

3510 ORIOLE PL

12/19/2007

duponbj

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

935B/8807A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#8589 $80.00 3/29/93 [] 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: SAME

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 027-122-15 PE

STREET ADDRESS: [redacted] ORIOLE PLACE

ZONING: _____

PROPERTY OWNER:

NAME: LOWERY (last) DORIS (first) W (mi)

ADDRESS: 11980 FLOWES STORE Rd PHONE: (704) 888 4416

CITY: MIDLAND STATE: NC ZIPCODE: 28107

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

TYPE APPLICATION (check one):

LOT NUMBER: 33 LOT SIZE (in acres):

[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 (K)
[] 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: Mr. & Mrs Richard Lowery Date: 3-29-93

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

LOT #33

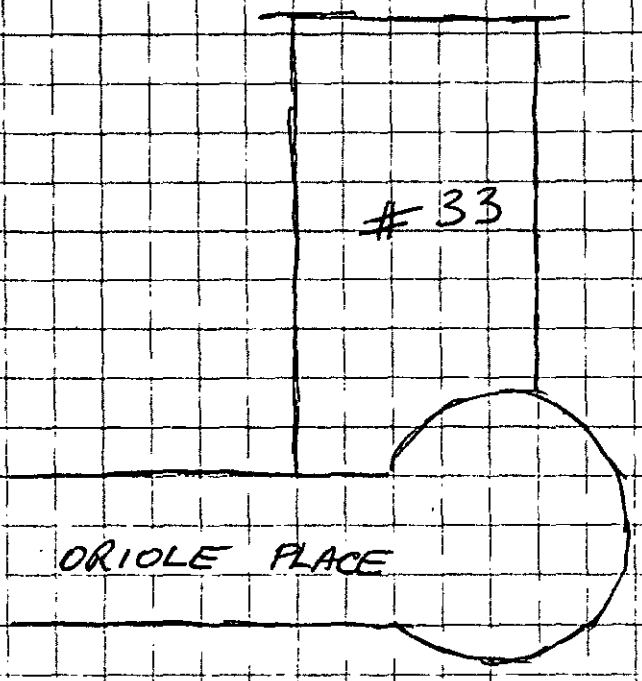
PROPOSED PLOT PLAN

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

FILE: 935B1880A

TC: 027-122-15

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 _____

LOT #33

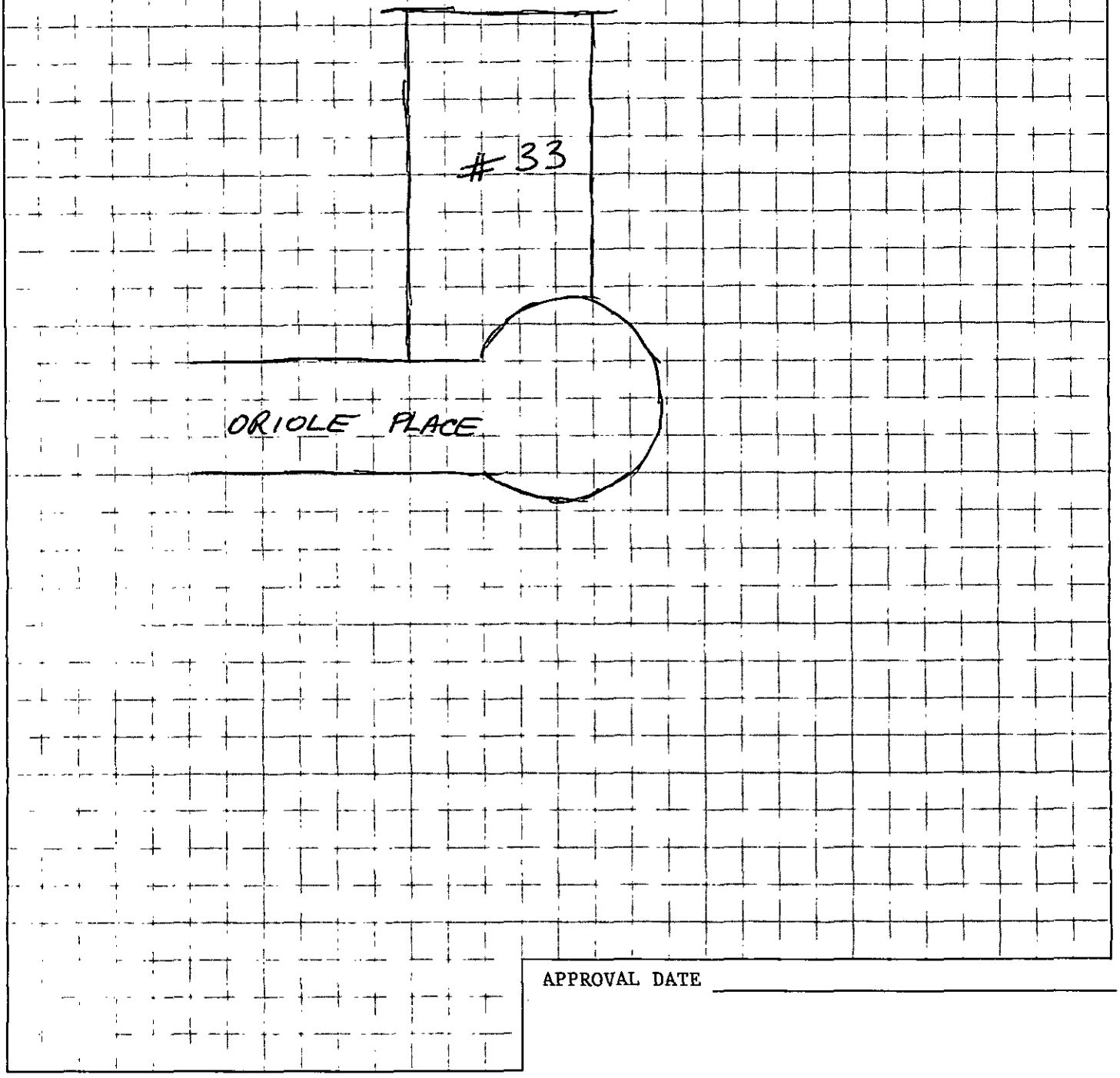
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White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

