

3343 BACK CREEK CHURCH RD

6/22/2007

duponbj

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

Mecklenburg County
Health Department

April 11, 1991

Cynthia Sossamon
3321 Back Creek Church Rd.
Charlotte, NC 28213

Dear Ms. Sossamon:

Enclosed is a copy of the report from Al Slagle concerning the soil investigation made on the property, tax parcel No. 051-191-28, located on Back Creek Church Road.

Please contact me if you have any questions concerning the report. I am willing to make an additional investigation if necessary.

Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

WRM/kjb

Enclosure

Lot rechecked 4-30-91 w/ Kelly Randall present. No change in status of report. Mrs. Sossamon was advised that a backhoe investigation could be made that might shed additional information. She said that she could not afford to hire a backhoe for this work.

WRM 4-30-91

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

State of North Carolina
Department of Environment, Health, and Natural Resources
Division of Environmental Health
Western Regional Office • Moore III
Black Mountain, North Carolina 28711
(704) 669-3361

James G. Martin, Governor
William W. Cobey, Jr., Secretary

Richard K. Rowe
Division Director

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 8 1991
ENVIRONMENTAL HEALTH
DIVISION

April 5, 1991

Mr. Bill Marlin, Soil Scientist
Environmental Health Division
Mecklenburg County Health Department
1200 Blythe Boulevard
Charlotte, North Carolina 28203

RE: Evaluation of Cynthia Sossamon
Property on Back Creek Church
Road (SR 2827)

Dear Bill,

On November 14, 1990, we conducted a partial evaluation on the above referenced property to determine the suitability for a ground absorption sewage treatment and disposal system. We were unable to finalize the evaluation because property corners were not adequately marked and a home location had not been chosen, however, we were able to draw some general conclusions and I made some recommendation's based on the limited scope of the evaluation.

The property is gently sloping with the front portion lying in a minor drainage way and the rear portion rising out of the drainage way. We augered five borings on Ms. Sossamon's lot and three borings on adjacent property which was believed at the time to belong to Ms. Sossamon.

Three borings placed in the central and rear portions of the property revealed soils with expansive clay mineralogy at depths less than 18 inches. The borings also revealed soil with a mottled appearance with gray mottles of chroma 2 or less (Munsell color chart) at depths less than 30 inches. This area of the property was determined to be unsuitable for a ground absorption system in accordance with sections .1941 and .1942 of the Laws and Rules for Sanitary Sewage Collection Treatment and Disposal.

Two borings placed on the adjacent property revealed soil to depths of slightly greater than 24 inches which can be considered provisionally suitable with respect to "soil characteristics" and could possibly be considered for use with a low pressure pipe system. A third boring on this property revealed soil with expansive clay mineralogy at a depth less than 24 inches. It was not determined if enough area is available with characteristics consistent with permitting of a low pressure

pipe system (with repair). If enough area is available, easement could be granted for a system to serve a home placed on the other property.

Two borings were placed on the front portion of the property in the area of the previously described drainage way. These borings revealed soil to depths of approximately 24 inches which can be considered provisionally suitable with respect to "soil characteristics". However, in order for this area to be considered, property lines would have to be located and the home and driveway locations would have to be defined. After this is done, a determination can be made as to whether the drainage can be relocated and confined to a channel, and whether enough usable space is available for a system.

If I can be of assistance in further evaluating the property or in making a decision after property lines are located and a home and driveway location is finalized, please contact me.

Sincerely,

Charles A. Slagle
Soil Specialist

CAS/ab

cc: Steve Steinbeck
Dean Harrill

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6992A
TC: 051-191-07
SERIAL: № 21227
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: Back Creek Church Rd (STREET NO. / STREET) ② FILE: 6992A
③ JURISDICTION: N/A ④ TAX PARCEL NO.: 051-191-07
⑤ SUBDIVISION: N/A ⑥ LOT: 7 ⑦ BLOCK: N/A

OWNER

⑧ NAME: Cynthia (FIRST) L. (MIDDLE) Sossamon (LAST)
⑨ MAILING ADDRESS: 3321 Back Creek Church Rd
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28213
⑬ PHONE: (WORK) ⑭ (HOME) 596-4263

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? 4
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: Cynthia L. Sossamon

Date: 9-26-90

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 36 months from the date of issuance.

Environmentalist / Date

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.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6992A
TC: 051-191-07
SERIAL: NO 21227 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: Back Creek Church Rd (STREET NO. / STREET) ② FILE: CY22.1
③ JURISDICTION: ④ TAX PARCEL NO.: 051-141-07
⑤ SUBDIVISION: ⑥ LOT: 7 ⑦ BLOCK:

OWNER

⑧ NAME: Cynthia (FIRST) L. (MIDDLE) Sossamon (LAST)
⑨ MAILING ADDRESS: 3321 Back Creek Church Rd
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28213
⑬ PHONE: (WORK) ⑭ (HOME) 596-4263

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? 4 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
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Signed: Cynthia L Sossamon
Date: 9-26-90

IMPROVEMENT PERMIT

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Environmentalist / Date

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.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 692A
TC: 051-191-C17
SERIAL: 21227
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: _____ (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: 1 ⑦ BLOCK: _____

OWNER

⑧ NAME: _____ (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 3321 Back Creek
⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____
⑬ PHONE: (WORK) _____ ⑭ (HOME) 516-4265

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? _____
㉕ Type? _____
㉓ Maximum occupancy? _____
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

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Signed: _____
Date: 1-26-10

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:

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... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ /
Environmentalist Date

_____ /
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.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

I wish to apeal the soil investigation on Parcel 051-191-07, F.I.c 6592A on Back Creek Church Rd.

