

10500 LORELEI PL

13927130

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Ck#1004 $150 6/25/96

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3648B DATE: 6/17/96

TC: 139 271 30 ☐ L ☐ ~~CRT~~

SERIAL Nº 16583

Name of Owner Brian D. West Juris.: _____

Address of Property 10500 Lorelei Pl

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 8" - 12"

Water Supply Source well

Distance to Water Source 750'

Excavation Inspected 6/17/96

Tank(s) Inspected 6/17/96

Wash Line Inspected plumbed to Tank

High Water Alarm Inspected NA

PLOT

Design 1996, 1500ST, CON, 1200SFT, 12"stone, Cecil W.T Norwood CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☒ *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. 1990 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/revocation of this permit.

COMMENTS: Septic system designed for 3 bedroom residence Type II

Philo S. Walker R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

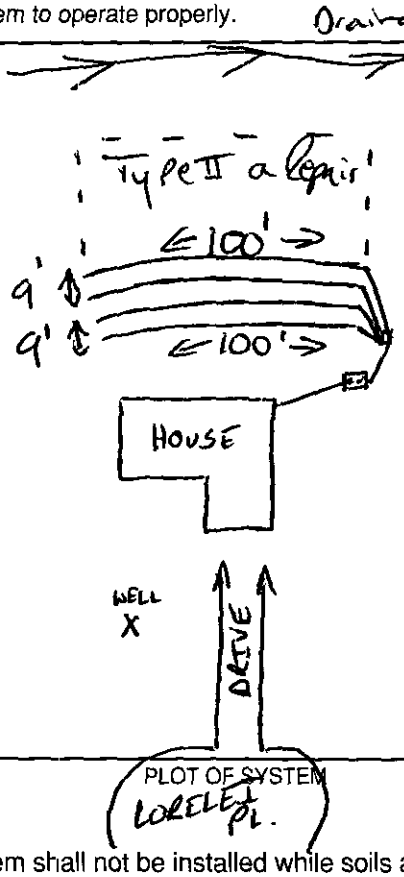
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3648 B DATE: 6-10-96

TC: 139-271-30 ☐ L

SERIAL Nº 16757

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7-2-95. All work shall be completed on or before 7-10-96, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

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

NAME OF OWNER Brian D. West

LOCATION OF PROPERTY 10500 Lorelei Place

Comments: Type II a 3 bedroom residence (4) 3'w x 100'L x 12" stone - plumbing must be changed in order to install system as shown.

Larry B. Thompson Jr. R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

460

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 150 cht 7/20/95 DB

3648B

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: West (last) Brian (first) D (mi)

ADDRESS: 5012 Hembywood Dr PHONE: (704) 882 3920

CITY: Indian Trail STATE: NC ZIPCODE: 28079

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ✓139-27-30

STREET ADDRESS: ✓10500 LORELEI PL.

ZONING: SINGLE FAMILY

PROPERTY OWNER: ✓

NAME: Carter (last) Frank (first) D (mi)

ADDRESS: PO Box 484 PHONE: (307) 548-7584

CITY: Lovell STATE: WY ZIPCODE: 82431

SUBDIVISION OR MOBILE HOME PARK NAME: BUTTERFIELD PARK

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

LOT NUMBER: ~~30~~ 51 LOT SIZE (in acres): .75

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 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: ✓Frank B Carter Date: 7/2/95

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.

