

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Bill

Applicant wants to meet you please call him, he is very flexible

VIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50' CL 45' 123 [] CRT

PERSON FILING APPLICATION:

NAME: Marinelli (last) Stephen (first) P. (mi)

ADDRESS: 9416 Wedgewood Dr PHONE: (704) 394-8220

CITY: Huntersville NC STATE: NC ZIPCODE: 28073

PROPERTY OWNER:

NAME: Welch (last) Mary (first) (mi)

ADDRESS: 10826 McCoy Rd PHONE: (704) 875-0663

CITY: Huntersville STATE: NC ZIPCODE: 28078

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

LOT NUMBER: 223 LOT SIZE (in acres): 42 / 10 to be purchased

[] SOIL TEST DEVELOPMENT (P)
MS OR LESS (N) [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
) [] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
E HOME SIZE (A or M) [] 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: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION: ?

COMMERCIAL/INDUSTRIAL PROPERTY: N/A
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 [X] Workshop [] None
[] Garage [X] 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: Mary A. Welch Date: 12-19-93

NOTICE:

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

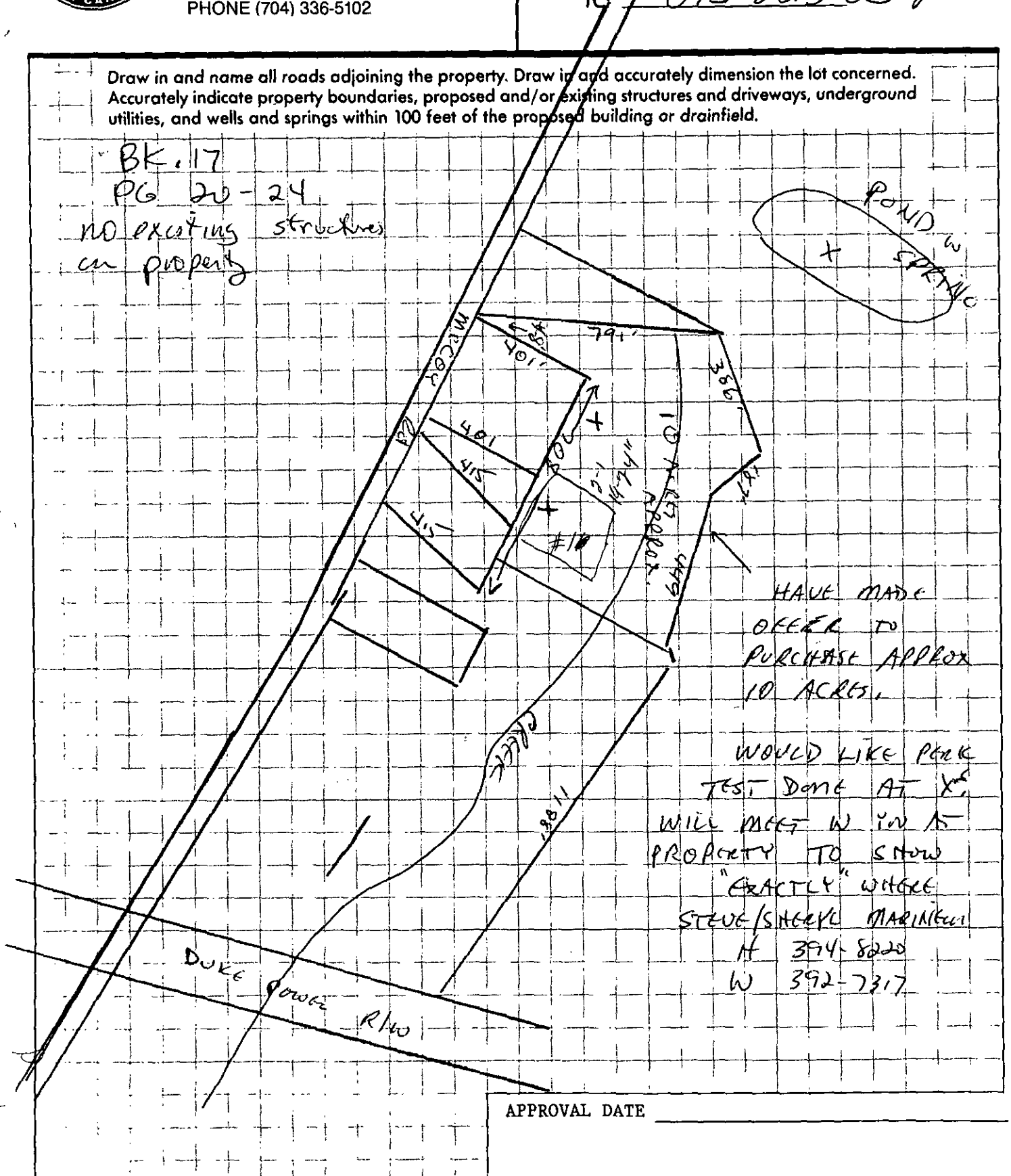
PROPOSED PLOT PLAN

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

FILE: 2096B/9267A

TC: 015-223-05 pt

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 _____

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

PD 50° clr 45% 12/20/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

2096B/9267A

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: Marinelli (last) Stephen (first) P. (mi)
ADDRESS: 9416 Workswood Dr. PHONE: (704) 394-8220
CITY: Huntersville NC STATE: NC ZIPCODE: 28073

Date: FX# 015-223-05

PROPERTY OWNER:
NAME: Welch (last) Mary (first) (mi)
ADDRESS: 10826 McCoy Rd PHONE: (704) 875-0663
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: BK 17, PG. 23, Lot 223
STREET ADDRESS: McCoy Road
Huntersville, NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 223 LOT SIZE (in acres): 42 / 10 to be purchased

TYPE APPLICATION (check one):
[X] 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)

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Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

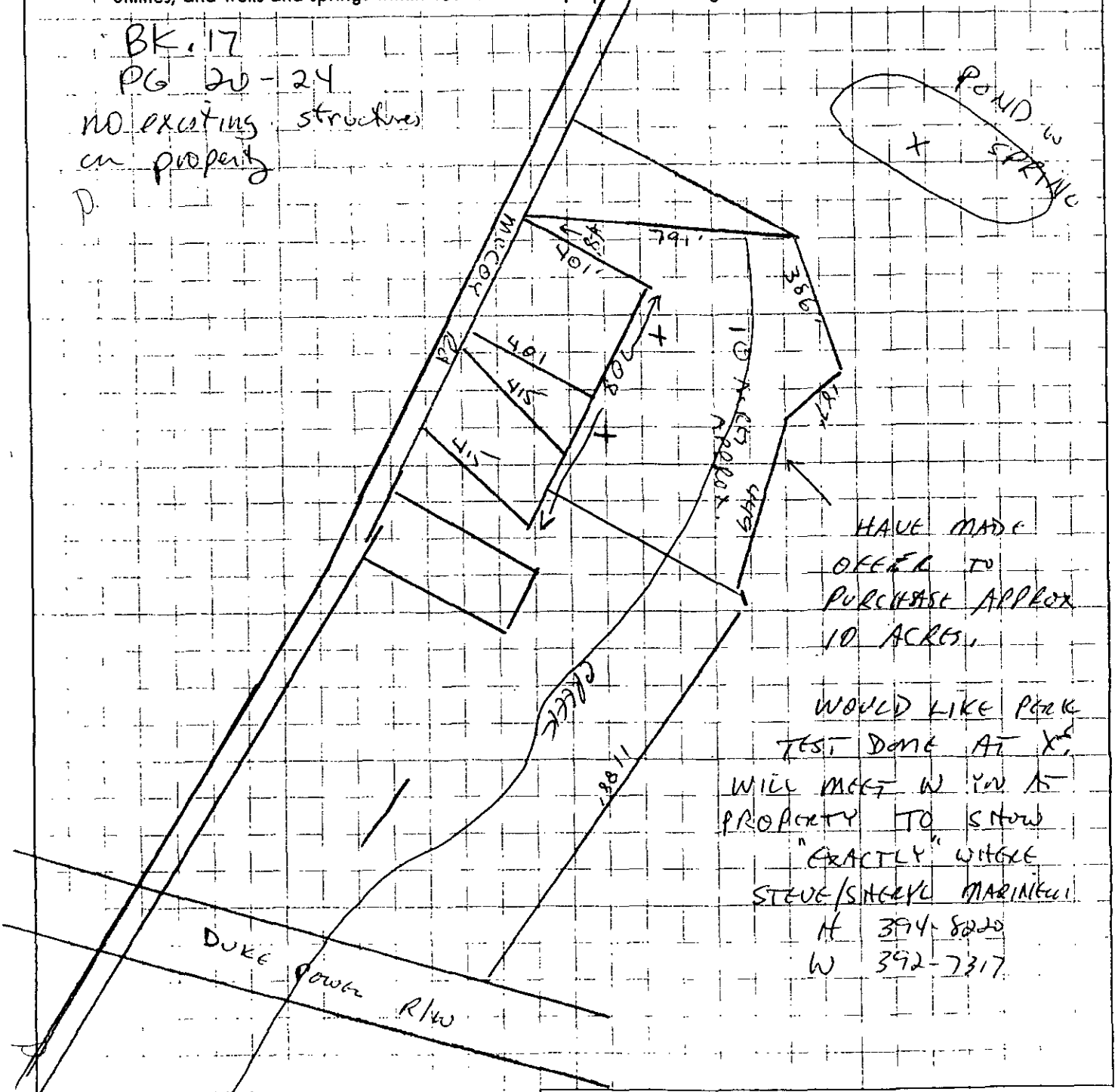
COPY

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

FILE: 2096B/9267A

TC: 015-223-05 pd

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APPROVAL DATE _____

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

Mecklenburg County

Health Department

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

February 2, 1994

Ms. Mary Welch
10826 McCoy Road
Huntersville, NC 28078

RE: Property located at off McCoy Road (Lot #1)
FILE: 20968/9267A
PARCEL: 015-223-05P0

Dear Ms. Welch:

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 20158) 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

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT File: 2096B/9267A Action 3
SITE EVALUATION REPORT
SERIAL NUMBER 20158 Parcel: PO 015-223-05 ☐ PC

Location: off McCoy Road

Subdivision:

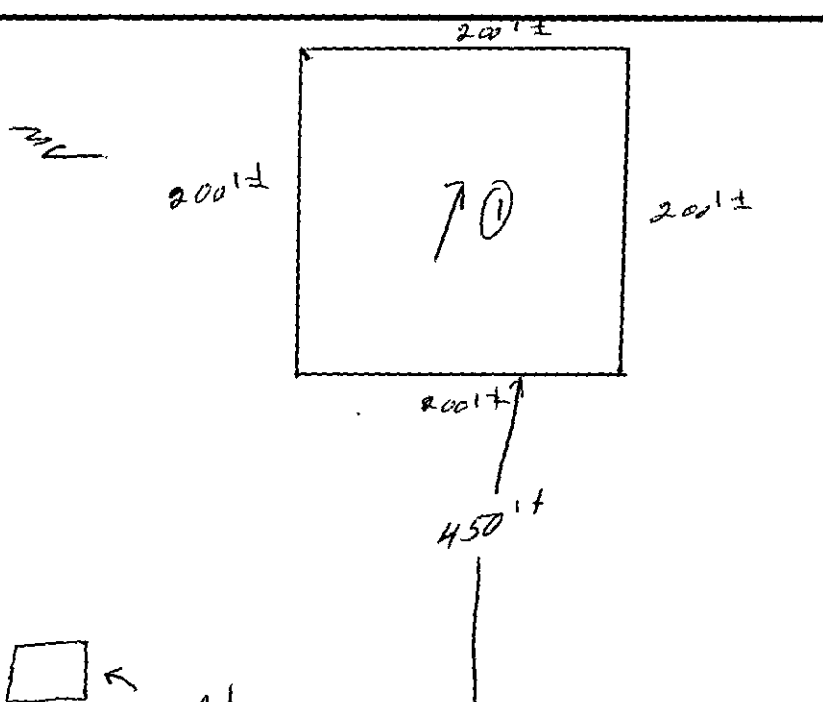
Lot: # 1 Block: Acres: Approx. 1.0

Owner: Mary Welch
Address: 10826 McCoy Road
Huntersville, N.C. 28078

Comments: 100% Repair

Described by: William R. Marbi

Date: 1-25-94



***** 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 Expansive clay	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Structure Lt Subt Blocky	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage 736" To water	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth 19-24"	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons 736"	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 MacMenburg-Lloyd						
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 20158

File: 2 [illegible] Action 3

Parcel: pt 015-223-05 ☐ PC

Location: N McKay Road

Subdivision:

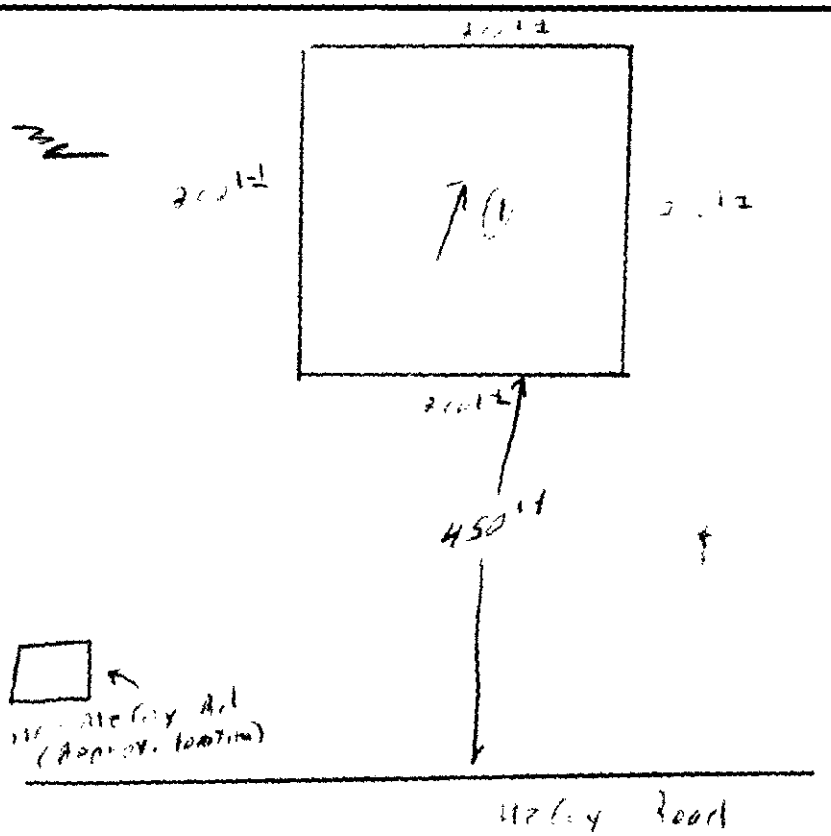
Lot: 1 Block: Acres: Approx. 1.1

Owner: Mary Welch
Address: 10 S. McKay Lane
Huntersville N.C. 28078

Comments: well & septic

Described by: William A. Marlin

Date: 1-24-94



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S = Suitable U = Unsuitable
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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 Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U 1-2 sbk BLocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U 730 Elevation	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 18-24"	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-L.M.					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U