


8024 FAIRVIEW RD

6/11/2007

duponbj

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

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

DATE: 7/11/96

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 197-033-13

ASSIGNED ADDRESS 8020 Fairview Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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

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 DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____

FORM 100

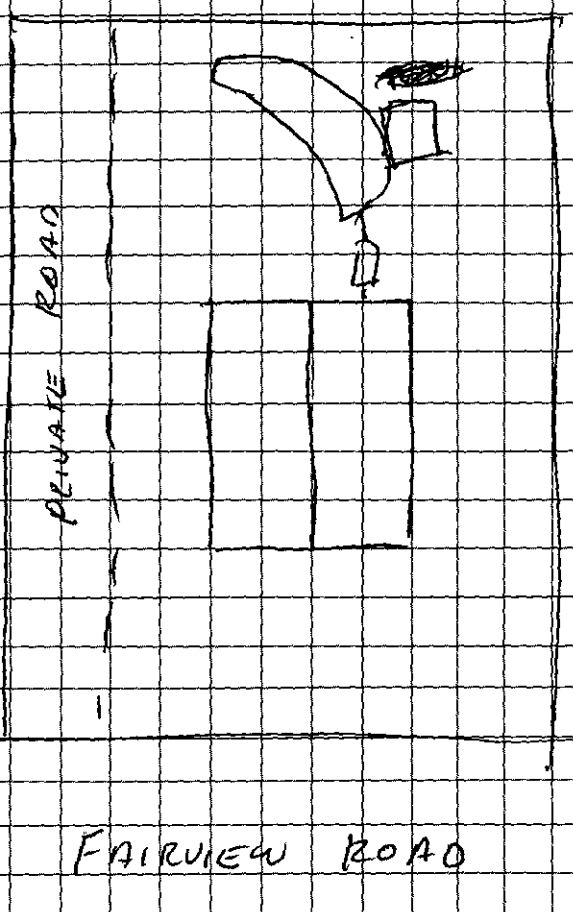
# PROPOSED PLOT PLAN

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

FILE: 6105A

TC: 197-033-13

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.




Marvin D. Aman
OWNER/AGENT SIGNATURE

DATE 7/11/96

APPROVAL DATE DJW 7/16/96

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

Project # 928-983570

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[redacted] 6105A

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: ~~McDONALD~~ Amos ~~DOUG~~ MARVIN
(last) (first) (mi)
ADDRESS: ~~8020~~ 2517 TANGLEBROOK PHONE: (704) 391-2550
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-033-13
STREET ADDRESS: 8020 Fairview Rd
ZONING:

PROPERTY OWNER:
NAME: McDONALD DOUG
(last) (first) (mi)
ADDRESS: 8020 FAIRVIEW RD PHONE: (704) 391-2530
CITY: CHARLOTTE, NC. STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted] Change of use uxs
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted] [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business TANNING Studio # Employees 1 Per Shift 1
Industrial Wastes (Y/N)
Underground Storage Tanks On Property (Y/N) N Type

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] 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: Marvin O. Amos Date: 7/11/96

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... Approval for Tanning Studio

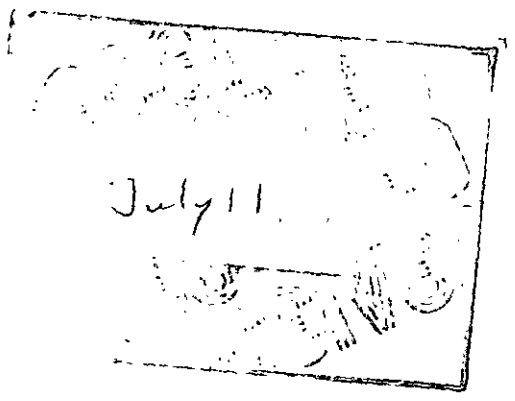
use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phila S. Walker R.S. 7/16/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


July 11

**PROJECT INFORMATION**

**PROJECT NUMBER:** 928-983570 **SUBMITTED DATE:** 06/18/96
**PROJECT NAME:** MCDONALD TANNING STU **PHS:** DIO **SEC:** **TIME:** 12:32 PM

