

13501 OLD STATESVILLE RD

01707207

5/28/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007

Barcode Font = IDAutomationHC39M

12/09/94

No refund - Fee is
attorney certified
service received by client -
EJ per Dave Peterson

5777

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 11/17/94 #4066 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

PERSON FILING APPLICATION:
NAME: STRICKLAND (last) RICK (first) T. (mi)
ADDRESS: 13501 Old Statesville Rd PHONE: (704) 875-8234
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: 11/17/94

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-072-40
STREET ADDRESS: 13501 Old Statesville Rd
Huntersville, N.C. 28078
ZONING: B-2-(CD)

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.033 & 1.559

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) and storage building (see plan)
[ ] 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: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business GREENHOUSE # Employees 0 Per Shift 1 Shift
Industrial Wastes (Y/N) 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: [signature] Date: 11/17/94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... use existing system. No plumbing in proposed storage bldg. Mr. Strickland informed us that he will go to municipal sewer concerning greenhouse office facility.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[✓] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Storage bldg only - no plumbing

Susan Patterson 12-6-94
Environmentalist Date

Jane H. Newell for S. David 12-7-94
Director or Authorized Section Head Date

WATER : 12279

House Built in 1930 (Doc. 3955A)

PROPOSED PLOT PLAN

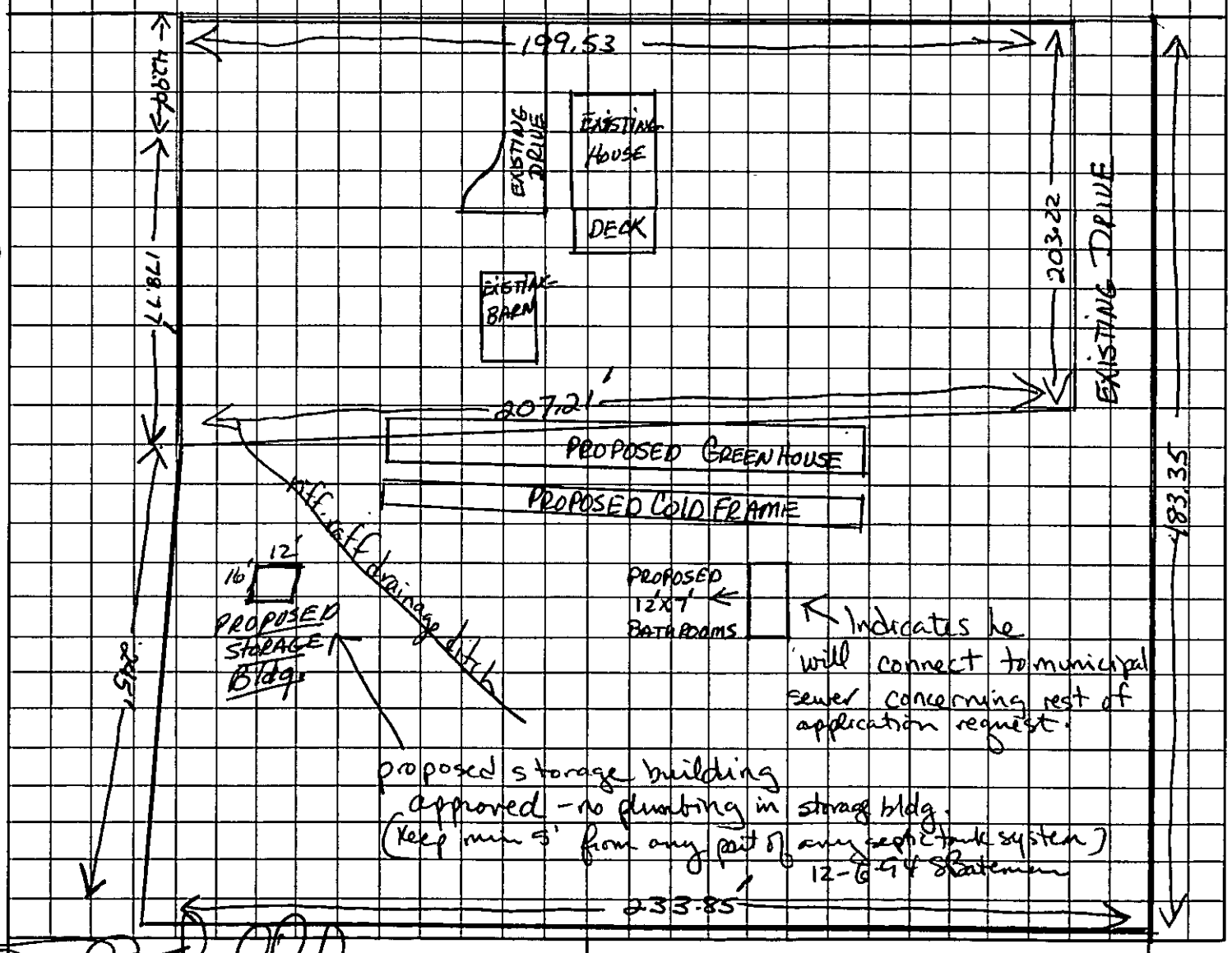
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5777

TC: 017-072-40

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.

NOTE: Construction proposed for 1 Greenhouse/1 Coldframe
Per Bldg Standards toilet facilities are required. Am
Proposing 2 Toilets in Proposed 12'x7' Separate Bldg.



OWNER/AGENT SIGNATURE

DATE 11/17/94

APPROVAL DATE 12-6-94

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

PROPOSED PLOT PLAN

PJ #150 1/17 ok # 4068 X

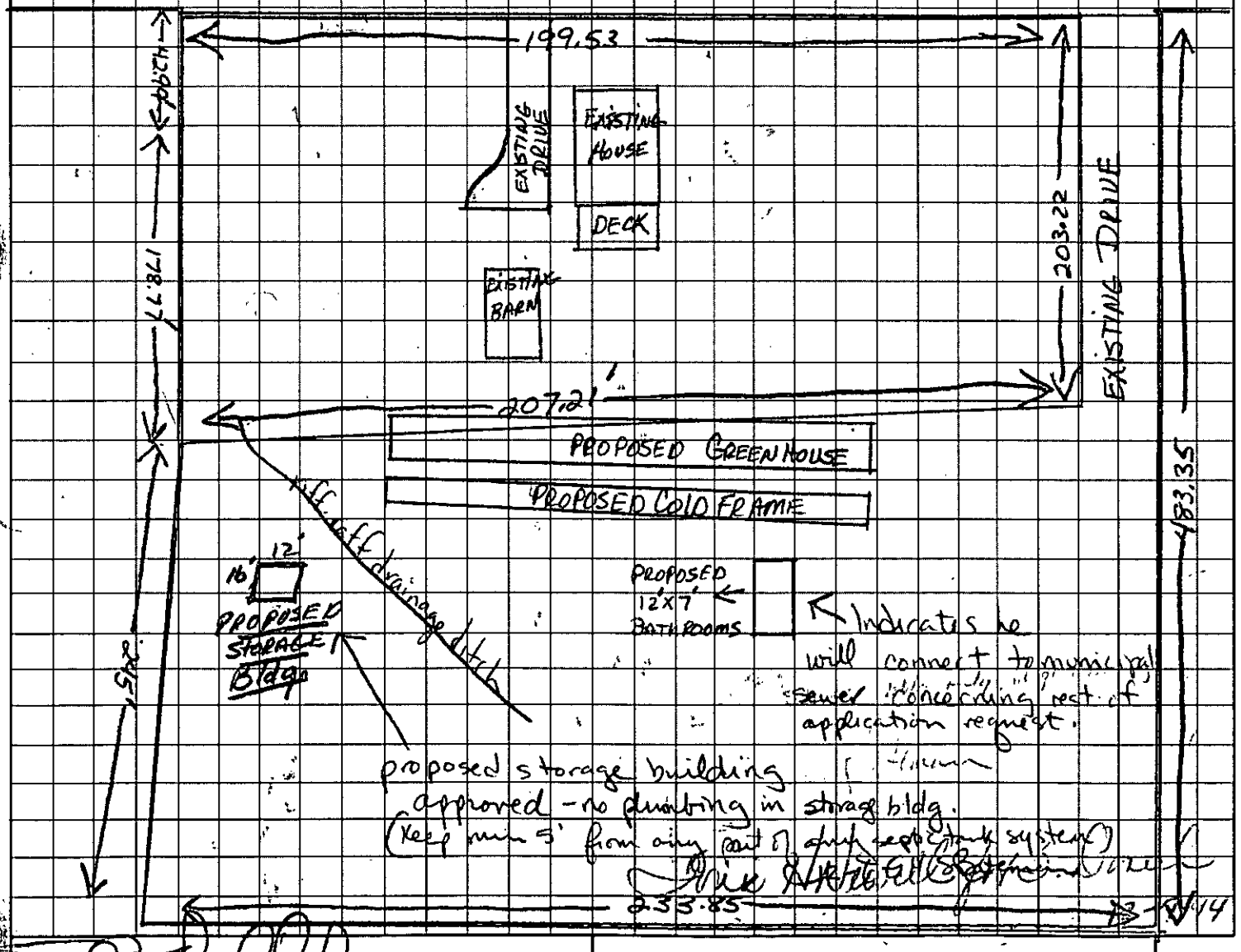
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(1934 Pub 395SA)

