

22938 TORRENCE CHAPEL RD

00155106

5/25/2007

duponbj

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

Removed from INVOICES 8-4-99 WB

July 27, 1999

Mr. Larry B. Thompson, Jr., R.S., Coordinator
Mecklenburg County Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

Dear Mr. Thompson:

This letter confirms our phone conversation that I have paid my tap fees to connect to city water and sewer and will be doing so shortly.

Therefore, I will not be using my septic system any longer.

Thank you.

Sincerely,

Charles Collins

Charles Collins
22938 Torrence Chapel Rd.
Cornelius, N.C. 28031

Tax Parcel # 001-551-06
File # 4923A

Connecting to Sewer.

Mailed septic tank abandonment brochure.

John Collins
22938 Torrence Ch. Road
Paid sewer tap fee.
CMUD confirmed

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Barbara H. Collins
22938 Torrence Chapel Road
Cornelius, NC 28031

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
Barbara H. Collins	22938 Torrence Chapel Road	001-551-06	4923A	3	IVA

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
7/20/99	8/23/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

July 20, 1999

Barbara H. Collins
22938 Torrence Chapel Road
Cornelius, NC 28031

Dear Mr. and Mrs. Collins:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

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

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT T&J

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4923-A DATE: 4/17/91

TC: 001-551-06 ~~P~~ L ~~X~~ CRT

SERIAL № 13105

Name of Owner Charles G. Collins, Jr. Juris.:

Address of Property 22938 Torrence Chapel Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 60' 80'

Cover Depth 6"

Water Supply Source P/well

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected INSTALLED

PLOT

Design: 1500 ST 1000 PT, P1, 4 mod. 410 SFT, 24" sand CECIL CTR# 203

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- ☑ Installed or constructed
- ☑ In accordance with the permit issued
- ☐ altered or repaired
- ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

- ☐ Certificate of Completion
- ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 3bedrm. T&J panel panel installed according to approved plan. Installed without installations permit. 3/4 hrs. Liberty pump (K 18842)

Tim Whittaker, R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

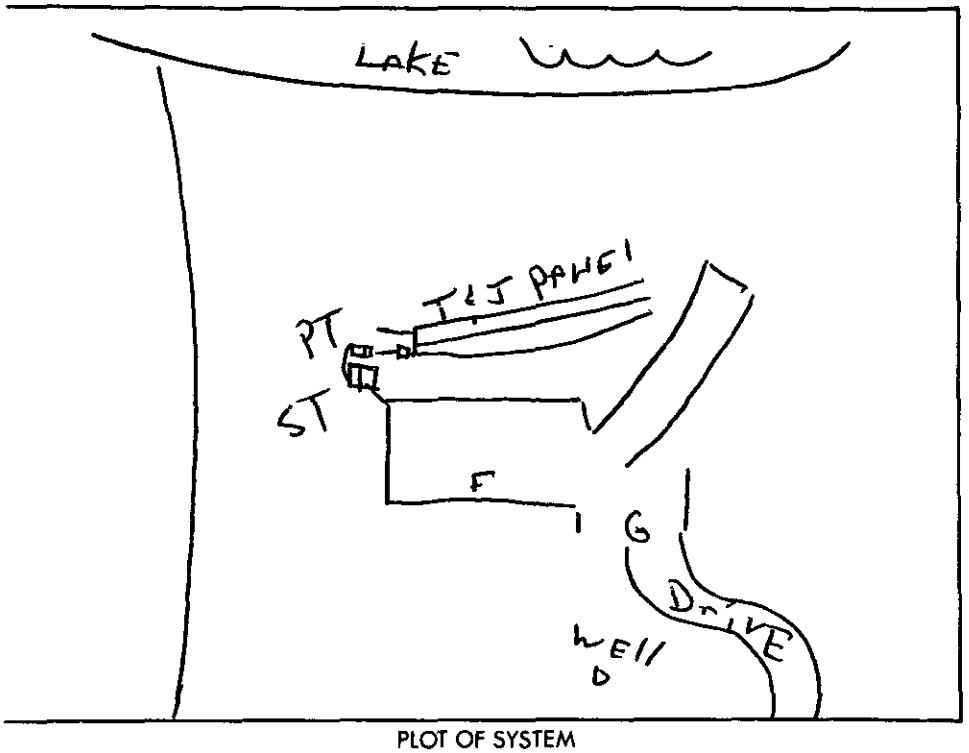
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4923A DATE: 4/17/91

TC: 001-551-06 PL

SERIAL Nº 14999

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/15/90. All work shall be completed on or before 5/17/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 200' feet

Number of Lines 3'

Depth of ~~Stone~~ SAND 24" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

203

NAME OF OWNER Charles G. Collins, JR.

LOCATION OF PROPERTY 22938 Torrence Chapel Rd.

Comments: 3 Bedrm. T&J panel - install according to approved plans. Sys. installed prior to issuance of this installation permit. Filed for documentation.

Division or Section Head

Tim Whittaker, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Mecklenburg County
Health Department

April 15, 1991

Mr. Charles G. Collins, Jr.
20207 Rainbow Circle
Davidson, NC 28036

RE: Property located at 22938 Torrence Chapel Road
FILE: 4923A
PARCEL: 001-551-06

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GV/kjb

Enclosures - 3 Septic Tank Agreement Forms

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 4923A
001-551-86
TC: 10/16/91
SERIAL: № 21952
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 22938 (STREET NO.) Torrence Chapel Rd. (STREET) ② FILE:
③ JURISDICTION: Davidson ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Knox Landing ⑥ LOT: 3 ⑦ BLOCK:

OWNER

⑧ NAME: Charles (FIRST) Graham (MIDDLE) Collins, JR. (LAST)
⑨ MAILING ADDRESS: 7319 Valley Brook Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 332-2661 ⑭ (HOME) 366-1804

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Charles D. Collins
Date: 4-2-91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 04/02/91

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

File # 49231A

229381 Torrence Chapel

Food

MECK... HE... ENVIRONMENTAL HEALTH DIVISION
PAID

APR 2 1991

Fee: $ 200.00

Cash

$200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by [illegible]

Date: March 27, 1991

From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Charles Collins

Charlotte, N.C.
Phone 704-

4-5-91 C Collins no Letter Relayout Required
4-10-91 Layout Approved
4-12-91 A/C Approved

Subject: Lots 3 Knox Landing Mecklenburg County
File # : 4923A
Parcel : 00116101

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a three bedroom house at an application rate of .3 gpd. 360/.3 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

House placement on this lot is very critical as to the site approval for a T & J panel system due to space restrictions. House shall be place as noted on the drawing to insure proper space requirements.

#5

No 100 S. FT

4923A

SITE EVALUATION REPORT
SERIAL NUMBER 15589

Parcel: 00116101 PC

☐ PC

Location:

Subdivision:

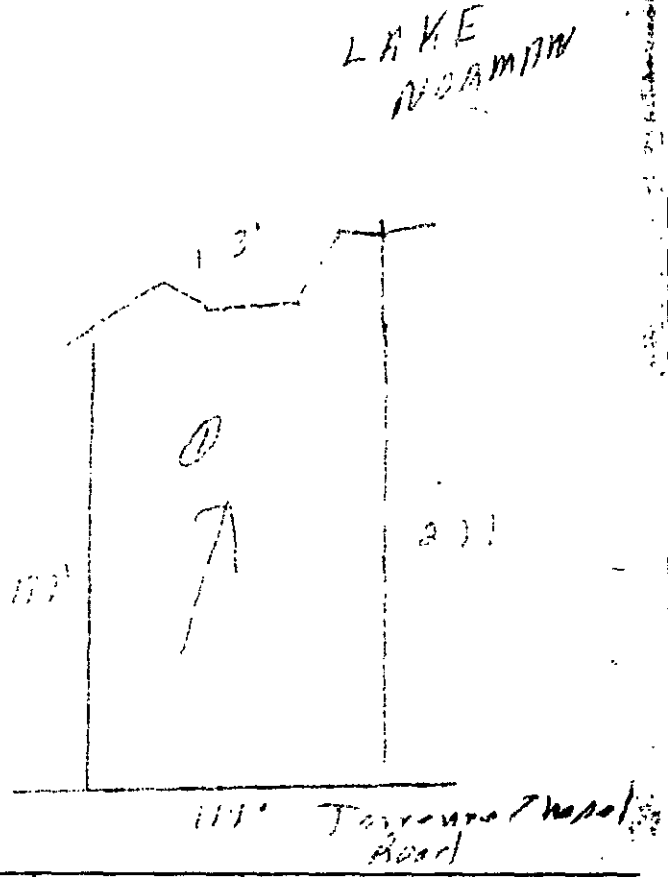
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date: 7-2-80



***** 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 2-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 >36" To water	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 Lim. Trel	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	IIA Cec. I-L. M.					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	18	one	5/32	3.0ft	80 '	.50	9.00
B	14	one	5/32	3.0ft	60 '	.50	7.00
C	14	one	5/32	3.0ft	60 '	.50	7.00
E	repair				40 '		
F	repair				60 '		
G	repair				25 '		
H	repair				25 '		
I	repair				25 '		
J	repair				25 '		
Totals	46				200'		23.00

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 1.66
Total lift = 14.40 (104.40 + 3 - 93.00 = 14.40) elev.
TDH = 16.06
20% margin = 20 ft (16.06 / .8 = 20.08 = 20 ft)

Pump Size: 29 (23.0/.8) gallon per minute at 20 feet of head.

Pump cycle should be 7.2 min or 166 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:

supply line = 125 lf = 1.25 * 1.10 = 1.38

fittings = 1.38 * .2 = 0.28

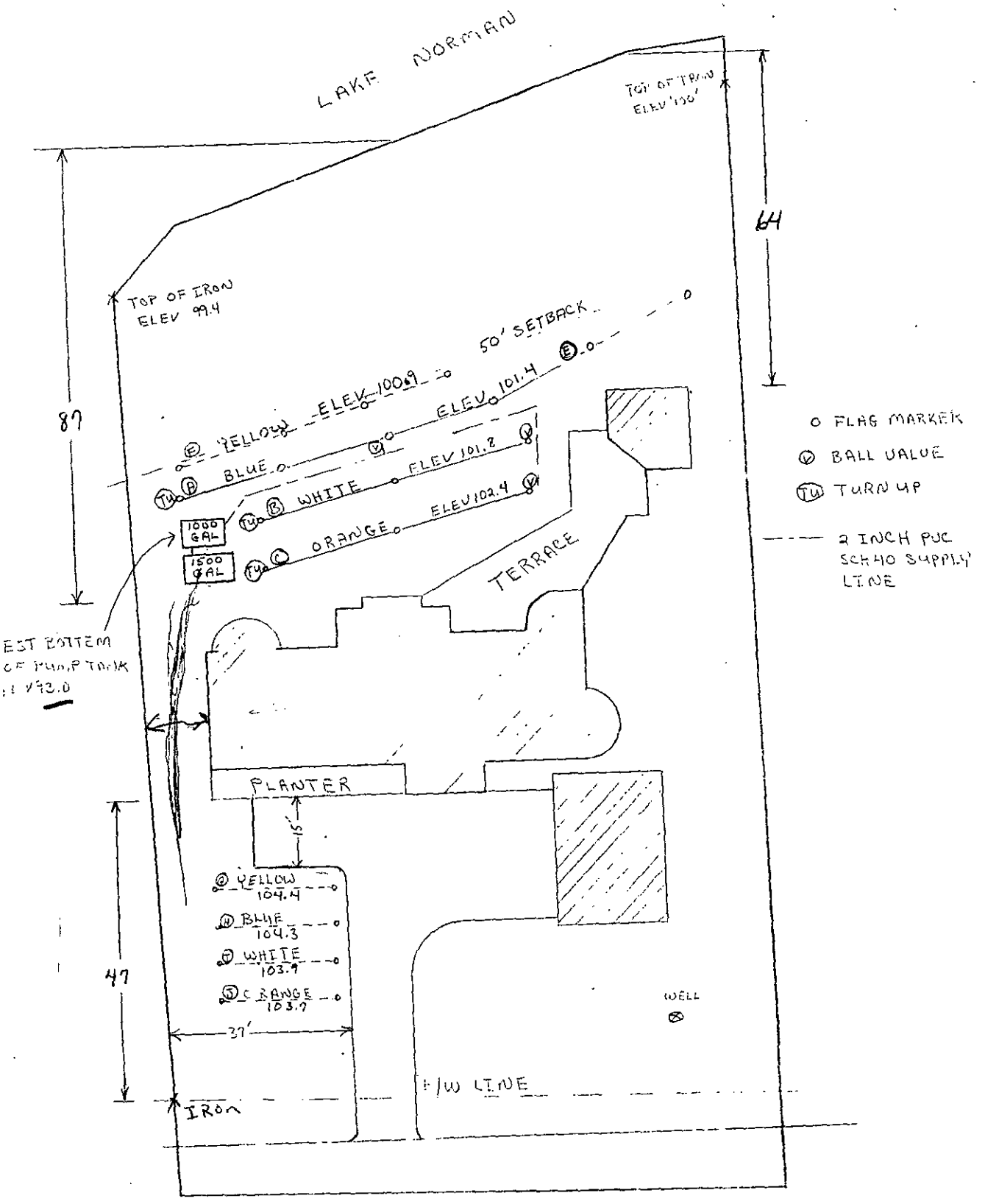
total 1.66

MECKLENBURG COUNTY

FILE # 4923 H

FOR CHARLES COLLINS

DATE: 3-27-91



BK: 06420 PG: 0468/0468 #:0073 6.00

REGISTERED DEC/21/1990 09:47AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO., N.C.

FILE NO. 49234

STATE OF NORTH CAROLINA

:OUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Barbara H. Collins

wner of property located at 22938 Torrence Chapel Rd. Davidson, NC 28036

the site") and described in an instrument recorded in Book 6230 at Page 593, Mecklenburg Public Registry,

reby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to stall a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordnce with the regulations promulgated by the North Carolina Commission for Health Services at 10 NCAC 10A .1934 et seq; that the epartment originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requeste ssment to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank ystem proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Depa ent that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findin ecified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally itable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his sponsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pur nt to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, it ficials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employee d officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons what ever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may uire.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the ntor index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons aiming any right, title, or interest in the site.

This 20th day of December, 1990.

Drawn by: x Barbara H Collins (SEAL)

(SEAL)

Return to Dept of Environmental Health

VICKI WINCHESTER NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

TE OF NORTH CAROLINA
UNTY OF MECKLENBURG

I, Vicki Winchester, a Notary Public for said County and State, do hereby certify that Barbara H. Collins personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20th day of December, 1990.

Vicki Winchester
Notary Public

Commission Expires Jan. 27, 1992

TE OF NORTH CAROLINA

I, _____

_____

_____

rument was signed in its name by its _____

and attested by _____

WITNESS my hand and notarial seal, th

State of North Carolina, County of Mecklenburg

The foregoing Certificate(s) of Vicki Winchester

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By Robin L. Canady Deputy - Register of Deeds

_____
Notary Public

Commission Expires _____

Mecklenburg County
Health Department

December 20, 1990

Charles C. Collins
20207 Rainbow Circle
Davidson, NC 28036

RE: Property located at 22938 Torrence Chapel Road
FILE: 4923A
PARCEL: 001-551-06

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GV/kjb

Enclosures - 3 Septic Tank Agreement Forms

#5
Leave Well
No 100' to
ASAP Please

For file

December 20, 19[illegible]

Mr. Gene Vaughn
Mecklenburg County [illegible]
1200 Blythe Blvd
Charlott[illegible], N. C. [illegible]

Dear Mr. Vaughn

This letter is [illegible] of our phone conversation today. We have had the property [illegible] December 17, 1990 by B. Phail Assoc., engineered subdivision [illegible] the new survey we found my neighbor has not built [illegible] property line [illegible] my building.

I will [illegible] my septic system [illegible] within 10' of the property [illegible] it can be within 5' of the foundation.

Thank you for your assistance.

Sincerely,

Carol S. Collins

** TOTAL PAGE.002 **

Date: December 15, 1990

From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Charles Collins

Charlotte, N.C.
Phone 704-

Subject: Lots 3 Knox Landing Mecklenburg County
File # : 4923A
Parcel : 00116101

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a three bedroom house ~~at~~ an application rate of .3 gpd. 360/.3 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

House placement on this lot is very critical as to the site approval for a T & J panel system due to space restrictions. House shall be place as noted on the drawing to insure proper space requirements.

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	9	one	5/32	3.0ft	40 '	.50	4.50
B	18	one	5/32	3.0ft	80 '	.50	9.00
C	18	one	5/32	3.0ft	80 '	.50	9.00
E	repair				120 '		
F	repair				80 '		
Totals	45				200'		22.50

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 1.66
Total lift = 10.40 (102.70 + 3 - 95.30 = 10.40) elev.
TDH = 12.06
20% margin = 16 ft (12.06 / .8 = 15.08 = 16 ft)

Pump Size: 28 (22.5/.8) gallon per minute at 16 feet of head.

Pump cycle should be 7.2 min or 162 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

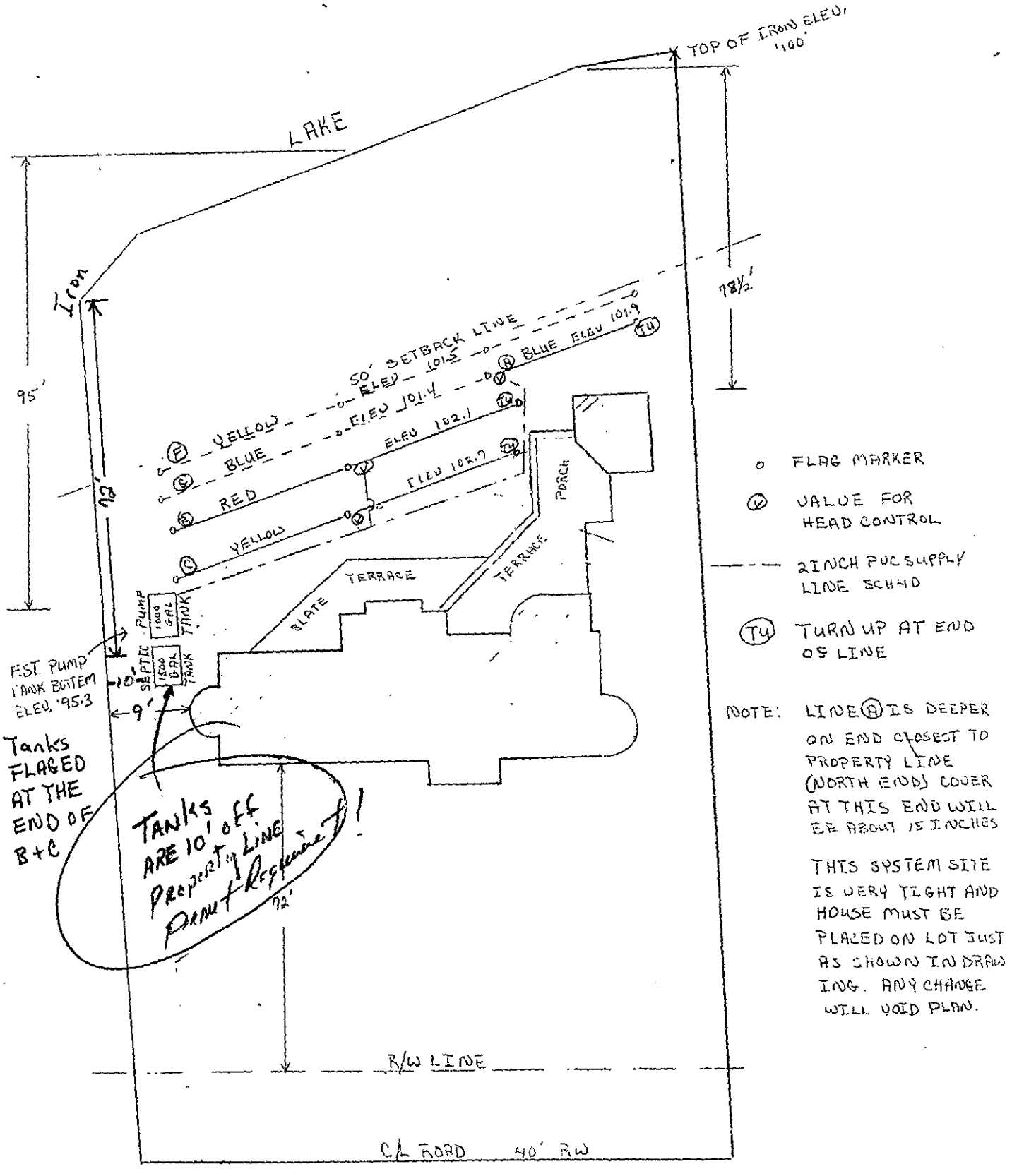
Friction loss:

supply line = 125 lf = 1.25 * 1.10 = 1.38

fittings = 1.38 * .2 = 0.28

total 1.66

MECKLENBURG COUNTY
FILE # 4923A
FOR: CHARLES COLLINS



o FLAG MARKER

(V) VALVE FOR HEAD CONTROL

2 INCH PVC SUPPLY LINE SCH 40

(TU) TURN UP AT END OF LINE

NOTE: LINE (A) IS DEEPER ON END CLOSEST TO PROPERTY LINE (NORTH END) COVER AT THIS END WILL BE ABOUT 15 INCHES

THIS SYSTEM SITE IS VERY TIGHT AND HOUSE MUST BE PLACED ON LOT JUST AS SHOWN IN DRAWING. ANY CHANGE WILL VOID PLAN.

4923A

SITE EVALUATION REPORT
SERIAL NUMBER 15589

Parcel: 00116101 PO

☐ RC

Location: Torrence Chapel Road

Subdivision:

Lot: 3 Block: Acres: Approx. .63

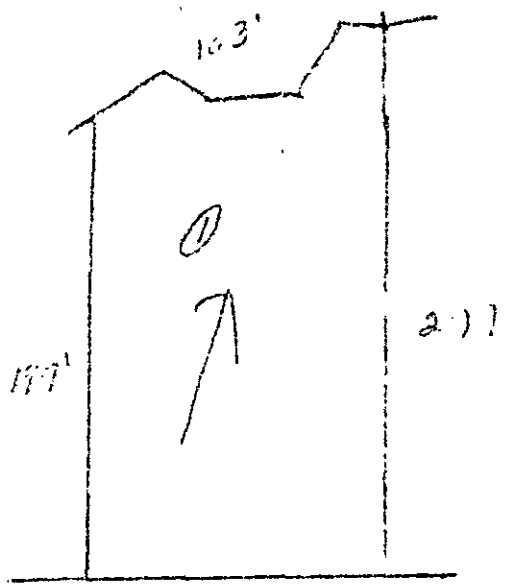
Owner: H. Edward Knox
Address: 22821 Torrence Chapel Rd
Davidson NC 28036

Comments: _____

Described by: William A. Marks

Date: 9-2-80

LAKE NORMAN



***** 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 2-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 >36" To water	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 Lim. Terr	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	1:A Enon-Iredell					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Date: December 09, 1990

From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Charles Collins

Charlotte, N.C.
Phone: 704-

Subject: Lot 3 Knox Landing
File # : 4923A
Parcel : 00116101

System type: ~~16 inch~~ T & J Panel System with gravity distribution.

