

504 N OLD STATESVILLE RD

6/25/2007

duponbj

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

Mecklenburg County
Health Department

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

December 11, 1990

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $100.00

ORG/ACCOUNT # 462-3511

PAYABLE: James Paul McCall
P. O. Box 59
Charlotte, N. C. 28078

DATE OF ORIGINAL DEPOSIT: October 29, 1990

REASON: (Fee for Modified System $300.00) (Fee for Conventional System $200.00) Improvement/Installment permit.....
PERMIT ORIGINALLY FOR MODIFIED SYSTEM, HOWEVER CONVENTIONAL SYSTEM WAS INSTALLED.

/Enclosures

249 Billingsley Road • Charlotte, North Carolina 28211 • (704) 375-1885

Mecklenburg County
Health Department

November 29, 1990

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $100.00 for an Application for Improvement Permit on 504 Main Street, Huntersville (file No. 7077A, tax parcel No. 019-013-07). The permit was originally submitted for a modified system ($300), however, a conventional system was installed ($200). Please make refund payable to the following address:

James Paul McCall
P.O. Box 59
Charlotte, NC 28078

Thank you for your prompt attention to this matter.

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7077A
TC: 019-013-07
SERIAL: № 21350
☑ L ☒ CRT

JOB LOCATION

(1) ADDRESS: 504 (STREET NO.) MAIN ST (STREET) HUNTERSVILLE NC (2) FILE: _____
(3) JURISDICTION: _____ (4) TAX PARCEL NO.: 019-013-07
(5) SUBDIVISION: _____ (6) LOT: _____ (7) BLOCK: _____

OWNER

(8) NAME: JAMES (FIRST) PAUL (MIDDLE) McCALL (LAST)
(9) MAILING ADDRESS: P.O. BOX 59
(10) CITY: HUNTERSVILLE (11) STATE: NC (12) ZIP: 28078
(13) PHONE: (WORK) 596-5360 (14) (HOME) 875-6863

REQUEST

This request is for a(n):

(15) ☑ New permit Modified System
(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? 2
(25) Type? _____
(23) Maximum occupancy? 3
(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: James Paul McCall
Date: 10-29-90

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~~ 60 months from the date of issuance.

Tim Whittenburg, 11/6/90
Environmentalist — Date

[signature], 11-6-90
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-29-90

Name/Company: James P. McCall

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Solid Waste Permit - Mod. Sep.
504 Main Street - Hunt
File # 7077A
Tax # 019-013-07

