

12208 FOLKSTON DR

01301403

5/31/2007

duponbj

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

Mecklenburg County
Health Department

May 2, 1990

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $100.00 for an Application for Improvement Permit at 20033 Walter Henderson Rd. The applicant withdrew the request. Please make the refund payable to:

Gazella Howard
20033 Walter Henderson Rd.
Davidson, NC 28036

Thank you for your prompt attention to this matter.

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

Mecklenburg County
Health Department

Basil G. Kelta, M.D., M.P.H.
Health Director

May 2, 1990

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $100.00

ORG/ACCOUNT # 462-3511

PAYABLE: Gazella Howard
20033 Walter Henderson Road
Davidson, North Carolina 28036

DATE OF ORIGINAL DEPOSIT: 04/19/90

REASON: Imp/Permit - Modified System $100.00 (Remainder to be paid of $100.00 after system plan passed)
The applicant withdrew the request.

/Enclosures

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

DATE 4/19/90

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 013-019-03

ASSIGNED ADDRESS 12208 Folkston Dr

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 / SF House

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

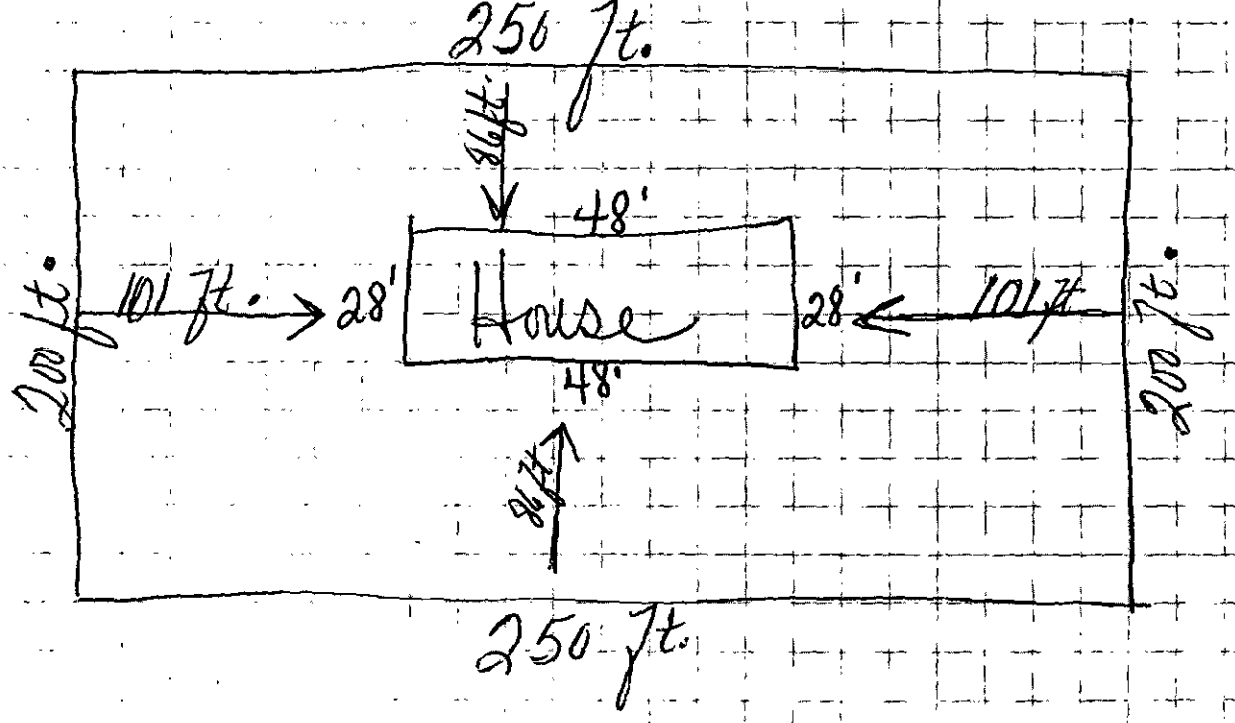
PROPOSED PLOT PLAN

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

FILE: 5404A

TC: 013-014-01

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

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: 5404A
TC: _____
SERIAL: № 20709
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12208 FOLKSTONE DRIVE (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 013-014-03
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: GAZELLA (FIRST) ROBERTSON (MIDDLE) HOWARD (LAST)
⑨ MAILING ADDRESS: 20033 WALTER HENDERSON ROAD
⑩ CITY: DAVIDSON ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) (704) 378-7964 ⑭ (HOME) (704) 892-1569

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? 4
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: Gazella R. Howard
Date: April 19, 1990

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.

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

February 2nd, 1989

Gazella Robertson Howard
P. O. Box 147
Cornelius, NC 28031

RE: Property located at Folkston Drive 23-27/F
FILE: 5404A
PARCEL: 01301401-05

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 15951) 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 I can be of assistance, please do not hesitate to call.

Very truly yours,

Sylvia D. Daniel, 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 ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15951

File: 5404A Action 3

Parcel: 01301401-05 ☐ PC

Location: Folkston Drive

Subdivision:

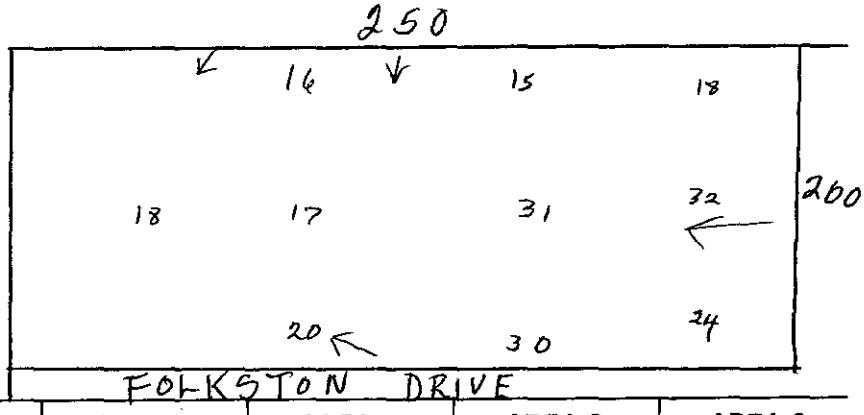
Lot: 23-27/Block: Acres: 1.18

Owner: Gazella Robertson Howard
Address: P. O. Box 147
Cornelius, NC 28031

Comments: _____

Described by: W. B. Ramsey

Date: 2-1-89



***** 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 2-6	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) Slow	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 15-32	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) Broad Drainage Way	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	TkB Enon-Lilo					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JAN 1 [illegible]
ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5404A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Folkston Drive

② SUBDIVISION: Biltmore Park ③ LOT: 23 thru 27 ④ BLOCK: F

⑤ PARCEL REFERENCE: BOOK NO.: 013 PAGE NO.: 014 PARCEL NO.: 01-05

⑥ DEED REFERENCE: BOOK NO.: 5199 PAGE NO.: 0153 and 0154

OWNER

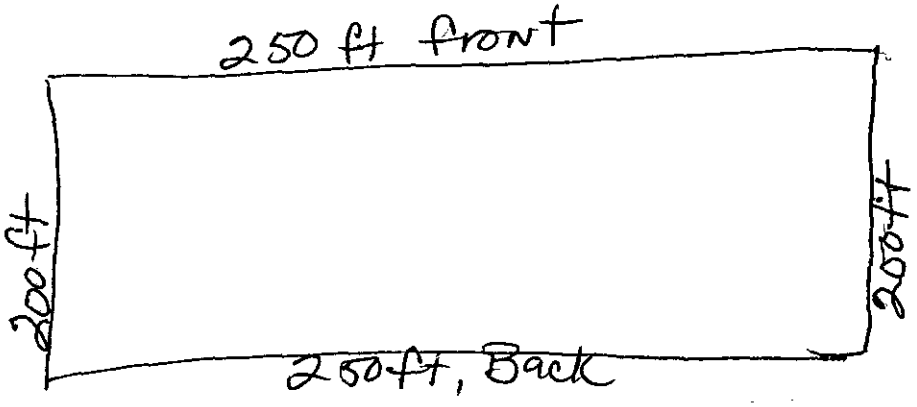
⑦ NAME: Gazella (FIRST) Robertson (MIDDLE) Howard (LAST)

⑧ MAILING ADDRESS: P. O. Box 147

⑨ CITY: Cornelius ⑩ STATE: North Carolina ⑪ ZIP: 28031

⑫ PHONE: (WORK) (704) 378-7964 (HOME) (704) 892-1569

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Gazella R. Howard

Date: Jan. 9, 1989

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/19/89

Name/Company Angelia A. Howard

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Lead Test
#5404A

MECK. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 19 1989

Fee: $30 — CK # 1149

Completed by

Collected by