

10905 BLAIR RD

12/27/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19480

File: 2005 B/9176A Action 2

Parcel: 137-151-20 ☐ PC

Location: Blair Road

Subdivision:

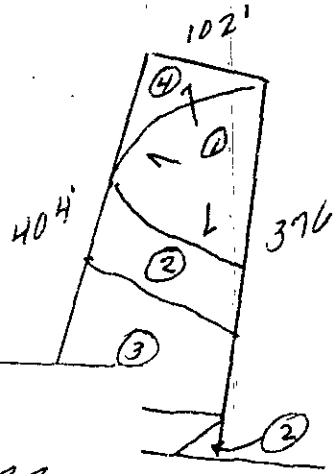
Lot: Block: Acres: 1.43

Owner: Timothy Dale Britt
Address: 11117 N. Hampton Road
Charlotte, N.C. 28227

Comments: Not sure if 102 repair is required - 3gal/ft2/day

Described by: William R. Marlin

Date: 10-19-93



Need 825 more or less 1.4 acres

1 Road

*** EVALUATION KE

S = Suitable U
PS = Provisionally Suitable
The "Area Classification" below indic areas in the diagram.

FACTORS	AR			AREA 4	AREA 5	AREA 6
Topography	(S) F 6-1			(S) PS U 2-12%	S PS U	S PS U
Texture Slightly Expansive C	(S) I			S PS (U) Expansive	S PS U clay	S PS U
Structure Sabl Blocky	S (A)	SUBSOIL		S (PS) U Blocky	S PS U	S PS U
Drainage	S (PS) U 30 >36" water	S (PS) U >36" Water	S PS U	S PS (U) some perch water 19-24"	S PS U	S PS U
Depth	S (PS) U 30-38"	S (PS) U 36-38"	S PS U	S PS (U) 24-36"	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S (PS) U >36"	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS (U) Restrictive	S PS U	S PS (U) Restrictive	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	IV Cecil/Lilo	IV Cecil-Lilo	Depression	Enon-Helena		

5426-135

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD, 50' cl to 36.50 pt 2d 1133 [] CRT

2005 BS/S/76A

burg County Health Dept.
mental Health Division
Hal Marshall Ctr., Suite 211
0 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Britt (last) Tamara (first) S. (mi)

ADDRESS: 11117 N Hampton Rd PHONE: 704 545-0983

CITY: Charlotte, STATE: N.C. ZIPCODE: 28227

Date: 10-1-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-151-20

STREET ADDRESS: Blair Rd. Charlotte, N.C. 28227

ZONING:

PROPERTY OWNER:

NAME: Britt (last) Timothy (first) Dale (mi)

ADDRESS: 11117 N. Hampton Rd PHONE: 704-545-0983

CITY: Charlotte, STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: NONE

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

LOT NUMBER: LOT SIZE (in acres): 1.43 Acres Blair Rd.

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 (W)
[✓] 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: 4 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):
[] 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: Tamara S. Britt Date: 10-1-93

NOTICE: Please Call Tamara 545-4486 before going out to Property

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 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

Mecklenburg County

Health Department

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

October 20, 1993

Timothy Dale Britt
11117 N. Hampton Rd.
Charlotte, NC 28227

RE: Property located at Blair Rd.
FILE: 2005B/9176A
PARCEL: 137-151-20

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 19480) 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 15A NCAC 18A .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19480

File: _____ Action _____

Parcel: _____ 2400 PC

Location:

Subdivision:

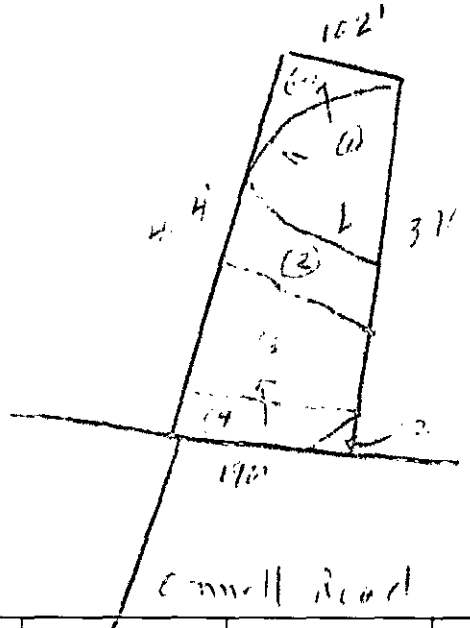
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: 12-11-93



***** 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	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
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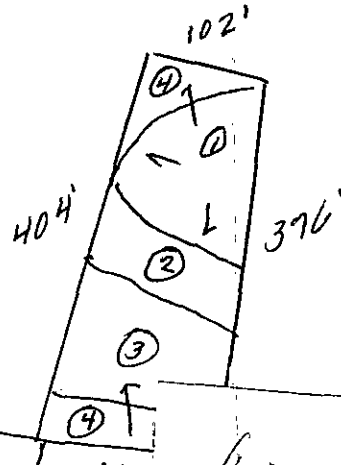
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Address: 11117 N. Hampton Road
Charlotte, N.C. 28227

Comments: Not sure if 102 repair is required - .3gal/ ft2/ day

Described by: William A. Marlin

Date: 10-19-93



lot is 102
Repair - Deeded
3-4 years ago
W/A m.
10-27-93

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The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3			
Topography	(S) PS U 6-15%	S (PS) U 15-30%	S PS (U) Depression	S PS (U)	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	(S) PS U Slightly clay Expansive	S PS U —			
Structure	S (PS) U Subt Blocky	S (PS) U Subt Blocky	S PS U —			
Drainage	S (PS) U 736" to water	S (PS) U 736" to water	S PS U —	S PS (U) some perch water 19-24"	S PS U	S PS U
Depth	S (PS) U 36-38"	S (PS) U 36-38"	S PS U —	S PS (U) 24-36"	S PS U	S PS U
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Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Pacolet	IV Cecil-Pacolet	Depression	Enon-Helena		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

2005B/9176A

PO 300' ck 3650 dl 93 pk

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: Britt (last) Tamara (first) S. (mi)

ADDRESS: 11117 N Hampton Rd PHONE: 704 545-0983

CITY: Charlotte, STATE: N.C. ZIPCODE: 28227

Date: 10-1-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-151-20

STREET ADDRESS: Blair Rd. Charlotte, N.C. 28227

ZONING:

PROPERTY OWNER:

NAME: Britt (last) Timothy (first) Dale (mi)

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CITY: Charlotte, STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: NONE

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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LOT NUMBER: LOT SIZE (in acres): 1.43 Acres Blair Rd.

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[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)
[x] 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)
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NUMBER BEDROOMS: 4 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):
[] Community (C) [] Shared Well (S)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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WWATER : 122791

