


16220 MARVIN RD

22353118

1/3/2008

duponbj

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

Mecklenburg County
Health Department

April 5, 1994

Mr. Ralph W. Rea
6913 Elm Lane
Matthews, NC 28105

Re: Marvin Road Tract C
File: 3493B
Parcel: 223-081-10

Dear Mr. Rea:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A.1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1940 Topography and Landscape Position - drainageway
(b) .1941 Soil Characteristics - expansive clay
(c) .1942 Soil wetness conditions: 10 - 21"
(d) .1943 Soil depth: 10 - 24"

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955,.1956,or.1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, not-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the Sate Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

You may wish to contact the Charlotte-Mecklenburg Utility Department at 399-2551 to inquire about the possibility of municipal sewer service.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., L.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist

# Mecklenburg County
Health Department

4-4-94

~~September 20, 1994~~

~~Mr. James Dickinson~~
~~6921 Loretta Place~~
~~Charlotte, NC 28215~~

Ralph W. Rea
6913 Elm Lane
Matthews, N.C. 28105

Re: ~~Norman Colony Road~~ Irwin Road Tract C
File: ~~16008~~ 34938
Parcel: ~~001-134-~~16 223-681-310

Dear Mr. Dickinson:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A.1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

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(b) .~~1945 Available Space~~ .1943 Soil depth - 10-24"

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H[illegible] d as UNSUITABLE
m[illegible] pecifically identified
in[illegible] Rule .1969 if written
d[illegible] dies, indicates to the
k[illegible] satisfactorily. Such
s[illegible] al health department
d[illegible]

.1940 Topography and landscape position - drainageway
.1941 soil characteristics - expansive clay
.1942 soil wetness condition - drainage mottles 10-21"
.1943 soil depth - 10-24"

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discharged to surface
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If you have any questions concerning this matter, please contact me at 336-~~5569~~. 55-68

Sincerely,

#42

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist
~~Mr. Randy Lee, property owner~~

3493D

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

150.00 CK # 3/22/95 ☐ 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:**

NAME: JONES (last) JOHN (first) E. JR. (mi)

ADDRESS: 10 SOUTHERN PL PHONE: 889 891-0586 local

CITY: Lake Wylie, S. Car STATE: ZIPCODE: 29710

Date: 3/22/95

**PROPERTY OWNER:**

NAME: RALPH W. REA (last) (first) (mi)

ADDRESS: 6913 ELM LANE PHONE: (__) 552-2272

CITY: Matthews STATE: NC ZIPCODE: 28105

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 22308110 P.O.

STREET ADDRESS: 11220 Marvin Rd.

TRACT C. 5.009 Acres

ZONING: Residential —

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☒ 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 (X)
☐ 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: 4 NUMBER OCCUPANTS: 4

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 upon the property for the purpose of processing this request.

