

APPEARS TO BE PO PID 115-211-02, MINUTE MAN WAY
PROPERTY OWNED BY AIRPORT

7/14/08

marliwr

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

14733

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 ck # 1961 1/14/99 QK 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

Date:

PERSON FILING APPLICATION:
NAME: Carolinas Historic Aviation Commission (last) (first) (mi)
ADDRESS: 4108 Airport Dr PHONE: (704) 359-8442
CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 115-21 12A
STREET ADDRESS: 4108 Airport Dr.
ZONING:

PROPERTY OWNER:
NAME: City of Charlotte (last) (first) (mi)
ADDRESS: Charlotte Douglas Apt PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted] UXS for additional modular Bldg. [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

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 Museum # Employees Volentaers 12 Per Shift 1
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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):
[] 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: Charles F. Wagner Date: 1/14/99

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...Approval granted for a modular bldg. (Gift shop)

Use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo A. Walker RS. 2/4/99
Environmentalist Date

WATER : 122791

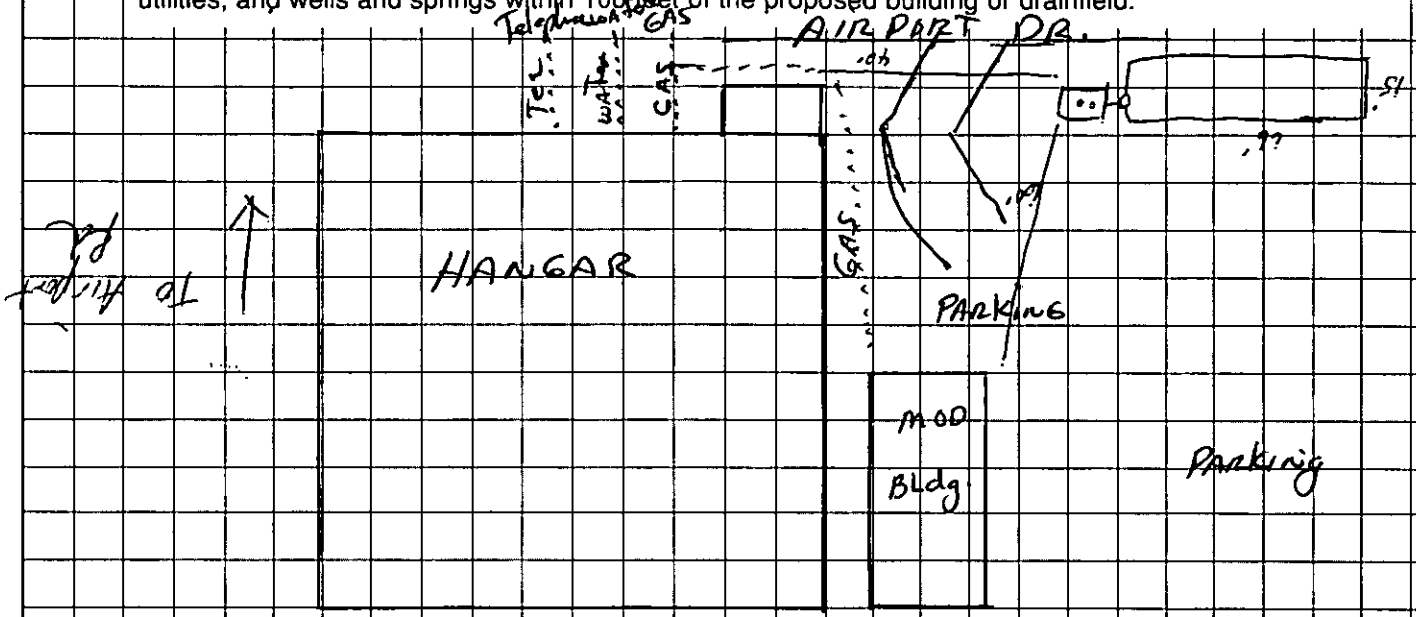
PROPOSED PLOT PLAN

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

FILE: 14733

TC: 115-211-~~6~~ 12A

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.



Charles F. Wagner
OWNER/AGENT SIGNATURE

DATE 1/14/99

APPROVAL DATE PSW appr 2/4/99

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

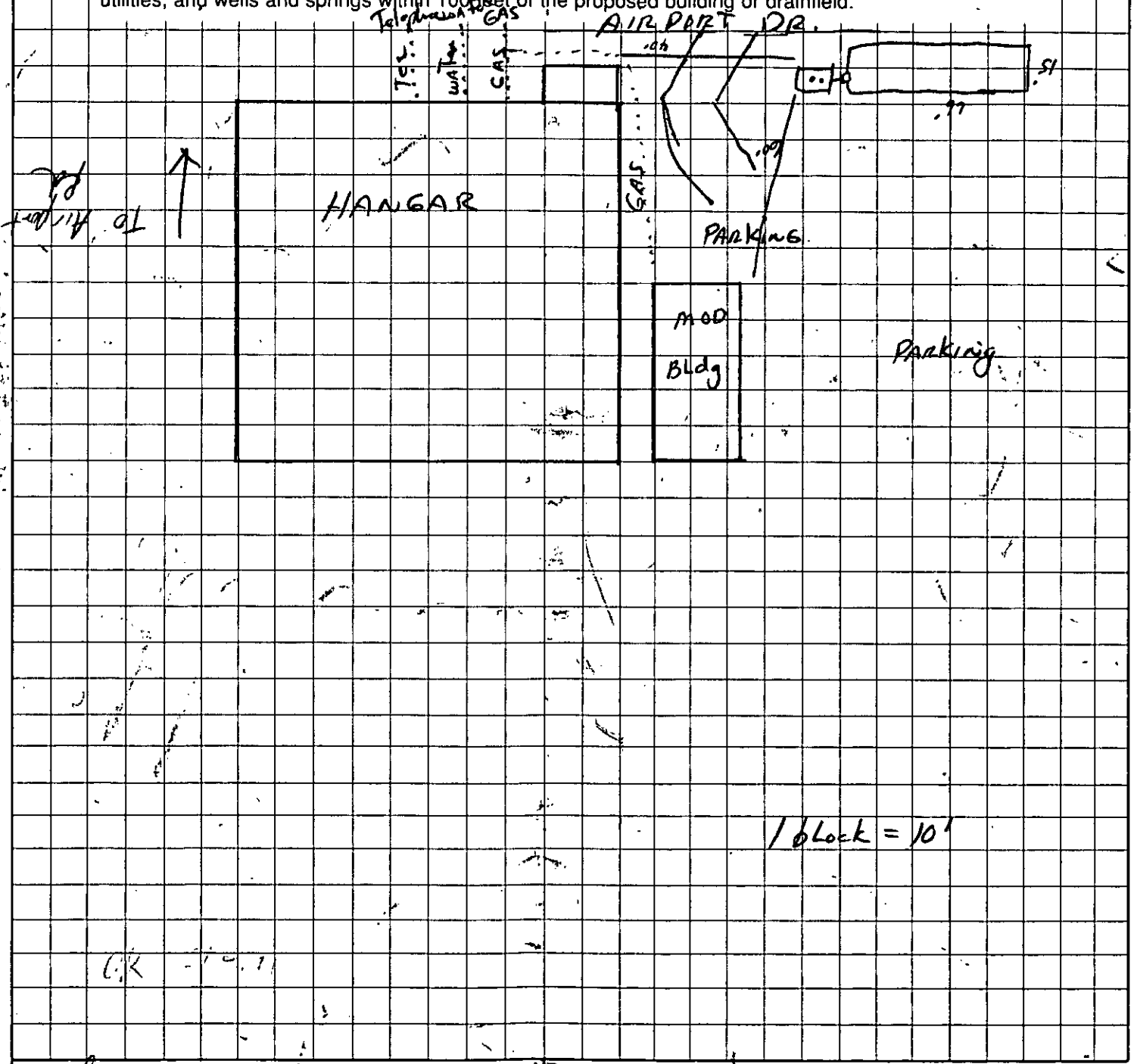
PROPOSED PLOT PLAN

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

FILE: 14733

TC: 115-211-[redacted] 12A

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.



Charles F. Wagner
OWNER/AGENT SIGNATURE

DATE 1/14/99

APPROVAL DATE PSW appr 2/4/99

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Serial No. 2697

Date Issued June 29

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner City of Charlotte Airport
(LAST FIRST MIDDLE)

Location of Property Douglas Municipal Airport (Closure Rd.)

Application Number _____ Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material precast

Total Length of Drain Tile 330 Number of Lines 5

Depth of Filter Material 17" + 6" sand Cover Depth 24"

Water Supply Source municipal Distance from Water Source —

Excavation Inspected — (DATE) Tank Inspected 6-1-79 (DATE)

Nitrification Field Inspected 6-1-79 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 15'X66'X17"-6" sand

John R. Atkisson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

AT 14953
PO115-211-03

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: City of Charlotte Airport Dept.
ADDRESS: P.O. Box 20066
COUNTY: Charlotte N.C. - 28214
LOCATION OF SITE: Douglas Municipal Airport off Runway Drive near Clarence Wagner

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 22.50 Ac.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-4% U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S mixed PS Fill U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S massive PS U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS Fill U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S PS See Note U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) 24" to ground water PS U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS slow to v. slow U	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	(U) unsuitable			
SOIL SERIES	Fill Area			

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments: Area appears to be dirt fill, but cannot rule out possibility of other materials being present

Described By: William R. Martin

Title: Soil Scientist Date: 11-16-76

DHS Form 2601 (2/77)
Sanitation

SEE INSTRUCTIONS ON BACK

Date Received 11/3/78

ICAR(S) Application No 14733

T. C. No. 11-311-

Map Date 5-23

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) X Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

SEE ATTACHED DRAWING

Mobile Home ____Yes X
Residence ____Yes X

4) No. of Bedrooms ____
5) Business Use — Max No Employees 9
6) Washing Machine X Yes ____
7) Garbage Disposal X Yes ____
8) Dishwasher X Yes ____
9) Water Supply:
A) Individual Well ____
B) Governmental System X
C) Community System:
1 Well source ____
2 Governmental source ____
10) Sewage System:
House located within 200 feet of public sewer ____Yes X
House located within 200 feet of community sewer ____Yes X
11) FHA Case No ____
12) VA Case No. ____

13) NAME OF OWNER CITY OF CHARLOTTE AIRPORT DEPT. (JERRY)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 270066 CHARLOTTE NC 282

15) PHONE NO Home ____ Office 374-2822

16) LOCATION OF SYSTEM DOUGLAS MUNICIPAL AIRPORT
STREET OR COUNTY ROAD

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? YES ____ NO DATE RUN

20) PTR NUMBER (See Instruction)

The undersigned person hereby agrees that he has read the foregoing application and that the co of some are true. It is understood that any permit applied for herein shall be void and of no effect if the above facts are not true.

R Gaskill
OWNER
FOR AIRPORT DEPT.

DATE OF APPLICATION

EHS-5-78

Environmental Health Department's Copy