

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

RETURNED TO SENDER
FORWARDING ORDER EXPIRED

CHARLOTTE NC 282 04-14-96
APR 12'96
NC
PB METER 7152923
=0.32= U.S. POSTAGE

Mr. Mike Ingle
Mike's Backhoe Service & Landscaping
Route 4, Box 345
Lincolnton, N.C. 28092

CLT N.C. 282 19:341296 155 #6

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 2054B DATE: 4/11/96

TC: 001-394-18 ☐ L ☒ CRT

SERIAL Nº 16537

Name of Owner William & Jill Cashion Juris.:

Address of Property 16615 Thunderhill Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 395'

Number of Lines 3 @ ~132' each

Cover Depth 12-18"

Water Supply Source Well

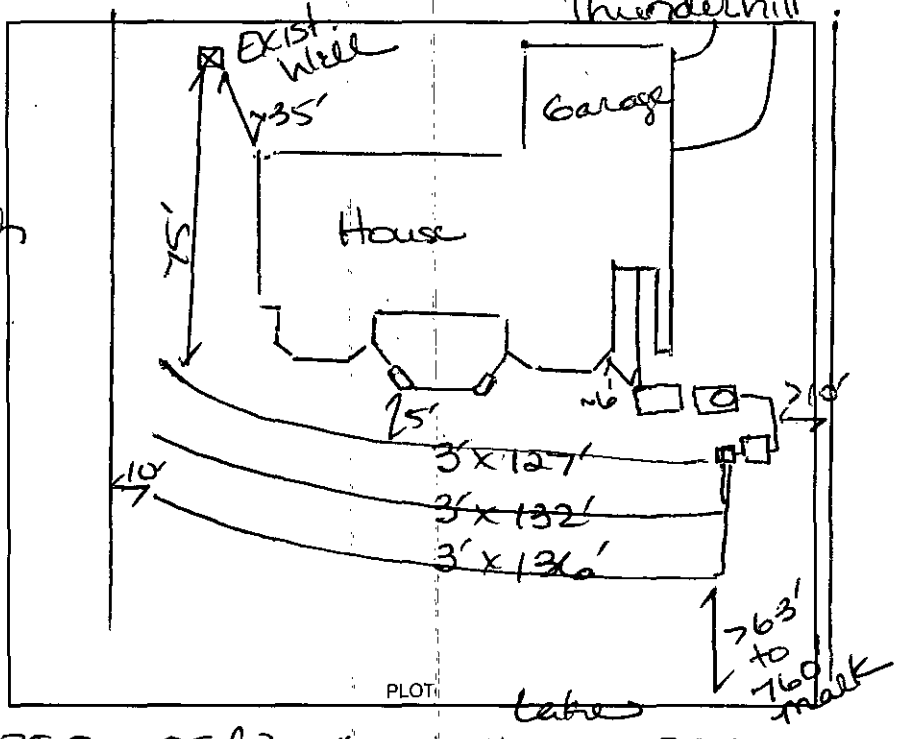
Distance to Water Source 75'

Excavation Inspected 3/15/96

Tank(s) Inspected 3/15/96

Wash Line Inspected NA

High Water Alarm Inspected 4/11/96



Design 1996 Con, 1500g ST, 1000g PT, P, 1185ft², 12"G, cecil-like CTR# 220 Mike Ingle w/Dennis Gaillard

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 Goulds WE05411A

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(b) Note: Pump necessary due to fact that house plumb. stubout 2' below grade & to rear of house.

3 bedroom house.

Do not drive or park vehicles over any portion of the sewage disposal system.

Lisa B. Mialik, RS
Environmental Health Specialist

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

Mecklenburg County
Health Department

March 28, 1996

Mr. Louis Gais
8062 Bradford Lane
Denver, North Carolina 28037

Re: 16615 Thunderhill Road
File: 2054B
Parcel: 001-394-18

Dear Mr. Gais:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

Furthermore, please be advised that a riser will be required on the septic tank if the final cover depth exceeds 30 inches per .1952(a), and that additional reinforcement will be required for the septic tank and/or pump tank if the cover depth exceeds 36 inches per .1954(a).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5573 to discuss any question you may have concerning this matter.

Sincerely,

Lisa B. Mialik, RS

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

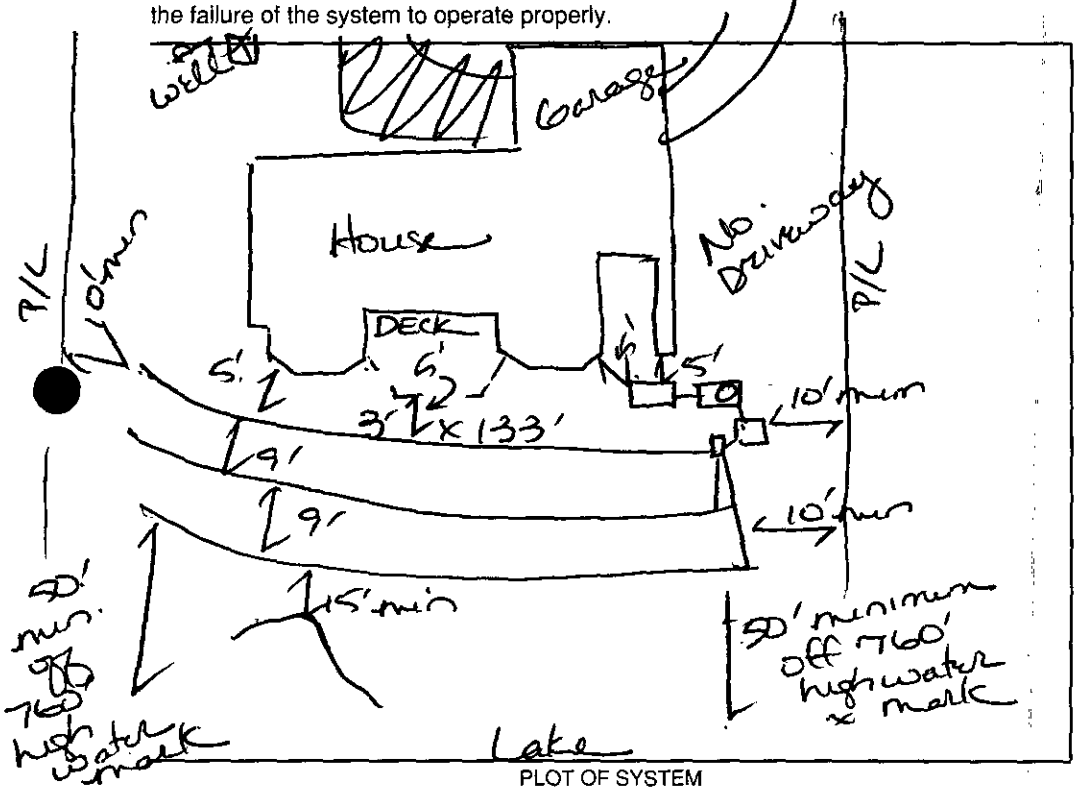
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2054B DATE: 3/7/96

TC: 001-394-18 ☐ L

SERIAL Nº 16653

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 6/28/95. All work shall be completed on or before 4/7/96, 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 1000 gallons

Tank Construction PCC

Trench Depth ~~30"~~ (36" max)

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length ~400' feet

Number of Lines 3 @ 133'

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER William + Jill Cashion

LOCATION OF PROPERTY 16615 Thunderhill Road

Comments: Pump, pump controls, & alarm shall meet current N.C. code.

Keep installation a minimum of 50' from 760' high water mark of lake

Direct gutter down spouts away from system.

