

12524 MOORES CHAPEL RD

05317405

1/2/2008

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028646

File: 3306 B Action 2 2400

Parcel: PO 053-174-05 ☐ PC

Location: off Moores Chapel Road

Subdivision:

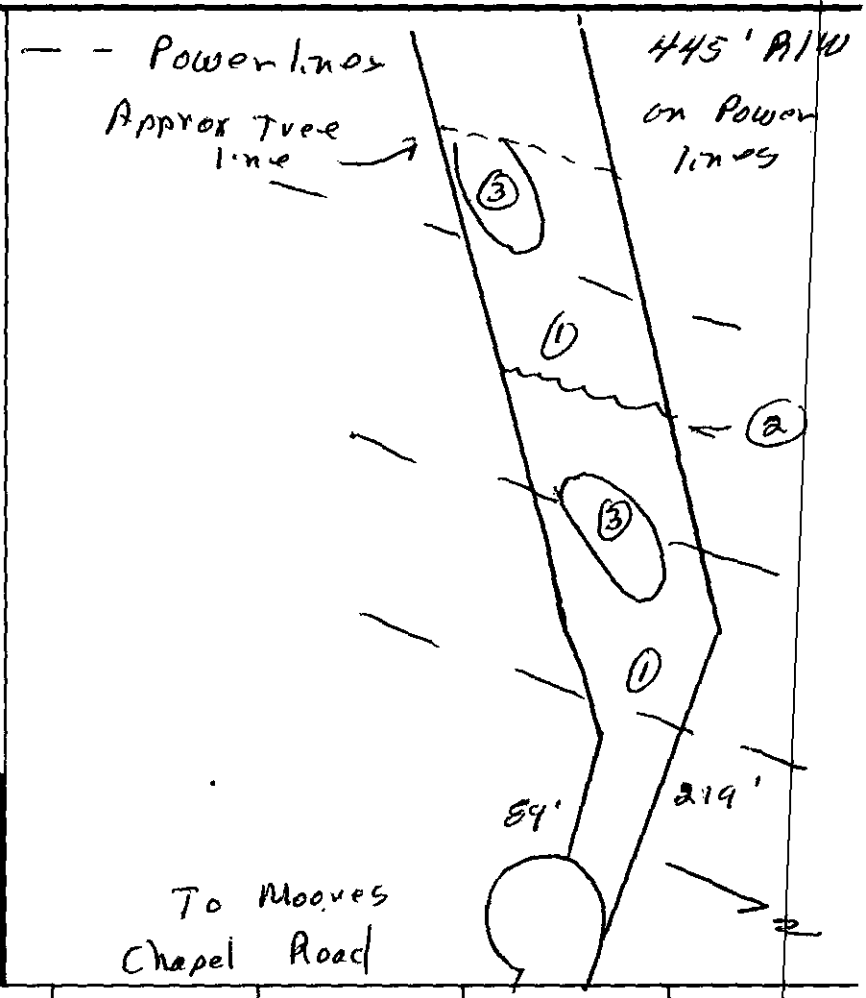
Lot: 12 Block: Acres: .7

Owner: Jerry McCarty
Address: 7903 Parke West Dr.
Glen Burnie, Md.
21061

Comments: 100% Repair, 330 l/ft Dry LTAA, system would be pumped into Duke Power R/W

Described by: William R. Mauk

Date: 8-2-95



***** 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 2-10%	S PS (U) Complex Slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Exp. 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 7+6" To soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 45-47"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7+47"	S PS U	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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 Rec.1-1.4%	Complex Slopes	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 028646

File: 3304 B Action 2.

Parcel: 05 153-114-05 ☐ PC

Location: 111 Mooves Chapel Road

Subdivision:

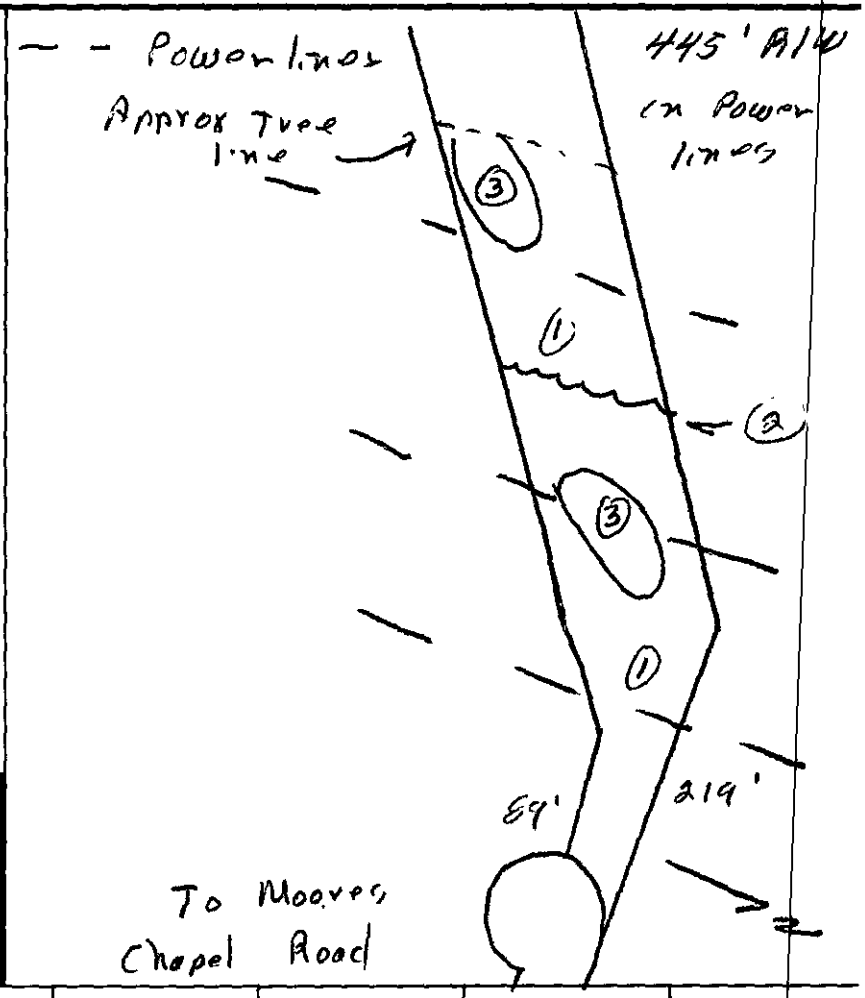
Lot: 12 Block: Acres: .7

Owner: Jerry McCarty
Address: 7703 Parks West Dr.
Glen Burnie, Md.
21061

Comments: 100% Repair, 3 bd/1½ BG LTAR, system must be pumped into Nash Sewer A/W

Described by: William R. Marks

Date: 8-2-95



***** 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) 2-10%	S PS U (U) complex Slopes	S PS U (U) Depression	S PS U	S PS U	S PS U
Texture	S PS U (PS) Slightly Exp. clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U (PS) Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS U (S) 7½ "To soil wetness	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS U (PS) 45-47"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U (PS) 7½ 47"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS U (U) Restricted	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	IK rec. 1-1.4%	Complex Slopes	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

$1. $150.00 9/13/94 Ck. # 3306B ☐ CRT

3306B

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: Robinson & Sawyer, Inc.
NAME: Sawyer, (last) Bill (first) E. (mi)
ADDRESS: 617A E. 2nd Ave PHONE: (704) 864-2201
CITY: Gastonia STATE: NC ZIPCODE: 28054

Date: 9-6-94

PROPERTY OWNER:
NAME: McCarty (last) Larry (first) / (mi)
ADDRESS: 7903 Parke West Dr. PHONE: (H) 760-2826
CITY: Glen Burnie STATE: MD ZIPCODE: 21061

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: Part of 053174.05
STREET ADDRESS: new subdivision Moore Chapel Rd
ZONING: R-5

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: 12 LOT SIZE (in acres): 3.861 Ac

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: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION: conventional / 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)
☒ 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: Bill E. Sawyer Date: 9-8-94

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 : 122791

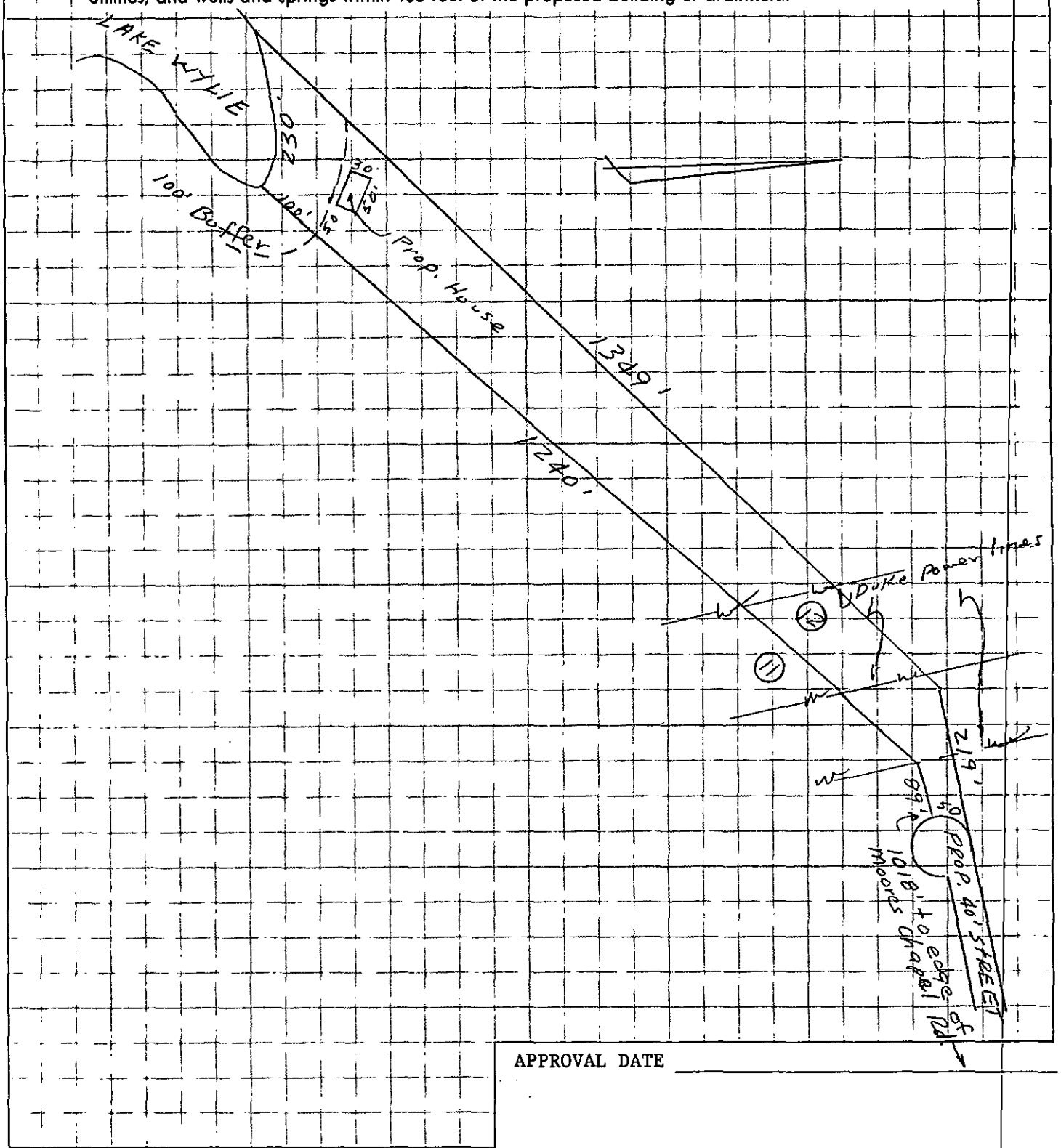
PROPOSED PLOT PLAN

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

FILE: 3306B

TC: 053-17Y-05PR

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