

8900 NOLESGATE RD

12/19/2007

duponbj

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

Mecklenburg County

Health Department

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

March 18, 1993

Regency Enterprises, Inc.
c/o B. H. Steinberger
Box 221473
Charlotte, NC 28222

RE: Property located at off Pinenoll Lane Lot #2
FILE: 8828/8753A
PARCEL: 105-142-11P0

Dear Mr. Steinberger:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 19258) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

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

Sincerely,

Kelly Randall

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19258

File: 882B1875 3A Action 3

Parcel: 80 105-142-11 ☐ PC

Location: off Pinenoll Lane

Subdivision:

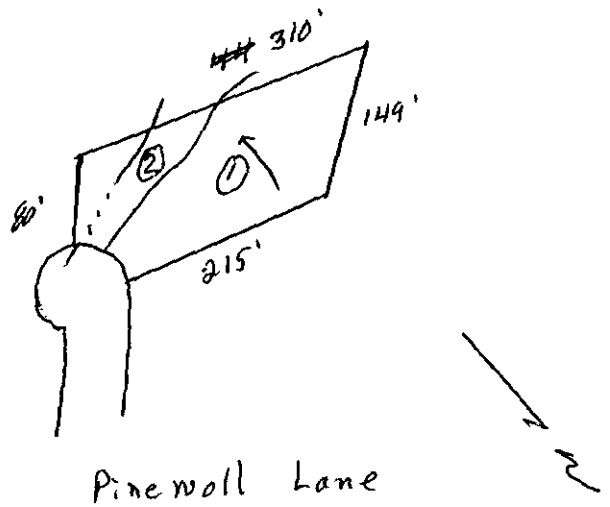
Lot: 2 Block: Acres: .78

Owner: Regency Enterprises, Inc.
Address: c/o B. H. Steinberger
Box 221473
Charlotte, N.C. 28222

Comments: Not sure if 100% repair is required

Described by: William R. Marlin

Date: 3-11-93



*** 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 2-6%	S PS (U) Drainageway	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 subt blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	6-18" S PS (U) perched water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-30"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	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	Helena-Lilac	Drainageway				
Area 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

2/24/93

[ ] 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 882B/875A

PERSON FILING APPLICATION:

NAME: Steinberger Norman
(last) (first) (mi)

ADDRESS: Box 221473 PHONE: (704 366-0401

CITY: Charlotte STATE: NC ZIPCODE: 28222

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-142-11

STREET ADDRESS: Off Pine Nolle Lane

ZONING:

PROPERTY OWNER:

NAME: Regency Ent inc / B.H Steinberger
(last) (first) (mi)

ADDRESS: Same PHONE: (__) _____

CITY: Same 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

TYPE APPLICATION (check one):

LOT NUMBER: # 2 LOT SIZE (in acres): .78

[X] 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: Ken Berger, Regency Ent Date: 2/24-93

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

Director or Authorized Section Head Date

WWATER : 122791

COPY

8820/

87

105-142-1

CERTIFICATION:
I, JACK R. CHRISTIAN, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 6098 PAGE 902 OF THE PUBLIC REGISTRY FOR MECKLENBURG COUNTY); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S.47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 6th DAY OF DECEMBER, A.D., 1992.

JACK R. CHRISTIAN, L 3024

NOTARY STATEMENT:
NORTH CAROLINA, MECKLENBURG COUNTY.
I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT JACK R. CHRISTIAN, A REGISTERED LAND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 6th DAY OF DECEMBER, 1992.

GAIL H. CHRISTIAN, NOTARY PUBLIC

MY COMMISSION EXPIRES FEBRUARY 27th, 1994.

GAIL H. CHRISTIAN NOTARY PUBLIC MECKLENBURG COUNTY, N. C.

E DRIVE

PINENOLL LANE

80' PUBLIC R/W

T 4
PARCEL:
145-28

LOT 5
TAX PARCEL:
105-145-27

LOT 6
TAX PARCEL:
105-145-26

Δ = 4
R = 1
L = S
CHD

E.I.P.

17'
TOTAL)

177.80'

N 84°49'11" E
215.00'

SHED

0.6'
OVER LINE

E.I.P.

LOT 2
33,797 sq. ft.
0.78 Acres

LOT 1
106,259 sq. ft.
2.44 Acres

N 33°10'15" E
149.04'

310.88'

448.18'

MARSHA S. FOY
DEED 4712-705
TAX PARCEL: 105-142-

S 86°16'22" W

117.30'

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)