Catherine A. Daniel Program Chief 3-8-96

Lisa B. Mialik, RS
Environmental Health Specialist

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

2054B

Rd. $130.00 6/28/95 Ck. #5188 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Gais (last) Louis (first) M (mi)
ADDRESS: 8062 Bradford PHONE: 704, 483-3774
CITY: Denver STATE: NC ZIPCODE: 28037

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-384-18
STREET ADDRESS: 1665 Thunder Hill Rd.
ZONING:

PROPERTY OWNER:
NAME: William & Jill Cashion (last) (first) (mi)
ADDRESS: Estes Cir PHONE: (__) _____
CITY: Mooresville STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [X] 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: 8

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)
- [ ] Municipal (M)
- [X] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

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: Louis Gais Date: 6/28/95

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

...System design is Approved for A 3 bedroom home. House has basement (daylight) where system is to be located. House will be located 25' from well. Septic system will be 50' from lake. 100% repair not required, See PLAT DATED 1974 on file

Environmentalist Date 7/17/95

Director or Authorized Section Head Date 7/20/95

WATER : 122791

PROPOSED PLOT PLAN

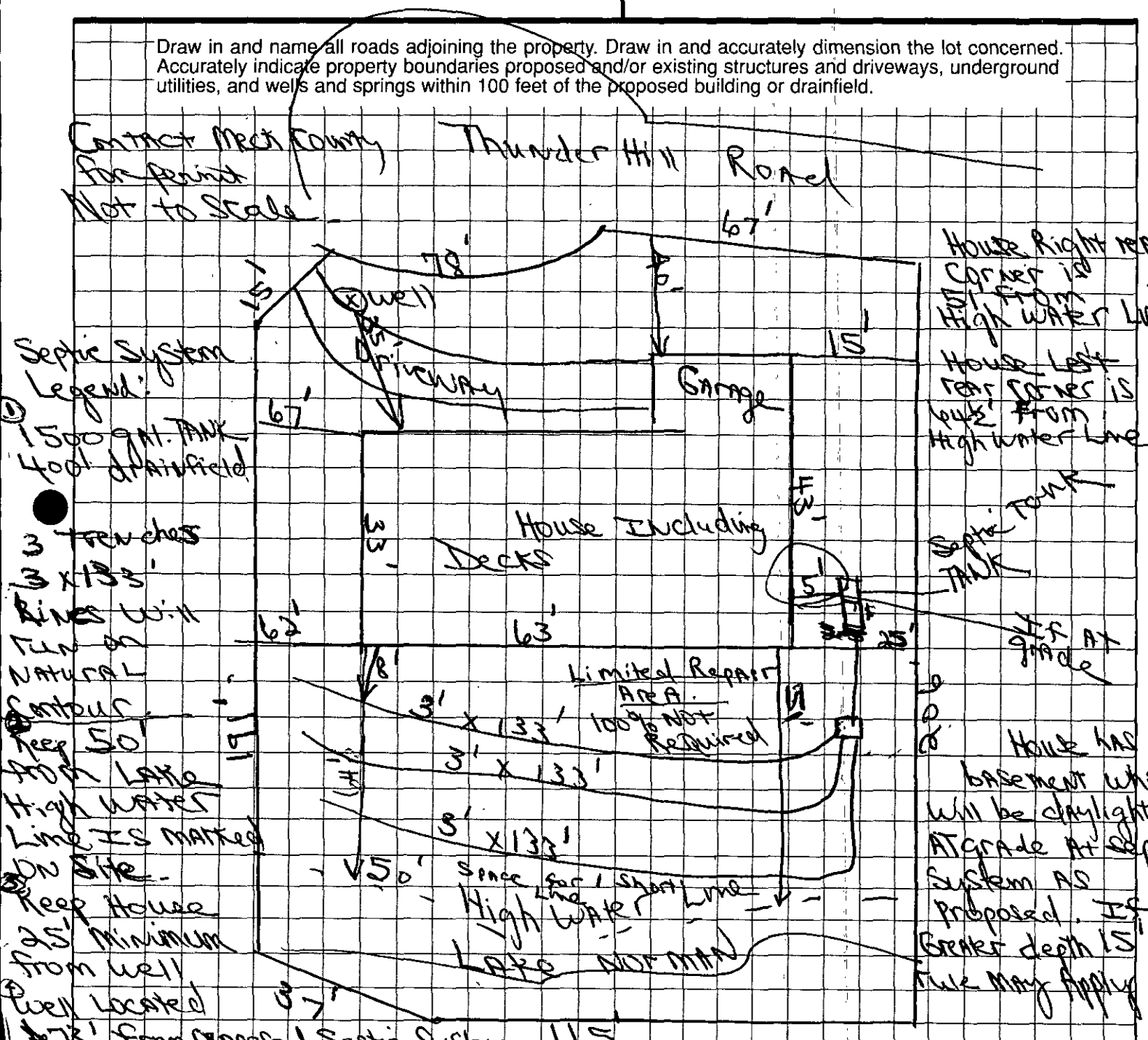
Call Mecklenburg Env. Health at 336-5102 to obtain Layout Approval for Septic System Prior to Installation

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

FILE: 2054B

TC: 001-394.18

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.



* Note: Lot established 1976 per recorded MAP - A Copy is on File IN this Office; Therefore 100% repair is NOT required. There is A limited Amount of repair Area.

OWNER/AGENT SIGNATURE Lou Gais

DATE 7/18/95

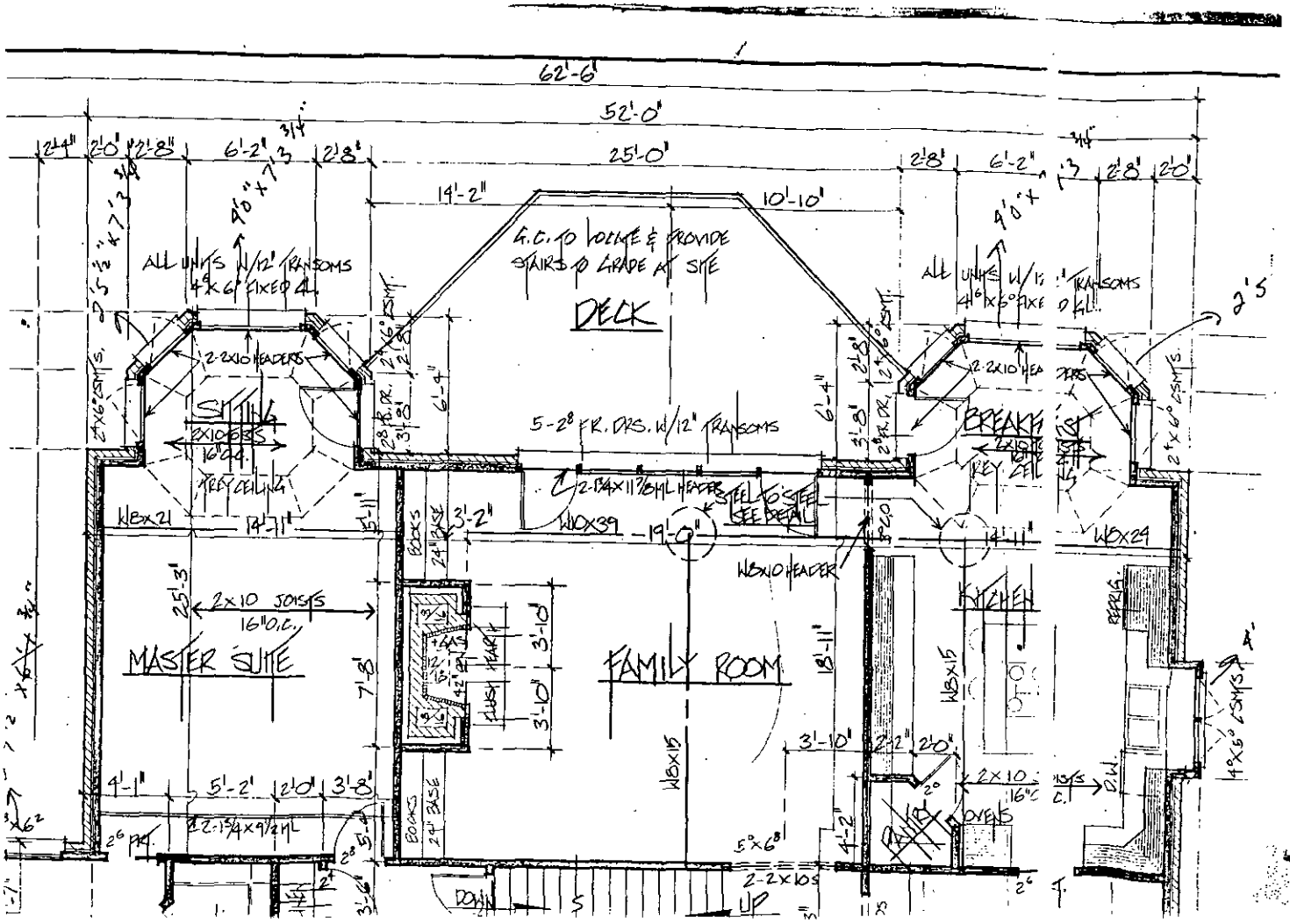
APPROVAL DATE

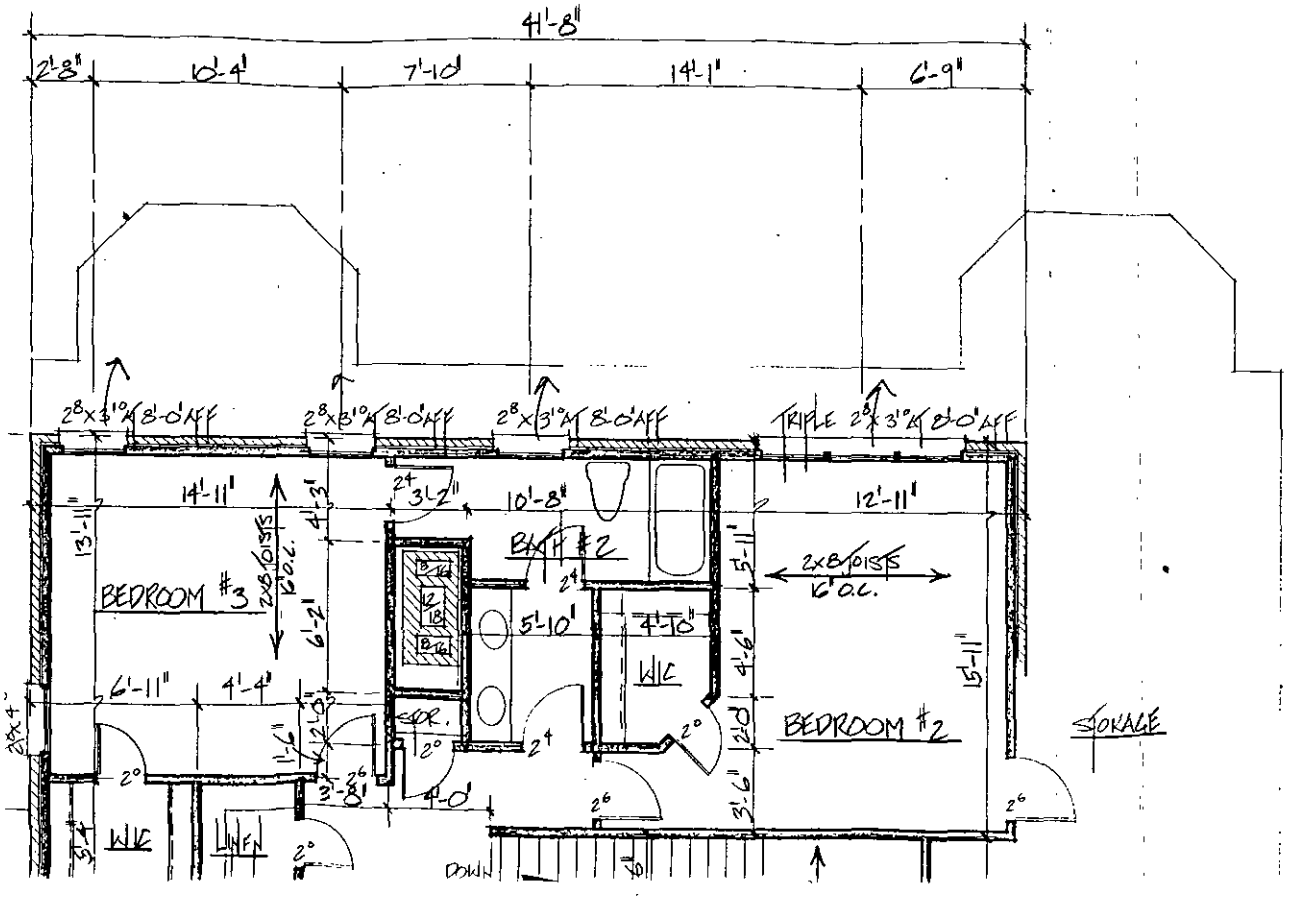
There is to be NO [illegible] in the Area for [illegible] Septic [illegible]

Lou Gais

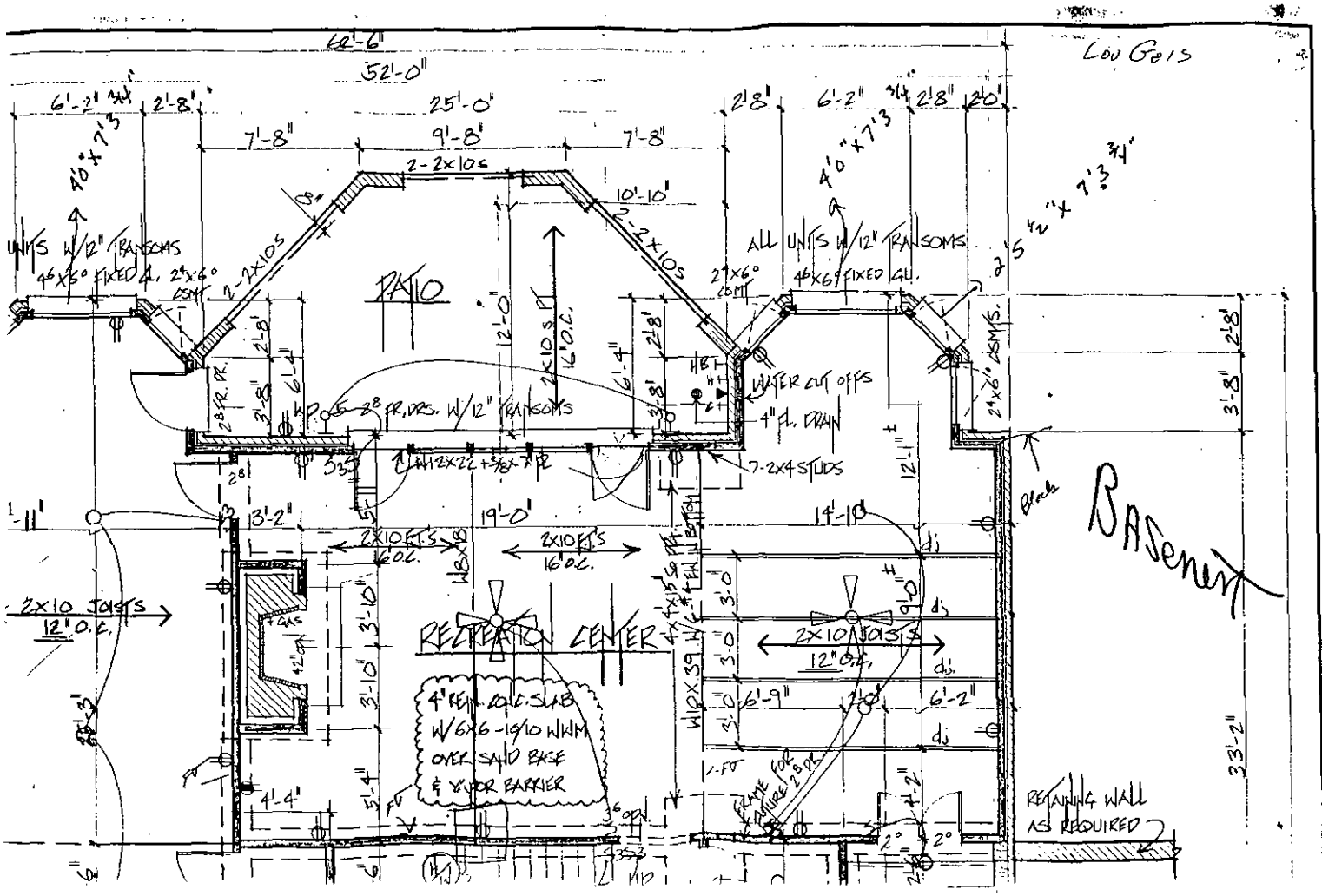
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

