

9224 WALKERS FERRY RD

11336112

6/27/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7277A DATE: 11/21/91

TC: ☐ L ☒ CRT

SERIAL № 15435

Name of Owner Ivan Tangle Juris.:

Address of Property 9224 Walker's Ferry Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 8"

Water Supply Source well

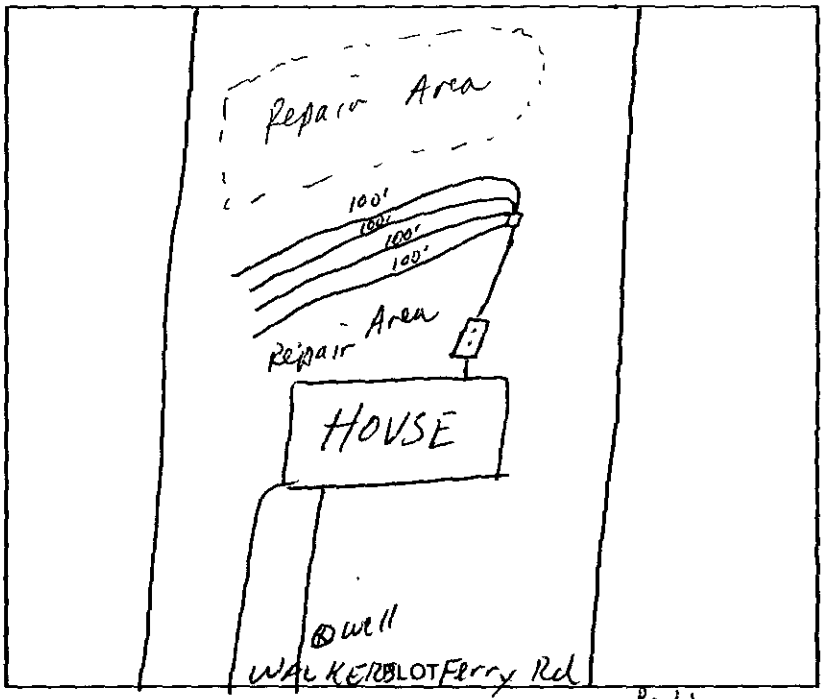
Distance to Water Source 750

Excavation Inspected 11/21/91

Tank(s) Inspected 11/21/91

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1991, 1500 ST, CON, 12" stone, 1200SFT Cecil CTR# Robbx McDowell

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

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 10 NCAC 10A .1900 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.

COMMENTS: System designed for 3 bedroom house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

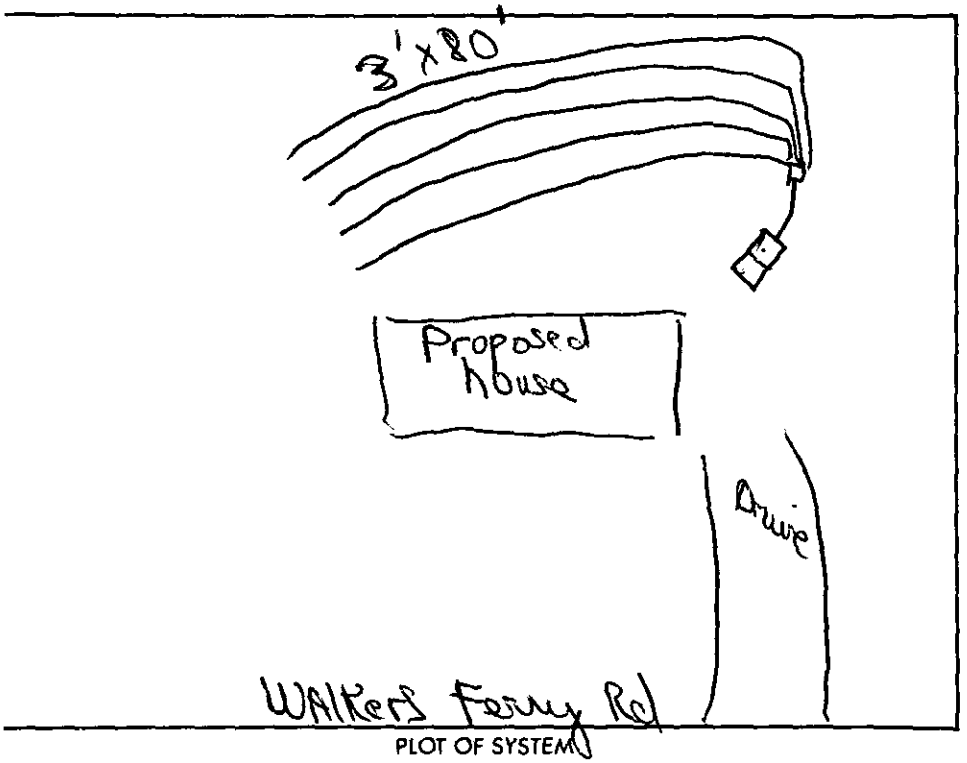
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7277A DATE: 10/8/91

