

11113 ASBURY CHAPEL RD

01917132

1/2/2008

duponbj

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

Mecklenburg County
Health Department

August 1, 1995

Ms. Margaret Ferrell
11125 Asbury Chapel Road
Huntersville, North Carolina 28078

Dear Ms. Ferrell:

Re: 11113 Asbury Chapel Road
File: 3087B/(Tax Parcel No. 019-163-03PO)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5575 to discuss any question you may have concerning this matter.

Sincerely,

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

cc: Candy Gilder, Applicant

Pd. #175 2 drives 6/24 ck #2356 $400 0%

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #150 7/8/94 Jr. #2144

30878

[X] 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: 7/8/94

PERSON FILING APPLICATION:
NAME: Gilder (last) Candy (first) P. (mi)
ADDRESS: 8501 Red Setter Ln PHONE: (704) 545-3505
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: Margaret (last) Ferrell (first) S. (mi)
ADDRESS: 11125 Asbury Chapel PHONE: (__) ____
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-163-03P0
STREET ADDRESS: 11113 Asbury Chapel Rd
ZONING:

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] 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 (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: 4 NUMBER OCCUPANTS: 2
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: X Candy P. Gilder Date: X 7/8/94

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.

...Liff pump required

[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

Philo S. Walker 8/3/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

OP2

P/S change Name
to Kelly Randall.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3087B/9458A DATE: 8-9-95

TC: PO 019-163-03 ☐ L ~~☐ CRT~~

SERIAL Nº 16368

Name of Owner CANDY GILDER Juris.: _____

Address of Property (18) ~~8707 REED S~~ 11113 ASBURY CHAPEL RD

Inspection Data:

Tank Material PLC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12"-30"

Water Supply Source well

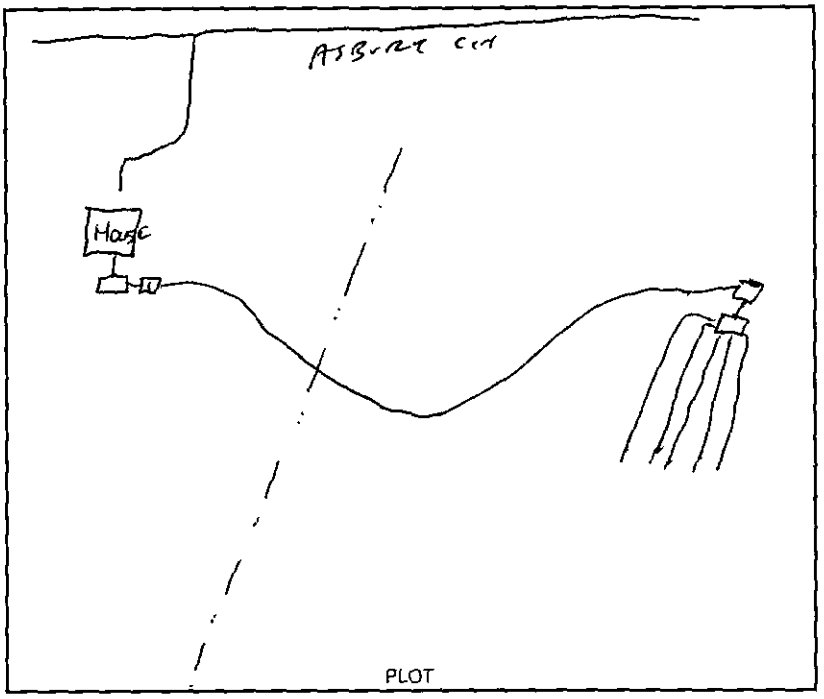
Distance to Water Source 100'+

Excavation Inspected 7-28-95

Tank(s) Inspected 7-28-95

Wash Line Inspected —

High Water Alarm Inspected _____



Design 1995 LWW 93-2-R1 CTR# WILLIE CHRISTENBURY 140

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

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III

Environmental Health Specialist

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

30878

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #150 7/8/94 No. #2144 [X] 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: 7/8/94

PERSON FILING APPLICATION:
NAME: Gilder (last), Candy (first) P. (mi)
ADDRESS: 8501 Red Setter Ln PHONE: (704) 545-3505
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: Margaret (last) Ferrell (first) S. (mi)
ADDRESS: 11125 Asbury Chapel PHONE: (__) _____
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-163-03PO
STREET ADDRESS: 11113 Asbury Chapel Rd
ZONING: _____

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
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[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
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[] 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: 4 NUMBER OCCUPANTS: 2
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)
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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: X Candy P. Gilder Date: X 7/8/94

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.

