Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4830B Permit #: _____ Tax Parcel #: 199-111-20

Property Owner: Leslie Rawls

Job Location Address: 14200 FOUNTAIN LANE

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 5/29/12 Contractor Name: AUTREY'S

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 5/29/12

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 225 feet

# of Lines: 3 @ 75 feet

Depth of Media: 30 inches (Type) TCHP

Depth of Cover: C-8 inches

Distribution Device: D-BOX

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

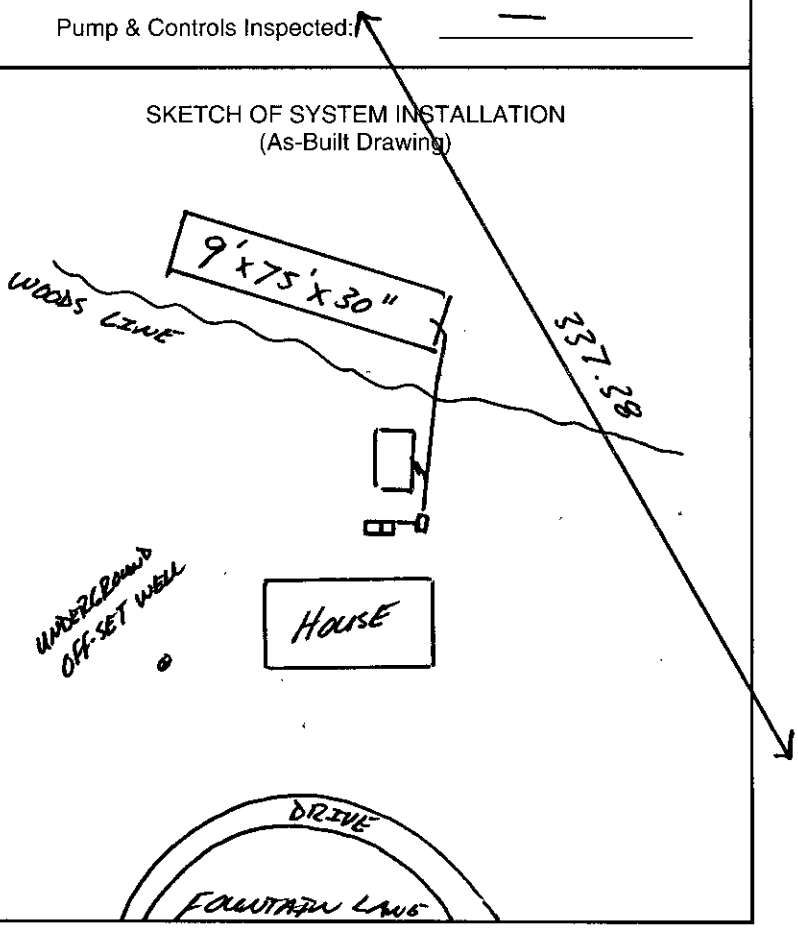
System Installation Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: ~~I~~, IIa, TCHP, GRAVITY, NA, NA

DENR Authorized Agent: Jeremy Michalec, REHS Signature: Jeremy Michalec, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4930B Permit #: _____ Tax Parcel #: 199-111-20

Property Owner: CESLIE RAWLS

Job Location Address: 14200 FOUNTAIN LANE

City: CHARLOTTE State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: 2012 REPAIR

DENR Authorized Agent: Jeremy Michalove, REHS Date: 5/29/12

Signature: Jeremy Mich. REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 48308 Permit #: _____ Tax Parcel #: 199-111-20

Property Owner: EBEN & LESLIE RAWLS

Job Location Address: 14200 FOUNTAIN LANE

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 5/23/12

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 6/23/12, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of *hereafter owning, controlling* or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ *feet*

