

4917 TROJAN DR

19924308

6/6/2007

duponbj

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

PROPOSED PLOT PLAN

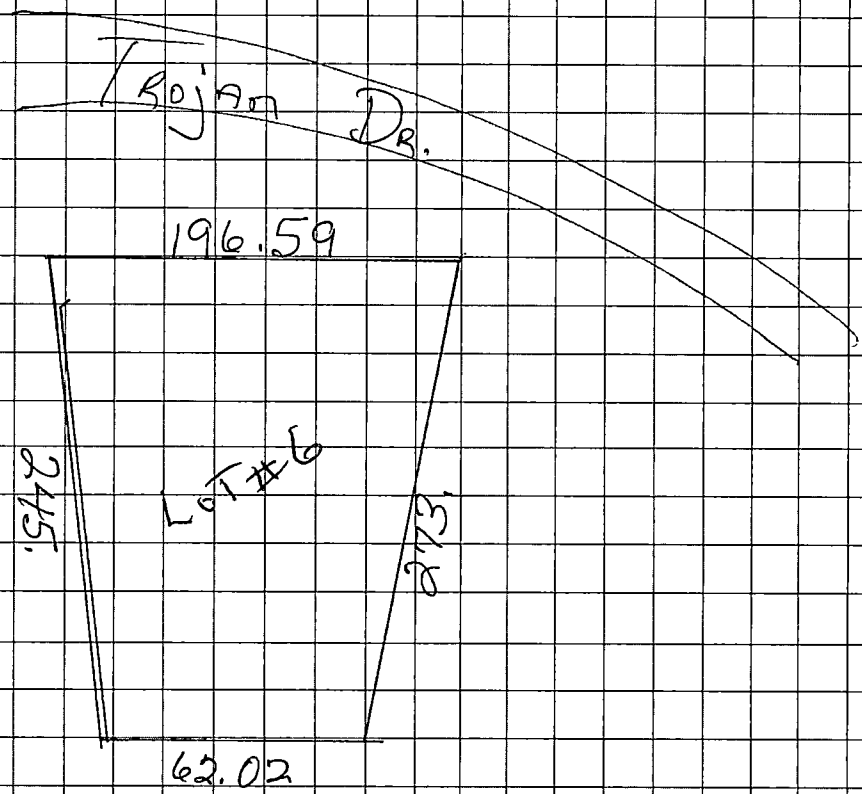
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

3906A

FILE: 199-241-21

TC: _____

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 5-14-96

OWNER/AGENT SIGNATURE

DATE

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

5-14-96

S906A

Mecklenburg Insurance Services, Inc. FAX

4827 PARK ROAD, SUITE 201 • CHARLOTTE, NC 28209 • PHONE (704) 525-8140 •

FROM: Bobby F. Grubb

TO: Mecklenburg County Health Dept. FAX NO: (704) 527-9314

RE: Perk Test For Lot At 4917 Trojan Dr, Charlotte N.C. DATE: _____

PAGE _____ OF _____

ATTENTION: MRS. LORRAINE

I hereby give my permission for your department to do whatever test necessary to determine if land is suitable for a septic system.

Cordially,

Bobby F Grubb

YOUR Independent Insurance AGENT

FEE: 35= ck#1185

DATE: 5-14-96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5906 H

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-241-22 (4917)

STREET ADDRESS: 4901 Trojan Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: L#7 L#6

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
✓ HOUSE (H) __ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG __ 4 PINEVILLE
__ 1 CHARLOTTE __ 5 MATTHEWS
__ 2 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE: —

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Consultation completed 6-19-96
Mike Buffkin present onsite.
W. A. Mabin 6-19-96

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): Well

__ COMMUNITY (C) __ MUNICIPAL (M) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

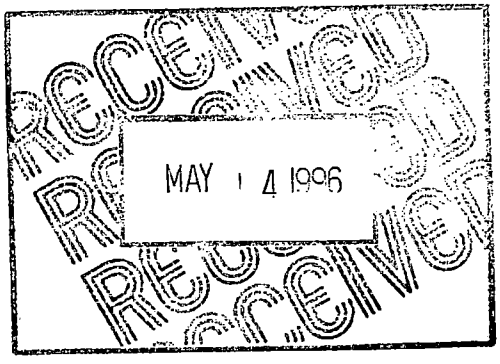
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Grubbs Bobby (LAST) (FIRST) (MI)	NAME: Buffkin Michael H. (LAST) (FIRST) (MI)
ADDRESS: 8907 Gold Medal Ct.	DAYTIME PHONE: ( ) 531-8232
CITY: Charlotte STATE: N.C. ZIP: 28	
DAYTIME PHONE: ( ) 525-8140	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Mike Buffkin DATE: 5-14-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


