


10315 WILLIAMS RD

13938105

12/19/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1137B DATE: 7/1/97

TC: 139 072 20 ~~CRT~~

SERIAL Nº 17197

Name of Owner Lee West Juris.:

Address of Property 10315 Williams Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

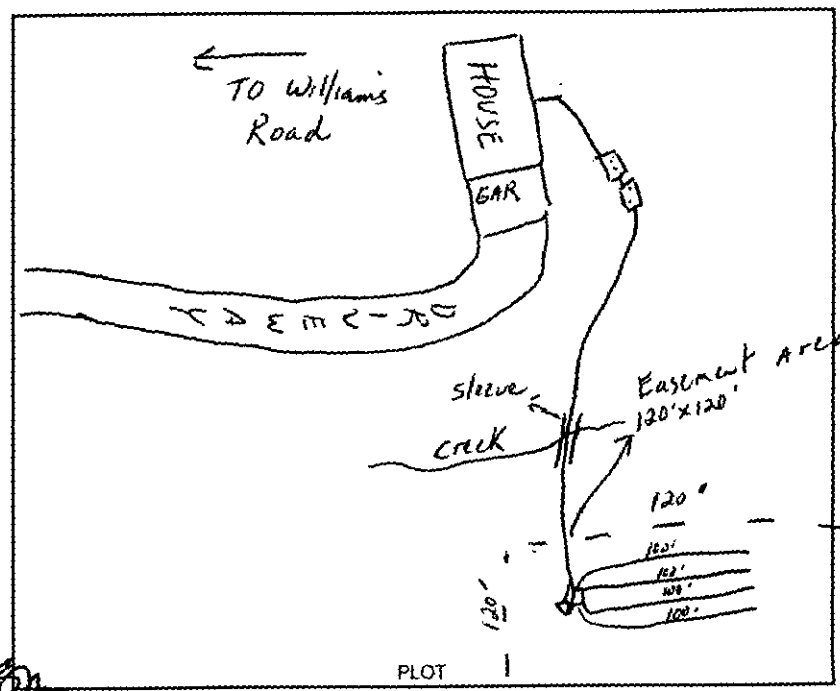
Distance to Water Source > 50'

Excavation Inspected 6/25/97

Tank(s) Inspected 6/25/97

Wash Line Inspected plumbed to tank

High Water Alarm Inspected 7/1/97 jon




Design 1997, 1500ST, 1000DT, PI, CON, 1200SFT, 12"stone cover CTR#

The undersigned has inspected the Septic Tank System described above, and certifies it has been Bobby McDaniel

- ☐ installed or constructed
- ☐ altered or repaired
- ☐ in accordance with the permit issued
- ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

- ~~☐ Certificate of Completion~~
- ☑ Operation Permit Boulds WEO 311 M jon

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type III (b) CON, 3 Bedroom House

Phila A. Walker
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1137B DATE: 6/19/97

TC: 139 072 20 ☐ L

SERIAL Nº 17357

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8/30/95. All work shall be completed on or before 7/19/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

see comments :

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 16"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet
50' min

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Lee West

LOCATION OF PROPERTY 10315 Williams Rd

Comments: Septic System to be installed in accordance with Approved plot plan

Phila S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Williams Rd

Plan appr. 8/30/95

To Williams Road

104'

DRIVE

House approx. 420' off Williams Rd.

391'

3.54 Ac.

374'

Proposed Well

Walk

60' x 4'

Deck

1500 gal. Septic Tank

Pump Tank

Existing Septic System

Proposed Well

2" Service line will be approx 600' to Washer Box. Remaining Exact location to be determined.

311'

Iron Duc-tile Sleeve in shaded Sleeve 4" or compara-ble small branch edge (each side) 16' behind HP pump (Rec).

4'o to s/o Bedrm. Plan

3 Bedroom

Tim Whitaker 8/30/95

750 gal. Washer Box

Distribution Box

120'

120'

126'

120'

Repair Area Type II

80'

80'

80'

80'

80'

Approx 600'

304'

254'

MCHD File: 1137-B

Tim Whitaker 986-9580

$240 CK#2207

150.00 CK#3303 11-25-96

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

#150.00 12/06/94

FILE 1137 B

CERT

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: 12/6/94

**PERSON FILING APPLICATION:**

NAME: Whittaker (last) Tim (first) W. (mi)

ADDRESS: 512 S. South St. PHONE: (704) 866-9540

CITY: GASTONIA STATE: NC ZIPCODE: 28052

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 30 139-072-26

STREET ADDRESS: ~~10401~~ Williams Rd. 10315

ZONING:

**PROPERTY OWNER:**

NAME: WEST (last) LEE (first) (mi)

ADDRESS: 5030 Brooktree Dr. PHONE: (704) 393-1431

CITY: Charlotte STATE: NC ZIPCODE: 28208

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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 AC. + EASEMT.

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) T.W. 8/30/95

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: 3 NUMBER OCCUPANTS: T.W. 8/30/95

SYSTEM CLASSIFICATION: ~~Shallow Placed~~ Cw. OR ~~Infiltration~~

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)
[X] 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 [X] 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: Tim Whittaker Date: 12/6/94

NOTICE: for L.W.

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.

... Approval for 3 bedroom residence
Shallow placed conventional

Easement form on file
Lift pump required
Approval based on alternative soil test site dated 3/6/95

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philip A. Walker R.S. 8/30/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

DATE 11-25-96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-072-20 P.O.
PARCEL NUMBER

10315 WILLIAMS RD.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

**THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:**

| | | |
|---|---|---|
| **1. SUBDIVISION REGULATIONS** | **APPROVED** | **NOT APPROVED** |
| **2. FLOODWAY REGULATIONS** | **APPROVED** | **NOT APPROVED** |
| **3. WATERSHED PROTECTION** | **APPROVED** | **NOT APPROVED** |
| **4. COMMERCIAL DRAINAGE PLAN** | **APPROVED** | **NOT APPROVED** |
| **5. PUBLIC UTILITY EASEMENT** | **PRESENT** | **NOT PRESENT** |
| **6. PROPERTY FRONTS ON THOROUGHFARE** | **YES** | **NO** |
| **7. DRIVEWAY PERMIT REQUIRED** | **YES** | **NO** |
| **8. DOES PROJECT CONFLICT WITH ROAD PROJECT?** | **YES** | **NO** |

**REMARKS:** S4D

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Martine Vray

REVISED 1/91

2460

**ECKLENBURG COUNTY HEALTH DEPARTMENT** File: 11378 Action 2

**TE EVALUATION REPORT**

**ERIAL NUMBER** 028470 Parcel: PO 139-072-20 ☐ PC

ocation: 10401 Williams Road

Subdivision:

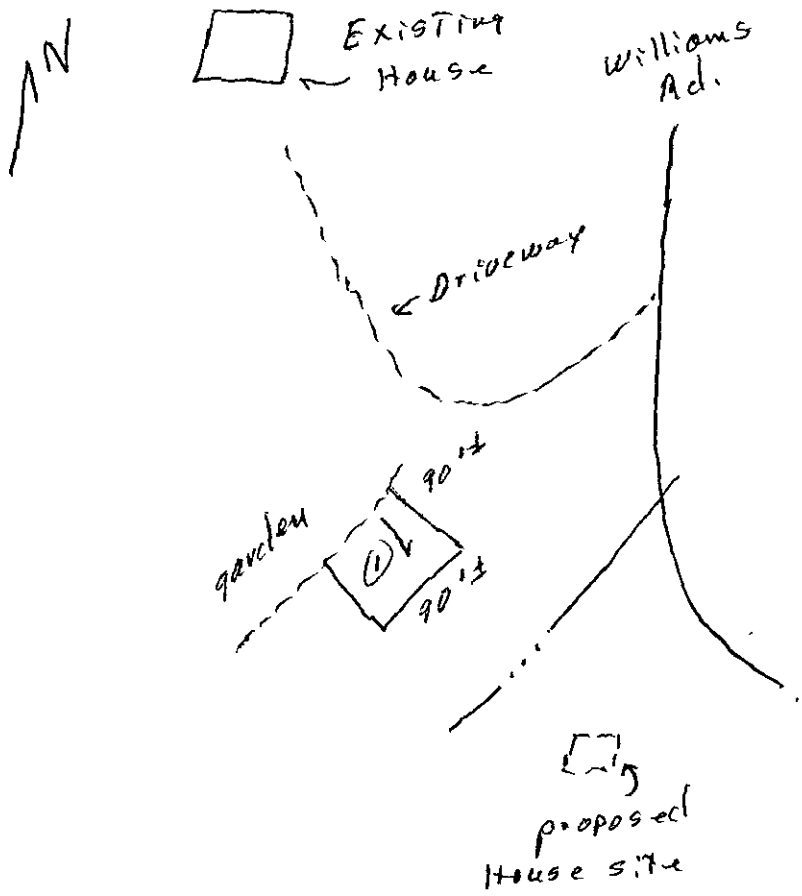
Lot: Block: Acres: Approx .18

Owner: Lee West
Address: 5030 Brookline Dr.
Charlotte, NC. 28208

Comments: 100% Repair, 3 gal/ft/day LTAR, would need easement & pump from house site located across drainageway

Described by: William A. Mauk

Date: 3-6-95




***** 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 | S PS U | S PS U | S PS U |
| Texture | S (PS) U Slightly Expansive 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 soil Wetness | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS (U) 30-37" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 37" | 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 | III Cecil-like | | | | | |
| Area Classification | S PS (U) | S PS U | S PS U | S PS U | S PS U | S PS U |

VOID

P&Z 50.00 CHK 4367 8/16/93

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

113 JR/910 A

[] 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: WEST (last) LEE (first) W. (mi)
ADDRESS: 5015 BROOKTREE DR. PHONE: (704) 393-1431
CITY: CHARLOTTE STATE: NC ZIPCODE: 28206

Date:

PROPERTY OWNER:
NAME: WEST (last) LEWIS A. JR. (first) (mi)
ADDRESS: 10401 WILLIAMS RD. PHONE: (704) 545-7236
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-072-20
STREET ADDRESS: WILLIAMS ROAD
CHARLOTTE, NC
ZONING:

Township (check one):
[X] 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: LOT SIZE (in acres): 3 ACRES EST.

