

OLD STATESVILLE RD

12/19/2007

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

December 31, 1992

400 ☑

Mr. Rodney M. Russell
5133 Twin Drive
Charlotte, NC 28269

RE: Property located off Old Statesville Road LOT #1
FILE: 773B/8644A
PARCEL: 037-251-25po

Dear Mr. Russell:

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 12973) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 7739/8644A Action 1

SITE EVALUATION REPORT

SERIAL NUMBER 12973 Parcel: po 037-251-25 ☐ PC

Location: off Old Statesville Road

Subdivision:

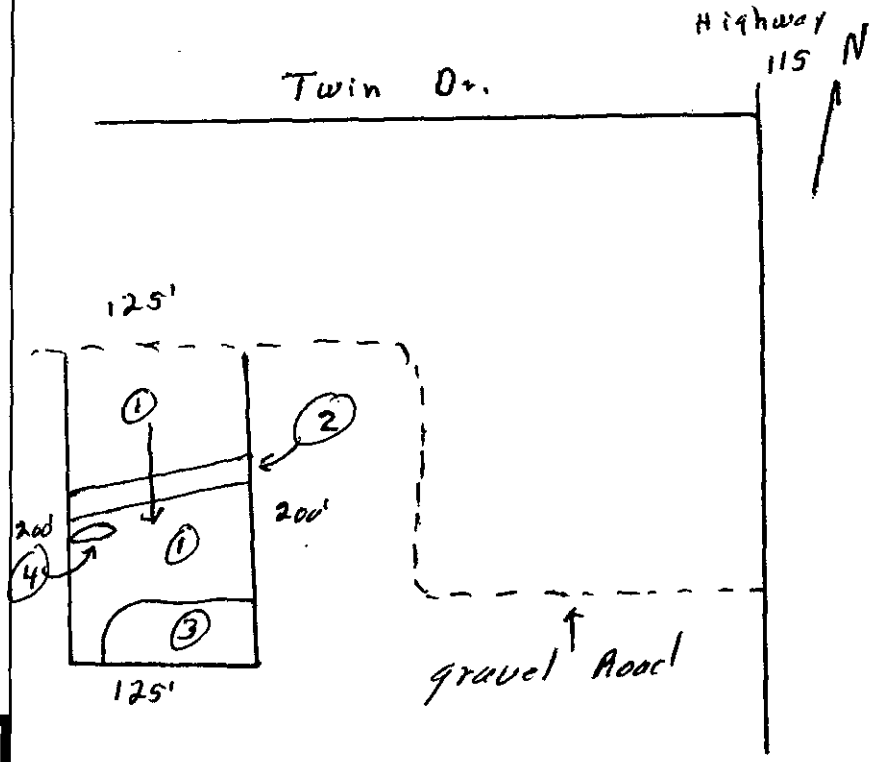
Lot: 1 Block: Acres: .57

Owner: Rodney M. Russell
Address: 5133 Twin Dr.
Charlotte, N.C. 28269

Comments: 100% Repair, 3 gal/ for 2/day / LTAR, system may need pump

Described by: William R. Merlin

Date: 12-30-92



***** 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 2-8%	S PS (U) 72' Elevation Change	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sab ℓ Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-39"	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 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 Hile	72' Elevation Change	complex slopes	Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

File # 773B(8644A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12/7/92 JJ

[] 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

COPY

Date: 12-7-92

PERSON FILING APPLICATION:

NAME: Russell (last) Rodney (first) M (mi)

ADDRESS: 5133 Twin Dr. PHONE: 704 ( ) 596 2910

CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-251-25 A0

STREET ADDRESS: off Old Statesville Rd.

ZONING: _____

PROPERTY OWNER:

NAME: Russell (last) Rodney (first) M (mi)

ADDRESS: 5133 Twin Dr. PHONE: 704 ( ) 596 2910

CITY: Charlotte STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

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

TYPE APPLICATION (check one):

LOT NUMBER: 1 LOT SIZE (in acres): 0.681 [illegible]

[X] 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):

[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 03 NUMBER OCCUPANTS: 02

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 [X] 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: Rodney M. Russell Date: 12-7-92

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

1 1 2 2

File # 773B(8644A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd 500 CR 1142 12/7/92 BJ [ ] 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

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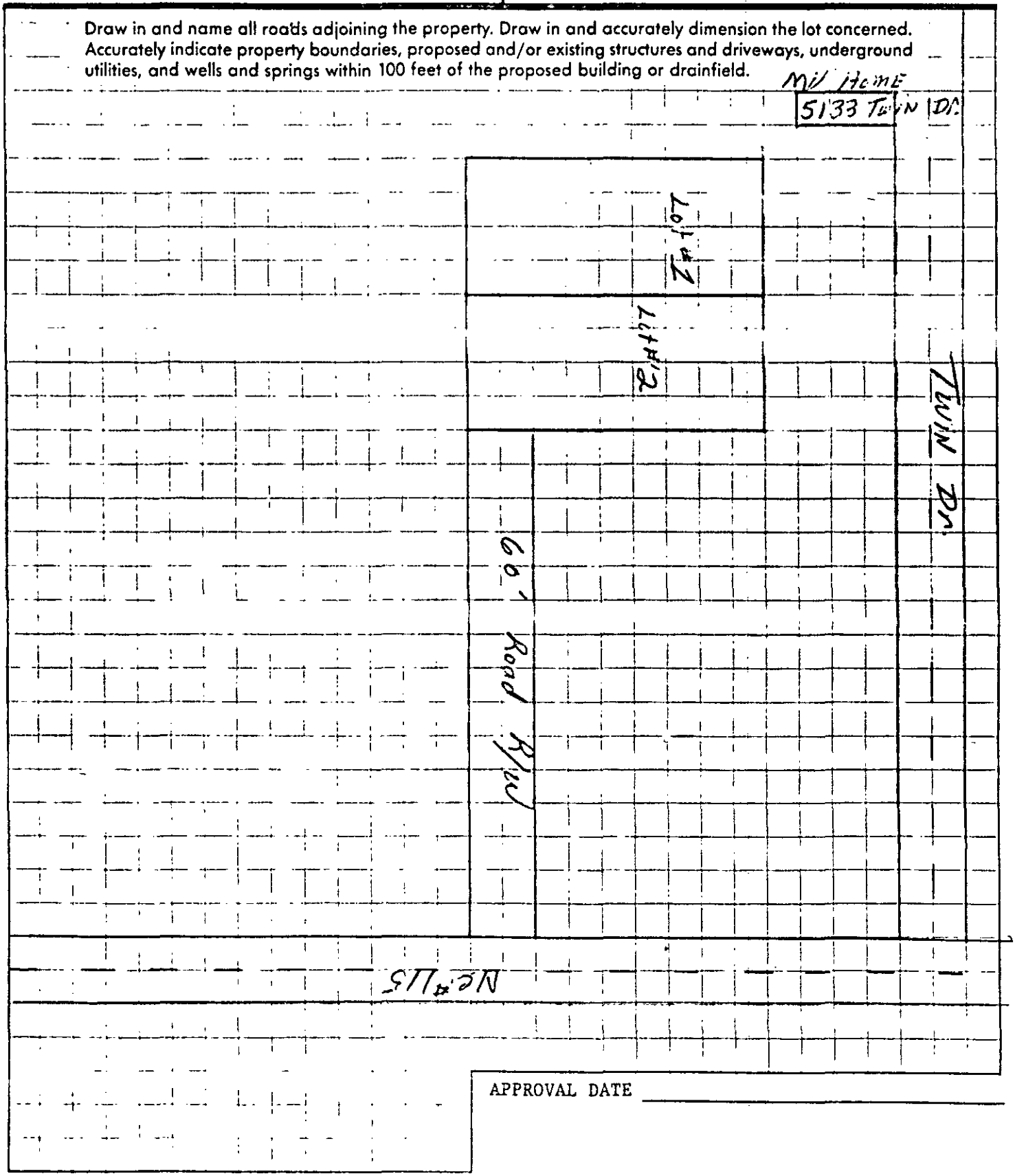
PROPOSED PLOT PLAN

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

FILE: 773B (8644A)

TC: 037-251-25

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 _____

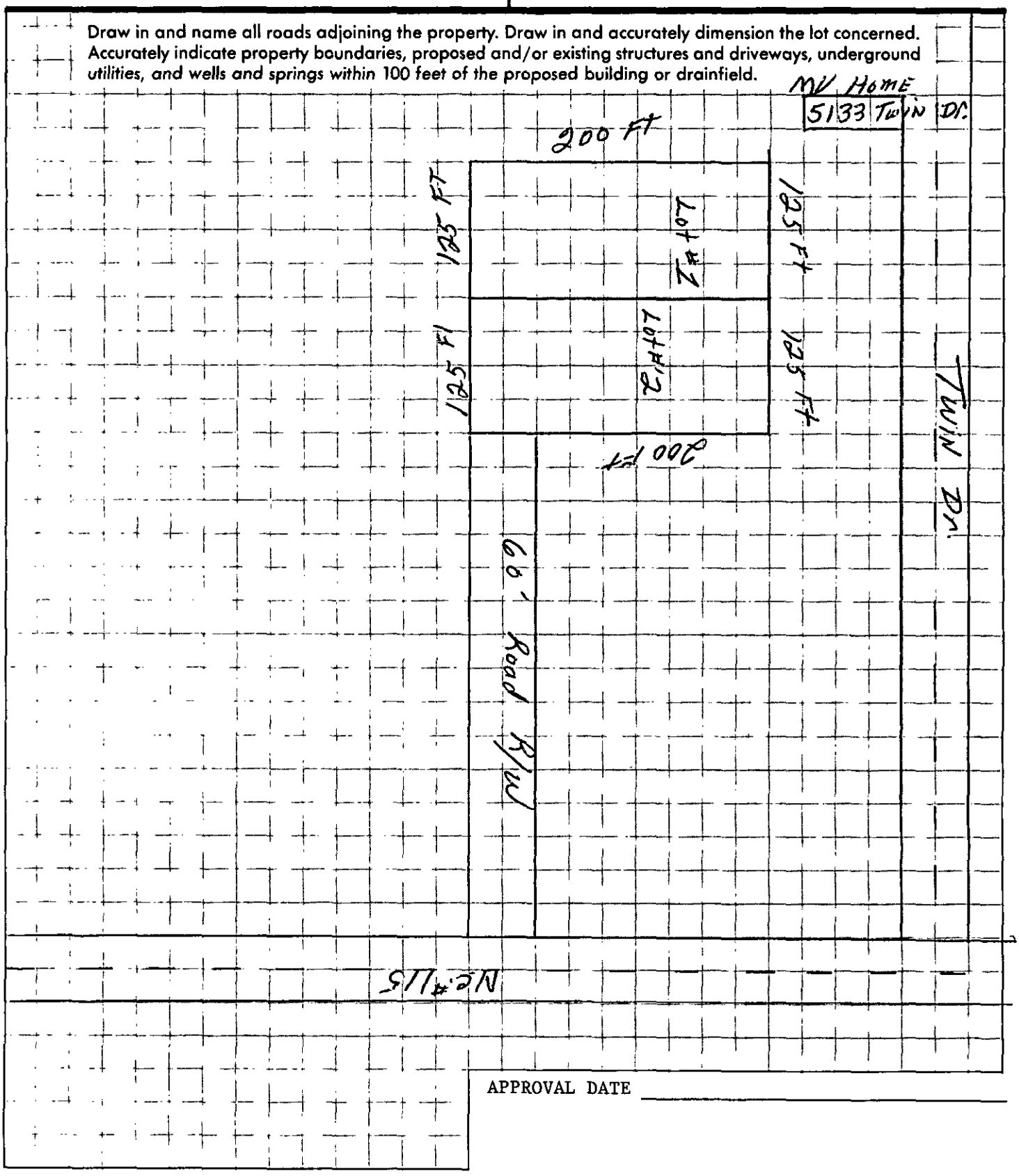
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APPROVAL DATE _____

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