

8910 MOUNT HOLLY RD

03141140

6/25/2007

duponbj

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

Bill

393-0437

Jim Brawley

8910 Mt. Valley Road

Comm. Blvd.

Bacon sewer

~~Lost~~ 10/09/91

CHKR

Billed

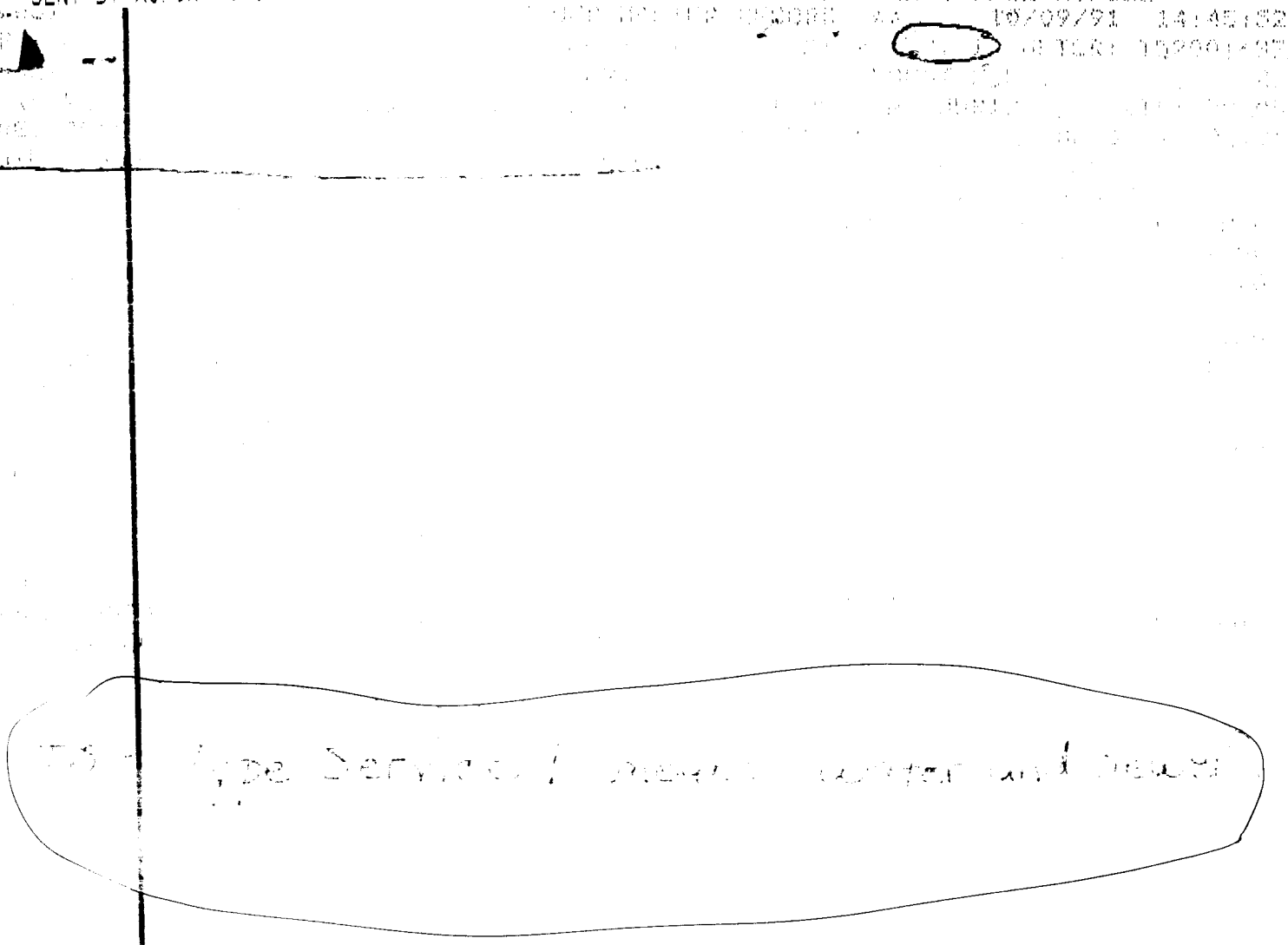
PHILLIS

BRAWLEY

PO Box 676

Lowell

(7184A)



