copy of letter to
file 3113B

Mecklenburg County
Health Department

July 28, 1994

Mr. & Mrs. John Snead
P.O. Box 306
Lake Como, Florida 32157-0306

Re: Greenhill Road
File: 3113B
Parcel: 217-083-08

Dear Mr. & Mrs. Snead:

Enclosed is a copy of the report prepared by Joe Lynn, Regional Soil Specialist, for the property (217-083-08) located on Greenhill Road

Sincerely

William R. Marlin

William R. Marlin
Soil Scientist

WM:gf

cc: file

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

217-083-05

9/9/94 11

~~John Sr~~
~~John Jr~~

Mr. & Mrs. John Snead
PO Box 306
Jacksonville, Fla. 32257-0306

Dear Mr. & Mrs. Snead:

Enclosed is a copy of the ~~soil~~ report from Joe Lyons, registered soil specialist, for the property (217-083-05) located on Greenhill Road

Sincerely,

William R. Mauli

glletter
copy to file 3113B

Seven-
original copies
of report are
in file-
Bill M

Mecklenburg County
Health Department

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

May 2, 1994

John & Jean Snead
P. O. Box 306
Lake Como, Florida 32157-0306

RE: Property located at Greenhill Road
FILE: 3113B/9484A
PARCEL: 217-083-08

Dear Mr. & Mrs. John Snead:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20308) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

Enclosure

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20308

File: 3113 B/9484A Action 3

Parcel: 217-063-08

Location: Greenhill Road

Subdivision:

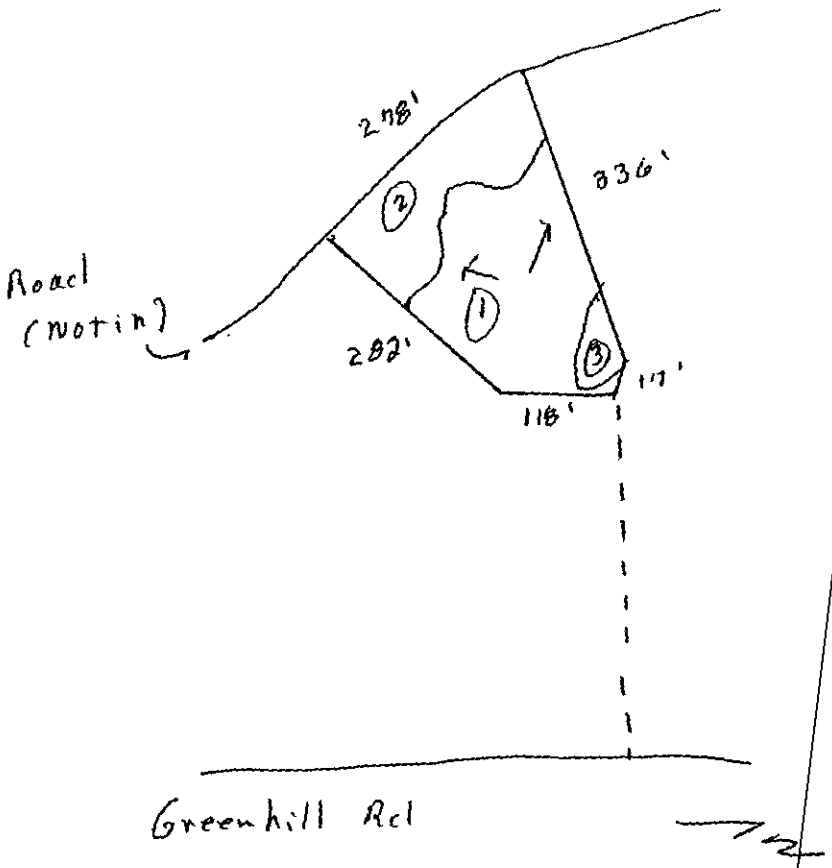
Lot: Block: Acres: 1.0

Owner: John + Jean Snead
Address: PO Box 306
Lake Como, Fl. 32157-0306

Comments:

Described by: William R. Marlin

Date: 4-29-91



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

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

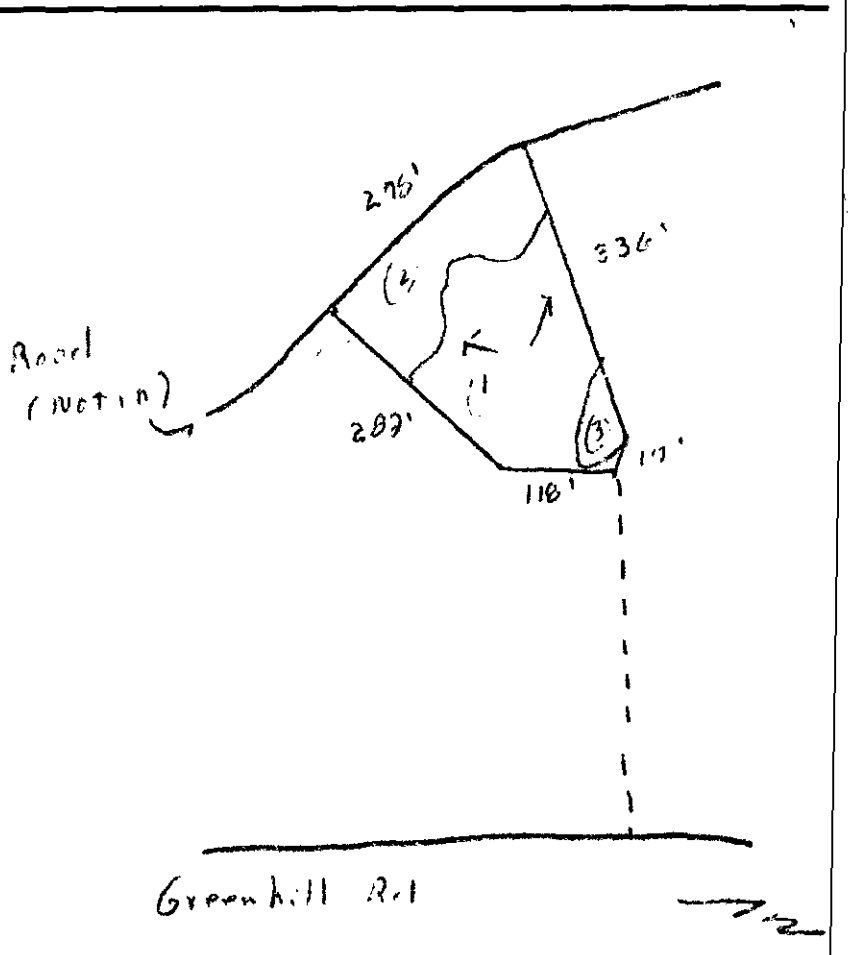
FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U subBlky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" To water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 10-18"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	Series Not Determined	Complex slopes	Depression			
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 20308

File: 3113 3/14 4W Action → PC
Parcel: 217-163-05

Location: Brumbelow Road
Subdivision:
Lot: Block: Acres: 1.0
Owner: John + Joan Snead
Address: P.O. Box 316
Lake Como, FL. 32157-0316
Comments:

Described by: William A. Marks
Date: 4-27-94



***** 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) 6-12%	S PS (U) Complex Slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U Poor to moderate	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 10-19"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	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	Series Not Determined	Complex Slopes	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Please call 336-4360
from 8:00 - 9:00 Am
I will be glad to
meet at property

Gary Haven

3113B1948HA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Necklenburg 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: Aaron (last) Gary (first) O (mi)
ADDRESS: 17222 Greenhill Rd PHONE: (704) 588-8415 336-4360
CITY: Charlotte STATE: N.C. ZIPCODE: 28278

Date: 4-12-94

PROPERTY OWNER:
NAME: SNEAD (last) JOHN S. & JEAN D. (first) (mi)
ADDRESS: P. O. BOX 306 PHONE: 904 649-4933
CITY: LAKE COMO STATE: FL ZIPCODE: 32157-0306

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-083-08
STREET ADDRESS: Greenhill Rd
ZONING:

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: 4 LOT SIZE (in acres): 1.1

[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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6
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: Jean D. Snead Date: 04-18-94

NOTICE:

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

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

...This permit is not transferable.

...

[] 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

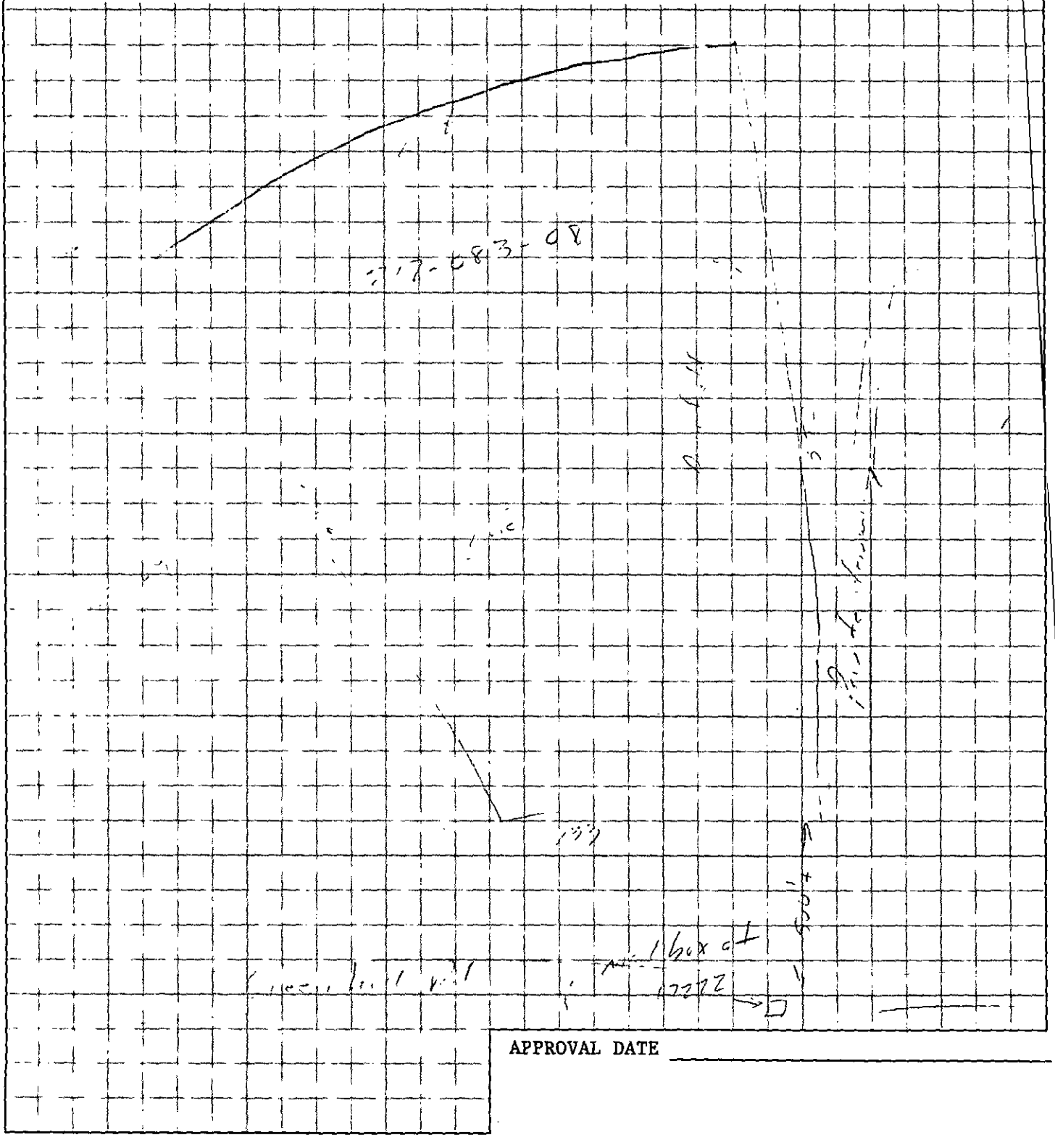
PROPOSED PLOT PLAN

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

FILE: 31128/94847

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3113B/9484A

[] 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: Aaron (last) Gary (first) O (mi)
ADDRESS: 17222 Greenhill Rd PHONE: (704) 588-8415 336-4360
CITY: Charlotte STATE: N.C. ZIPCODE: 28278

Date: 4-12-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-083-08
STREET ADDRESS: Greenhill Rd
ZONING:

PROPERTY OWNER:
NAME: SNEAD (last) JOHN S. & JEAN D. (first) (mi)
ADDRESS: P. O. BOX 306 PHONE: 904) 649-4933
CITY: LAKE COMO STATE: FL ZIPCODE: 32157-0306

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: 4 LOT SIZE (in acres): 1.1

[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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6

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 [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: Jean D. Snead Date: 04-18-94

NOTICE:

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

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

...This permit is not transferable.