20 S4 R

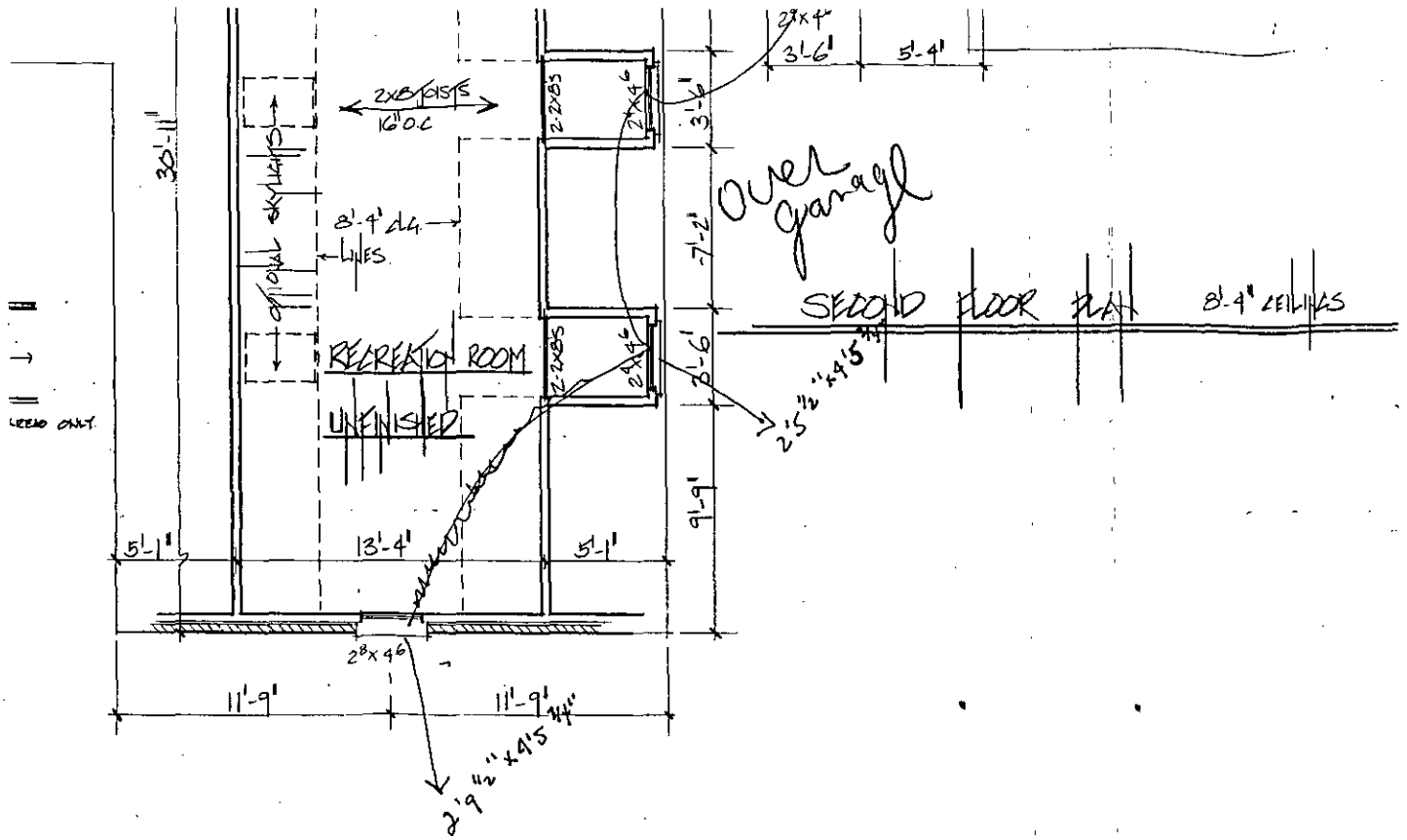

62'-6"
52'-0"
25'-0"
19'-2"
10'-10"
G.C. TO VERIFY & PROVIDE STAIRS TO GRADE AT SITE
DECK
ALL UNITS W/12" TRANSOMS
5-2⁸ FR. DRS. W/12" TRANSOMS
2-2x10 HEADERS
2-1¾x11⅞ LVL HEADER
STEEL TO STEEL SEE DETAIL
W8x10 HEADER
W8x21
W10x39
W8x24
W8x15
2x10 JOISTS 16" O.C.
MASTER SUITE
FAMILY ROOM
KITCHEN
BREAKFAST
BOOKS
24" BASE
FLUSH HEARTH
DOWN
UP
2-2x10s
2-1¾x9¼ LVL
5⁸x6⁸
4⁸x6⁸ FIXED
2⁸ FR. DRS.
2x6 @ 24" O.C.


