

9430 UNIVERSITY CITY BV

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12/19/2007

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

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

Date: 10/21/93

PERSON FILING APPLICATION:
NAME: Burroughs (last) Elizabeth (first) B. (mi)
ADDRESS: 12706 Angel Oak Dr. PHONE: (704) 875-0946
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-223-05P0
STREET ADDRESS: 10646 McCoy Rd.
ZONING:

PROPERTY OWNER:
NAME: Welch (last) Mary (first) A. (mi)
ADDRESS: 10826 McCoy Rd PHONE: (704) ———
CITY: Huntersville STATE: NC ZIPCODE: 28078

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 (H) [] 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: Elizabeth B. Burroughs Date: 10-21-93

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.

...

[X] 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

9/3/93 MH

Pd 150.00 CK 2608

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

1156B/912A

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: GNA Design Associates

NAME: Hawkins (last) Teresa (first) (mi)

ADDRESS: 408 E. 4th Str. #408 PHONE: (704) 373-1907

CITY: Charlotte STATE: NC ZIPCODE: 28202

Date: Sept. 3, 1993

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 049-295-17

STREET ADDRESS: 9430 University City Blvd.
Charlotte, NC

ZONING: B-1 (CD)

PROPERTY OWNER:

NAME: Gray (last) William (first) (mi)

Gray's College Bookstore

ADDRESS: ~~656 S. 2nd St.~~ PHONE: (__) ____

CITY: Louisville STATE: KY ZIPCODE: 40202

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 0.86 ac.

TYPE APPLICATION (check one):
*Previous Bank, Check existing septic system
[ ] 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)
[X] COMMERCIAL OR INDUSTRIAL (N) New Constr./Exist.Septic Tank
[ ] 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

*COMMERCIAL/INDUSTRIAL PROPERTY: See enclosed plan
Type Business Bookstore # Employees 12 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) Existing Well?

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: William B Gray Date: 9/3/93

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.

... not approved for proposed facility. See letter

Insufficient size of existing sewage disposal system as well as insufficient soil & space on property 9-14-94 (SB)

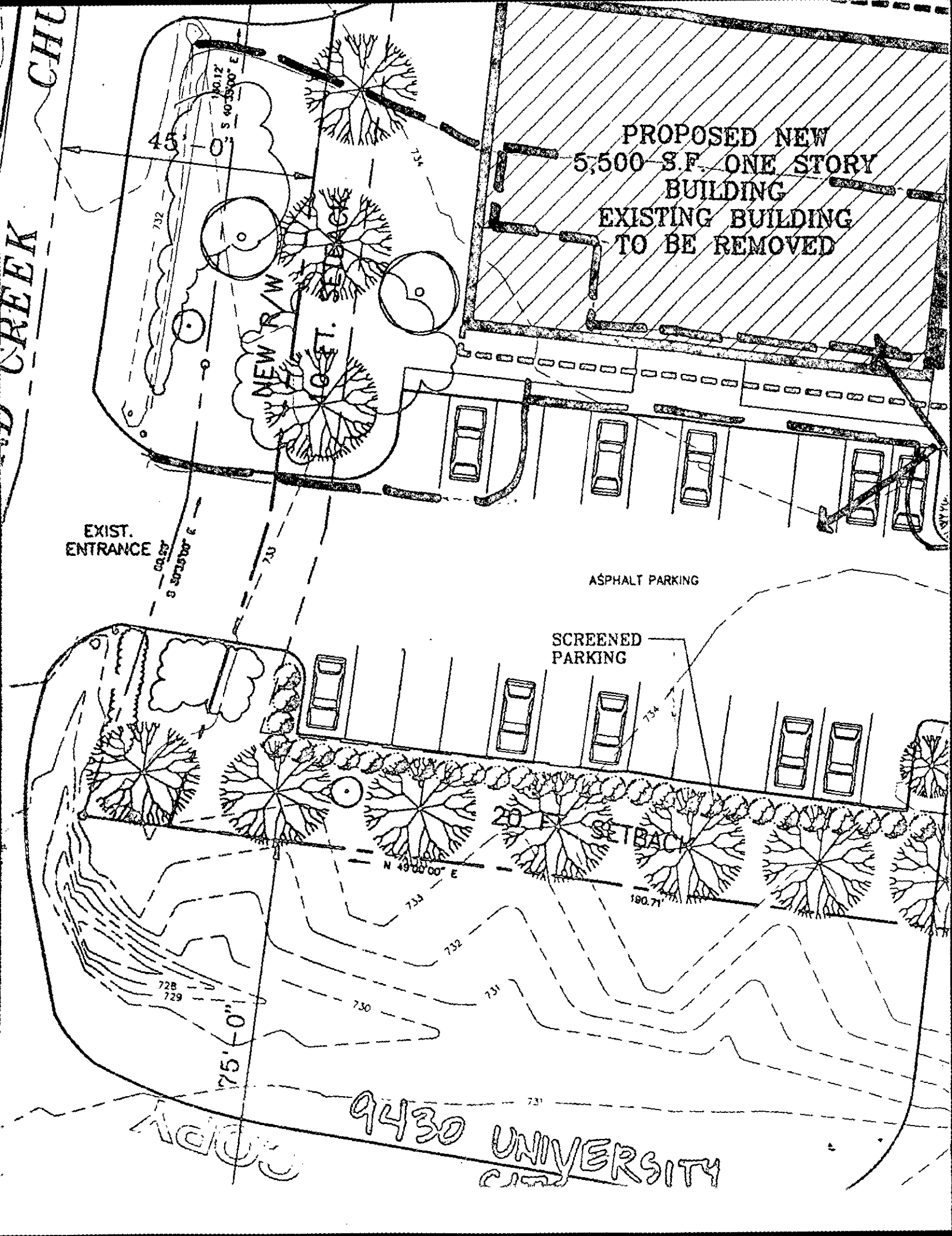
9-17-94 spoke w/ T. Hawkins left message at Mr. Gray's #502-587-0024 w/ he pursuing (MUD) sewer

[ ] 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 NEW
5,500 S.F. ONE STORY
BUILDING
EXISTING BUILDING
TO BE REMOVED
45'-0"
NEW R/W
EXIST.
ENTRANCE
ASPHALT PARKING
SCREENED
PARKING
20' SETBACK
N 49°00'00" E
190.71'
75'-0"
9430 UNIVERSITY

Mecklenburg County

Health Department

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

November 4, 1993

Ms. Mary A. Welch
10826 McCoy Road
Huntersville, North Carolina 28078

RE: Property located at 10646 McCoy Road
FILE: 1056B/9028A
PARCEL: 015-223-05PD

Dear Ms. Welch:

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 20129) 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

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

Enclosure

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20129

File: 1056 B/9028A Action 3

Parcel: PO 015-223-05 ~~ECPC~~

Location: 10646 McCoy Road

Subdivision:

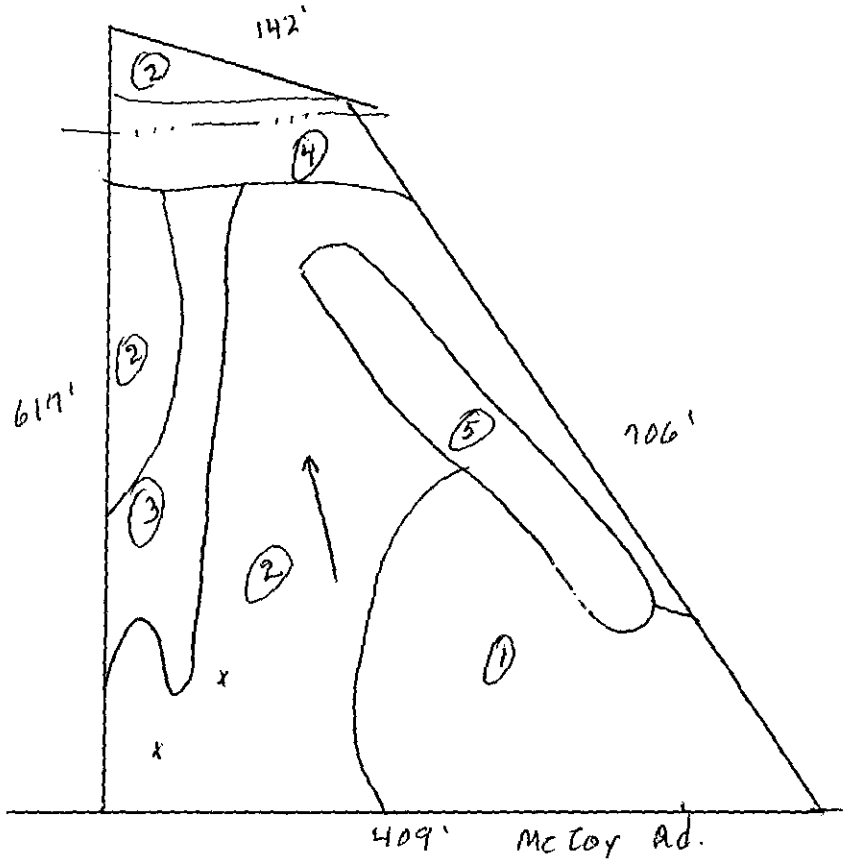
Lot: Block: Acres: 3.5±

Owner: Mary A. Welch
Address: 10826 McCoy Road
Huntersville, N.C. 28078

Comments: x sites of borings of deeper soils w/ less expansive clay - does not appear to be extensive

Described by: William A. Marlin

Date: 11-1-93



***** 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 2-10%	S PS (U) Depression	S PS (U) Drainageway-Depression	S PS (U) Complex slopes	S PS U
Texture Expansive	S PS (U) clay	S PS (U) Expansive clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U ∠ Subst Blocky	S (PS) U ∠ Sub Blocky	S PS U —	S PS U —	S PS U	S PS U
Drainage perched water	S PS (U) 18-24"	S (PS) U >36" To water	S PS U —	S PS U —	S PS U	S PS U
Depth	S PS (U) ∠ 24"	S PS (U) generally 18-30"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	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 See Note	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Helena-L. Ne	Mecklenburg L. Ne	Depression	Drainageway-Depression		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

IA DESIGN ASSOCIATES, INC.
428 East Fourth Street, Suite 408
Charlotte, North Carolina 28202

Phone (704) 373-1907

LETTER OF TRANSMITTAL

DATE	JOB NO.
9/3/93	

ATTENTION

RE: GRAY BOOKSTORE

MECKLENBURG CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH DIVISION
HAL MARSHALL CTR., SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			Application for Services
1			Check for $150
1			Copy Site plan for proposed developement (Existing building location redlined on print)

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☑ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Investigate existing septic tank system

COPY TO cc: Joe Wynn

SIGNED: Anne Scott

If enclosures are not as noted, kindly notify us at once.

PRODUCT 240 NEBS Inc., Groton, Mass. 01471