

13900 THOMPSON RD

19510109

1/2/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

LX400

3336 B

f GRT

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: BOULOS (last) JADD (first) JOSEPH (mi)
ADDRESS: 2527-28 Grasspoint Cir PHONE: 704 5660861
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: BOULOS (last) JOSEPH (first) JADD (mi)
ADDRESS: 2527-28 Grasspoint Cir PHONE: 704 567-9038
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-101-09 RD
STREET ADDRESS: 13900 Thompson Street
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (O)
[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 (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 5 NUMBER OCCUPANTS: 5
SYSTEM CLASSIFICATION: No Basement Proposed

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):
[X] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [X] 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: [signature] Date: 12-01-94

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, issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septi an installation, Construction, Alterati approval is granted by this Department.

...This permit is not transferable.

...Approved for 5bedroom h
100% repair required Rus
Well 100' From propos
And designated repair f
No driveways or par
Drainfield Area & repair

DO NOT RELEASE WITHOUT SIGNATURE OF PLOT PLAN BY PROPERTY OWNER
TNewell, RS
12-16-94

ID 60 MONTHS FROM ISSUANCE
ROVAL - VALID 6 MONTHS FROM ISSUANCE
DVAL - VALID 1 YEAR FROM ISSUANCE

RJ. 12/7/94 Date

