

14808 LONESOME OAK CR

21701313

5/21/2007

duponbj

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

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department | Name of Establishment | 4652A — Permit/Project No.

14808 Lonesome Oak Circle — Location | residence — Type of Establishment | 480gpd — Design Flow

Paul & Gloria Lombardozzi, 14808 Lonesome Oak Circle, 28278 — Owner/Agent | Address | Phone

N/A — Operator | Address | Phone

Remarks: 1116

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	Recommend that you follow pumping guidelines in the yellow brochure.
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☐	☑	Could not verify
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	Pump connections do not allow manual pump operation. [redacted] verified pump operation by jarring float switch.
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	* There was water running into the pump tank during our inspection. I would recommend that you check toilets and fixtures for leaks. These need to be repaired asap if there is a problem.
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Drainfield looks good.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 11-17-99 SIGNED: L.B. Thompson Jr., R.S. AGENT

Division of Environmental Health

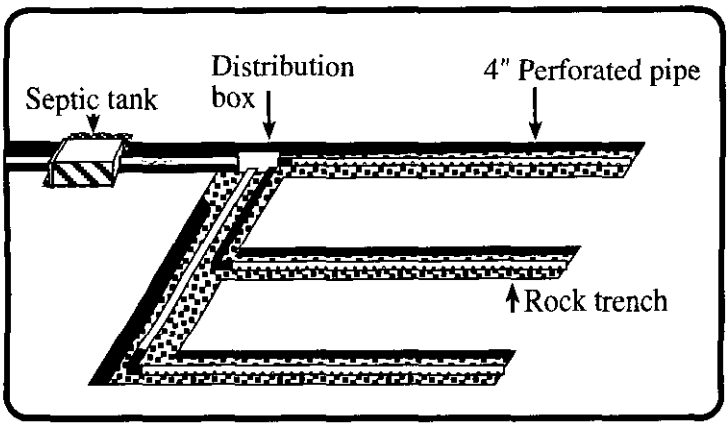
DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

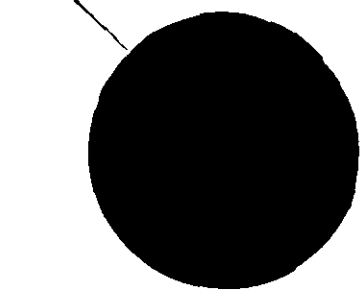
TIPS FOR PROPER SEPTIC SYSTEM MAINTENANCE

- Have your septic tank pumped out every 3-5 years, more frequently if you have a garbage disposal.
- Pratice water conservation. Repair leaking toilets and dripping water fixtures.
- Redirect gutter downspouts and surface water away from the septic system area.
- Schedule laundry at intervals through the week to reduce the risk of overloading the system.
- Keep vehicles off the septic system's drainfield to avoid soil compaction and subsequent damage to the system.
- Keep all chemical and hazardous materials out of the septic system.
- Do not flush non-degradables such as grease, plastic or disposable diapers.

If you begin to experience septic system troubles, contact the Mecklenburg County Health Department at 336-5102 for advice. If a repair is needed to the system, a permit to repair from the Health Department is required. There is no charge for a permit to repair.



NOTICE



Mecklenburg County Health Department
Environmental Health Division

File #: _____ Address: _____

Our Environmental Health Specialist visited today:

Date: _____ a.m. ____ p.m. ____

TYPE OF SERVICE:

Building _____ ❑
Addition ❑
Pool ❑
Mobile Home Exchange ❑

REAL ESTATE:

Septic Request ❑
Water Sample Collected ❑
Other ❑
_____

❑ Approved
❑ Disapproved
❑ Not Applicable

Comments: _____

_____

Environmental Health Specialist:

_____

Please call if you have any questions.

- Possible leak in house
- No pump controls
- Could not see alarm
- Turned pump on by hand
- tanks 73'

Mecklenburg County
Health Department

November 24, 1999

Paul and Gloria Lombardozzi
14808 Lonesome Oak Circle
Charlotte, NC 28278

Re: Water Sample Results

Dear Mr. and Mrs. Lombardozzi:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on November 17, 1999.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory. If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

L. B. Thompson, Jr., L.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

111b

Microbiological Analyses

Owner, System or Establishment: Paul & Gloria Lombardo

Address: 14803 Lonesome Oak Circle

Charlotte, NC Zip: 28278

Collected By: L Thompson

Date Collected: 11-17-99 Time: 10:50 (AM) PM

Sample Source: well tap

Date Delvd. to Lab: 11-17-99 Time: 2:20 AM (PM)

Delivered By: LBT ☒ Received on Ice Initials LBT

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify) _____

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify) _____

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform	Absent /100 ml.	Non-Coliform	_____ /100 ml.
Fecal Coliform	Absent /100 ml.	Plate Count	_____ /gm. or ml.
Fecal Strep	_____ /100 ml.	Coliform Count	_____ /gm. or ml.
Enterococcus	_____ /100 ml.	Pseudomonas aeruginosa	_____ /100 ml.

Laboratory Comments:

Date Received: 11/17/99 Date Reported: 11/18/99

Received By: MG Analyst: MD Lab #: 663

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

COPY

Paul A. & Gloria Jean Lombardozzi
14808 Lonesome Oak Circle
Charlotte, NC 28278

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Paul A. & Gloria Jean Lombardozzi	14808 Lonesome Oak Circle	217-013-13	4652A	4	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

#Bedrooms _____

63 0317

RECEIVED

11-17-99
- tanks 73'
- H2O leaking into pump tanks

BILL INFORMATION

Billing Date	Payment Due Date
10/05/99	11/08/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☑ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

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

March 22, 1994

Mr. & Mrs. Paul Lombardozzi
3345 Penshurst Road
Rock Hill, S. C. 29730

Re: 14808 Lonesome Oak Circle
File: 4652A (Tax Parcel No. 217-013-13)

Dear Mr. & Mrs. Lombardozzi:

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:

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 schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5571 to discuss any question you may have concerning this matter.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

JK:lw

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2400

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

FILE: 4652A DATE: 2/16/94

TC: 217-013-13 ☐ L ☒ CRT

SERIAL № 15803

Name of Owner Paul & Gloria Lombardozi Juris.:

Address of Property 14808 Lonsome OAK Circle

Inspection Data:

Tank Material PCC
Septic = 340', Washer = 200'

Total Length of Drainfield 540'
Septic 6 x 58

Number of Lines 2 x@ 100 Washer

Cover Depth 24" 30"

Water Supply Source Well

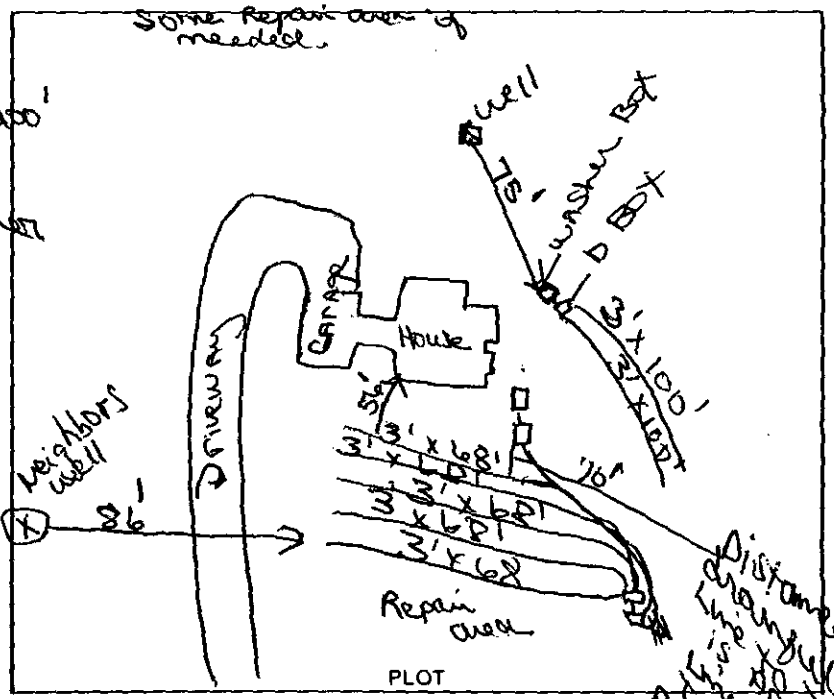
Distance to Water Source 86'

Excavation Inspected 2/16/94

Tank(s) Inspected 2/16/94

Wash Line Inspected 2/16/94

High Water Alarm Inspected 5/19/94



Design: 1993 1500sf, 1000pt, Con. 1200SF, 12"G, Rock, 600SF, 12" WASH CTR#

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: System Approved for 4 bedroom home

Junction Box SJE JB70 = NEMA 4X, Gould Pump 3871 model # 1/2 HP

Type III

F Walker for J Daniel
5/25/94

Judy J Kuser RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

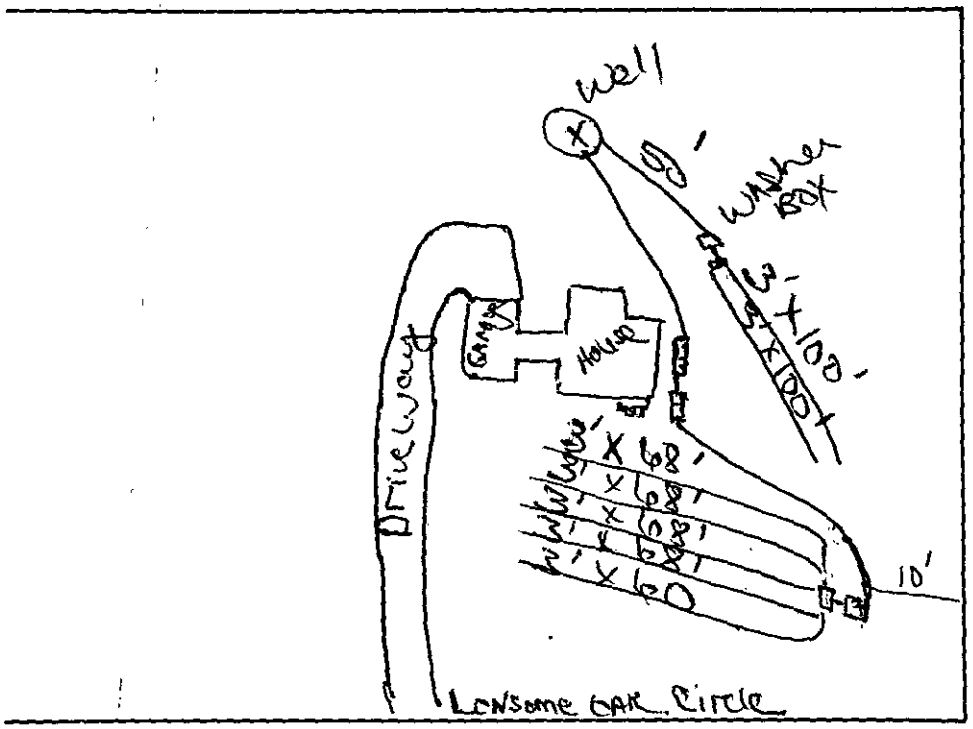
1250

FILE: 4652-A DATE: 12/9/93

TC: 217-013.13

SERIAL Nº 15667

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 2/1/93. All work shall be completed on or before 1/9/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines: WASHER 3 x 100

Trench Width 3 x 68 feet

Total Line Length 540 feet

Number of Lines 7

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well ≥ 50' feet

NAME OF OWNER Paul & Gloria Lombardozzi

LOCATION OF PROPERTY 14808 Lonsome OAK Circle

Comments: INSTALL for WASHER (2) 3'x100'x12" INSTALL for Septic 2-D.BOXES 5 trenches 3'x68'x 12" Stone

F. Walker P.S. for S. Pearl 12/13/93
Division or Section Head

Judy J. Kiser R.S.
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

May 21, 1993

~~Mr. Robert A. Lockwood~~ Paul & Gloria Lombardozzi
~~P. O. Box 1822~~ 3345 Pennhurst Rd.
~~Matthews, NC 28106~~ Rock Hill, SC 29730

Re: ~~12026 Mountain Lake Cove~~ 14208 Lonsome Oak Circle
File: ~~4953A (Tax Parcel No. 023-163-07)~~ 4652A (TC 217-03-13)

Dear Mr. Lockwood:

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(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.

(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 schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

16

17

PROPOSED PLOT PLAN

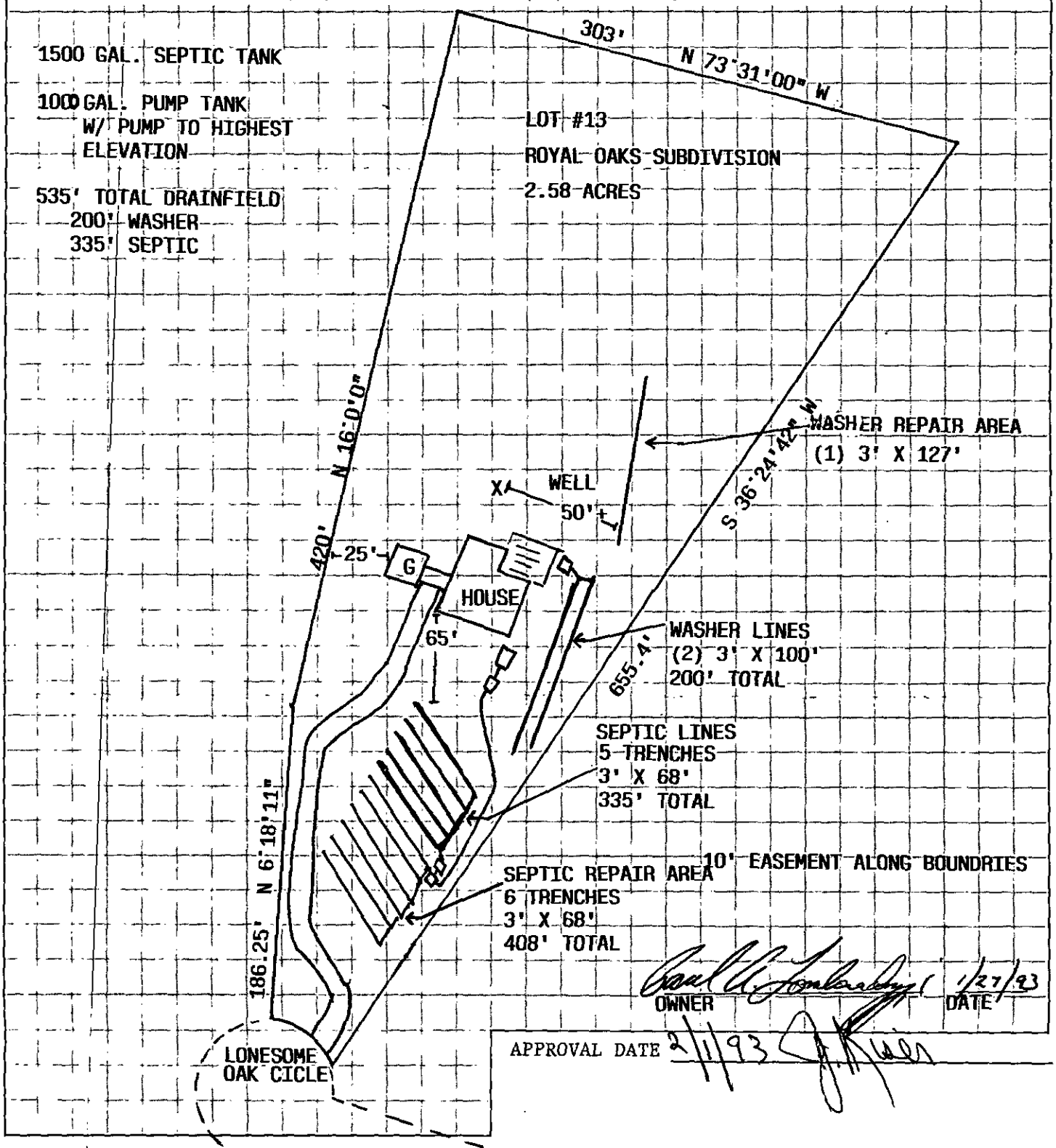
PAUL LOMBARDOZZI

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

FILE: 4652 A

TC: 217-013-13

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.



OWNER [signature] DATE 1/27/93

APPROVAL DATE 2/1/93 [signature]

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

400 LF

FILE # 4652A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&L 200' MJF ck # 11/4/92 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 ATTN: IWWS

Date: 11/4/92

PERSON FILING APPLICATION:

NAME: LOMBARDOZZI (last) PAUL AND GLORIA (first) (mi)

ADDRESS: 3345 PENSHURST RD. PHONE: 803 329-4795

CITY: ROCK HILL STATE: SC ZIPCODE: 29730

PROPERTY OWNER:

NAME: LOMBARDOZZI (last) PAUL AND GLORIA (first) (mi)

ADDRESS: 3345 PENSHURST RD. PHONE: 803-329-4795

CITY: ROCK HILL STATE: SC ZIPCODE: 29730

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-013-13

STREET ADDRESS: 14808 LONESOME OAK CIRCLE

CHARLOTTE, NC 28278

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: ROYAL OAKS

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

LOT NUMBER: 13 LOT SIZE (in acres): 2.58

TYPE APPLICATION (check one):

[ ] 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: 4 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: SEPTIC

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: Paul Lombardozzi Date: 11/4/92

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.

...Dist Pump required.

100% repair area required

[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

Judy J. Rees R.S. 2/1/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 11/4/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 217-013-13

ASSIGNED ADDRESS 14808 Lonesome Oak Ct

EXISTING ADDRESS lot 13

PROJECT NAME Royal Oaks

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rwh

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

Basil G. Velta, M.D., M.P.H.
Health Director

August 12, 1988

Performance Investments, Inc.
1740 E. Independence Blvd.
Charlotte, N.C. 28205

RE: Property located at Lonesome Oak Circle
FILE: 4652A
PARCEL: 217 012 02 PO

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the site evaluation report (Serial No. 15431) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15431

File: 4652A Action 1

Parcel: 21701202 PO ☐ PC

Location: Lonesome Oak Circle

Subdivision:

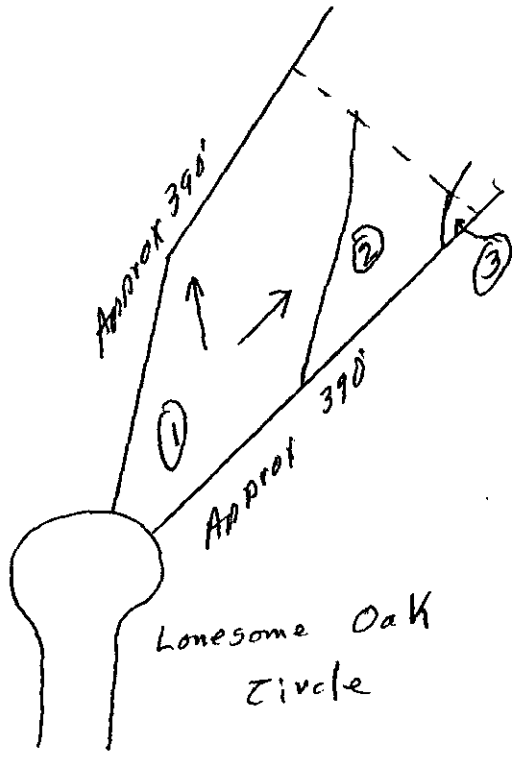
Lot: 13 Block: Acres: Approx 1.0

Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments:

Described by: William A. Mallis

Date: 8-11-98



***** 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 6-15%	S (PS) U 15-30%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U 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 >36" to water	S (PS) U >36" to water	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	IVA Cecil-Lilly	IVA Cecil-Lilly	Depression			
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/17/88
PD on 541
#30.00

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4652A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Yack Road at Pleasant Hill Road/Lonesome Oak Circle

② SUBDIVISION: Royal Oaks ③ LOT: 13 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: PD 217 PAGE NO.: 012 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

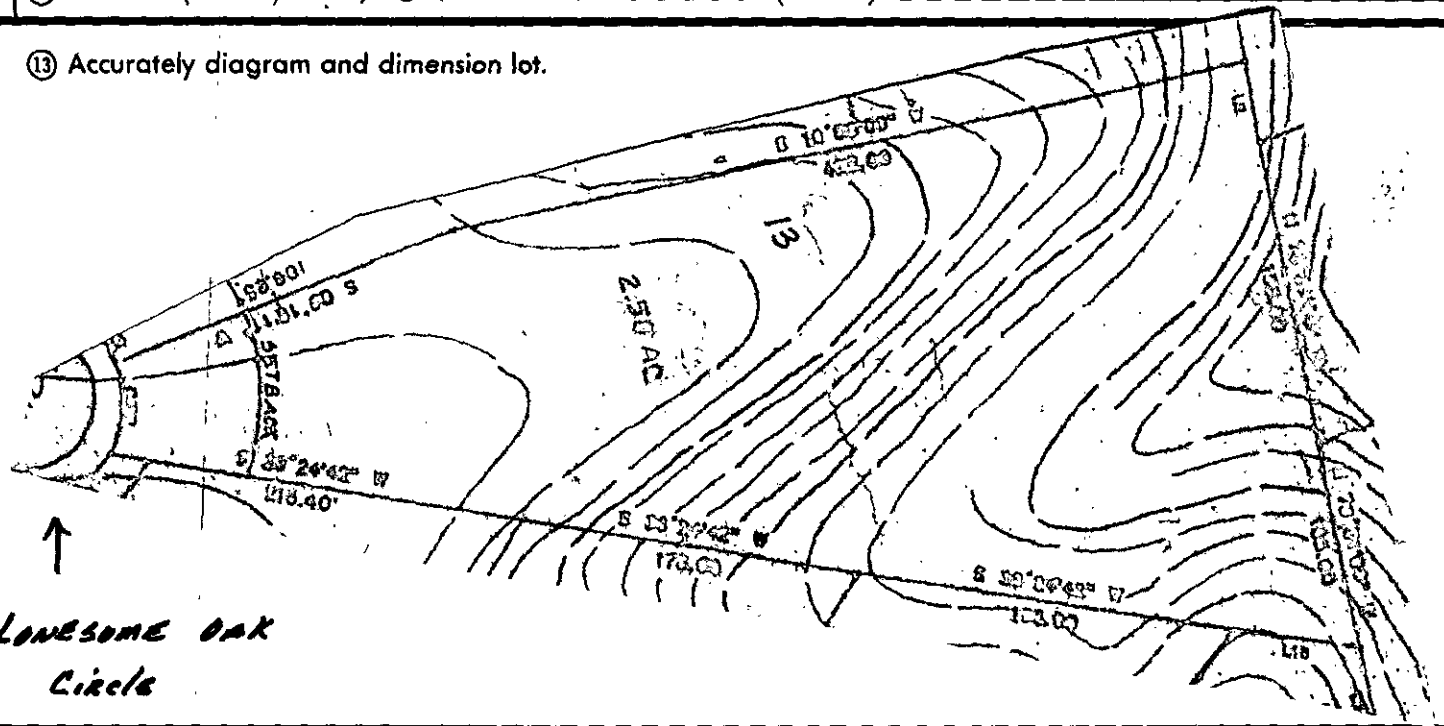
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) 704-372-2565 (HOME) _____

⑬ Accurately diagram and dimension lot.



Lonesome Oak Circle

⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: [signature]

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

Date: 1/19/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY