

13800 E ROCKY RIVER RD

00727109

12/18/2007

duponbj

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

Paid $10 2/22/02 AC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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 5178

Date: 2-22-02

PERSON FILING APPLICATION:

NAME: Brown Jr (last) Smiley (first) W. (mi)

ADDRESS: 13800 E Rocky River Rd PHONE: (704) 896-2527

CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007.271.09

STREET ADDRESS: _____

ZONING: _____

PROPERTY OWNER:

NAME: Brown Jr (last) Smiley (first) W. (mi)

ADDRESS: 13800 E. Rocky River Rd PHONE: (704) 896-2527

CITY: Davidson STATE: NC ZIPCODE: 28036

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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: 2 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION: Septic Tank

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):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Smiley W. Brown Date: 2-22-02

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.

... O.K. to use existing system for great room addition.

[ ] 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

Tommy P. Mullis R.S. 2/25/02
Environmentalist Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 13800 E | STREET NAME Rocky River | (AV,RD,ST,etc.)

COPY

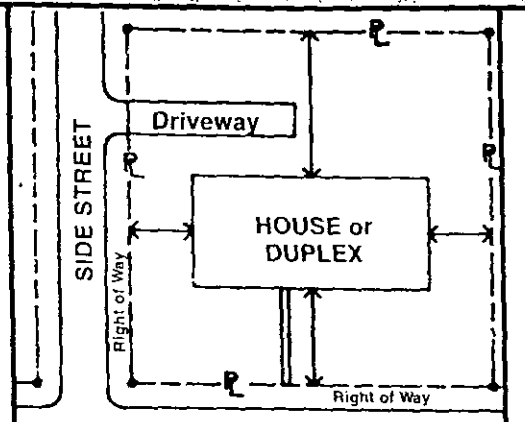
PERMIT #

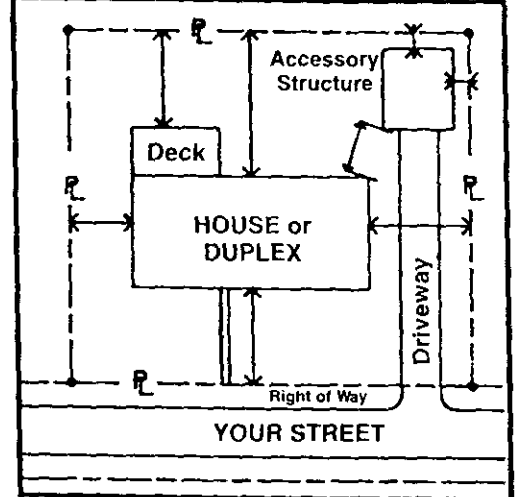
SUITE/UNIT(S):

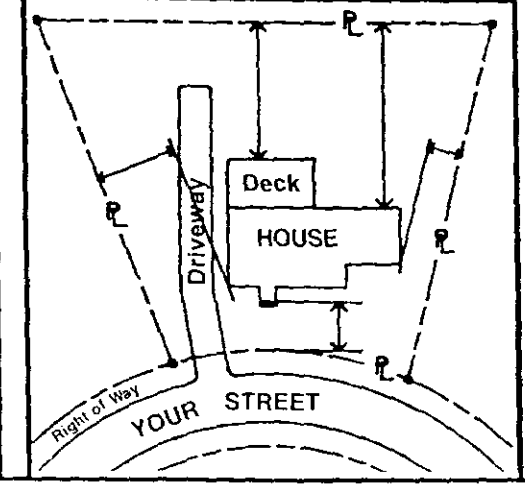
TAX JURISDICTION: (Check One)
☒ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # | **JOB #**