41'-8"
2'-8"
10'-4"
7'-10"
14'-1"
6'-9"
2⁸x3'⁰ @ 8'-0" AFF
2⁸x3'⁰ @ 8'-0" AFF
2⁸x3'⁰ @ 8'-0" AFF
TRIPLE 2⁸x3'⁰ @ 8'-0" AFF
14'-11"
13'-11"
BEDROOM #3
2x8 JOISTS 16" O.C.
6'-2"
4'-3"
2⁴
3'-2"
10'-8"
BATH #2
5'-10"
4'-10"
WIC
2x8 JOISTS 16" O.C.
5'-11"
12'-11"
15'-11"
4'-6"
12'-0"
BEDROOM #2
STORAGE
6'-11"
4'-4"
20x4"
11'-7"
12'-0"
3'-8"
4'-0"
2⁶
3'-6"
WIC
LINEN
DOWN
2nd FLOOR

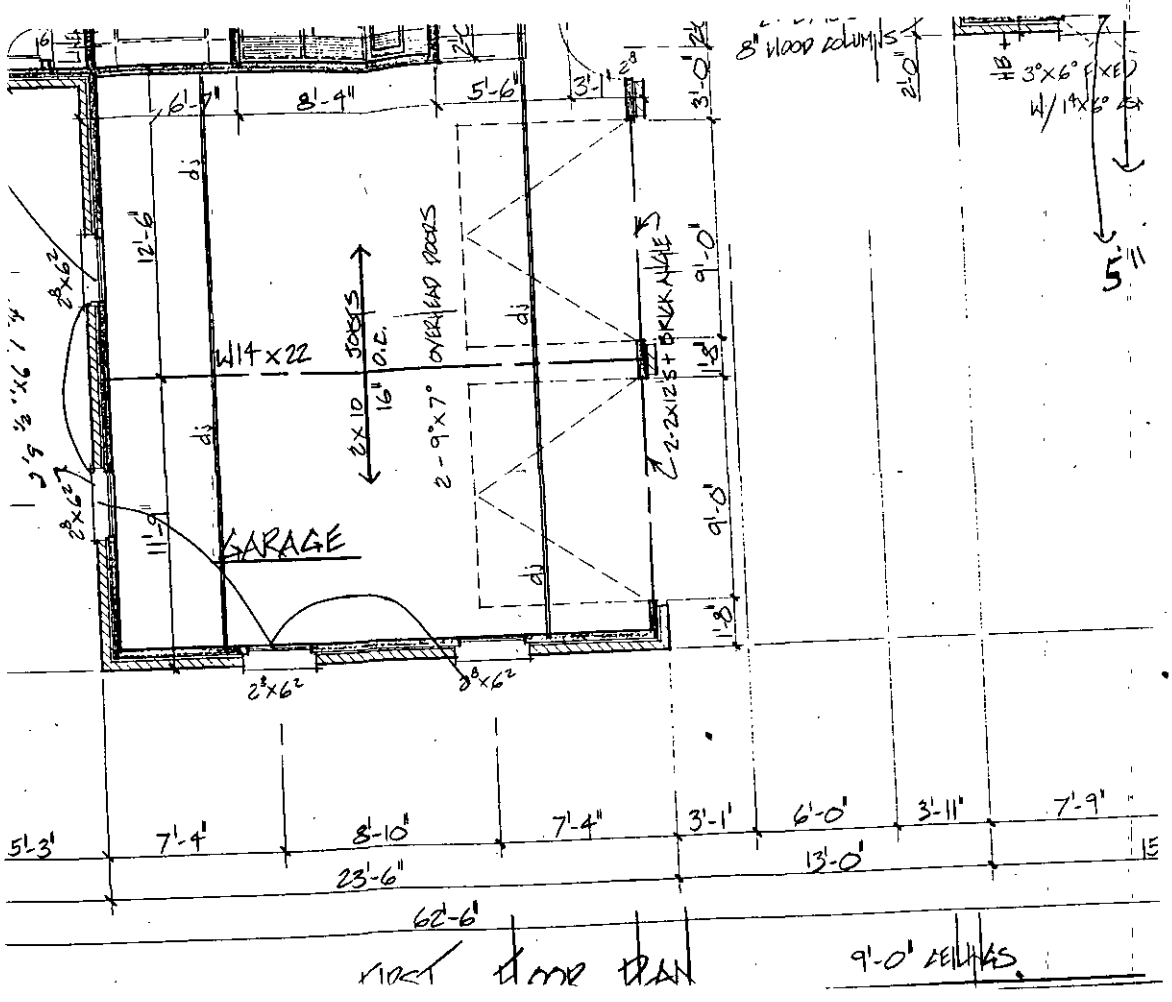
2054B


52'-0"
25'-0"
7'-8"
9'-8"
7'-8"
2-2x10's
10'-10"
PATIO
12'-0"
2x10's @ 16" O.C.
UNITS W/12" TRANSOMS
4'0" x 7'3"
ALL UNITS W/12" TRANSOMS
4'0" x 7'3 3/4"
WATER CUT OFFS
4" FL. DRAIN
7-2x4 STUDS
19'-0"
14'-10"
2x10 FLR'S 16" O.C.
2x10 JOISTS 12" O.C.
RECREATION CENTER
4" FF
4" CONC. SLAB W/6x6-10/10 WWM OVER SAND BASE & VAPOR BARRIER
4x4x15 SQ PIER W/ 24" DIA. FTG. BELOW
W16x39
RETAINING WALL AS REQUIRED
BASEMENT
33'-2"
Lou Gois
REVISIONS
The Design Board, Inc.

2054B


2"x4"
3'-6'
5'-4'
2x6 JOISTS
16" O.C
2-2x8s
2x4x6
3'-6'
30'-11"
SKYLIGHTS
8'-9" DIA.
LINES
Over garage
SECOND FLOOR PLAN
8'-9" CEILINGS
RECREATION ROOM
UNFINISHED
7'-2"
2'-6'
2-2x8s
2x4x6
2"x4"x9'5 1/2"
9'-9"
5'-1"
13'-4"
5'-1"
2"x4"
11'-9"
11'-9"
2"x4"x9'5 1/2"

2054B


8" WOOD COLUMNS
2'-0"
HB 3"x6" FIXED
W/ 1"x6" ST
5:12
6'-7"
8'-4"
5'-6"
3'-1"
3'-0"
12'-6"
11'-9"
W14 x 22
JOISTS 16" O.C.
OVERHEAD DOORS
2 - 9'x7'
2-2x12's + BRICK MOLE
9'-0"
1'-8"
GARAGE
2"x6"
5'-3"
7'-4"
8'-10"
7'-4"
3'-1"
6'-0"
3'-11"
7'-9"
23'-6"
13'-0"
62'-6"
FIRST FLOOR PLAN
9'-0" CEILINGS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/09/93 #50.00
Rec #1197

2044B1925A

[] 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: CASHION (last) WILLIAM (first) B (mi)

ADDRESS: RT 6 Box 612 PHONE: 704 664-9420

CITY: MOORESVILLE STATE: N.C ZIPCODE: 28115

Date:

PROPERTY OWNER:

NAME: TADLOCK (last) FRANK (first) T (mi)

ADDRESS: DAUGHERTY RD PHONE: 704 857-7419

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-394-18

STREET ADDRESS: 16515 THUNDERHILL RD

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: L361 LOT SIZE (in acres): .70

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)
[] 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: Frank T. Tadlock Date: 11-5-93

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

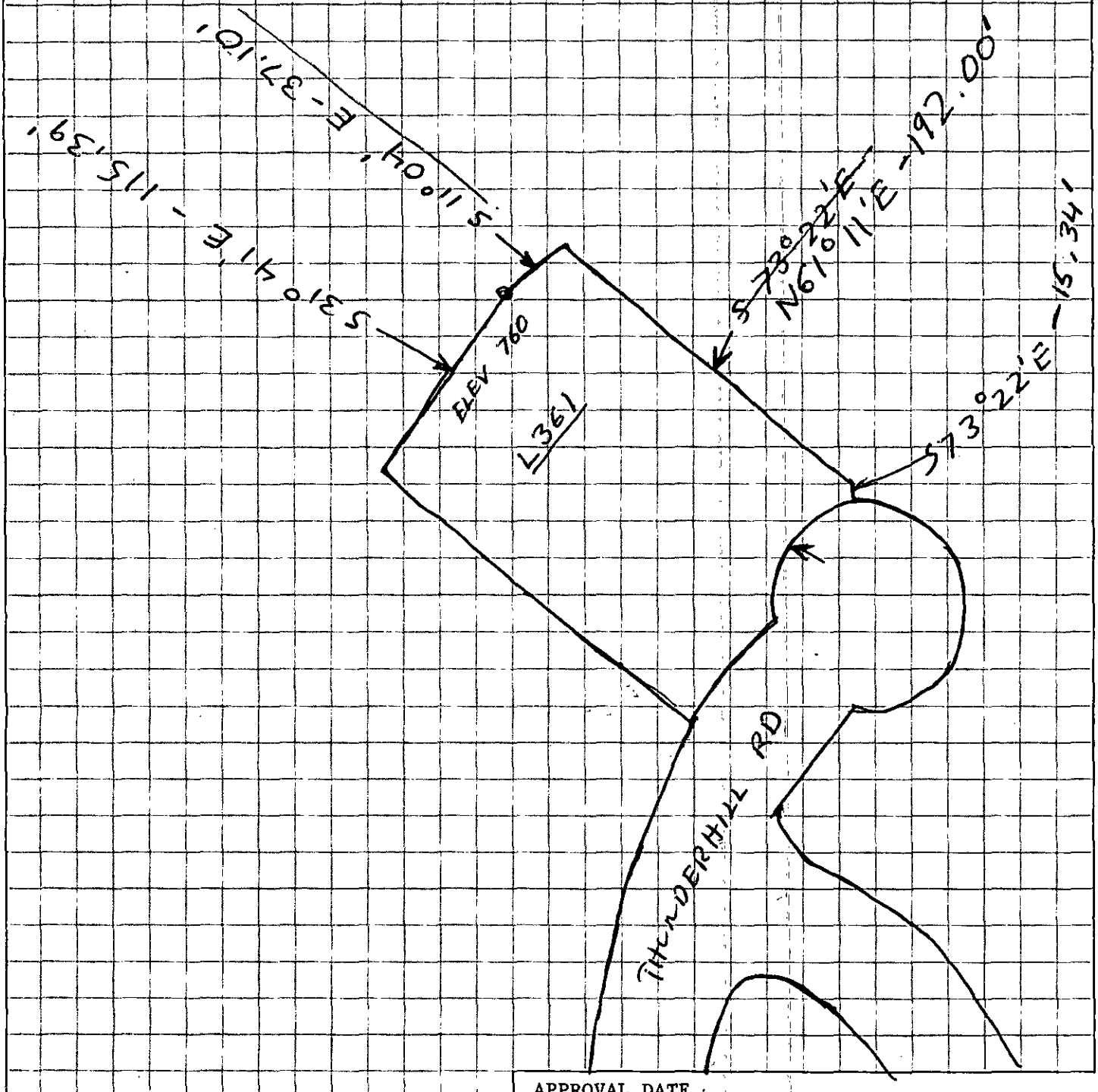
PROPOSED PLOT PLAN

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

FILE: 2054BA225A

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

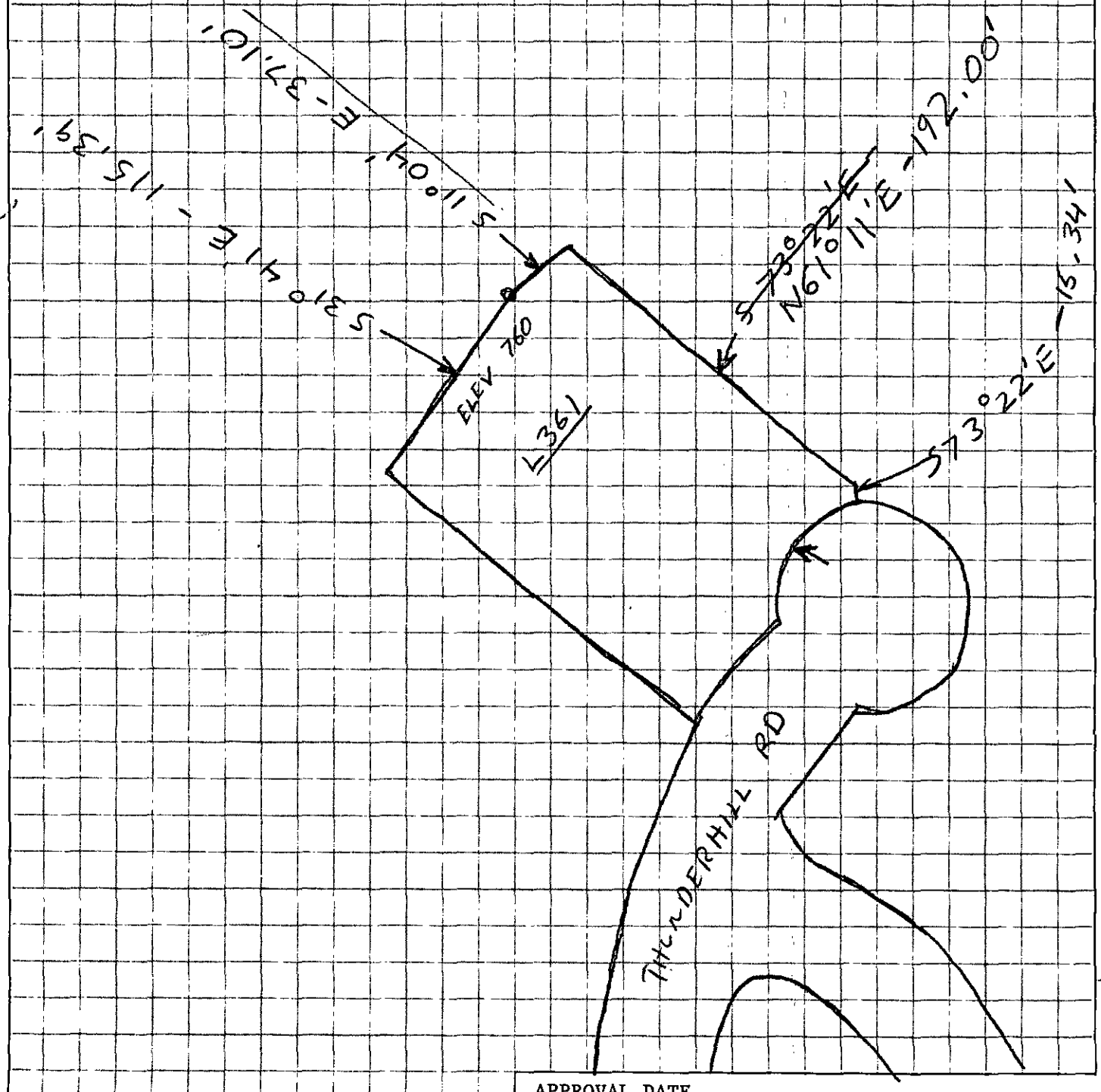
PROPOSED PLOT PLAN

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

FILE: 2054BP225A

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

Mecklenburg County

Health Department

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

November 18, 1993

Frank T. Tadlock
P. O. Box 133
Landis, NC 28088

RE: Property located on 16515 Thunderhill Road
FILE: 2054B/9225A
PARCEL: 001-394-18

Dear Mr. Tadlock:

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 20100) 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. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

