

7135 TRUELIGHT CHURCH RD

13703206

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028662

File: 3679B

Action 1

Parcel: 137-032-06

☐ PC

Location: 7135 Truelight Ch. Rd

Subdivision:

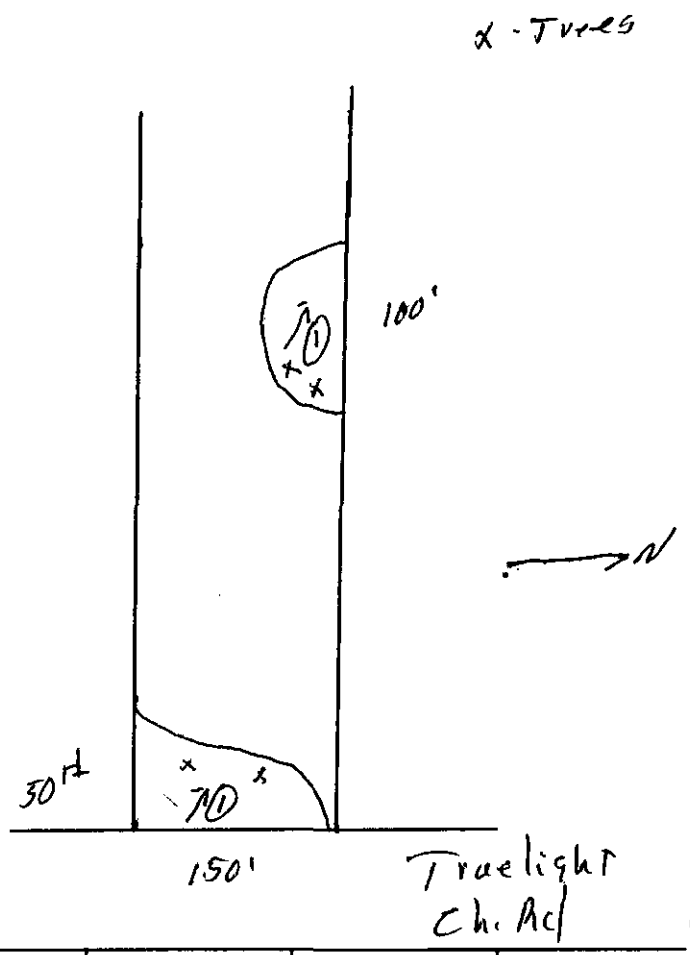
Lot: Block: Acres: Annex .3

Owner: Perry A. Davis
Address: PO Box 23234
Charlotte, N.C. 28227

Comments: 300 gal/bdrm/day LTAR system issued probably need pump- does not need 100% Repair

Described by: William R. Mullis

Date: 8-24-95



***** 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 Slightly Exp. 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 7-40" To 60" Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons 7-40"	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028662

File: 3679B (W-4600) Action 1

Parcel: 137-032-06 ☐ PC

Location: 7135 Truelight Ch. Rd

Subdivision:

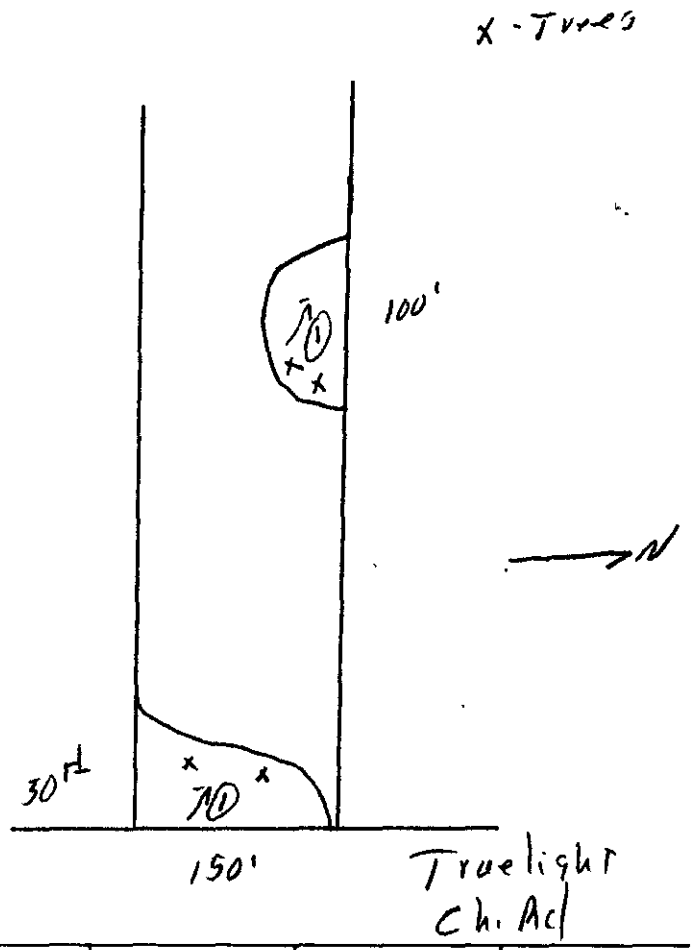
Lot: Block: Acres: Approx .3

Owner: Perry A. Davis
Address: PO Box 23234
Charlotte, N.C. 28227

Comments: .3gal/ft²/day LTAR system would probably need pump- does not need repair

Described by: William R. Mullis

Date: 8-24-95



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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 slight/1 Exp. 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 7-40" To 60" wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons 7-40"	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

3679B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PO 150 ch 2 8/4/95 px

[] 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: DAVIS (last) Perry (first) A (mi)

ADDRESS: PO Box 23234 PHONE: (704) 545-8007

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:

NAME: DAVIS (last) Perry (first) A (mi)

ADDRESS: PO Box 23234 PHONE: (704) 545-8007

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-032-06

STREET ADDRESS: 7135 Truelight Church Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 6 LOT SIZE (in acres): 2.3

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [X] 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: Perry A Davis Date: 8/8/95

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

WWATER : 122791

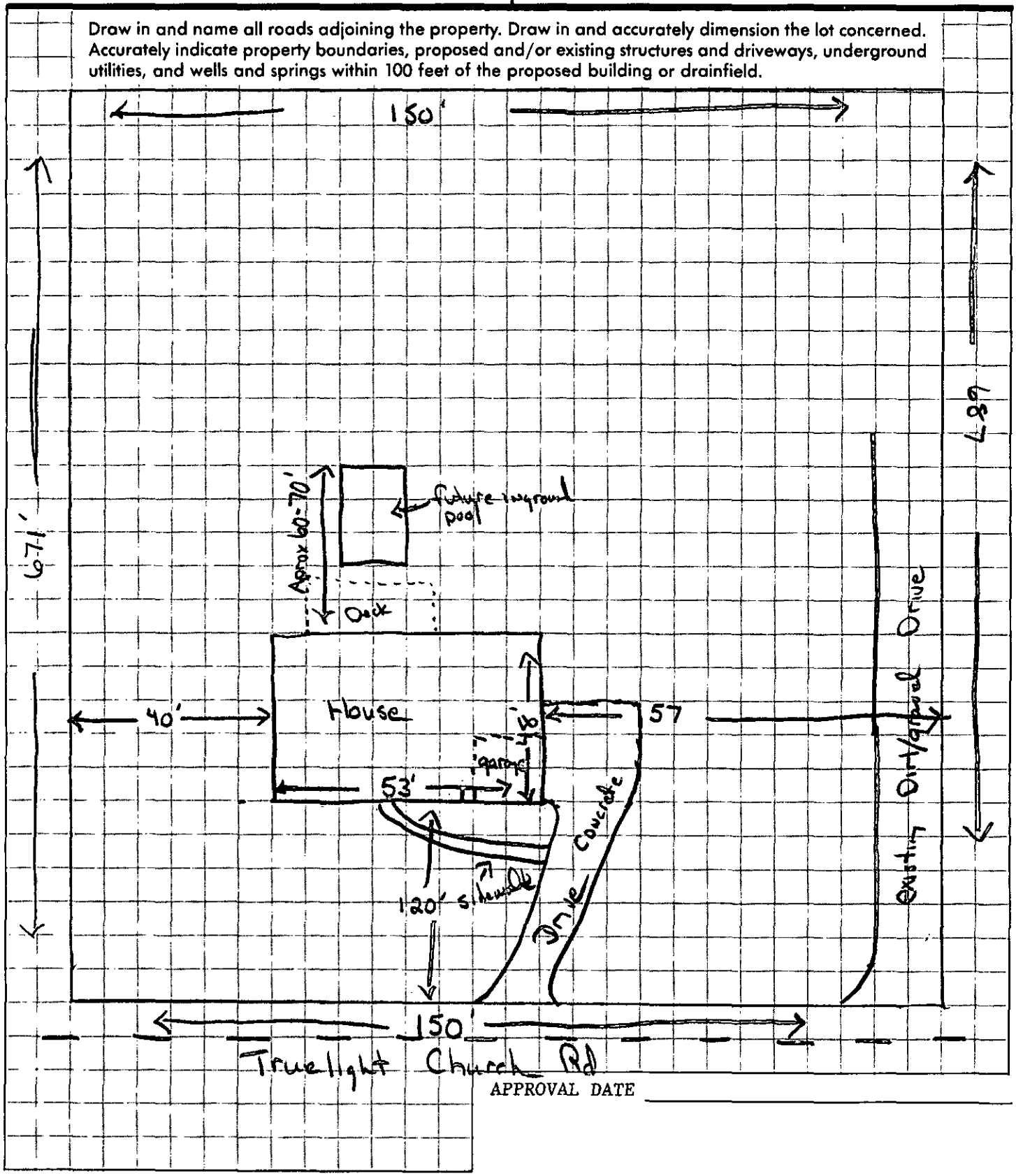
PROPOSED PLOT PLAN

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

FILE: 3679B

TC: 137-032-06

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 _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 8/9/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

137-032-06
PARCEL NUMBER

7135 Sunlight Church Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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: Screened Deck

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: [signature]

REVISED 1/91