

20223 RAINBOW CR

00170131

5/20/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2159 DATE: 9-9-94

TC: 001-116-30 ☐ L ☐ CRT

SERIAL Nº 14801

Name of Owner Lakeview Homes Juris.:

Address of Property 20223 Rainbow Circle

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"-24"

Water Supply Source well not installed at time of inspection, it appears house may have municipal water supply

Distance to Water Source 53' to closest well

Excavation Inspected 9-9-94 & 9-13-94

Tank(s) Inspected 9-9-94

Wash Line Inspected —

High Water Alarm Inspected 10-24-94

PLOT

Design: 1994, 1500gst, 1000pt, pump to conv, 12" stone, 1200sqft drainfield cecil-like CTR# PJ Ervin 52

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS: See paperwork concerning abandoned well.

½ hp Gould WE0511H ; H9430593

Type III b

Newell for S Dean

Environmentalist

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

8/29

Approval

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

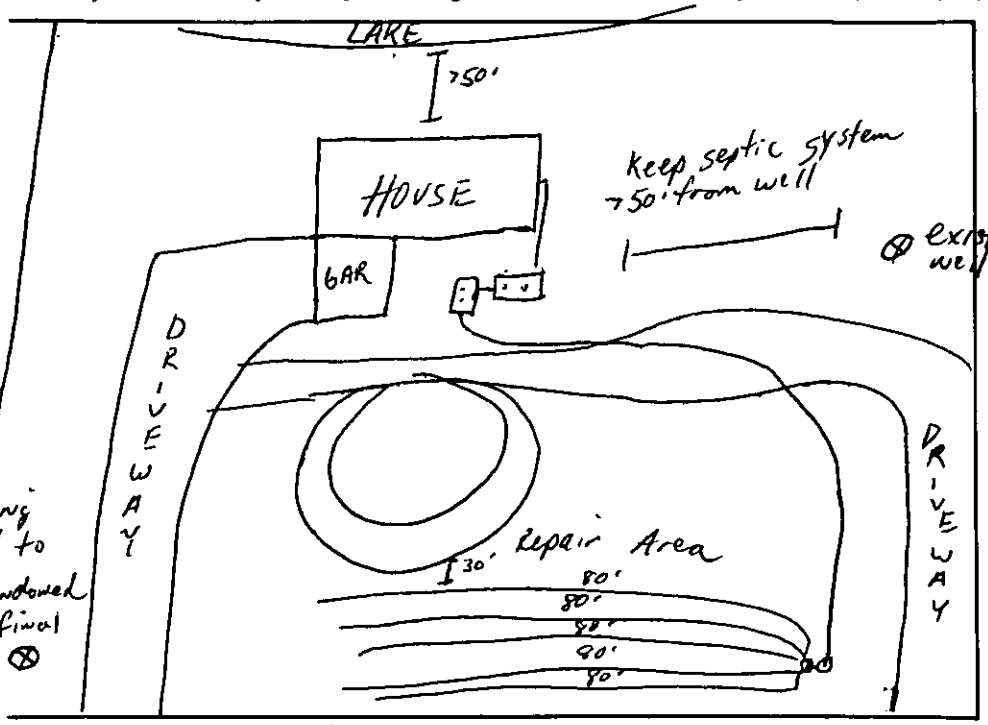
2159 DKO

FILE: ~~2022~~ DATE: 8/29/94

TC: 001 1/16 30 ☐ L

SERIAL Nº 15804

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 3/24/94. All work shall be completed on or before 9/29/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ 10 NCAC 10A .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.



PLOT OF SYSTEM

Rainbow Cir

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Lakeview Homes

LOCATION OF PROPERTY 20223 Rainbow Cir

Comments: 1500ST, 1000DT, PI, #5 lines x 80' long x 3' wd x 12" stone / Existing well to be abandoned before final approval (CMUD water) Keep lines on contour of land / Keep septic system 250' from any wells.

JNewell for S. Denup
Division or Section Head

Phil S. Walker
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

file 2159 Apply $50 for soil test PR 50.00 chk 13321 3/3/94 64.00

Pd. $200 3/3/94 Ck. # 1893

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

5/17/94

PERSON FILING APPLICATION:

NAME: Lakeview (last) Homes (first) Inc. (mi)

ADDRESS: 20464-A Chartwell PHONE: (__) 892-3312

CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 2/23/94

PROPERTY OWNER:

NAME: Lakeview (last) Homes (first) Inc. (mi)

ADDRESS: 20464-A Chartwell PHONE: (__) 892-3312

CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-116-30

STREET ADDRESS: Rainbow Circle 20223

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: Lot 28 LOT SIZE (in acres): .45

TYPE APPLICATION (check one):

- [x] SOIL TEST - INDIVIDUAL LOT (D)
- [x] 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)
- [ ] DOUBLE WIDE (D)
- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 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)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Lakeview Homes Inc by: _____ Date: _____

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.

... Lift pump required

5/9/94 Tanks changed to front of house

Suitable area located in front of lot for conventional system with abandonment of existing well.

- [x] 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 3/24/94
Environmentalist Date

P. Walker for S. Daniel 3/24/94
Director or Authorized Section Head Date

** additional fee for extra trips after permit was signed off on for approval

WATER : 122791

Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR _____ REG. NO. _____

1. WELL LOCATION: (Show a sketch of the location on back of form.) Nearest Town: Cornelius County Mecklenburg
20223 Rainbow Circle
(Road, Community, Subdivision, Lot No.) Quadrangle No.

2. OWNER: Lolenien Hinson

3. ADDRESS: 2046-A Chantwood Circle

4. TOPOGRAPHY : draw, slope, hilltop, valley, flat

5. USE OF WELL: None DATE: 9/12/94

6. TOTAL DEPTH: 400' DIAMETER: 6"

7. CASING REMOVED:

feet	diameter
5'	6"

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement ____	bags of cement ____
gals. of water ____	yds. of sand ____
7000 P.S.I	gals. of water ____

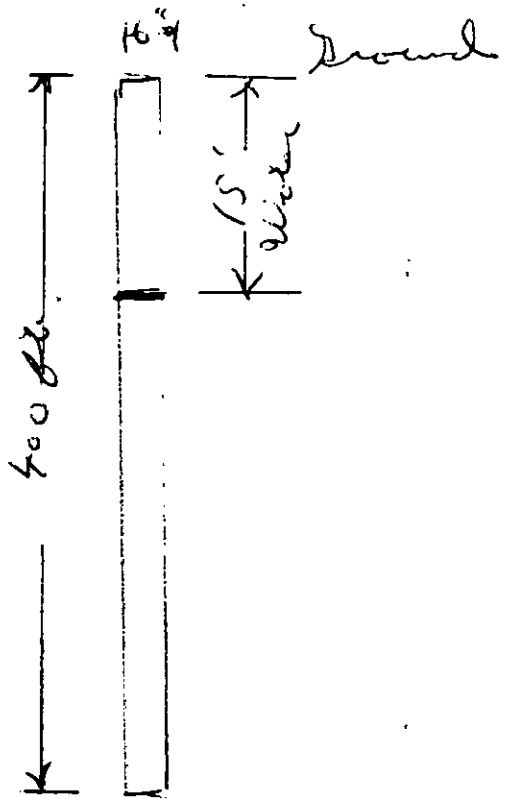
Concrete Ready mixed out of truck

Other
Type material None

Amount _____

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Poured Concrete in well
pushed water out

