

12/17/07

duponbj

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

Mecklenburg County

Health Department

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

May 8, 1992

John S. Miller
8400 Fairview Road
Charlotte, NC 28226

RE: Property located at Dorman Road
FILE: 8216A (~~342B~~) 324B
PARCEL: 221-101-06

Dear Mr. Miller:

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 Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 19929) 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 and 10 NCAC 1B.

If there are any questions, please contact me at 336-5573.

Sincerely,

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

KR/wpg
Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19929

File: 8216-A / 324B Action 3

Parcel: 221-101-06 ☐ PC

Location: DORMAN ROAD

Subdivision:

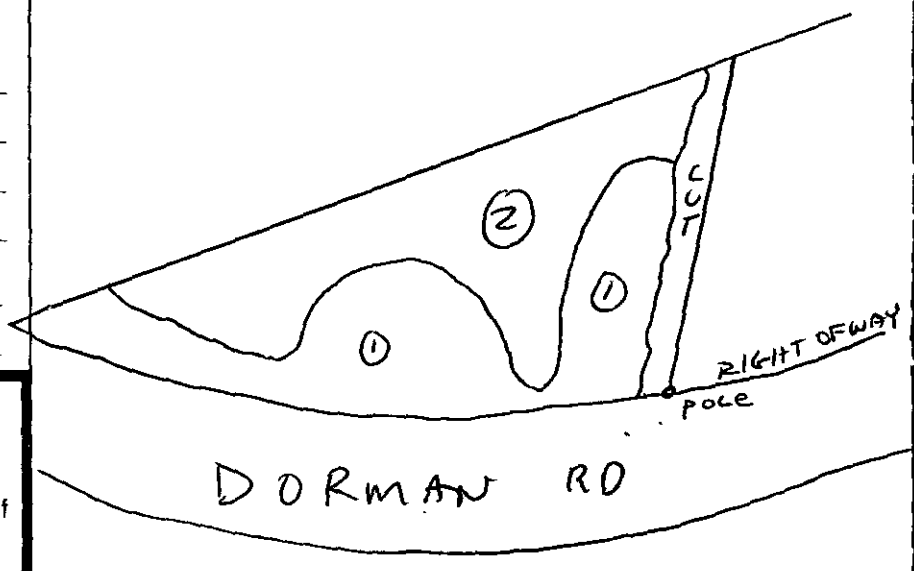
Lot: 2 Block: Acres: ≈1.0

Owner: JOHN S MILLER
Address: 8400 FAIRVIEW ROAD
CHARLOTTE NC 28226

Comments: 100% REPAIR

Described by: Kelly Randall

Date: 5-5-92



*** 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) COMPLEX SLOPES	S PS U	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) MASSIVE	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) MOTTLES 8"-24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 8-24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U 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	WILKES LIKE	COMPLEX SLOPES				
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 19929

File: 8216-A / 324B Action 3

Parcel: 221-101-06 ☐ PC

Location: DORMAN ROAD

Subdivision:

Lot: 2 Block: Acres: ≈ 1.0

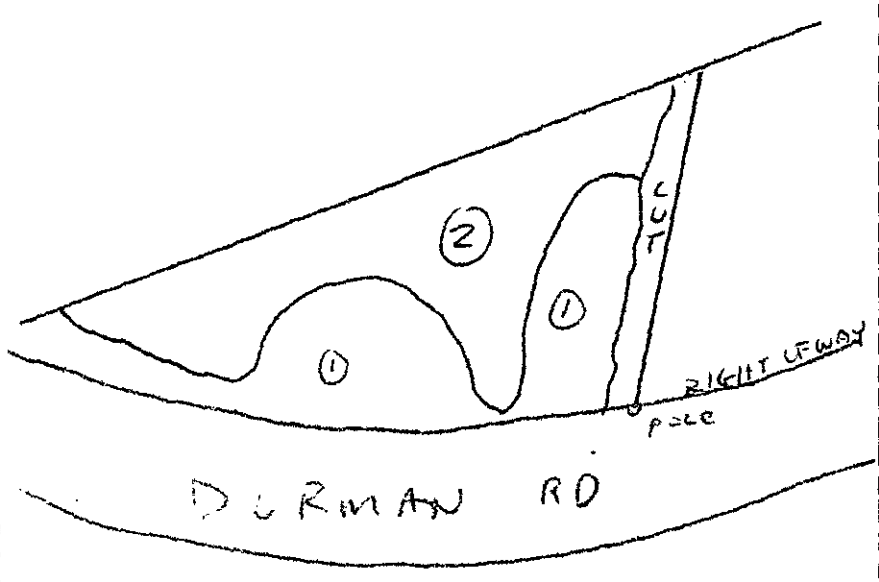
Owner: JOHN S MILLER
Address: 3400 FAIRVIEW ROAD
CHARLOTTE NC 28226

324B

Comments: LOOP REPAIR

Described by: Kelly Randall

Date: 5 5 92



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

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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) COMPLEX SLOPES	S PS U	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) MASSIVE	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) MOTTLES @ 24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) @ 24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U 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	WILKES CLOSE	COMPLEX SLOPES				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

400 ☑

Pd 100.00 CK# 3856
g 4-27-92

8216A (3248)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: Miller, Jr John S
(last) (first) (mi)
ADDRESS: 8400 Fairview PHONE: (704) 364-2527
CITY: Charlotte STATE: NC ZIPCODE: 28226

Date:

PROPERTY OWNER:
NAME: ~~Same~~ Same as ↑
(last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 221-101-06
STREET ADDRESS: Norman Rd
ZONING: I-1

Township (check one):
☑ 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: 2 LOT SIZE (in acres): 3/4 Acre +/-

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: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Warehouse # Employees 10 Per Shift __ __ __
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: John S Miller Date: 4/27-92

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

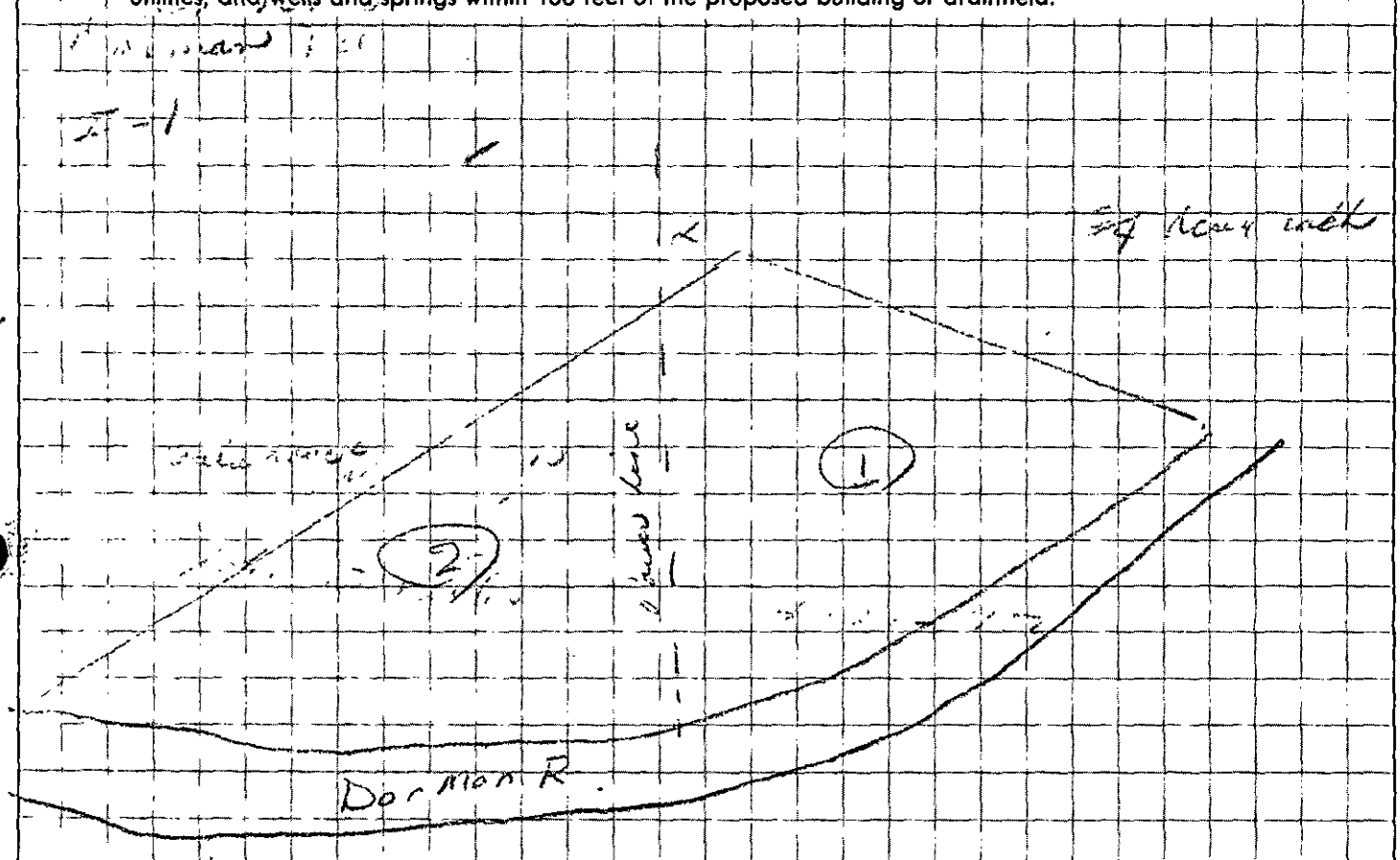
PROPOSED PLOT PLAN

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

Miller, J.
3400 Fairview 704 364 2527

FILE: 8216A (32473)
TC: 22[illegible]-101-06

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