**CONTACT NAME:** MARVIN AMOS **PHONE #:** (704) 391-2512
**TITLE:** **TYPE OF PERMIT:** UPFITTING
INTER REMODEL
**COMMENTS:** 8020 FAIRVIEW RD/MINT HILL/TANNING SALON INTER REMODEL

**REVIEW DISCIPLINES**

| AGENCY | DISCIPLINE | CONTACT | PHONE | INITIALS |
|---|---|---|---|---|
| BUILDING STANDARDS | BUILDING -P | FACILITATOR | 336-5323 | |
| | ELECTRICAL -P | FACILITATOR | 336-5323 | |
| | MECHANICAL | FACILITATOR | 336-5323 | |
| | PLUMBING | FACILITATOR | 336-5323 | |
| | COUNTY-FIRE | FACILITATOR | 336-5323 | |
| ENVIRONMENTAL HEALTH | SEPTIC TANKS -P | SYLVIA DANIEL | 336-5565 | |

Revisions

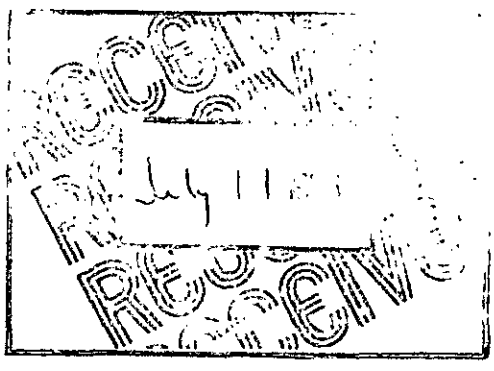
**NOTICE**

**OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.**

**YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE**

**ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.**

| CONTACT | DATE | COMMENTS | INITIALS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |


RECEIVED

# Mecklenburg County
## Health Department

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

October 18th, 1989

Reynolds Properties
P. O. Box 23363
Mint Hill, NC 28212

RE: Property located at Fairview Road
FILE: 6105A
PARCEL: 19703312,13

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 16413) 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 I may be of assistance, please do not hesitate to contact me.

Very truly yours,

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

Enclosure

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16413

File: 6105A  Action 1

Parcel: 19703312,13  ☐ PC

Location: Fairview Road

Subdivision:

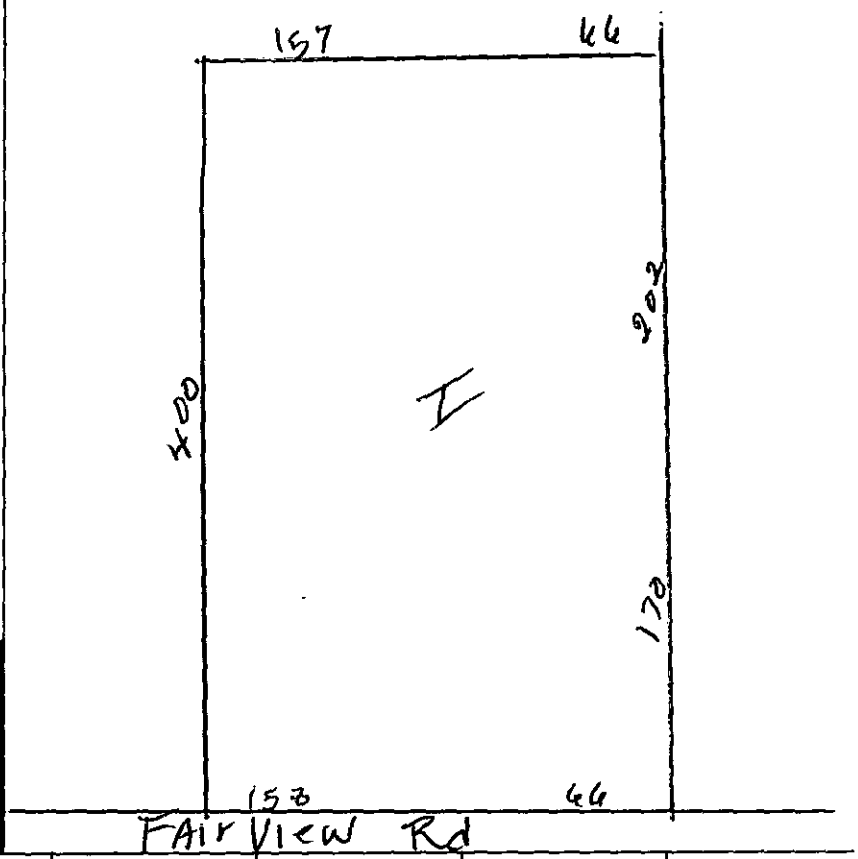
Lot: Block: Acres 2.0

Owner: Reynolds Properties
Address: P. O. Box 23363
Mint Hill, NC 28212

Comments: _____

Described by: W. B. Ramsey

Date: 10-17-89




***** 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 2-4 | 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 36-48 | 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 | IVa Cecil | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

**CHARGE SLIP**

Date: 9/5/89

Name/Company: Reynolds Properties

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test

W105A

1.5 acres

MECKL... COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 5 1989

Fee: $ 60.00 Cash #60.00

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 Propose

BILLING — WHITE [redacted]

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: C105A

TC: 197-033-12

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 8024, 8030 Fairview Rd. Mint Hill NC

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

⑤ PARCEL REFERENCE: BOOK NO.: 197 PAGE NO.: 033 PARCEL NO.: 12 & 13

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

**OWNER**

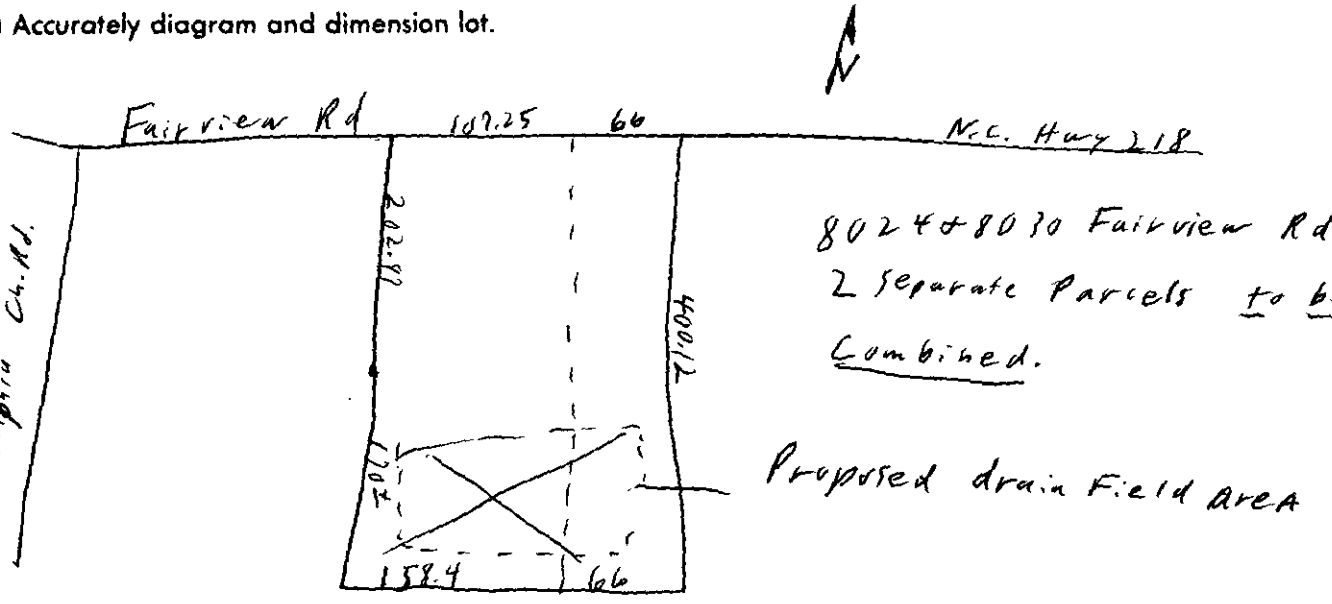
⑦ NAME: Reynolds Properties (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. Box 27363

⑨ CITY: Mint Hill ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 545-4857 (HOME) 545-6410

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: [signature]

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

Date: 9/5/89

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