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



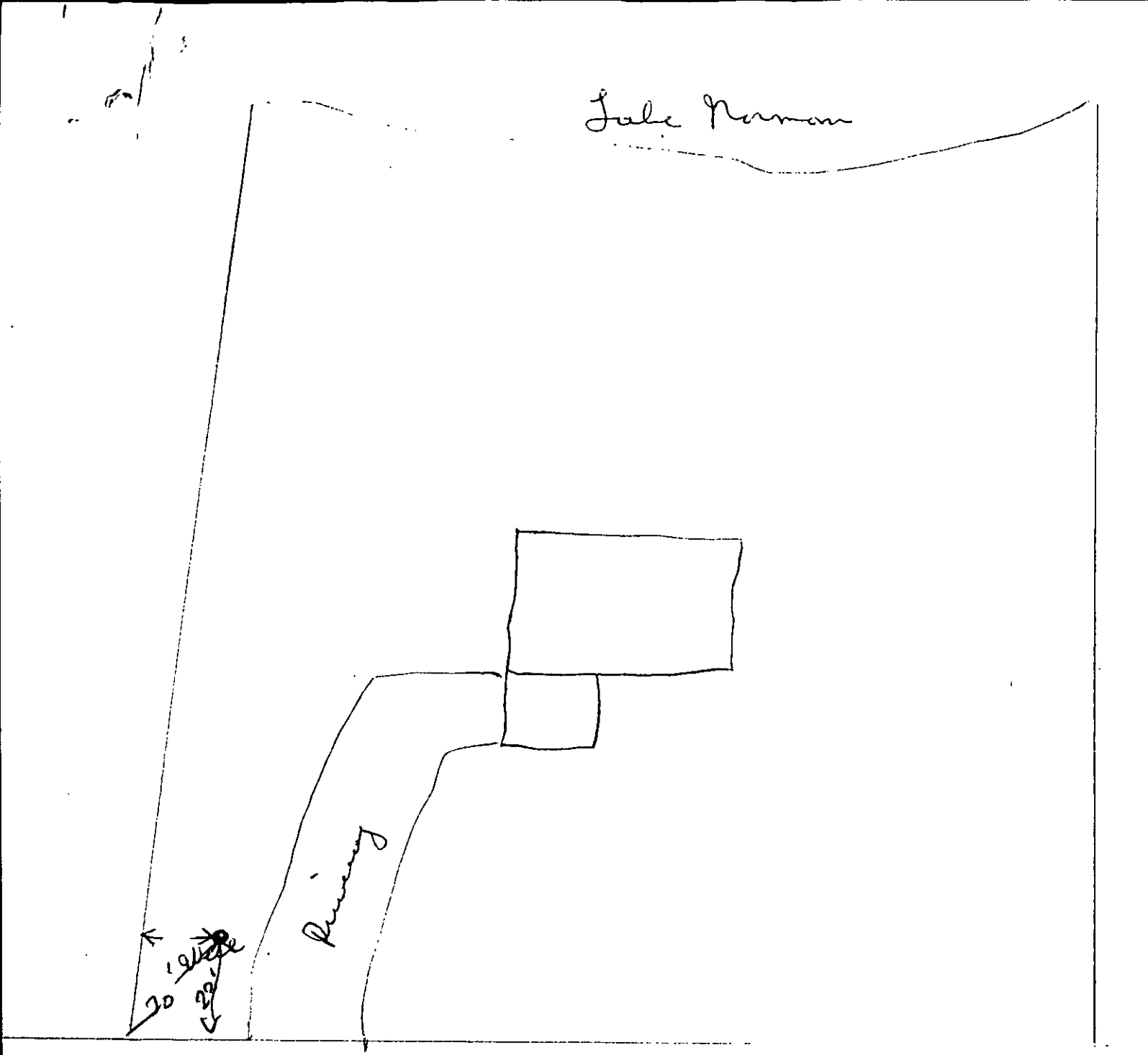
I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent F. J. Ervin Date Sept 12 1994

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

GW-30 Revised 3/8/80



Rainbow Circle Dr.
20223

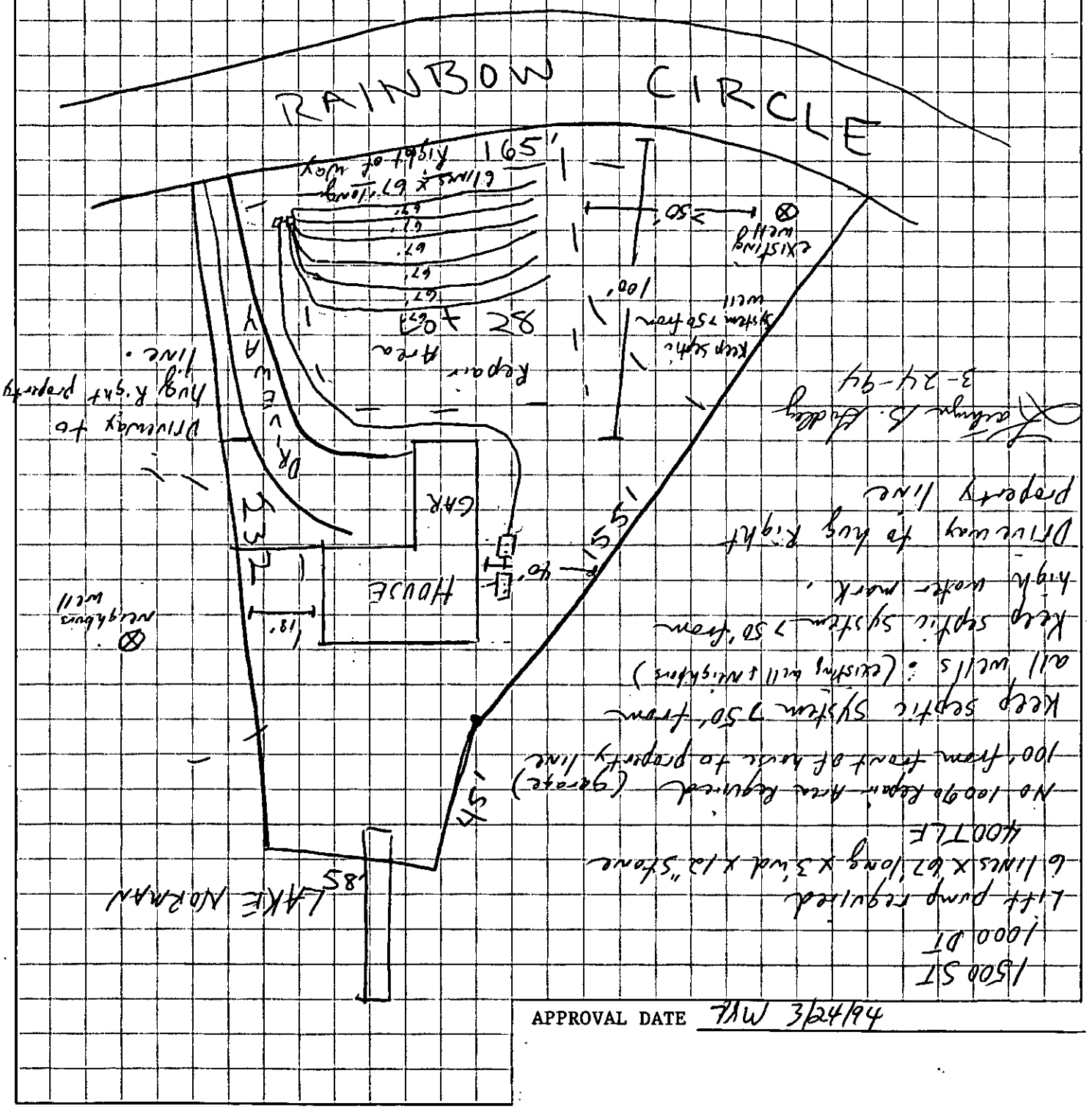
PROPOSED PLOT PLAN

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

FILE: 2159

TC: 001-116-30

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.