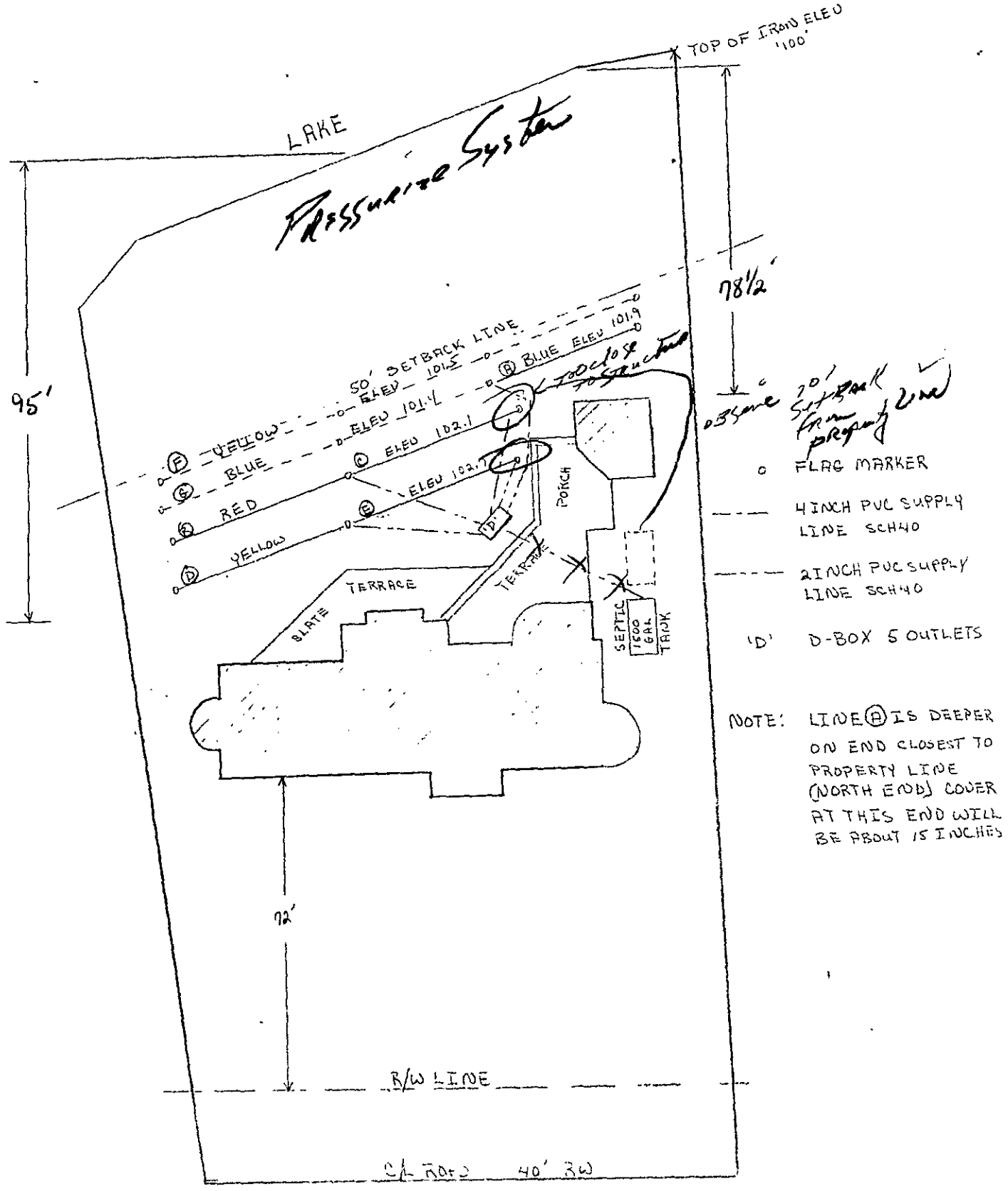
This system is designed for a three bedroom house at an application rate of .31 gpd. 360/.31 = 1161/3 = 387 LF of conventional drainfield multiplied by .5 = 194 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

This sys. may have to be pressurized.

Note proposed plan & service line to tanks.

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per min Line Flow
A	8				33 '		
B	9				40.5'		
C	9				40.5'		
D	9				40 '		
E	9				40 '		
F	repair				114 '		
G	repair				80 '		
Totals	44				194'		

MECKLENBURG COUNTY
FILE # 4923
FOR: CHARLES COLLINS



SITE EVALUATION REPORT
SERIAL NUMBER 15589

Parcel: 00116101 PO ☒ PC

Location:

Subdivision:

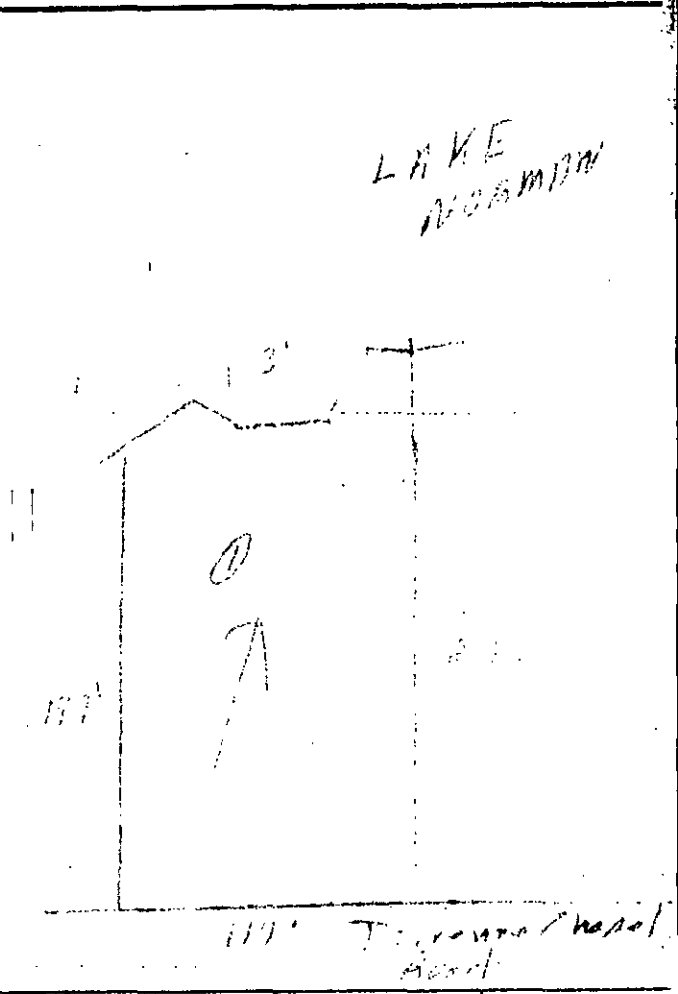
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

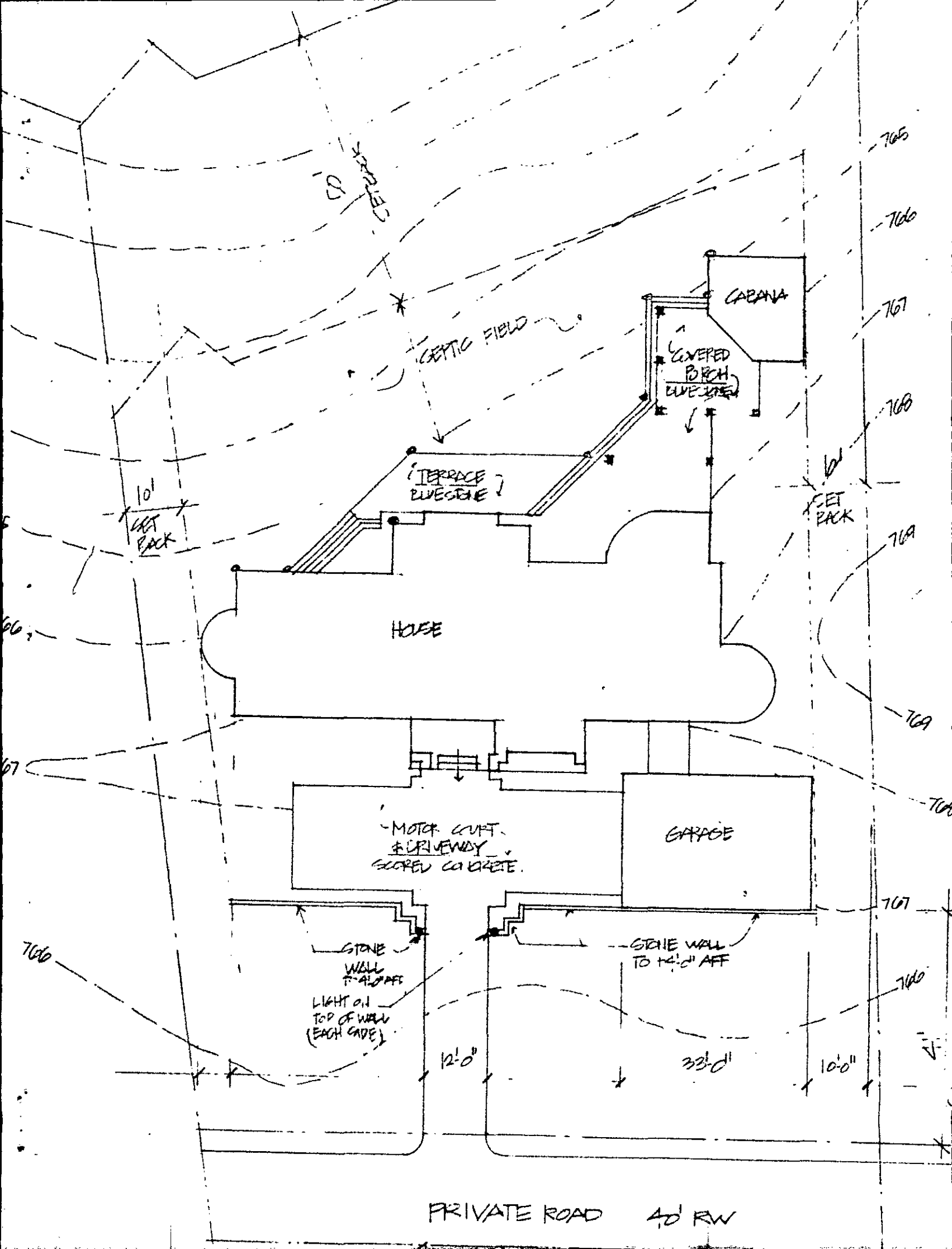
Date: 9-2-80



*** 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 2-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 >36" To Water	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 Limited	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	DA Cec. I-L. Ho					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U


765
766
767
768
769
CABANA
COVERED PORCH
SEPTIC FIELD
TERRACE
BLUESTONE
10' SET BACK
10' SET BACK
HOUSE
MOTOR COURT & DRIVEWAY SCORED CONCRETE
GARAGE
STONE WALL TO 4'-0" AFF
LIGHT ON TOP OF WALL (EACH SIDE)
STONE WALL TO 4'-0" AFF
12'-0"
33'-0"
10'-0"
PRIVATE ROAD 40' RW

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-7-90

Name/Company: Charles Collins, Jr.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. New Permit (Mod. Sys. - owe $100.00)

29135 Torrence Chapel Rd.

File No. 4923/A

TP: C01-161-01 PO

MECK. COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION PAID DEC 7 1990

Fee: $ 100.00

CC# 3814 $100.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 4923 A
TC: 001 - 551-06
SERIAL: № 20295
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 22938 (STREET NO.) Torrence Chapel Rd, Davidson N.C (STREET) ② FILE: 551-06 (WT)
③ JURISDICTION: ____ ④ TAX PARCEL NO.: 001-
⑤ SUBDIVISION: ____ ⑥ LOT: 3 ⑦ BLOCK: ____

OWNER

⑧ NAME: Charles G Collins, Sr (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 20207 Rainbow Circle
⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) 332-2661 ⑭ (HOME) 896-7922

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) ____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? ~~3~~ 3 BNC 12-6-90
㉕ Type? ____
㉓ Maximum occupancy? ____
㉖ Maximum number of employees? ____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? ____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Barbara N Collins
Date: 2-15-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist ____ / Date

Director or Authorized Section Head 12-21-90 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-15-90

Name/Company: Barbara H. Collins

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 15 1990

F76#44923A

Fee: $ 300.00

NOTICE:

+ A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 4923A
TC: 001-161-01P0
SERIAL: No 17538

see fee for 4923A for charge slip

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 22938 (STREET NO.) TORRENCE CHAPEL RD (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001-161-01P0
⑤ SUBDIVISION: KNOX LANDING ⑥ LOT: 3 ⑦ BLOCK:

OWNER

⑧ NAME: RONDAL (FIRST) FORD (MIDDLE) ELLER (LAST)
⑨ MAILING ADDRESS: P.O. Box 580
⑩ CITY: DAVIDSON ⑪ STATE: N.C. ⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-5165 ⑭ (HOME) 827-8711

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?
㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Rondal Ford Eller
Date: 1-16-89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 1/11/89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Corn

PARCEL NUMBER 001-161-01p0

ASSIGNED ADDRESS 22938 Torrence Chapel Rd

EXISTING ADDRESS Lot 3

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank - SF House (Knox Landing)

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

September 9th, 1988

H. Edward Knox
22821 Torrence Chapel Road
Davidson, NC 28036

RE: Property located at Torrence Chapel Road 3
FILE: 4923A
PARCEL: 00116101 PO

Dear Sir:

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 15589) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15589

File: 4923A

Action 1

Parcel: 00116101 PO

☐ PC

Location: Torrence Chapel Road

Subdivision:

Lot: 3 Block: Acres: Approx. .63

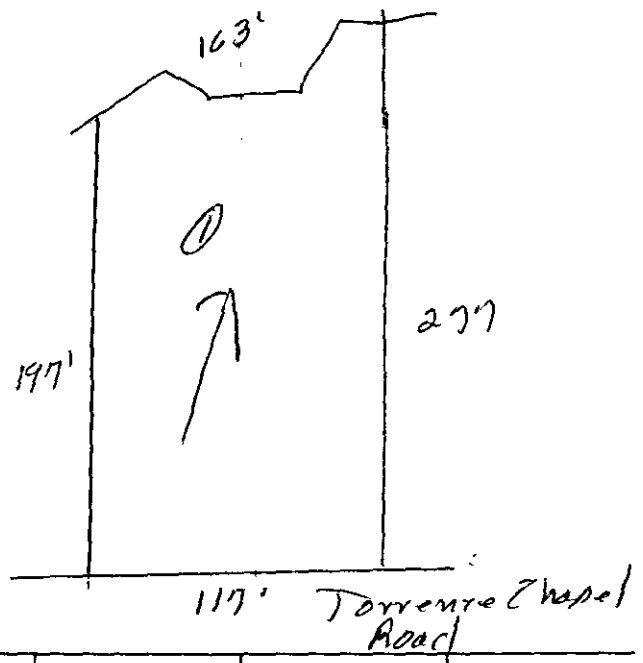
Owner: H. Edward Knox
Address: 22821 Torrence Chapel Road
Davidson, NC 28036

Comments: _____

Described by: William R. Mullis

Date: 9-8-00

LAKE NORMAN



*** 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 2-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 >36" To water	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 limited	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	10A Cec: I-I: No					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 26 1988
Dee Ragsdale
#1850

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)
4923A
FILE: ~~4823A~~
TC:
☐ PC ☐ REPT

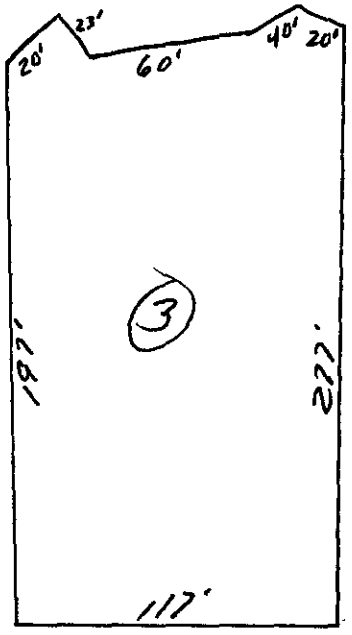
JOB LOCATION

① ADDRESS: 22821 Torrence Chapel Rd.
② SUBDIVISION: Knox Landing ③ LOT: 3 ④ BLOCK: 1
⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 161 PARCEL NO.: 01
⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: H (FIRST) EDWARD (MIDDLE) KNOX (LAST)
⑧ MAILING ADDRESS: 22821 TORRENCE CHAPEL RD.
⑨ CITY: DAVIDSON ⑩ STATE: N.C. ⑪ ZIP: 28036
⑫ PHONE: (WORK) 372-1360 (HOME) 892-1578

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: H. Edward Knox
Date: 8/26/88

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY