

11412 TOM SHORT RD

1/3/2008

duponbj

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

Mecklenburg County
Health Department

June 16, 1995

Edgar T. Cato
11412 Tom Short Road
Charlotte, NC 28277

Dear Mr. Cato:

Re: Tom Short Road
File: 3590B
Parcel: 229-162-01

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A.1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1941 Soil Characteristics (Morphology-Expansive Clay)
(b) .1943 Soil Depth - 12 to 18 inches

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955,.1956, or 1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

You may wish to contact the Charlotte-Mecklenburg Utility Department at 399-2551 to inquire about the possibility of sewer service.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist
Mr. Scott Whitlock

359-B

PETER J. VERNA
428 E. 4th St. Suite 103
Charlotte, NC 28202

Consulting Structural Engineer
Expert Witness Structural Design
Building Repair Analysis
Arbitration & Mediation

Telephone 704-331-9219
FAX 704-347-3915

June 14, 1995

Hubert Whitlock Builders
ATTN: Scott Whitlock
PO Box 13171
Charlotte, NC 28270

RE: 11412 Tom Short Road Perculation of Soil

Dear Scott:

The enclosed drawing shows the lay-out of the results of the soil test done. Generally what it shows is that from 2½'-4' in depth you will get rid of your bull tallow and get into a silty sand composite material. At this level you should have good perculation. I would, of course, go ahead and dig a couple of test pits down to the 4' level. Do your perc level test at that level and I think the perc test will meet the grade and be done satisfactorily. This means that if it does pass the perc test, as I believe it will, you should be able to strip off the bull tallow, put in the necessary drain tile field at the 4' level, put the necessary stone fill over, and then put a silt fabric over top of that, and put some dirt fill to top off your drain tile field. You should then have a satisfactory tile and drainage field for your septic system. Should you have any questions regarding this, please don't hesitate to call me.

Sincerely,

Peter J. Verna, Jr., P.E.
NC License #1718

PJV:vgw

Enclosure - Drawing

NORTH CAROLINA PROFESSIONAL SEAL 1718 ENGINEER PETER J. VERNA, JR.
6-14-95

6/15/95

Post-It™ brand fax transmittal memo 7671	# of pages ▸ 2
To William Martin	From Scott Whitlock
Co. Mech. Cty	Co. Hubert Whitlock Bldrs
Dept. Health Dept.	Phone # 364-9577
Fax # 336-6894	Fax # 364-9579

Re: 11412 Tom Short Rd

Telephone 704-376-8729

11412 TOM SHORT RD

WHITLOCK BLDRS

NW

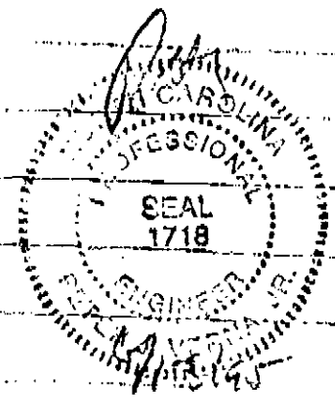
3L4'

NE

3½'-4'

LOWER

2½'-3½'



SW

2½'-4'

SE

4'

PLAN

DEPTH ELEVATIONS FROM EXIST. GRADE

SEPTIC FIELD

1. NO BULL TRENCH AT THESE LEVELS GENERALLY SANDY SILT -
2. STRIP BULL TRENCH AND YOU SHOULD HAVE GOOD PERC.
3. TEST A PIT AT THE 4' LEVEL TO PROVE PERC AT SEVERAL LOCATIONS.
4. IF IT WORKS, CONSTRUCT DRAINAGE FIL BY STRIPPING NON-PERC BULL TRENCH AND REPLACE WITH #57 STONE DRAINAGE FIL.
5. COVER WITH SILT FABRIC AND DIRT AS NECESSARY.

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028598

File: 3590 B Action 3

Parcel: PO 229-162-01 ☐ PC

Location: ~~11412~~ Tom Short Road

Subdivision:

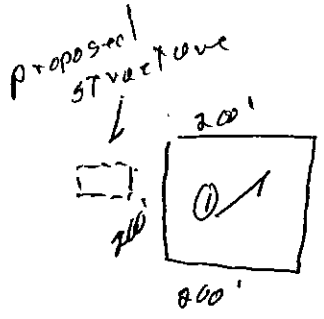
Lot: Block: Acres: .9 ac.

Owner: Edgar T. Cato
Address: 11412 Tom Short Road
Charlotte, N.C. 28279

Comments: _____

Described by: William A. Mauldin

Date: 6-1-95





House

Tom Short Rd

***** 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 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Expansive	S PS (U) clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To soi	S PS U wetness	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-18"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	Mecklenburg Lilo					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

-3590B

Rd 300' cht 10' 5/23/95

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: Hubert Whitlock Builders, Inc.