APPROVAL DATE MW 3/24/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

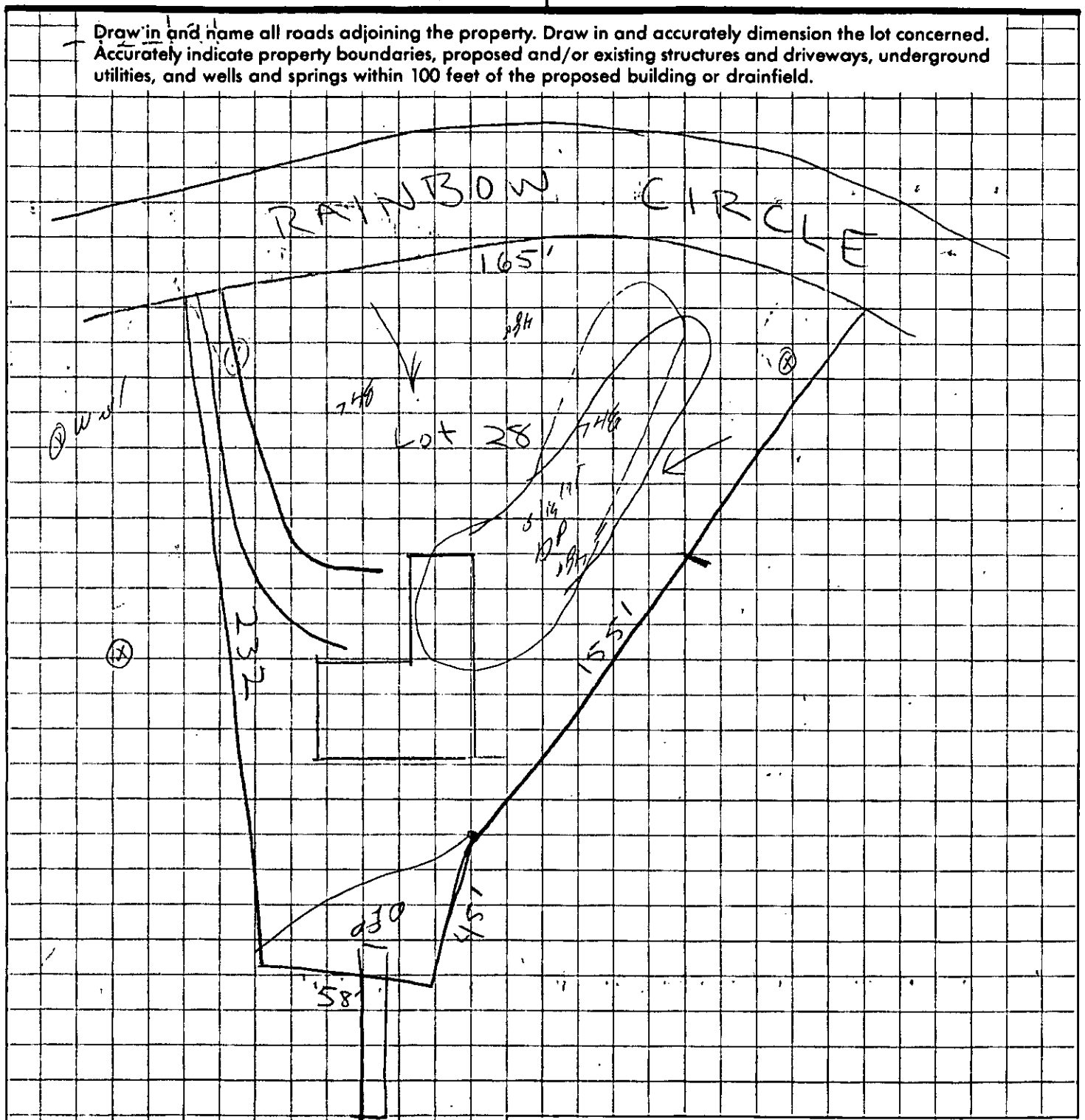
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APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

September 20, 1994

Lakeview Homes, Inc.
20564-A Cartwell
Davidson, NC 28036

Re: 20223 Rainbow Circle
File: 2159
Parcel: 001-116-30

Dear Sirs:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900,.1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X of equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Please call me at 336-5569 to discuss any question you may have concerning this matter.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: F.J. Ervin, Septic Tank Installer

Mecklenburg County
Health Department

~~January 15, 1993~~

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

~~Mr. James M. Williams~~ Lakeview Homes, Inc.
~~P.O. Box 748~~ 20464-A Chartwell
~~Cornelius, NC 28031~~ Davidson, NC 28036

Re: ~~16521 Belle Isle Drive~~ 20223 Rainbow Circle
File: ~~12594 (tax parcel 001-312-51)~~ 2159
Tax Parcel: 001-116-30
Dear ~~Mr. Williams:~~ Lakeview Homes:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the "Laws and Rules for ~~Sanitary~~ Sewage ~~Collection~~, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please reschedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-~~5570~~ 5569 to discuss any question you may have concerning this matter.

Sincerely,

40

~~Floyd~~ S. Walker R.S.

Floyd S. Walker, R.S.
Individual Water and Wastewater Systems

cc: F.J. Ervin, Septic Tank Installer

Apply $50 for soil test

file 2159 Apply $50 for soil test Pd $50.00 Chk 93 3/17/94 Pd $200.00 3/3/94 Ck. # 1893

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: Lakeview (last) Homes (first) Inc. (mi)
ADDRESS: 20464-A Chartwell PHONE: (__) 892-3312
CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 2/23/94

PROPERTY OWNER:
NAME: Lakeview (last) Homes (first) Inc. (mi)
ADDRESS: 20464-A Chartwell PHONE: (__) 892-3312
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-116-30
STREET ADDRESS: Rainbow Circle
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 28 LOT SIZE (in acres): .45

TYPE APPLICATION (check one):
[x] SOIL TEST - INDIVIDUAL LOT (D)
[x] 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:
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 [] 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: Lakeview Homes Inc. by: _____ Date:

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

WATER : 122791

* additional fee for water tap

Mecklenburg County

Health Department

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

March 21, 1994

Lakeview Homes, Inc.
20464-A Chartwell
Davidson, NC 28036

RE: Property located at Rainbow Circle (Lot #28)
FILE: 2159
PARCEL: 001-116-30

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20243) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20243

File: 2159 Action 2

Parcel: 001-116-30 ☐ PC

Location: Rainbow Circle

Subdivision:

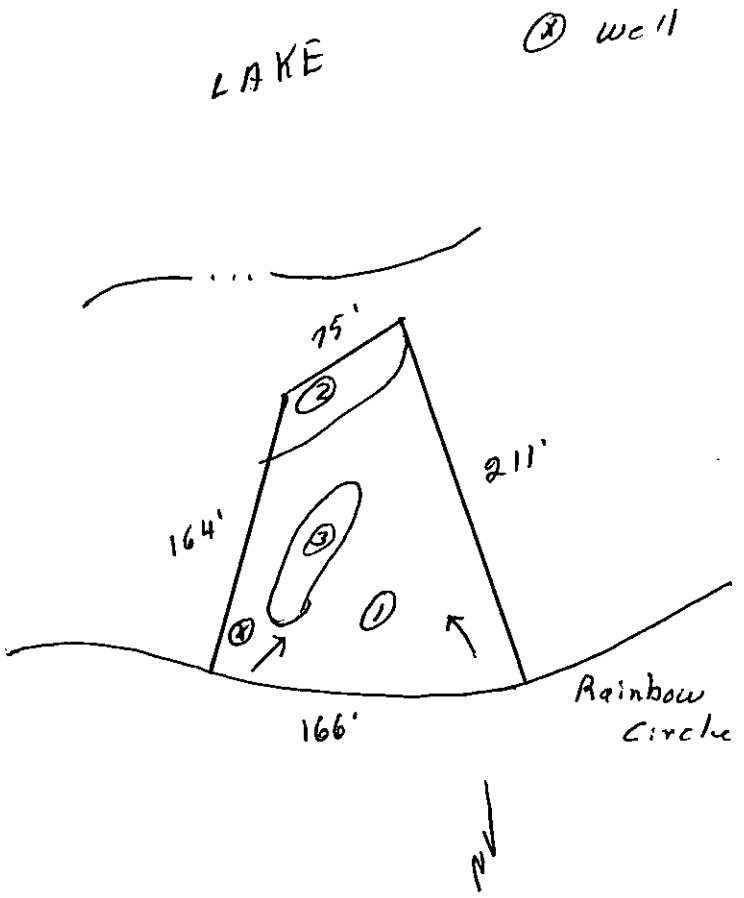
Lot: 28 Block: Acres: .45

Owner: Lakeview Homes, Inc.
Address: 20464A Chartwell
Davidson, N.C. 28036

Comments: .3 gal/ft/day/LTAR
system would probably
need pump

Described by: William R. Marks

Date: 3-21-94



***** 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) Depression	S PS (U) slight Depression	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U sub + Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" TO water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted Area	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	IV Cecil/ Lilly	Depression	slight Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

3/24/94 1377 $50 Paid
Apply $50 for soil test
Pd $200 3/3/94 Ck # 1893
fill
2159

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr.; Suite 211
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Charlotte, NC 28202

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[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
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[ ] 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:

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 [ ] 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: by: Lakeview Homes Inc Date:

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.

... Lot + pump required

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

PSW 3/24/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

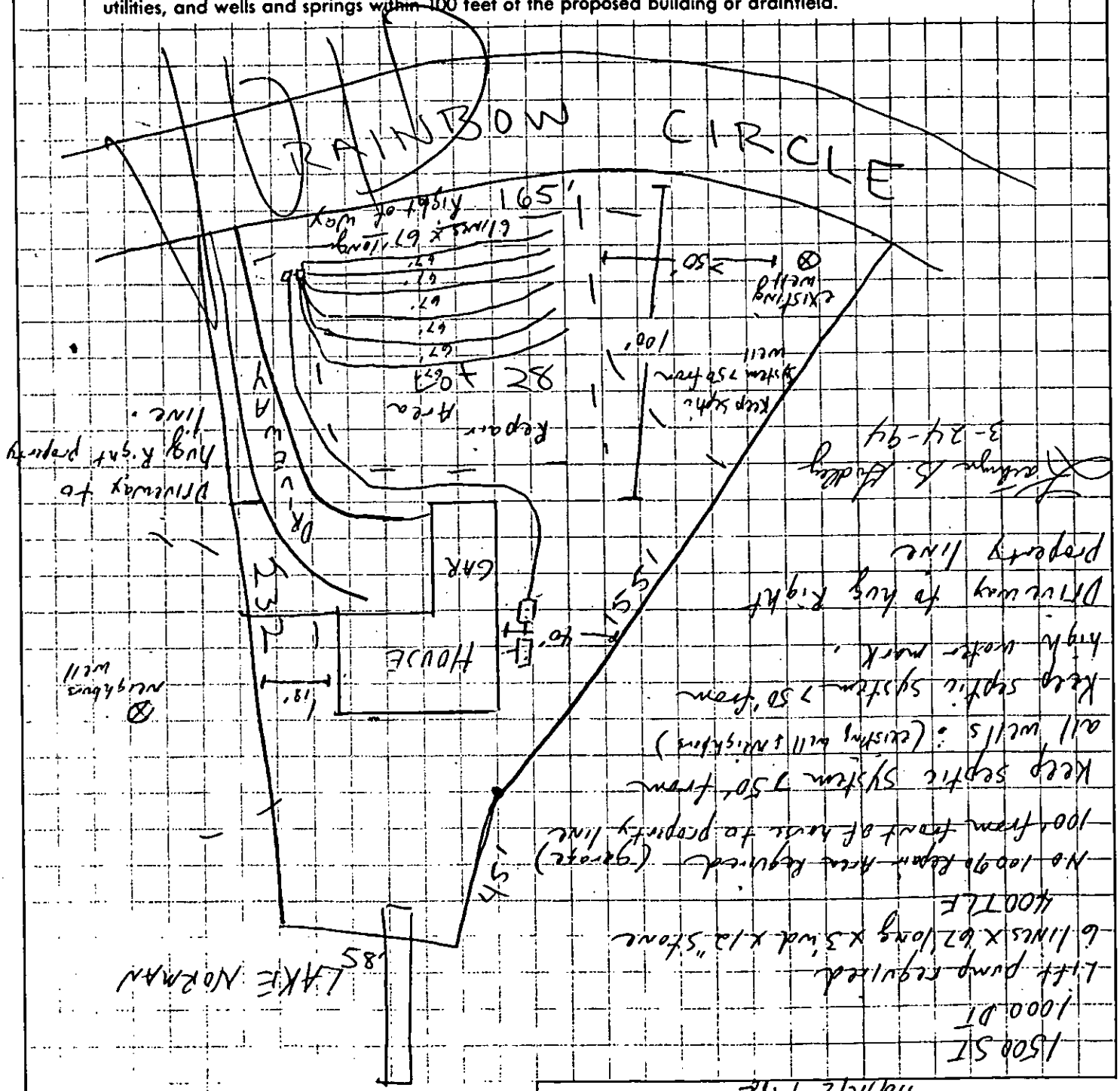
PROPOSED PLOT PLAN

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

FILE: 2159

TC: 001-116-30

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.