TYPE APPLICATION (check one):
[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)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (K)
[] 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: 2 NUMBER OCCUPANTS: 2

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)
[X] 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: Lewis A West Jr. Date: August 12, 1993

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

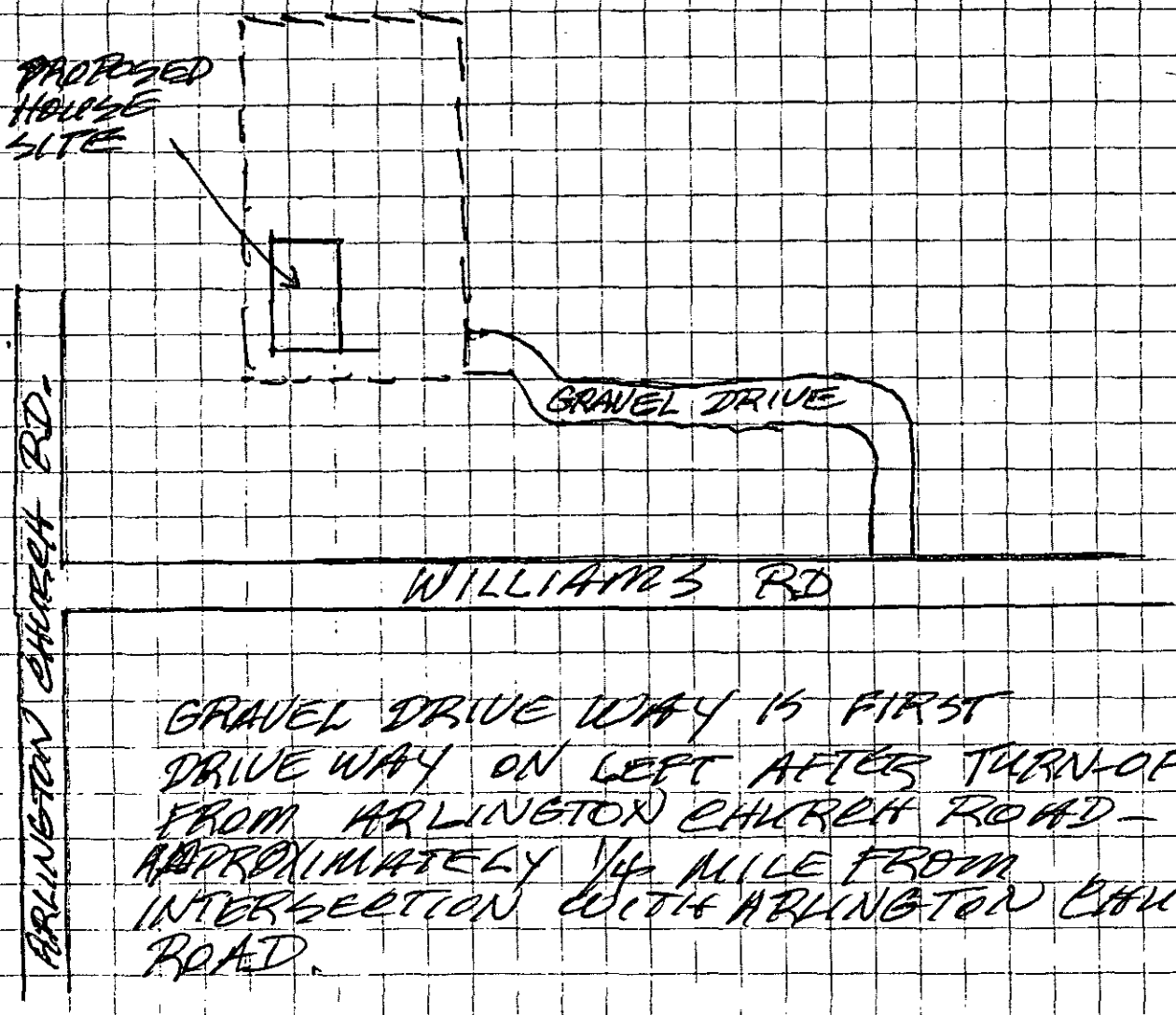
COPY

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

FILE: 11378/9108A

TC: 139-072-2010

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.




GRAVEL DRIVE WAY IS FIRST DRIVE WAY ON LEFT AFTER TURN-OFF FROM ARLINGTON CHURCH ROAD - APPROXIMATELY ¼ MILE FROM INTERSECTION WITH ARLINGTON CHURCH ROAD.

APPROVAL DATE _____

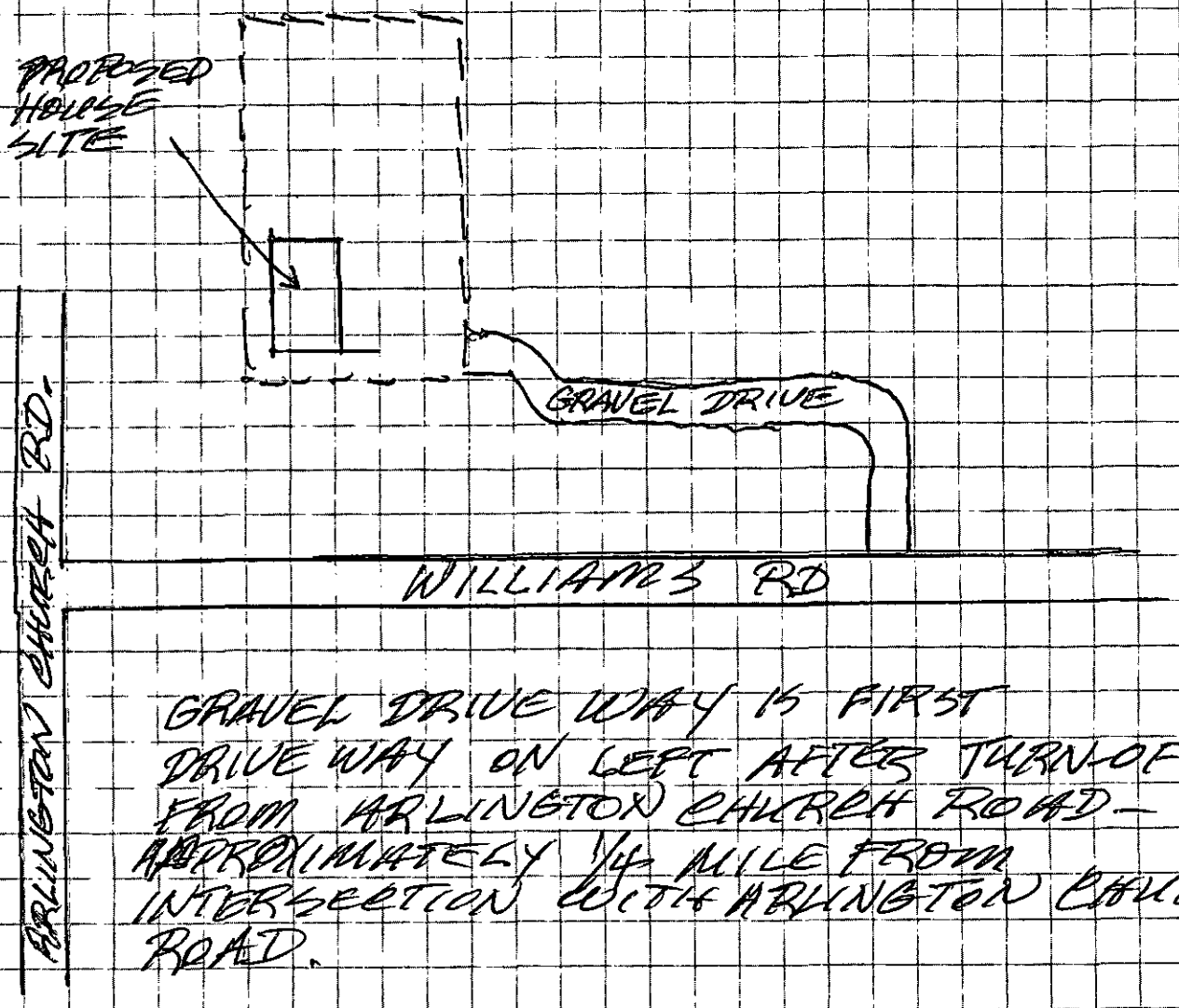
# PROPOSED PLOT PLAN

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

FILE: 1137B/9108A

TC: 139-072-2010

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.




GRAVEL DRIVE WAY IS FIRST DRIVE WAY ON LEFT AFTER TURN-OFF FROM ARLINGTON CHURCH ROAD— APPROXIMATELY ¼ MILE FROM INTERSECTION WITH ARLINGTON CHURCH ROAD.

APPROVAL DATE _____

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

Joe Lynn — Note to meet w/ Joe Lynn

1137B | 9108A — V010

# 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

Date: 9/10/93

PERSON FILING APPLICATION:
NAME: WEST (last) LEE (first) W. (mi)
ADDRESS: 5030 BROOKTREE DR PHONE: (704) 527-1454
CITY: CHARLOTTE STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-072-10
STREET ADDRESS: Williams Road
ZONING:

PROPERTY OWNER:
NAME: WEST (last) LEWIS A. JR. (first) (mi)
ADDRESS: 10401 WILLIAMS RD PHONE: (704) 545-7776
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 2+ ACRES

[] 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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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: Lewis A. West Date: September 10, 1993

