

12700 ALEXANDERANA RD

01914112

5/30/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5129A DATE: 1/17/90

TC: 019-141-03PO ☒ L ☒ CRT

SERIAL № 13026

Name of Owner Robert B. Dixon, II Juris.:

Address of Property 12700 Alexanderana Rd

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 10"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 1/17/90

Tank(s) Inspected 1/17/90

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: ~~1989~~ 1990 1500ST, 1200SFT, 12"G, CON CTR# 80

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: System designed for 3 bedroom house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

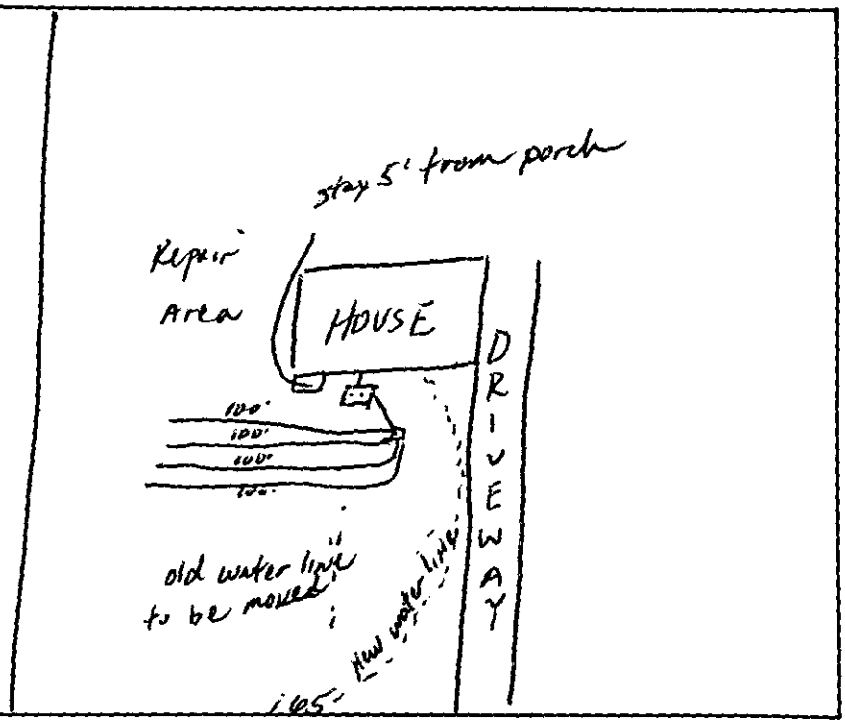
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5129A DATE: 1/11/90

TC: 019-141-03 PO ℄ L

SERIAL Nº 14505

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 the application dated 7/14/89. All work shall be completed on or before 2/11/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Robert B. Dixon II

LOCATION OF PROPERTY 12700 Alexanderana Rd

Comments: 4 Trenches x 100' wd x 3' x 12" stone stay 5' from porch. Keep lines as shallow as possible and on land contour. Old water line to be removed (new line beside driveway.)

Division or Section Head

Philo A. Walker
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/19/89

NAME/COMPANY Robert Dixon

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Imp. Permit

#5279

ENVIRONMENTAL HEALTH DIVISION

PAID

JUL 18 1989

FEE: 200 —

CR # 0165

$200.00

Completed By

Collected By

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

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: 5129A

TC: _____

SERIAL: № 16610

ENVIRONMENTAL HEALTH DIVISION ☒ CRT

JOB LOCATION

① ADDRESS: 12700 Alexanderana Rd, Huntersville, N.C. 28078 (STREET NO. / STREET) ② FILE: 5129A

③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 019-141-03 Po

⑤ SUBDIVISION: — ⑥ LOT: — ⑦ BLOCK: —

OWNER

⑧ NAME: Robert (FIRST) Bonette (MIDDLE) Dixon II (LAST)

⑨ MAILING ADDRESS: 12838 Alexanderana Rd.