APPROVAL DATE MW 3/24/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

COUNTY HEALTH DEPARTMENT
ION REPORT
BER 20243

File: 2159 | ction: 2

Parcel: 001-116-32 | ☐ PC

Rainbow Circle

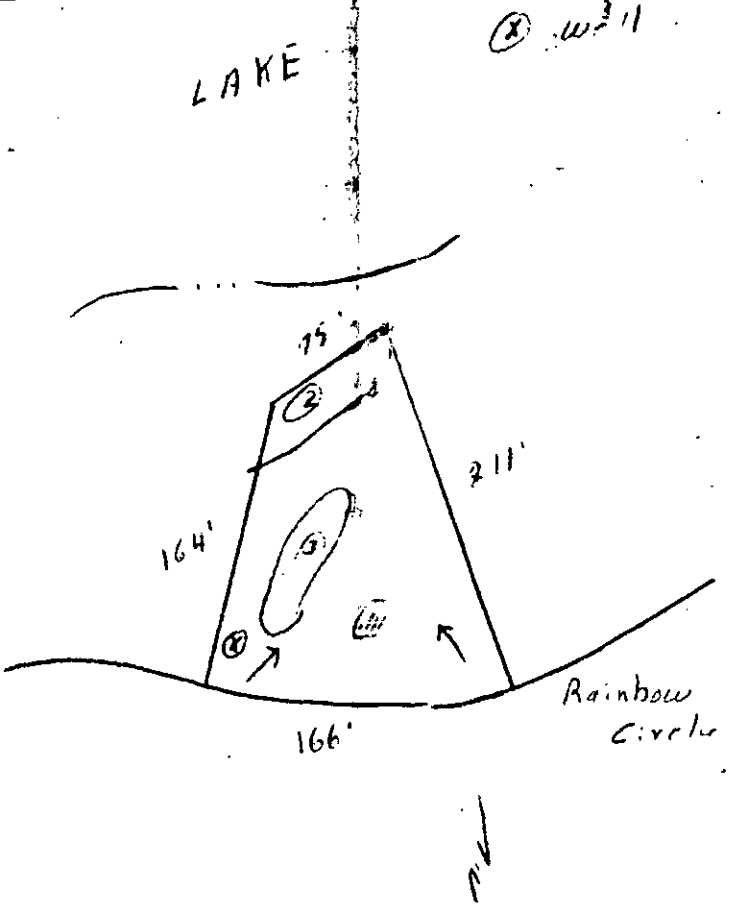
ivision:

ot: 26 Block: Acres: .45

Owner: Johnson Homes, Inc.
Address: 1040A Chartwell
Lenoir, N.C. 28645

Comments: Typical for Valley, LIRA
Lydon coastal subsoil
needs pump

Described by: William R. Marks
Date: 3-31-94



*** 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) Depression	S PS (U) slight Depression	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub + Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U 7-49" wet	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-46	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted Area	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	IV Cecil/ Lloyd	Depression	slight Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

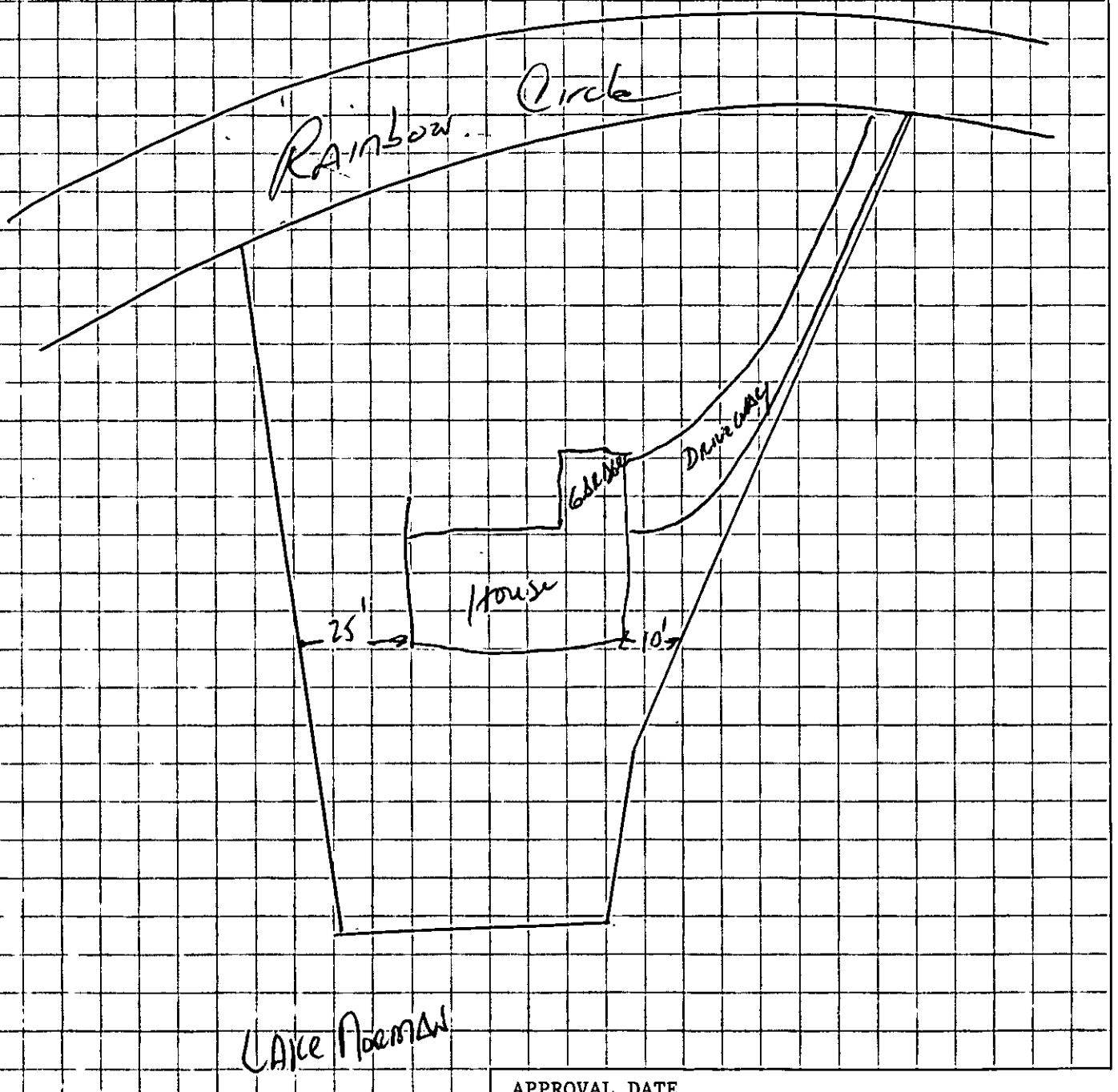
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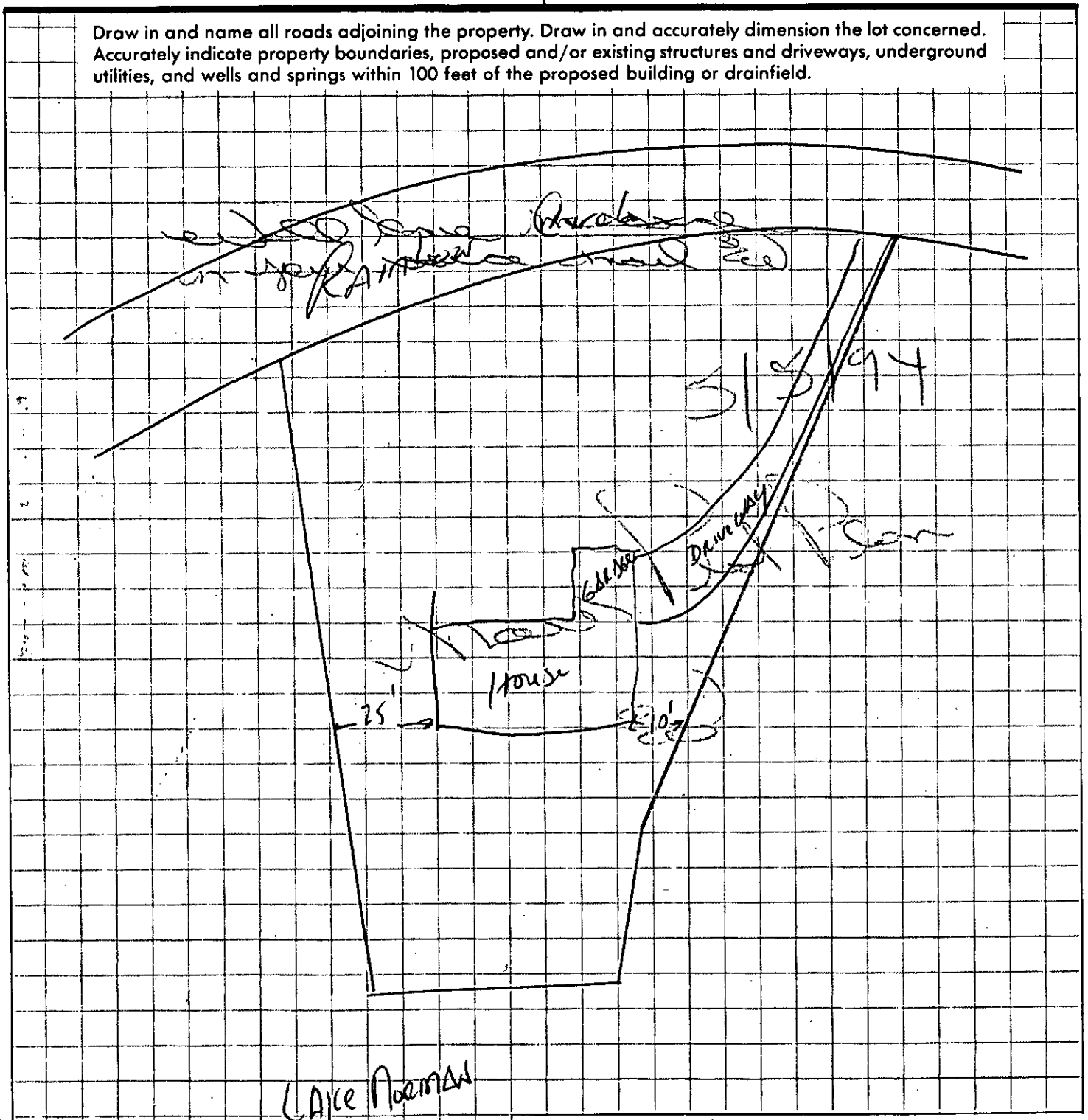
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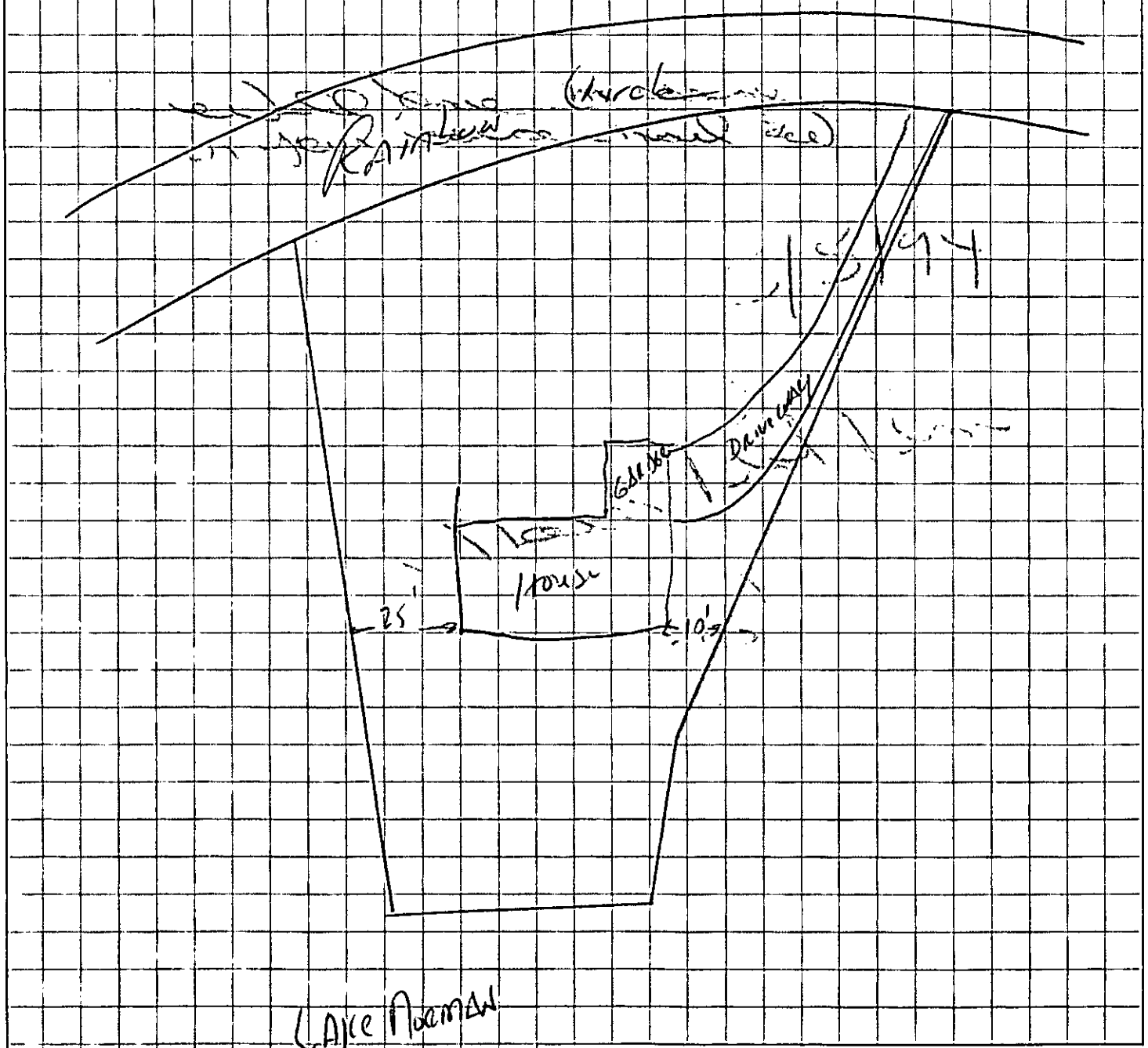
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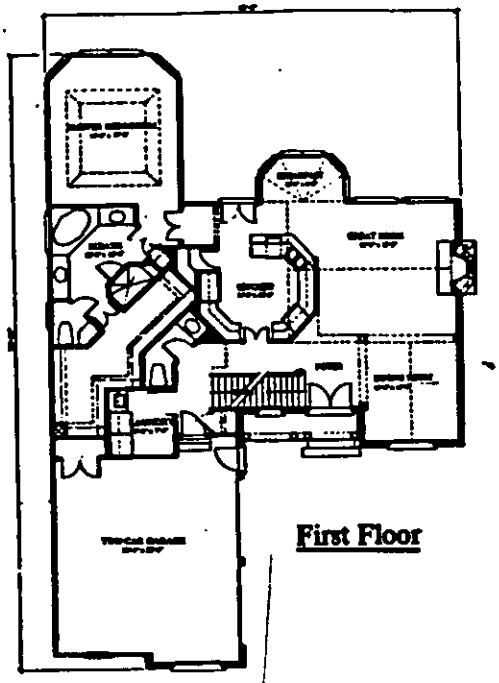
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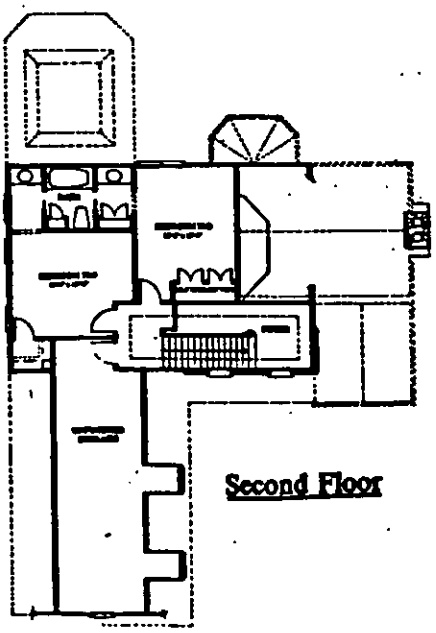


