

8913 POTOMAC BV

02513239

1/3/2008

duponbj

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

FEE: 200.00
DATE: 6/16/00 on acct B61190

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

I JCRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

Rw with

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 36150

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 02513239 and 02513240

STREET ADDRESS: 8913 POTOMAC BLVD.

SUBDIVISION OR MOBILE HOME PARK NAME: AMERICANA PARK

LOT NUMBER: 39/40

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE _____

Lot checked 6-26-00
No change in status of report
WAM 6-26-00

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: WHITE (LAST) FRANKIE (FIRST) L (MI)
ADDRESS: 5513 FEVINSHIRE DR
CITY: CHARLOTTE STATE: NC ZIP: 28214
DAYTIME PHONE: ( ) - ?

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: SUNOEVCO INC (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) 704 - 598 9755

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/3/99

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Gary Bolton SUNOEVCO INC DATE: 16 JUNE 00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): SUNDEVCO Phone #: 391-9752 Date Requested: 6.16.00 Date Filled:

Account Name: SUNDEVCO Cash Charge Account No.: BC1190

I certify that I am authorized to charge this account for this service:

Signature: Gary Dalton Printed Name: GARY BOLTON Date: 6-16-00

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: Total: 200

8913 POTOMAC BLVD.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

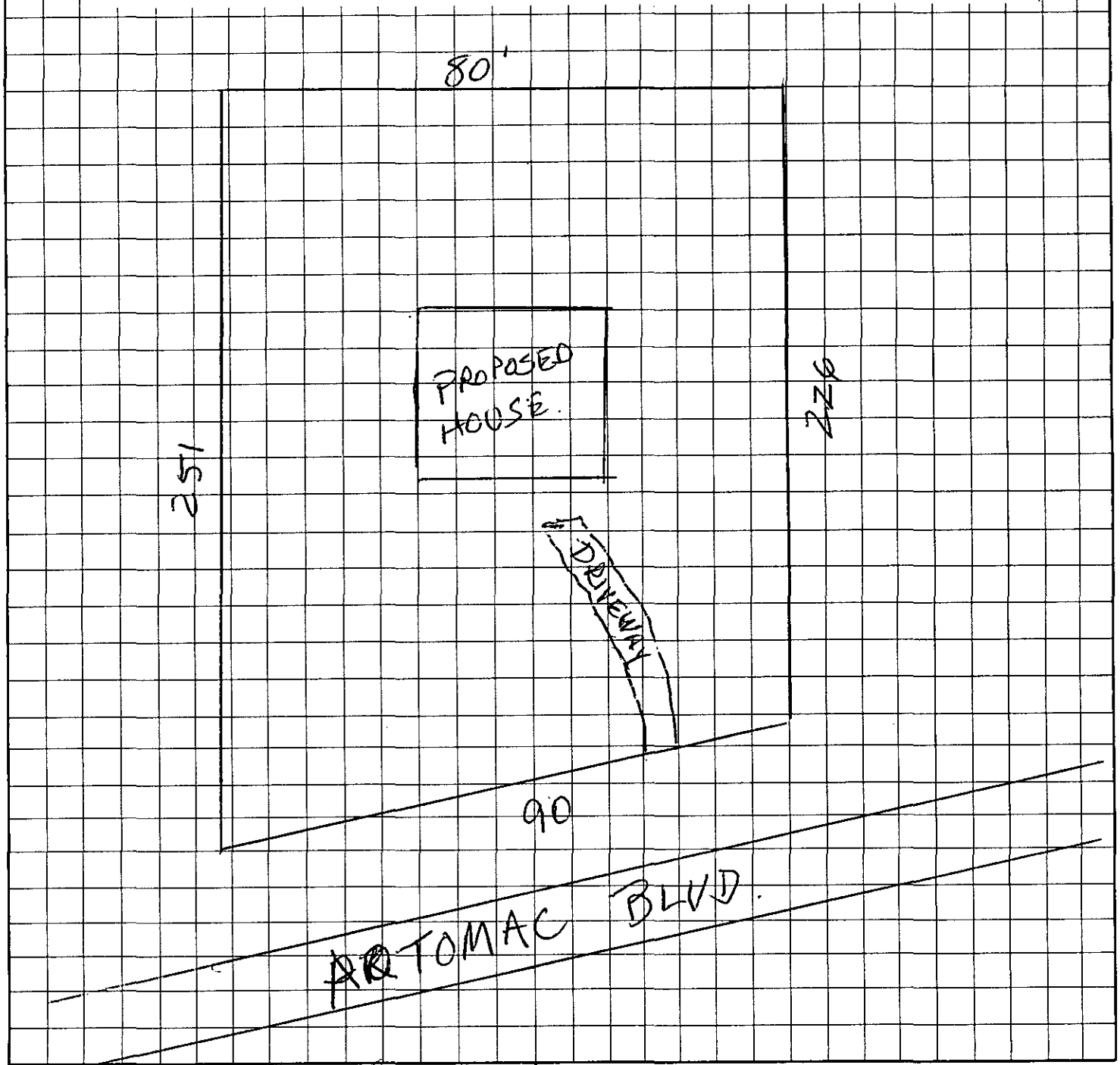
PROPOSED PLOT PLAN

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

FILE: 3615B

TC: 025-132-39,40

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.



Sundevco Inc. Gary Bolton
OWNER/AGENT SIGNATURE

DATE 10 June 00

APPROVAL DATE _____

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

Mecklenburg County
Health Department

July 20, 1995

Re: Potomac Blvd.
File: 3615B
Parcel: 025-132-39,40

Ms. Thelma McDaniel
Ms. Amelia McDaniel
716 Templeton Avenue
Charlotte, NC 28203

Dear Ms. Thelma McDaniel and Ms. Amelia McDaniel:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1941 Soil Characteristics (Morphology)
(b) .1942 Soil Wetness Conditions
(c) .1943 Soil Depth

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist
Mr. Leroy Thorn, Jr., Applicant

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028626

File: 3615B (2562) Action 3

Parcel: 025 - 132 - 39 40 ☐ PC

Location: Potomac Blvd

Subdivision:

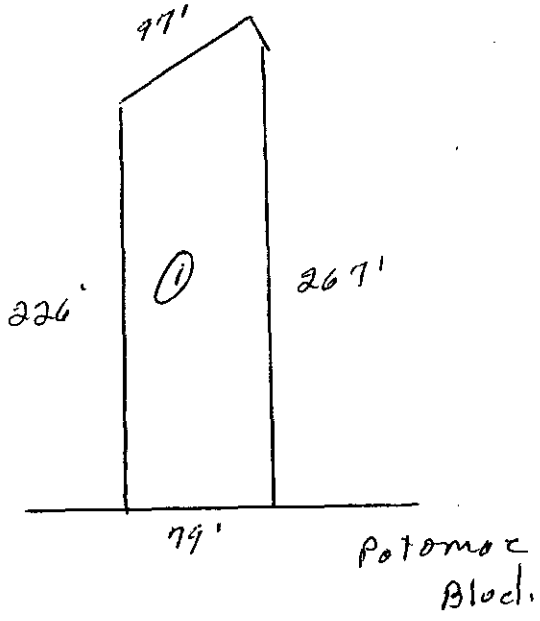
Lot: 39, 40 Block: Acres: .5

Owner: Thelma and Amelia McDaniel
Address: 716 Templeton Ave.
Charlotte, N.C. 28203

Comments: 100% Repair, Two lots being put together

Described by: William R. Marsh

Date: 6-27-95



N

***** 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) Expansive 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 24"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 20-29"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Usable Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
(specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Group/Series	E non-Helena					
Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Please Rush Trying to Close on Property ASAP

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3615B

Pd - $150.00 - 6/16/95 JC #0555 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 16 JUN 95

PERSON FILING APPLICATION:
NAME: THORN, LEROY JR.
(last) (first) (mi)
ADDRESS: 3324 DAWNSHIRE AVE. APT. #F PHONE: (704) 391-2447
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 025-132-40,39
STREET ADDRESS: ~~8913~~/8917 POTOMAC BLVD.
CHARLOTTE, NC 28216
ZONING:

PROPERTY OWNER:
NAME: MCDANIEL AMELIA THELMA AND W L
(last) (first) (mi)
ADDRESS: 716 Templeton Ave PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE: 28203

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: 39 + 40 LOT SIZE (in acres): 1/2 ACRE

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ 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)

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: 3 NUMBER OCCUPANTS: 1
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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)
☒ 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: Leroy Thorn, JR. Date: 16 JUN 95

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.

...

