


2828 COCHRANE DR

04115607

5/15/2007

duponbj

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

# APPLICATION FOR AN IMPROVEMENT PERMIT

1/26/88 pd 100 — CK#6930 JK

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: 4081A

TC: _____

SERIAL: Nº 15347 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 2828 (STREET NO.) Cochrane Dr (STREET) ② FILE: _____

③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 041-156-07

⑤ SUBDIVISION: N/A ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: Paul (FIRST) B (MIDDLE) Stewart (LAST)

⑨ MAILING ADDRESS: 9805 Hood Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215

⑬ PHONE: (WORK) 455-5136 ⑭ (HOME) 596-1440

**REQUEST**

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

**DESIGN CRITERIA**

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.*

Signed: P B Stewart

Date: 1/25/88

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, *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*.

Judy J. Kiser R.S. 7/8/88
Environmentalist Date

Cynthia D. Wood 7/8/88
Director or Authorized Section Head Date

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

041-156-07
828 Cochran Drive
TP: 041-156-07

PAUL B. STEWART - NCDL 1138544
OR JEAN B. STEWART - NCDL 995899
9805 HOOD ROAD 596-1440
CHARLOTTE, NC 28215

6930

Jan. 25 19 88

68-19
530

PAY TO THE ORDER OF Mck-Cnburg County E. $ 100.00

One hundred & no/100 DOLLARS

NCNB National Bank of North Carolina Charlotte, NC 28255

FOR Septic Tank Permit 15347 Paul B Stewart
828 Cochran

⑆053000196⑆ 00334773⑈ 6930

# PERMIT

47 ☐ L

② FILE: 041-156-

**JOB LOCATION**

⑤ SUBDIVISION: N/A ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: Paul (FIRST) B (MIDDLE) Stewart (LAST)

⑨ MAILING ADDRESS: 9805 Hood Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 2821

⑬ PHONE: (WORK) 455-5136 ⑭ (HOME) 596-1440

**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? 2

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

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the De has approved the Request for the Job Location contained in this c This approval is granted in accordance with the provisions of Rules For Sanitary Sewage Collection, Treatment And Disposal ir the time of issuance of the permit and is subject to the following p . . . No work shall be conducted on the septic tank system Installation, Construction, Alteration and/or Repair permit is issu Department.

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

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 DEPARTMENT OF ENVIRONMENTAL HEALTH

# PROPOSED PLOT PLAN

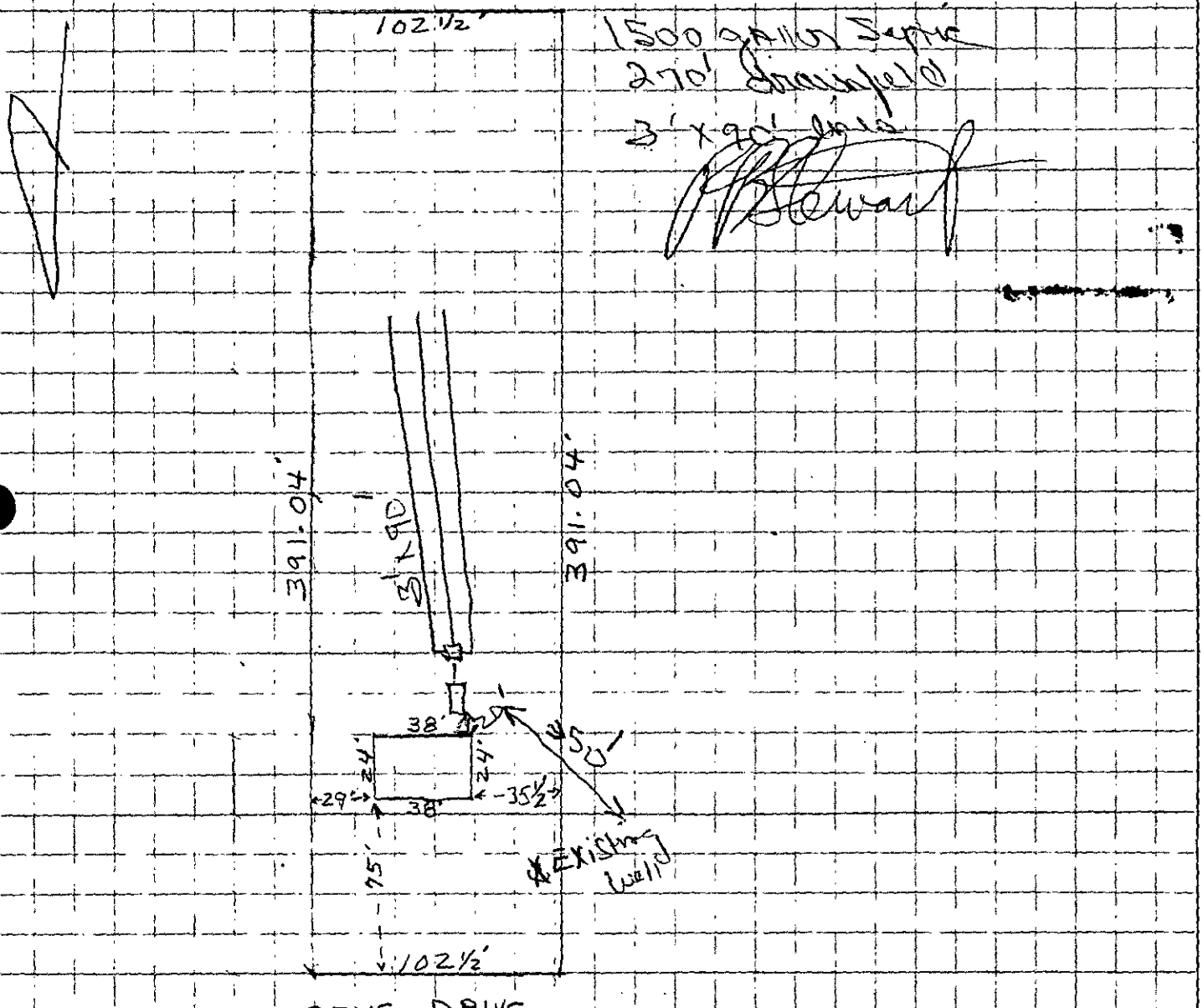
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 4081A

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.




= 33 1/3 Ft

Signed: _____

Date: 1/24/88

Sec. # 15347

Lot. 2828 Cochrane Dr.

# MECKLENBURG COUNTY

Department of Environmental Health

November 16th, 1987

Paul B. Stewart
9805 Hood Road
Charlotte, NC 28215

RE: Property located at 2780 Cochran Drive
FILE: 4081A
PARCEL: 14115607

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 14763) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 14763

File:

Action 4

Parcel: 4081A
14115607

☐ PC

Location: 2780 Cochran Drive

Subdivision:

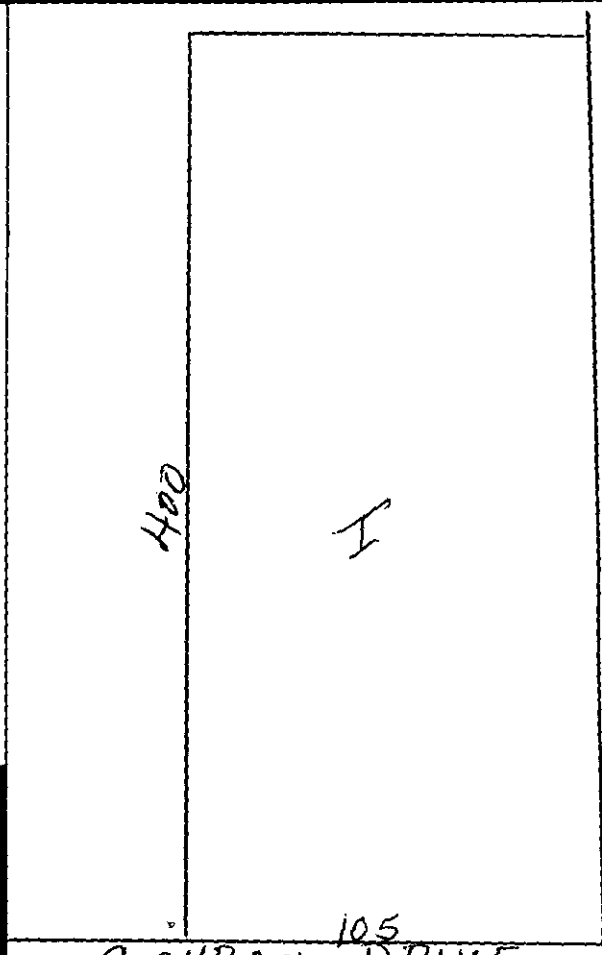
Lot: Block: Acres:

Owner: Paul B. Stewart
Address: 9805 Hood Road
Charlotte, NC 28215

Comments: _____

Described by: W. B. Ramsey

Date: 11-12-87




***** 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 2-5 | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 40-47 | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U | 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 | Iva Cecil | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

Paid 11-3-87 $30.00 ck

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 4081A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 2760 Cochran Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: 141 PAGE NO.: 156 PARCEL NO.: 07

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

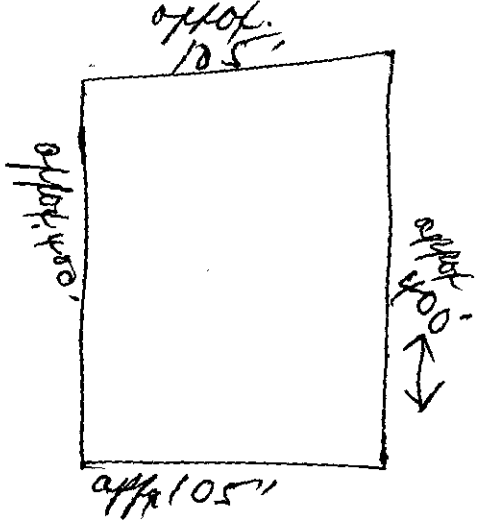
⑦ NAME: Paul (FIRST) B (MIDDLE) Stewart (LAST)

⑧ MAILING ADDRESS: 9805 Hood Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28215

⑫ PHONE: (WORK) 455-5136 (HOME) _____

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: Paul B Stewart

Date: 11/3/87

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