EXAMPLES/PLOT PLAN





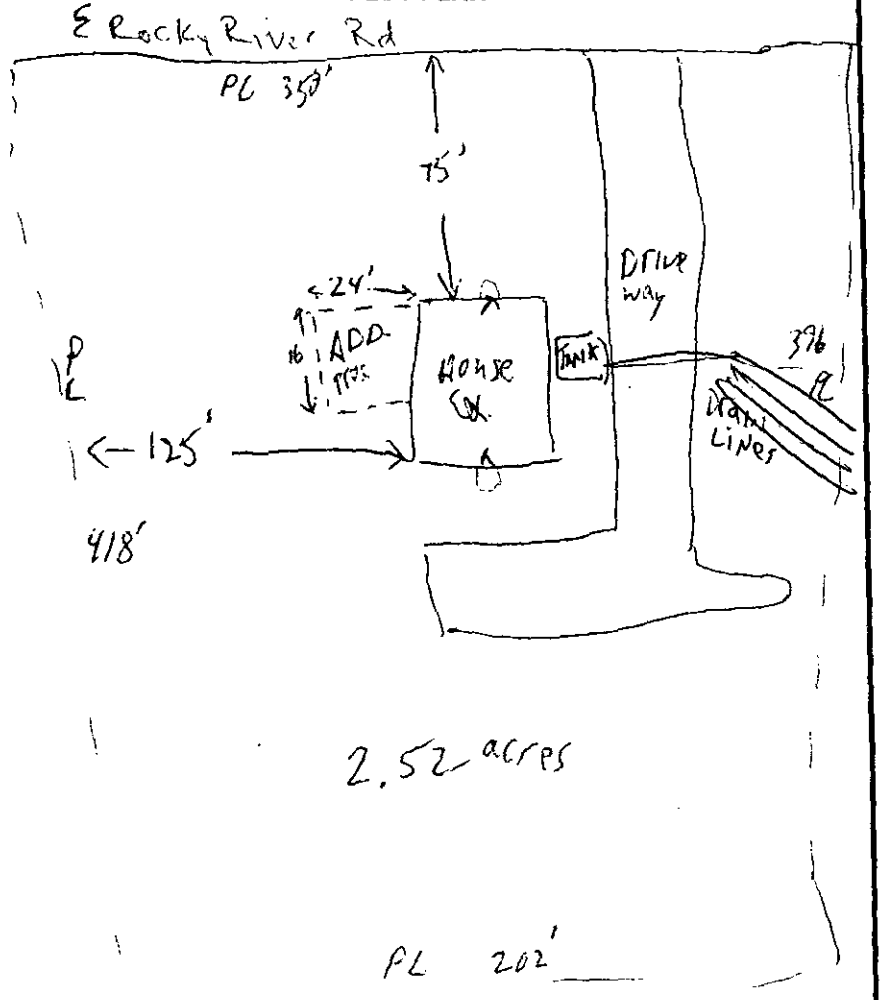


– INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

– PLOT PLAN –



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

APPLICANT'S SIGNATURE | DATE 2-24- | PRINT APPLICANT'S NAME Smiley Brown Jr

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT

APPROVED BY

5720

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

9/8/97 [ ] 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: BROWN JR (last) Smiley (first) W (mi)
ADDRESS: 21203 Pine St. PHONE: (704) 896-2527
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-271-09
STREET ADDRESS: 13800 East Rocky River Rd
Davidson NC 28036
ZONING:

PROPERTY OWNER:
NAME: BROWN SR (last) Smiley (first) W (mi)
ADDRESS: 13800 E. Rocky River Rd PHONE: (704) 892-8479
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [X] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
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[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
LIVING, 2 Bed Rooms

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: 2 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):
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[X] Private Well (P)

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Signed: [signature] Date: 9-8-97

NOTICE:

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...This permit is not transfecable.

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

9-15-97 OSV - Found tank to may be 500 gal.
... Suggested that owners have Septic contractor contact me to discuss system upgrade. Also told owners that they would owe an additional $150.00