☐ 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

WATER : 12791

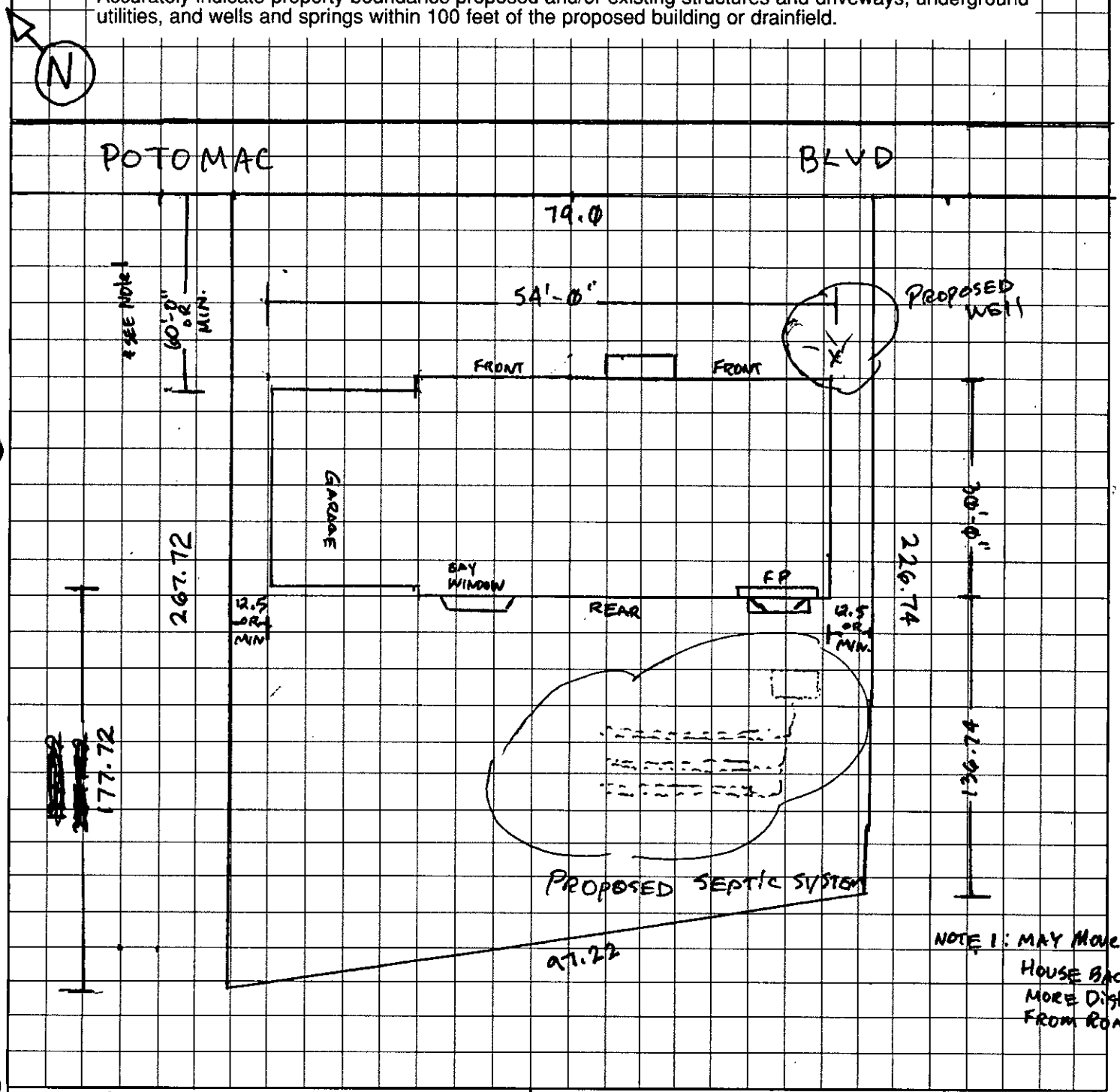
PROPOSED PLOT PLAN

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

FILE: 3615B

TC: 025-132-38, 40

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.



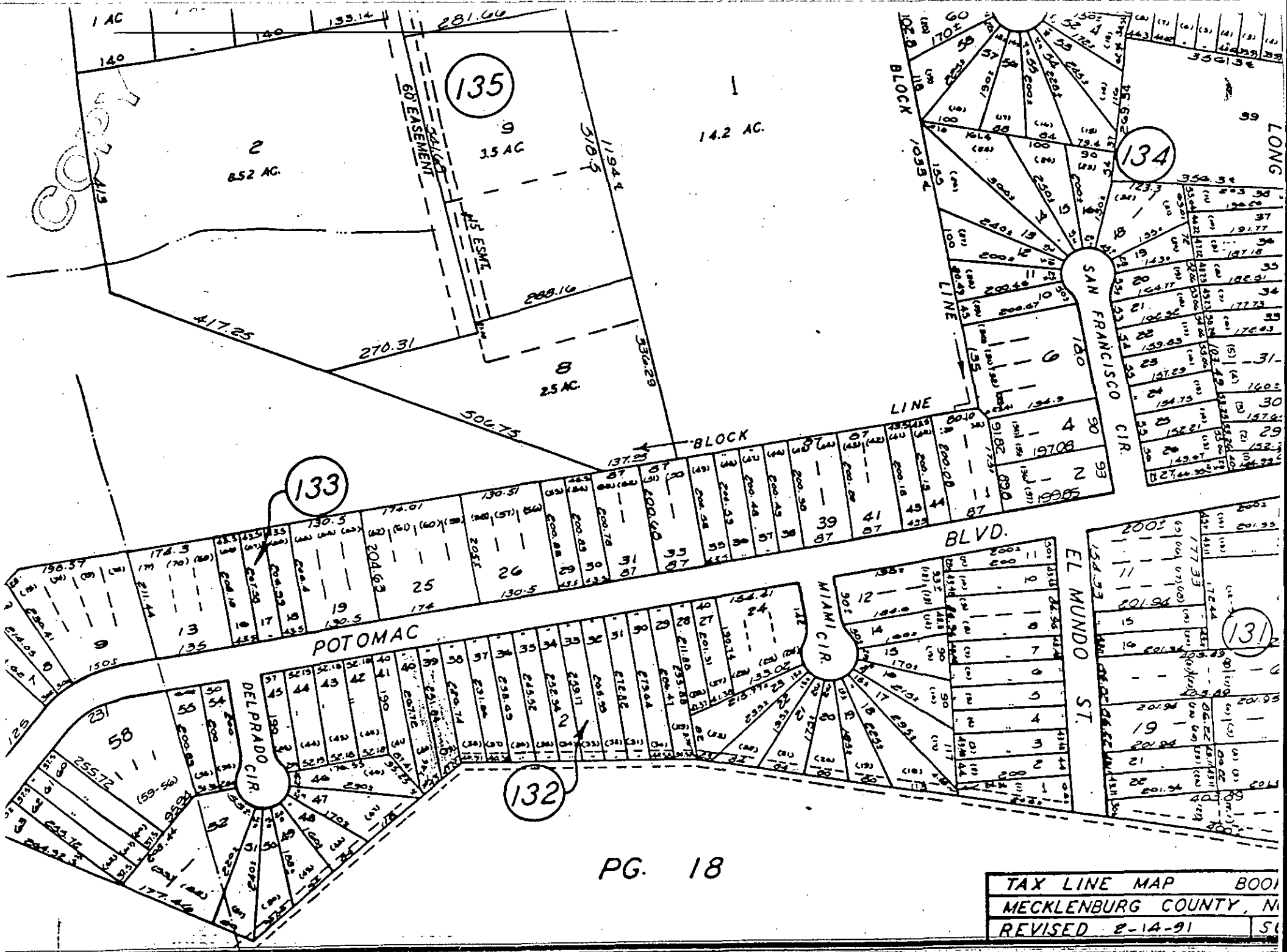
Leroy Thompson

OWNER/AGENT SIGNATURE

DATE 16 JUNE 95

APPROVAL DATE _____

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


1 AC
140
133.14
281.66
135
9
3.5 AC
60' EASEMENT
15' ESMT.
2
8.52 AC.
1
14.2 AC.
378.5
1194.4
417.25
270.31
288.16
330.29
500.75
8
2.5 AC.
BLOCK
LINE
137.25
133
134
SAN FRANCISCO CIR.
BLOCK 1053
LONG
POTOMAC
BLVD.
DEL PRADO CIR.
MIAMI CIR.
EL MUNDO ST.
132
131
PG. 18
TAX LINE MAP
MECKLENBURG COUNTY, N
REVISED 2-14-91
FOR TAX PURPOSES ONLY