

9300 WALKERS FERRY RD

11336111

6/27/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 4400

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

FILE: 7278A DATE: 5-24-95

TC: 113-124-21,22 ☐ L ☒ CRT

SERIAL Nº 16265

Name of Owner MARK CLAPHAM Juris.:

Address of Property 9300 WALKERS FERRY Rd.

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 18"

Water Supply Source WELL
NOT INSTALLED YET

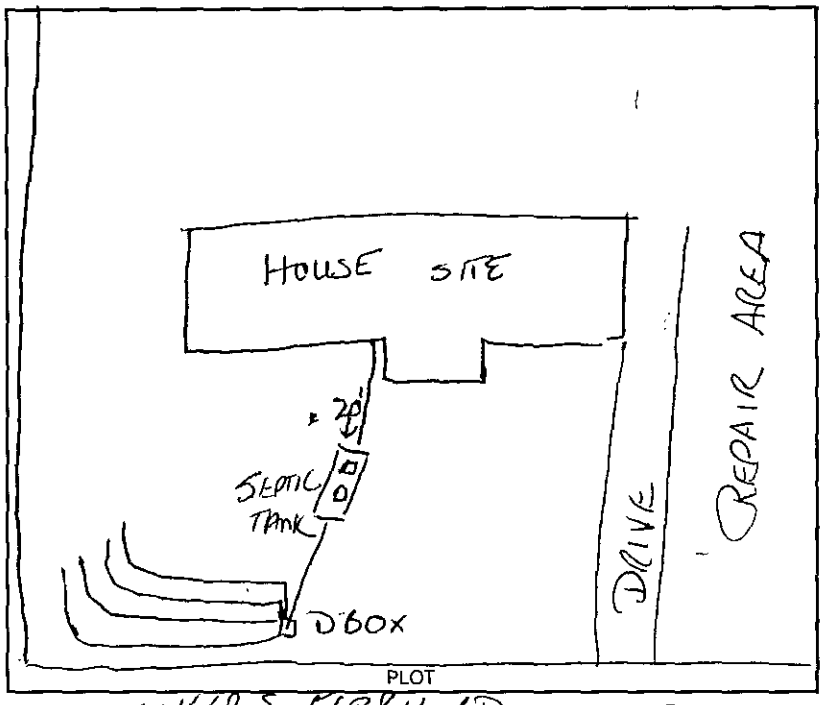
Distance to Water Source MIN. 50'

Excavation Inspected 5-24-95

Tank(s) Inspected 5-24-95

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, 1200 SQFT, CTR# RCS

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 15A 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 15A 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: Type III D II - ORIGINAL

Type II original system

for Daniel Thorsen, Chief 6-6-95

Joni Griggs Bussey, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

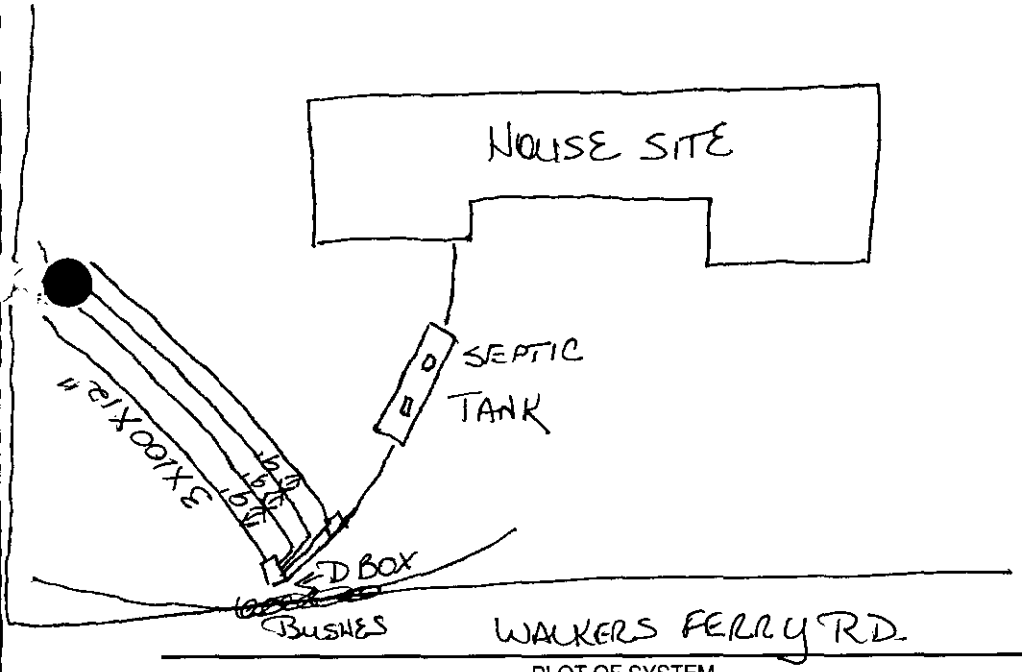
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7278A DATE: 4/26/95

TC: 113-124-21,22 ☐ L

SERIAL Nº 16219

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 4/26/95 (10/3/95). All work shall be completed on or before 10/3/99, 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 — gallons

Tank Construction PCC

Trench Depth 30" * MUST BE MAINTAINED

Absorption and/or Nitrification Lines: OR PUMP WILL BE REQUIRED

Trench Width 36" ~~feet~~

Trench Walls Scored and Porous NO

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 10 OR MORE ~~feet~~

Distance from Property Line 10 feet

Distance from Well 100' feet MAXIMUM

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

NAME OF OWNER Mark Clapham

LOCATION OF PROPERTY 9300 Walkers Ferry Rd.

Comments: 1500 SEPTIC TANK (1) D BOX, 4 TRENCHES @ 3X100X12" — TRENCHES SHALL REMAIN 30" OR PUMP WILL BE REQUIRED., ROAD DITCH MUST BE ACCESSIBLE TO DRAINAGE.

John Higgins-Bussey, R.S.
Environmental Health Specialist

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

pd #150.00 6/30/95 ck #6399

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $150 cash 6M8 10/3/94 DT ☐ CRT

7278A

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: Clapham (last) Mark (first) C (mi)
ADDRESS: 14801 Lenora Dr PHONE: (704) 588-2394
CITY: Char. STATE: N C ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-124-21,22
STREET ADDRESS: 9300 Walkers Ferry Rd
ZONING:

PROPERTY OWNER:
NAME: Davenport (last) Robert (first) (mi)
ADDRESS: 9327 Walkers Ferry Rd PHONE: (__) _____
CITY: Cha STATE: ZIPCODE:

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 (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: 3 NUMBER OCCUPANTS: 3

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)
☒ 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: [signature] Date: 10-3-94

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.

...Pump to conventional system with repair area. Gravity flow shall be given so that a pump may not be required.

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

[signature] 10-11-94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

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

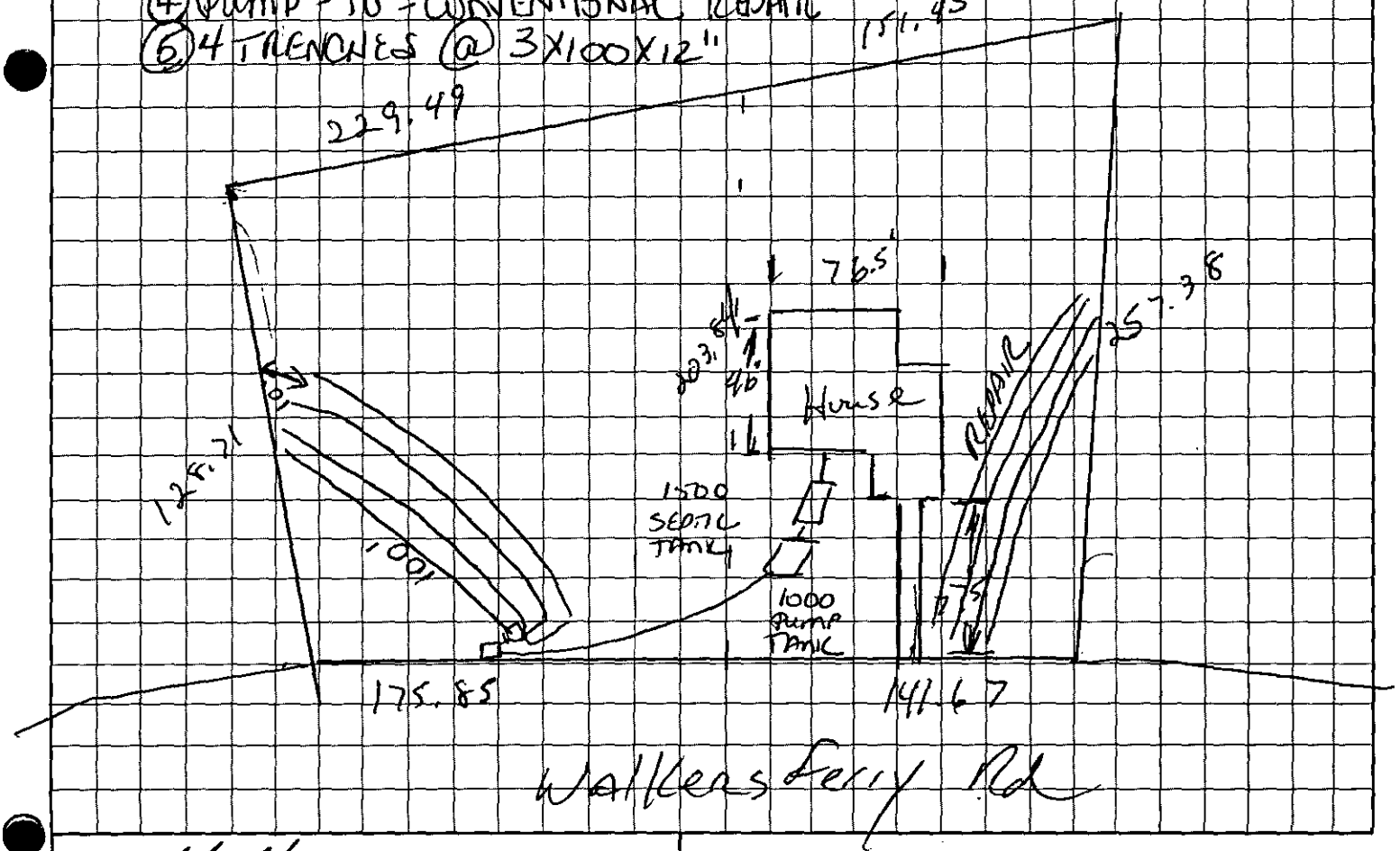
FILE: 7278A

TC: 113-124-2122

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:

1. 1500 SEPTIC TANK
2. 1000 GALLON PUMP TANK
3. PUMP WILL NOT BE REQUIRED IF IT CAN BE PROVEN THAT GRAVITY FLOW CAN BE ESTABLISHED AND THE SYSTEM WILL BE LOCATED OUTSIDE THE DESIGNATED DEPRESSION AREA.
4. PUMP - TO - CONVENTIONAL REPAIR
5. 4 TRENCHES @ 3'X100'X12"



OWNER/AGENT SIGNATURE

DATE 10-13-94

APPROVAL DATE _____

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 10/3/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 113-124-21,22

ASSIGNED ADDRESS 9300 Walkers Ferry Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	
6. PROPERTY FRONTS ON THOROUGHFARE	*	
7. DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

February 18th, 1991

Robert Irvin Thompson
5414 Wilkinson Boulevard
Charlotte, NC 28208

RE: Property located at 9300 Walkers Ferry Road L.2/124
FILE: 7278A
PARCEL: PO 113-124-09

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16998) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16998

File: 72 78A Action 2

Parcel: 00 113-124-09 PPC

Location: 9300 Walkers Ferry Rd.

Subdivision:

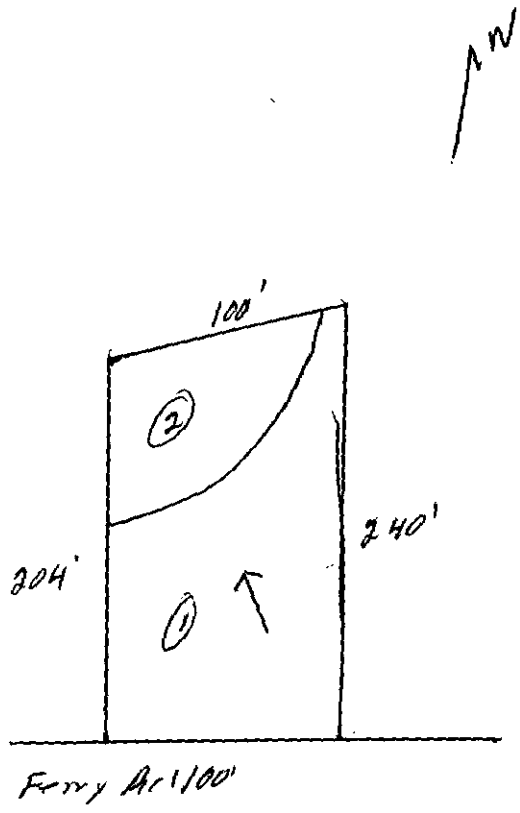
Lot: 2 Block: Acres: .50

Owner: Robert D. Thompson
Address: 5414 Wilkinson Blvd.
Charlotte, N.C. 28208

Comments: soil Repair

Described by: William R. Marlin

Date: 2-14-91



*** 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 2-8%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+8" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7+8"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7+8"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	III Cecil Silt	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 16998

File: Action 1

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

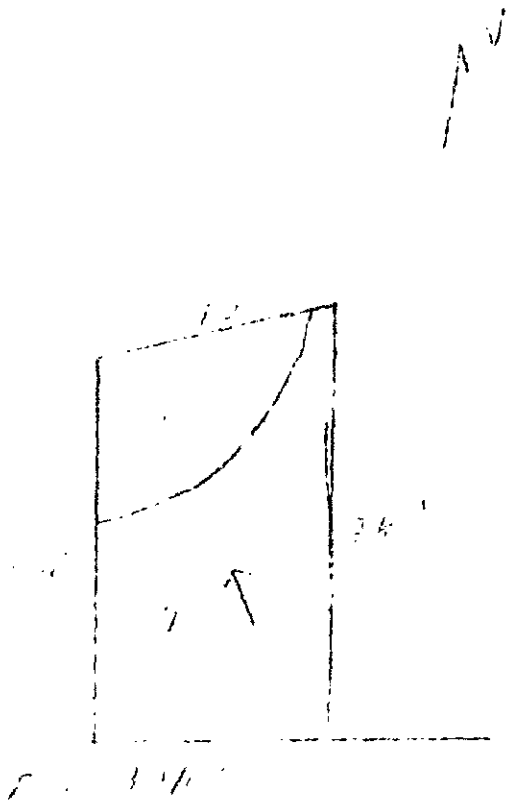
_____

_____

_____

Described by: _____

Date: _____



***** 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	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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20501

File: 7278A Action: 1

Parcel: 113-124-21,22 ☐ PC

Location: 9300 Walkers Ferry Rd

Subdivision:

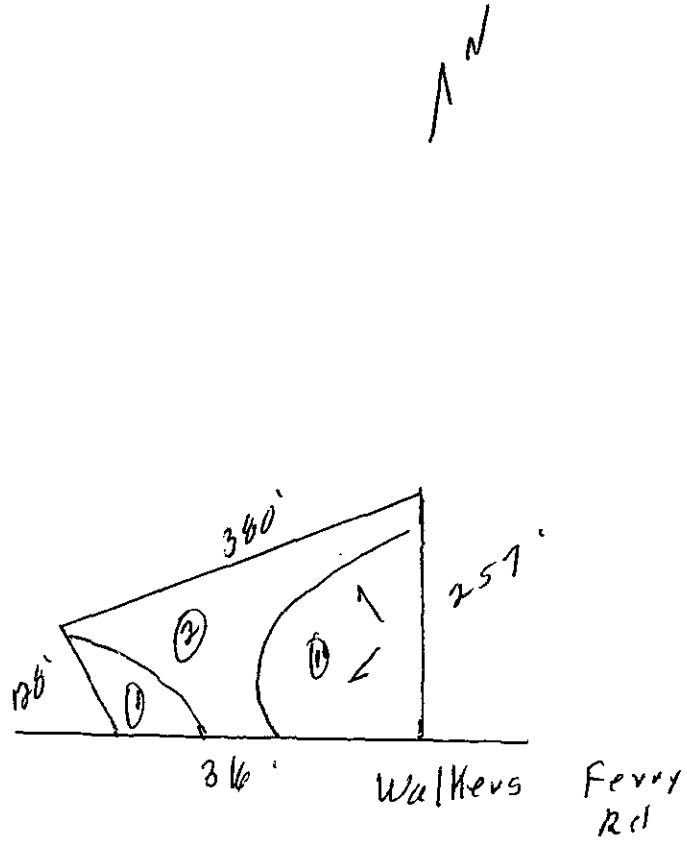
Lot: Block: Acres: Approx 1.5

Owner: Robert Davenport
Address: 9321 Walkers Ferry Rd
Charlotte, N.C.

Comments: 100% repair, .3 gal/ft/day + TAR

Described by: William R. Marks

Date: 10-7-94



***** 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 6-15%	S PS (U) Depression	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 Blocky subt	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U > 48" To soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 43"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 74"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U somewhat 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/Ue	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7278A

TC:

☑ PC ☐ REPT

PD
or# 1637
$30.00
02/11/91

JOB LOCATION

① ADDRESS: 9300 Walkers Ferry Road

② SUBDIVISION: ③ LOT: 2 ④ BLOCK: 124

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 12 PARCEL NO.: 09

⑥ DEED REFERENCE: BOOK NO.: 4614 PAGE NO.: 939

OWNER

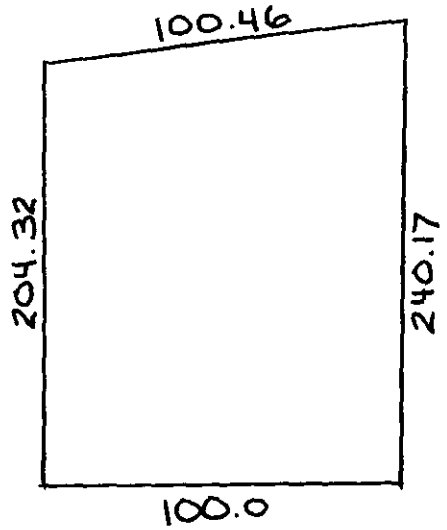
⑦ NAME: Robert (FIRST) Irvin (MIDDLE) Thompson (LAST)

⑧ MAILING ADDRESS: 5414 Wilkinson Boulevard

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28208

⑫ PHONE: (WORK) 704/394-6433 (HOME) 704/392-2824

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 I. Thompson

Date: 2-11-91

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2/11/91

Name/Company: Timmons Builders Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Well Test

For #'s

1279A thru 1279A

9232 Nations Ford Rd

9300 Nations Ford Rd

9308 Nations Ford Rd

MEDICAL PLAZA
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 11 1991

Fee: $150.00 cc# 1637 11-150.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 2/7/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 113-124-09pp

ASSIGNED ADDRESS 930 Walkers Ferry Rd

EXISTING ADDRESS _____

PROJECT NAME AA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank & Well

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

SIGNED: Dave

OPWEAR 06-88

NEW ADDRESS /√/*

FORM 100

Owner - agent
needs to sign
plot plan
for release
to improvement.
Can put this on computer
after signing.