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

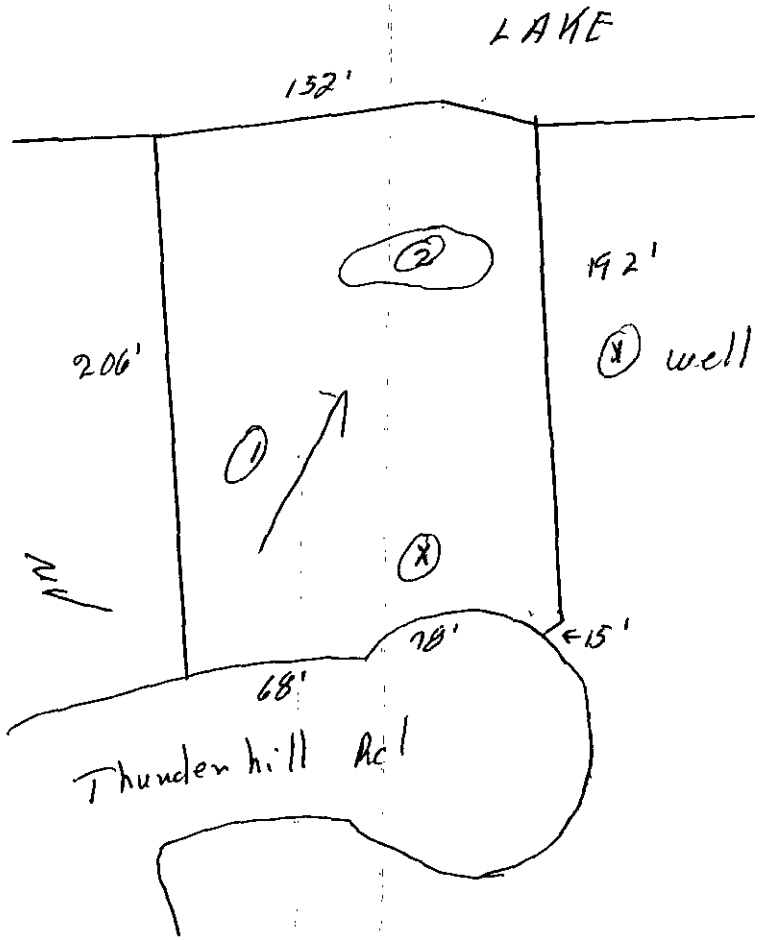
Enclosure

M[illegible]LENBURG COUNTY HEALTH DEPARTMENT
SIT[illegible]VALUATION REPORT
SERIAL NUMBER 20100

File: 20540B1 9225A
Parcel: 001-394-18
Action 1
☐ PC

Location: 16515 Thunderhill Rd
Subdivision:
Lot: 361 Block: Acres: .70
Owner: Frank J. Tadlock
Address: Po Box 133
Jamesville, N.C. 28086
Comments: .3 gal/ft2/day LTAR

Described by: William R. Marlin
Date: 11-17-93



***** 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 6-15%	S PS (U) complex slopes	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 subt Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 48" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	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
(specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Group/Series	III Cec-Hille	complex slopes				
Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

20K4B19225A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/09/93 #50.00 CR#1197 [] 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

COPY

Date:

PERSON FILING APPLICATION:
NAME: CASHION (last) WILLIAM (first) B (mi)
ADDRESS: RT 6 Box 612 PHONE: 704 664-9420
CITY: MOORESVILLE STATE: N.C ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-394-18
STREET ADDRESS: 16515 THUNDERHILL RD
ZONING:

PROPERTY OWNER:
NAME: TADLOCK (last) FRANK (first) T (mi)
ADDRESS: DAUGHERTY RD PHONE: 704 857-7419
CITY: STATE: ZIPCODE:

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: L361 LOT SIZE (in acres): .70

[] 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)
[] 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: Frank T. Tadlock Date: 11-5-93

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.

...

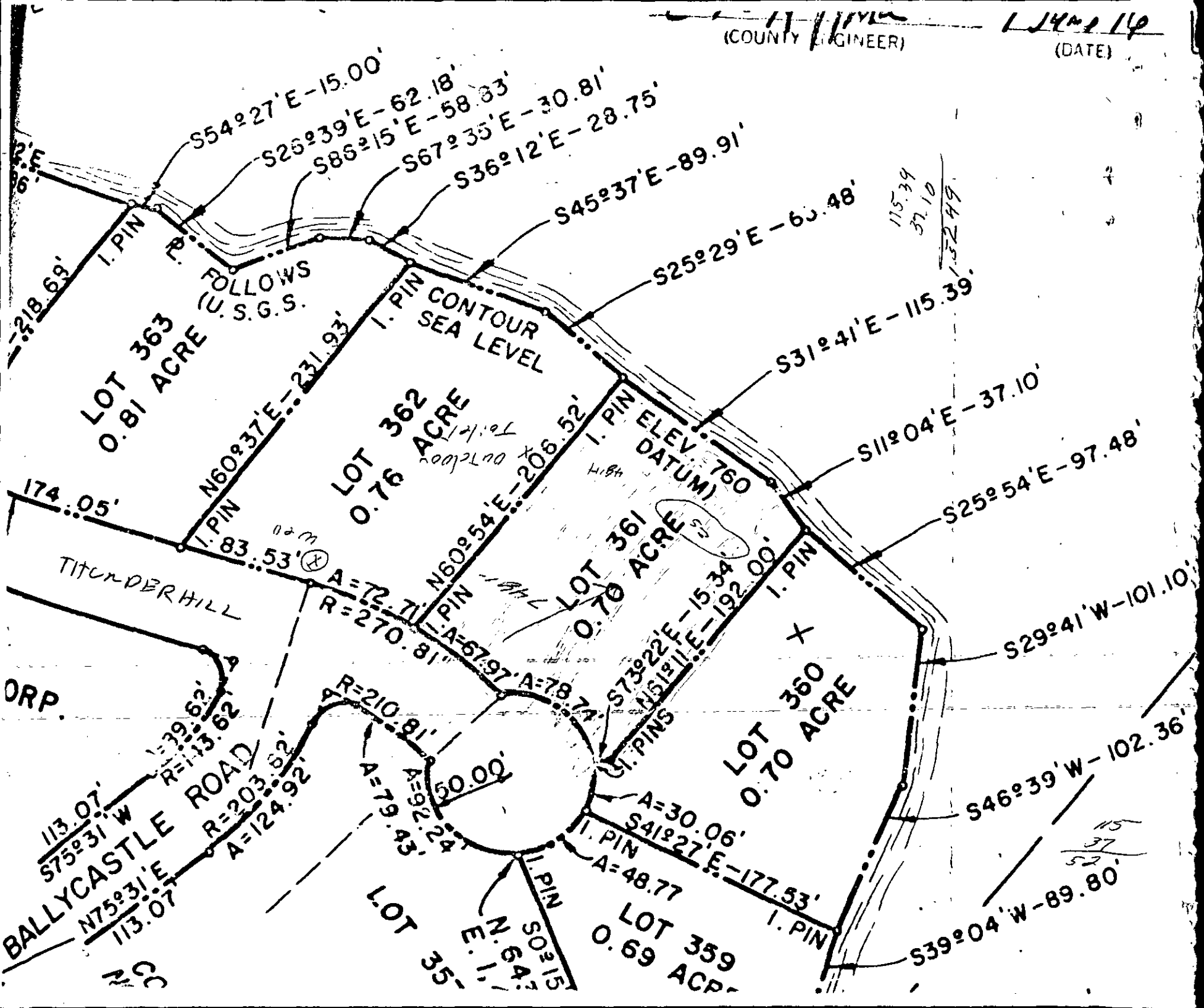
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

(COUNTY ENGINEER) (DATE)



