


HWY73 LOT 11

12/18/2007

duponbj

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

# Mecklenburg County

## Health Department

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

September 25, 1992

J.W. Washam Estate
P.O. Box 40
Davidson, NC 28036

Re: Property located off Highway 73, East, Lot 11
File: 627B/8498A
Parcel: 011-092-05

Dear Sirs:

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 No. 12842) is enclosed for your information.

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 .1957 (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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

KR/wpg
Enclosure (2)

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12842

File: 62781 8498A
Parcel: 00 011-092-05
Action 2
☐ PC

Location: off Kiffney 73E

Subdivision:

Lot: 11 Block: Acres: .28

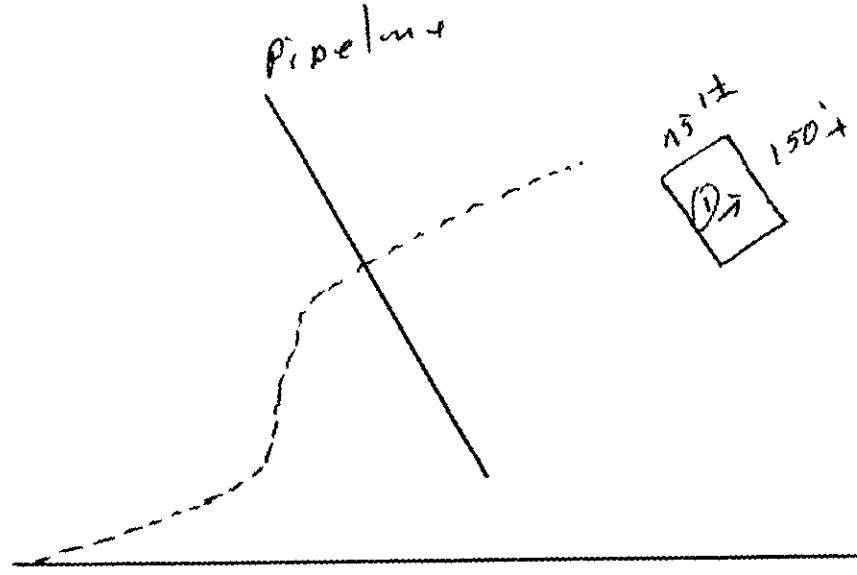
Owner: J.W. Wickham Estate
Address: PO Box 40
Davidson, N.C. 28036

Comments: 100% Repair, .3gpd/SFD/day LTAR Lot corners not established

Described by: William R. Marks

Date: 7-24-92

See Map File 617A




***** 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 2-8% | 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 Subblocky | 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 736" | 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) 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 Cec:1-1Ua | | | | | |
| Area Classification | S PS (U) | S PS U | S PS U | S PS U | S PS U | S PS U |

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER**

File: Action

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date:

***** EVALUATION KEY *****

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| 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 |

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM 09/09/92
APPLICATION FOR SERVICES DRAFT

629B/8498A ck#0920 #50.00 [] 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: JASZEWSKI (last) PAUL (first) K (mi)
ADDRESS: 19010 Mainsail Cir PHONE: ( ) 892-0505
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: WASHAM JW ESTATE (last) (first) (mi)
ADDRESS: PO BOX 10 PHONE: ( ) 892-0156
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-092-05
STREET ADDRESS: HWY 73 EAST
ZONING: RM

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: 11 LOT SIZE (in acres): 10.44

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: 3 NUMBER OCCUPANTS:
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 [] 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: Billy B Kelly Agent Date: 9/8/92

NOTICE: Murray G Kelly

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

09/09/92

627B/8498A

CK#0920 $150.00

[] 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: JASZEWSKI (last) PAUL (first) K (mi)

ADDRESS: ~~PO~~ 19010 Mary Andrew Ct PHONE: (__) 892-0505

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:

NAME: WASHAM (last) JW ESTATE (first) (mi)

ADDRESS: PO BOX 40 PHONE: (__) 892-0196

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-092-05

STREET ADDRESS: HWY 73 EAST

ZONING: RM

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEN 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):
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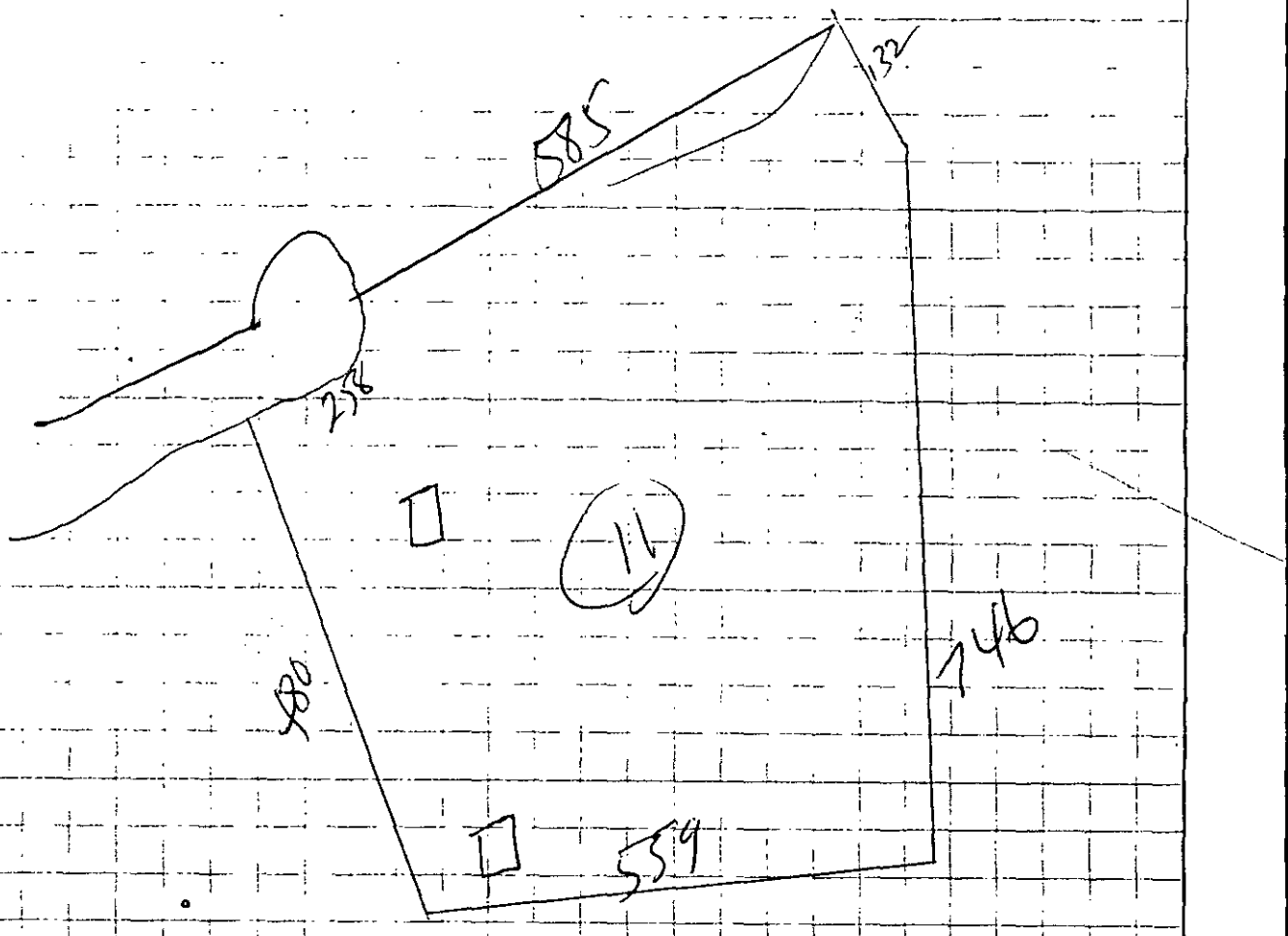
WWATER: 122791

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

FILE: 6218

TC: 019-092-05 Part 7

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.




Signed: Bobby B Rivers Agent

Date: 9/8/92

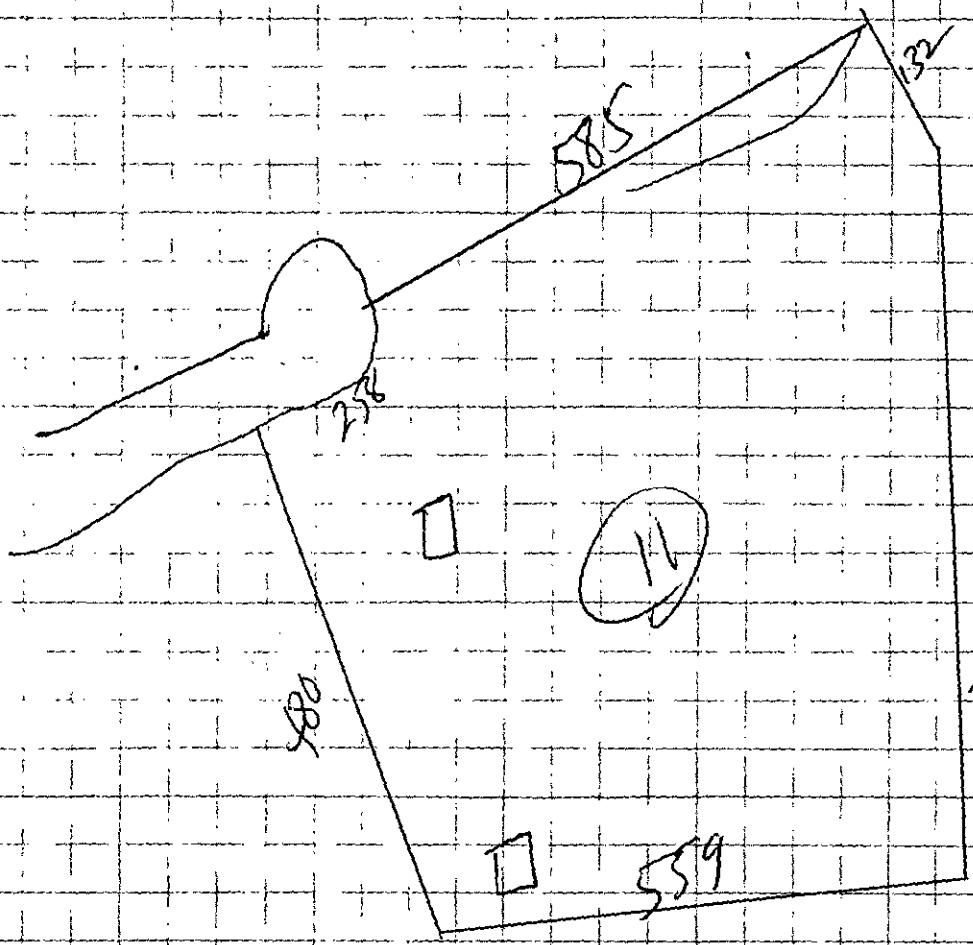
# PROPOSED PLOT PLAN

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

FILE: 621B

TC: 019-09L-05 Part 7

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.




Signed: Bob B Siver Agent

Date: 9/8/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

DRAFT

09/09/92

6218/8498A

Ck#0920 $150.00

[] CRT

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Director or Authorized Section Head Date

WWATER : 122791