CMUD

CHARLOTTE-MECKLENBURG UTILITIES DEPARTMENT
5100 BROOKSHIRE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28216

[illegible]

TELECOPY TO: Sylvia Daniels / Environmental Lien

FAX NUMBER: 336-6892

FROM: Elizabeth Lucas PHONE: (704) [illegible]

NUMBER OF PAGES INCLUDING THIS: 2

COMMENTS: Per your request

209

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 7184A
TC: 031-048-29
SERIAL: № 21119

☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 8910 MT HOLLY ROAD (STREET NO. / STREET) ② FILE: 7184A
③ JURISDICTION: ④ TAX PARCEL NO.: 031-048-29
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: PHYLLIS (FIRST) H. (MIDDLE) BRAWLEY. (LAST)
⑨ MAILING ADDRESS: PO BOX 667926
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28266-7926
⑬ PHONE: (WORK) 393-0437 ⑭ (HOME) 391-0437

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? BODY SHOP
㉖ Maximum number of employees? 2
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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: Phyllis H. Brawley
Date: 12-12-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance. Keep plumbing outlet pipe shallow, Lift station may be required.

B.R. Ferguson, Environmentalist — 12-18-90 Date

Director or Authorized Section Head — 12-18-90 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

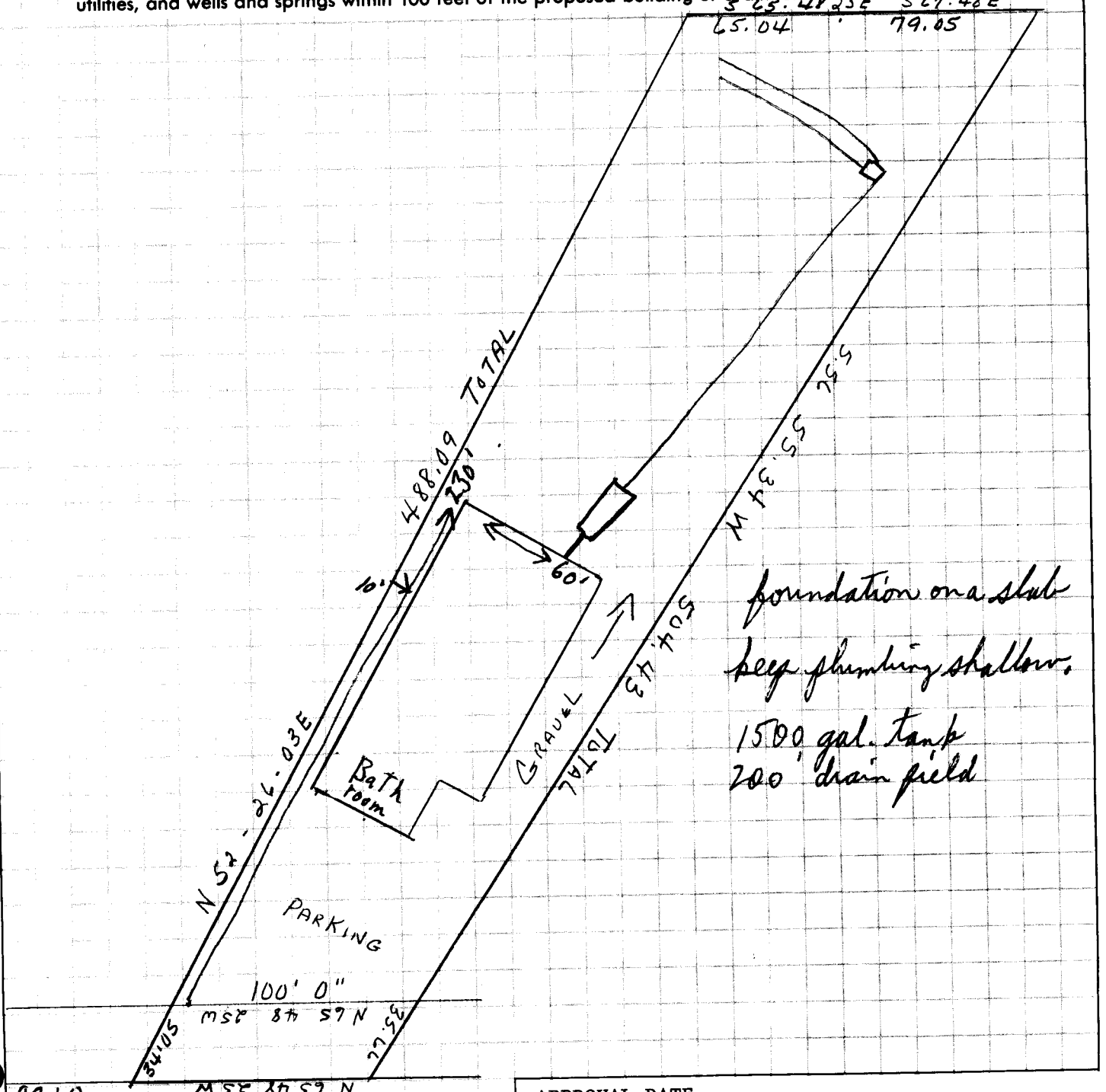
PROPOSED PLOT PLAN

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

FILE: 7184A

TC: 031-048-29

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.



foundation on a slab