RS 12/12/94 Date

n Head

WATER : 12279

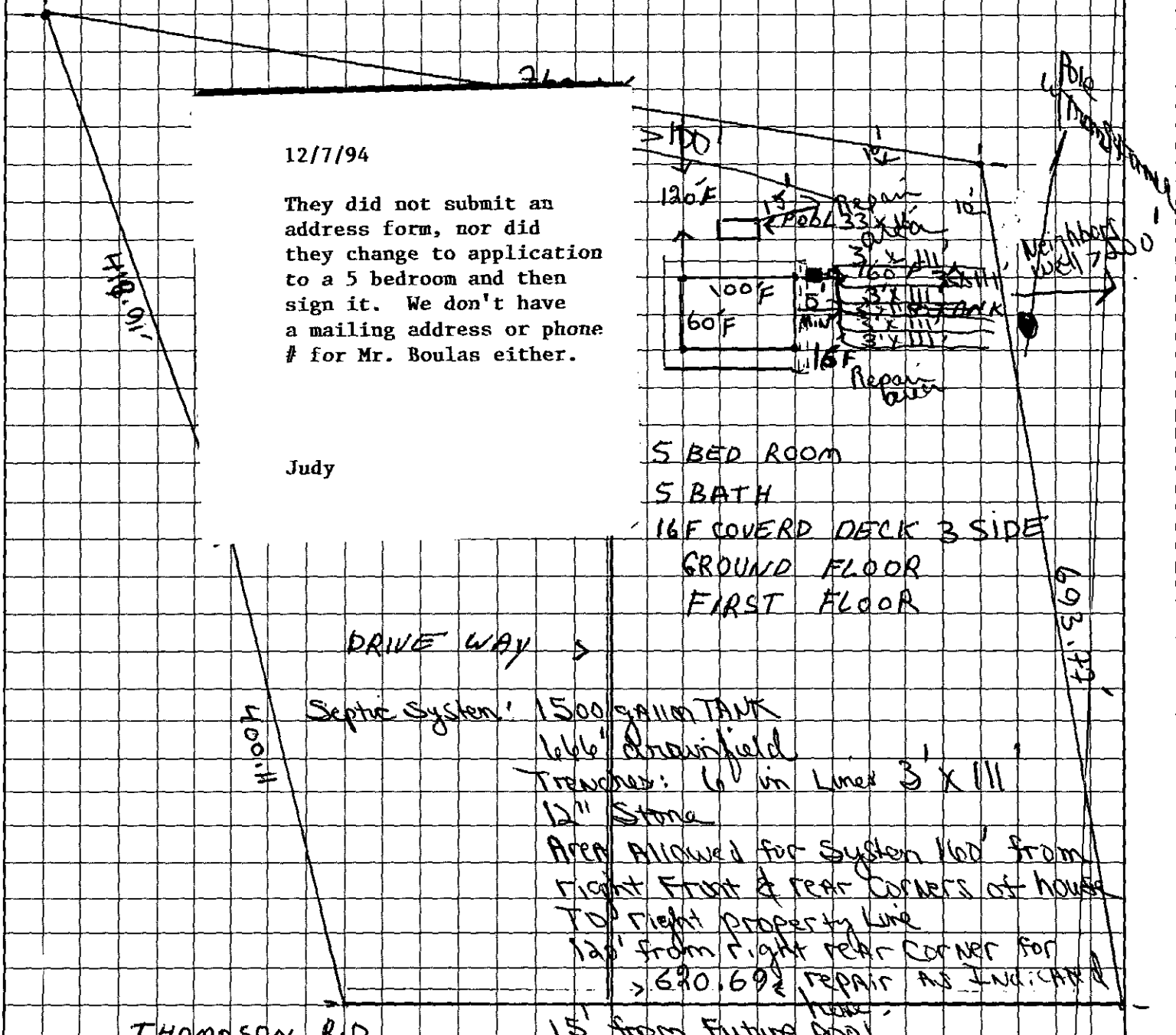
PROPOSED PLOT PLAN

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

FILE: 3336A

TC: _____

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 12/7/94 JK

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County
Health Department

The person filing the application, Jane Connors is the realtor representing the buyers. They wanted to know the soils were acceptable before they buy the acreage.

I met with Mr. Boulas's son on the lot to review the house layout and determine if a 5 bedroom home could be constructed. There is adequate space to install the system plus 100% repair.

I advised Mr. Boulas 's son that they would need to draw up a plot plan since this was not initially submitted and that they should review the application submitted by Mrs. Connors for details and make changes where appropriate. (she had submitted for a 4 bedroom home) Also, they need to get the house # from zoning submitted on a form to our office. He indicated to me that they would probably not start construction for a least a year but they would submit the plot plan, get the address form, and review the application and sign. I explained to him that there is no information for Mr. Boulas or mailing address, phone #, etc.

Judy Kiser

PROPOSED PLOT PLAN

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

FILE: 3336B

TC: _____

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.

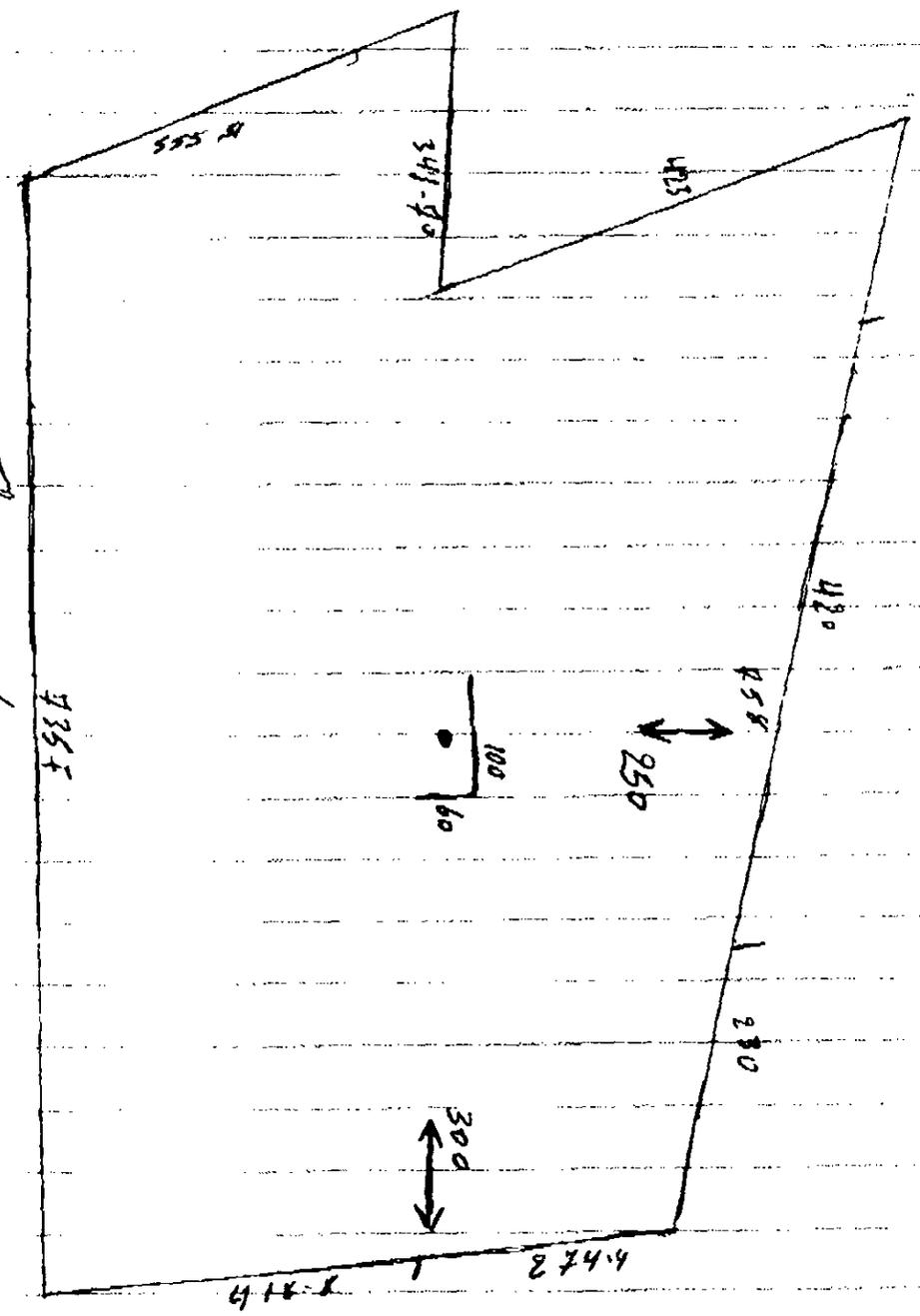
"SEE ATTACHED"

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy


555 M
341.95
425
Thornton St.
435'
100
100
250
420
420
300
274.4
4 Bedrooms
4 Bathrooms

Mecklenburg County
Health Department

M E M O R A N D U M

DATE: November 8, 1994

TO: File #3336B, Property located at Thompson Road, Tax Parcel # P. O. 195-101-09 (attached survey indicates 11.63 acres)

FROM: Judy J. Kiser, R.S.

I met on this site today with Mr. Boulas, a son of Joe Boulas to view the proposed house site which was staked and determine where a septic system could be located. An area was found (as determined by Bill Marlins' soil report) and a system area for a 5 bedroom home with repair area found.

There was no plot plan proposed for this site when the Improvement Permit was requested. Mr. Boulas stated his father wanted to know if he could develop the lot (which is 11.63 acres) before he completed the sale. He indicated his father would not be building for a year or so. He also indicated the lot might be subdivided down the road. I advised him that I was not giving him anything in writing today as we do require the plot plan in order to show the plans for the home, driveway, other buildings, septic system, well, etc. I also advised him the Improvement permit is currently valid for 60 months once it is complete and requested he submit the plot plan so that we might finalize the improvement permit. He indicated he would do so.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

PA #130 10/12/94 OK # 377

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

3336B

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: CONNORS (last) JANE (first) S (mi)
ADDRESS: 2901 PROVIDENCE RD PHONE: (704) 366-8791
CITY: CHARLOTTE STATE: NC ZIPCODE: 28211

Date: 10-10-94

PROPERTY OWNER:
NAME: NELSON (ET AL) HIERS (last) (first) (mi)
ADDRESS: 14036 THOMPSON RD PHONE: (__) 847-6801
CITY: CHAR STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-101-09
STREET ADDRESS: Thompson Rd
ZONING: RES

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ 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)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

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: Jane Connors Date: 10/10/94

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.

...

☒ 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

WATER : 122

File # 3336B

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: IMPROVEMENT PERMIT
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER_____ TAX NUMBER 195-01-709

PROPERTY ADDRESS 9.6 ACRES OF 14009 THOMPSON RD.

