

4309 PIONEER CT

13717310

7/21/08

marliwr

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

SB

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

15334 & 15335

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: 7/18/94

PERSON FILING APPLICATION:
NAME: Meyer (last) William (first) E (mi)
ADDRESS: 5110 Rolling Oak Ln. PHONE: 704 576 3284
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-173-10
STREET ADDRESS: ~~4315~~ Pioneer Ct 4309
ZONING:

PROPERTY OWNER:
NAME: Meyer (last) William (first) E (mi)
ADDRESS: 5110 Rolling Oak Ln. PHONE: 704 576-3284
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Bain Bridge

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

LOT NUMBER: 18 & 19 LOT SIZE (in acres): 1.1

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: 4
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):
[X] 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 [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: _____ Date: 7/18/94

NOTICE: (will Combine two Lots 18&19 If Septic Approved)

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

COPY

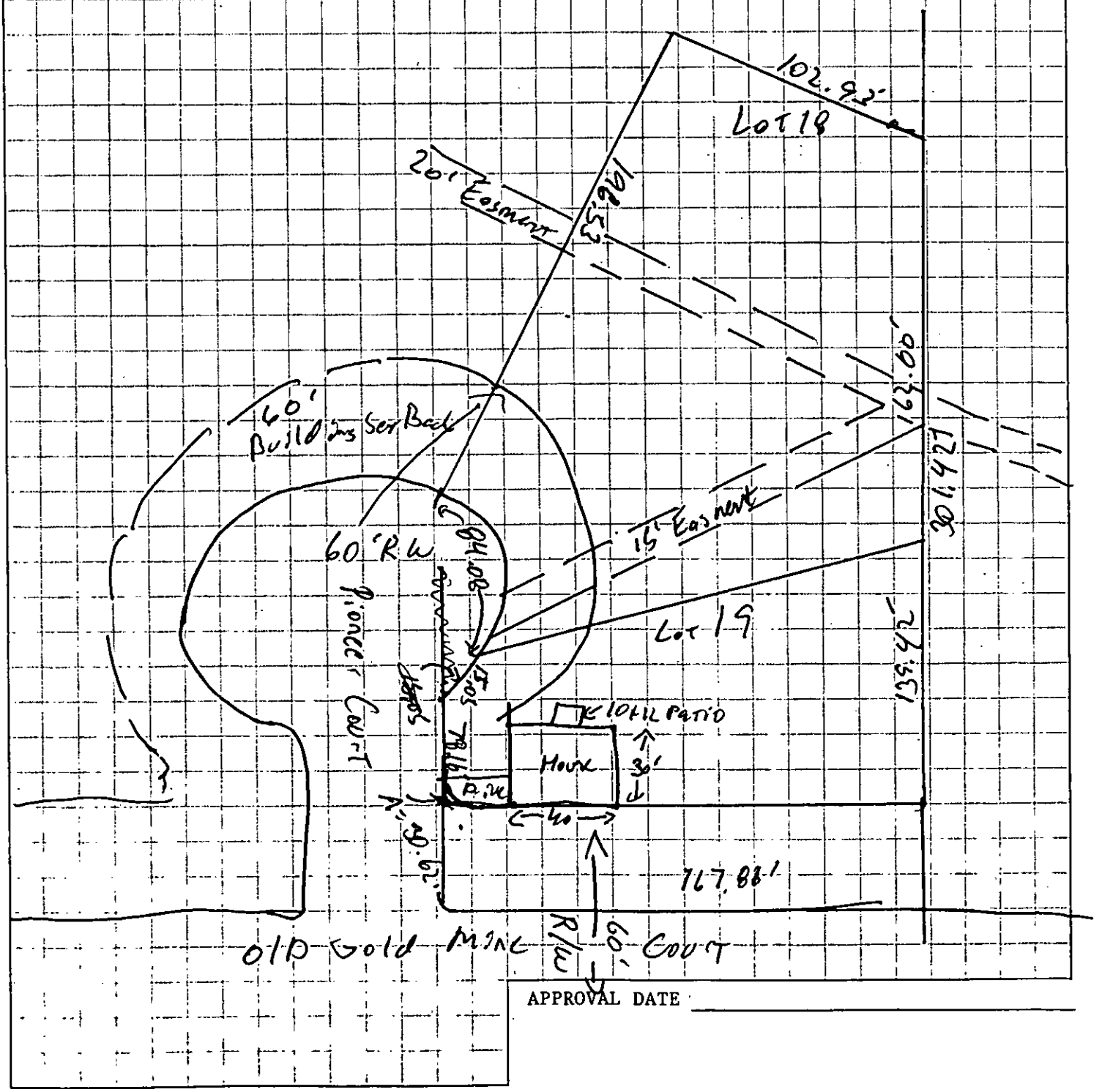
PROPOSED PLOT PLAN

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

FILE: 15334 (w/ 15335)

TC: 137-173-10+11

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

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

DATE: 7/18/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 137-173-10 & 11

ASSIGNED ADDRESS 4315 Pioneer Ct

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: Septic tank

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: Rob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

No Services done
outside to transfer
to another lot —

Filed 3/1/17

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Improvement Permit
IMPROVEMENT PERMIT, SOIL TEST, E.G.

From

FILE NUMBER 15334 TAX NUMBER 137-173-10, 11

To 435 Pinnacle Ct 30 11A

PROPERTY ADDRESS 9026 Lancaston PL 139-054-27

From 15334

To 30 11A

NAME OF ORIGINAL APPLICANT William Meyer

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR William Meyer

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

[signature] DATE 8/2/94

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

[signature] DATE 8/2/94

15334 & 15335

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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

7-27 wants to cancel order & transfer $ to another lot.
Bill says he hasn't done any work on this lot yet & I haven't either - Sue

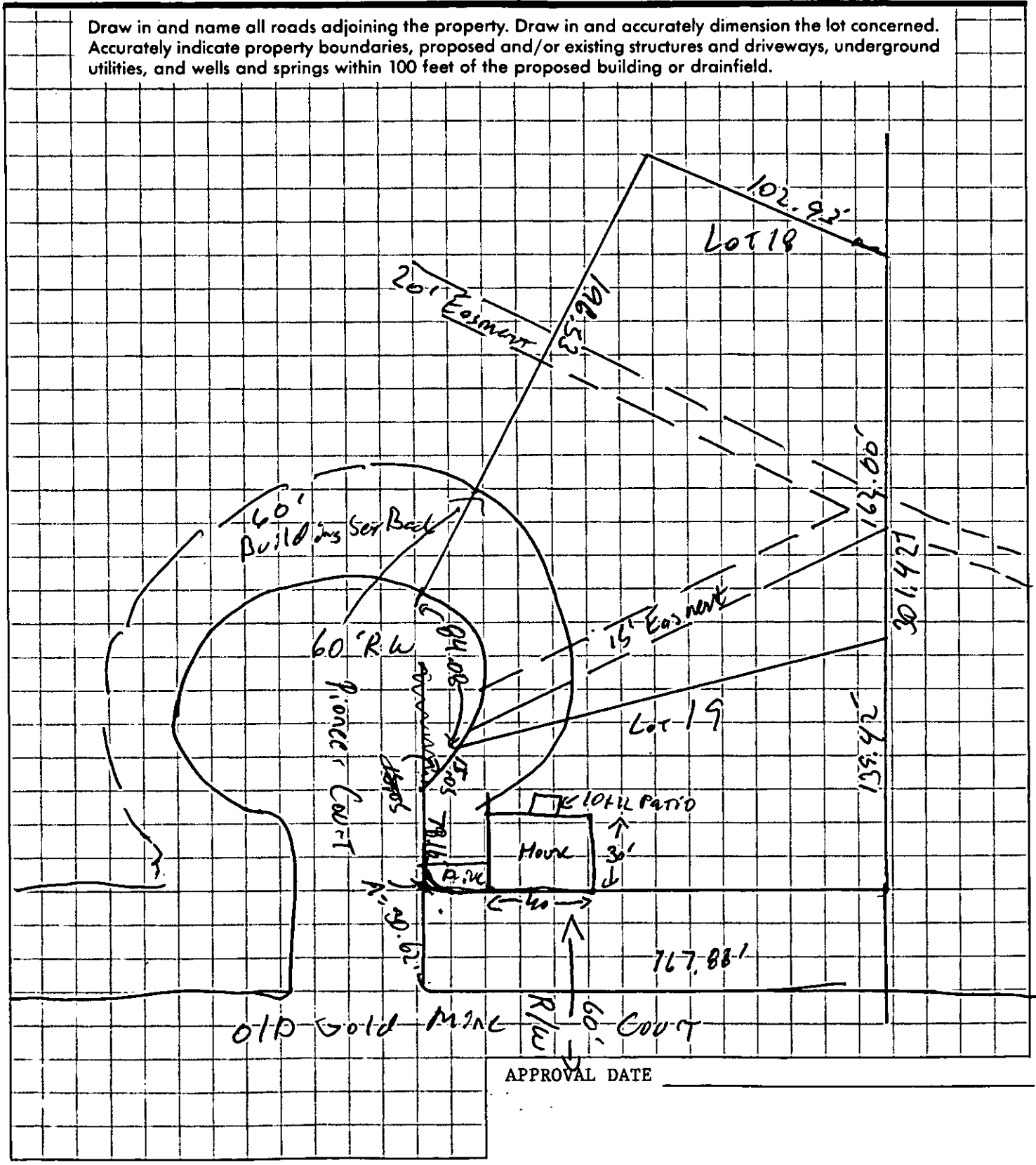
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PHONE (704) 336-5102

FILE: 15334 (w/ 15335)

TC: 137-173-1011

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

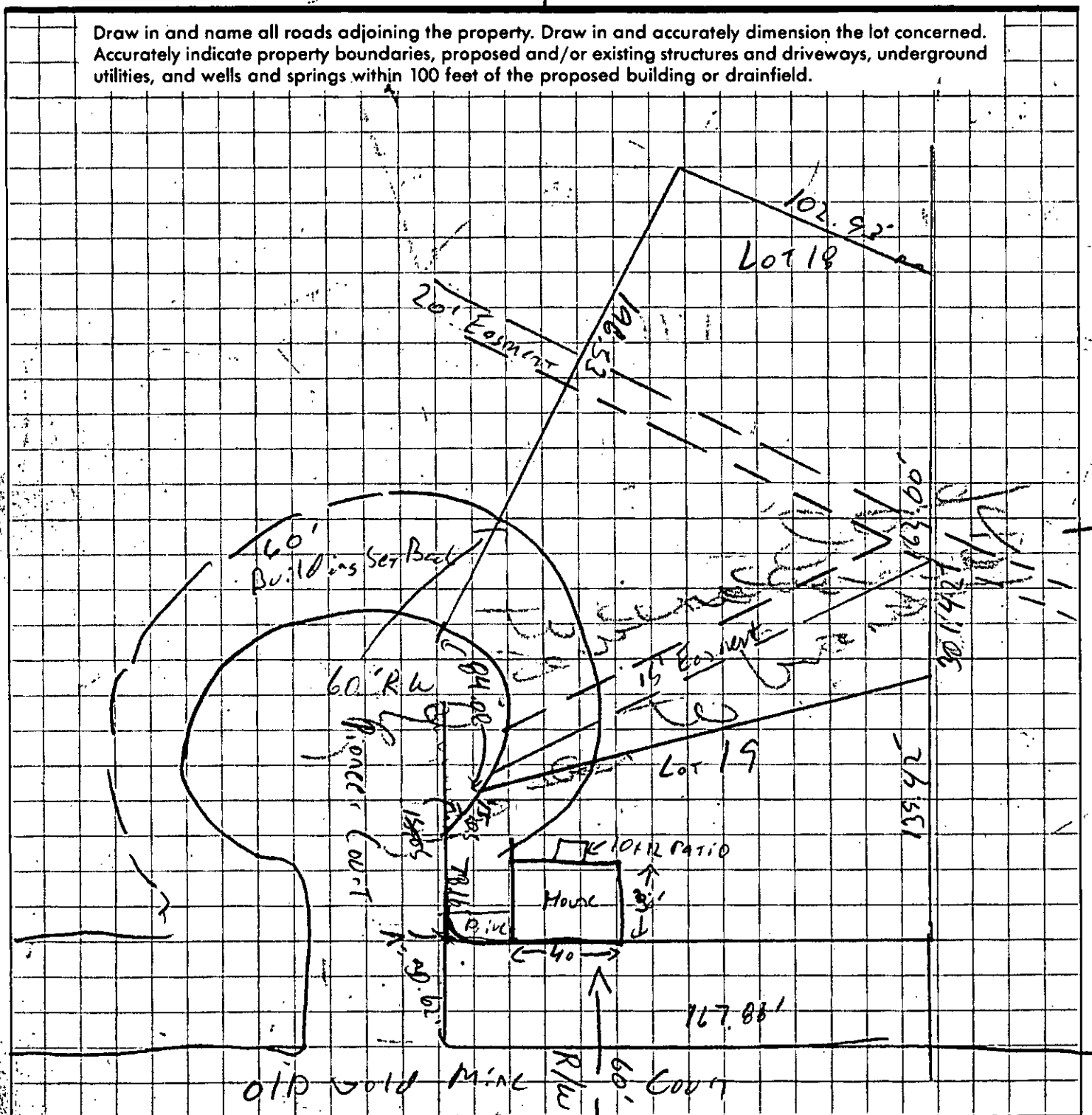
Pd 150 7/19/97 D.K.