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 225 feet

# of Lines: 3 @ 75 feet

Depth of Media: 24 inches (Type) TCHP

Distribution Device: D-BOX

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

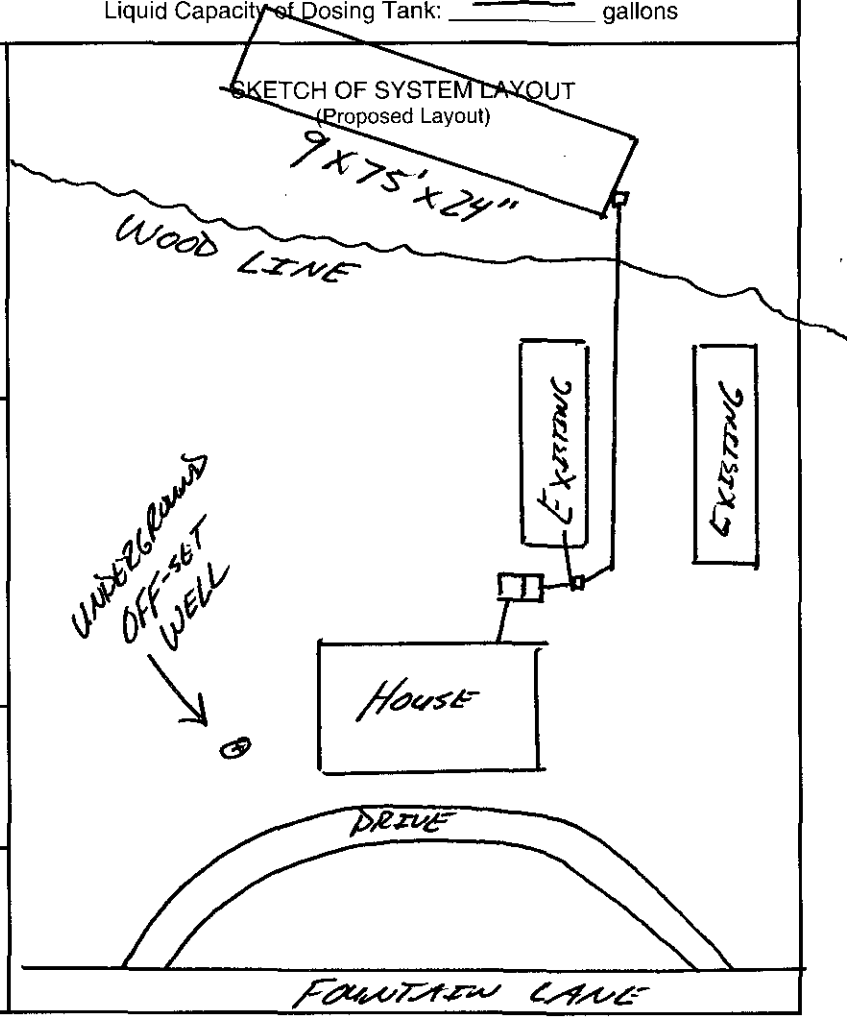
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet



Comments: System Classification & Type: IIa Conventional System

DENR Authorized Agent: Jeremy Micheles, REHS Signature: Jeremy Micheles, REHS

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894
http://groundwater.charmeck.org

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: Eben and Leslie Rawls

Date: 23 May 2012

Address: 14200 Fountain Lane
Charlotte, NC 28278

Phone: 704-588-1413 (Home/Cell)
704-376-3200 (Work)

Email: leslierawls@carolina.rr.com

When was the septic system installed? 1961

Permit/File #: _____

Who installed the septic system? original owner-Fountain Odom

When was the septic tank last pumped? April 2012

Who pumped the septic tank? Autrey Septic

How often have you had the tank pumped? approx. every 8-10 years

Where are the septic tank and drain field located on the property?

northwest side of the house; back yard

Briefly describe the problem you are experiencing with the septic system:

improper drainage; drain lines clogged

When did you first notice the problem? April 2012

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☒ No ☐

Explain:

manifested after heavy rains

How many people are living in the house? 4 Adults 0 Teens 0 Children

How much water do you use each day (provide estimate in gallons)? _____

Is the property served by public water? Yes ☐ No ☒

If yes, on average how much is your monthly water bill? $ n/a

Do you have a dishwasher? Yes [X] No [ ] How many times per week is it used? 7

Do you have a garbage disposal? Yes [ ] No [X] How many times per week is it used? _____

Do you have a washing machine? Yes [X] No [ ] How many times per week is it used? 10 (different drain field)