Environmentalist Date

WATER : 122791

COPY

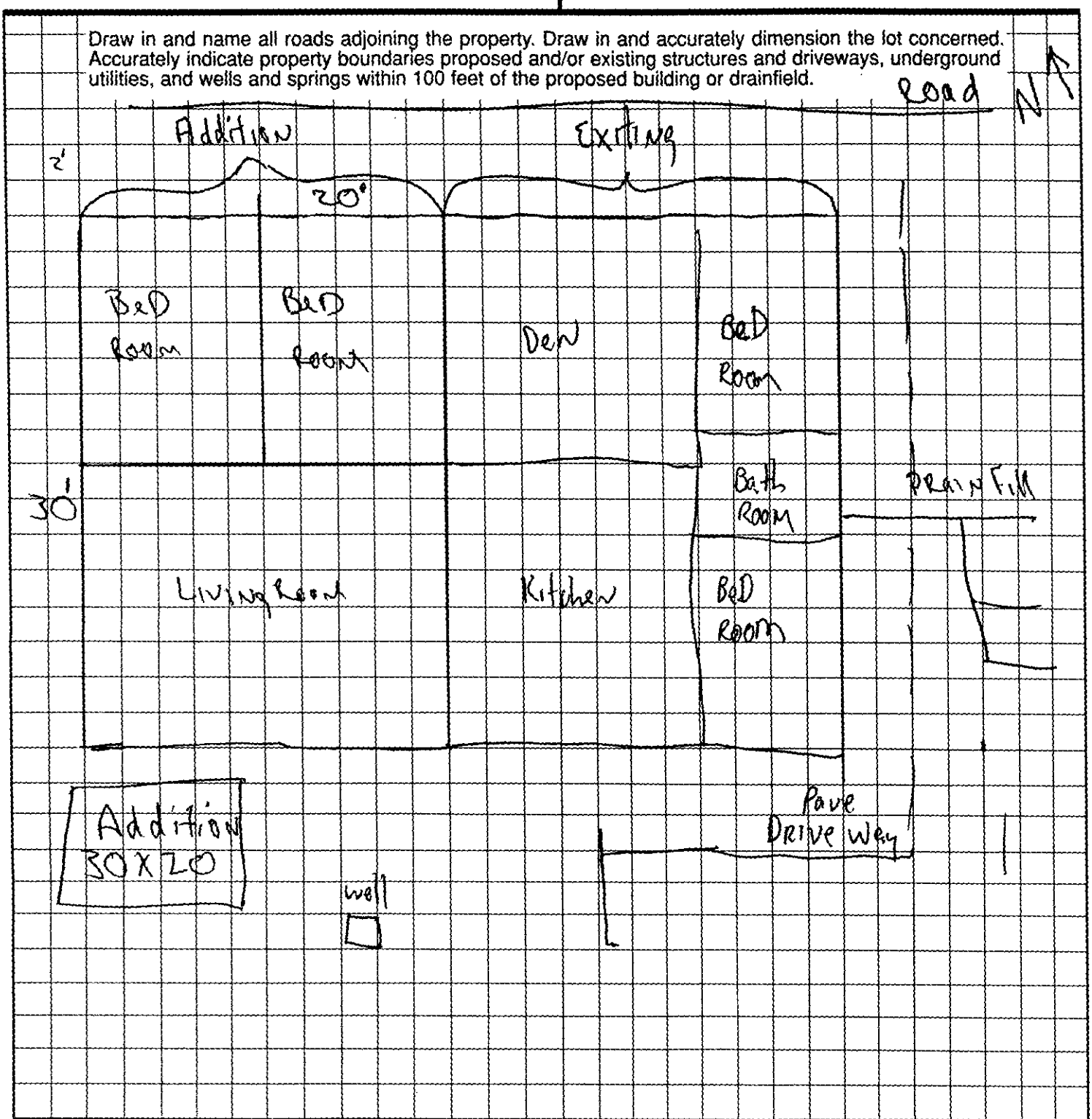
PROPOSED PLOT PLAN

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

FILE: 517B

TC: 07-27-09

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 9-8-97

APPROVAL DATE _____

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

Mecklenburg County

Health Department

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

November 04, 1992

Mr. Smiley W. Brown, Jr.
13820 East Rocky River Road
Davidson, NC 28036

Re: File 8388A

Dear Mr. Brown:

Enclosed you will find a copy of the report of the site investigation made by Joe Lynn, Regional Soil Specialist, on the property (007-271-09) located on East Rocky River Road.

Please contact me if you have any questions with regard to the report.

Sincerely,

William R. Marlin

William R. Marlin, Soil Scientist
Individual Water and Wastewater Systems

Smiley W. Brown, Jr.
13820 E. Rocky River Road
Davidson, N.C. 28036

Ref. file E388A

Dear Mr. Brown:

Enclosed you will find a copy of the site investigation made by Joe Lynn, Regional Soil Specialist, on the ~~property~~ property located on East Rocky River Road (007-271-09). Please contact me if there are any questions with regard to the report.

Sincerely,

William R. Marlin
Soil Scientist

Mecklenburg County

Health Department

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

July 27, 1992

Mrs. Julia L. Brown
13800 East Rocky River Road
Davidson, NC 28036

RE: Property located at 13800 East Rocky River Road
FILE: 517B/8388A
PARCEL: 007-271-09P0

Dear Ms Brown:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 12744) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

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

Sincerely,

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

Enclosure

KR:lw

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12744

File: 5178/B388A Action 3

Parcel: PO 007-271-09 ☐ PC

Location: 13800 East Rocky River Road

Subdivision:

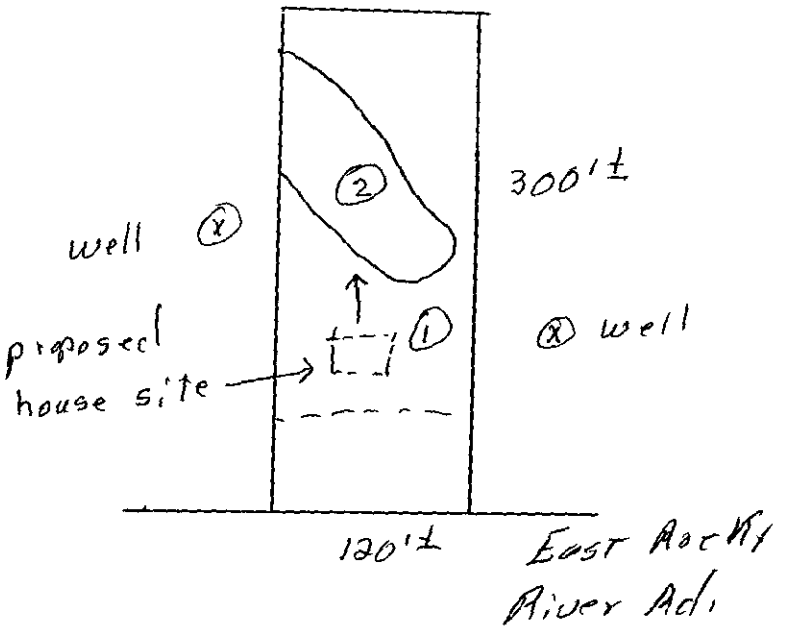
Lot: Block: Acres: 1.0

Owner: Julia J. Brown
Address: 13800 E. Rocky River Rd
Davidson, N.C. 28036

Comments: 100% Repair

Described by: William R. Mullis

Date: 7-23-92



***** 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 6-15%	S PS (U) Depression	S PS U	S PS U		S U
Texture	S PS (U) Expansive clay	S PS U —	S PS			S U
Structure	S (PS) U ∠ Blocky	S PS U —	S PS			S U
Drainage	S PS (U) perched water 15"	S PS U —	S PS			U
Depth	S PS (U) 18-25"	S PS U —	S PS			U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U			U
Available Space	S (PS) U	S PS U —	S PS U			U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Wilkes-Iredell	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

mail to
Smiley W. Brown, Jr.
13820 E. Rocky River Rd
Davidson, N.C.
28036

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12744

File: 113 Action: 3

Parcel: 111-2 11-7 ☐ PC

Location:

Subdivision:

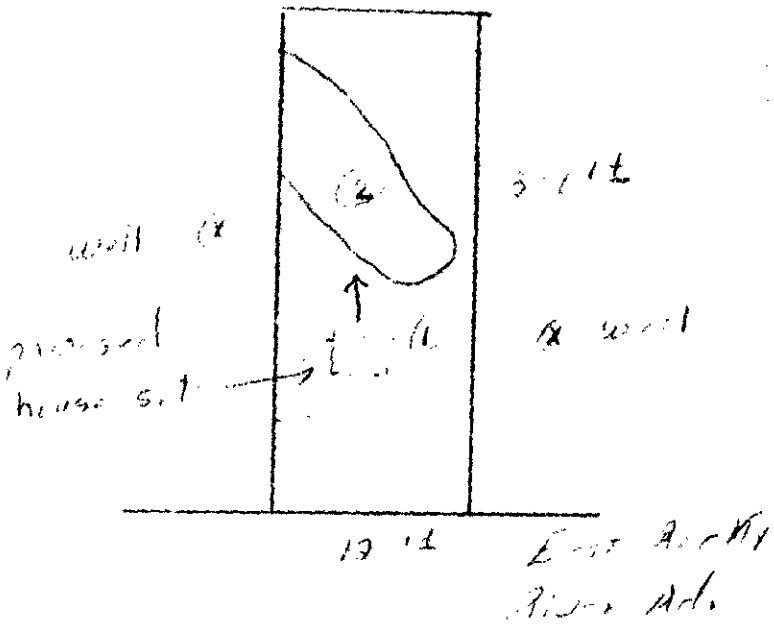
Lot: Block: Acres: 1.6

Owner:
Address:

Comments: Level Remedia

Described by:

Date: 7-23-12



***** 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 (5-15%)	S PS U (Depression)	S PS U	S PS U	S PS U	S PS U
Texture	S PS U (Extremely 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 (Perched water 15")	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS U (15-25")	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	Iredell	Depression				
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

File 5178 5388A

#50.00 7-13-92 BK [ ] 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

DRAFT

Date: 6-26-92

PERSON FILING APPLICATION:
NAME: BROWN, JR Smiley Walter
(last) (first) (mi)
ADDRESS: 13820 E Rocky River Rd PHONE: (704) 892-8920
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00727109
STREET ADDRESS: 13900 East Rocky River Rd
Davidson NC 28036
ZONING:

PROPERTY OWNER:
NAME: BROWN Julia J.
(last) (first) (mi)
ADDRESS: 13800 E Rocky River Rd. PHONE: (704) 892-8479
CITY: Davidson STATE: NC ZIPCODE: 28036

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: 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 (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] 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: 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)
[X] 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

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Signed: Julia J. Brown Date: 6-26-92

NOTICE:

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...

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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