TC: 113-1420 ☐ L

SERIAL Nº 13810

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 8/91. All work shall be completed on or before 11/8/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction pcc

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Ivan Pangle

LOCATION OF PROPERTY 9224 Walkers Ferry Rd

Comments: Install 5 trenches 3'x80', 12"G

Division or Section Head

Environmentalist Judy J. Kuer R.S.

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

JK

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd 200.00
CK# 0104
9-19-91
HB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7277A
TC: 113-124-20
SERIAL: № 0019881
☒ L ☑ CRT

JOB LOCATION

① ADDRESS: 9224 (STREET NO.) WALKERS FERRY RD. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 113-124-20
⑤ SUBDIVISION: ⑥ LOT: 3 ⑦ BLOCK: 124

OWNER

⑧ NAME: IVAN (FIRST) P (MIDDLE) PANGLE (LAST)
⑨ MAILING ADDRESS: 3211 SHADY CIR.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 382-3340 ⑭ (HOME) 399-3099

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? 3
㉕ Type?
㉓ Maximum occupancy? 3
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
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: Ivan P. Pangle
Date: 9-19-91

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 60 months from the date of issuance.

Judy J. Kwai RS 9/20/91
Environmentalist Date

9-23-91
Director or Authorized Section Head Date

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

JK

PROPOSED PLOT PLAN

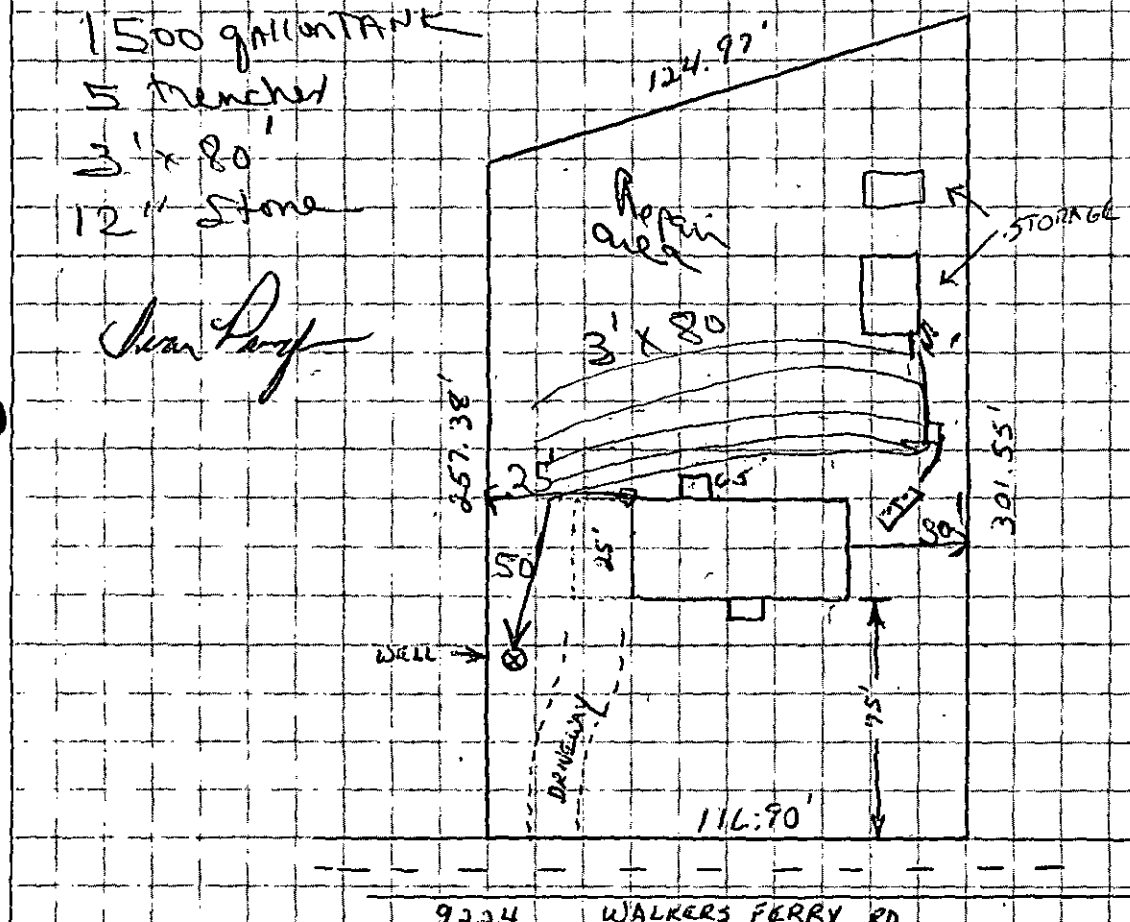
Pd. 200.00
CK # 0104
9-19-91
HB

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

FILE: 7277A

TC: 113-124-20

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 9/20/91

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

APPLICATION FOR SOIL INVESTIGATION

09/11/91

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

(OFFICE USE ONLY)

CK# 1984
$50.00

FILE: 7277A

TC: 113-124-20

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9224 WALKERS FERRY RD.

② SUBDIVISION: _____ ③ LOT: 3 ④ BLOCK: 124

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 12 PARCEL NO.: 09

⑥ DEED REFERENCE: BOOK NO.: 4614 PAGE NO.: 939

OWNER

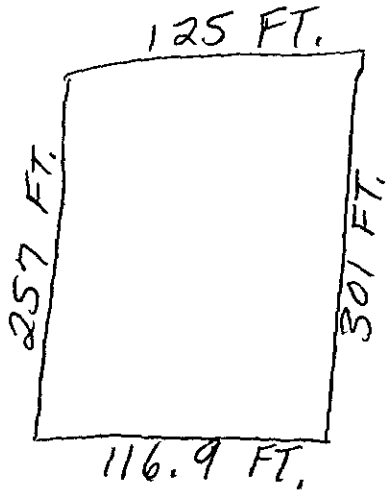
⑦ NAME: ROBERT (FIRST) IRVIN (MIDDLE) THOMPSON (LAST)

⑧ MAILING ADDRESS: 5214 WILKINSON BLVD.

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28208

⑫ PHONE: (WORK) 704/394-6433 (HOME) 704/392-2824

⑬ Accurately diagram and dimension lot.



(Has been surveyed)
See File
7277A
for information
08/10/91

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: Bob & Pam Thompson

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

Date: 9.11.91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

September 18th, 1991

Robert Irvin Thompson
5414 Wilkinson Boulevard
Charlotte, NC 28208

RE: Property located at 9224 Walkers Ferry Road L.3/124
FILE: 7277A
PARCEL: 113-124-20

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 property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19764) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19764

File: 7277A Action 1

Parcel: 113-124-20 PC

Location: 9224 Walkers Ferry Rd

Subdivision:

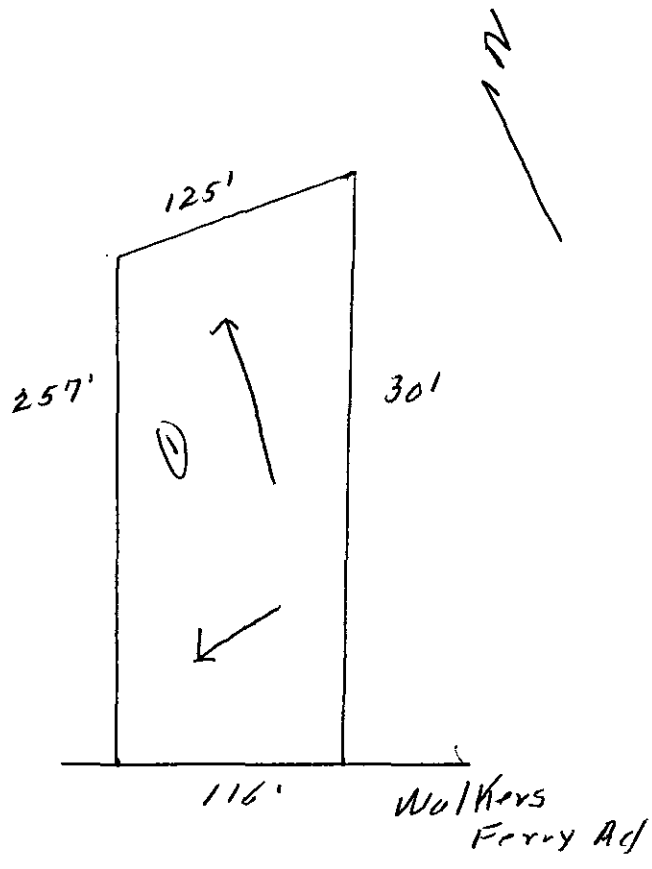
Lot: 3 Block: Acres: .8

Owner: Robert I. Thompson
Address: 5214 Wilkinson Blvd.
Charlotte, N.C. 28208

Comments: 10% Slopes

Described by: William A. Marks

Date: 9-12-91



***** 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 6-12%	S PS U	S PS U	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 40" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 40"	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	IV Cecil-Lilo					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

February 18th, 1991

Letter Sent
Letter Sent
#2 Sent
#1 Needed

Robert Irvin Thompson
5414 Wilkinson Boulevard
Charlotte, NC 28208

RE: Property located at 9308 Walkers Ferry Road L.3/124
FILE: 7277A
PARCEL: PO 113-124-09

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 16999) 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 16999

File: 72 77A Action: 2

Parcel: PO 113-124-09 PC

Location: 9308 Walkers Ferry Rd

Subdivision:

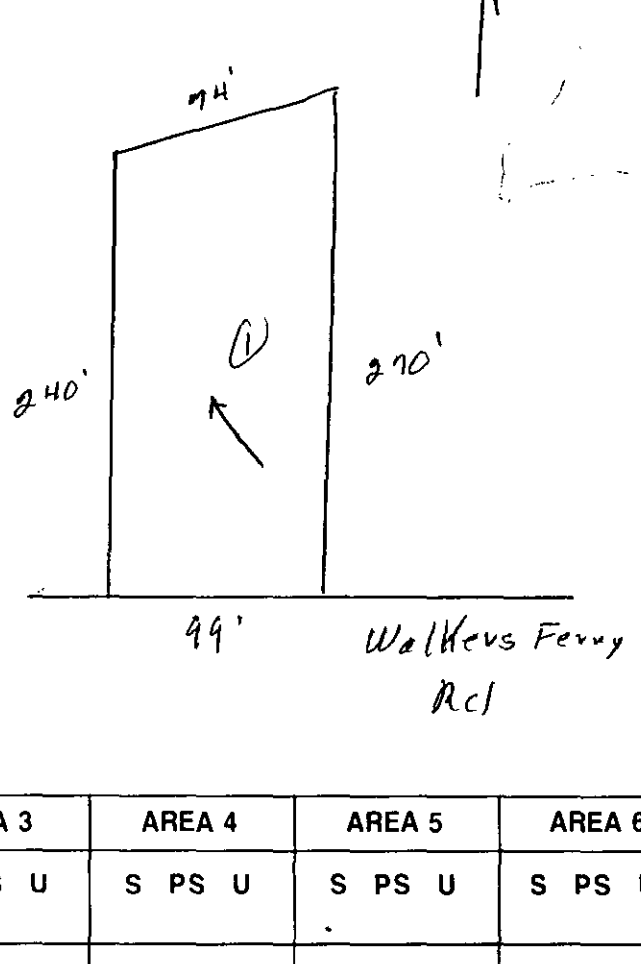
Lot: 3 Block: Acres: .50

Owner: Robert L. Thompson
Address: 5414 Wilkinson Blvd
Charlotte, N.C. 28208

Comments: 100% Repair

Described by: William R. Marlin

Date: 2-14-91



***** 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 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 7-40" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very limited	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	IV Cecil-Lilla					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Send copy to