...

[] 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

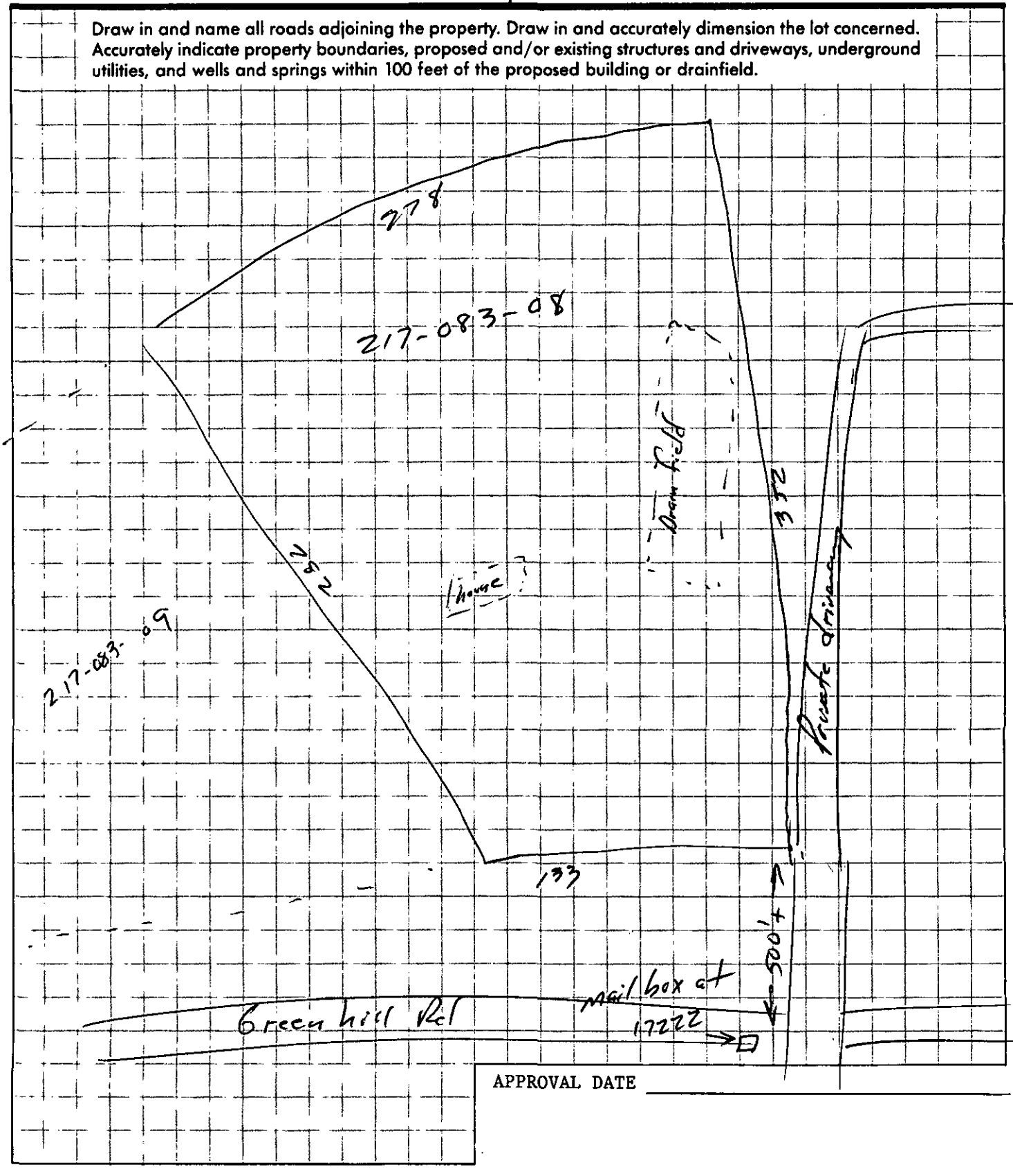
PROPOSED PLOT PLAN

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

FILE: 3113B/9484A

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