NAME OF ORIGINAL APPLICANT NELSON HIERS AGENT JANE CONNORS

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR_____

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

Tabby Nelson DATE 10/25/94
Jane Connors - Agent

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

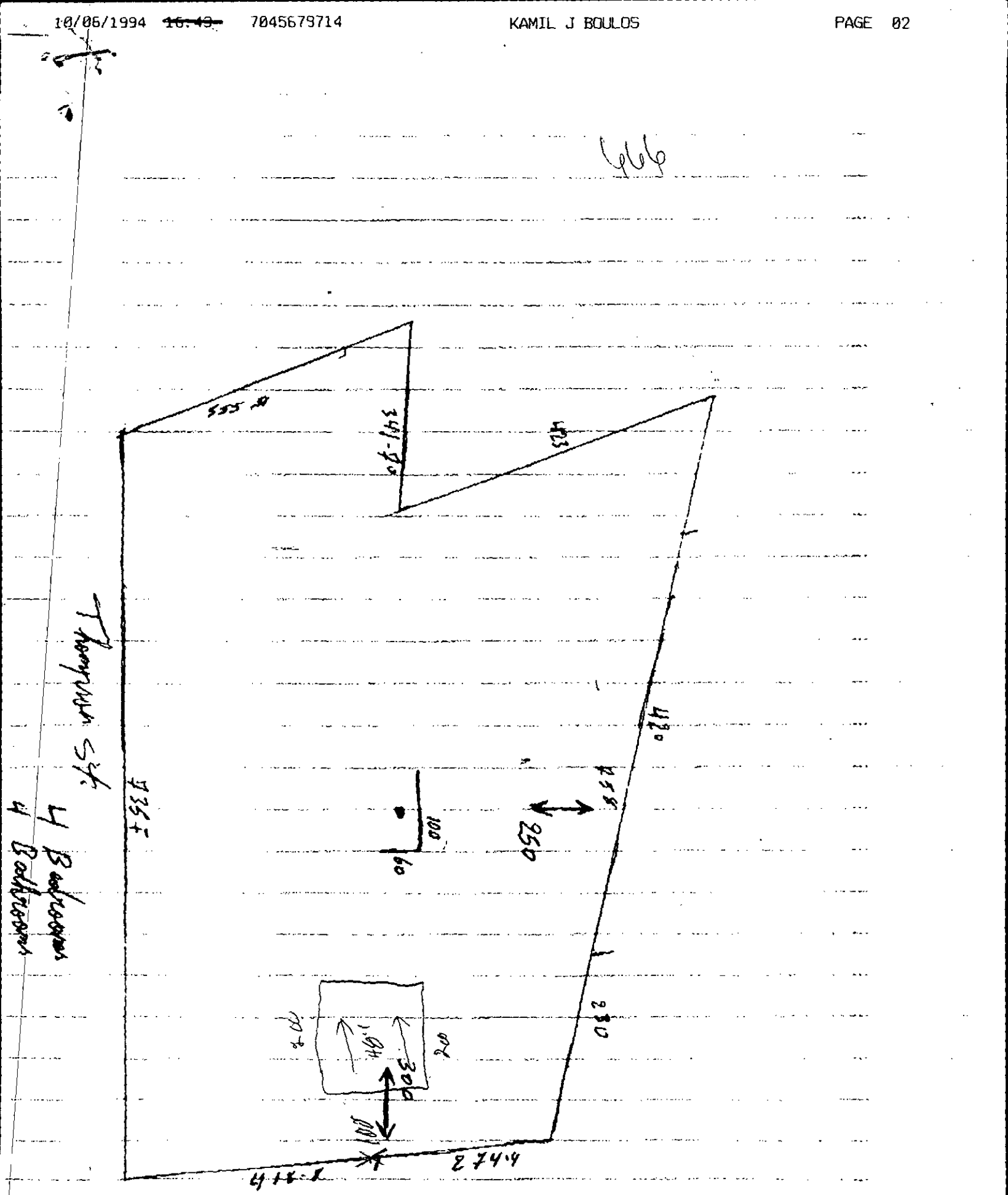
AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

_____ DATE_____

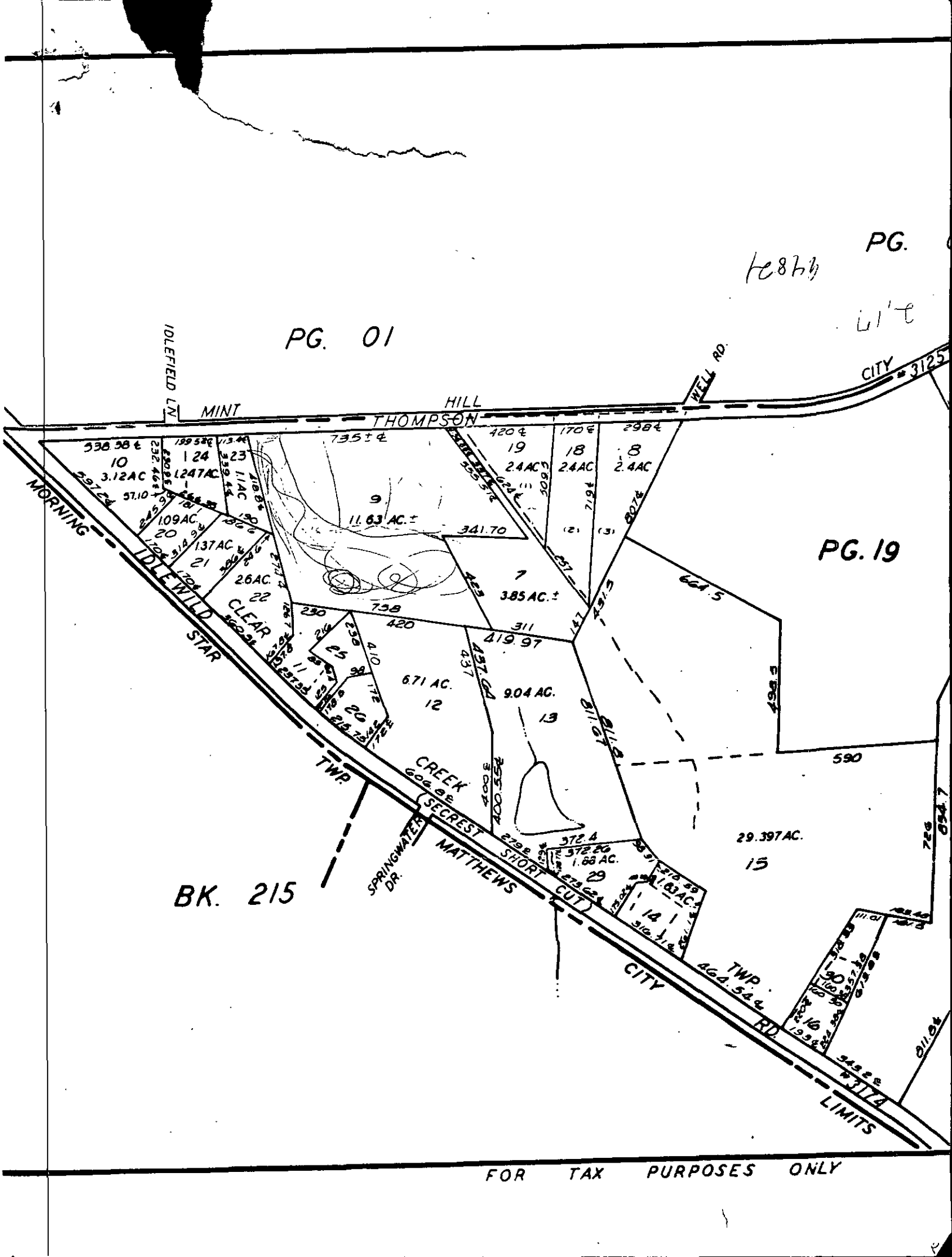
11/8

2527-28
Crosspoint Circle
Matthews
28105



DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy


PG.
PG. 01
IDLEFIELD LN
MINT
THOMPSON
HILL
WELL RD.
CITY
MORNING
IDLEWILD
STAR
CLEAR
CREEK
TWP.
SECREST
SHORT
MATTHEWS
CUT
SPRINGWATER DR.
CITY
TWP.
RD.
LIMITS
BK. 215
PG. 19
FOR TAX PURPOSES ONLY



1

TAX PARCEL INFORMATION

PARCEL # 195-101-09 001 ADDRESS THOMPSON RD
OWNERS NAME NELSON JAMES LAWRENCE (ET-AL) (BY WILL)
MAILING ADDR 14036 THOMPSON RD CHARLOTTE, N.C. 28227
LEGAL DESC 11.63AC THOMPSON RD

TAX LAND VALUE	157,010	ACRES	11.6	YEAR BUILT	0000
TAX BLDG VALUE	0	HEAT SF	0	ZONING R3	R3
TAX OBLDG VALUE	0	AUX SF	0	PRES USE	SINGLE FAMILY R
TAX TOTAL VALUE	157,010	TOT SF	0	FARM HISTORIC	1