... Approval for 3 bedroom residence

Basement included

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

Phila S. Walker R.S. 8/30/95
Environmentalist Date

Bateman for Daniel Logan Chief 9-6-95
Director or Authorized Section Head Date

WATER : 22791

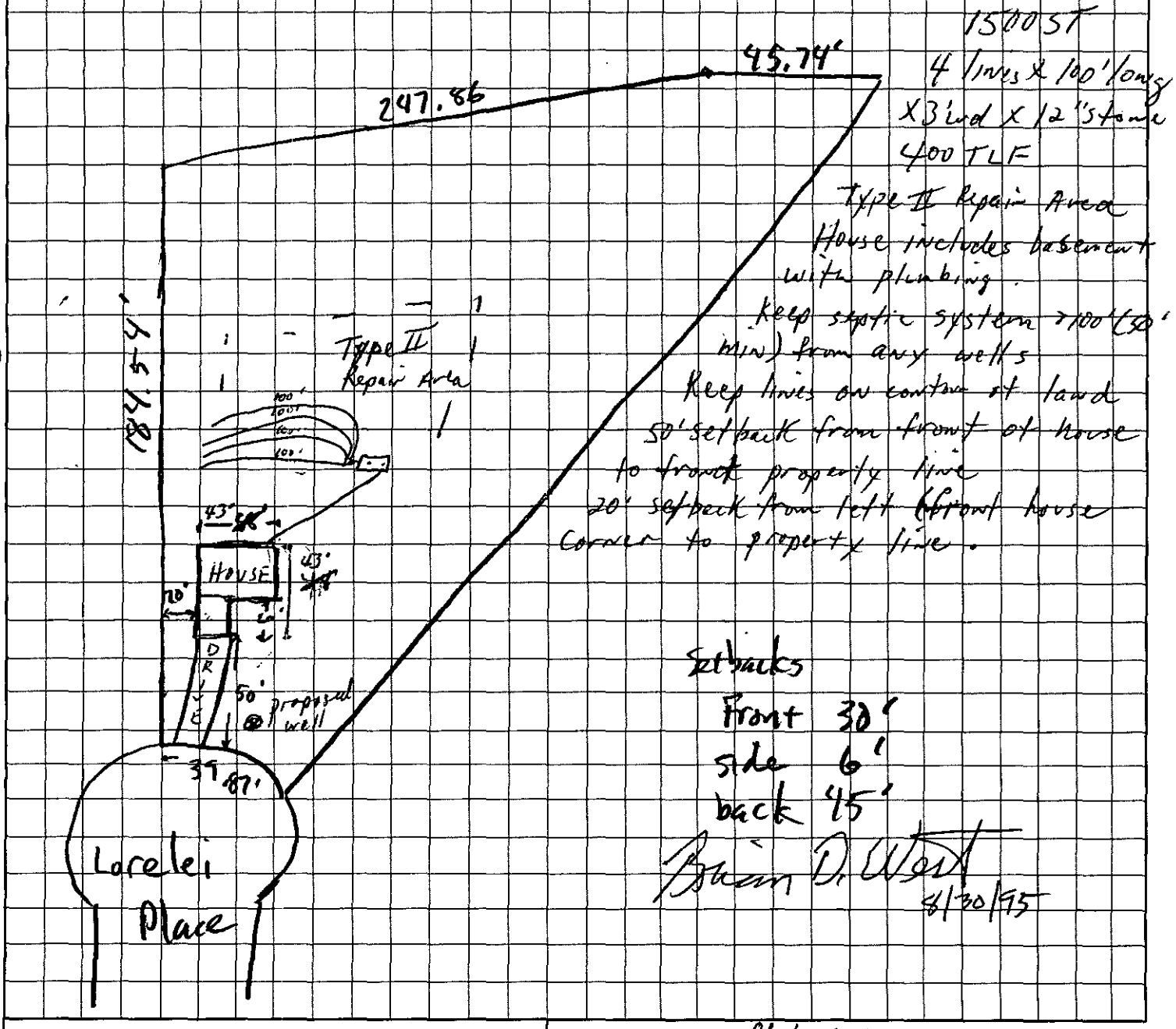
PROPOSED PLOT PLAN

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

FILE: 3648B

TC: 139-27/-30

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.



1500 SF
4 lines x 100' long
x 3' wd x 12" stone
400 TLF

Type II Repair Area
House includes basement with plumbing.
Keep septic system >100' (50' min) from any wells
Keep lines on contour of land
50' setback from front of house to front property line
20' setback from left front house corner to property line.

Setbacks
Front 30'
side 6'
back 45'

Brian D. West 8/30/95

APPROVAL DATE PSW 8/30/95 app

OWNER/AGENT SIGNATURE

DATE Frank B Carter

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT D480 File: 3648 B Action 1

SITE EVALUATION REPORT

SERIAL NUMBER 028650 Parcel: 139-271-30 ☐ PC

Location: Lorelei Place

Subdivision:

Lot: 5-1 Block: Acres: .75

Owner: Frank D. Carter

Address: PO Box 484

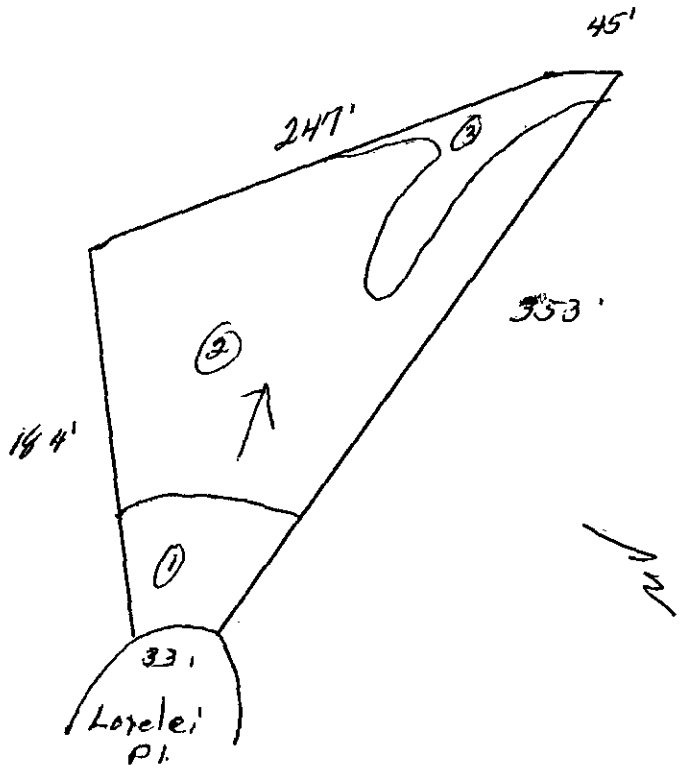
Lowell, Wyoming 82431

Comments: .3 gal/ft²/day LTAR

some rock outcrop in area 2

Described by: William R. Mauk

Date: 8-10-95



***** 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 1.5-30%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Exp. Clay	S (PS) U Slightly Exp. Clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" To soil wetness	S (PS) U >40" To soil wetness	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S (PS) U 36-40"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S (PS) U >40"	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S (PS) U limited	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	III Cecil/Lilla	VI Cecil/Lilla	Depression			
Area Classification	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT D460 File: 3648 B Action 1
SITE EVALUATION REPORT
SERIAL NUMBER 028650 Parcel: 139-271-30

Location: Lorelei Place

Subdivision:

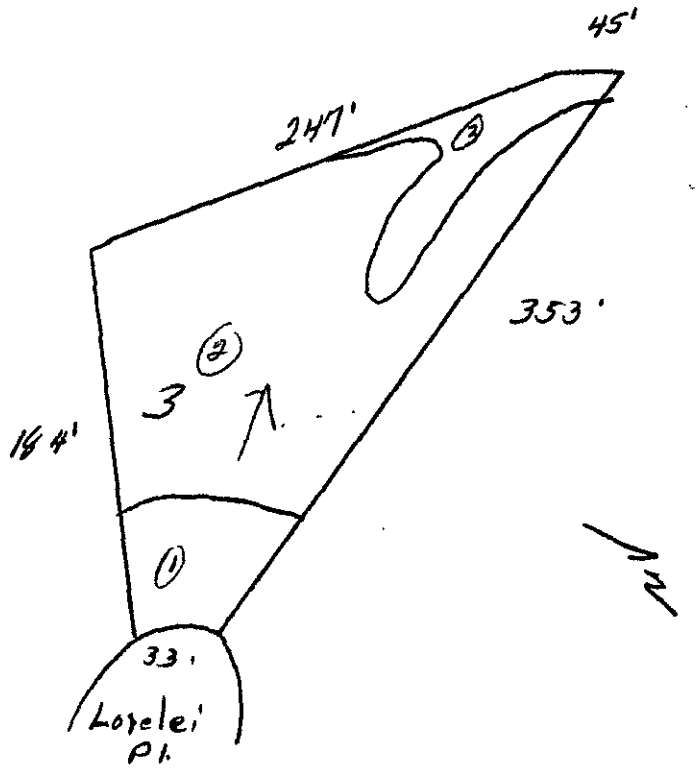
Lot: 5-1 Block: Acres: .75

Owner: Frank D. Carter
Address: PO Box 484
Jowell, Wyoming 82431

Comments: .3 gal/ft²/day LTAR
some rock outcrop in area 2

Described by: William R. Marks

Date: 8-10-95



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Topography	S (PS) U 2-8%	S (PS) U 15-30%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Exp. Clay	S (PS) U slightly Exp. Clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 24-40" To wetness	S (PS) U 24-40" To wetness	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S (PS) U 36-40"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S (PS) U >40"	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S (PS) U limited	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	III Cecil Lilo	III Cecil Lilo	Depression			
Area Classification	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS U	S PS U