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APPROVAL DATE _____

Need to recheck water, transfer #4 from Mecklenburg Co.

Will sign as transit after new water is installed

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

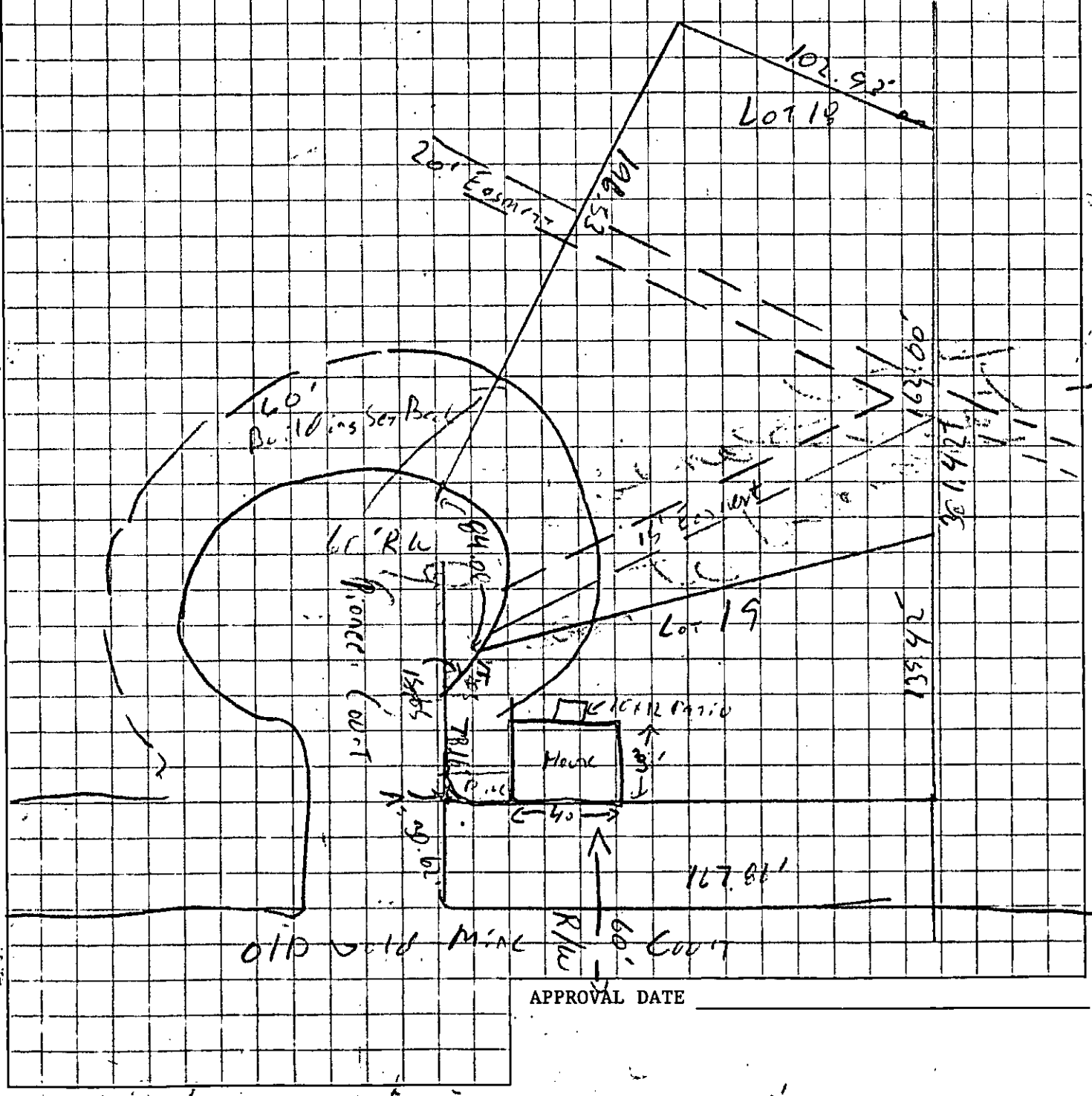
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ISSI Operations Center Staff

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NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. No. 1533V
~~EH~~ T.C. No. [illegible]
173-10

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
COUNTY: Mecklenburg
LOCATION OF SITE: Pioneer Rd - Old Gold Mine Rd

DATE REQUESTED:
PLAT NO:
LOT SIZE: 67,265

Lot 16, 18, & Part of 17

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10	S PS U — Complex Slope	S (PS) U — 2-20	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S PS U — 2-1 Clay	S PS U — Sandy Clay	S (PS) U — Clayey	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS (U) — Massive	S PS (U) — Massive	S (PS) U — Blocky	S PS U
4. SOIL DEPTH (inches)	S PS (U) — 48	S PS (U) — 48	S PS (U) — 48	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S PS (U) — None	S PS (U) — Saprolite	S PS (U) — None	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS (U) — Slow	S PS (U) — Slow	S PS (U) — Adequate	S (PS) U
7. SOIL PERMEABILITY (percolation rate)	S PS (U) — Slow	S PS (U) — Slow	S (PS) U — Moderate	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS (U) — Insignificant in Area	S PS U
9. SITE CLASSIFICATION	Unsuitable	Unsuitable	Unsuitable	
10. SOIL SERIES	Helena	Wilkes	Pacolet	

S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments:

Described By: [illegible]
Title: [illegible]
Date: 11-12-81

DHS Form 2601
Sanitation
EHD 539 (2/80)

2

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. No. 15335

P.C. 137-132-03

(Ground Absorption Sewage Disposal) Lot # 19

OWNER: Colonial Service Corp. DATE REQUESTED: 3-20-79
ADDRESS: P.O. Box 10 Dunbar, N.C. PLAT NO.:
COUNTY: Wilkes 2810 LOT SIZE: 23526
LOCATION OF SITE: Pioneer Court – Beechridge

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-10 U	S (PS) 2-10 U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S PS (U) Massive Saprolite	S PS 2-1 Clayey (U)	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S PS (U) Massive	S PS (U) Massive	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS (U) <48	S PS (U) <48	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S PS (U) Decayed Rock	S PS (U) Clay layer	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S (PS) Adequate U	S PS (U) Slow	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS (U) Slow	S PS (U) Slow	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	✓ Unsuitable	Unsuitable		
SOIL SERIES	Fill over Wilkes	Helen (Filled)		

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns)

Recommendations/Comments:

Described By: Willard B. Konnes

Title: Sanitarian Date: 4-17-79

dhs form 2601 (1/79)
Sanitation

2