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

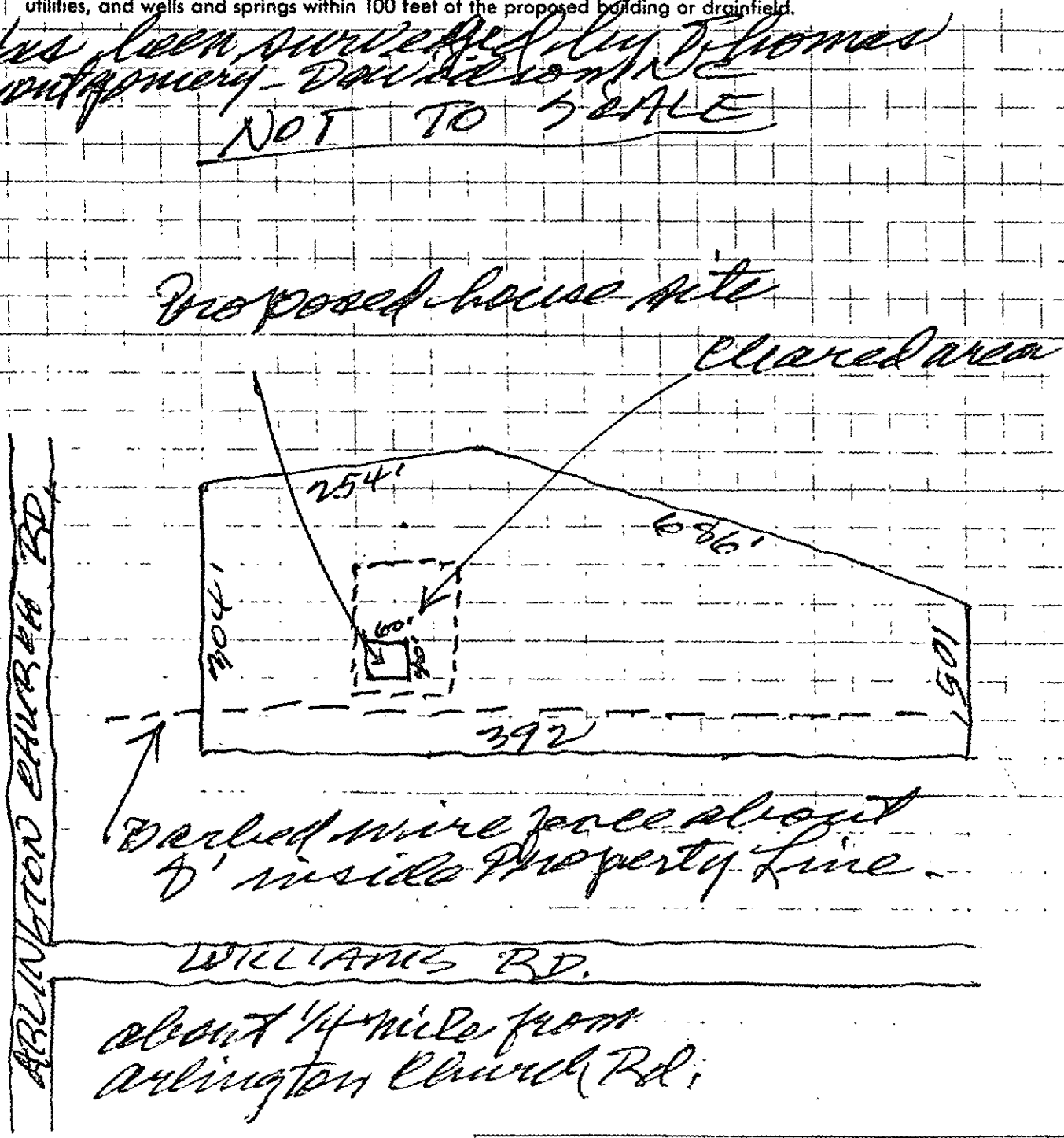
FILE: 1137B

TC: 139-072-70

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.

Has been surveyed by Thomas Montgomery - Davidson, NC

NOT TO SCALE




APPROVAL DATE _____

1137B

# Mecklenburg County
## Health Department

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

November 24, 1993

Lewis West, Jr.
10401 Williams Road
Charlotte, NC 28227

Dear Mr. West:

Enclosed is a copy of the report prepared by Joe Lynn for the property (139-072-20) located on Williams Road.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

William R. Marlin

William R. Marlin, Soil Scientist
Individual Water and Wastewater Systems

Enclosure(s)

WM:gf

Lewis West, Jr.
10401 Williams Road
Charlotte, N.C. 28227

Dear Mr. ~~Attorney~~ West:

Enclosed is a copy of the report prepared by Joe Tynan for the property (139-072-20) located on Williams Road.

Sincerely,

William B. Marr

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1137B

File 1137 B pd A 35.00 10/27/94 ck# 168 [ ] 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 $35.00

PERSON FILING APPLICATION:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:
NAME: WEST, LEWIS A., JR. (last) (first) (mi)
ADDRESS: 10401 Williams Rd. PHONE: (704) 393-1431
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-072-20 pt
STREET ADDRESS: 10401 Williams Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: LOT SIZE (in acres): 3 Ac. + (1)

TYPE APPLICATION (check one):
[X] Consult
[ ] 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) R.W. - 8/30/95

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: 6
SYSTEM CLASSIFICATION: Conv.

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)
[X] 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: Lewis A. West Jr. Date: 10/8/94

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

# SOIL AND SITE REPORT FOR A GROUND ABSORPTION WASTEWATER SYSTEM

by

JOE LYNN, REGIONAL SOIL SPECIALIST
ON-SITE WASTEWATER SECTION
DIVISION OF ENVIRONMENTAL HEALTH

Submitted to:

WILLIAM MARLIN, SOIL SCIENTIST
MECKLENBURG COUNTY HEALTH DEPARTMENT

NOVEMBER 18, 1993

Joe Lynn
Regional Soil Specialist

## SUMMARY

This site is **UNSUITABLE** for a ground absorption wastewater treatment and disposal system under current laws and rules 15A NCAC 18A .1900. **No ground absorption wastewater (septic tank) system can be permitted on this site.**

| | |
|---|---|
| Conventional systems | NO |
| Shallow conventional systems | NO |
| Large Diameter Pipe systems | NO |
| Prefabricated Porous Block Panel systems | NO |
| Low Pressure Pipe Systems | NO |
| Fill Systems | NO |
| Aerobic Treatment Systems | NO |

This report gives a brief summary of the findings, conclusions, and recommendations.

If you have any questions or I can be of assistance contact me at the Mooresville Regional Office (704) 663-1699.

## INTRODUCTION

**COUNTY:** Mecklenburg

**OWNER/APPLICANT:** Lee West

**LOCATION:** Williams Road

**TYPE OF FACILITY:** Residence

**DESIGN UNIT:** 240 gpd

**PROPOSED WATER SUPPLY:** On-site well

**EVALUATED BY:** Joe Lynn assisted by Bill Marlin using hand augers

**DATE OF EVALUATION:** September 15, 1993

**OTHER(S) PRESENT:** N/A

## SITE INFORMATION

**AREA/PRESENT USE:** 3 1/2 acres / wooded site, cleared area for house

**TOPOGRAPHY:** 2 to 14 percent

**LANDSCAPE POSITION:** Linear and foot slopes

**SITE LIMITATIONS:** Streams / drive / drainage way

## SOIL INFORMATION

**SOIL TEXTURE:** (surface) Silt loam / loam / sandy loam
(subsoil) Silty clay / Sandy clay / clay

**SOIL STRUCTURE:** (subsoil) Blocky

**CLAY MINERALOGY:** Expansive and slightly expansive

**SOIL DEPTH:** 13 to 22 inches to saprolite, rock, or parent material
8 to 22 inches to unsuitable soil condition

**SAPROLITE:** 13 to 22 inches to unsuitable saprolite

**SOIL WETNESS:** 15 to 22 inches to chromas of 2 or less

**RESTRICTIVE HORIZONS:** None

**AREA of S or PS SOIL:** None found

## CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption wastewater system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Drainage feature (gully)
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Unsuitable Soil Wetness — Section .1942
   Chromas of 2 or less from Munsell Color Book
4. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches
5. Insufficient Available Space — Section .1945
   Not enough area for an initial sewage system and a repair if needed.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Neither shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule (>20% clay). Drainage will not be sufficient to reclassify the site to Provisionally Suitable.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. Neither a low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

## RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. The applicant may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. The applicant may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1948 (d). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must be non-pathogenic, non-infectious, non-toxic, and non-hazardous.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.

# Mecklenburg County

## Health Department

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

August 25, 1993

Mr. Lewis A. West, Jr.
10401 Williams Road
Charlotte, NC 28227

RE: Property located at Williams Road
FILE: 1137B/9108A
PARCEL: 139-072-20

Dear Mr. West:

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 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 19499) 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-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

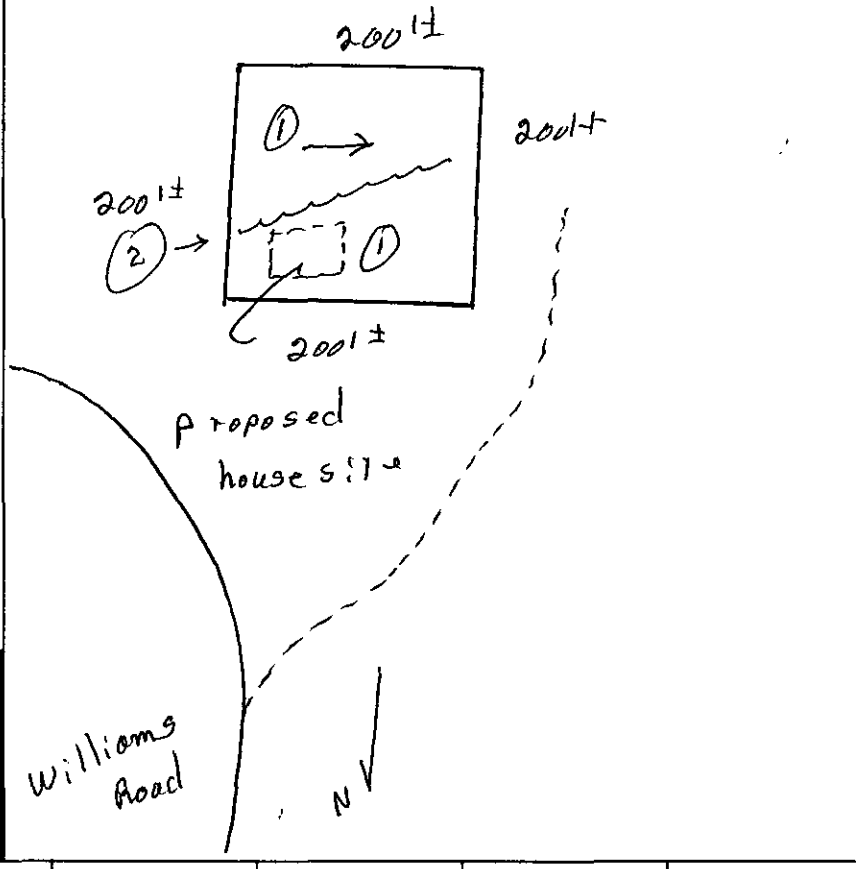
Enclosure

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 19499

File: 113781 / 9108A
Action 3
Parcel: PO 139-072-20
☐ PC

Location: Williams Road
Subdivision:
Lot: Block: Acres: Approx 1.0
Owner: Lewis A. West, Jr.
Address: 10401 Williams Road
Charlotte, NC 28227
Comments: 100% Repair

Described by: William R. Marlin
Date: 8-24-93




***** 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 8-15% | S PS (U) Complex Slope Area | 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 weak to sub Blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 736" to water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS (U) 15-26" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 736" | 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 | Series Not Determined | Complex Slope | | | | |
| 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** 19499

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

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 |

1137B/910SA

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

PD 50.00 CK# 4369 8/16/93 NT [ ] 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

COPY

PERSON FILING APPLICATION:
NAME: WEST (last) LEE (first) W. (mi)
ADDRESS: 3035 BROOKTREE DR. PHONE: (704) 393-1431
CITY: CHARLOTTE STATE: NC ZIPCODE: 28206

Date:

PROPERTY OWNER:
NAME: WEST (last) LEWIS A. JR. (first) (mi)
ADDRESS: 10401 WILLIAMS RD. PHONE: (704) 545-7226
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-072-20
STREET ADDRESS: WILLIAMS ROAD
CHARLOTTE, NC
ZONING:

Township (check one):
[X] 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: LOT SIZE (in acres): 3 ACRES EST.

TYPE APPLICATION (check one):
[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)
[ ] 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: 2 NUMBER OCCUPANTS: 2

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)
[X] 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: Lewis A. West Jr. Date: August 12, 1993

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

WATER : 122791

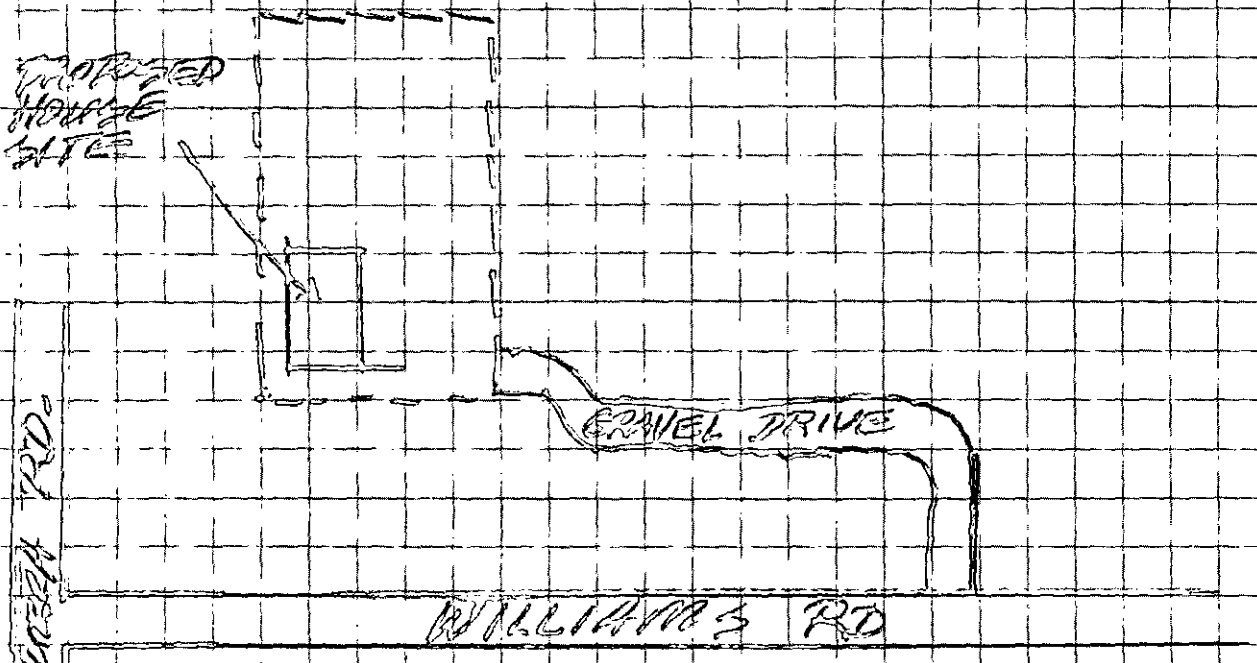
# PROPOSED PLOT PLAN

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

FILE: 11378/2005A

TC: 137-012-2070

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.




GRAVEL DRIVE WAY IS FIRST DRIVE WAY ON LEFT AFTER TURN-OFF FROM HARLINGTON CHURCH ROAD - APPROXIMATELY ½ MILE FROM INTERSECTION WITH HARLINGTON CHURCH ROAD.

APPROVAL DATE _____

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

# PROPOSED PLOT PLAN

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

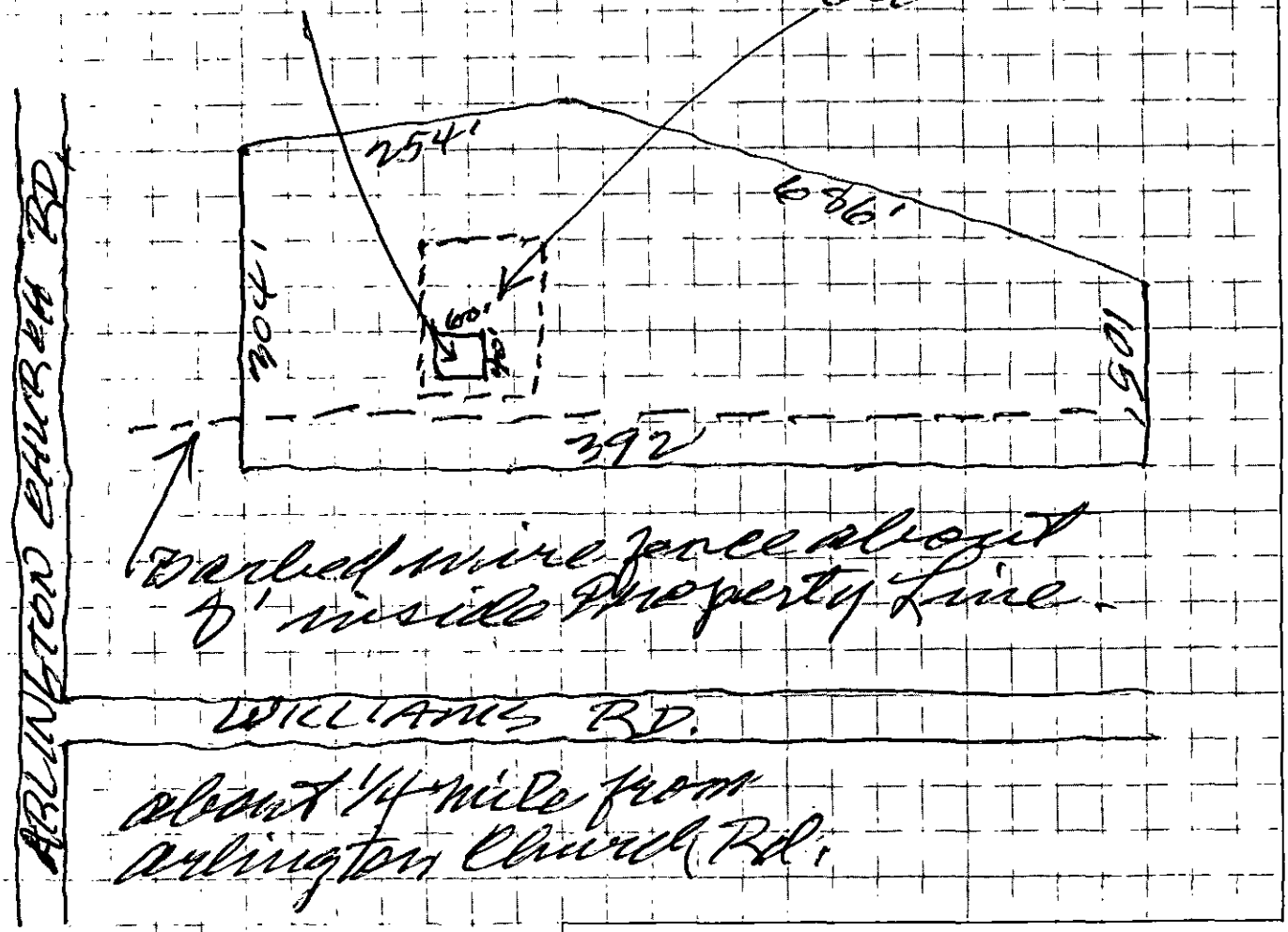
FILE: 1137B

TC: 139-072-70

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.

Has been surveyed by Thomas Montgomery - Davidson NC

NOT TO SCALE




APPROVAL DATE _____

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