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes [ ] No [X]

Do you have a water softener unit or water treatment system installed? Yes [ ] No [X]

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes [ ] No [X]

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes [ ] No [X]

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes [X] No [ ]

If yes, please indicate what type of fixtures have been added: toilets and vanities replaced

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

none

Do you have an in-ground irrigation system? Yes [ ] No [X]

If yes, how often is the system used during a one week period? _____

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe:

no

Are there underground utilities located on the property? Yes [X] No [ ]

If yes, check ALL that apply: [X] Power [X] Phone [ ] Water [X] Gas [X] Cable TV

Leslie Rank

Signature

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Appt #5632

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ⊗ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ⊗ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 199-111-20
STREET ADDRESS: 14200 Fountain Ln
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: n/a
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
⊗ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊗ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 4 new
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ⊗ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: n/a NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: n/a

6. WATER SUPPLY: ○ MUNICIPAL ⊗ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ⊗ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ⊗ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊗ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	⊗ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ⊗ NO
WELLS, SPRINGS, OR WATER LINES	⊗ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ⊗ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ⊗ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ⊗ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ⊗ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ⊗ NO
WASTE STORAGE	○ YES ⊗ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ⊗ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June 1987 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: Eben and Leslie Rawls
ADDRESS: ~~same as property~~
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: 704-376-3200
MOBILE PHONE: 704-564-2845
FAX: 704-583-1279
E-MAIL: leslierawls@carolina.rr.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: n/a
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

LCM (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

n/a (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Leslie Rz
Property Owner's or Owner's Legal Representative Signature

23 May 2012
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

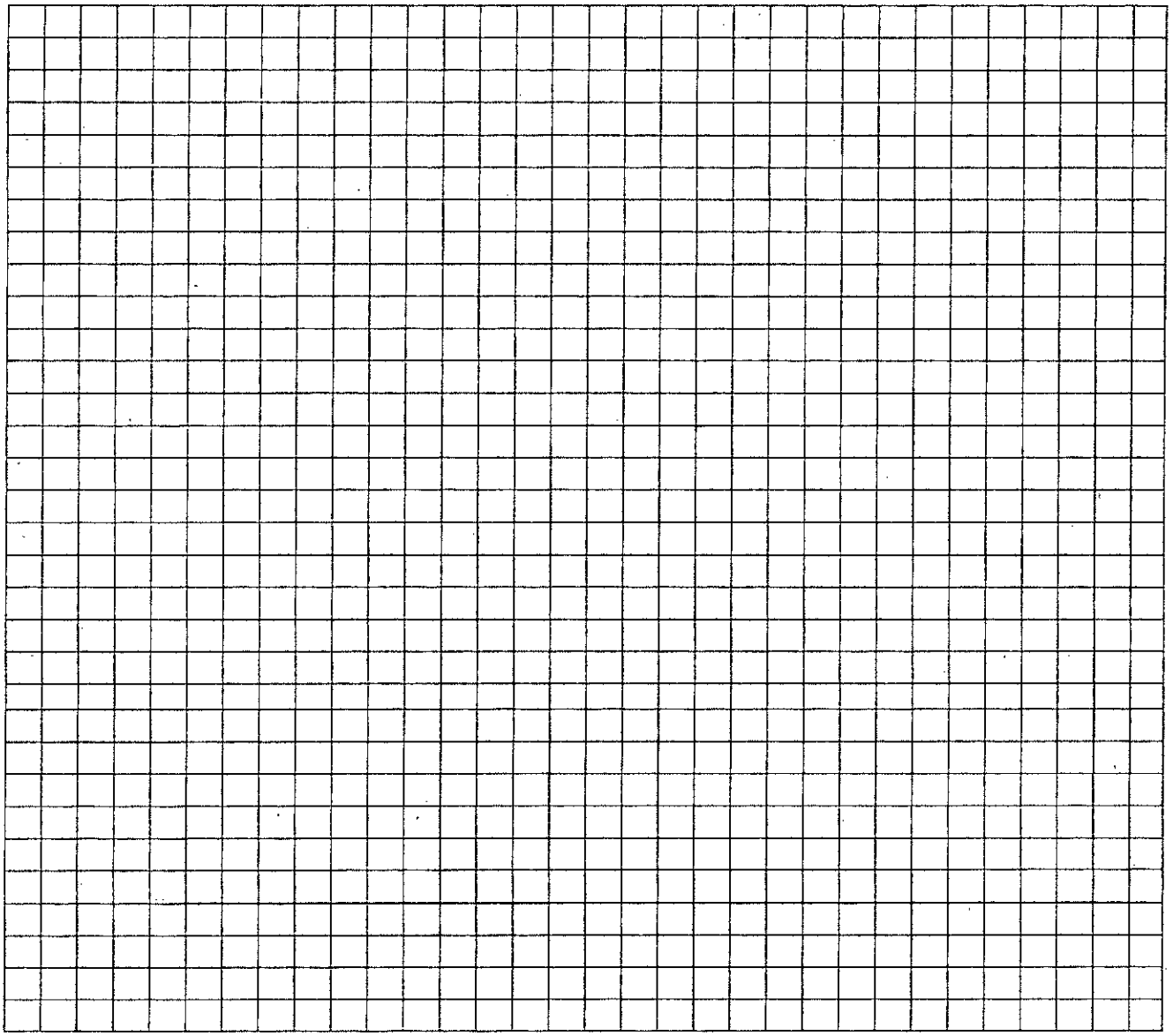
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

