

505 CAROLYN LN

04925304

8/15/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

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

August 25, 1994

Mr. Paul Buchanan
817 Carolyn Lane
Charlotte, NC 28213

Should be under 505 Carolyn

Re: 505 Carolyn Lane
File: 18363
Parcel: 049-253-04

Dear Mr. Buchanan:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as UNSUITABLE according to the following rules:

(a) .1940 Topography and Landscape Position
(b) .1941 Soil Morphology
(c) .1943 Soil Depth
(d) .1945 Available Space

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955,.1956, or .1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

You may wish to contact the Charlotte-Mecklenburg Utility Department concerning the possibility of municipal sewer service for this property. The phone number for their office is 399-2551.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

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

cc: Mr. William Marlin, Soil Scientist

Enclosure

Mr. Paul Buchanan
817 Carolyn Lane
Charlotte, NC 28213

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Re: 505 Carolyn Lane
Tax Parcel: 049-253-04

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(lift 4)

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16/40

cc: Mr. William Marlin, Soil Scientist

Attachment

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #150 8/8/94 ck #148

☐ CRT

18363

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: BUCHANAN (last) PAUL (first) J (mi)
ADDRESS: 817 CAROLYN LN PHONE: (704) 596-9233
CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

Date:

PROPERTY OWNER:
NAME: BUCHANAN (last) PAUL (first) J (mi)
ADDRESS: 817 CAROLYN LN PHONE: (704) 596-9233
CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 049-253-04
STREET ADDRESS: 825 CAROLYN LANE
ZONING:

Township (check one):
☒ 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: 1 1BA 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)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ 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: 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: ✓ 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.

...

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 122791

SERVICE REQUEST/WORK ORDER

No.: 1846 Section: INNS Hazard? [ ] Yes [ ] No

Date: 07-12-93 Parcel: 049-255-03 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Bill Hardister Phone

Address City Zip

PROPERTY CONCERNED: Facility Name Joseph Minano Residence

Address 817 Carolyn Lane City Charlotte Zip 28213

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Susan Bateman TAKEN BY: Bowers/Lathe

DATE	ACTIVITY REPORT
	Will be installing cartridge filter which has no backwash/Lathe
	16756 Lot 2 Block A
7-22-93	Not known if properly abandoned & is probably located under concrete structure behind house. Pool will not interfere with existing septic system & owner was advised that limited space was left on lot for future repairs. See Tk # 16756

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY:

REVIEWED BY:

Permit 3 8

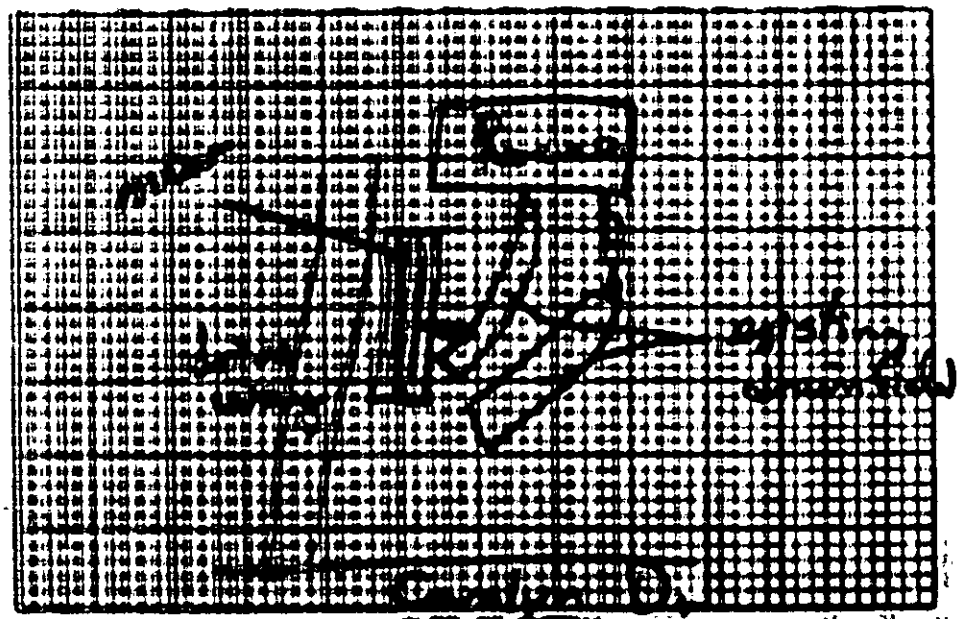
MECKLENBURG COUNTY

DEPARTMENT OF ENVIRONMENTAL HEALTH

NEW CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to Owner or Contractor, ✓ Alter or Repair the individual septic tank sewage treatment system with subsurface soil absorption, effluent discharge as specified herein for the described location. This permit is granted based upon the information supplied in application dated _____ and this permit shall be void and of no effect if the information contained in the application is not true or is erroneous. All work shall be completed on or before _____ after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Kelso, Herbert

LOCATION OF PROPERTY 917 Carolyn Dr

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered unserviceable or else be used. The issuance of this permit does not in any way guarantee that the system constructed 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.

12" x 25' x 24" of stone

John Fiscalman

Owner or Owner's Agent — Environmentalist

With this permit to for the installation or construction of a new system, it must be signed by the division or a person head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required when an existing system is being altered or repaired.

Approved _____ Environmental Health Supervisor, Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20450

File: 18363 WDK00 Action 3

Parcel: 049-253-04 ☐ PC

Location: 505 Carolyn Jane

Subdivision:

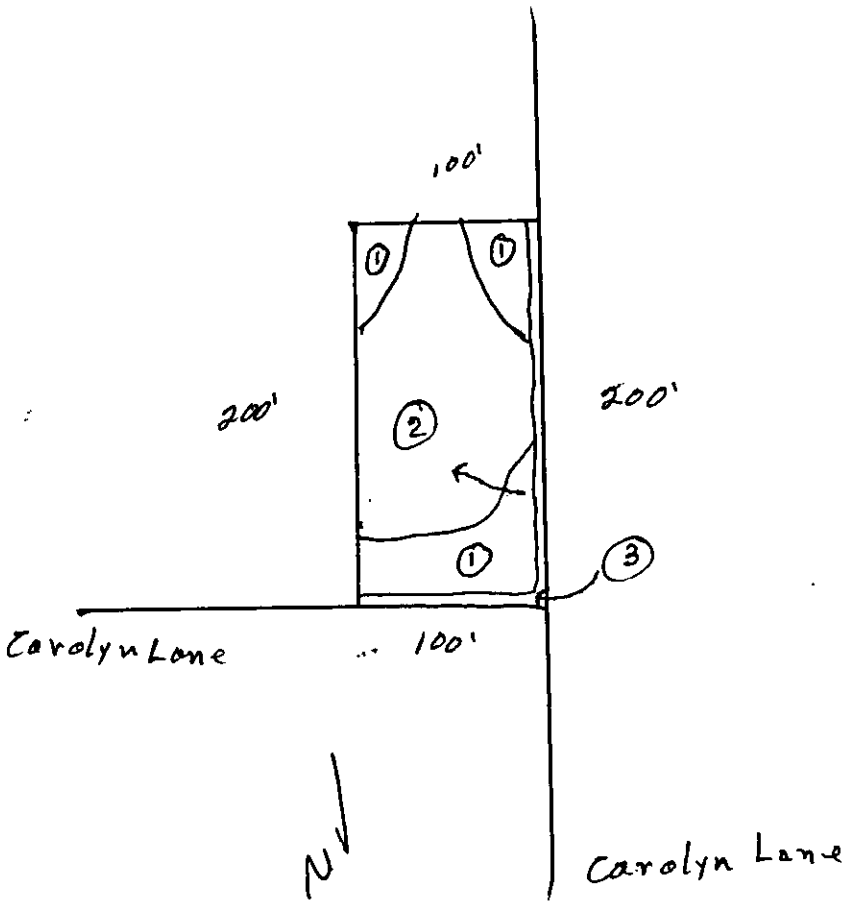
Lot: 1 Block: A Acres: .55

Owner: Paul J. Buchanan
Address: 817 Carolyn Jane
Charlotte, N.C. 28213

Comments:

Described by: William R. Marlin

Date: 8-19-94



***** 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) complex slopes	S PS (U) >2' cut	S PS U	S PS U	S PS U
Texture Expansive	S PS (U) clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U sub. 2 L Block	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage >36"	S (PS) U To Soil Wetness	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 18-30"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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 Like	complex slopes	>2' cut			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

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APPLICATION FOR SERVICES

Pd #150 8/8/94 JA #1478

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Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

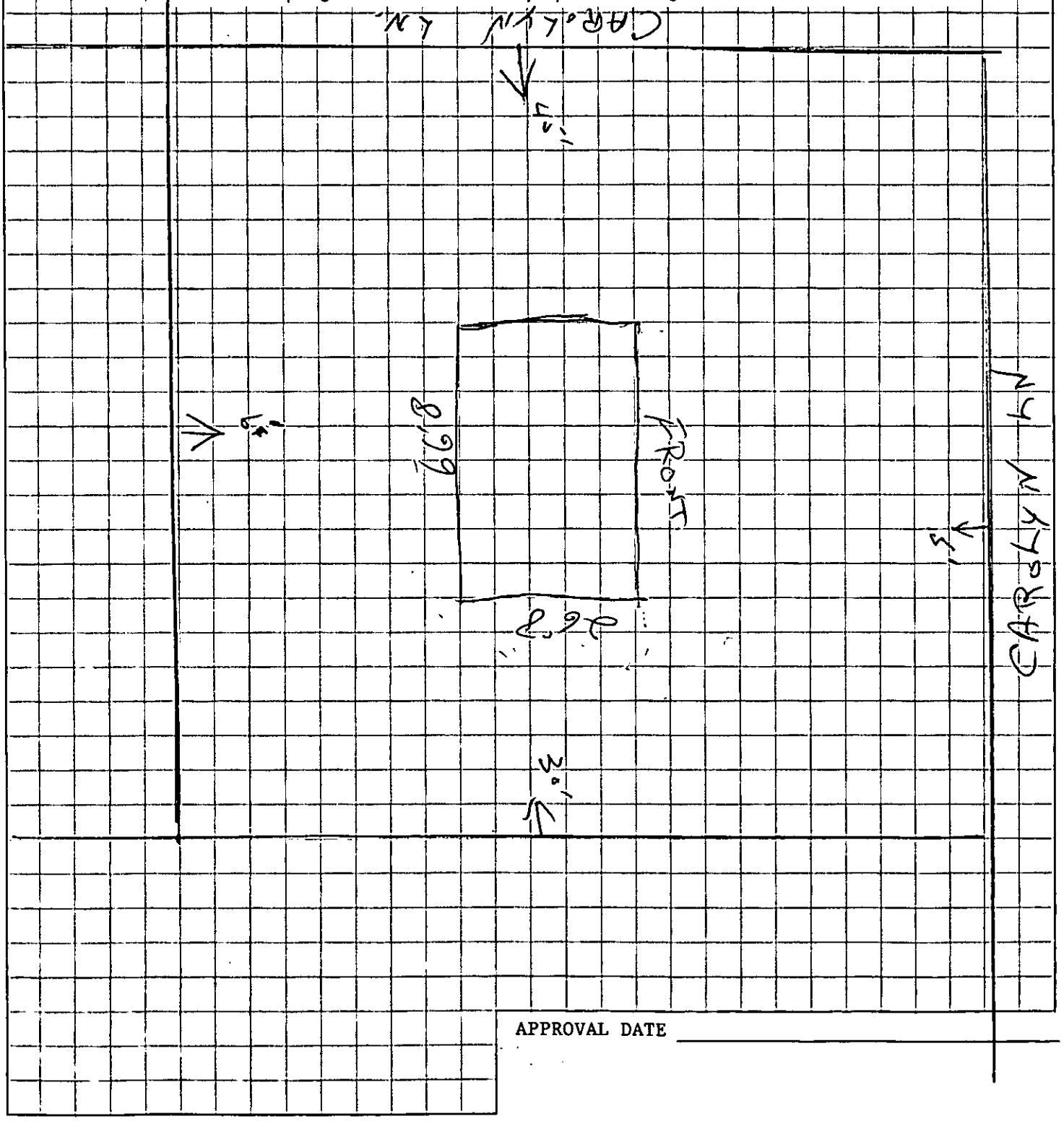
PROPOSED PLOT PLAN