Signed: [signature] Date: 3/22/95

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

WATER : 22791

# PROPOSED PLOT PLAN

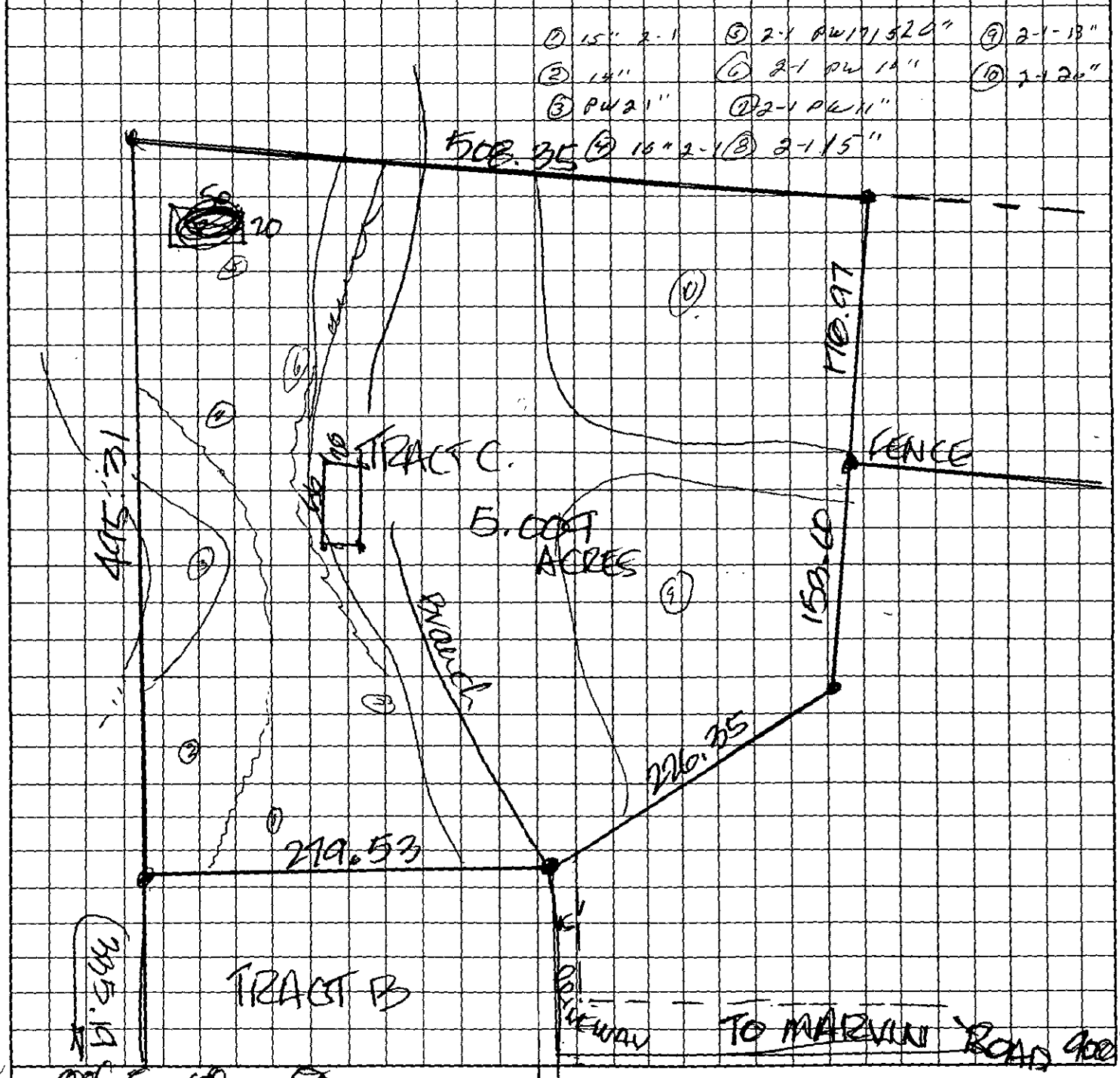
TRACT C

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5132

FILE: ~~2251-A~~ 3493B

TC: 2230811O P.O.
TRACT C.

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 3/22/95

APPROVAL DATE _____

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

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 028529

File: Action

Parcel: ☐ PC

Location:

Subdivision:

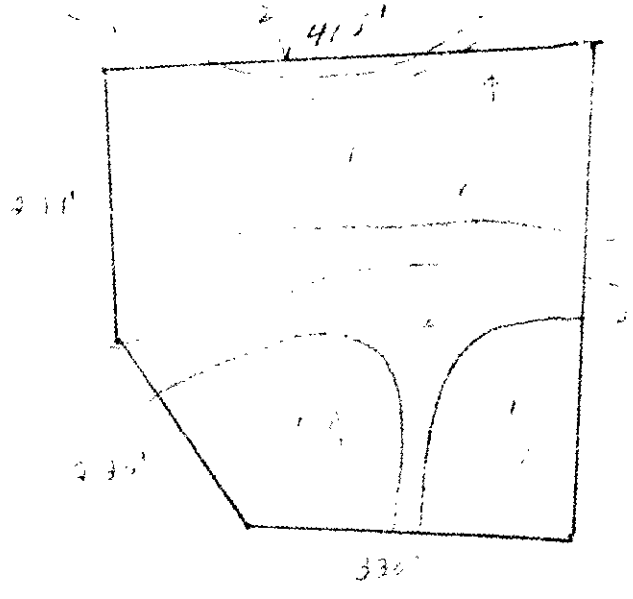
Lot: Block: Acres:

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 |

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 028529

File: 3 4938 Addition Action 3

Parcel: PO 223-081-10 ☐ PC

Location: 88 Marvin Road

Subdivision:

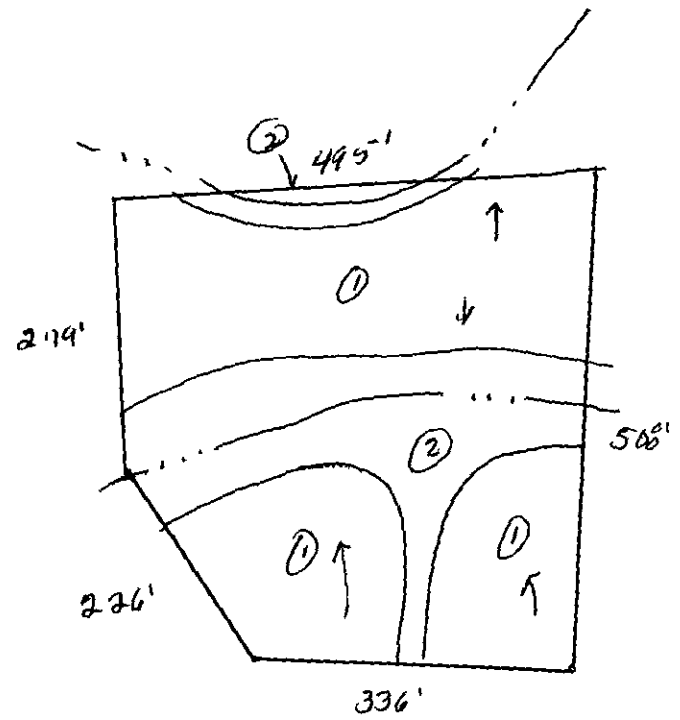
Lot: Tract C Block: Acres: 5.0

Owner: Ralph W. Rea
Address: 6913 Elm Lane
Matthews, N.C. 28105

Comments: Lot 6 Ryan

Described by: William A. Marlin

Date: 4-3-95




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

To Marvin Road ↓

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 6-15% | S PS (U) Drainageway/Depression | S PS U | S PS U | S PS U | S PS U |
| Texture | S PS (U) Expansive clay | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S PS (U) soil Wetness 10-21" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS (U) 10-24" | 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 | 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 | Series Not Determined | Drainageway/Depression | | | | |
| Area Classification | S PS (U) | S PS (U) | S PS U | S PS U | S PS U | S PS U |

3/94B

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

Pd 150 JH 0713 3/22/95 DA ☐ 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:**
NAME: JONES (last) John (first) E., Jr. (mi)
ADDRESS: 10 Southern Pt. PHONE: (__) _____
CITY: Lake Wylie STATE: SC ZIPCODE: 29710

Date: 3/22/95

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**
TAX/PARCEL NUMBER: 22300110 P.O.
STREET ADDRESS: ~~#2220~~ Marvin Rd.
TRACT FR 15.006
ZONING: ~~R-20~~ Residential

**PROPERTY OWNER:**
NAME: Rea, Ralph Wade (last) (first) (mi)
ADDRESS: 6913 ELM LANE PHONE: (__) 552-2272
CITY: Matthews STATE: NC ZIPCODE: ~~28105~~

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
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☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

**COMMERCIAL/INDUSTRIAL PROPERTY:**
Type Business _____ # Employees NOT APPLICABLE
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)
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**FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):**
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Signed: Ralph Wade Rea Date: 3/22/95

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...This permit is not transferable.