RECEIVED
MAY 14 1996

Mecklenburg County
Health Department

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

July 26th, 1989

Bobby F. Grubb
4817 Park Road
Charlotte, NC 28209

RE: Property located at 4917 Trojan Drive
FILE: 5906A
PARCEL: 19924121

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 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 16265) 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 10 NCAC 10A .1948 (c) 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 I may be of any assistance, please feel free to call.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16265

File: 5906A Action 2

Parcel: 19924121 ☐ PC

Location: 4917 Trojan Drive

Subdivision:

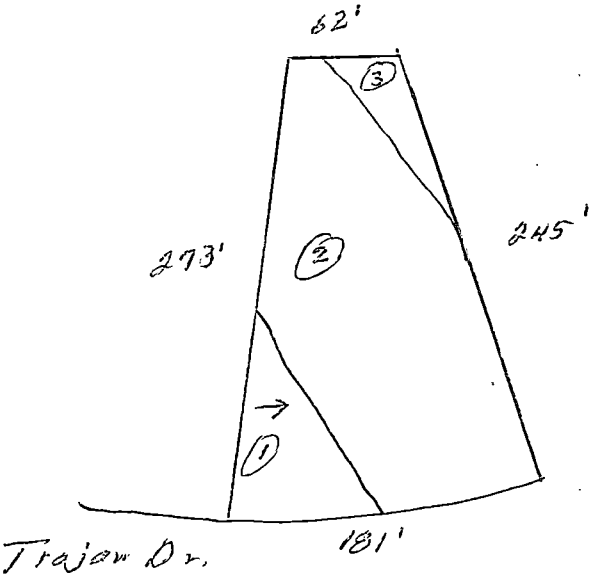
Lot: Block: Acres: .77

Owner: Bobby F. Grubb
Address: 4817 Park Road
Charlotte, NC 28209

Comments: _____

Described by: William A. Marsh

Date: 7-25-84



***** 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) Drainageway Depression	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1C clay	S PS U —	S PS (U) 2-1C clay	S PS U	S PS U	S PS U
Structure	S (PS) U Block #1	S PS U	S (PS) U Block #1	S PS U	S PS U	S PS U
Drainage	S PS (U) Perched water 22"+	S PS (U) Seasonal water 6"	S PS (U) Perched water 16"+	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS (U) 24-30"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736'	S PS U	S (PS) U 736'	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS (U) Restricted	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	IVB Helena silt	Drainageway Depression	IVB Mecklenburg Helena			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5906A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 4917 TROJAN DR.

② SUBDIVISION: OLYMPIC WOODS ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 199 PAGE NO.: 24 PARCEL NO.: 19924121

⑥ DEED REFERENCE: BOOK NO.: 3288 PAGE NO.: 514

OWNER

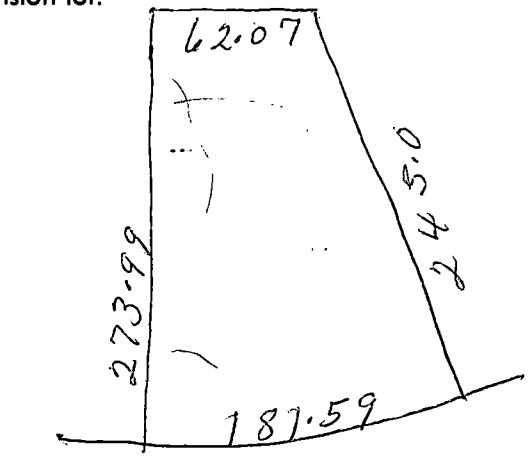
⑦ NAME: Bobby (FIRST) F. (MIDDLE) GRUBB (LAST)

⑧ MAILING ADDRESS: 4827 PARK RD.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28209

⑫ PHONE: (WORK) 525-8140 (HOME) 588-3171

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Bobby F Grubb

Date: 7/14/89

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: July 14, 1989

NAME/COMPANY: Bobby J. Smith

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVI.
PAID
JUL 14 1989

Sanitation ____

Vector Control ____

OPWD ✓

SERVICE: Soil Test
5906A

FEE: 40 —

Completed By

Susan Latimer
Collected By

Pd Ck 1002