⑩ CITY: Huntersville, ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 588-2606 ⑭ (HOME) 875-1017

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: Robert B. Dixon II

Date: 7/14/89

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.

Phila S. Walker, 7/21/89
Environmentalist Date

Jim Ennis, 7-21-89
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.

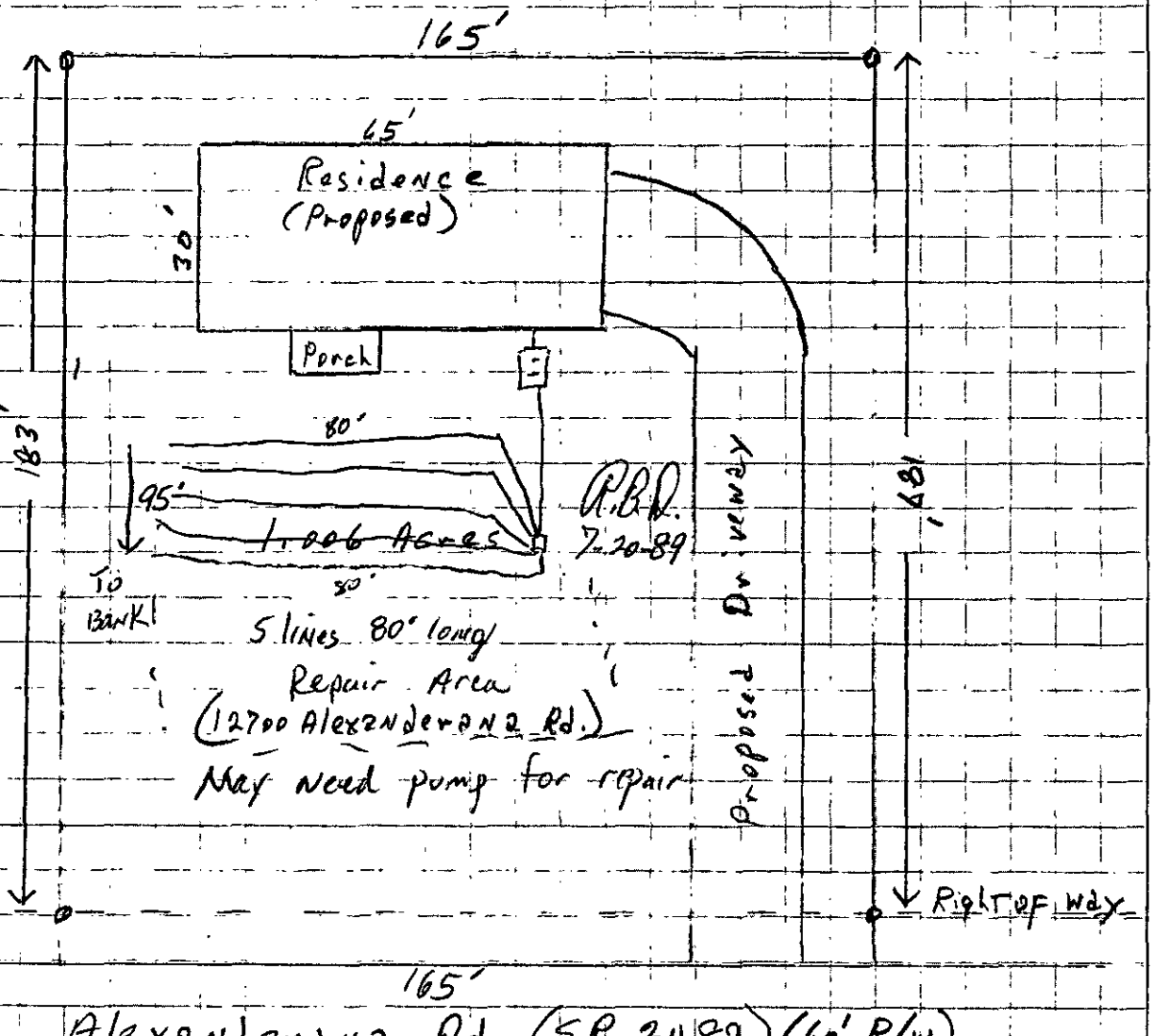
PROPOSED PLOT PLAN

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

FILE: 5129A

TC: _____

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.



NOT DRAWN TO SCALE.

Signed: Robert B. Dyer II

Date: 7/14/89

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

DATE 7-11-89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 019-141-03pp

ASSIGNED ADDRESS 12700 Alexanderana 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: ~~Well~~ Septic tank

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: DCM

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

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

November 28th, 1988

Mary S. Davis
10424 Old Statesville Road
Charlotte, NC 28213

RE: Property located at Alexanderana Road
FILE: 5129A
PARCEL: 01914103 PO

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 15788) 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,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15788

File: 5129A Action 1

Parcel: 019-141-03 PO ☐ PC

Location: Alexanderana Road

Subdivision:

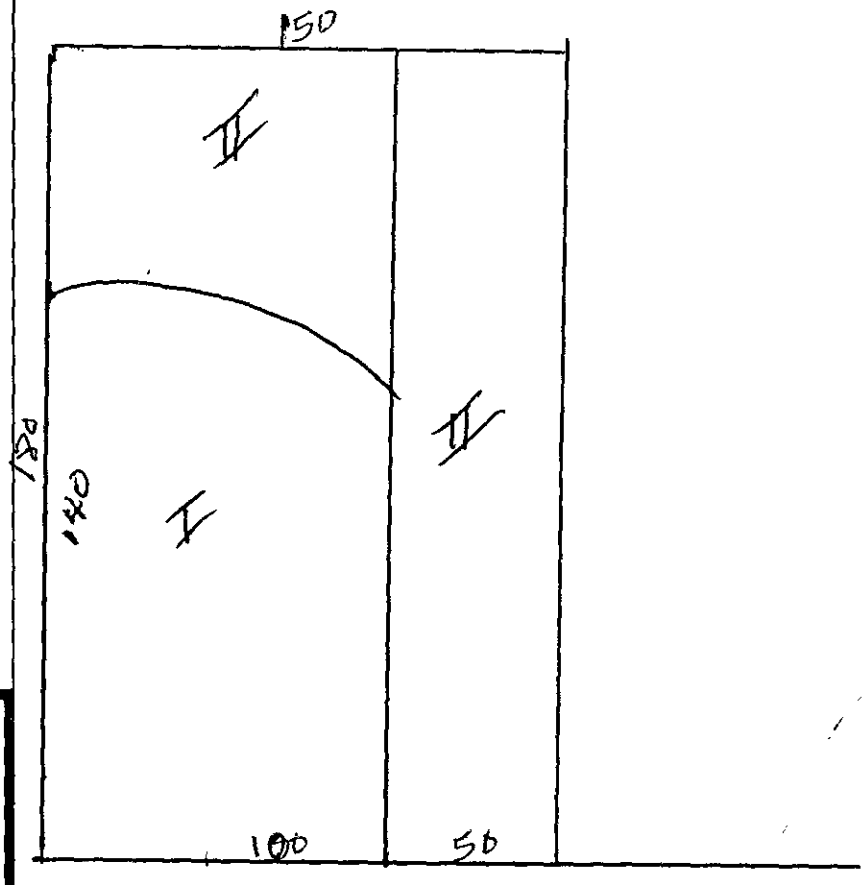
Lot: Block: Acres: 1

Owner: Mary S. Davis
Address: 10424 Old Statesville Road
Charlotte, N. C. 28213

Comments: Lot Line moved over

Described by: W. B. Ramsey

Date: 11-25-88



***** 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 2-4	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Sandy loam	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	S PS (U)	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 42-36'	S (PS) U 27-36	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~~ Appling	~~IVb~~ VANCE				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15727

