

10910 TEXLAND BV

20305804

1/3/2008

duponbj

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

Mecklenburg County
Health Department

July 5, 1995

Mr. Thomas Lambert
301 S. McDowell Street
Suite 914
Charlotte, NC 28204

Dear Mr. Lambert:

Re: 10910 Texland Blvd.
File: 3608B
Parcel: 203-061-01

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 Characteristics
(c) .1942 Soil Wetness Conditions
(d) .1943 Soil Depth

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-Mecklenbrug Utility Department at 399-2551 to inquire about the possibility of municipal sewer service.

If you have any questions concerning this matter, please contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist
Intermont Terminals, Inc., property owner

Mecklenburg County
Health Department

September 20, 1994

~~Mr. James Dickinson~~ Mr. Thomas Lambert
~~6921 Loretta Place~~ 301 S. McDowell St.
~~Charlotte, NC 28215~~ Suite 914
Charlotte, NC 28204

Re: ~~Norman Colony Road~~ 10910 Texland Blvd.
File: ~~16008~~ 3608B
Parcel: ~~001-134-16~~ 203-061-01

Dear Mr. Dickinson:

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(b) ~~.1945 Available Space~~ Soil Characteristics .1941
(c) .1942 Soil Wetness Conditions
(d) .1943 Soil Depth

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You may wish to contact the Charlotte-Mecklenburg Utility Department at 399-2551 to inquire about the possibility of municipal sewer service.

If you have any questions concerning this matter, please contact me at 336-~~5569~~ 5572.

Sincerely,

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

cc: Mr. William Marlin, Soil Scientist
~~Mr. Randy Lee, property owner~~
Internet Terminals, INC., property owner

36088

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: Lambert (last) Thomas (first) W (mi)

ADDRESS: 301 S. McDowell St. Suite 914 PHONE: (704) 375-2438

CITY: Charlotte STATE: N C ZIPCODE: 28204

Date:

PROPERTY OWNER:

NAME: Intermont Terminals, Inc. (last) (first) (mi)

ADDRESS: 10 Spurgeon Ln PHONE: (703) 466-2275

CITY: Bristol STATE: VA ZIPCODE: 24201

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 203-061-01

STREET ADDRESS: 10310 Justice Ln

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Storage # Employees 2 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) 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: 6-7-95

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.

...

☐ 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 - 12/91

.1940 - Topography and landscape position
- Depression - collects water

.1941 - Soil characteristics -
Expansive clay

.1942 Soil Wetness condition
soil wetness condition 12-15"

.1943 Soil depth
6-24"
copy of letter To Tom Lambert

PROPOSED PLOT PLAN

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

FILE: 3608B

TC: 203-061-01

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.

(SEE ATTACHED PLANS)

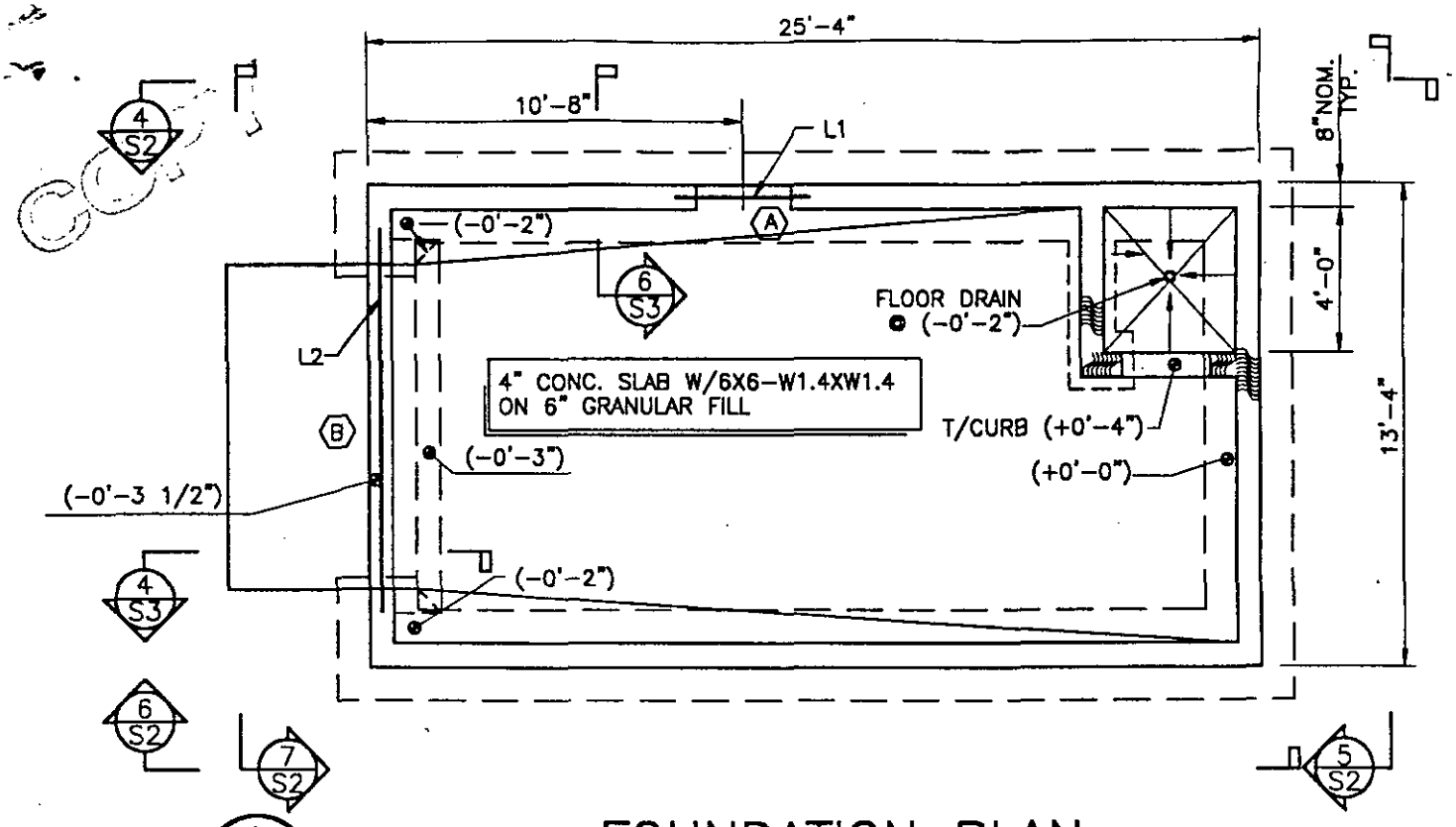
Engineered Plan in file

OWNER/AGENT SIGNATURE Thomas Lambert

DATE 6-7-95

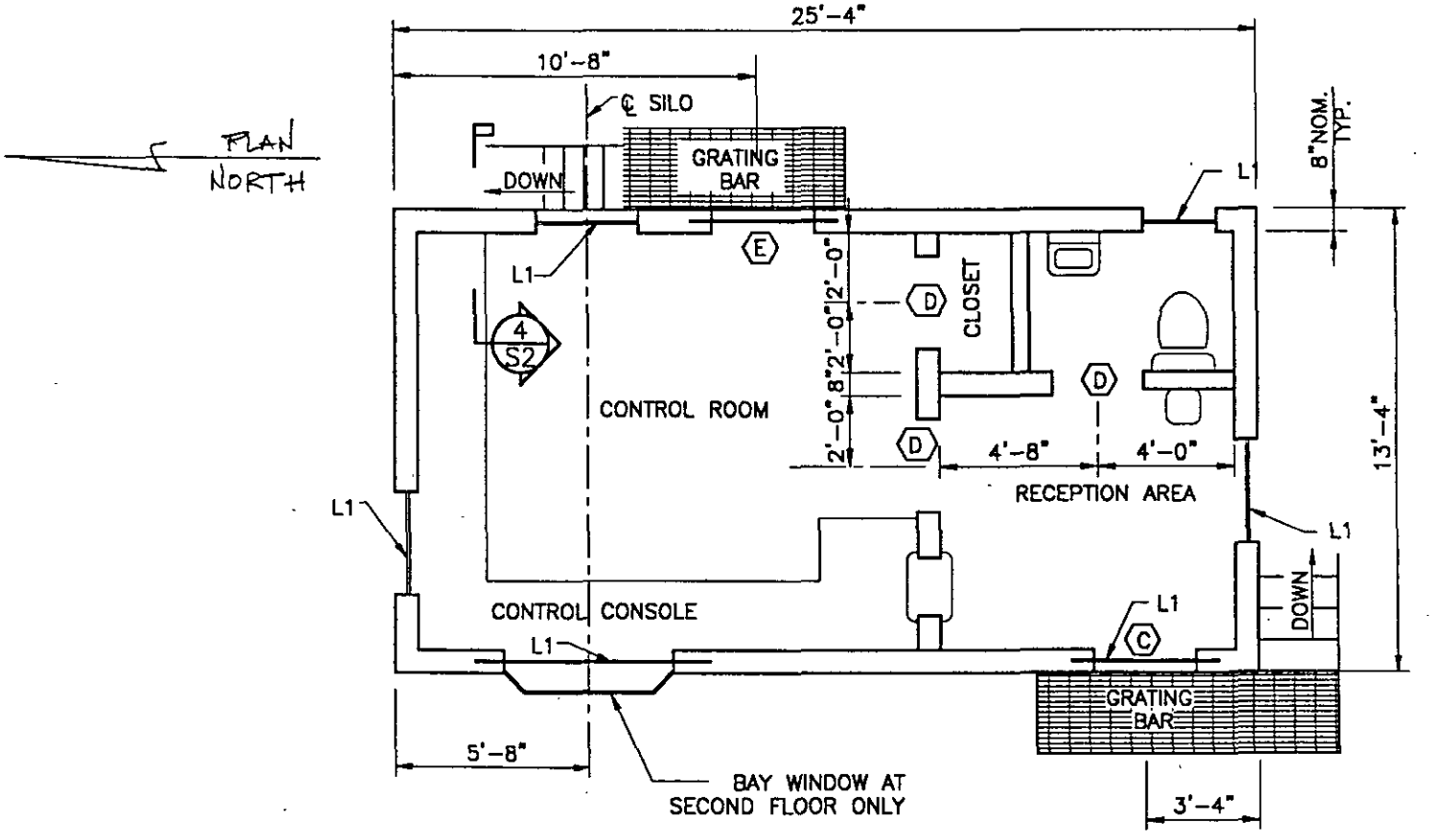
APPROVAL DATE _____

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



1/S2 FOUNDATION PLAN

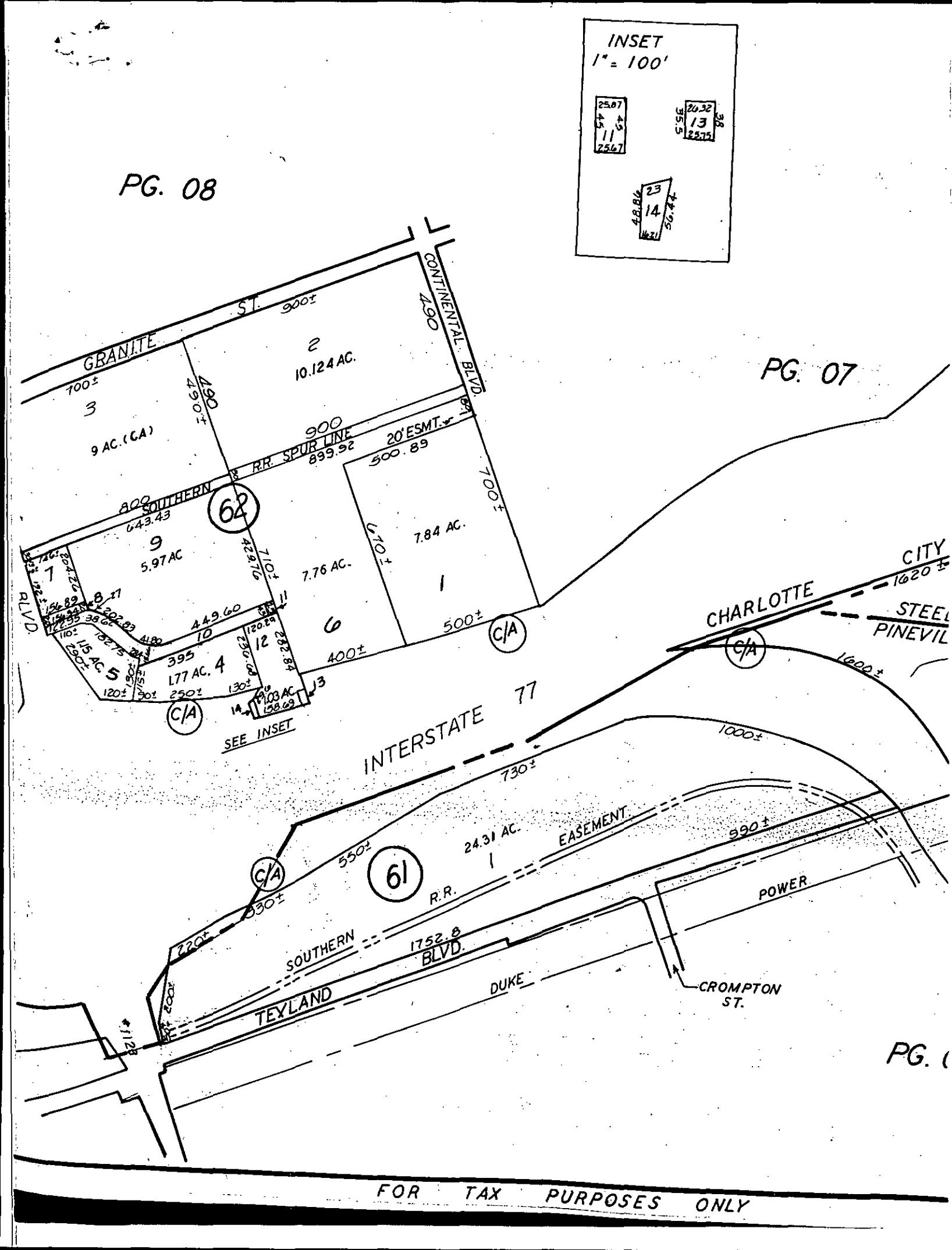
SCALE: 1/4" = 1'-0"



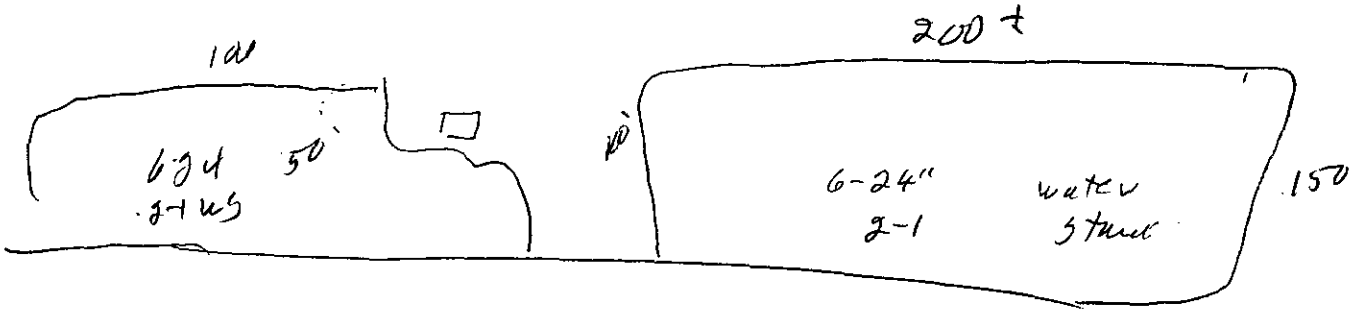
2/S2 SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

3608B



FOR TAX PURPOSES ONLY


200 +
100
light
2-4 lts
50'
100
6-24"
2-1
water
5 tank
150

3608B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

150' cut 160' 6/13/95 ☒ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(706)336-5102

PERSON FILING APPLICATION:

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ADDRESS: 301 S. McDowell St. Suite 914 PHONE: (704) 375-2438

CITY: Charlotte STATE: N C ZIPCODE: 28204

Date:

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ZONING:

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NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Storage # Employees 2 Per Shift _ _ _
Industrial Wastes (Y/N) _
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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☐ 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 : 12291

PROPOSED PLOT PLAN

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

FILE: 3608B

TC: 203-061-01

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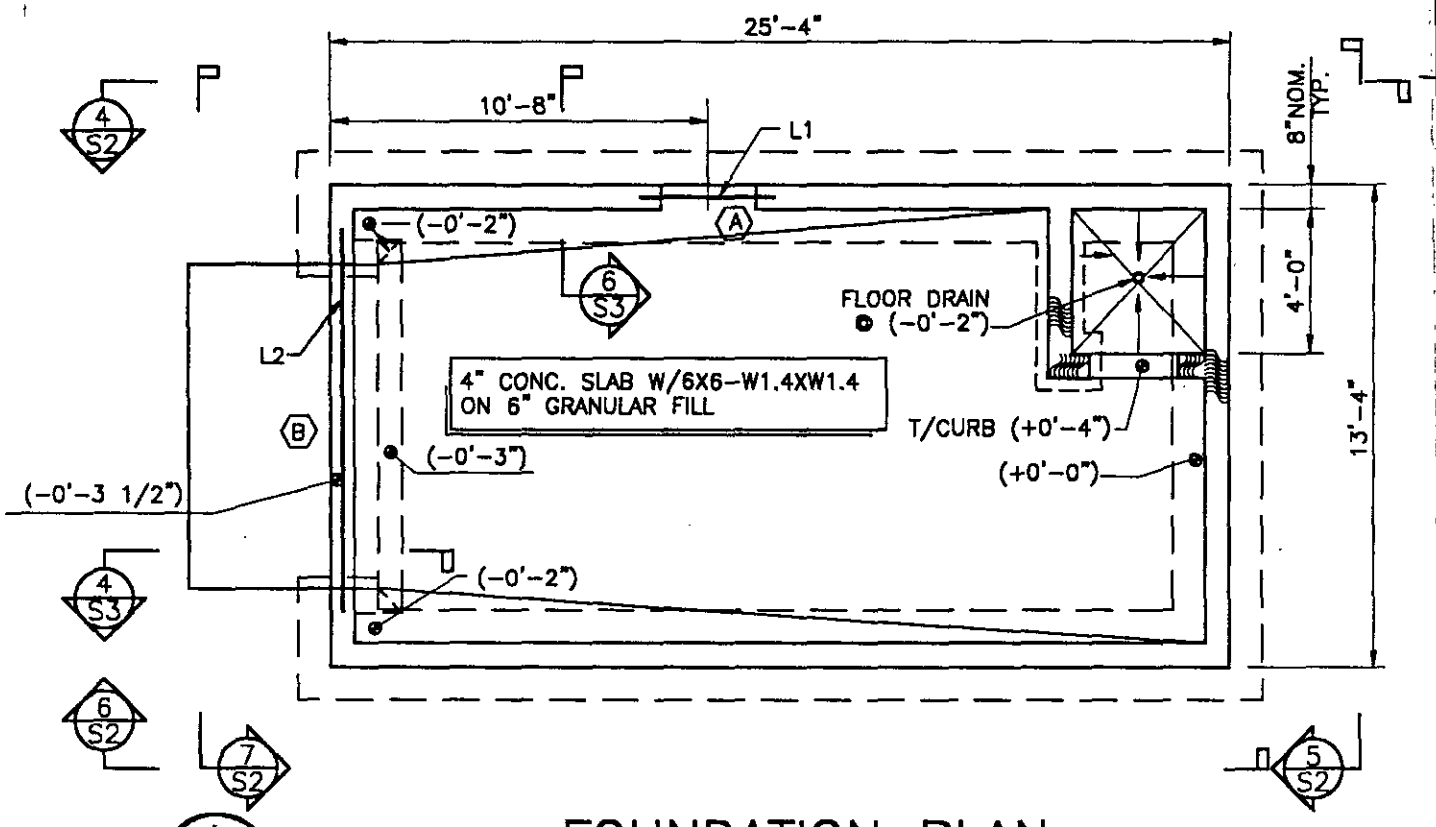
(SEE ATTACHED PLANS)

OWNER/AGENT SIGNATURE Thomas Lambert

DATE 6-7-95

APPROVAL DATE _____

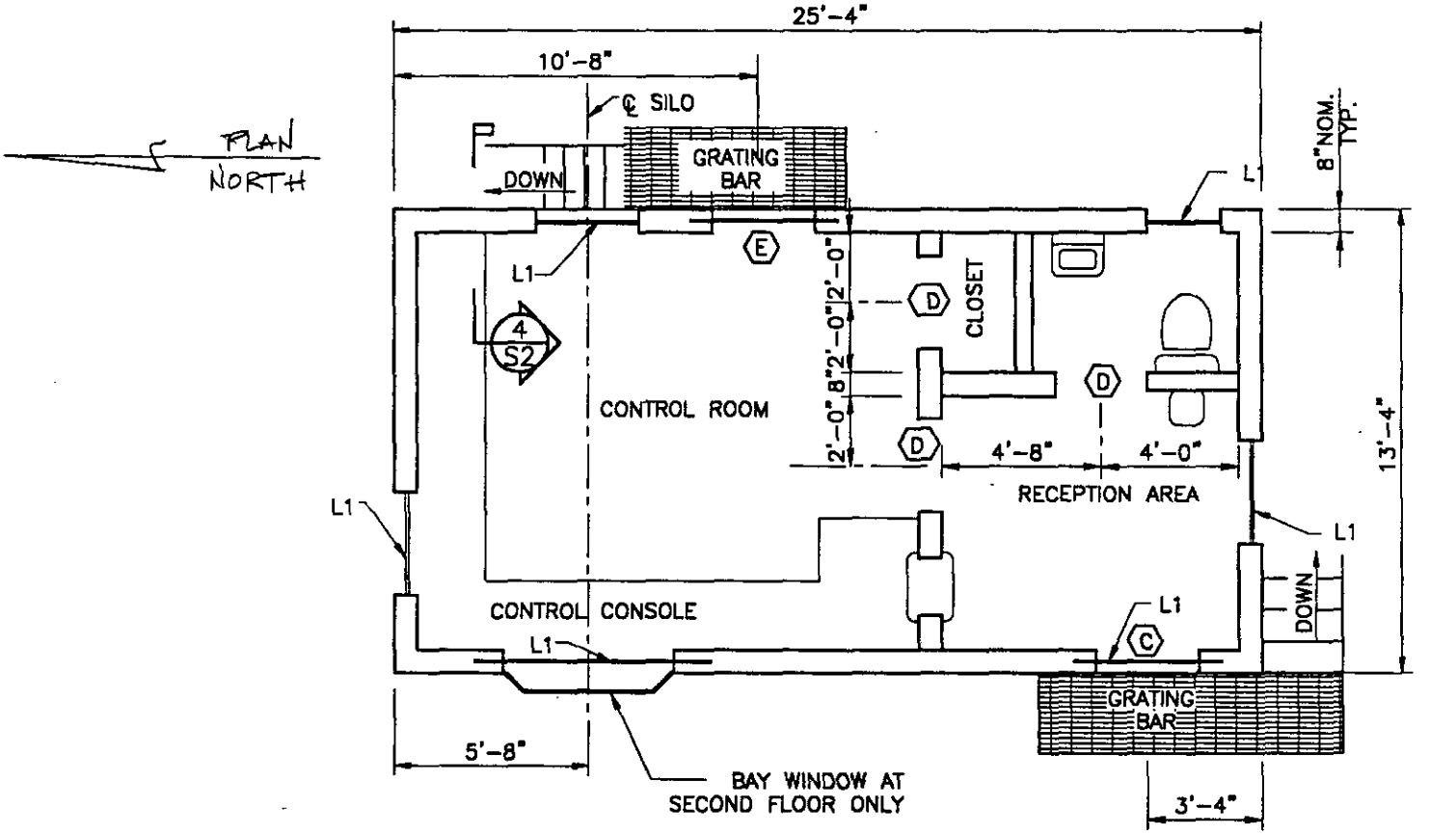
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy



FOUNDATION PLAN

1/S2

SCALE: 1/4" = 1'-0"



SECOND FLOOR PLAN

2/S2

SCALE: 1/4" = 1'-0"

3608B

DATE 6/9/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

203-061-01 pp
PARCEL NUMBER

10910 Lexland Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	✓ **PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	✓ **NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	✓ **NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	✓ **NO**

REMARKS: New Const

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☒ NEW ADDRESS

SIGNED: Rob

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028635

File: 3608B Action 3

Parcel: PO 203-061-01 ☐ PC

Location: 10910 Texland Blvd.

Subdivision:

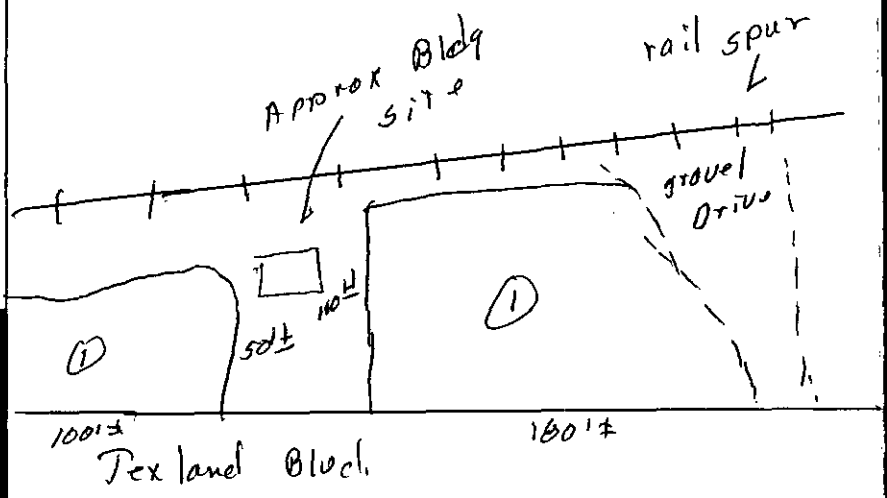
Lot: Block: Acres: .63

Owner: Determont Terminals, Inc.
Address: 10 Spurgeon Lane
Bristol, Va. 24201

Comments: Not sure if 100% repair is required

Described by: William R. Mullis

Date: 6-21-95



***** 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)	S PS U	S PS U	S PS U	S PS U	S PS U
45% Depression						
Texture	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Expansive clay						
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Blocky						
Drainage	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Some soil wetness - 12-15%						
Depth	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
0-24"						
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
7-36"						
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
limited						
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Series Not Determined					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U