keep plumbing shallow.
1500 gal. tank
200' drain field

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 12/12/90

Attn: Chris

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE _____

PARCEL NUMBER # 031-048-29

ASSIGNED ADDRESS 8910 Mount Holly Rd

EXISTING ADDRESS _____

PROJECT NAME L.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: Witness Wetland

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: _____

OPMEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

December 13th, 1990

Phyllis H. Kline
P. O. Box 667926
Charlotte, NC 28266

RE: Property located at 8910 Mt. Holly Road
FILE: 7184A
PARCEL: 031-048-29

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 16876) 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 16876

File: 7184A

Parcel: 031-048-29

Action 2 PC

Location: Mt. Holly Rd

Subdivision:

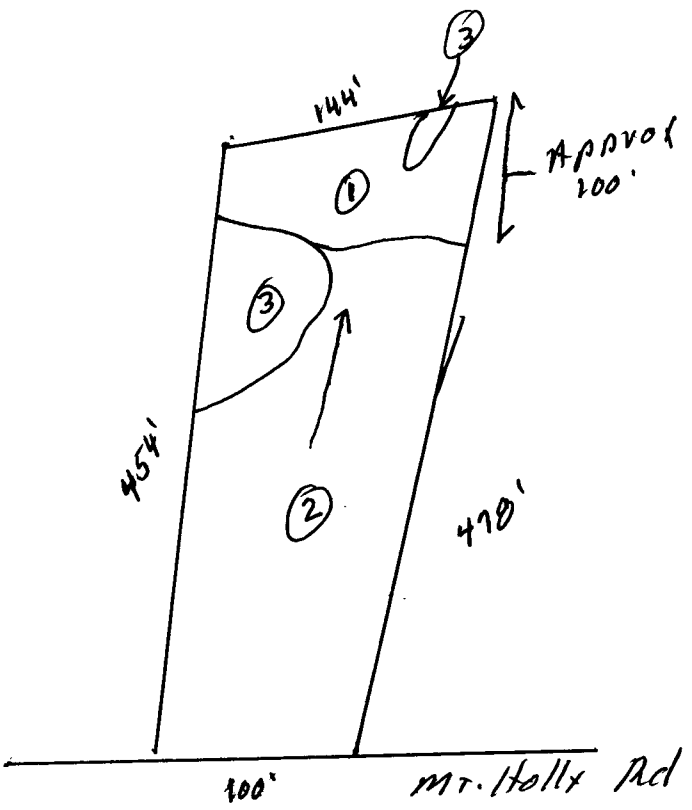
Lot: Block: Acres: 1.1

Owner: Phyllis H. Kline
Address: P.O. Box 667926
Charlotte, N.C. 28266

Comments: 100% Repair
May need pump to keep
drainfield from being too
deep

Described by: William A. Mullin

Date: 12-11-90



***** 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 2-10%	S PS U —	S PS (U) complex slopes	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 Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 38"+	S PS U Cut 0-24"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 36"	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-Hiwassee	Cut Area	complex slopes			
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: 7184A