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

FILE: 18363

TC: 049-253-04

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

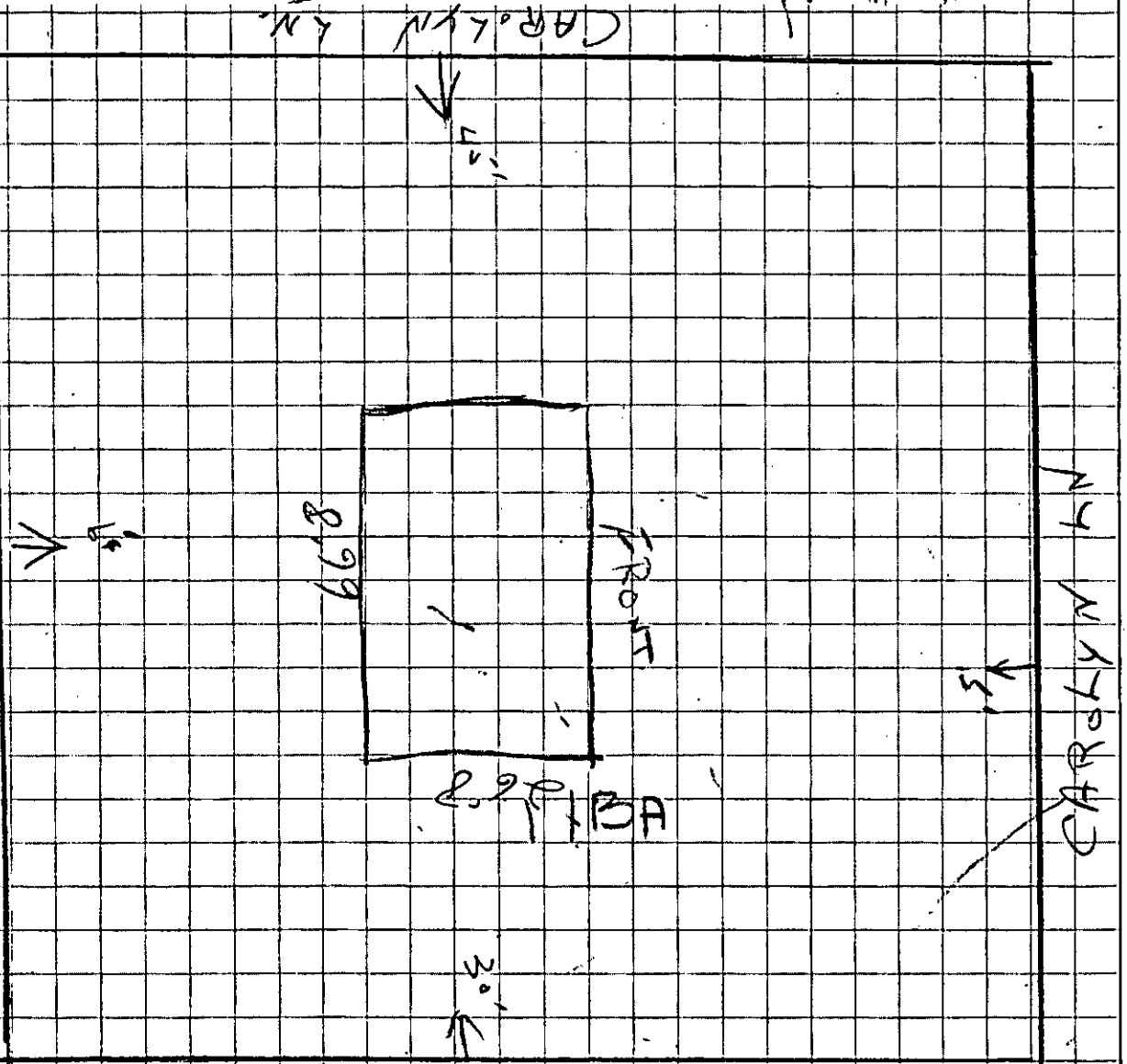
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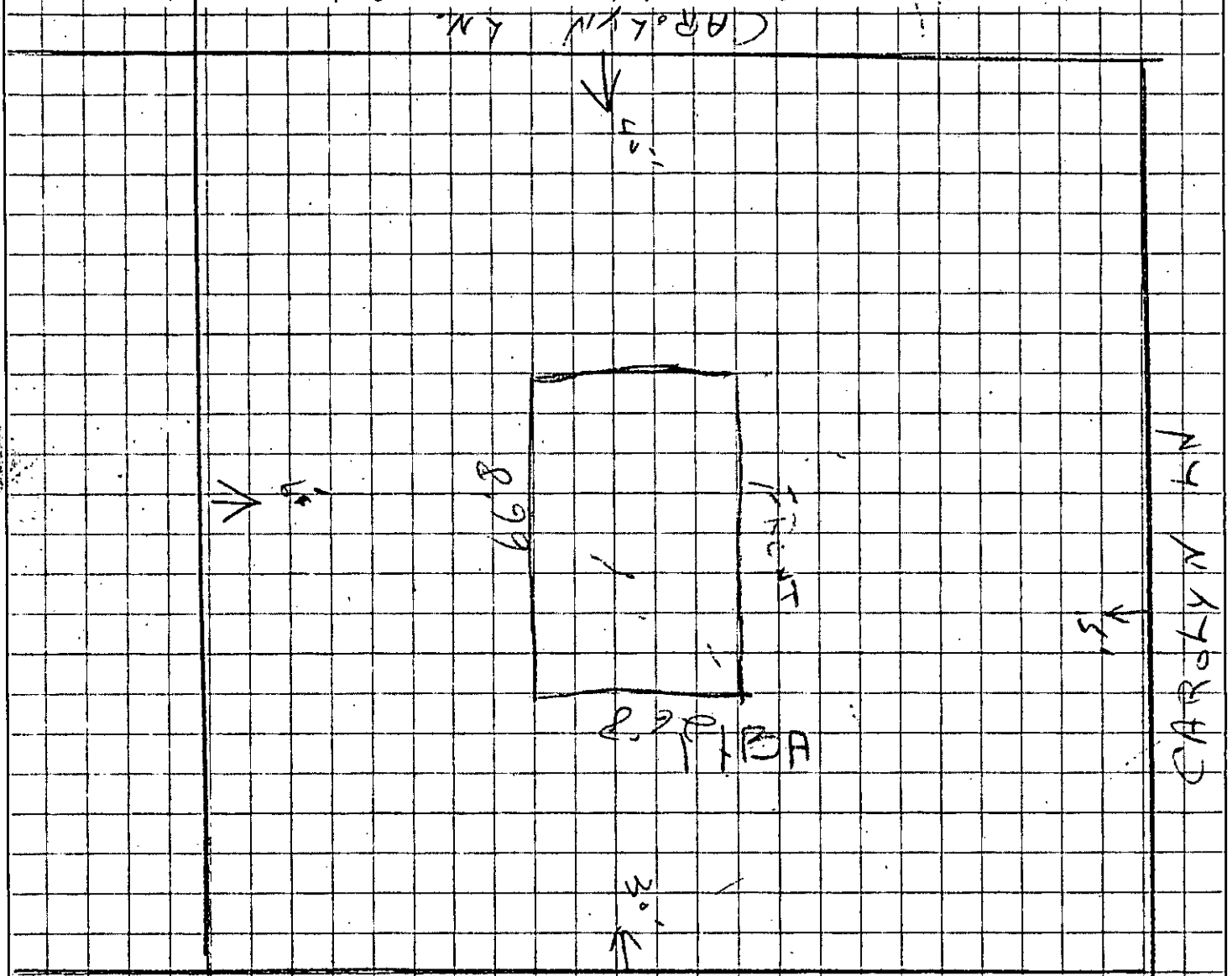
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18363

TC: 049-253-44

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 _____

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