...Lift pump required

[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

Thilo S. Walker 8/3/94
Environmentalist Date

Director or Authorized Section Head Date

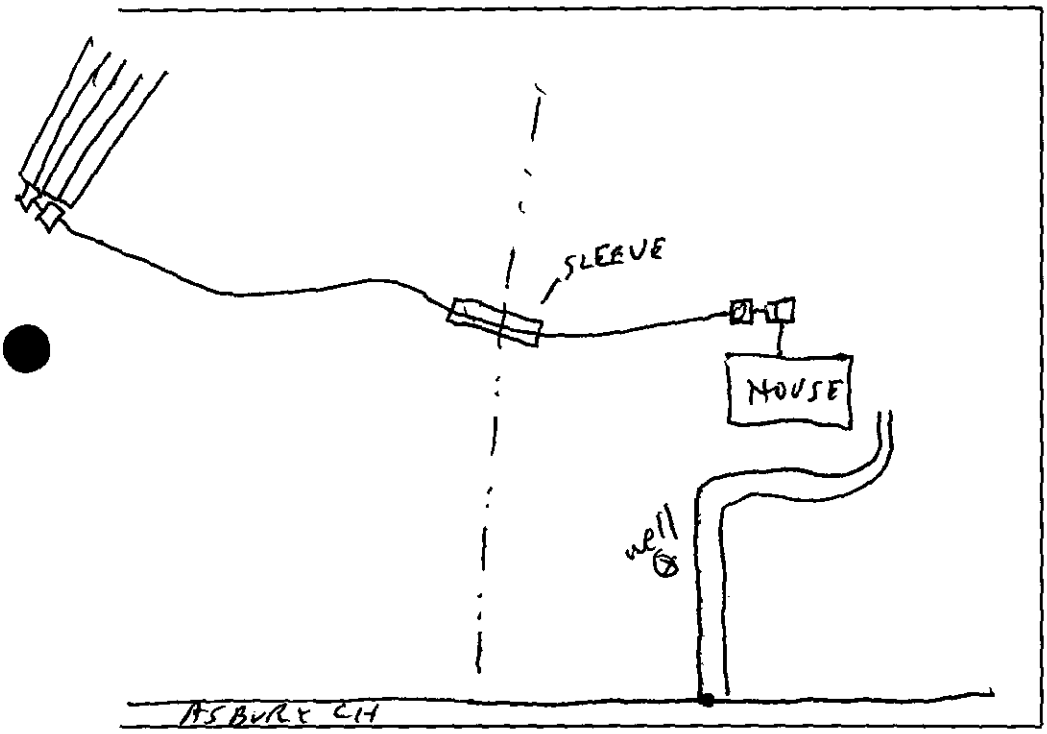
WWATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

TC ~~FILE:~~ 019-163-03 PO DATE: 7-9-95
FILE: ~~Fe:~~ 3087-B ☐ L
SERIAL Nº 16359

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 7-8-94. All work shall be completed on or before 10-9-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 1500 gallons
Liquid Capacity of Dosing Tank 1000 gallons
Tank Construction PCC
Trench Depth 2'
Absorption and/or Nitrification Lines:
Trench Width 3' feet
Trench Walls Scored and Porous Yes
Total Line Length 400 feet
Number of Lines 5
~~Depth of Stone~~ IWWS 93-2-RI inches
Distance from House 5' + feet
Distance from Property Line 10' + feet
Distance from Well 100' + feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CANDY GILDER

LOCATION OF PROPERTY 11113 ASBURY CHAPEL RD

Comments: PROP OWNER OPS FOR IWWS 93-2-RI CANNOT GET ROCK TO SITE

Cathy Randall
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028625

File: 30878 Action 3

Parcel: PO 019-163-14 ☐ PC

Location: 11113 Asbury Chapel Road

Subdivision:

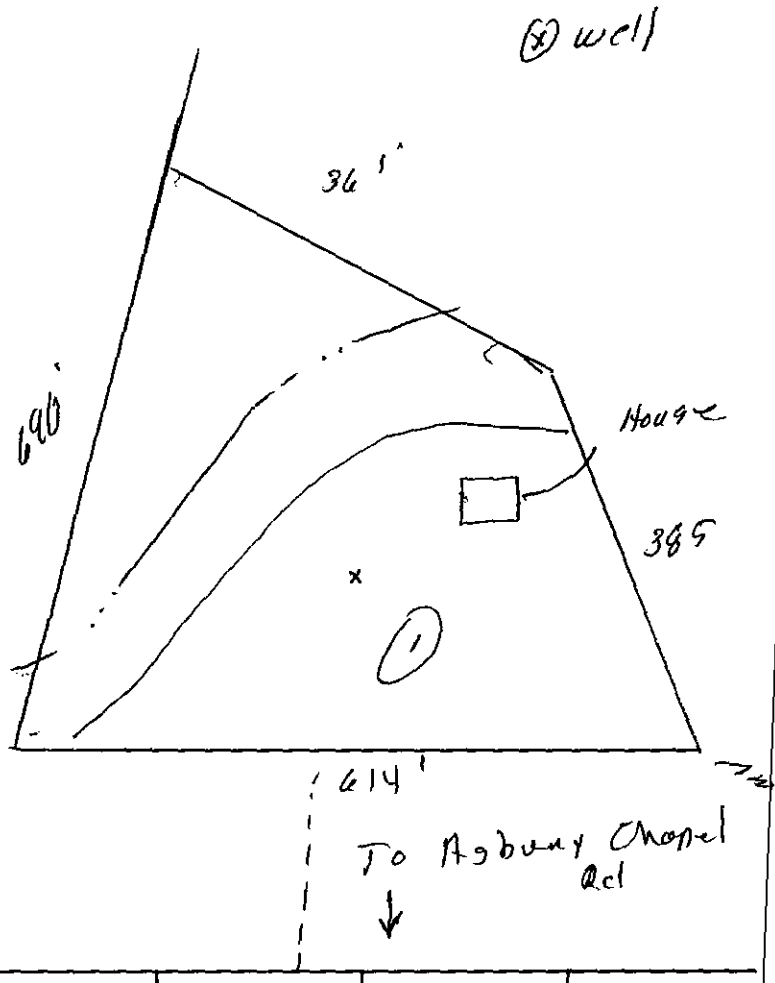
Lot: Block: Acres: Approx 2.0

Owner: Candy P. Gilder
Address: 8501 Red Setter Lane
Charlotte, N.C. 28227

Comments: 100% Repair

Described by: William R. Marks

Date: 6-26-95



*** 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	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive 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) Some soil wetness 12-45"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	Series Not Determined					
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 20374

File: 30878/94588 Action 2

Parcel: 80 019-163-03 400 GPC

Location: off Asbury Chapel Road

Subdivision:

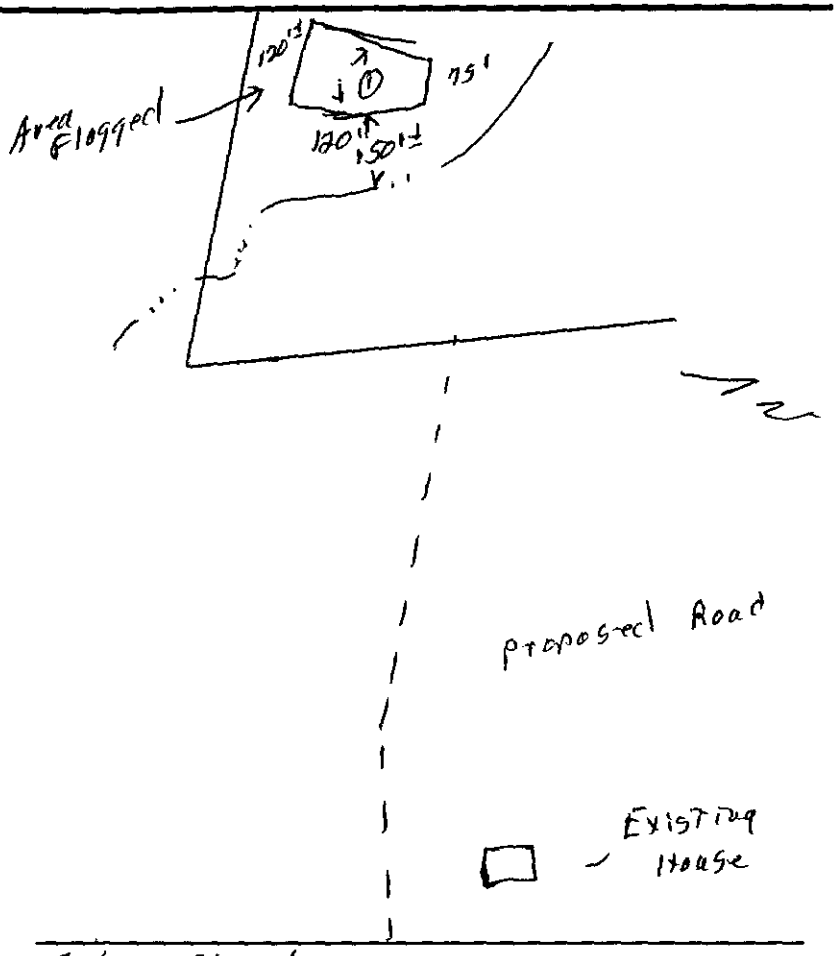
Lot: 9 Block: Acres: Approx. .25

Owner: Margaret S. Ferrell
Address: 11125 Asbury Chapel Road
Huntersville, N.C. 28078

Comments: 100% Repair, 3 gal/ft/day LTAR, system served require pump

Described by: William R. Marks

Date: 5-31-94



*** 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	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 sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30-36"	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-Urban					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S

PROPOSED PLOT PLAN

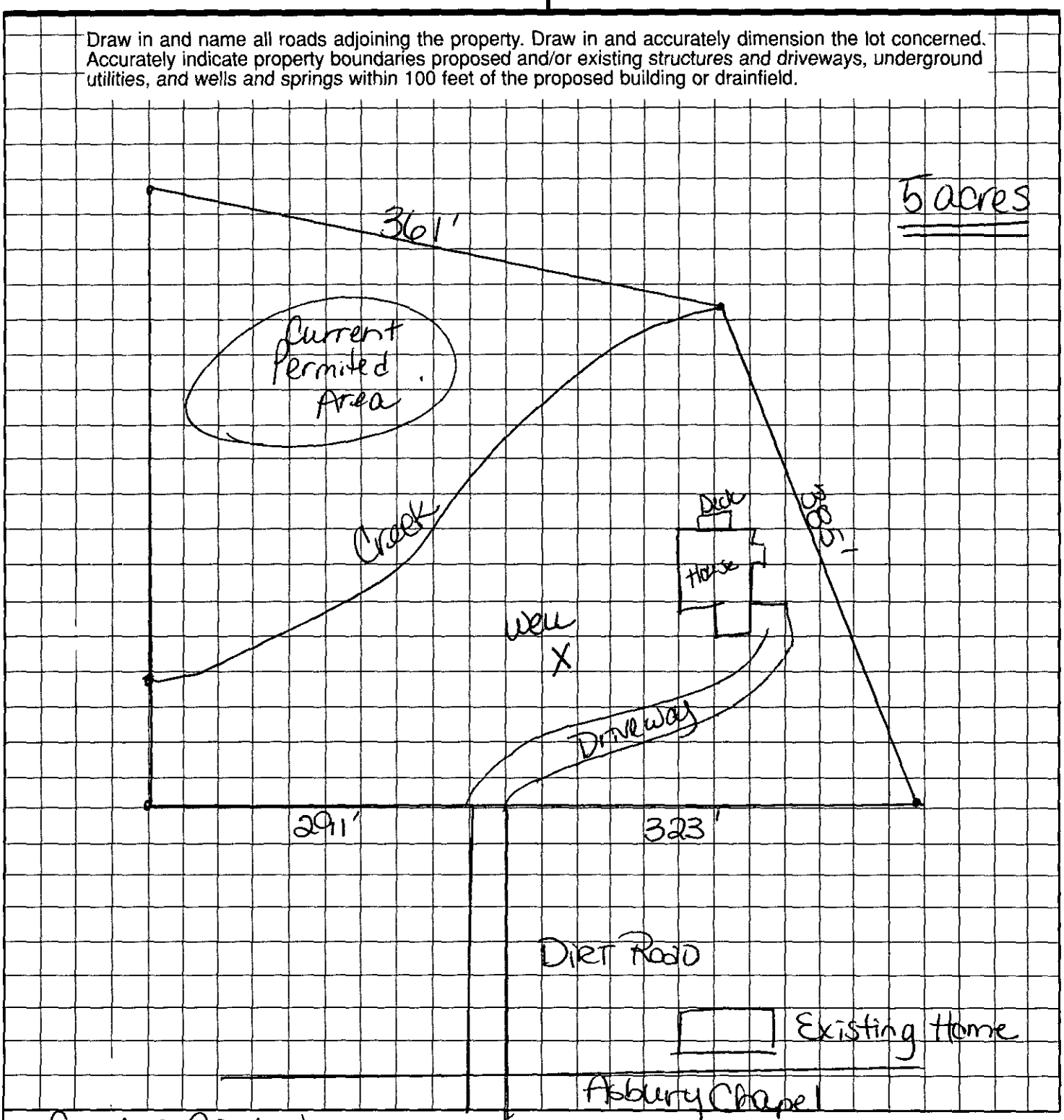
2nd Site Evaluation

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

FILE: 3087B

TC: 019-163-03 PO

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.



Candy P Gilder
OWNER/AGENT SIGNATURE

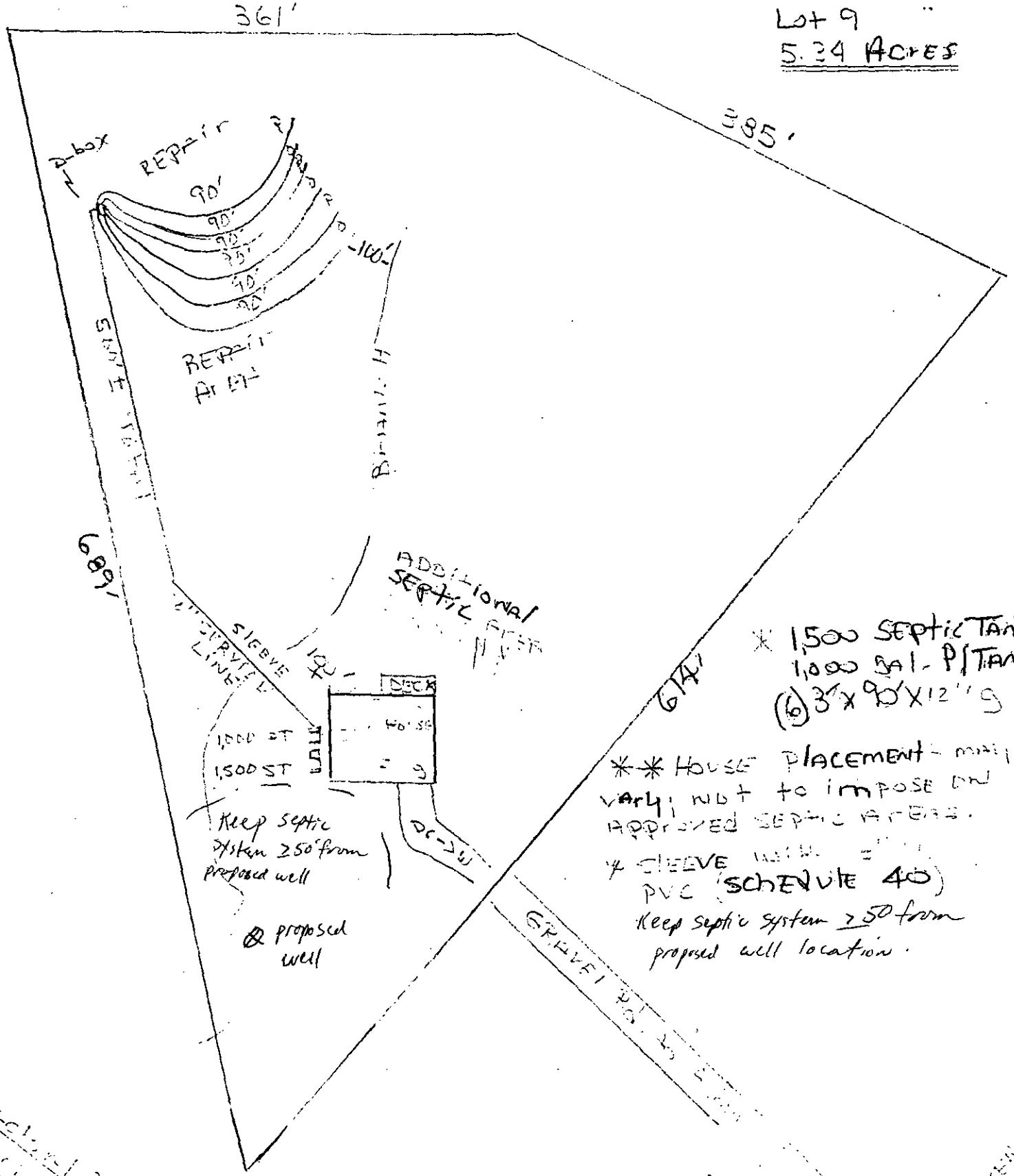
DATE 6/22/95

APPROVAL DATE _____

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

(4) Bedroom / Conventional Pressurized

MCHD
FILE: 3087B
TC: 019-163-03
Lot 9
5.34 Acres



* 1,500 Septic Tank
1,000 Gal. P/Tank
(6) 3' x 90' x 12" S

** House placement - may vary; not to impose on approved septic areas.

* Sleeve min. 4" PVC (Schedule 40)
Keep septic system ≥50 from proposed well location.

Tim Whitmer
8/1/94

Scaled

IMCHD
FILE: 30873
TC: 019-163-02
Lot 9
5.34 AC-

L:\WORK\WORDS\DESIGN

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE: ✓CONVENTIONAL / PUMPED
CONVENTIONAL (SHALLOW PLACEMENT)
8-INCH PPBPS-GRAVITY DISTRIBUTION
8-INCH PPBPS-PRESSURE DISTRIBUTION
16-INCH PPBPS-GRAVITY DISTRIBUTION
16-INCH PPBPS-PRESSURE DISTRIBUTION
LPPS
OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX
✓DISTRIBUTION BOX (1)
DIPPER BOX
FLOW DIVIDER
WASH BOX
✓SPECIAL FITTINGS (SLEEVE)
PRESSURE MANIFOLD
SIPHON
MULTIPLE PUMPS
OTHER

WELL ABANDONEMENT
EASEMENT
LOT COMBINATION/SURVEY
EARTHEN SURFACE SWELL
FRENCH/CURTAIN DRAINS
GREASE INTERCEPTOR
PUMP TANK - 1,000 gallon
SAPROLITE TEST
Septic Tank - 1500 gallon

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
			Drip					
L 1						90'		
L 2						90'		
L 3						90'		
L 4						90'		
L 5						90'		
L 6						90'		
					Total	540'		

