


11114 GOLF LINKS DR

12/18/2007

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

510B 2400 8381A

file 209B(00998)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Inv # 176-994295 pd $200 6-24-92 CK

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: BLYTHE DEVELOPMENT (last) (first) (mi) BOK #95
ADDRESS: 6729-E FAIRVIEW PHONE: (704) 365-2797
CITY: CHARLOTTE STATE: NC ZIPCODE: 28210

PROPERTY OWNER: CHARLOTTE NATIONAL INVESTMENT CO.
NAME: [redacted] (last) (first) (mi)
ADDRESS: 6729-E FAIRVIEW Rd. PHONE: (704) 365-2797
CITY: CHARLOTTE STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 229-171-01
STREET ADDRESS: 11424 (33 JBC) PROVIDENCE RD
CHARLOTTE NC
ZONING: R-3

Township (check one):
[X] 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)
[ ] 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) JBC
[X] COMMERCIAL OR INDUSTRIAL (N) GOLF COURSE ~~MAINTENANCE~~ MAINT. BLDG.
[ ] 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: NA NUMBER OCCUPANTS: [redacted]

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business GOLF COURSE # Employees ~~10~~ > JBC. Per Shift
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] 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: J Blythe Date: 8/21/92

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.

...

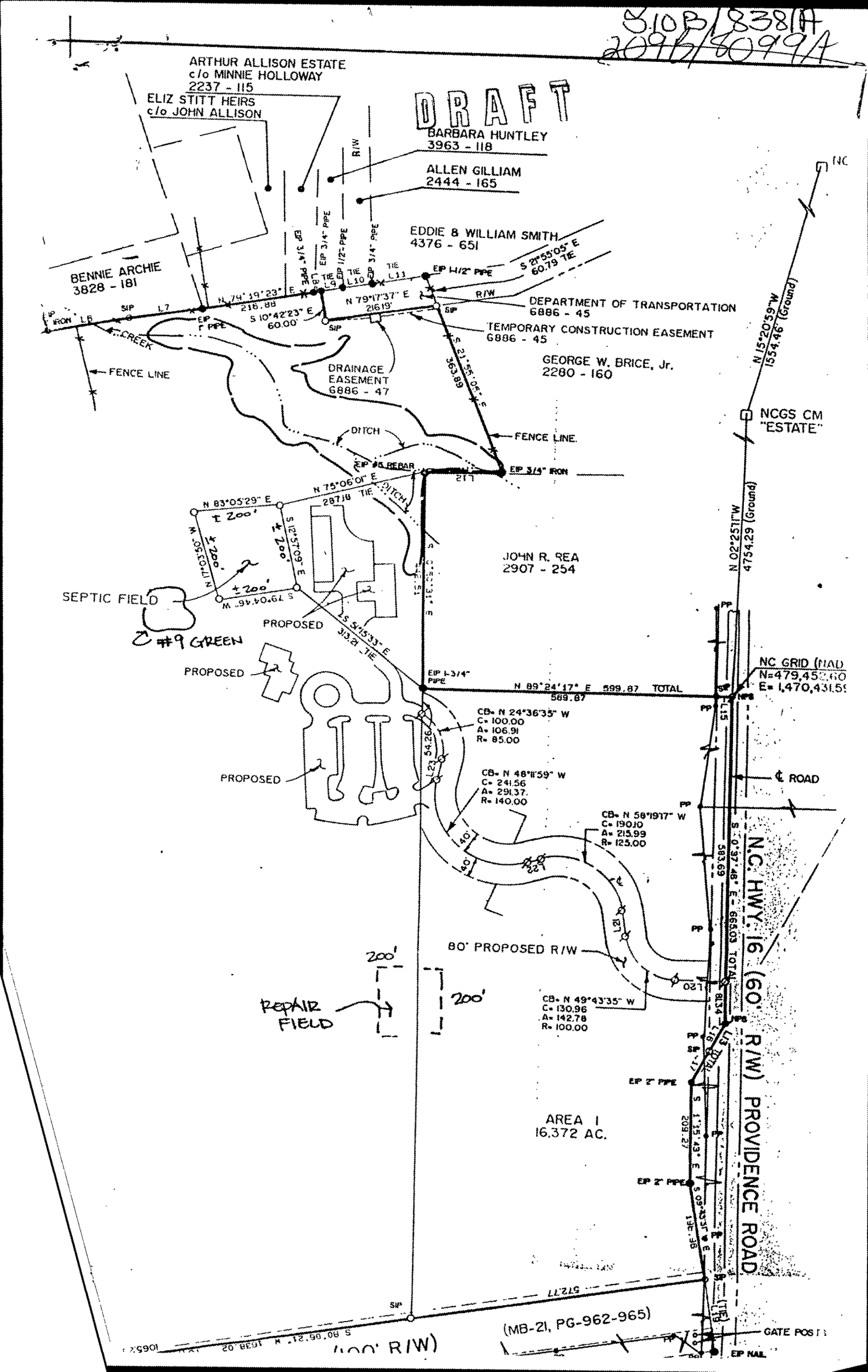
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 12-4-92 Date

WATER : 122791

8108/838(A
2096/809(A



CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PROJECT TRACKING SYSTEM
ZONING PLAN REVIEW SHEET

10/27/9
PAGE:

11432 Providence Rd. Meck

PROJECT NAME: CHAR NATL GOLF MAINT PHS: FAC SEC: IL PROJECT NUMBER: 176-99429
229-171-01

| | REVIEWER | RECEIVED | COMPLETED | APPROVED | DISAPPROVE |
|---|---|---|---|---|---|
| R1 | MARSHALL | 11/2/92 | 11/5/92 | | X |
| R2 | | / / | / / | | |
| R3 | | / / | / / | | |
| R4 | | / / | / / | | |

| ITEM | R1 | R2 | R3 | R4 | ITEM | R1 | R2 | R3 | R4 |
|---|---|---|---|---|---|---|---|---|---|
| 1. PERMITTED USE | ✓ | | | | 16. SCREENING . | X | | | |
| 2. SETBACK : 100 . | ✓ | | | | 17. BUFFERS 50' . | X | | | |
| 3. TRANSITIONAL SETBACK : 80 From ℄ Providence . | X | | | | 18. LETTER OF COMPLIANCE . | X | | | |
| 4. SIDEYARD L 100 / R 100 . | ✓ | | | | 19. NON-CONFORMING USE OR STRUCTURE | N/A | | | |
| 5. REARYARD : 100 . | ✓ | | | | 20. ZONING BOARD OF ADJUSTMENT CASE NO. . | N/A | | | |
| 6. HEIGHT: MAXIMUM : 40 . | ✓ | | | | 21. HISTORIC DISTRICT 336-2302 HISTORIC LANDMARKS 376-9115 | N/A | | | |
| 7. BUILDING SEPARATION : 4 . | ✓ | | | | 22. CONDITIONAL USE APPROVED PLAN SUBMITTED ( ) | N/A | | | |
| 8. LOT AREA: PERMITTED: ___ PROPOSED ___ . | N/A | | | | 23. SPECIAL USE PERMIT GRANTED APPROVED PLAN SUBMITTED ( ) | N/A | | | |
| 9. LOT WIDTH : 70 . | ✓ | | | | 24. PARALLEL CONDITIONAL USE APPROVED PLAN SUBMITTED ( ) | N/A | | | |
| 10. LOT SIZE : 24,000 . | ✓ | | | | 25. SUBDIVISION PLAN APPROVED | N/A | | | |
| 11. FLOOR AREA RATIO : .50 . | ✓ | | | | 26. PLANNING TO REVIEW . | N/A | | | |
| 12. STREET ABUTMENT . | ✓ | | | | 27. FLOODWAY 336-2713 COUNTY ENGINEERING | N/A | | | |
| 13. PARKING: REQUIRED: 180 SHOWN 192 . | ✓ | | | | 28. IMINENT ROAD PROJECT NC DOT - COUNTY ENG. | N/A | | | |
| 14. LOADING SPACES REQUIRED ___ SHOWN ___ . | N/A | | | | 29. SIGNS: PERMITS REQUIRED ZONING 336-3569 OR 3570 | N/A | | | |
| 15. INTERIOR LANDSCAPING REQ ___ PROV ___ . | X | | | | ZONING/MAP NUMBER : R-3 / 180 . | | | | |

REMARKS R1: BACKFLOW PREVENTER MUST BE LOCATED OUT OF TRANSITIONAL SETBACK/NEED TO SHOW interior landscaping with total impervious area (buildings and paving) Requires 1 tree per 10,000 SQ FT (20

REMARKS R2:

REMARKS R3:

REMARKS R4:

# PROPOSED PLOT PLAN

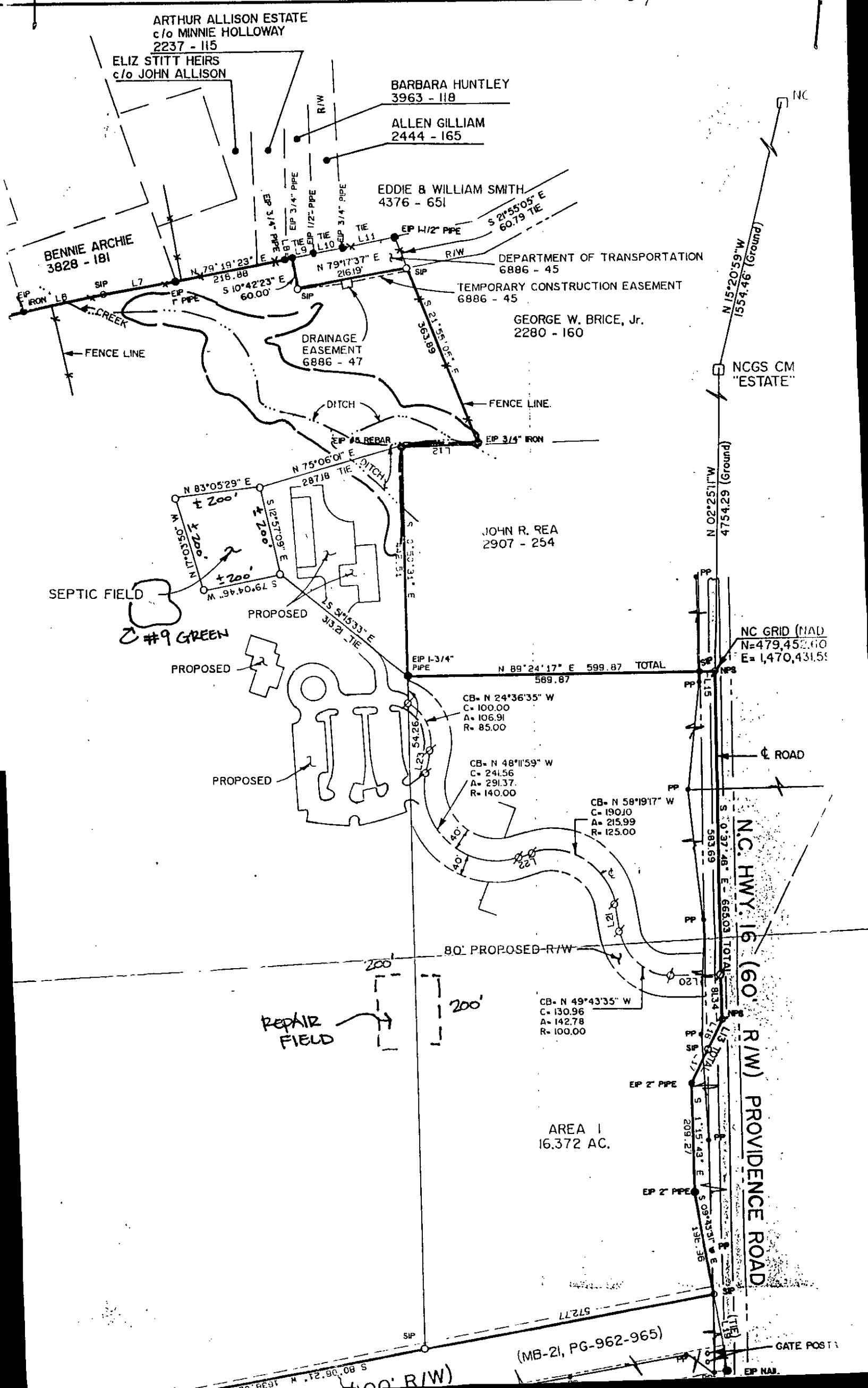
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 209B (8099A)

TC: 329-171-01

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.

209B/8099A



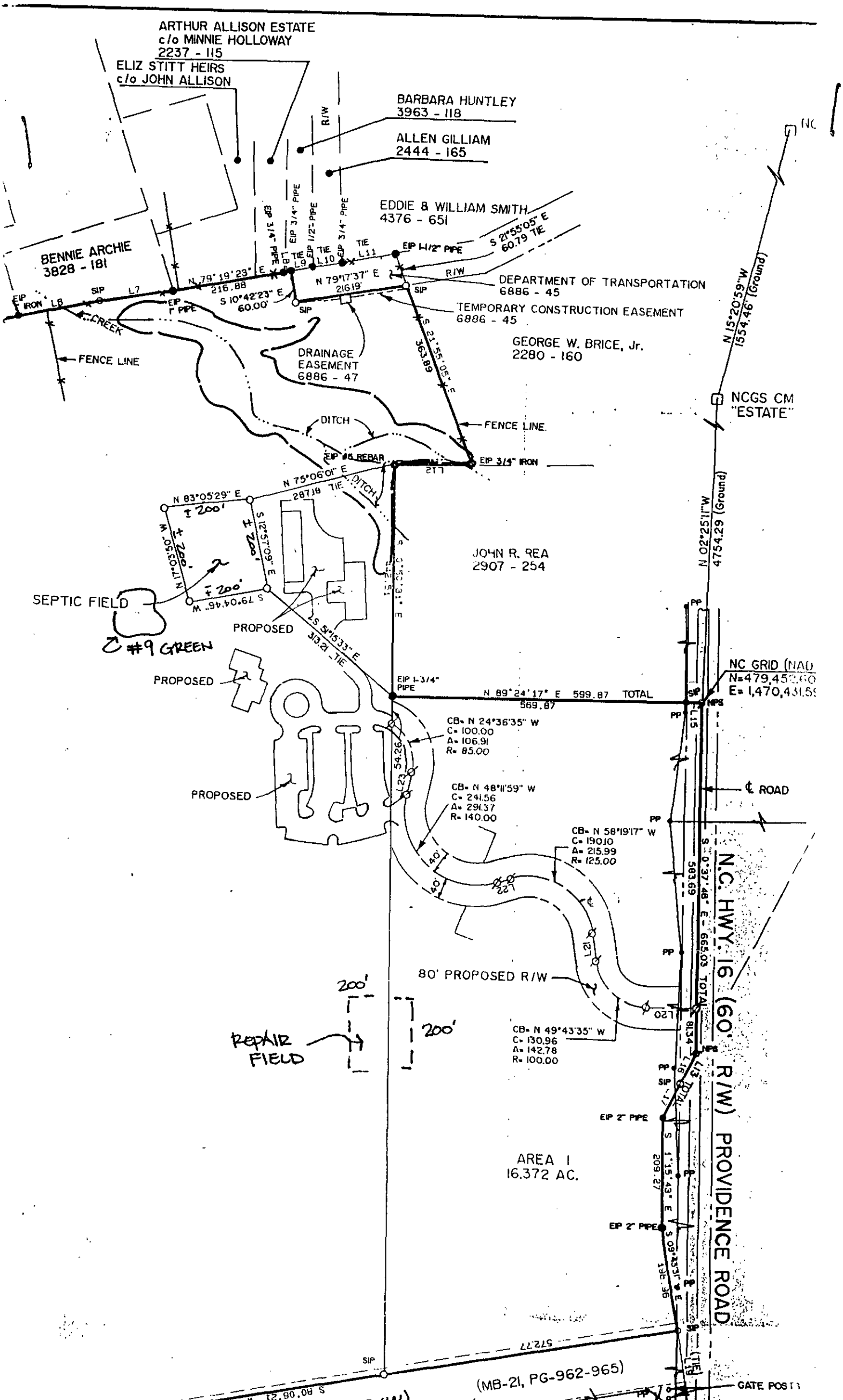
# PROPOSED PLOT PLAN

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

FILE: 2093 (0094)

TC: 229-171-01

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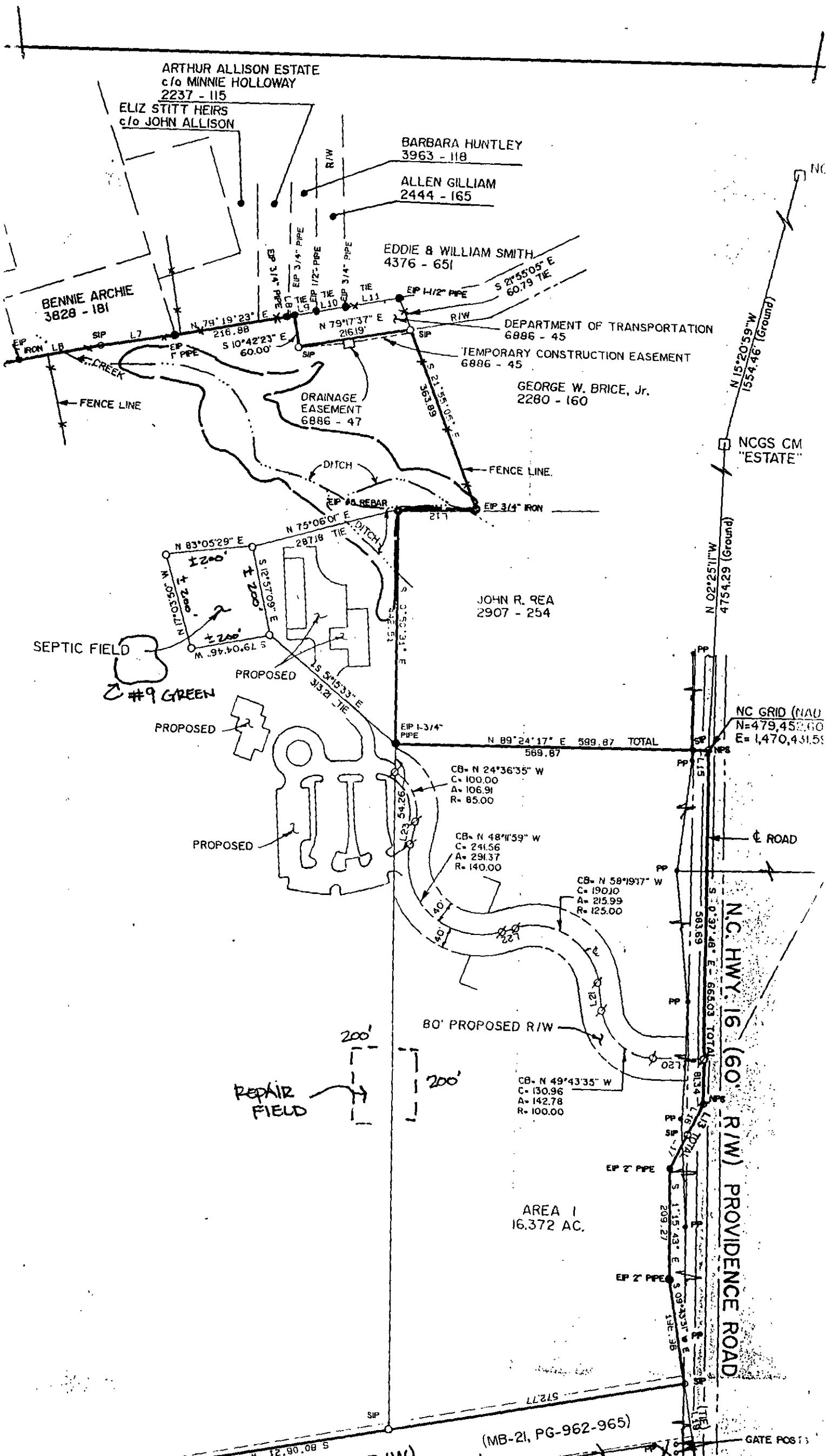
# PROPOSED PLOT PLAN

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

FILE: 2023 (ECMA)

TC: 229-171-01

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.



BLYTHE DEVELOPMENT CO.

BLYTHE DEVELOPMENT CO. • 6729-E FAIRVIEW ROAD • CHARLOTTE, NORTH CAROLINA 28210 • (704) 365-2797

August 21, 1992

Mr. Bill Marlin
Mecklenburg County Health Dept.
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

Dear Mr. Marlin:

Enclosed please find one copy of an application for an improvement permit along with a plot plan and $200.00 check for Charlotte Golf Links. As I have mentioned, this development will be an 18 hole championship golf course with a Pro Shop/Grill which seats 45 people. Our Pro Shop will have restroom facilities for men and women with each containing 3 water closets. We will also have a maintenance building which will also contain a mens and womens restroom each containing one water closet.

Please review the enclosed information and advise me on how we need to proceed next.

Sincerely,

John B. Cassell

John B. Cassell

# Mecklenburg County

## Health Department

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

July 21, 1992

Ms. Jacki H. Wilson
6415 York Road
Charlotte, NC 28217

RE: Property located off Fountain Lane
FILE: 511B/8382A
PARCEL: 199-111-22

Dear Ms. Wilson:

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 12737) 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 me at 336-5573.

Sincerely,

Kelly Randall

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

Enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12737

File: 511B/8382A Action 3

Parcel: PO 199-111-22 ☐ PC

Location: Fountain Lane

Subdivision:

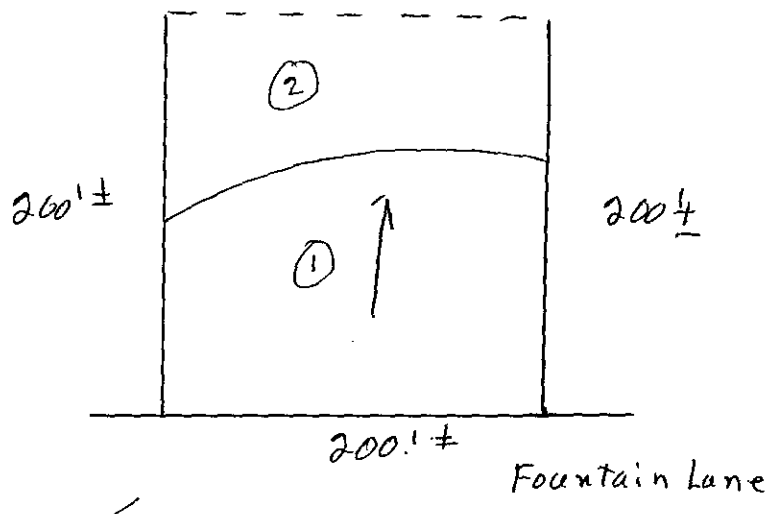
Lot: Block: Acres: 1.0

Owner: Jacki H. Wilson
Address: 6415 York Road
Charlotte, N.C. 28217

Comments: Not sure if 100% Repair required

Described by: William B. Marlin

Date: 7-21-92




***** 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) complex slopes | 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 Sub L Blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" To water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS (U) 10-31" | 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 | Mecklenburg-Urban Land | Complex Slopes | | | | |
| Area Classification | S PS (U) | S PS (U) | S PS U | S PS U | S PS U | S PS U |

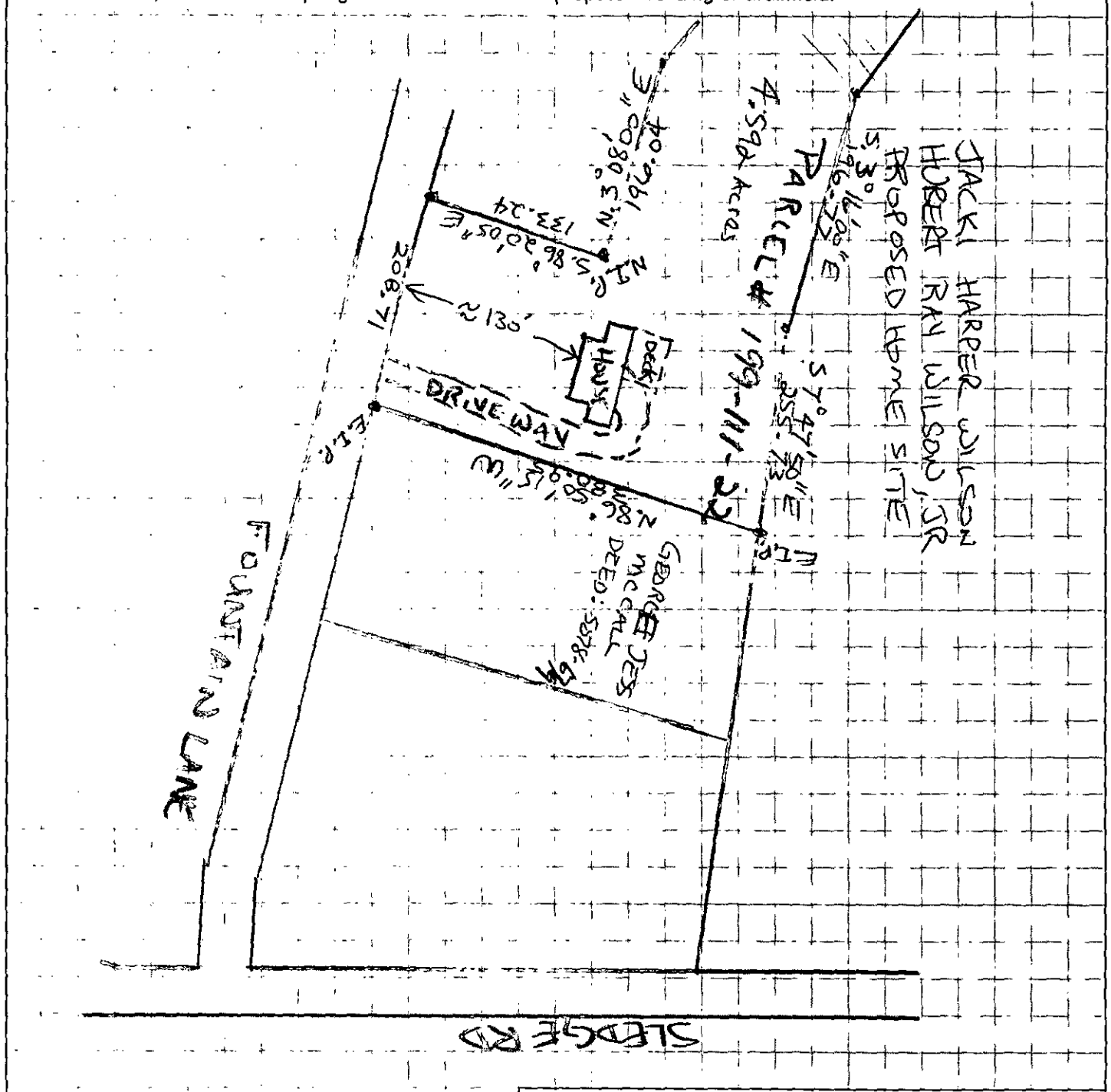
# PROPOSED PLOT PLAN

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

FILE: 511B/0382A.

TC: 199-111-22.

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

Lot # 511B/8382A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

Rec'd #25850 7/10/92 $30.00

[ ] 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: Wilson (last) Jacki (first) H. (mi) (Ray Wilson (588-0884))

ADDRESS: 6415 York Rd. PHONE: (704) 529-6111

CITY: Charlotte STATE: NC ZIPCODE: 28217

Date: July 10, 1992

**PROPERTY OWNER:**

NAME: Wilson (last) Jacki (first) H. (mi)

ADDRESS: 6415 York Rd. PHONE: (704) 529-6111

CITY: Charlotte STATE: NC ZIPCODE: 28217

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 199-111-22

STREET ADDRESS: Fountain Lane, Charlotte, NC 28278

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[x] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

**TYPE APPLICATION (check one):**

[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) [x] 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)
[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 [x] 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: Jacki Harper Wilson Date: July 10, 1992

**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

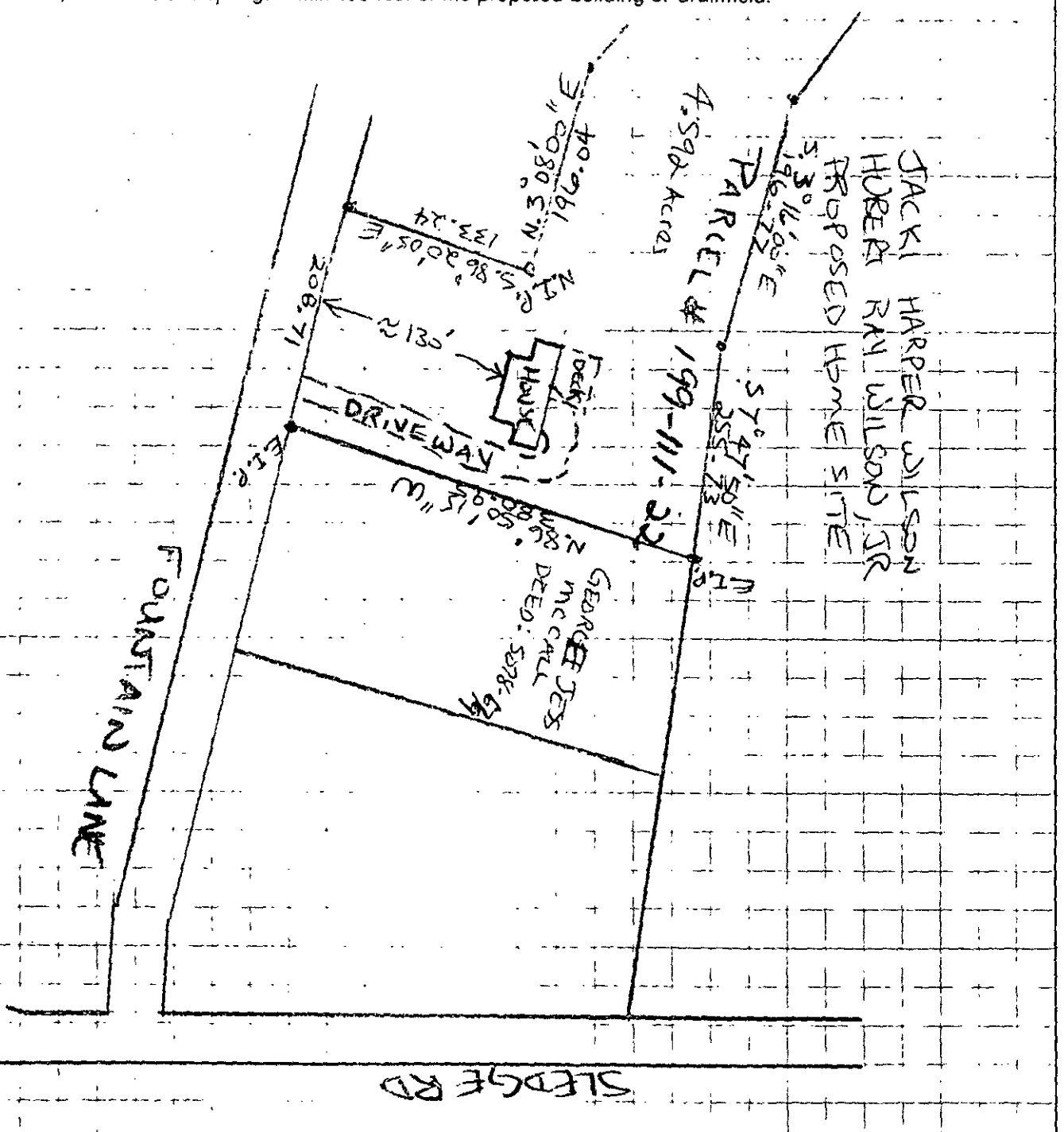
# PROPOSED PLOT PLAN

MECKLENBURG CO. NORTH CAROLINA
ENVIRONMENTAL PROTECTION DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: [redacted]

TC: 199-111-22

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