TC: 031-048-29

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8910 MT Holly Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 031-048-29

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

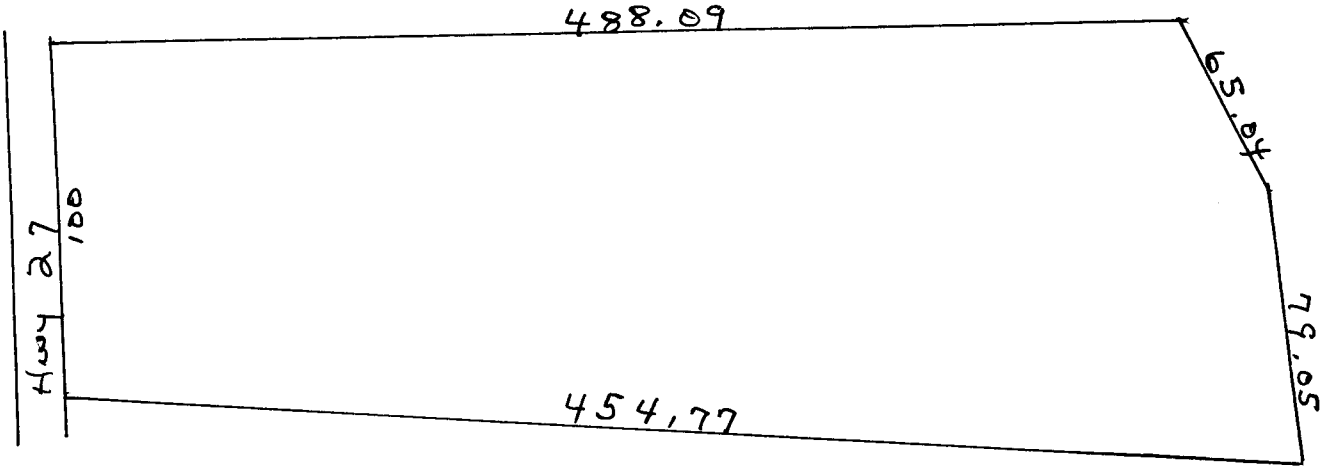
⑦ NAME: Phyllis (FIRST) H (MIDDLE) Cline (LAST)

⑧ MAILING ADDRESS: P.O Box 667926

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP 28266-7926

⑫ PHONE: (WORK) 704-827-4430 (HOME) 704 391-0437

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: Phyllis H. Cline

Date: 12-5-90

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
SITE EVALUATION REPORT
SERIAL NUMBER 16883

File:

Action _____

Parcel: 7184A

~~031 048 20~~

☐ PC

Location:

Subdivision: 8910 Mt. Holly Road

Lot: Block: Acres:

Owner:
Address: Phyllis H. Kline
P. O. Box 667926
Charlotte, NC 28266

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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-5-90

Name/Company: Rhyllis H. Brawley

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Appl. → 1.2 acres
8910 Mt Holly Rd
Tax # 031-048-29
Rec # 7184A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 5 1990

Fee: $ 75.00 Chg #2792 75.00

NOTICE:

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

W Thompson
Completed by

Collected by

APPLICATION FOR IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

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

(OFFICE USE ONLY)
7184A
TC: 031-048-29
SERIAL: № 21118

JOB LOCATION

① ADDRESS: 8910 MT. HOLLY ROAD (STREET NO. / STREET) ③ FILE: 7184A

② JURISDICTION: ⑦ TAX PARCEL NO: 031-048-29

③ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

④ NAME: PHYLLIS H (FIRST) BRAWLEY (LAST)

⑨ PO Box 667926 (MIDDLE)

⑩ CHARLOTTE ⑪ STATE: NC ⑫ 28266-7926

⑬ PHONE (WORK) 393-0437 ⑭ PHONE 391-0437

Request is for a(n):

⑮ ☐ Subdivision ☐ Multiple lot ☐ Individual lot ☐ Repair ☐ Addition ☐ Other (specify)

⑯ ☐ Application for mobile home exchange

Permit 1500 Tank 220 ft

⑰ ☐ Mobile home

Number of bedrooms

⑱ ☐ Business or place of public assembly

⑲ Type Body Shop

⑳ Maximum number of employees 2

Maximum number of seats?

Water supply (existing or proposed)

C.D. Conventional well

Sewage system

I, the undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certify that this Department has approved the request for the Job Location described above as ... in accordance with ... Sewage Collection ... Regulations in effect at the date of issuance of this permit and is subject to the following provisions:

1. No work shall be conducted on the sewage system until an installation, Construction, Alteration and/or Repair permit is issued by this Department.
2. This permit is non-transferable, and shall become null and void 60 months from the date of issuance.

60

Environmentalist — Date

Director or Authorized Section Head — Date

*This permit must be signed by the Director of the Department or an authorized Section Head.

I, the property described above as ... the foregoing application, acknowledge ... are true, and authorizes agents of the ... HEALTH DEPARTMENT to enter onto the ... processing this request.

Phyllis H Brawley

PLEASE PRINT OR TYPE ALL REQUESTED INFO

ITEM(S) . . . INSTRUCTIONS

(1) . . . . . Indicate location of property for which the
name. If you do not know the street numb
Department to have one assigned.

(2) . . . . . If a soil investigation has been run, copy
numbers on older reports.

(3) . . . . . Indicate the jurisdiction in which the
located. The jurisdiction is assigned by County Engineering.

(4) . . . . . Indicate the tax account or parcel
the property (example: 000-000-00). If the property is
comprised of a portion of a larger

(5)-(7) . . . . . Indicate the subdivision name and the
numbers in the subdivision if applicable.

(8)-(14) . . . . . Indicate, in the requested format, the information pertains to the person to whom the permit should be
issued.

(15)-(18) . . . . . Indicate the purpose of the request by placing an "X" in the appropriate box.

(19)-(20) . . . . . Indicate the type structure the system will serve by placing an "X" in the appropriate box.
- Residence means a single or multi-family dwelling (duplex, apartment, condo
where people reside.
- Mobile home means a trailer used as a residence that is designed with a permanent
capable of being moved to another location.
- Business or place of public assembly
use of building
or recre
campground or any other place where people work or assemble.

(21)-(22) . . . . . If the system will serve a residence
name, indicate the number of
occupancy of the residence and
the structure will have a basement
number of bedrooms include all
ded to be used as bedrooms
furniture or converted to bedroom
bedrooms to be

(23)-(27) . . . . . If the system will serve a business, indicate the type
the maximum number
maximum number of seats to be provided. Include
figures projections for future

(28) . . . . . Indicate the type water supply to
appropriate box.
- Individual water supply well
a building occupied by
or one
person or manufactures
place of public gath
as, or is used in a food
- Municipal system means a
ed by a city, county, town or
system originating from a well sou
- Community system means a private
- Community system means a private
system originating from a source

(29) . . . . . Once you have completed the
ification statement in the
The statement must be signed, dated
partment along with
a copy of the Engineering Address
of any permit.
RECEIVE A COPY OF THE CO
FORM MUST BE RETURNED TO

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-12-90

Name/Company: Phyllis H. Brawley

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. Permit (New)
8910 Mount Holly Rd.
TC: 031-048-29
File: 7184A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 12 1990

Check #2193

Fee: $ 200.00 200.00

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

7184A

THIS IS TO CERTIFY THAT ON THE 23rd DAY OF May 1986 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON. REVISED: JUNE 3, 1986

SIGNED A. Alan Walhuck
REGISTERED SURVEYOR