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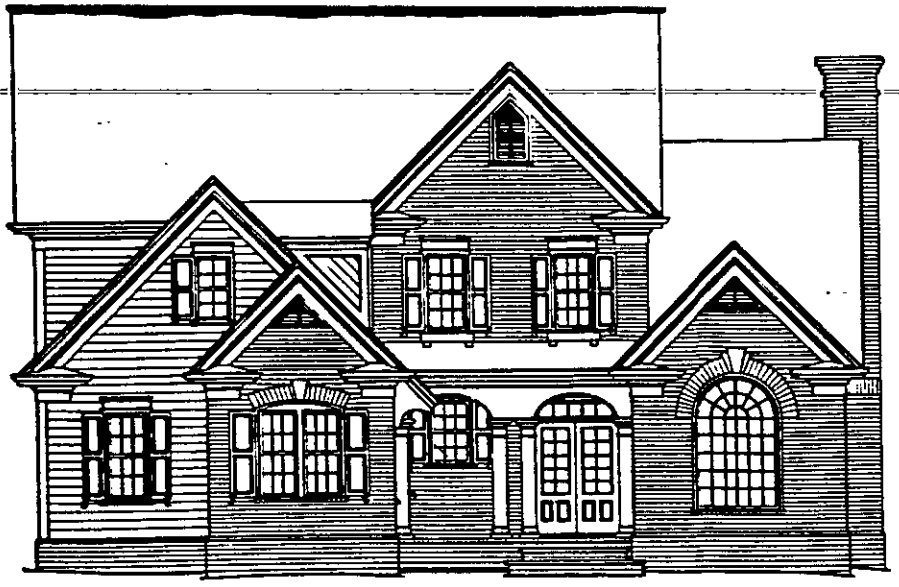
First Floor