File: 5129A

Parcel: 01914103 PO

Action 2

☐ PC

Location: Alexanderana Road

Subdivision:

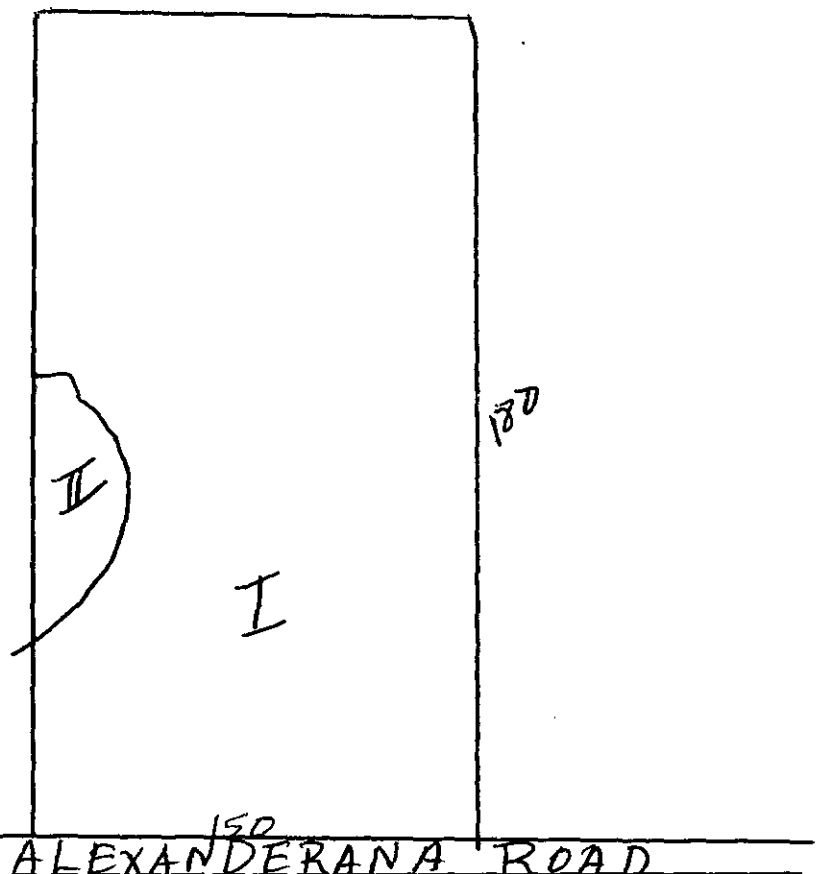
Lot: Block: Acres: .62

Owner: Mary S. Davis
Address: 10424 Old Statesville Road
Charlotte, NC 28213

Comments: _____

Described by: W. B. Ramsey

Date: 10-25-88



***** 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 2-4	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 Mixed	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) (U) Weak Blocky	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) 27-30	S (PS) U 36-40	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	IVB Vance	IVa Appling				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

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

November 7th, 1988

Mary S. Davis
10424 Old Statesville Road
Charlotte, NC 28213

RE: Property located at Alexanderana Road
FILE: 5129A
PARCEL: 01914103 PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15727) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 10/21/88

Name/Company [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test

#[illegible] 51299

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 21 1988

Fee: $30 — cash #30.00

[signature]
Completed by

[signature]
Collected by

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 2 1
ENVIRONMENTAL HEALTH
DIVISION

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

(OFFICE USE ONLY)

FILE: 5129A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Alexanderana Rd. (Approx. 300 FT. west of 12724 Alexanderana Rd.)

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

⑤ PARCEL REFERENCE: BOOK NO.: Po-019 PAGE NO.: 141 PARCEL NO.: Lot 03

⑥ DEED REFERENCE: BOOK NO.: 2819 PAGE NO.: 399

OWNER

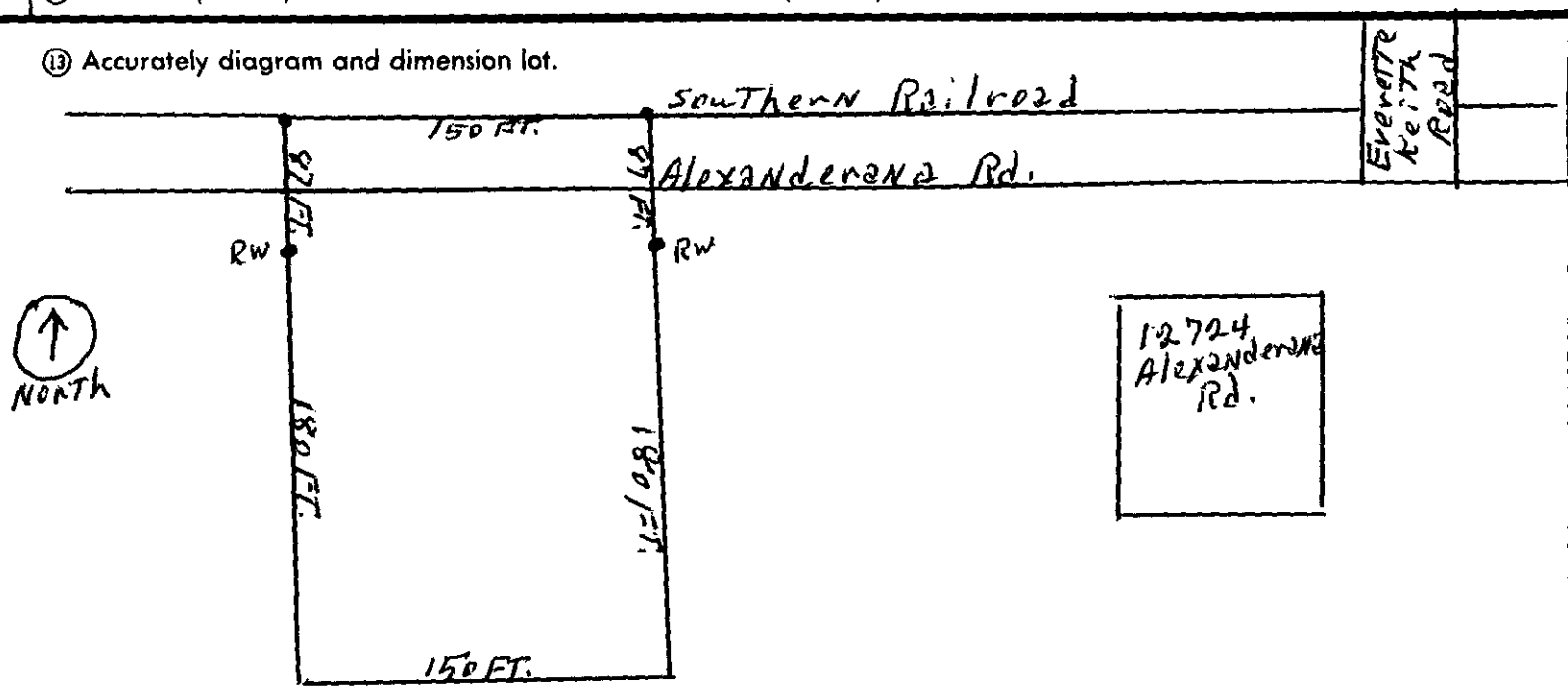
⑦ NAME: Mary (FIRST) S. (MIDDLE) Davis (LAST)

⑧ MAILING ADDRESS: 10424 old Statesville Road

⑨ CITY: Charlotte, ⑩ STATE: N.C. ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 875-2792

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: Mary S. Davis

Date: October 20, 1988

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