

3216 SAM WILSON RD

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

8/6/96 ew
CK #2137 $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

20885

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: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: Michael M. Cowan (last) (first) (mi)

ADDRESS: 3216 Samuelson Rd PHONE: (704) 399-1902

CITY: Charlotte STATE: N.C ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-157-19

STREET ADDRESS: 3216 Samuelson Rd

ZONING:

Township (check one):
[X] 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 #13 & 14 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (M)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Bldg

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
[X] 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: Howard T. McLean Date: 8-6-96

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.

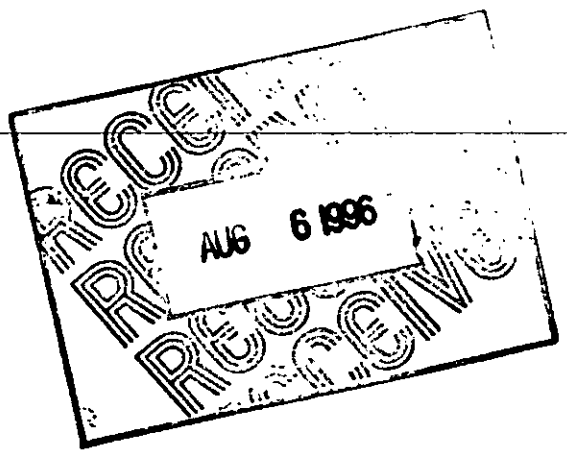
...Use existing system.

[] 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

Environmentalist Date 8-15-96

Director or Authorized Section Head Date

WWATER : 122791


AUG 6 1996

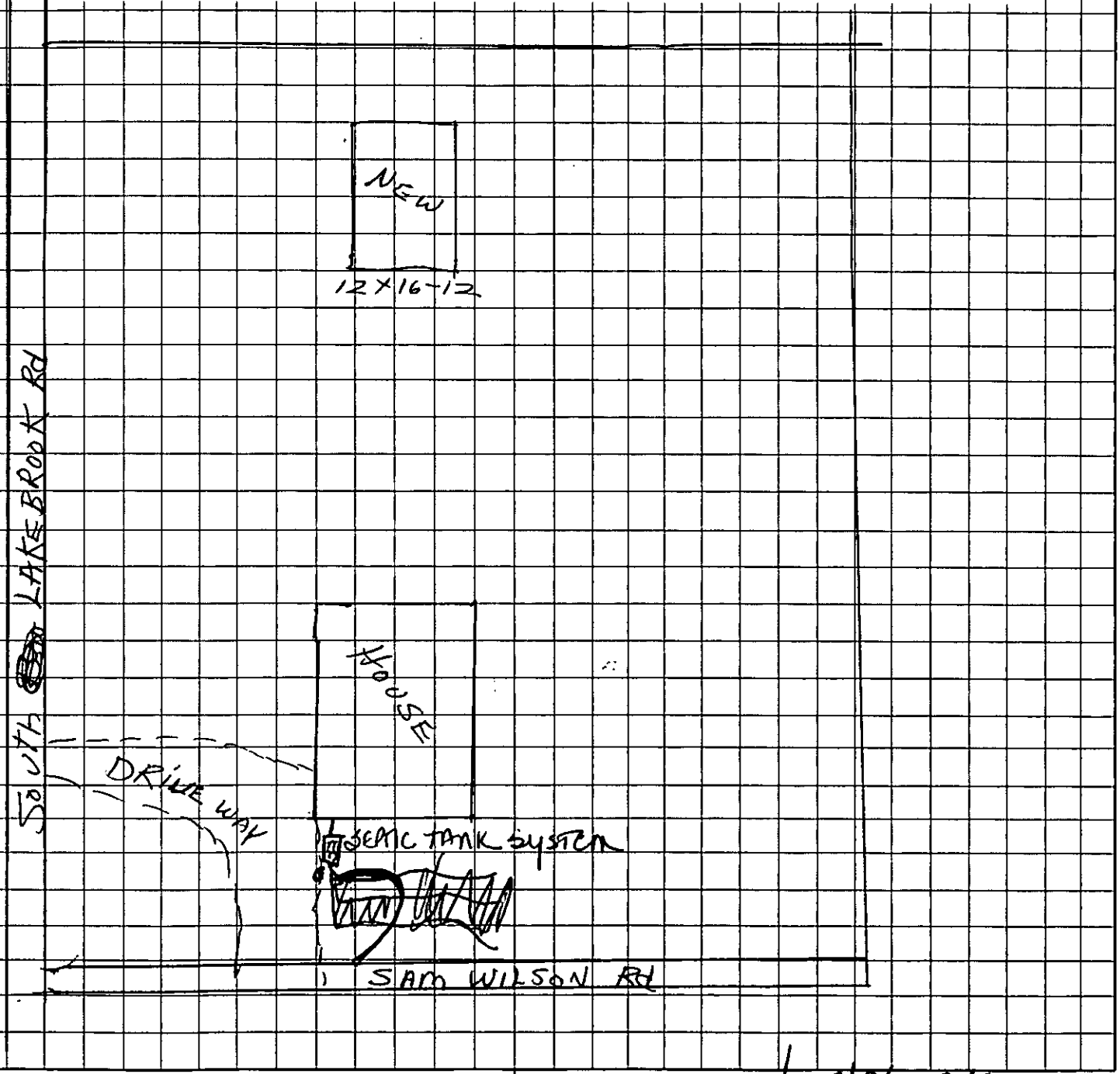
PROPOSED PLOT PLAN

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

FILE: 20885

TC: 053-157-19

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 8/15/96 JMB

OWNER/AGENT SIGNATURE

DATE

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

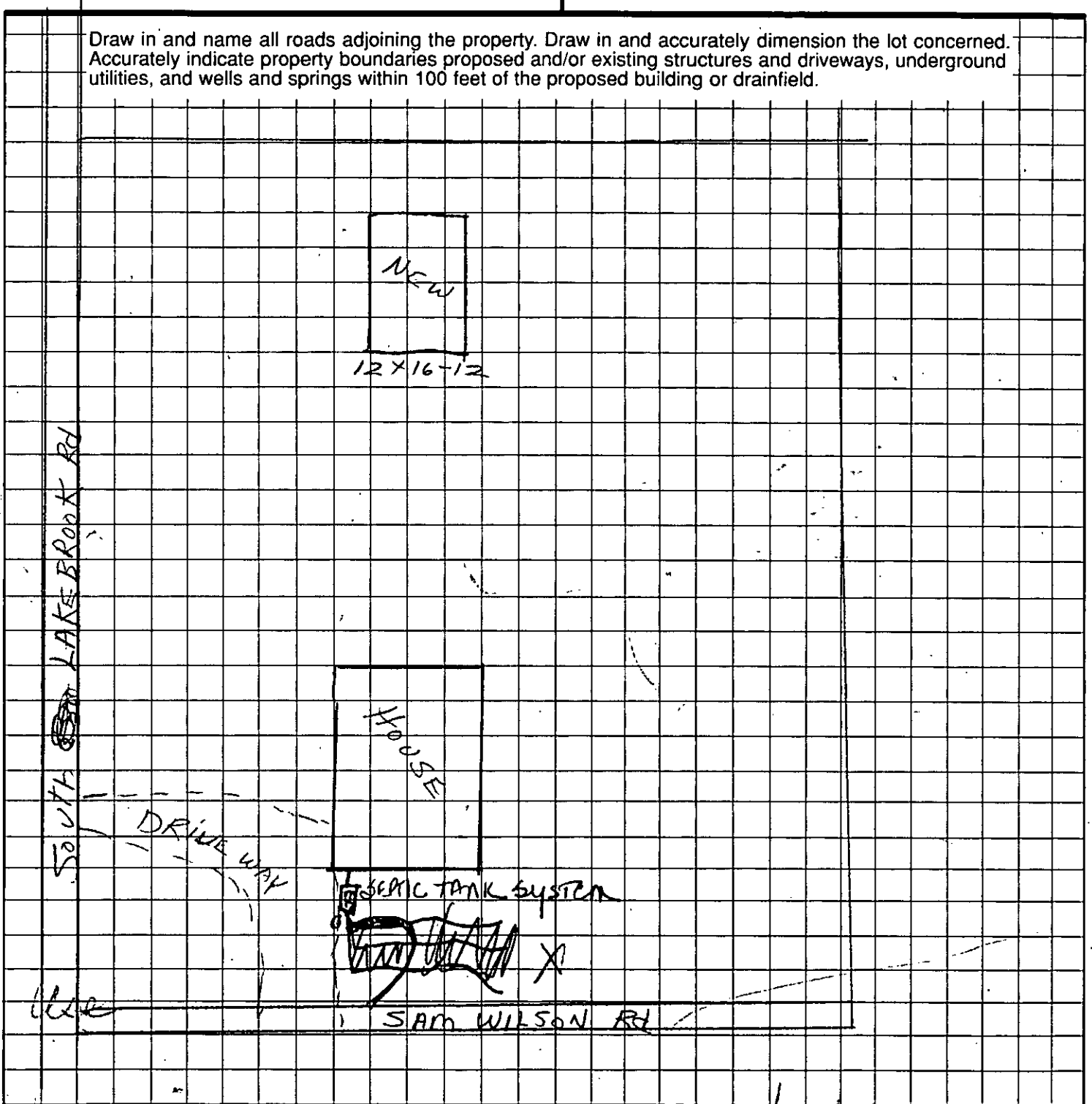
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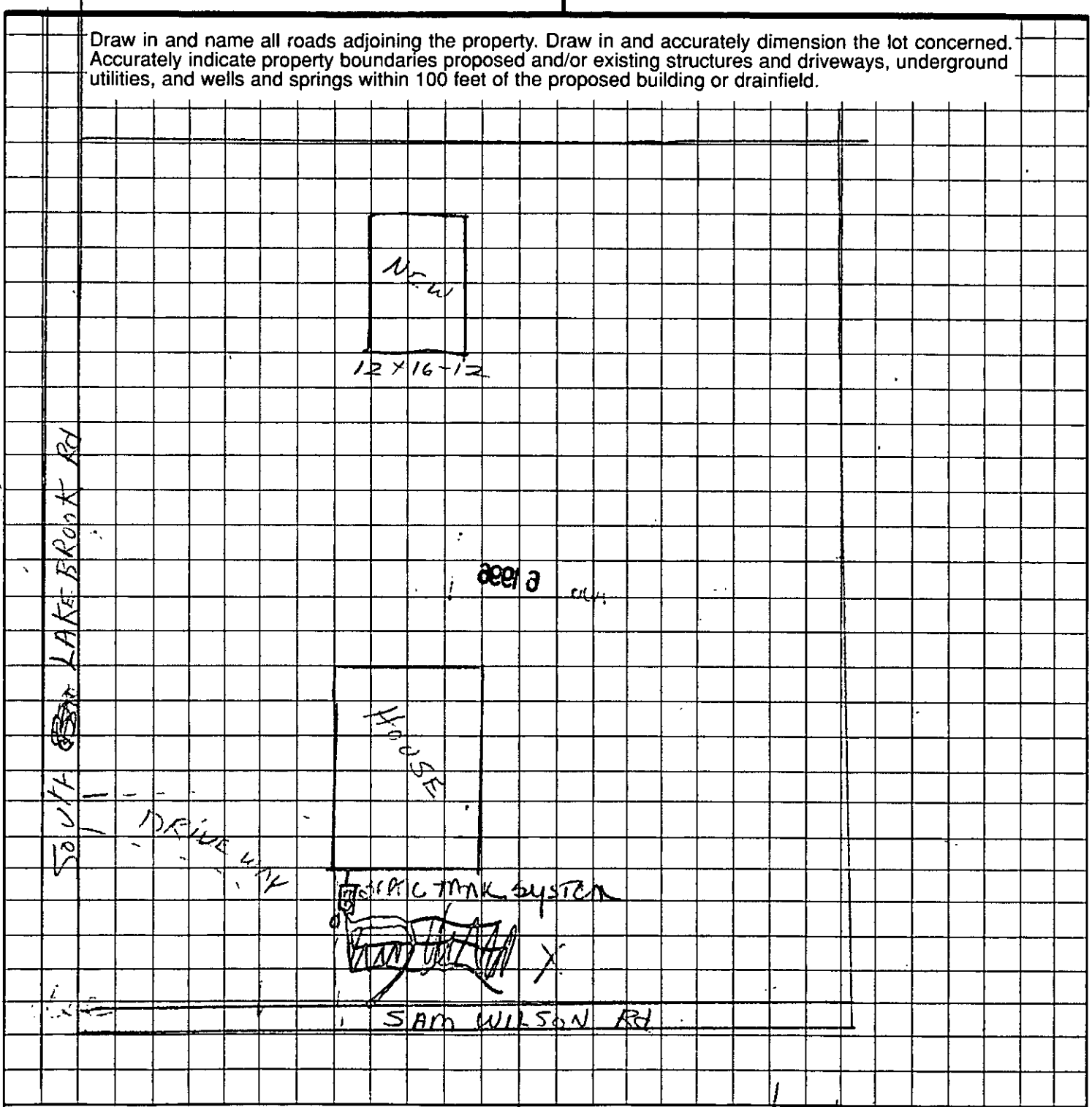
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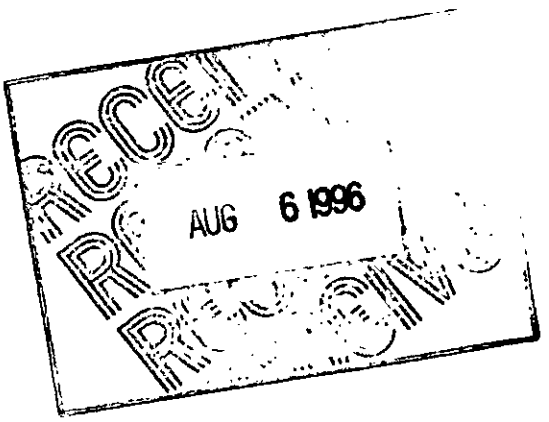


APPROVAL DATE 8/15/96 2NB

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AUG 6 1996

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

(Ground Absorption Sewage Disposal)

S.I.R. NO. 20085

T.C. NO. 053-152-03

OWNER: William M. Cowan

ADDRESS: Rt 5 Box 211-Z Statesville N.C. 28625

PLAT NO:

LOT SIZE: 5.92 ac

LOCATION OF SITE: 3221 Jim Wilson Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U (2-10%)	S (PS) U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 30-40"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36"	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Seasonal Low	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil - Like			

S - Suitable PS - Provisionally Suitable U - Unsuitable

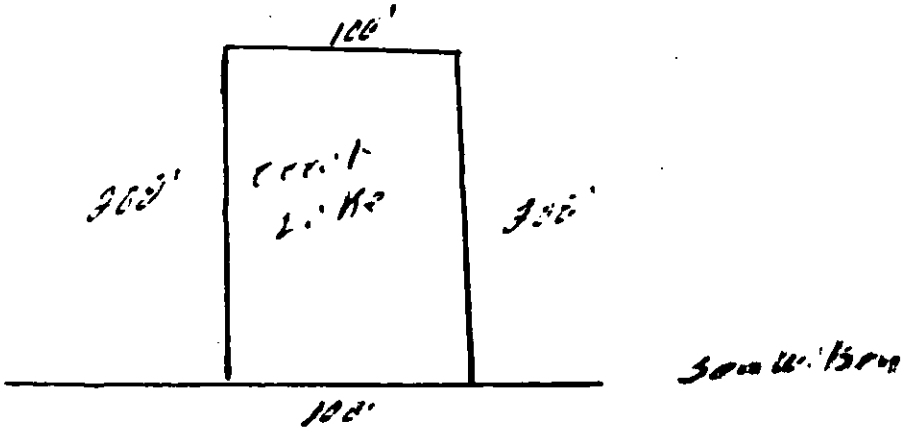
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

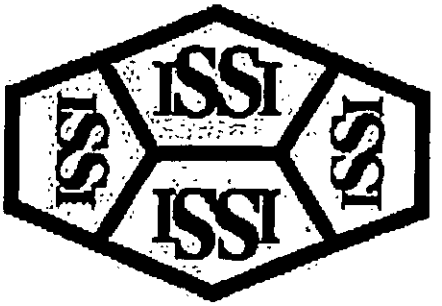
Recommendations/Comments:

Described by: William R. Kendrick

Title: Soil Scientist

Date: 5-2-84


100'
300'
300'
100'
Scale: 1cm



Imaging Solutions and Services, Inc

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ISSI Operations Center Staff

Serial No. 5621

SIR No. 20885

T. C. No. 053-157-19 83

Map Date

Date Issued 5-2-84

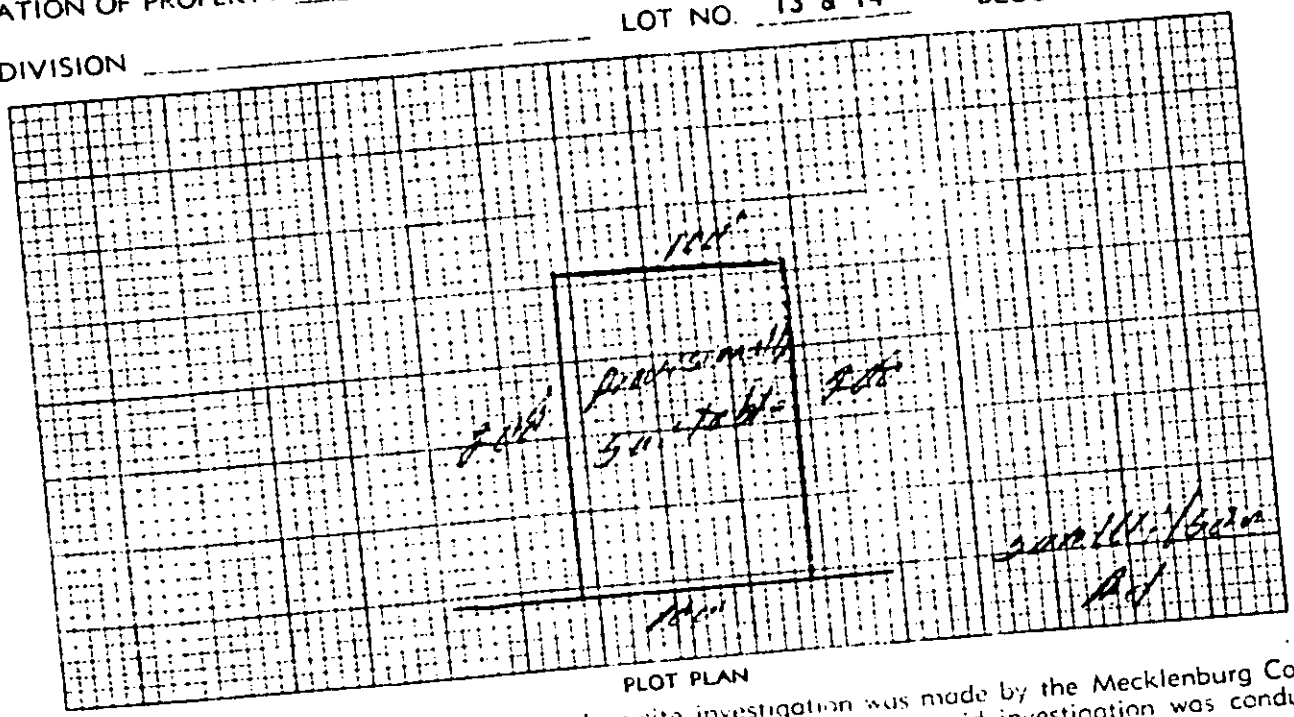
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Cowan, (LAST) Mildred (FIRST) M. (MIDDLE)

ADDRESS OF OWNER Rt. 5, Box 944-Z, Charlotte, NC ZIP 28208

LOCATION OF PROPERTY 3200 Sam Wilson Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 13 & 14 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot PROVISIONALLY SUITABLE. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A [illegible] from the Mecklenburg County Department of Environmental Health [illegible] the specific system shall be obtained [illegible] of the wastewater treatment system on the said lot.
2. The [illegible] which must be made will be determined by the Mecklenburg County Department of Environmental Health [illegible] based on the permeability rate obtained above and on the [illegible] on the said lot.
3. [illegible] granted is for the [illegible] of the State of North Carolina and the rules and regulations governing Public Water Supplies of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Department in effect on the date of issuance and is void if at any time after the completion of the system, these laws, rules and regulations are changed such that the system would not have been granted had the new or revised laws, rules and regulations been in effect on the [illegible] date.

Soil Scientist

Director or Authorized Section Head

Date Received 4-9-84

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 20885

T. C. No. 053-157-49 03

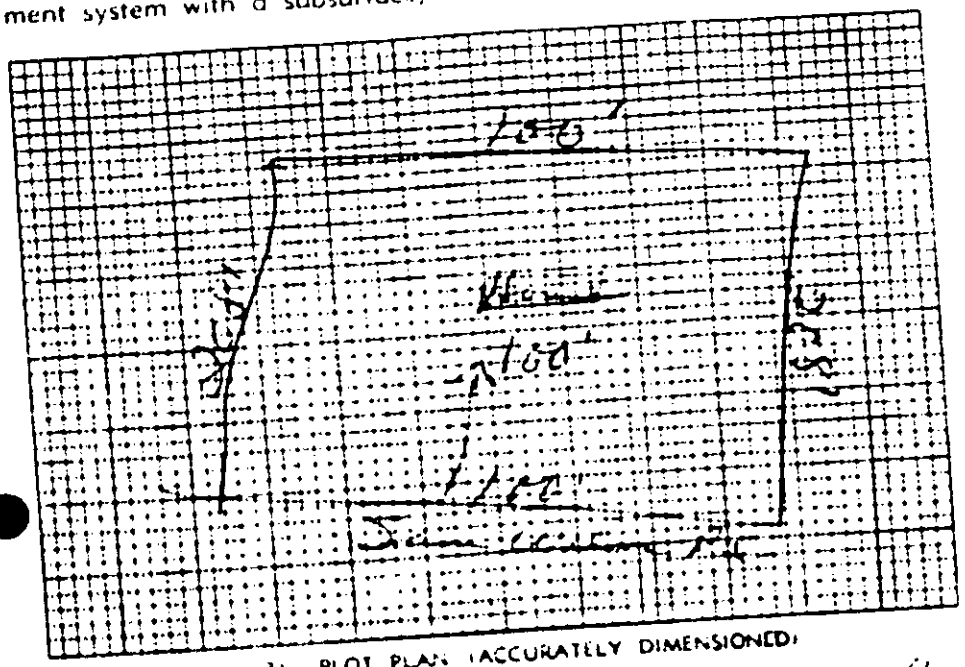
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to.

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence ✓Yes ____No

4) No of Bedrooms 3

5) Business Use — Max No Employees ____

6) Washing Machine ____Yes ✓No

7) Garbage Disposal ____Yes ✓No

8) Dishwasher ____Yes ✓No

9) Water Supply
A) Individual Well ✓
B) Governmental System ____
C) Community System:
1 Well source ____
2 Governmental source ____

10) Sewage System.
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER McCOMB (LAST) Mildred (FIRST) M (MIDDLE)

14) ADDRESS OF OWNER Rt 5 Box 444-2 Charlotte NC 28210
3200 Sam Wilson

15) PHONE NO. Home 537-2513 Office 392-6303

16) LOCATION OF SYSTEM 3200 Sam Wilson RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No 3772 Page No. 208

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

4-
DATE OF APPLICATION

Mildred M. McComb
OWNER

EHD-5-76

Health Department's Copy