PROPOSED PLOT PLAN

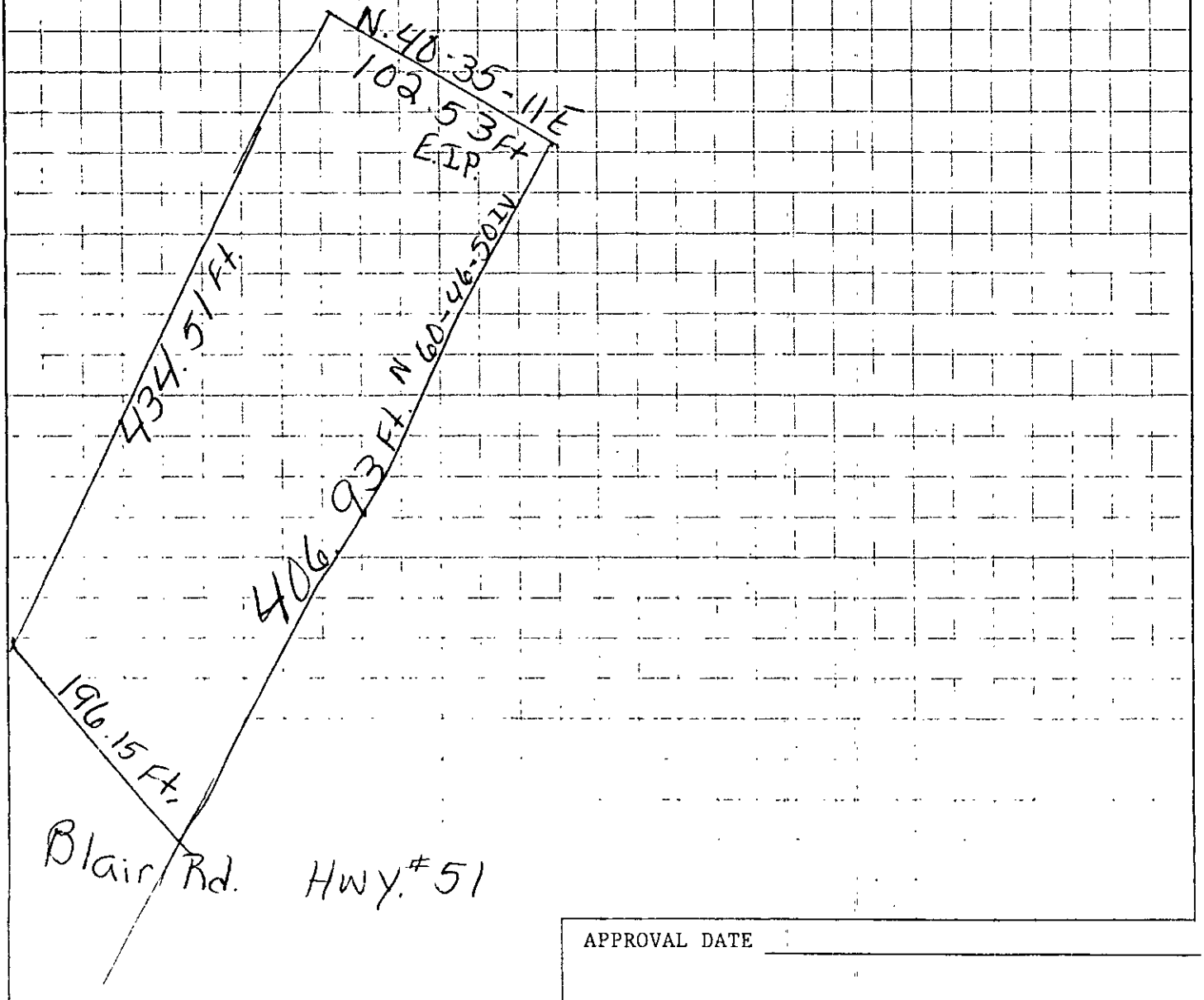
COPY

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

FILE: 2005B/9176A

TC: 137-15/-20

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 _____

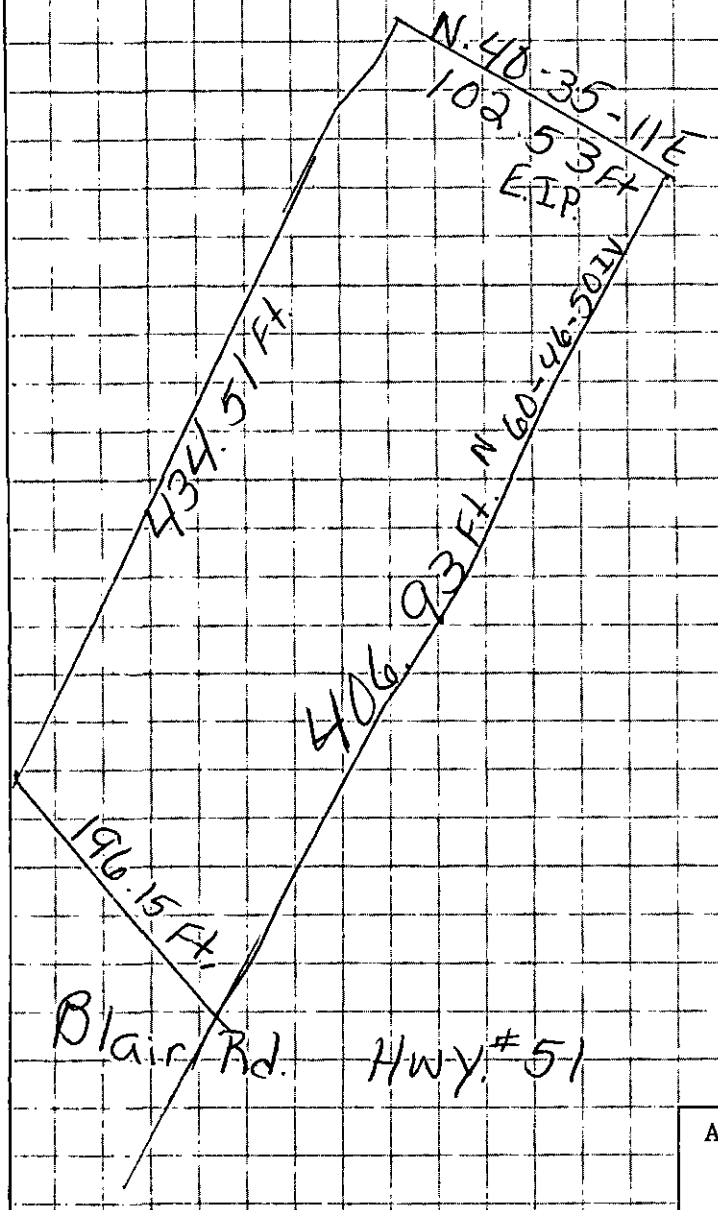
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700 NORTH TRYON STREET
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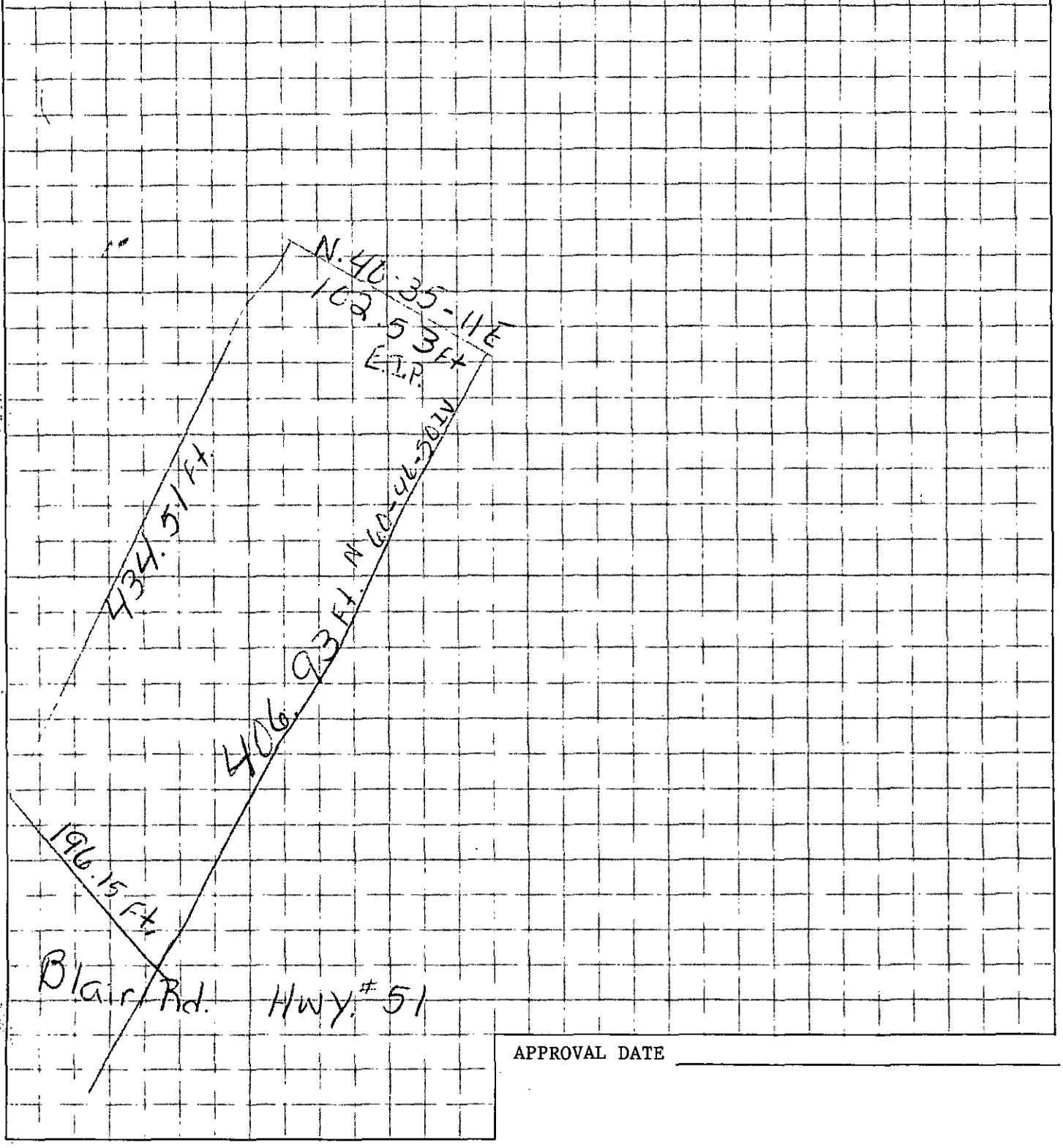
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5926-135

