

7816 ORRVIEW DR

13704150

12/20/2007

duponbj

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 7, 1993

Arthur Roberts
9910 Running Cedar Lane
Indian Trail, NC 28079

RE: Property located at Orrview Road
FILE: 1187B/9158A
PARCEL: 137-043-19PD

Dear Mr. Roberts:

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 19471) 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 15A NCAC 18A .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw
Enclosure (2)

Rd 25° chk 10144 10/6/93 MK

1187B/9158A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd 50° chk 425 9/21/93 DK

[] 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: Roberts (last) Arthur (first) Q. (mi)

ADDRESS: 9910 Running Cedar Ln PHONE: (704) 753 4880

CITY: India Trail STATE: N.C. ZIPCODE: 28079

Date:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-043-19(PA)

STREET ADDRESS: Bayview Dr.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres): Varies

TYPE APPLICATION (check one):

[X] 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: NUMBER OCCUPANTS:

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: RC Roberts Date: 9/21/93

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19471

File: 11878/9158A Action 2

Parcel: PO 137-043-19 ☐ PC

Location: Orrview Road

Subdivision:

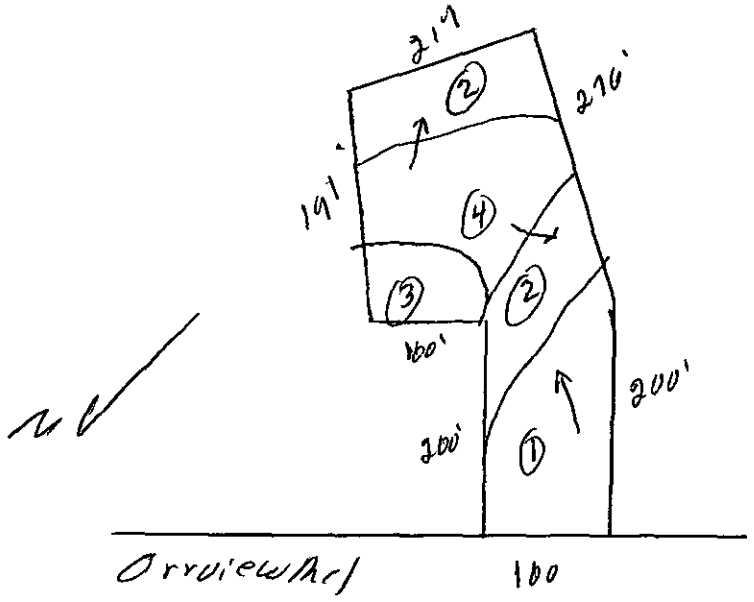
Lot: Block: Acres: 1.5

Owner: Arthur Roberts
Address: 9910 Running Cedar Farm
Indian Trail, N.C. 28079

Comments: 100 To Repair, .3gpd/ft²/day will probably need pump

Described by: William A. Medlin

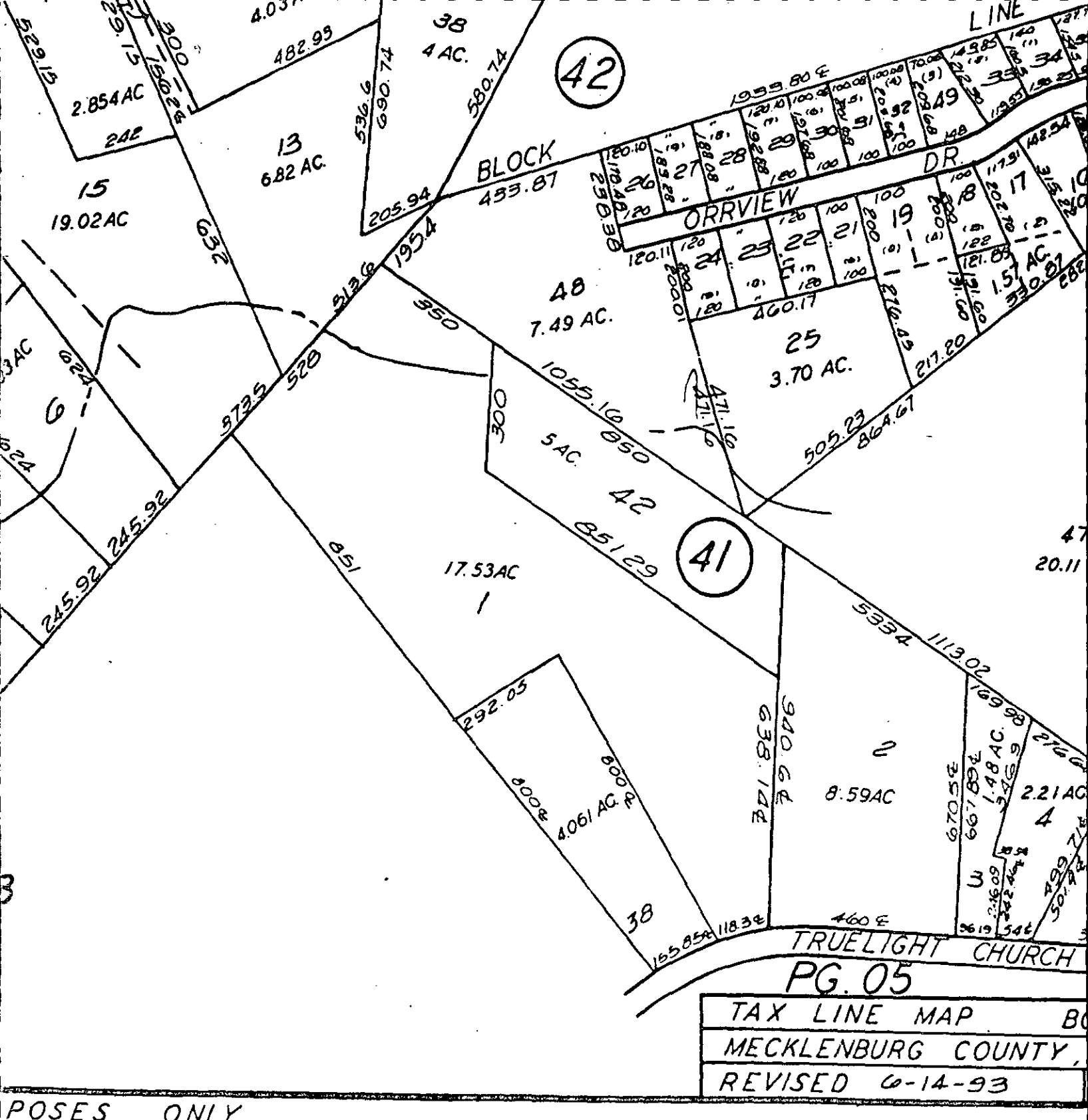
Date: 10593



*** 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 2-10%	S PS (U) Drainageway-Depression	(S) PS U 2-10%	(S) PS U 2-8%	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS U —	(S) PS U Slightly Expansive clay	S PS (U) Expansive clay	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U —	S (PS) U Sub-Blocky	S (PS) U Sub-Blocky	S PS U	S PS U
Drainage	S (PS) U 36" To water	S PS U	S (PS) U 36" To water	S PS (U) Some perched w/ water 24-30	S PS U	S PS U
Depth	S (PS) U 36-38"	S PS U —	S PS (U) 24-30"	S PS (U) 4-24"	S PS U	S PS U
Restrictive Horizons	S (PS) U 38"	S PS U	S (PS) U 36"	S (PS) U 36"	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS (U) Restricted	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 Cat. 1-1.4 ac	Drainageway w/ Depression	IV Parolee 2.4 ac	Vance 2.4 ac		
Area Classification	S PS (U)	S PS U	S PS (U)	S PS (U)	S PS U	S PS U


LINE
42
38
4 AC.
529.13
2.854 AC
242
300
156.24
482.93
13
6.82 AC.
536.6
690.74
580.74
BLOCK
453.87
205.94
1954
15
19.02 AC
632
313.66
350
48
7.49 AC.
1959.80 E
ORRVIEW
DR
460.17
25
3.70 AC.
216.43
217.20
505.23
864.67
1055.16
850
300
5 AC.
42
851.29
41
17.53 AC
451
245.92
245.92
624
6
624
5735
528
292.03
600
600
4.061 AC ±
38
165.85
118.36
460 E
TRUELIGHT CHURCH
5334
1113.02
169.98
940.64
638.14
8.59 AC
1.48 AC
2.21 AC
4
3
499.74
PG. 05
TAX LINE MAP
MECKLENBURG COUNTY,
REVISED 6-14-93
POSES ONLY

PROPOSED PLOT PLAN

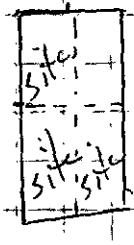
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11878/9158A

TC: 137-043-19 PP

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.

SEE Attached



APPROVAL DATE _____

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