

2019 BREEZEWOOD DR

02914419

4/30/08

marliwr

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

CKLENBURG COUNTY ENVIRONMENTAL HEALTH
E EVALUATION REPORT
RIAL NUMBER 13148

File: 2439A Action 3

Parcel: 02914419 PC

ation: Breezewood Drive

division:

Block: Acres: 1.3

ner: Dorinda F. Lindsay
dress: 1335 Moretz Avenue
Charlotte, NC 28206

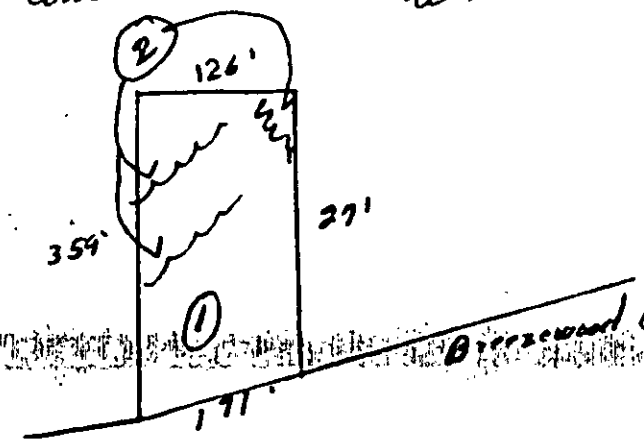
iments: Perched water occurs
front of lot

cribed by: William A. Mabe

: 9-29-94

Lot rechecked 10-21-94. Some perched water 6-8 inches from soil surface - generally less than 10" (8-14") to unsuitable condition - capable, expansive clay, soil wetness condition.

WAM - 10-21-94



*** EVALUATION KEY ***

= Suitable U = Unsuitable
= Provisionally Suitable

"Area Classification" below indicates the suitability of as in the diagram.

CTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
pography	(S) PS U 2-8%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
xture	S PS (U) 2-1 C 161	S PS U —	S PS U	S PS U	S PS U	S PS U
ructure	S (PS) U Block #1	S PS U	S PS U	S PS U	S PS U	S PS U
ainage	S PS (U) some ponded water 4"	S PS (U) channels TOPP	S PS U	S PS U	S PS U	S PS U
pth	S PS (U) 12-21"	S PS U —	S PS U	S PS U	S PS U	S PS U
estrictive Horizons	S PS (U) 12-21"	S PS U —	S PS U	S PS U	S PS U	S PS U
vailable Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
ther (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
oil Group/Series	1 V B W. Ikes- Enville	complex slopes				
rea Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2139A

Fee 150 Ck 50 9/21/94 ☐ 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:

PERSON FILING APPLICATION:
NAME: WATKINS, JR. (last) LEROY (first) J. (mi)
ADDRESS: 10921 Balbriggan PHONE: 704 549-0923
CITY: Charlotte STATE: NC ZIPCODE: 28262

PROPERTY OWNER:
NAME: LINDSAY (last) DORIND (first) F (mi)
ADDRESS: 4335 Morelle PHONE: 704 377-2420
CITY: Charlotte STATE: NC ZIPCODE: 28206

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 029-144-19
STREET ADDRESS: 2019 Breezewood Dr.
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: 18 LOT SIZE (in acres): 1.4

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: 3 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)
☐ 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: _____ Date: 9-21-94

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.

...