We have owned this land for 30 years and land all around us has been sold and houses build on the lots but with the land that we pay taxes on each and every time we attemp to sale they will fail the soil test. The house next to this lot is less than 3 year old and has a modified system, two houses up is less than a year old and he had no problem building a house.

If need be I will write Raleigh and see if something I can do to get this problem taken care of.

Thank you
Cynthia L. Sossamon
3321 Back Creek Ch Rd
Chad, N.C 28213

Mecklenburg County
Health Department

September 6th, 1990

Cynthia L. Sossamon
3321 Back Creek Church Rd.
Charlotte, NC 28213

RE: Property located at Back Creek Church Rd.
FILE: 6992A
PARCEL: 051-191-~~07~~ 28 WAM

Dear Sir:

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 Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 16663) 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 and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16663

File: 6992A

Action 3

Parcel: ~~051-191-07~~ 051-191-20

PC

Location:

Subdivision: Back Creek Church Rd.

Lot: Block: Acres: .69

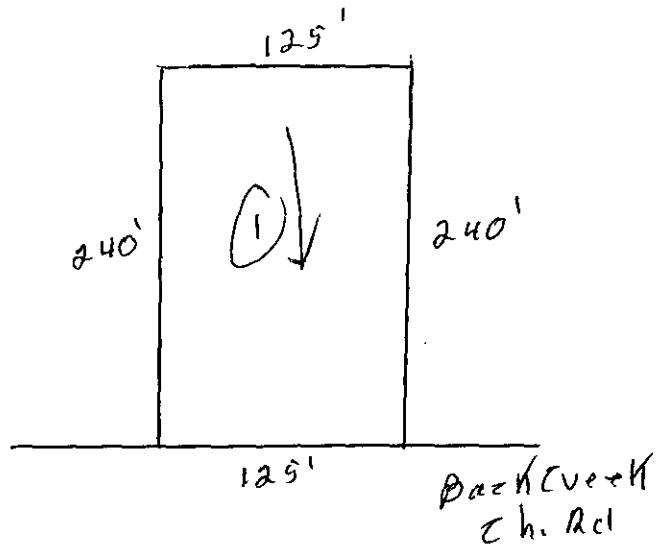
Owner:

Address: Cynthia L. Sossamon
3321 Back Creek Church Rd.
Charlotte, NC 28213

Comments: _____

Described by: William A. Mallis

Date: September 5, 1990



***** 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) 2:1 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) Some perched water 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 72"	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-Helena-Expanding clay					
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 16663

File: Action ?

Parcel: ☐ PC

031-141-20

Location:

Subdivision:

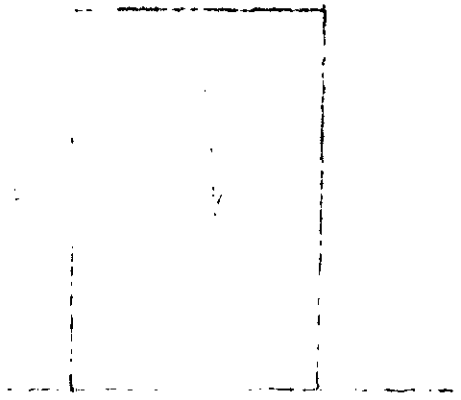
Lot: Block: Acres: 1

Owner:
Address:

Comments: 29 HAA

Described by: William A. Marks

Date: September 5, 1990



***** 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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6492A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Back Creek Church Rd

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 051-191-07

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

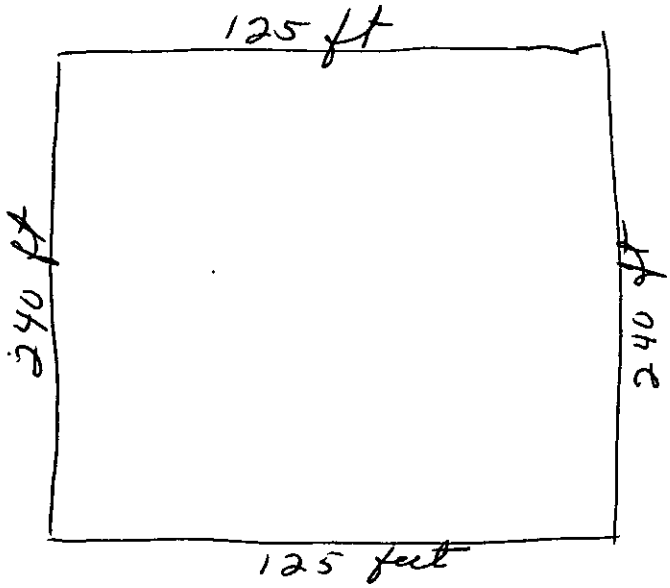
⑦ NAME: Cynthia (FIRST) L. (MIDDLE) Sassamon (LAST)

⑧ MAILING ADDRESS: 3321 Back Creek Church Rd

⑨ CITY: Charlotte ⑩ STATE: N.C ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 704 596-4263

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: Cynthia L. Sassamon

Date: 8-22-90

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/22/90

Name/Company: Cynthia Sossamon

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Soil
Iace
6992A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 22 1990

Fee: $ 50 cv

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