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 29 1990

Fee: $ 300.00

ck # 4637
$300.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____

Collected by _____

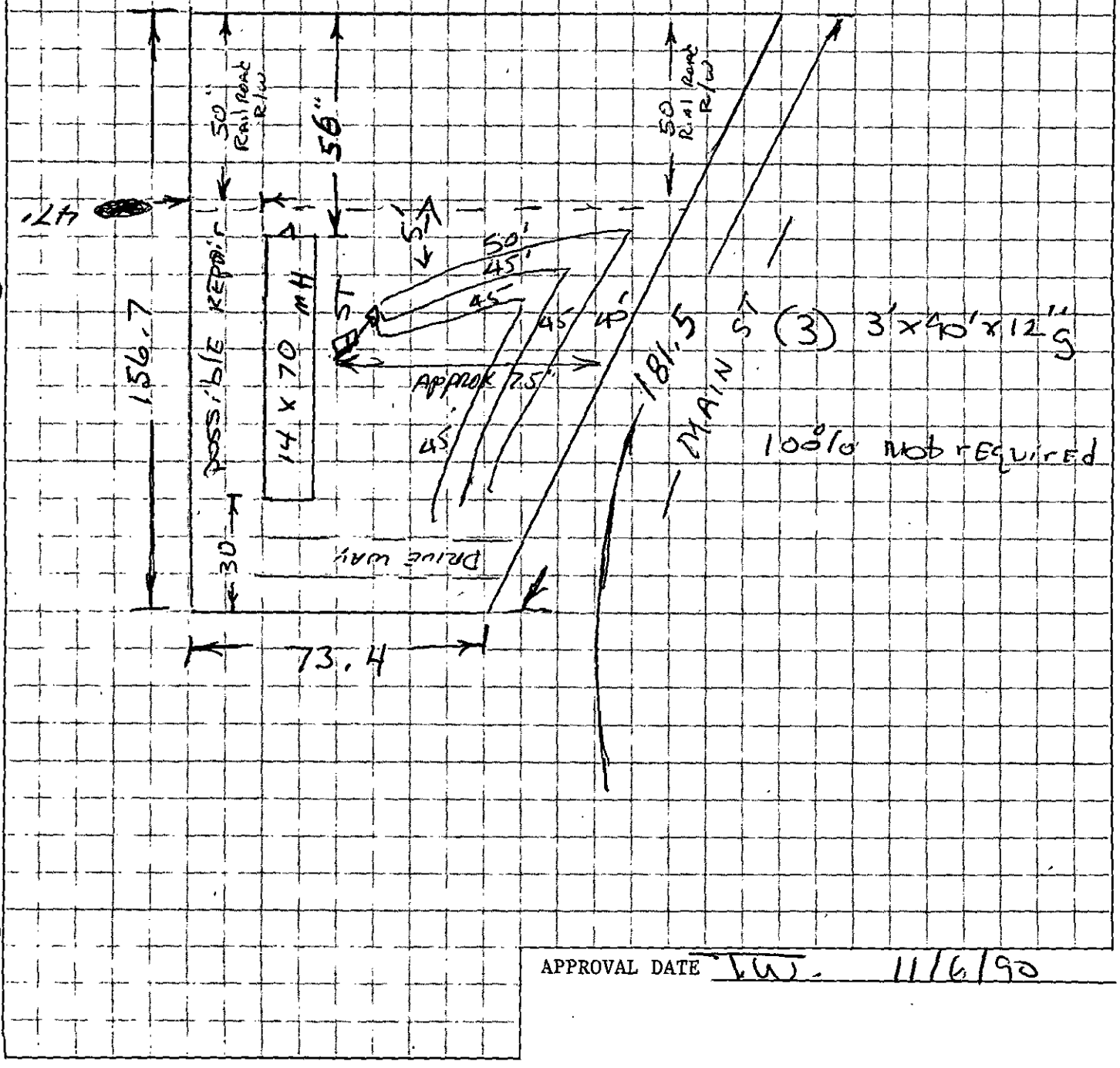
PROPOSED PLOT PLAN

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

FILE: 7077A

TC: 019-013-07

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 T.W. 11/6/90

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

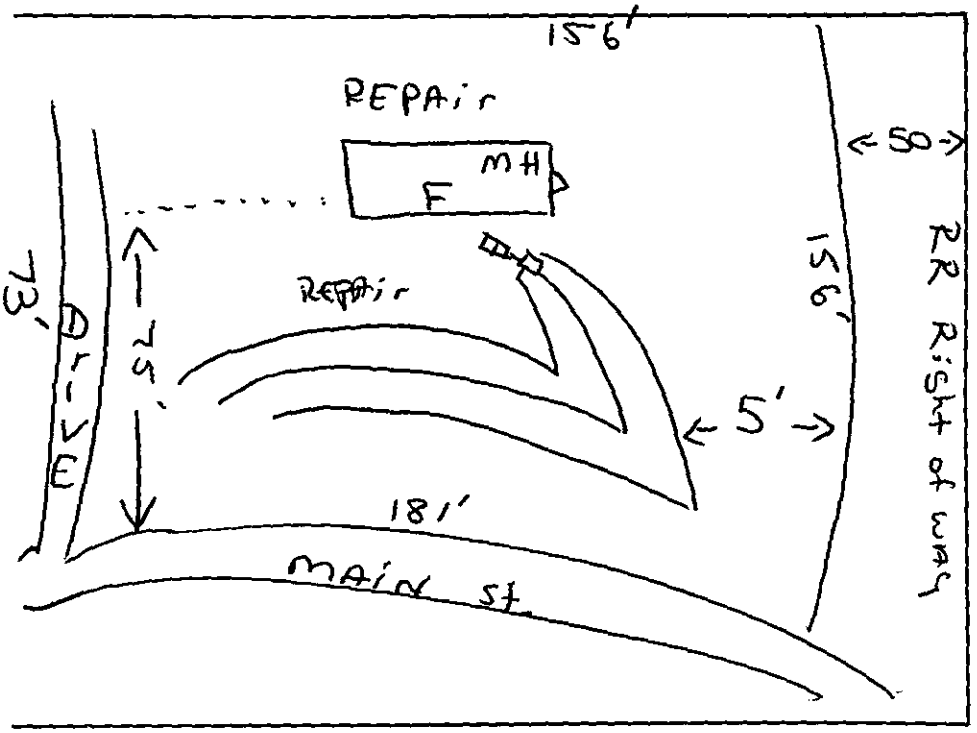
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7077-A DATE: 11/16/90

TC: 019 013 07 ~~Ø~~ L

SERIAL Nº 14877

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 11/6/90. All work shall be completed on or before 12/16/90, 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 1,500 gallons

Liquid Capacity of Dosing Tank \ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' CMUD feet

NAME OF OWNER JAMES McCALL

LOCATION OF PROPERTY 504 MAIN St.

Comments: 2 bedrm. (3) 3'x90'x12" g.s. 100% repair not required, possible repair noted.

Division or Section Head

Tim Whittaker, R.S.
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7077-A DATE: 11/16/90

TC: 019013 07 ☒ L ☒ CRT

SERIAL № 13620

Name of Owner JAMES McCALL Juris.:

Address of Property 504 MAIN ST.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, CON, 810 SFT, 12"g, CECIL/KE CTR# 74

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: 2 bedrm - (3) 3'x90'x12"g. S.

Tim Whittaker, R.S.
Environmentalist

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

$500
X3

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7077A

TC: 019-013-07

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 504 MAIN ST. HUNTERSVILLE NC

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: 07

⑤ PARCEL REFERENCE: BOOK NO.: 019 PAGE NO.: 013 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 3052 PAGE NO.: 189

OWNER

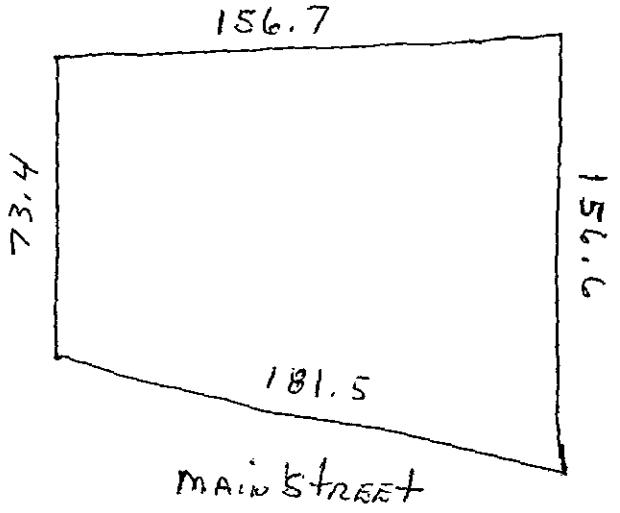
⑦ NAME: JAMES (FIRST) PAUL (MIDDLE) McCALL (LAST)

⑧ MAILING ADDRESS: P.O. BOX 59

⑨ CITY: HUNTERSVILLE ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) 596-5360 (HOME) 875-6863

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: James Paul McCall

Date: 10-1-90

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-1-90

Name/Company: James Paul McCall

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Agg. Soil Invest. .41 acre
504 Main St., Huntersville

TP: 019-03-07

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 1 1990

Fee $ 50.00

Check #5035
TP 50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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

DATE 9/21/90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Hunt

PARCEL NUMBER 019-013-07

ASSIGNED ADDRESS 504 Main St

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: Mobile Home 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: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

October 23rd, 1990

James Paul McCall
PO Box 59
Huntersville, NC 28078

RE: Property located at 504 Main Street /07
FILE: 7077A
PARCEL: 019-013-07

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 16757) 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,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16757

File:

Action 2

Parcel: 7077A
019-013-07

☒ PC

Location:

Subdivision: 504 Main Street

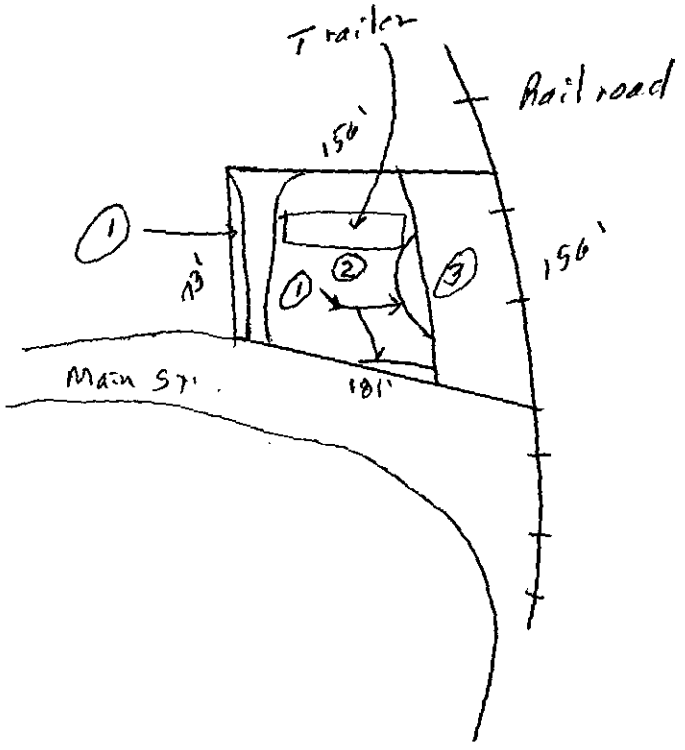
Lot: 107 Block: Acres: .41

Owner:
Address: James Paul McCall
PO Box 59
Huntersville, NC 28078

Comments: Railroad R/W approx 50' From center of Track
Trailer already on lot w/o permit

Described by: William R. Marlin

Date: 10-19-90



***** 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) Depression	(S) PS U 2-6%	S PS U —	S PS U	S PS U	S PS U
Texture	S PS U —	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U —	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS U —	S (PS) U >36" TO water	S PS U —	S PS U	S PS U	S PS U
Depth	S PS U —	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U —	S (PS) U >39"	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS U —	S PS (U) Restricted	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS (U) Railroad R/W	S PS U	S PS U	S PS U
Soil Group/Series	Depression	IV Cecil Silt	Railroad R/W			
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 16757

File:

Action Z

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres: .41

Owner:
Address:

Comments: _____

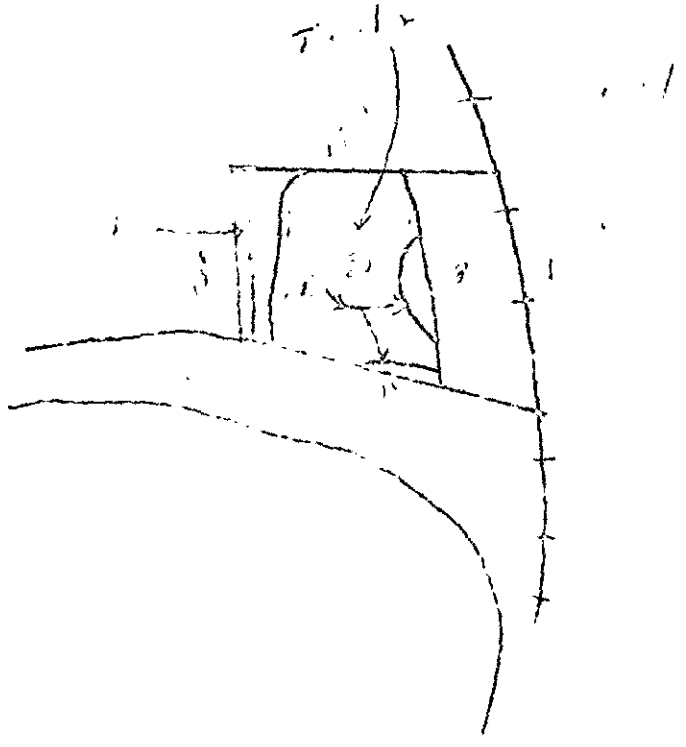
_____

_____

_____

Described by: _____

Date: _____



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	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	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U