☒ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 122791

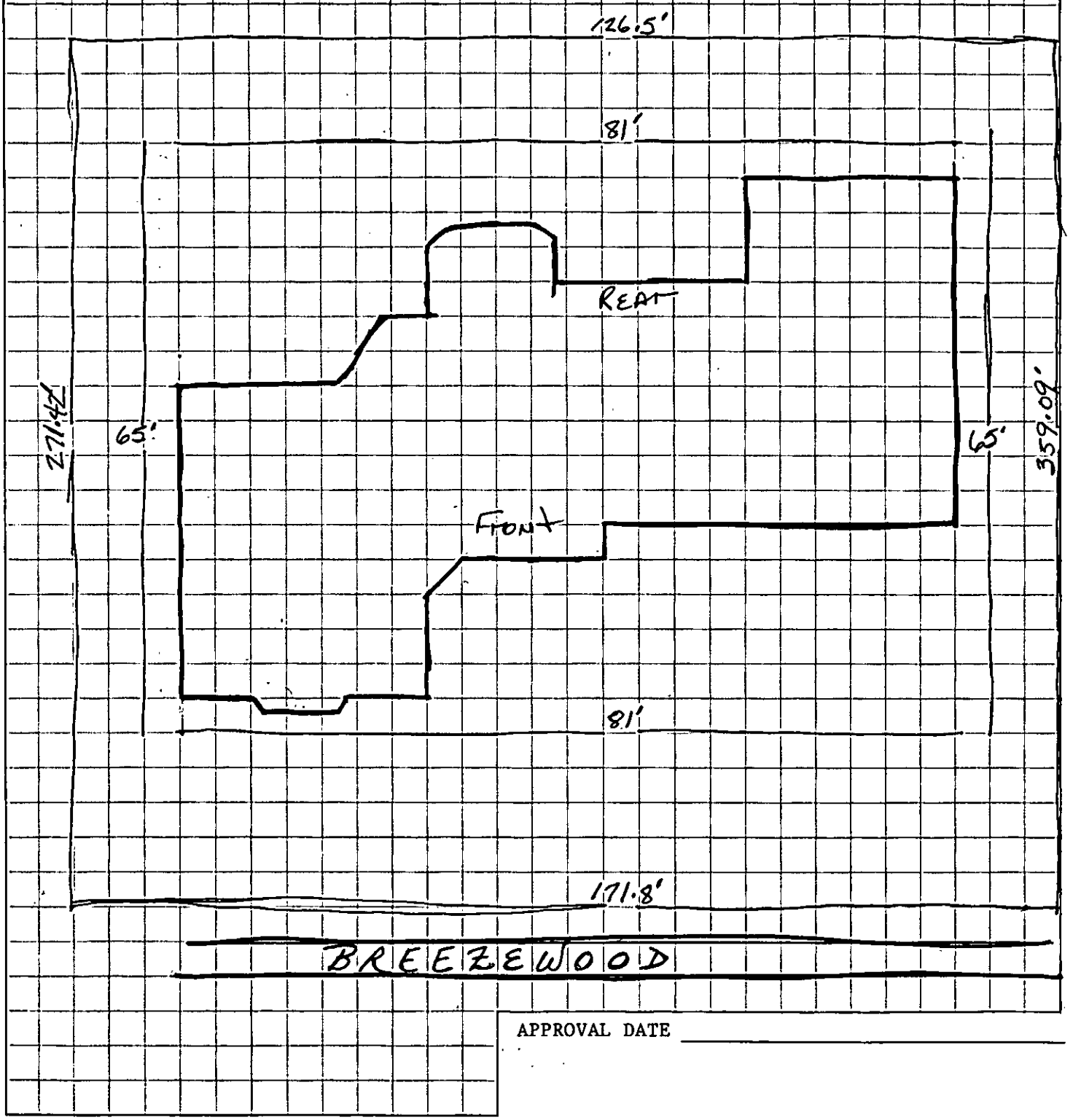
PROPOSED PLOT PLAN

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

FILE: 2439A

TC: 029-144-19

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

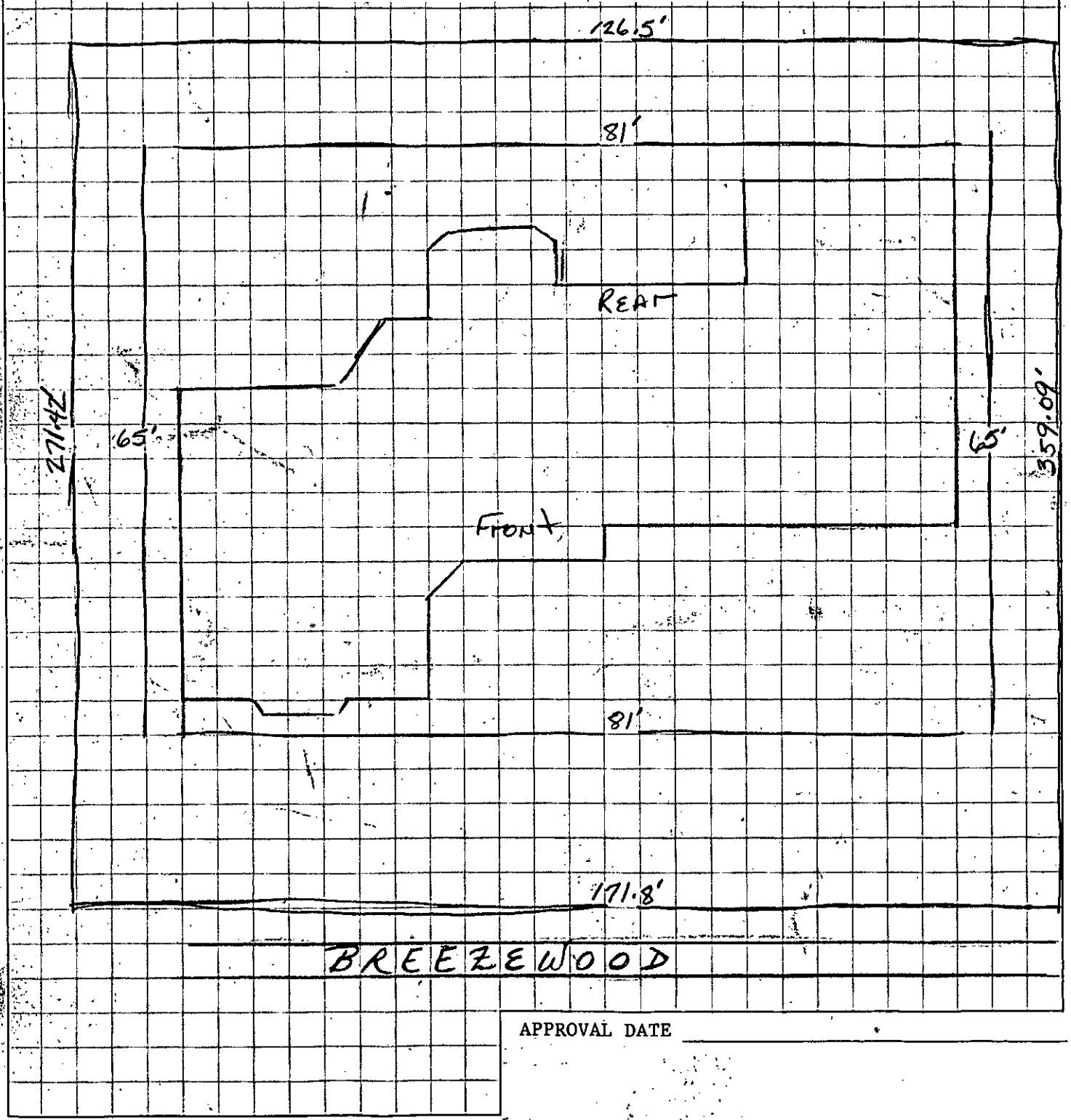
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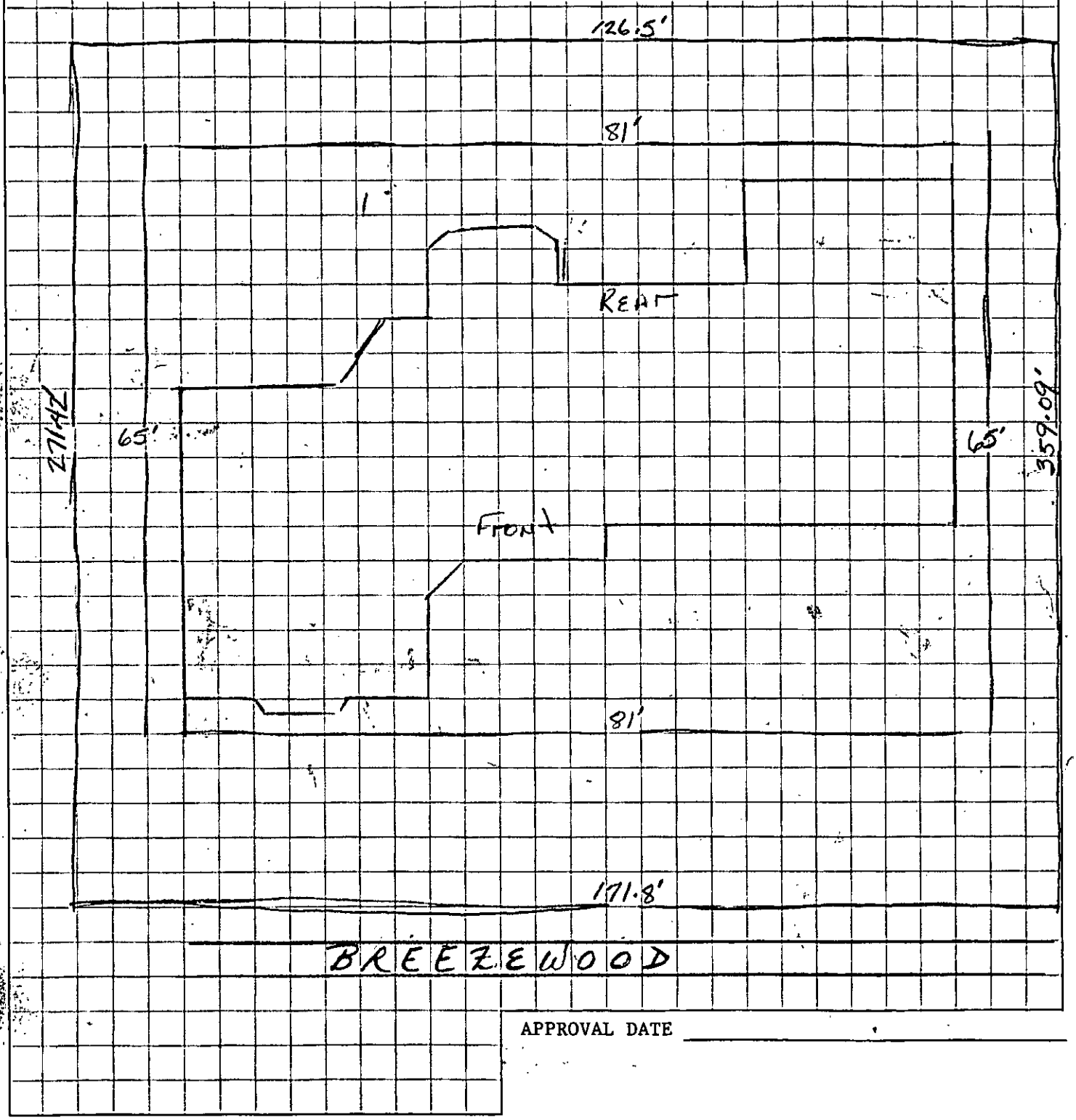
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