NAME: Whitlock (last) Scott (first) M. (mi)

ADDRESS: P.O. Box 13171 PHONE: (704) 364-9577

CITY: Charlotte NC STATE: ZIPCODE: 28270

Date: 5/23/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: P.O. 229-162-01

STREET ADDRESS: [redacted] Tom Short Rd

ZONING:

PROPERTY OWNER:

NAME: Coto (last) Edgar (first) T (mi)

ADDRESS: 11142 Tom Short Rd PHONE: (704) 846-4822

CITY: Charlotte STATE: NC ZIPCODE: 28277

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

TYPE APPLICATION (check one):

LOT NUMBER: Tract 8 LOT SIZE (in acres): 21.590

☐ 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: 1 w/ office NUMBER OCCUPANTS: 1

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) shared

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: 5/23/95

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.

...6-16-95 Sent owner a disapproval letter.

☐ 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

WATER : 12791

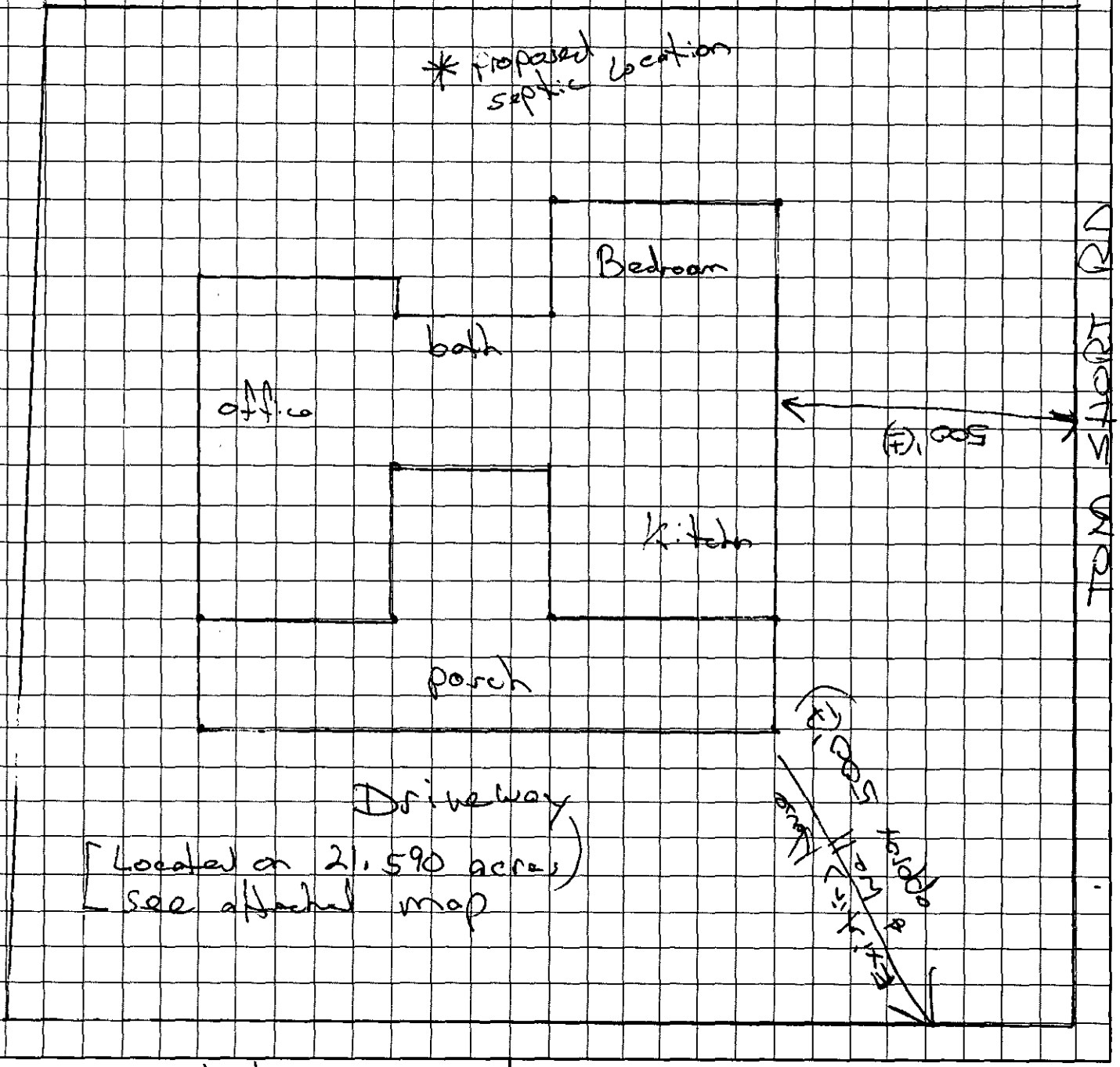
PROPOSED PLOT PLAN

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

FILE: 3590B

TC: 229-162-01 pd

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

DATE 5/23/95

APPROVAL DATE _____

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