WWATER : 122791

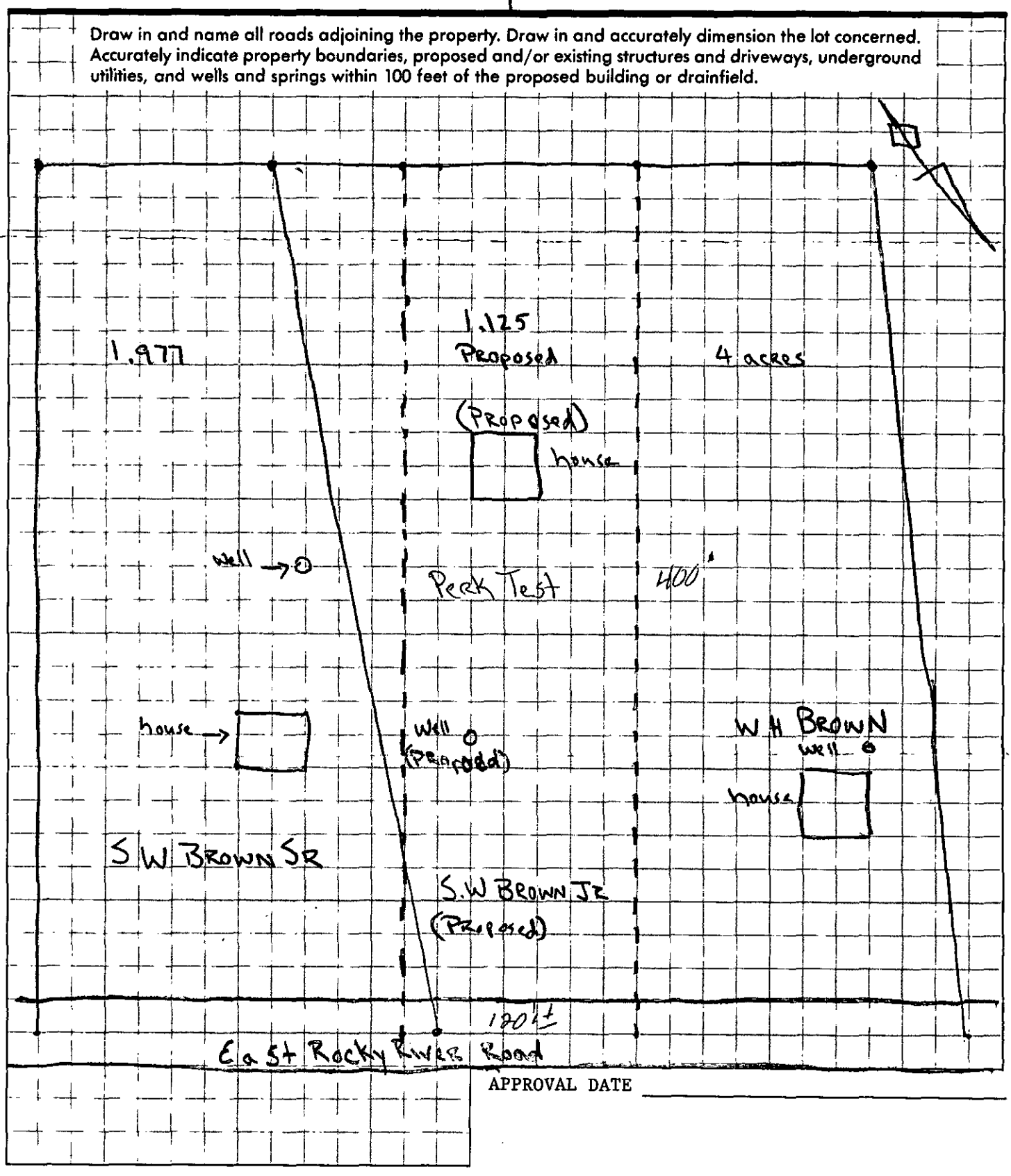
PROPOSED PLOT PLAN

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

FILE: 517B/8388A

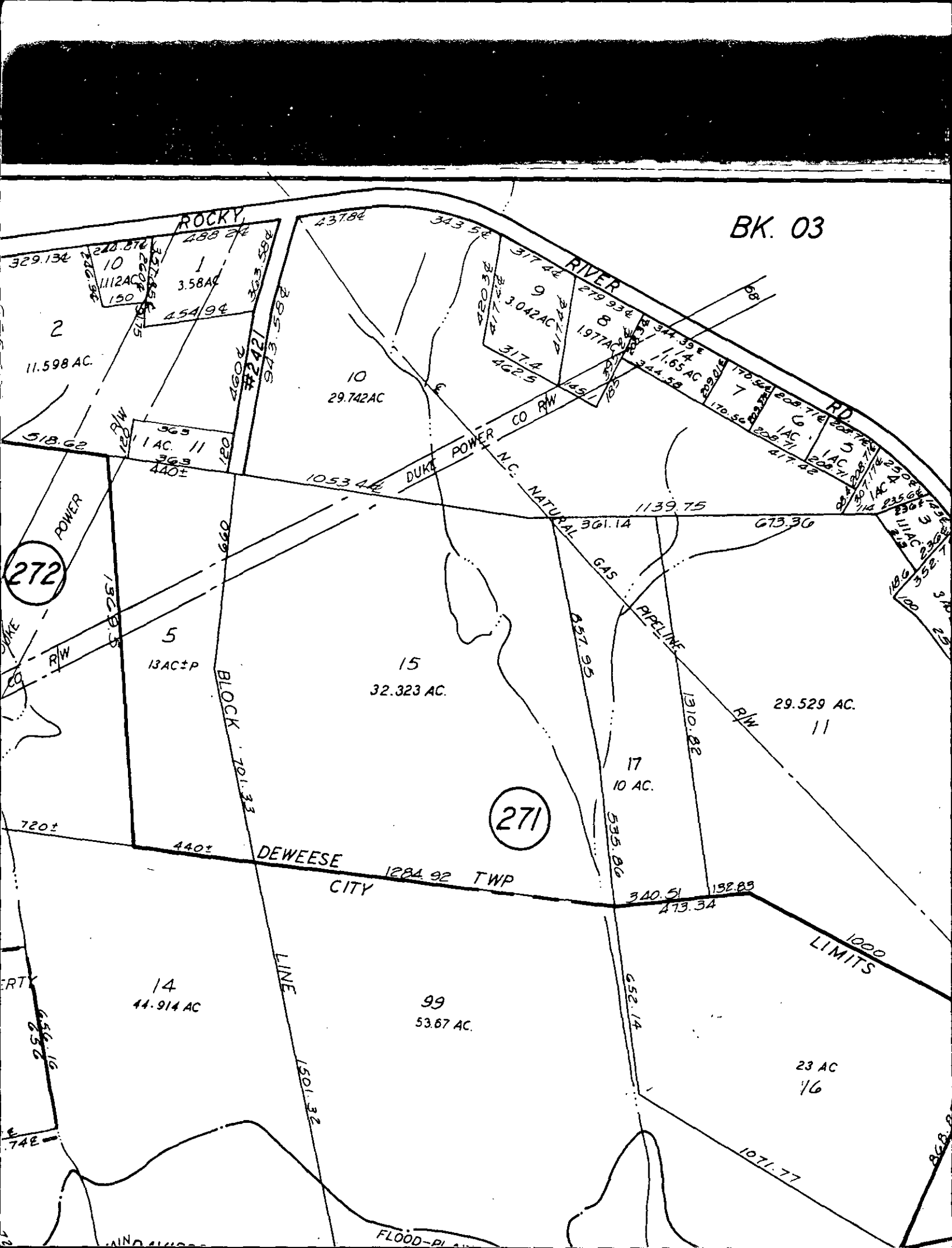
TC: 607-271-09

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


BK. 03
ROCKY
RIVER
RD.
#2421
10
1.112AC
1
3.58AC
2
11.598 AC.
10
29.742AC
9
3.042AC
8
1.977AC
7
1.65 AC
6
1 AC.
5
1 AC.
4
1 AC.
3
1.11AC.
11
1 AC.
DUKE POWER CO R/W
N.C. NATURAL GAS PIPELINE
POWER
272
271
5
13AC±P
15
32.323 AC.
17
10 AC.
11
29.529 AC.
14
44.914 AC
99
53.67 AC.
16
23 AC
DEWEESE
CITY
TWP
LIMITS
BLOCK LINE
1284.92
1139.75
1053.4±
1310.82
1501.32
1071.77
673.36
361.14
518.62
437.8±
343.5±
329.13±
317.4±
279.93±
344.39±
170.5±
208.71
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440±
720±
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656.16
FLOOD-PL