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application For Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: Norma Pangle

Address: 3211 Shady Circle
Charlotte, NC 28214

Description of public record requested: _____

Street Name (or County Road): _____ **Lot:** ___ **Blk:** ___

Parcel Number: Record #12777A

Owner's Name: _____

Reason for Request:

_____

_____

_____

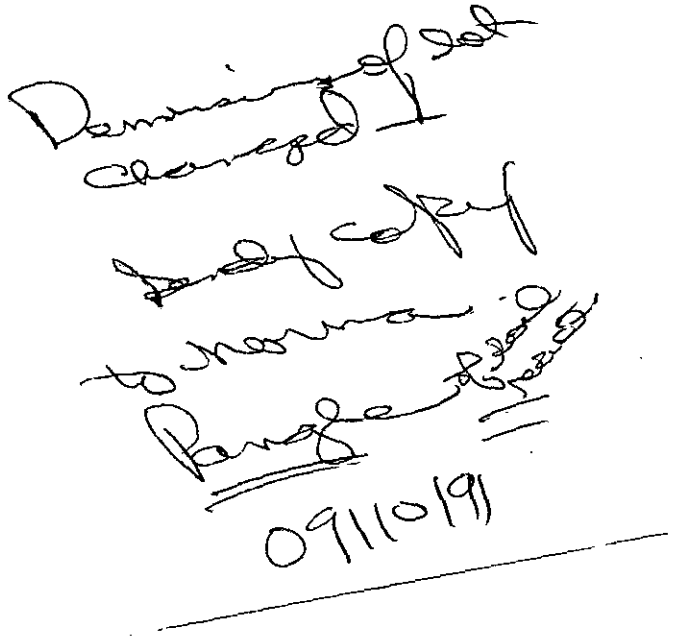
_____

Signature of Person Making Request: Norma Pangle

Supervisory Person: _____

Date: 9/10/91 **Time:** _____

recinspt.txt


09/10/91

ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 2/7/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER #113-124-09 po

ASSIGNED ADDRESS 9308 Walkers Ferry Rd

EXISTING ADDRESS _____

PROJECT NAME NA

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: Septic Tank + Well

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: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7277A

TC: _____

☑ PC ☐ REPT

Pd (Ck #1637) $150.00 02-11-91

JOB LOCATION

① ADDRESS: 9308 Walkers Ferry Road

② SUBDIVISION: _____ ③ LOT: 3 ④ BLOCK: 124

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 12 PARCEL NO.: 09

⑥ DEED REFERENCE: BOOK NO.: 4614 PAGE NO.: 939

OWNER

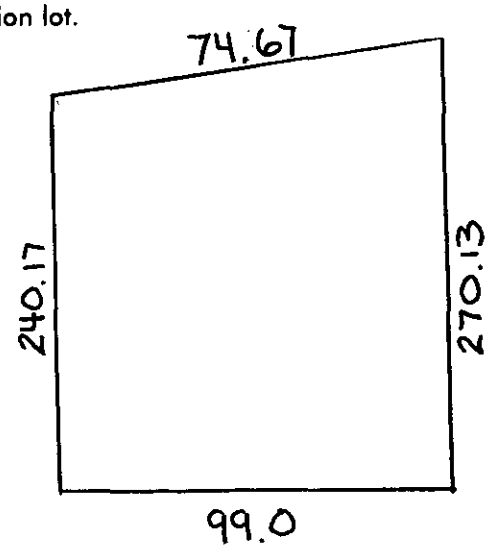
⑦ NAME: Robert (FIRST) Irvin (MIDDLE) Thompson (LAST)

⑧ MAILING ADDRESS: 5414 Wilkinson Boulevard

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28208

⑫ PHONE: (WORK) 704/394-6433 (HOME) 704/392-2824

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: Robert I. Thompson

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

Date: 2-11-91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2/11/91

Name/Company: Tommorrow Builders Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Perk Test

Fee #1a

1279A thru 1279A

9232 Nodaway Forest Dr

9300 Nodaway Forest Dr

9308 Nodaway Forest Dr

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 11 1991

Fee: $150.00 Ck# 1637 11-150.00

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