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☐ 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 - 12/91

# PROPOSED PLOT PLAN

TRACT B

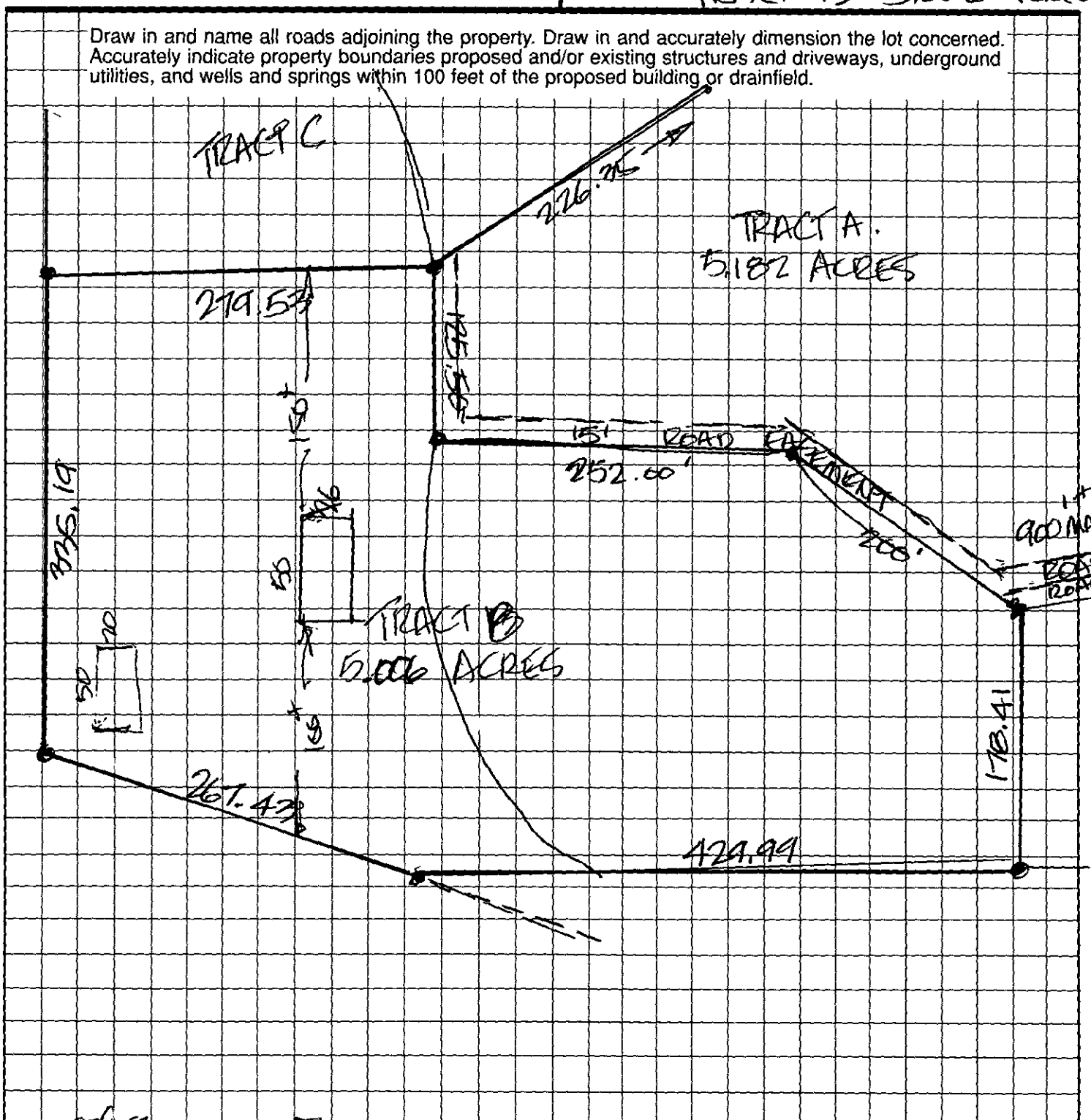
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: ~~2251 A~~ 3494B

TC: 2230811O P.O.

TRACT B 5.006 ACRES

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OWNER/AGENT SIGNATURE

DATE 3/22/95

APPROVAL DATE _____

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