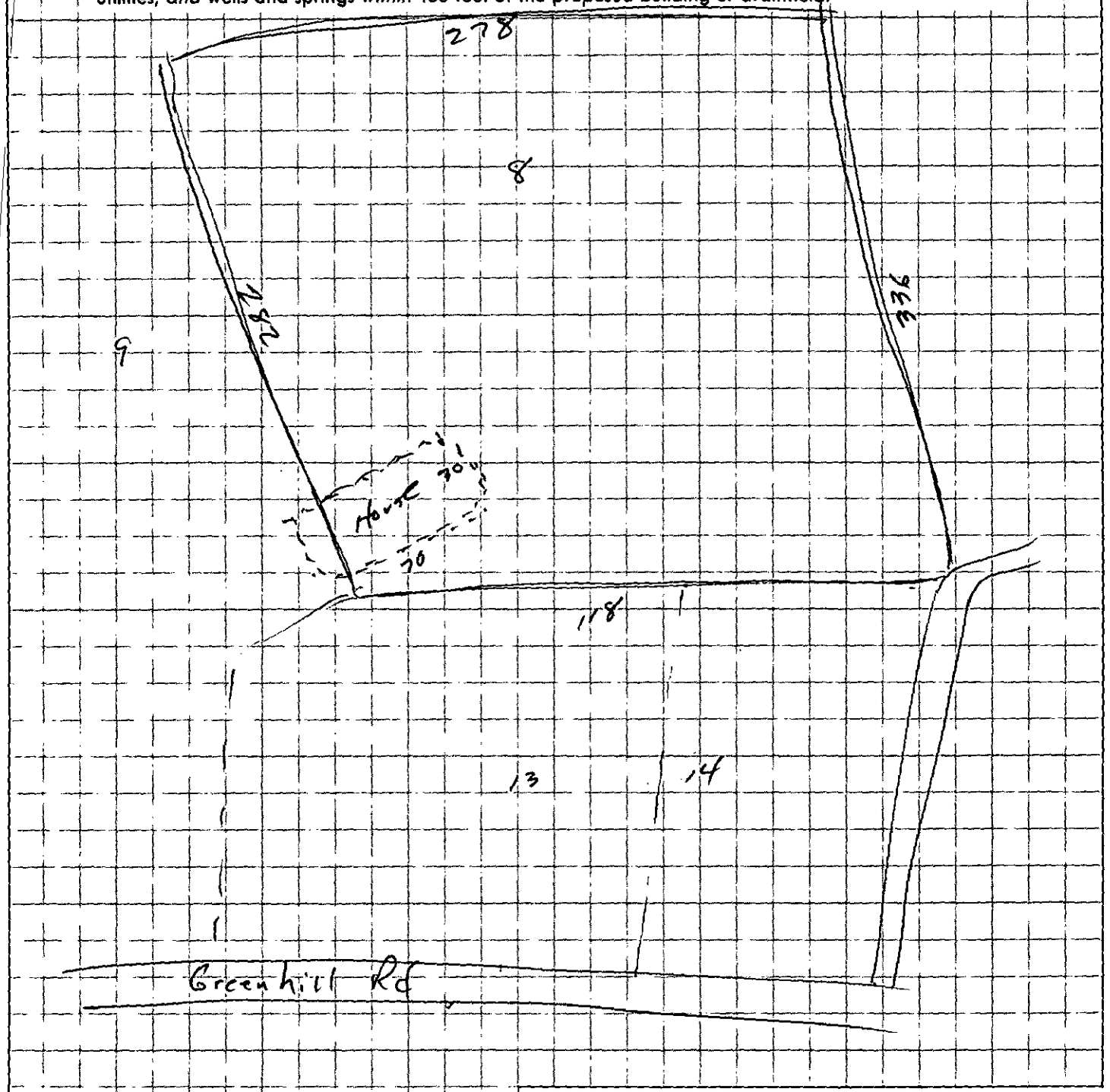
PROPOSED PLOT PLAN

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

FILE: 3113 B/ 9484A

TC: 217-083-08

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