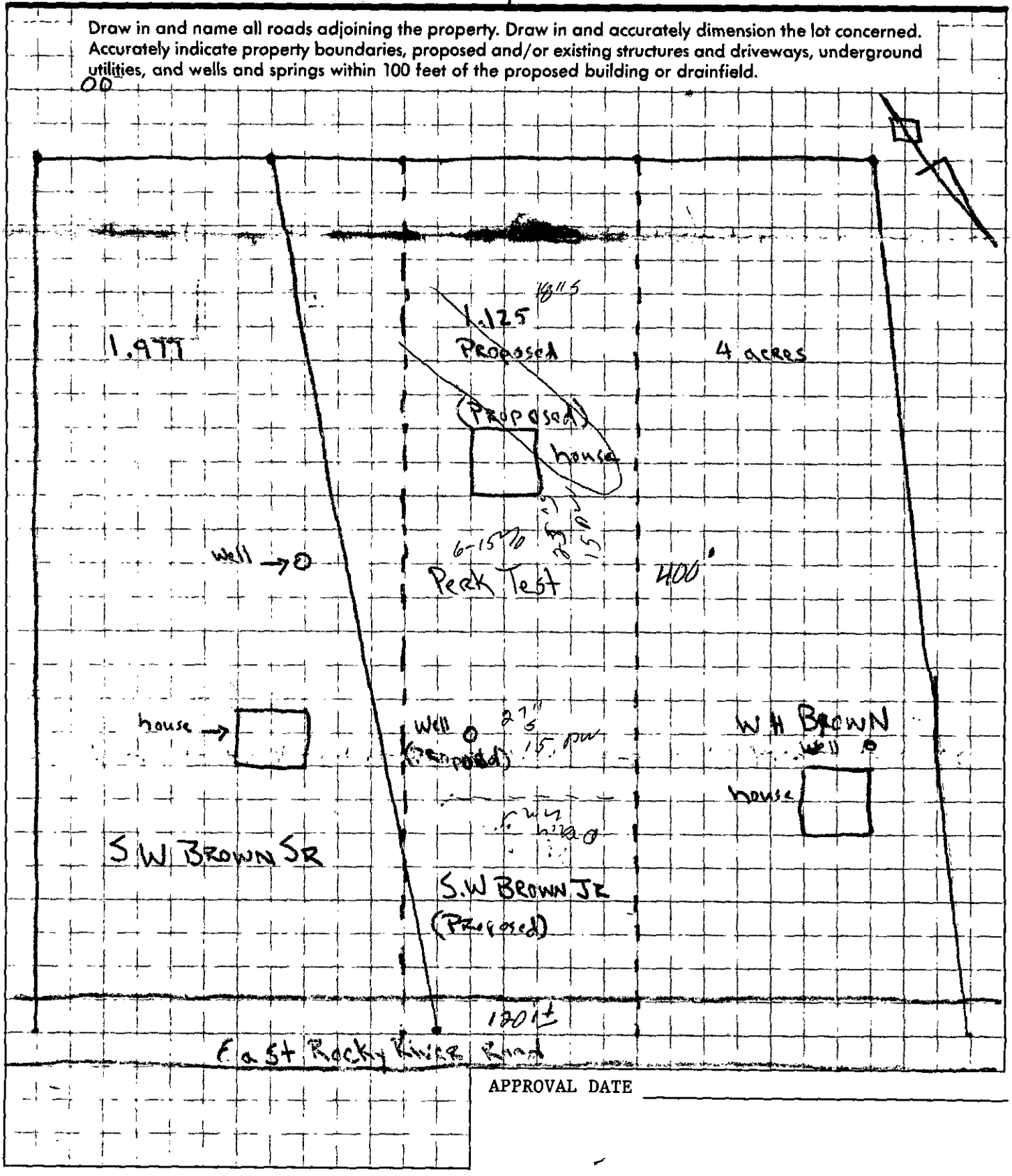
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

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$50 pd 7-13-92 BOK [ ] CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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(704)336-5102

Date: 6-26-92

PERSON FILING APPLICATION:

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[ ] 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 N)
[ ] 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 (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 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)
[X] 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: Julia J. Brown Date: 6-26-92

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

WWATER : 122791

PROPOSED PLOT PLAN

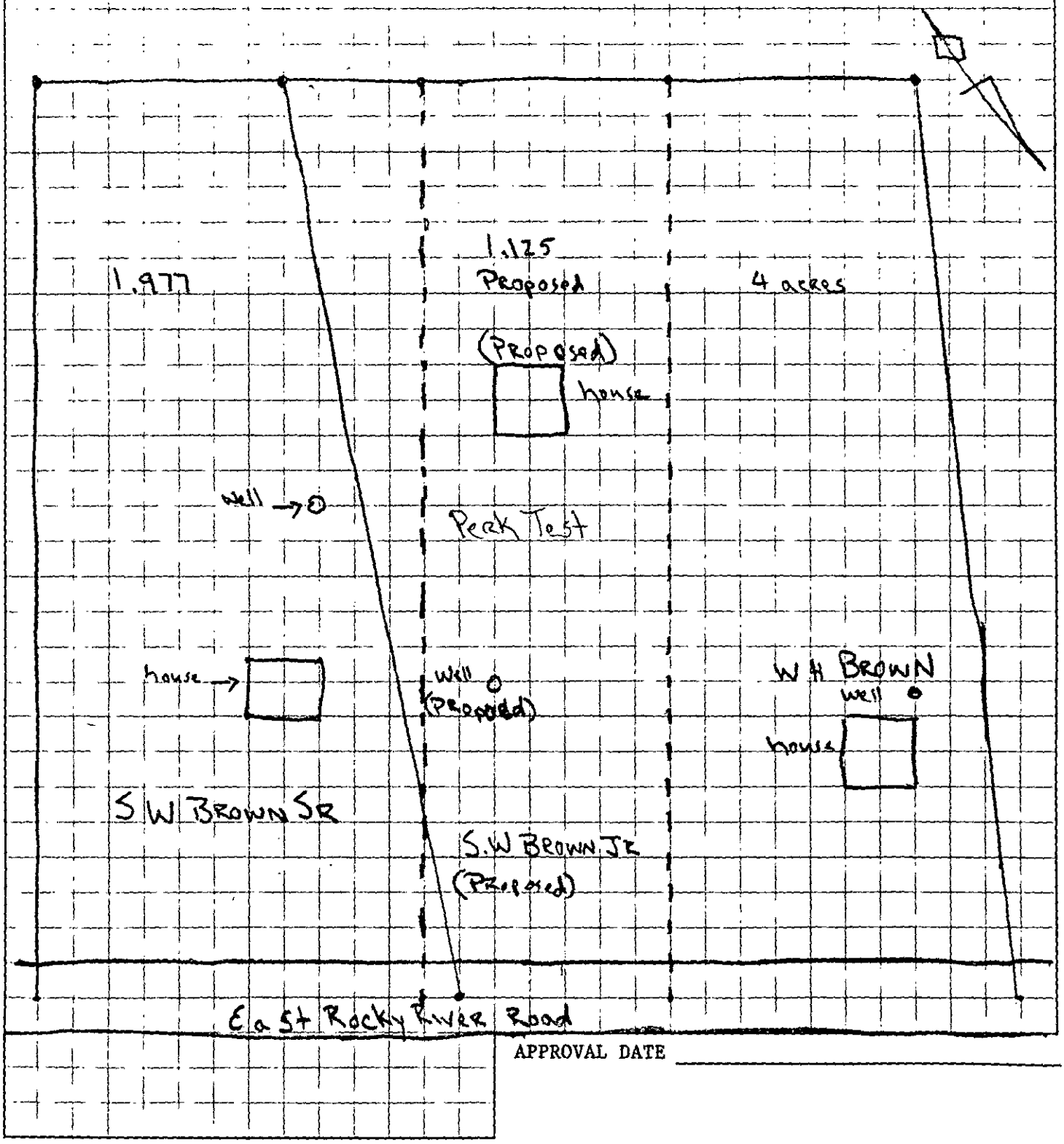
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

DRAFT

FILE: 91B/8358A

TC: 07-27-09

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

Have on one lot
septic system possibly
on neighbors lot?
will issue
* consent if applicable

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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: BROWN, JR (last) SMOKY (first) W (mi)
ADDRESS: 14030 E Rocky River PHONE: (704) 892-6064
CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 3-7-94

PROPERTY OWNER:
NAME: Armstrong (last) Thelma (first) H (mi)
ADDRESS: 13626 E. Rocky River PHONE: (704) 892 1539
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-271-10
STREET ADDRESS: E Rocky River Road
ZONING:

Township (check one):
[X] 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): 1ac

TYPE APPLICATION (check one):
[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 (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: 3 NUMBER OCCUPANTS: 5
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)
[X] 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: Thelma Armstrong Date: 3-7-94

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.

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[ ] 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

8388A

STATE of NORTH CAROLINA
DEPARTMENT of ENVIRONMENT, HEALTH, and NATURAL RESOURCES
MOORESVILLE REGIONAL OFFICE

James C. Martin, Governor
William W. Cobey, Jr., Secretary

Al Hilton, Director

TO: William Marlin, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn Regional Soil Specialist
Division of Environmental Health
On-Site Wastewater Section

SUBJECT: Smiley Brown property on East Rocky River Road

DATE: October 28, 1992

The above referenced property was evaluated for its suitability for a ground absorption sewage treatment and disposal system to serve a two bedroom residence. The site is Unsuitable under current laws and rules, 15A NCAC 18A .1900. The enclosed report gives a brief summary of the findings, conclusions, and recommendations.

If I can be of any assistance or you have any questions, contact me through the Mooresville Regional Office (704) 663-1699.

SOIL/SITE REPORT

GENERAL INFORMATION

COUNTY: Mecklenburg **DATE:** October 28, 1992

OWNER/APPLICANT: Smiley Brown

LOCATION: East Rocky River Road

TYPE OF FACILITY: Residence **DESIGN UNIT:** 240 gpd

PROPOSED WATER SUPPLY: On-Site Well

EVALUATED BY: Joe Lynn assisted by Bill Marlin using hand augers

DATE OF EVALUATION: September 18, 1992

OTHER(S) PRESENT: Smiley Brown and Betty Brown

SITE INFORMATION

AREA/PRESENT USE: 3.042 acres / home site

TOPOGRAPHY: (slope) 3 to 7 percent

LANDSCAPE POSITION: Linear and foot slopes

SITE LIMITATIONS: Well / house / gully

SOIL INFORMATION

SOIL TEXTURE: (surface) Sandy loam to clay / some fill material
(subsoil) Clay

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Expansive

SOIL DEPTH: 0 to 14 inches to unsuitable soil condition

SOIL WETNESS: 19 to 29 inches to chromas of 2 or less

RESTRICTIVE HORIZONS: None

SAPROLITE: 10 to 26 inches to unsuitable saprolite

AREA of S or PS SOIL: None found

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption sewage system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Drainage feature (gully)
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Unsuitable Soil Wetness — Section .1942
   Chromas of 2 or less from Munsell Color Book
4. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches.
5. Insufficient Available Space — Section .1945
   Not enough area for an initial sewage system and a repair.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule. Drainage will not be helpful.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. A low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. He may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. He may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1957 (c). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must receive adequate treatment.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.
5. The denial can be appealed under G. S. 130A-24 if requested within 60 days of the denial date.

Rep 517B

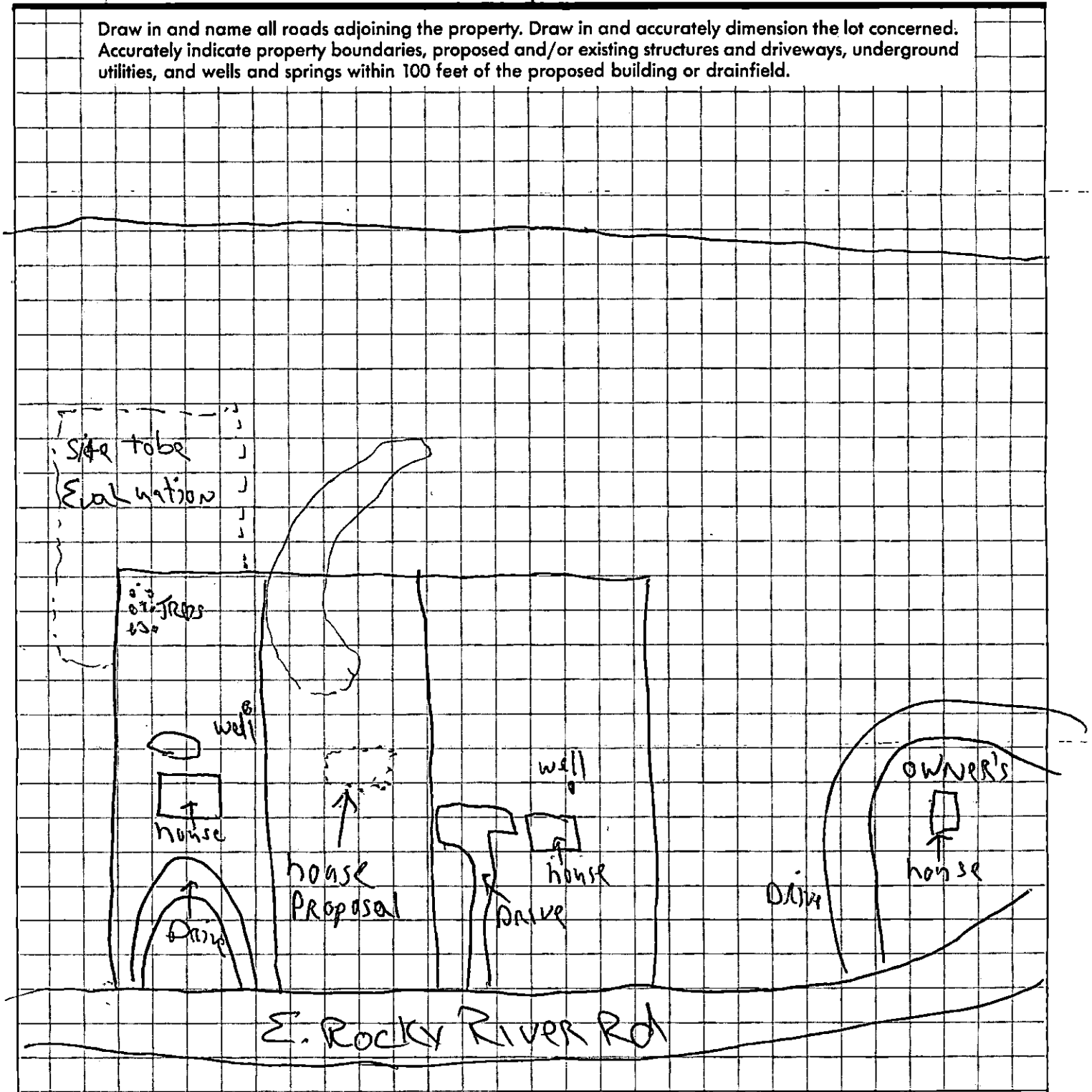
PROPOSED PLOT PLAN

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

FILE: 517B/8388A

TC: 067-271-10

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