


12/18/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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PO 04

# Mecklenburg County
## Health Department

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

September 17, 1992

Ms. Dorothy Cochran
15110 Hubbard Road
Davidson, NC 28078

RE: Property located on Pump Station Road
FILE: 603B/8474A
PARCEL: 023-101-04 PO

Dear Ms. Cochran:

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 property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12810) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
KR/wpg

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12810

File: 6031/8414A Action 1

Parcel: PO 023-101-04 ☐ PC

Location: Pump Station Road

Subdivision:

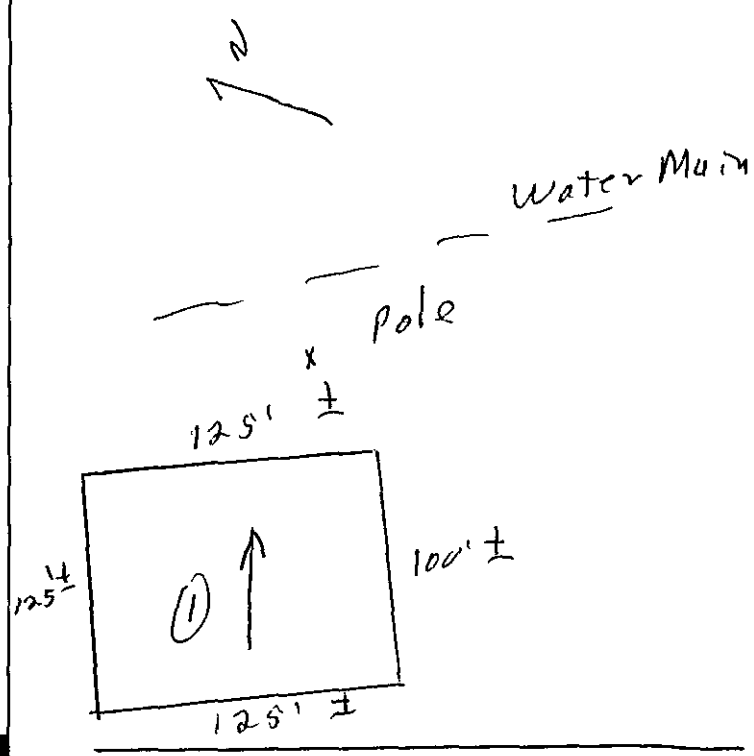
Lot: Block: Acres: .29

Owner: Dorothy Cochran
Address: 15110 Hubbard Road
Davidson, N.C. 28036

Comments: 100% Repair
.3 gal/FT2/day LTAR
additional area maybe
available

Described by: William A. Marsh

Date: 9-17-92




***** 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 6-10% | 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 subangular blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Drainage** | S (PS) U >36" Perch | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Depth** | S (PS) U >36" | 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** | LL Cecil/Urban | | | | | |
| ***Area Classification*** | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12810

File: [illegible] Action 1

Parcel: [illegible] ☐ PC

Location: [illegible] Road

Subdivision:

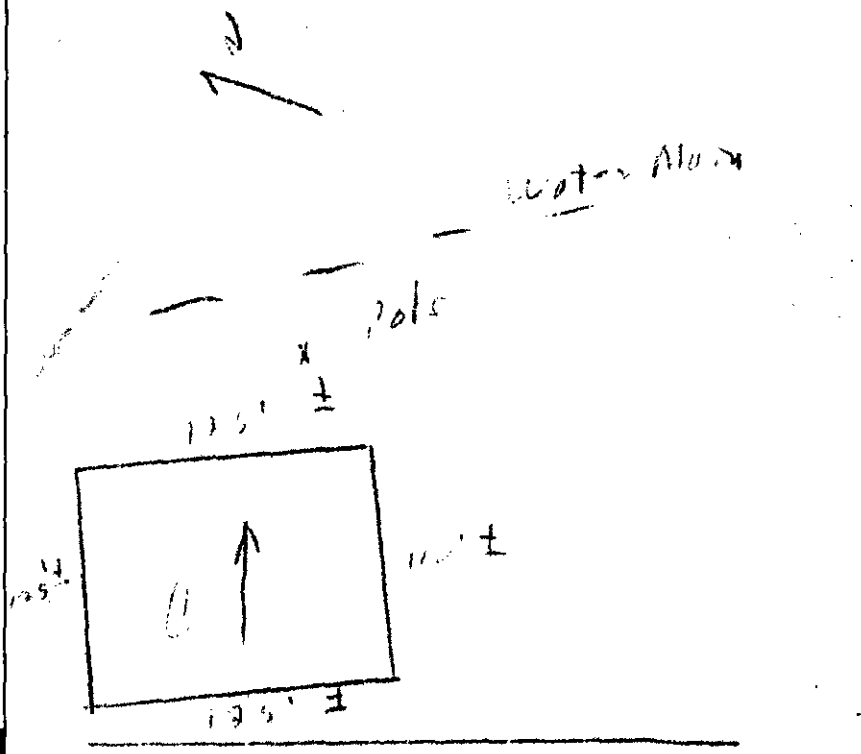
Lot: Block: Acres: 1/

Owner: [illegible]
Address: [illegible]

Comments: [illegible]
3 gal/ft² clay LTAR
additional area would be available

Described by: [illegible]

Date: 1-1992




***** 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 |
|---|---|---|---|---|---|---|
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| 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 subangular blky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" wet. | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | 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 | IV Cecil/Lloyd | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

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

003B/8474A

pd # 50 8-27-92 Pek

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Kal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

DRAFT

Date:

PERSON FILING APPLICATION:
NAME: Davis (last) Gene (first) R. (mi)
ADDRESS: 8337 Koncroft Dr PHONE: (704) 547 1125
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY OWNER:
NAME: Cochran (last) Dorothy (first) J. (mi)
ADDRESS: 15710 Hubbard Rd PHONE: (704) 892-4677
CITY: Davidson, N.C. STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-101-04
STREET ADDRESS: Pump Station Rd.
ZONING: Rural

SUBDIVISION OR MOBILE HOME PARK NAME: None

Township (check one):
[X] 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):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[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 (M)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (2)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION: Standard

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: Gene R. Davis Date: 8-27-92

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 : 122791

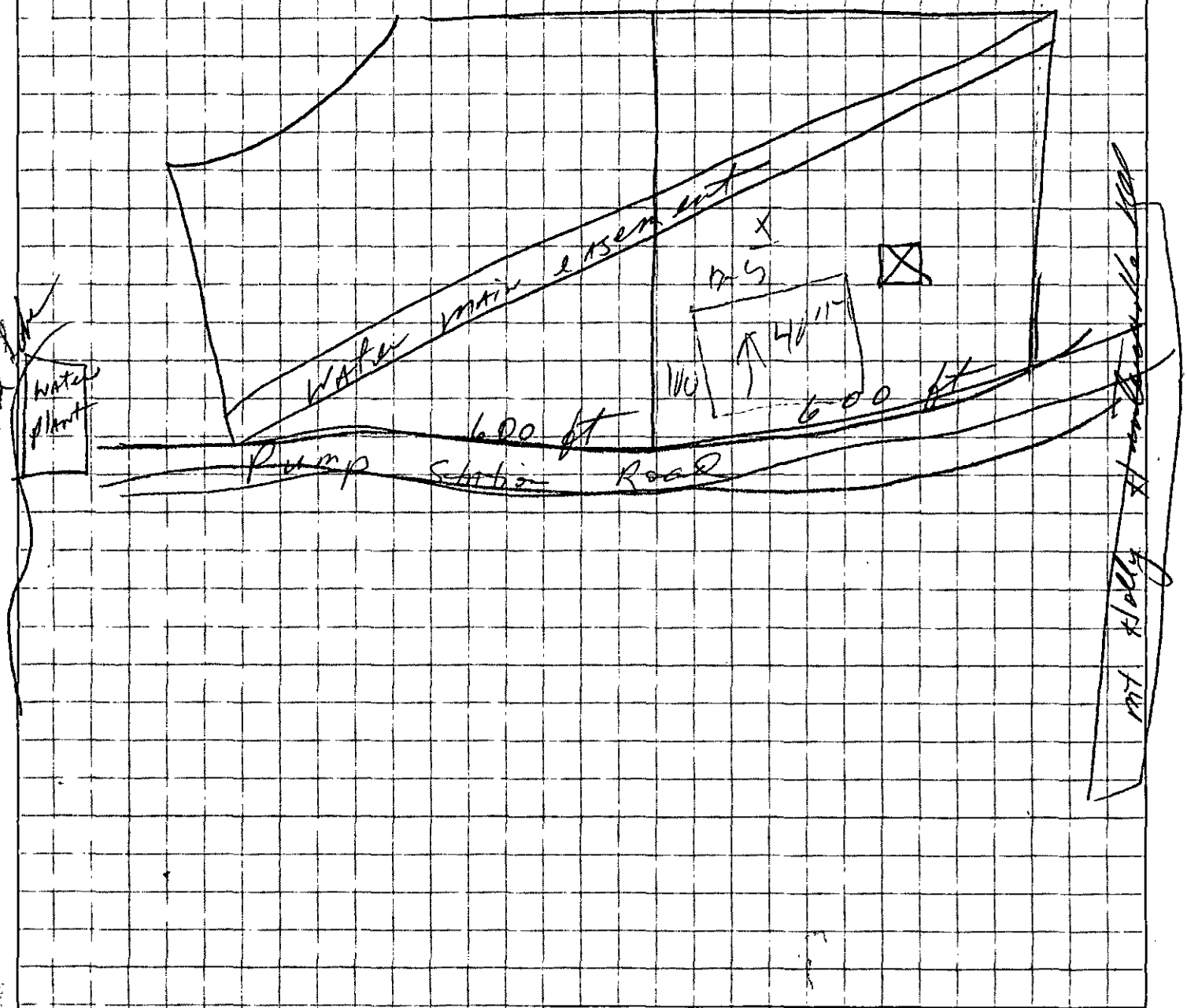
# PROPOSED PLOT PLAN

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

FILE: 603B/8474A

TC: D23101-04PO

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 _____

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

603B/8474A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

pd #50 8-27-92 PEK

[] CRT

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Environmental Health Division
c/o Kai Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Davis (last) Gene (first) R. (mi)

ADDRESS: 8337 Honeycutt Dr PHONE: (704) 547 1120

CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

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NAME: Cochran (last) Dorothy (first) J (mi)

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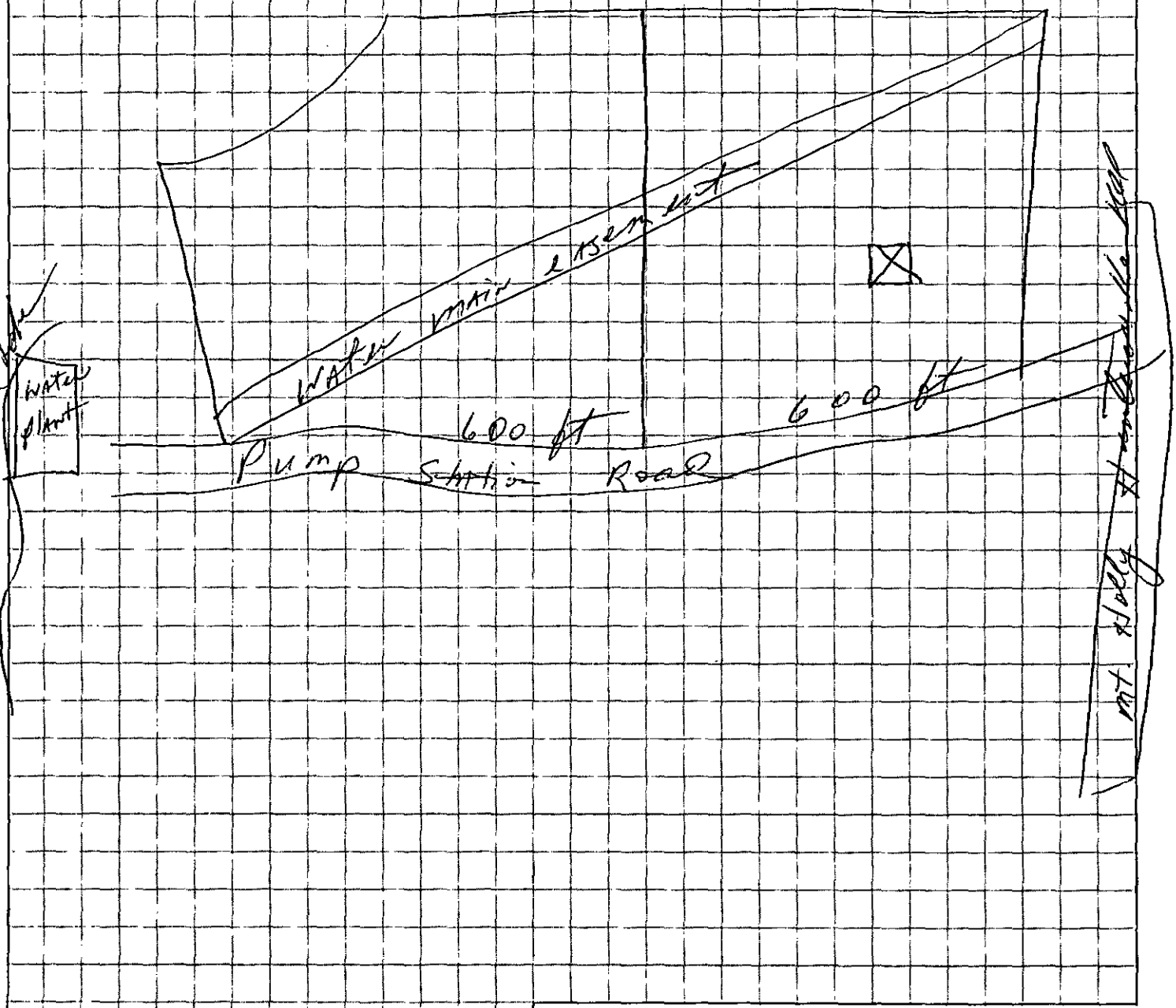
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