REPAIR SAME

PSW
app 8/3/94

T. WHITAKER
866-9540

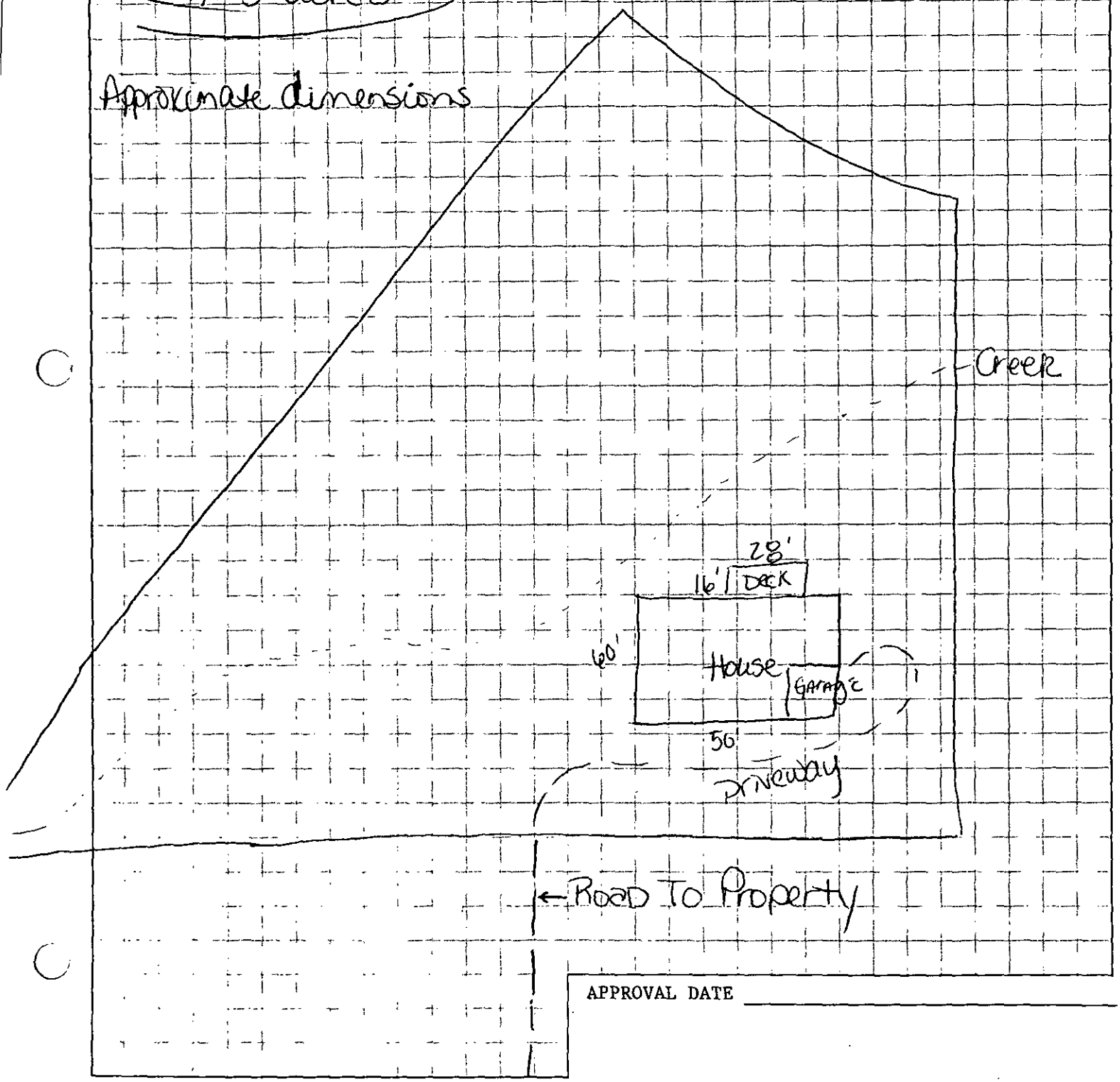
PROPOSED PLOT PLAN

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

FILE: 30878

TC: 019-163-03

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

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

DATE: 7/8/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Merk

PARCEL NUMBER 019-163-03

ASSIGNED ADDRESS 11113 Asbury Chapel Rd

EXISTING ADDRESS _____

PROJECT NAME NA

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 & Well

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 DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

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

June 1, 1994

Ms. Margaret S. Ferrell
11125 Asbury Chapel Road
Huntersville, NC 28078

RE: Property located at Asbury Chapel Road (Lot #9)
FILE: 3087B/9458A
PARCEL: 019-163-03PO

Dear Ms. Ferrell:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20374) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Sincerely,

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

KR:lw
Enclosure (2)

3087B/9458A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 Mg 4/18/94 X. ☐ 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: Ferrell, Margaret S. (last) (first) (mi)

ADDRESS: 11125 Asbury Chapel Rd. PHONE: (704) 875-2423

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: April 8, 1994

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 01916303P0

STREET ADDRESS: Asbury Chapel Rd.

ZONING:

PROPERTY OWNER:

NAME: SAme (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

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): 5 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 (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
☐ 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: Margaret S. Ferrell Date: April 8, 1994

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

MSF Margaret S. Ferrell 4/8/94

Director or Authorized Section Head Date

WATER : 122791

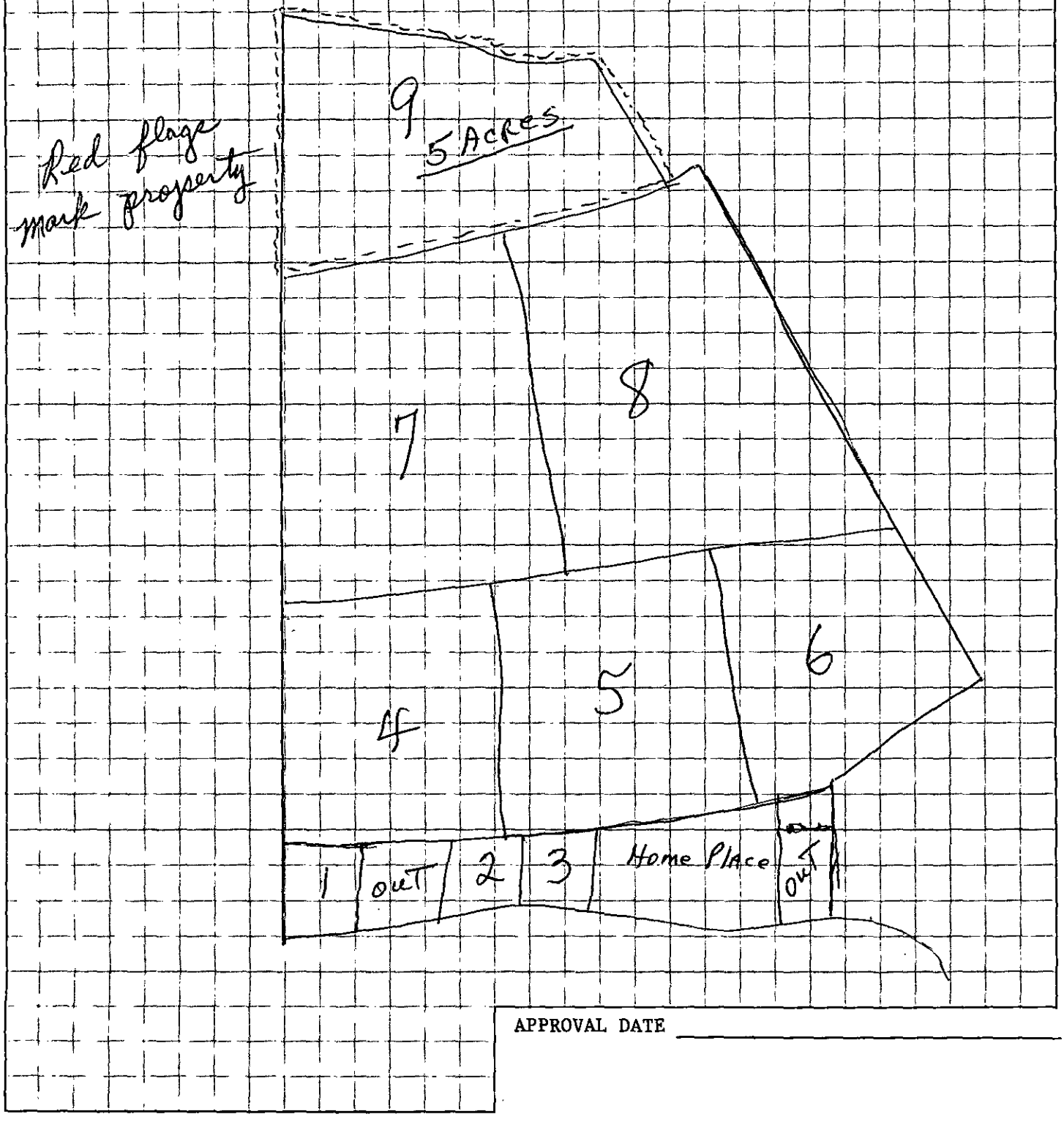
PROPOSED PLOT PLAN

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

FILE: 30878/84584

TC: 01916303 PO

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