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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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010 STATESVILLE ROAD

199.53

178.77

203.22

EXISTING DRIVE

EXISTING HOUSE

DECK

EXISTING BARN

207.21

PROPOSED GREENHOUSE

PROPOSED COLD FRAME

12'

16'

PROPOSED STORAGE Bldg

PROPOSED 12'x7' Port. Rooms

Indicates he will connect to municipal sewer concurring w/ application request.

proposed storage building approved - no plumbing in storage bldg (Keep in mind for any addition which requires septic tank system)

233.85

183.35

OWNER/AGENT SIGNATURE

DATE 11/17/94

APPROVAL DATE 12-6-94

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20529

File: 5777 Action 2

Parcel: 017-072-07 ☐ PC

Location: 13501 Old Statesville Rd

Subdivision:

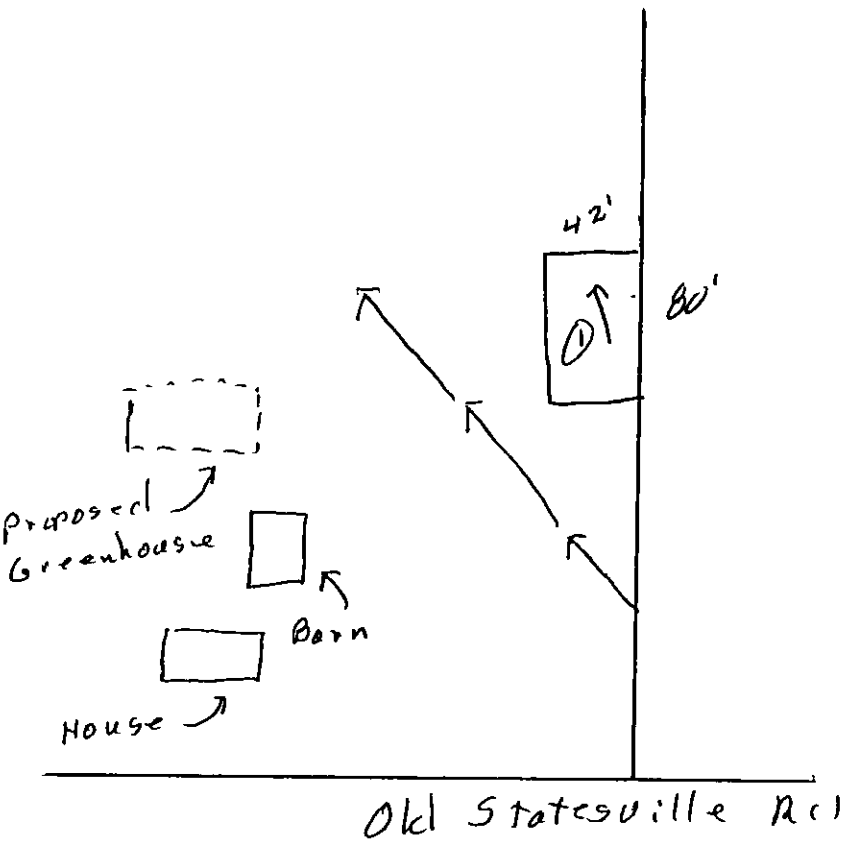
Lot: Block: Acres: Approx 1

Owner: Rich T. Strickland
Address: 13501 Old Statesville Rd
Huntersville, N.C. 28078

Comments: .3 gall f/f/ day LTAR

Described by: William R. Marlin

Date: 12-5-94



*** 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 clay Slightly Expansive	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U To Soil Wetness >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30-32"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Acs Twice Req	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	IIe Potomac Silt Loam					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

DATE 11/11/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Hunt

017-072-07+40
PARCEL NUMBER

13501 Old Statesville Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	____ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ APPROVED	____ NOT APPROVED
3. WATERSHED PROTECTION	✓ APPROVED	____ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	✓ APPROVED	____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	✓ YES	____ NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	✓ NO

REMARKS: New construction - Greenhouse

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rule

REVISED 1/91

Date Issued 19 July 73

Serial No. 4018

ICARUS Permit No. 5777

T. C. No. 017-022-07

Map Date 9 Aug 72

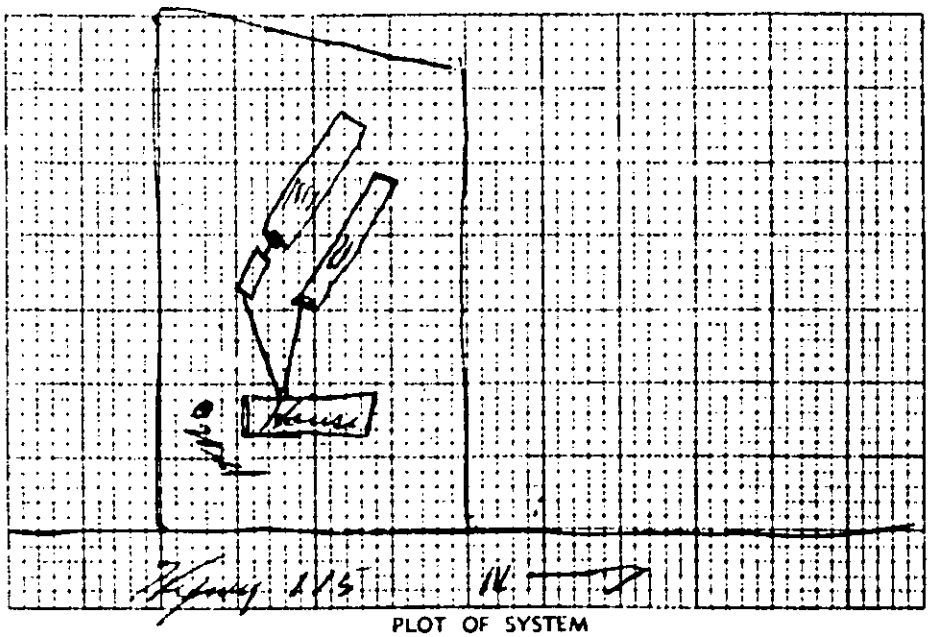
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

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 application 5777 dated 19 Mar 73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 19 Aug 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 400' + 150' w/m
2(5'x75'x17")

Number of Lines 4(1c x 1cc' x 17")

Distance from House 50'

Distance from Property Line 50'

Distance from Well 50'

NAME OF OWNER Mc Ricky, Doris Lester

LOCATION OF PROPERTY Hwy 115-N

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Bill Bradford (Contr.)

Director of Health Dept.

M. L. Ricky
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a [illegible] Only the signature of the Environ[illegible]

Serial 3798

Date Issued 17 Aug 73

T. C No. 017-072-07

Map Date 9 Aug 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner McCurley (LAST) Irvin (FIRST) Chester (MIDDLE)

Location of Property Hwy 115 - N (Carolina)

Application Number 5727 Permit Number 5727

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 400' + 150' WM Number of Lines 4 (@ 100' x 12")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source Drilled Well Distance from Water Source 50'

Excavation Inspected 17 Aug 73 (DATE) Tank Inspected 17 Aug 73 (DATE)

Nitrification Field Inspected 17 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable 17 Aug 73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: Bill Brailford (Contr.)

[redacted]BURG COUNTY HEALTH DEPARTMENT
[redacted]UATION REPORT
[redacted] NUMBER 20529

File: 5777 Action 2

Parcel: 117-072-07 ☐ PC

Location: 13501 Old Statesville Rd

Subdivision:

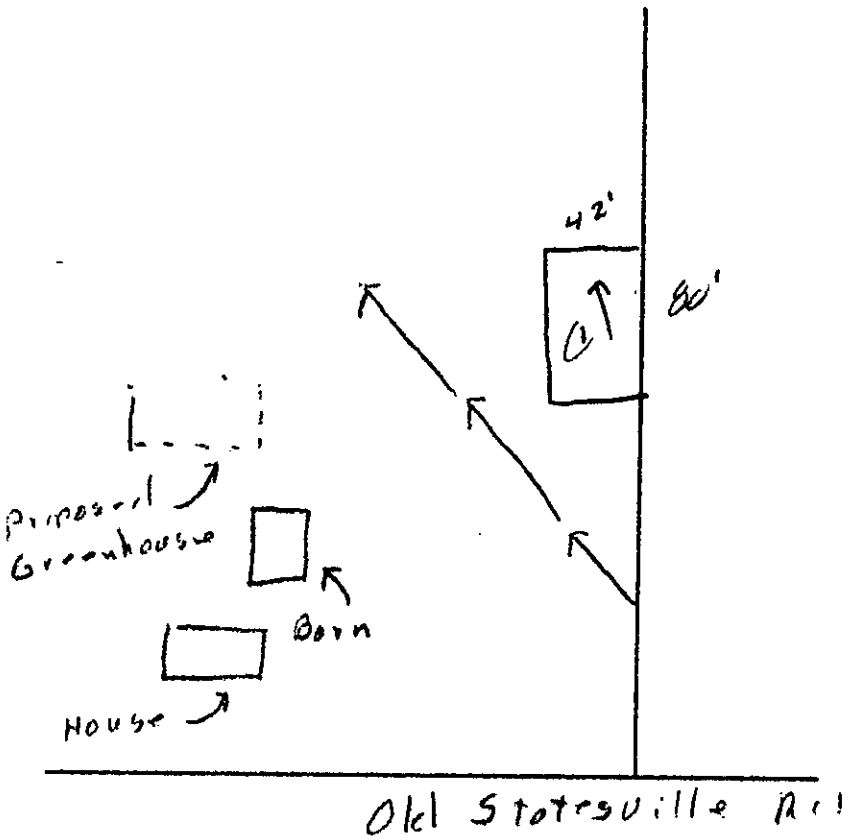
Lot: Block: Acres: Approx 1

Owner: Rich T. Strickland
Address: 13501 Old Statesville Rd
Huntersville, N.C. 28078

Comments: .3 gal/ft²/day LTAR

Described by: William R. Marks

Date: 12-5-94



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Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 10 soil >36" wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30-32"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Any Type Tract	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	IIe Potomac Silt Loam					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U