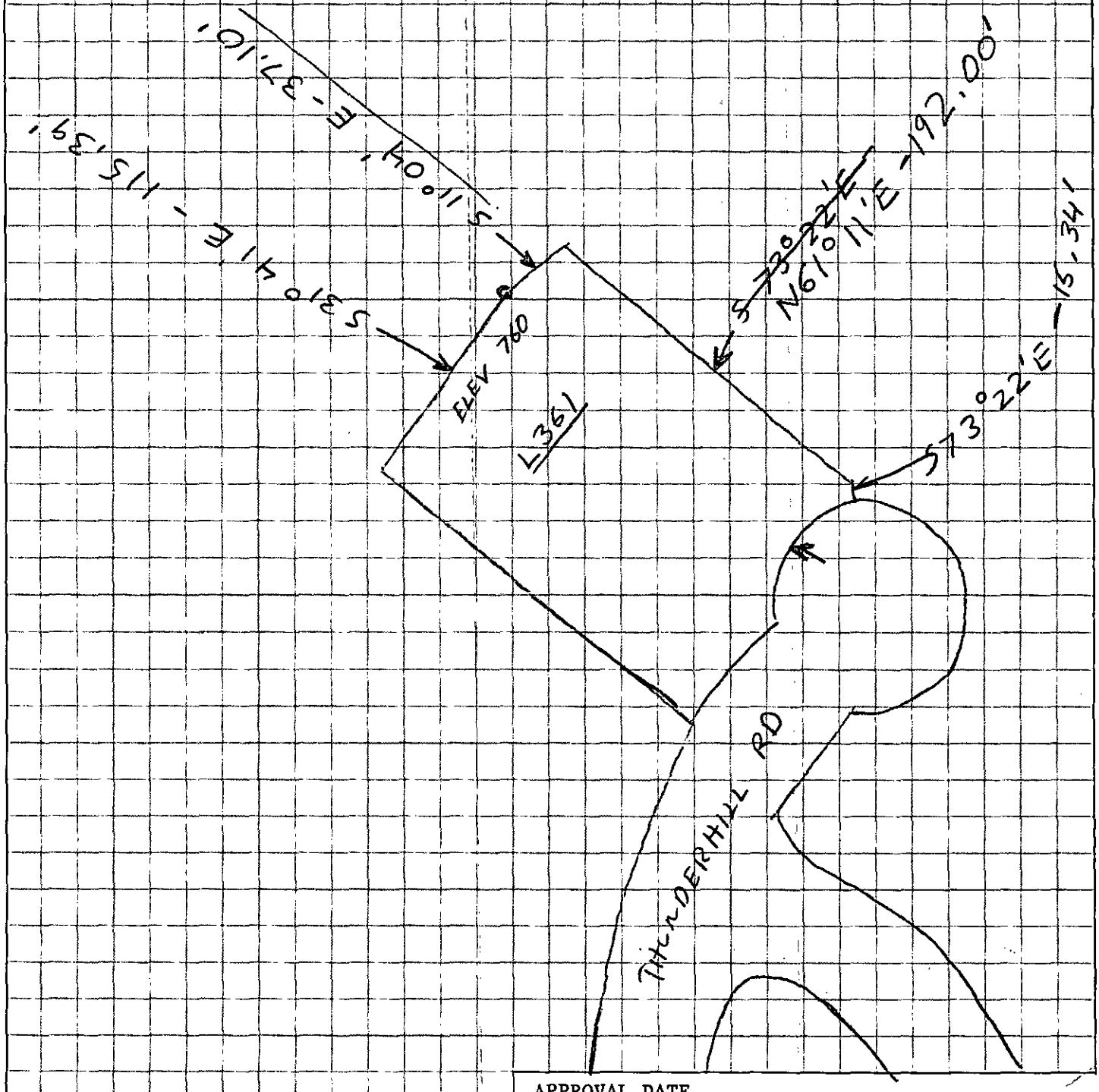
PROPOSED PLOT PLAN

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

FILE: 2054BA2254

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

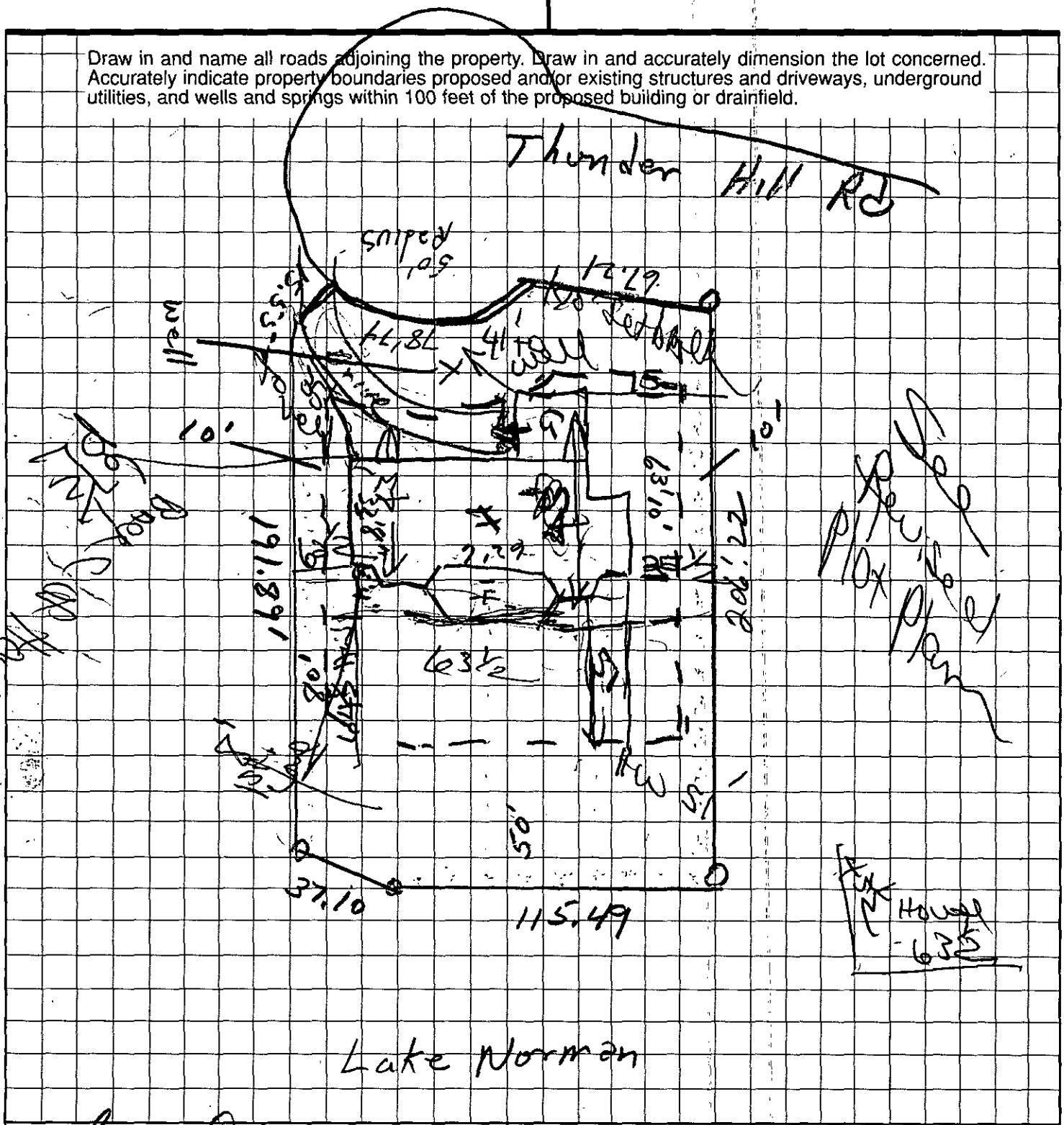
PROPOSED PLOT PLAN

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

FILE: 2054B

TC: 001-394-18

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 Lou Davis

DATE 6/28/95

APPROVAL DATE _____

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