	CURRENT SALE	PREVIOUS SALE	PREVIOUS SALE
SALE DATE	01/75	/	/
SALE PRICE	0	0	0
SOURCE	WD		
DEED BOOK/PAGE	1316 0226		

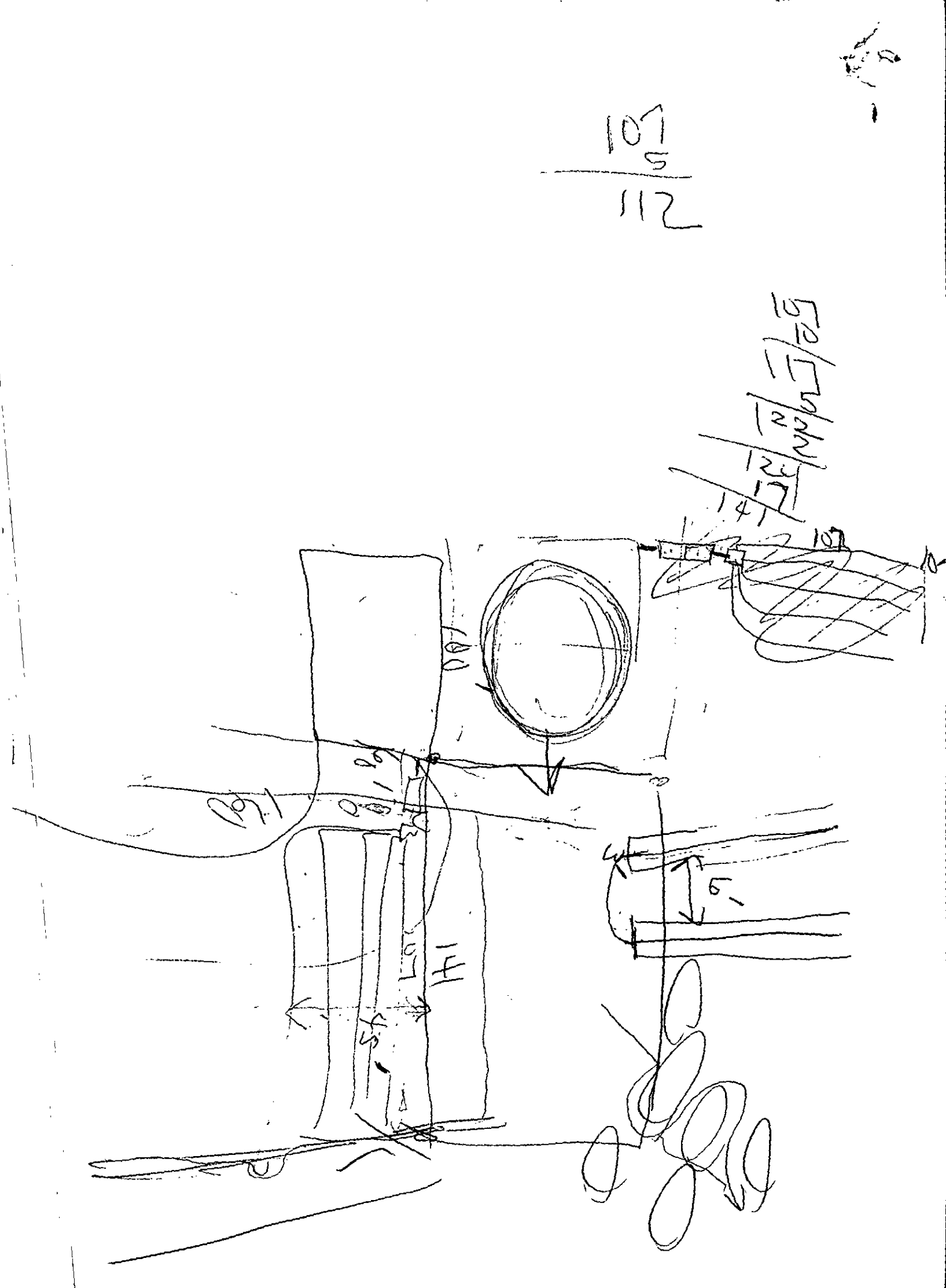
MUNICIPALITY	MECKLENBURG COU	RES BATH	0	A/C	RESTROOMS 0
TOWNSHIP	CLEAR CREEK	RES HBATH		HEAT	FLOORS
SPECIAL TAX		RES BDRM	0	FUEL	APT UNITS 000
FIRE DISTRICT	IDLEWILD	FIRE PLACE			

TAX PARCEL INFORMATION

PARCEL # 195-101-09 001 ADDRESS THOMPSON RD

BLDG SF	BLDG SF	STRUCTURAL ELEMENTS
0	0	STYLE
0	0	EXTERIOR WALL
0	0	EXTERIOR WALL
0	0	ROOFING STRUCTURE
0	0	ROOFING COVER
0	0	INTERIOR WALL
0	0	INTERIOR WALL
0	* DENOTES HTAR	FLOORING
		FLOORING

THIS INFORMATION MAY BE SUBJECT TO ERRORS AND SHOULD BE VERIFIED BY THE USER.


107
5
112
10
11
12
13
14
107
6
F

3334B

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

DATE: 12-7-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 195-101-09

ASSIGNED ADDRESS 13900 Thompson Rd

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: _____

_____

_____

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 DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20491

File: 3336 B 2400 Action 1

Parcel: PO 195-101-09 ☐ PC

Location: Thompson Road

Subdivision:

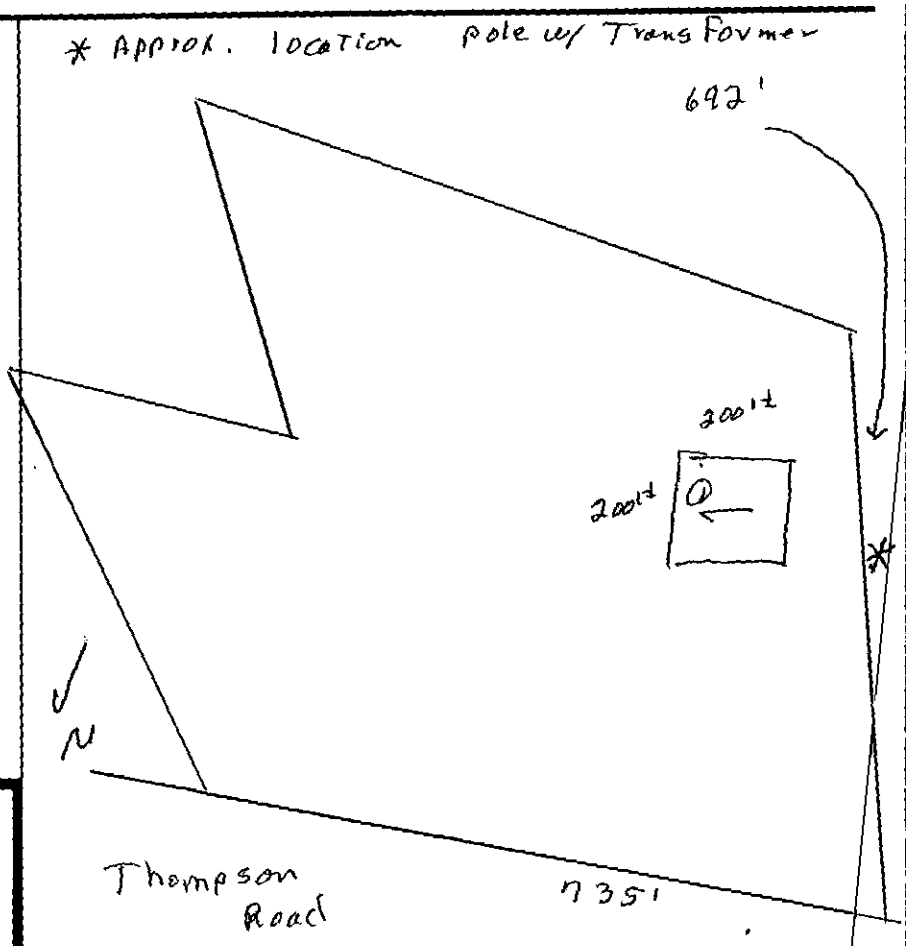
Lot: Block: Acres: Approx. 1.0

Owner: Nelson (Et Al) Heirs
Address: 14036 Thompson Rd
Charlotte, N.C. 28227

Comments: .3 gal/ ft²/ day LTAR
not sure if 100% Repair
area is required

Described by: William R. Marks

Date: 10-20-94



***** 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	S PS U	S PS U	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 Blocky sub a	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U To soil 74gal Moisture	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U > 48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	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	III Cecil Lille					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U