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

20058/9/76A

P.O. > 50' clr 3650 pk 1dl93 [] CRT

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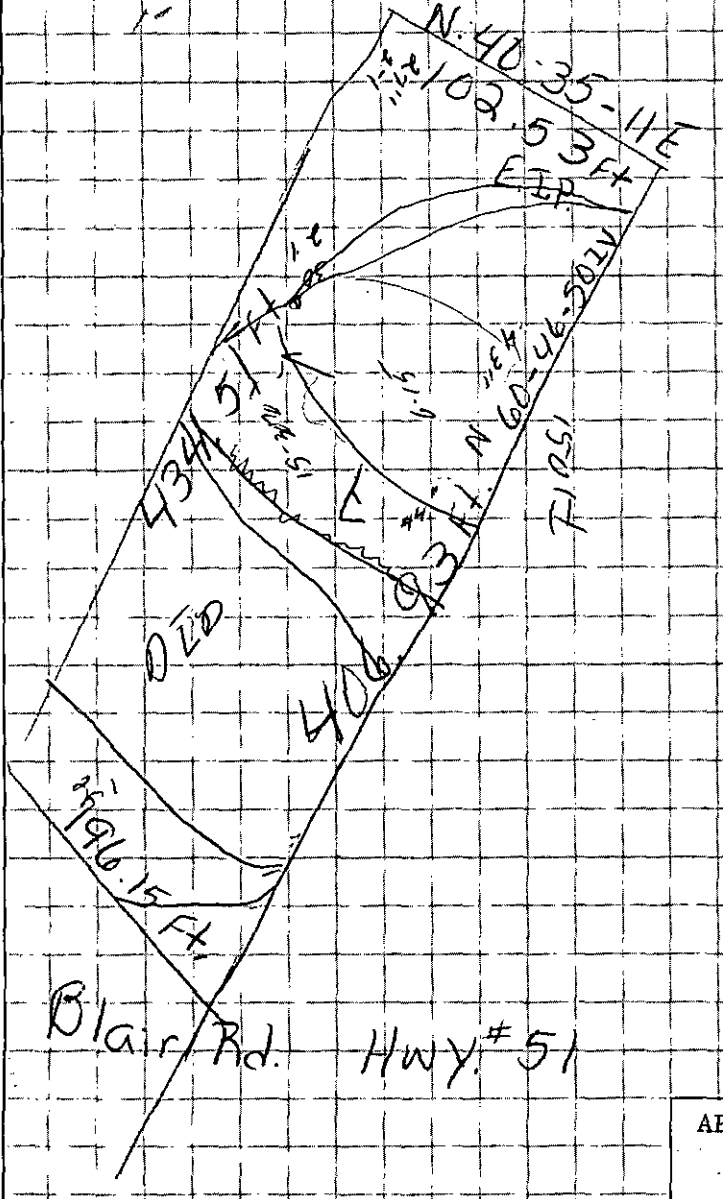
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