Second Floor

2153

NORTHSTAR
REALTORS



LOT 31 HUDSON PLACE

J.GILLEY COMPANY

3 BEDROOM 2 1/2 BATHS

VERY OPEN FLOORPLAN

HUGE UNFINISHED BONUS ROOM

ALL BRICK EXTERIOR

$234,900

For more information call

GARY T. KNOX

Office: 892-3322 *Home:*

PROPOSED PLOT PLAN

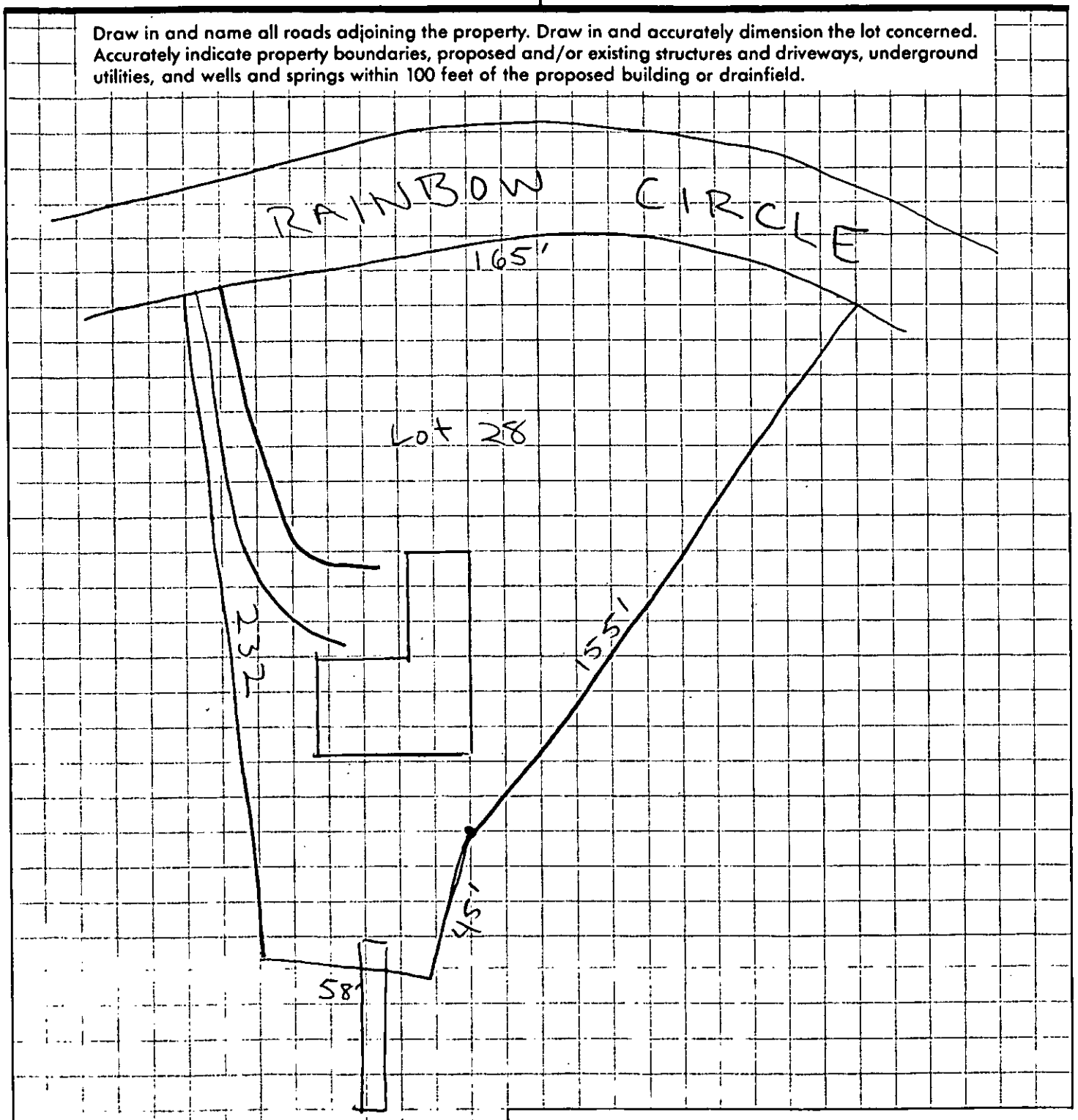
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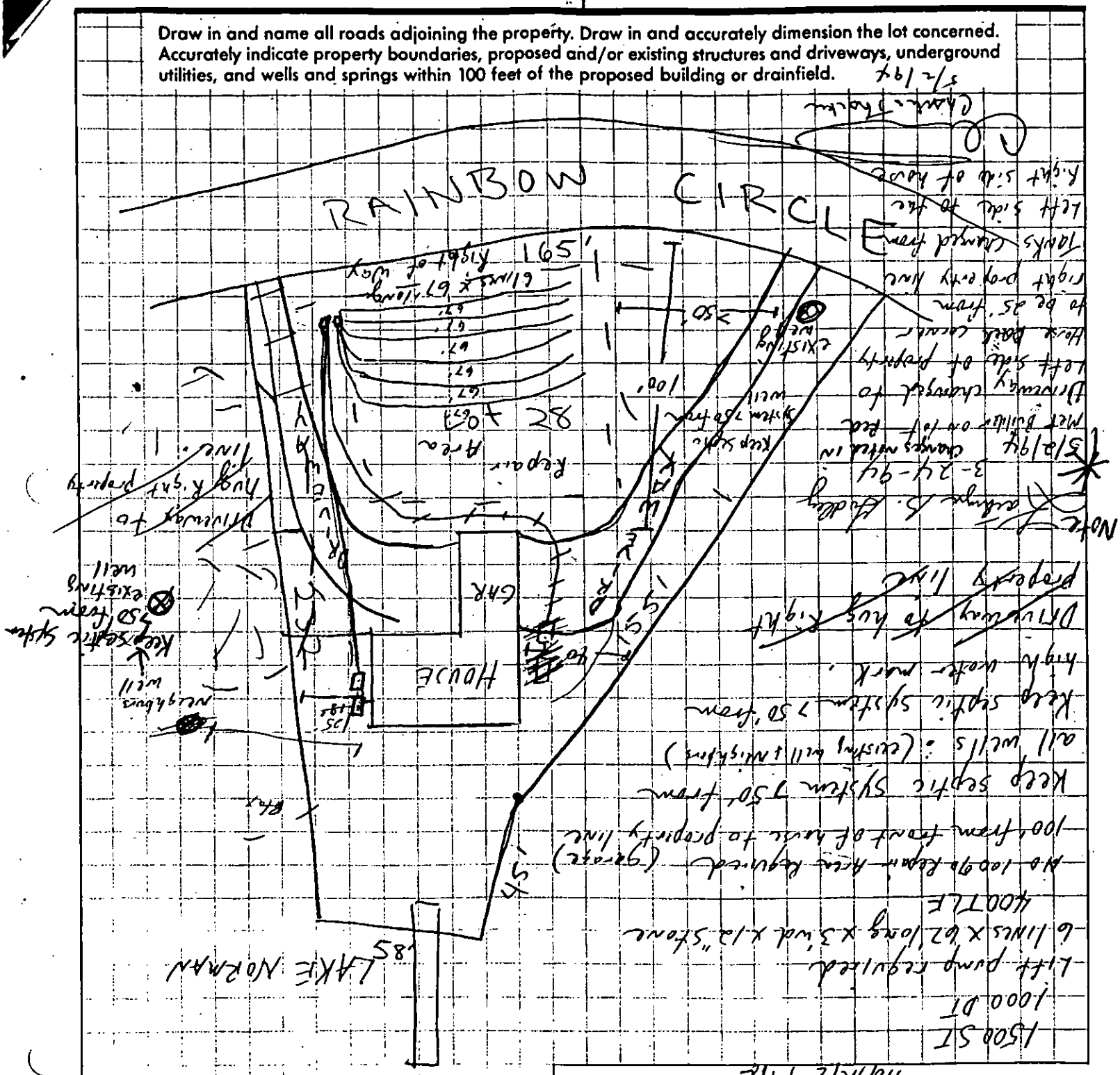
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Mecklenburg County
Health Department

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

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FROM: [signature] DATE 04/28/94

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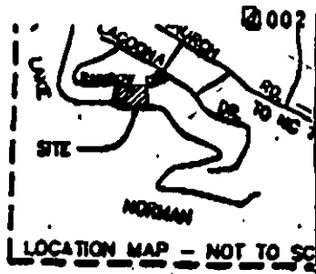
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700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

file 2159

.13 7043829840 ECI 1107 002





Rainbow Circle

155'

Biscayne Park Subdivision

#5 REBAR (F)

N 00°52'42" W – 231.93'

211.43'

LOT 28

KATHRYN B./GODLEY
D.B. 6813/PG. 240
P.B. 10, PG. 185
TAX ID 001-116-29

LOT-29

1/2" I.PIPE (F)

GEORGE D. MARTIN
5208/889
LOT 27
TAX ID 001-116-31

#5 REBAR (S)

S 89°27'05" E – 9.84'

#5 REBAR (S)

N 86°34'55" E – 84.80'

20.00'

1/2" I.PIPE (F)

155'

S 35°24'05" E

79.82'

1/2" I.PIPE (F)

64.80'

45'

20.50

#5 REBAR (S)

#5 REBAR (S)

ORIGINAL D.P.CO. BOUNDARY

218.48'

S 07°25'31" W – 294.48 (BASE BEARING)

JAMES B. BUCHANA
6496/58
LOT 30

1/2" I.PIPE (F)

67.59'

S 58°04'45" E

C.F. I.PIPE (F)

#5 REBAR (F)

12.37'

21.03'

S 68°19'00" E

33.40'

C.F. I.PIPE (F)

Lake

S 87°26'54" W

57.83'

PIER

N 74°55'59" W

35.42'

N 52°14'12" W

72.80'

N 35°01'24" W

49.84'

N 20°29'40" W

39.47'

76.00'

Area = 0.183 Acre
(7,988.05 sq. ft.)

Original lot line

Proposed new lot line

PRESENT APPROXIMATE 760 CONTOUR

DUKE POWER COMPANY
(C. S. AUSTIN & JOHN L. CARPENTER)
2195/15
U.M.I.-652
MTN. IS. DWG. NO. 662

#5 REBAR (S)

Norman

REAL ESTATE CITIZENSHIP DUKE POWER SERVICE DEPARTMENT

MAP PREPARED BY:
DUKE POWER COMPANY
P.O. BOX 1007
CHARLOTTE N.C. 28201-1007
TELEPHONE NO.(704)382-6665

DUKE POWER COMPANY
COWANS FORD DEVELOPMENT

LAND DEEDED TO
KATHRYN B. GODLEY

LEMLEY TOWNSHIP
MECKLENBURG COUNTY, N.C.

BOOK NO.2197
OCTOBER 1, 1993
E.C.=1':10,000'

50 25 0 50 100 150
SCALE IN FEET

CREW: R. HOB
DRAWN BY: FE
CAD FILE: KBGODL

SCALE	PROJECT NO.	MTN.IS.DWG.NO:
1"=50'	00000885	210

20
฿300k 6 million

$24,000 — 20000