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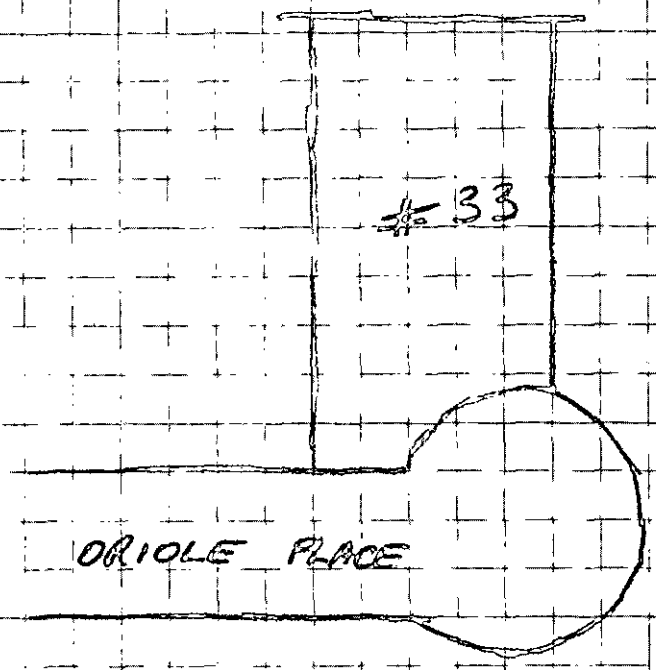
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700 NORTH TRYON STREET
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FILE: 935B1588HA

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Mecklenburg County

Health Department

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

April 19, 1993

Ms. Doris W. Lowery
11980 Flowes Store Road
Midland, NC 28107

Re: Property located at Oriole Place
File: 935B/8807A
Parcel: 027-122-15

Dear Mr. Lowery:

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 No. 19305) is enclosed for your information.

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 .1957 (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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19305

File: 9358/8809A Action 2

Parcel: 027-122-15 ☐ PC

Location: Oriole Place

Subdivision:

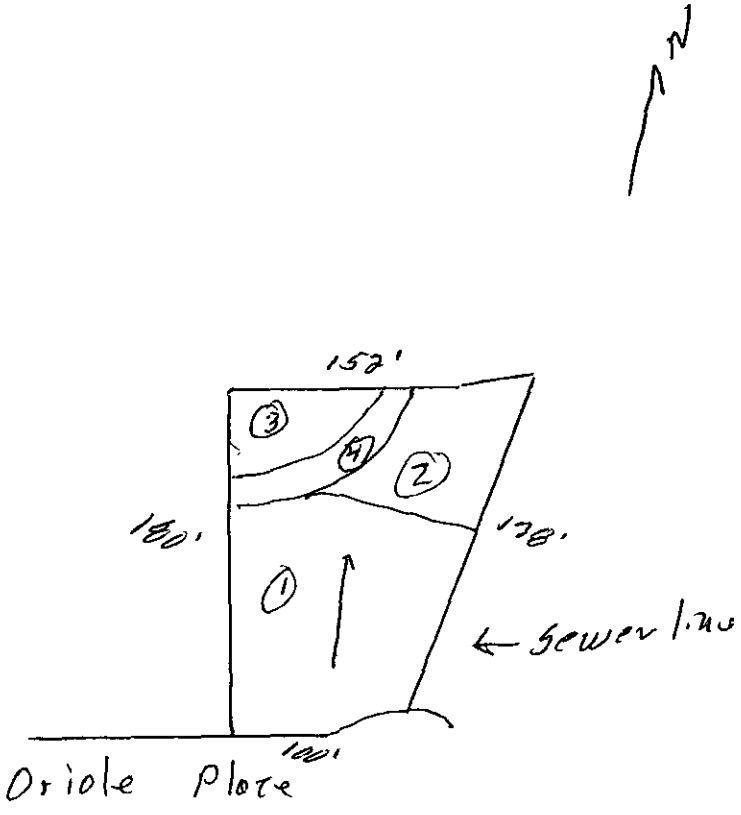
Lot: 33 Block: Acres: .51

Owner: Doris W. Towery
Address: 11980 Flower Store Rd
Mallard, N.C. 28107

Comments: 3 gal/ft²/day LTAR
sewer on adjacent lot
Areas 1&2 have some mixed
Mineralogy in saprolite

Described by: William R. McMahon

Date: 4/5/93



*** 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 2-8%	S PS U —	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S (PS) U clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S (PS) U Sub Blocky	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U 7½" TO water	S (PS) U 7½"	S PS U	S PS U —	S PS U	S PS U
Depth	S (PS) U 36-39"	S PS (U) 30"	S PS U	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 7½"	S (PS) U 7½"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	S PS U	S PS U —	S PS U	S PS U
Other (specify)	S PS U See Note	S PS U See Note	S PS (U) Rocky Area	S PS U	S PS U	S PS U
Soil Group/Series	IIe Cecil-Urban	IIe Pacolet-Urban	Rocky Area	Depression		
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 19305

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

Described by: _____

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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
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COPY

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(last) (first) (mi)
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Date:

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WWATER : 122791

LOT #33

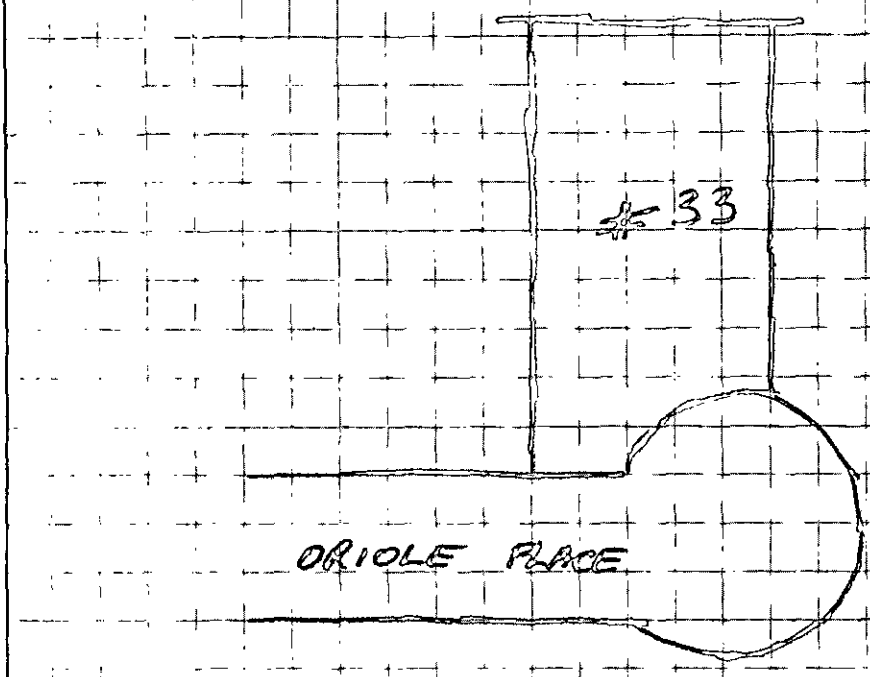
PROPOSED PLOT PLAN

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

FILE: 9358188801A

TC: 027-122-15

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#1 0-2" loam Bt-Bw
2-20 -SCL
20+ Saprolite

#2 0-8 /
8-12 C
12+36 Saprolite / Mica

#3 0-2 /
2-16 C/
16-36" C

#4 0-1 /
1-6 Z/
6-46 Z/

#5 0-2 /
2-30 Cl
30-31" S - Micaceous

APPROVAL DATE _____

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

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 3-25-93 Parcel: _____ <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: G.T. Chen via Kelly R Phone 5575 5521

Address D&M - Mooresville City _____ Zip _____

PROPERTY CONCERNED: Facility Name 663-1699

Address 4418 Meridian Dr. City _____ Zip _____

SERVICE REQUESTED: check well distances to existing sewer line. draw map

ASSIGNED TO: Phil Walker TAKEN BY: Kelly

DATE	ACTIVITY REPORT
	0
3/25/93	old well located 24' from Road
	New well located 27' from road
C 3/25/93	3/25/93

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal (Kelly Randal) ( ) Not Applicable

COMPLETED BY: Philo S. Walker

REVIEWED BY: _____