23 May 2012
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 19911120
Lot #:
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Eben T III Rawls and Leslie C Rawls
Applicant: Leslie Rawls
Address: 14200 Fountain LN Charlotte NC 28278
Date Evaluated: 5/23/2012
Proposed Facility: Residence
Design Flow (.1949) 480 GPD
Property Size:
Location of Site: 14200 Fountain LN Charlotte NC 28278
Property Recorded: June, 1987
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
Bor 1	LS	0-2	w f sbk CL	ss sp fr sexp	>48	48	NA	PS	PS IV
	15%	2-21	m m sbk C	ss sp fi sexp					0.275
		21-48	w f sbk CL	ss sp fr sexp					
Bor 2	LS	0-2	w f sbk SCL	ss sp fr sexp	>48	48	NA	PS	PS IV
	15%	2-31	m m sbk C	ss sp fr sexp					0.275
		31-48	w f sbk CL	ss sp fr sexp					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	II a	II a
Site LTAR	0.275	0.275

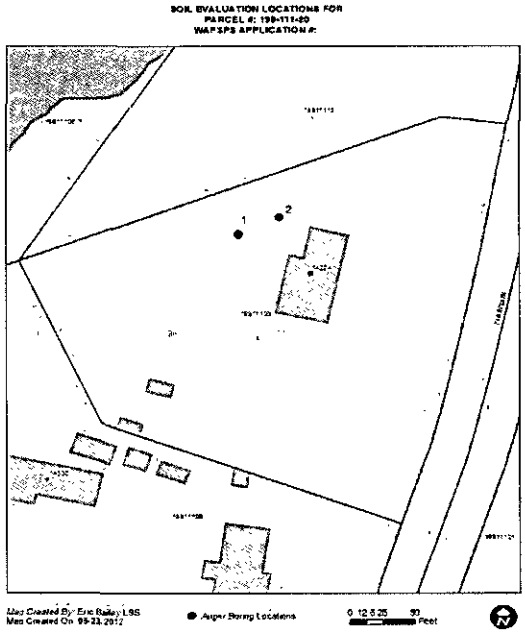
Other Factors (.1946):
Soil Evaluation By: Eric Bailey 5/23/2012
Others Present: Jeremy Michelone, REHS, Steve Autrey, Leslie Rawls
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, REHS, Steve Autrey, Leslie Rawls
Others Present: Jeremy Michelone, REHS, Steve Autrey, Leslie Rawls

COMMENTS:

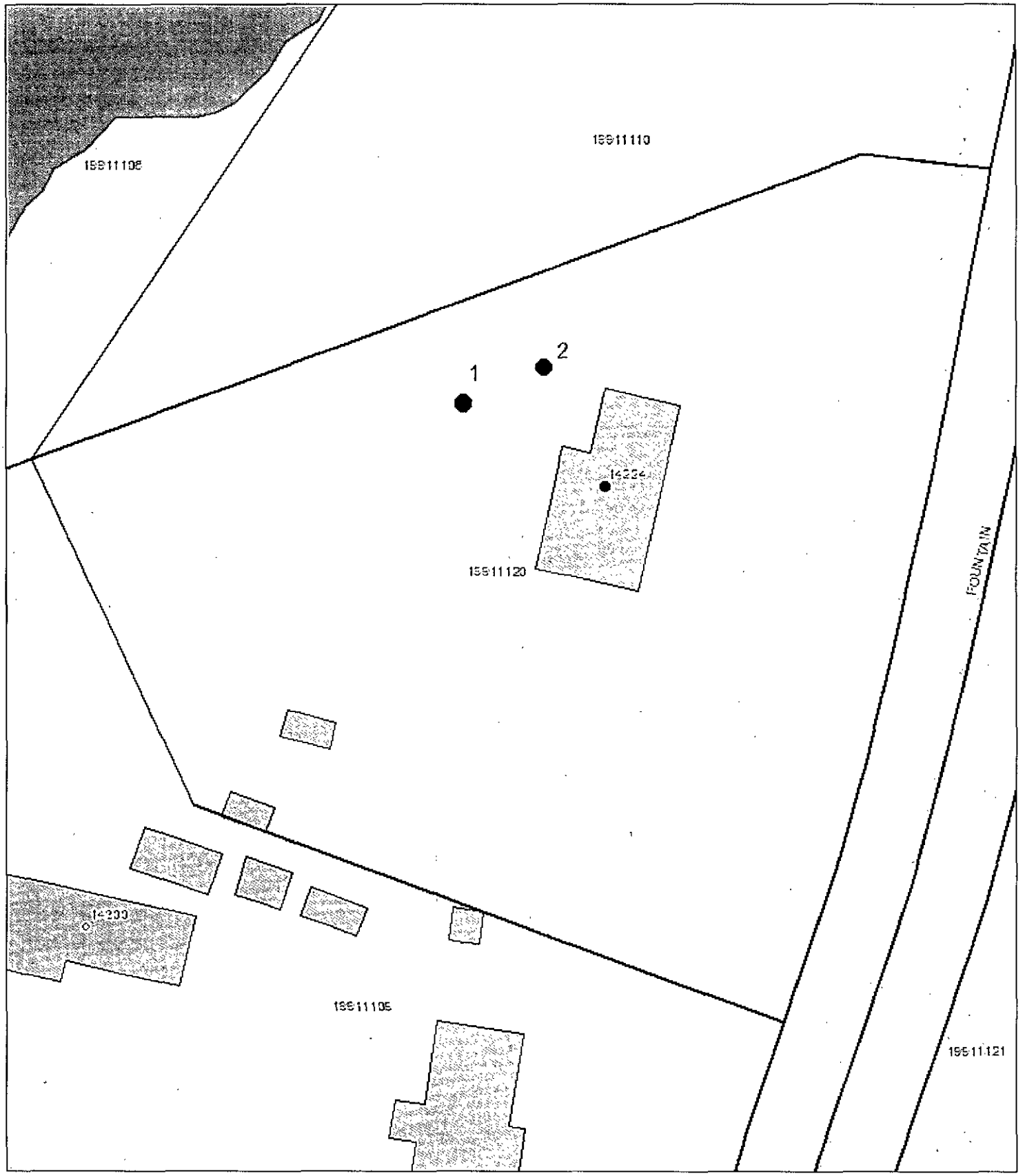
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
D-Drainage Way		SiL- (Silt Loam)		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	NEXP-(Non-expansive)
FR-Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FI-Firm	S-Sticky	EXP-Expansive
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



SOIL EVALUATION LOCATIONS FOR
PARCEL #: 199-111-20
WAPSPS APPLICATION #:



Map Created By: Eric Bailey LSS
Map Created On: 05/23/2012

● Auger Boring Locations

0 12.5 25 50
Feet

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

Date and Time: 5/22/2012 9:45:29 AM

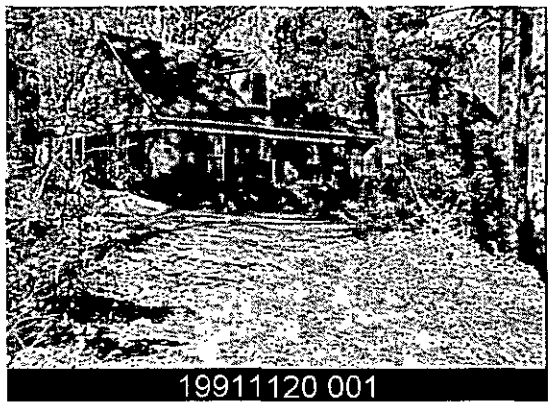
Parcel ID #: 19911120 GIS ID #: 19911120	
Owner Name:	EBEN T III RAWLS AND LESLIE C RAWLS
Mailing Address:	14200 FOUNTAIN LN CHARLOTTE, NC 28278
Property Characteristics	
Legal Desc.:	NA
Land Area:	2.02AC
Fire District:	24-STEELE CREEK #2
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
05529-044 (6/17/1987) $126,500.00	
Situs Addresses Tied to This Parcel	
14224 FOUNTAIN LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2011 Annexation Area: NO	
Census Tract #: 59.02	
Parcel Falls Inside a Water Quality Buffer?: NO	
Post Construction District	
Jurisdiction:	Charlotte
District:	Western Catawba

FEMA Flood Information	
FEMA Panel #:	3710359000J
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/2009
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	LAKE WYLIE
Watershed Class:	PA

Building Photography

PHOTO #1

Location: 14224 FOUNTAIN LN



19911120 001

Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19911120	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
RAWLS EBEN T III	14200 FOUNTAIN LN	CHARLOTTE NC 28278
RAWLS LESLIE C WIFE	14200 FOUNTAIN LN	CHARLOTTE NC 28278

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
NA	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	2.02

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
141600	75200	900	217700				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Jun 17 1987	126500			IMP	05529 - 044	WARRANTY D	05529-044	

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	2.05	AC	T901	75200

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1964	14224 FOUNTAIN LN UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	3094	2744	CRAWL SPACE	FACE BRICK -	AVERAGE 01	141600

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		4	3		1

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1694
1	PORCH - SCREENED - UNFINISHED	240
1	BASE - SEMI-FINISHED	240
1	UTILITY - UNFINISHED	96
1	PORCH - OPEN - FINISHED	14
1	UPPER STORY - FINISHED	810

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1964	TERRACE	1	2X9	100
1	1990	DECK	1	8X20	800

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	217700	0
Jan 17 2003	2003	Countywide Revaluation	214500	0
Jan 5 1998	1998	Countywide Revaluation	160620	
Jan 2 1991	1991	Countywide Revaluation	145920	



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19911110	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
RAWLS EBEN T III	14200 FOUNTAIN LN	CHARLOTTE NC 28278
LESLIE CARTER WIFE	14200 FOUNTAIN LN	CHARLOTTE NC 28278

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
LA M12-333 &ADJ TRACT	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	1.85

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
0	70400	0	70400				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Mar 21 1997	0		OTHER	VAC	08977 - 001	DEED STAMPS	08977-001	A-ONE KEASLER CONSTR
Dec 2 1996	30000			VAC	08841 - 803	DEED STAMPS	08841-803	WHALEN DONNA T

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	1.85	AC	T901	70400

Building Information

Bldg	Description	Type	Year Built	Property Location
				14200 FOUNTAIN LN UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths

Sub Areas

Bldg	Description	Size

Depreciation

Bldg	Physical	Functional	Economic	Special	Override

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value

Value Changes

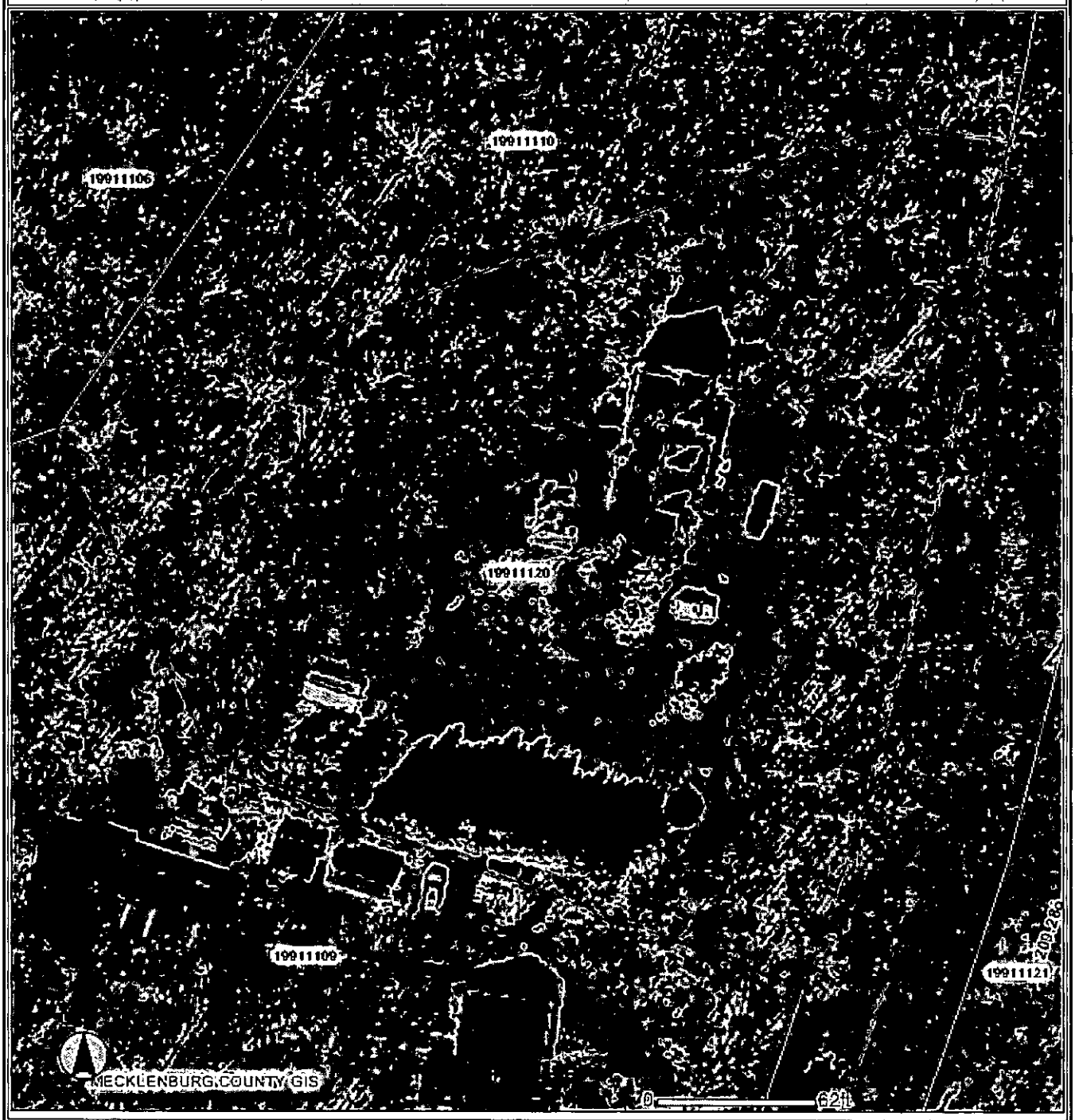
Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	70400	0
Jan 17 2003	2003	Countywide Revaluation	56300	0
Mar 20 1998	1998	Countywide Revaluation	25640	
Jan 2 1991	1991	Countywide Revaluation	22500	

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue May 22 09:43:14 EDT 2012



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 4830B WASPS App #: _____

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☒ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☒	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☐	No ☐	N/A ☒ Repair
.1937(d)	Is the Facility shown?	Yes ☐	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☒	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☒	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☒
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☒	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☒	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 2 Were sufficient auger borings made?	Yes ☒	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 1.275	Yes ☒	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☒	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☒	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☒	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☒	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☒	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☒	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☒	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☒	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☒ Existing
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 5/23/12

OP issued date: 5/29/12

Review performed by: JAM Date performed: 5/31/12