


413 LAKENHEATH LN

22702773

6/6/08

marliwr

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

FEE: 100.00
DATE: 12/27/96
CK # 6458

**APPLICATION FOR IMPROVEMENT PERMIT**
**FOR RESIDENTIAL SITE**
**INDIVIDUAL WATER AND WASTEWATER**
**SYSTEMS PROGRAM**

#3 LV 400
[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 9373

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 227-031-25

STREET ADDRESS: 413 Lakeleath Lane

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~10A~~ 9A

TYPE OF BUILDING (CHECK ONE): 421

__ SINGLE MOBILE HOME(S)
✓ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
✓ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2525

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

Lot checked 1-13-97 -
use ~~initial~~ report dated
3-19-97 - no change in status
Report - Williams 1-14-97

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

**PROPERTY OWNER:**

NAME: (LAST) Plybon (FIRST) Wayne (MI) P.
ADDRESS: 1600 White Pond Lane
CITY: Waxhaw STATE: N.C. ZIP: 28173
DAYTIME PHONE: 704 847-1400

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) - N/A

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Wayne Plybon DATE: 12/26/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

January 15, 1997

Mr. Wayne Plybon
1600 White Pond Lane
Waxhaw, NC 28173

Re: 413 Lakenheath Lane
File: 9373
Parcel: 227-031-25

Dear Mr. Plybon:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> 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 this 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 ground 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.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

Mecklenburg County
Health Department

Wayne Plybon
1600 White Pond Lane
Waxhaw NC 28173

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File: 9373
Parcel: 227-031-25

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

.1941 SOIL CHARACTERISTICS (MORPHOLOGY),
.1942 SOIL WETNESS CONDITIONS,
.1943 SOIL DEPTH, and .1945 AVAILABLE SPACE

FEE: 150.00
DATE: 12/27/96
CK # 6458

# APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

#3

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

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__ DOUBLE WIDE (D)
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__ MULTIPLE FAMILY (U)
__ OTHER (O)

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✓ 5 MATTHEWS
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HEATED SQUARE FOOTAGE: 2525

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Lot checked 1-13-97 - use ~~initial~~ report dated 3-19-97 - no change in status of Report - WBM 1-14-97

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
✓ MUNICIPAL (M)
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__ PRIVATE WELL (P)

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BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) Plyler (FIRST) Wayne (MI) D.
ADDRESS: 1600 White Pond Lane
CITY: Waxhaw STATE: N.C. ZIP: 28173
DAYTIME PHONE: (704) 847-1400

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) -- N/A

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SIGNED: Wayne Plyler DATE: 12/26/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

# PROPOSED PLOT PLAN

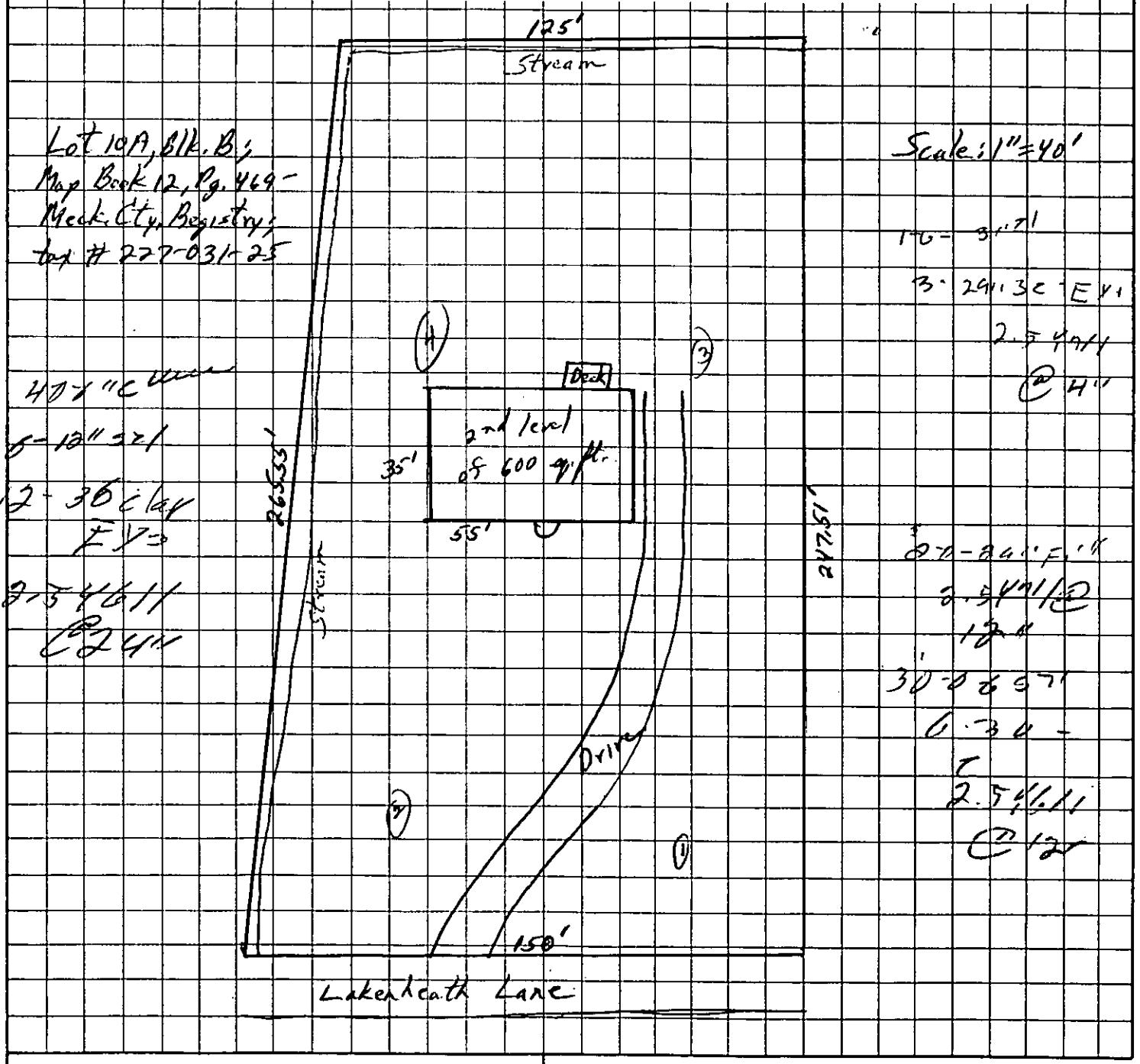
COPY

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

FILE: 9373

TC: 227-03-25

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.

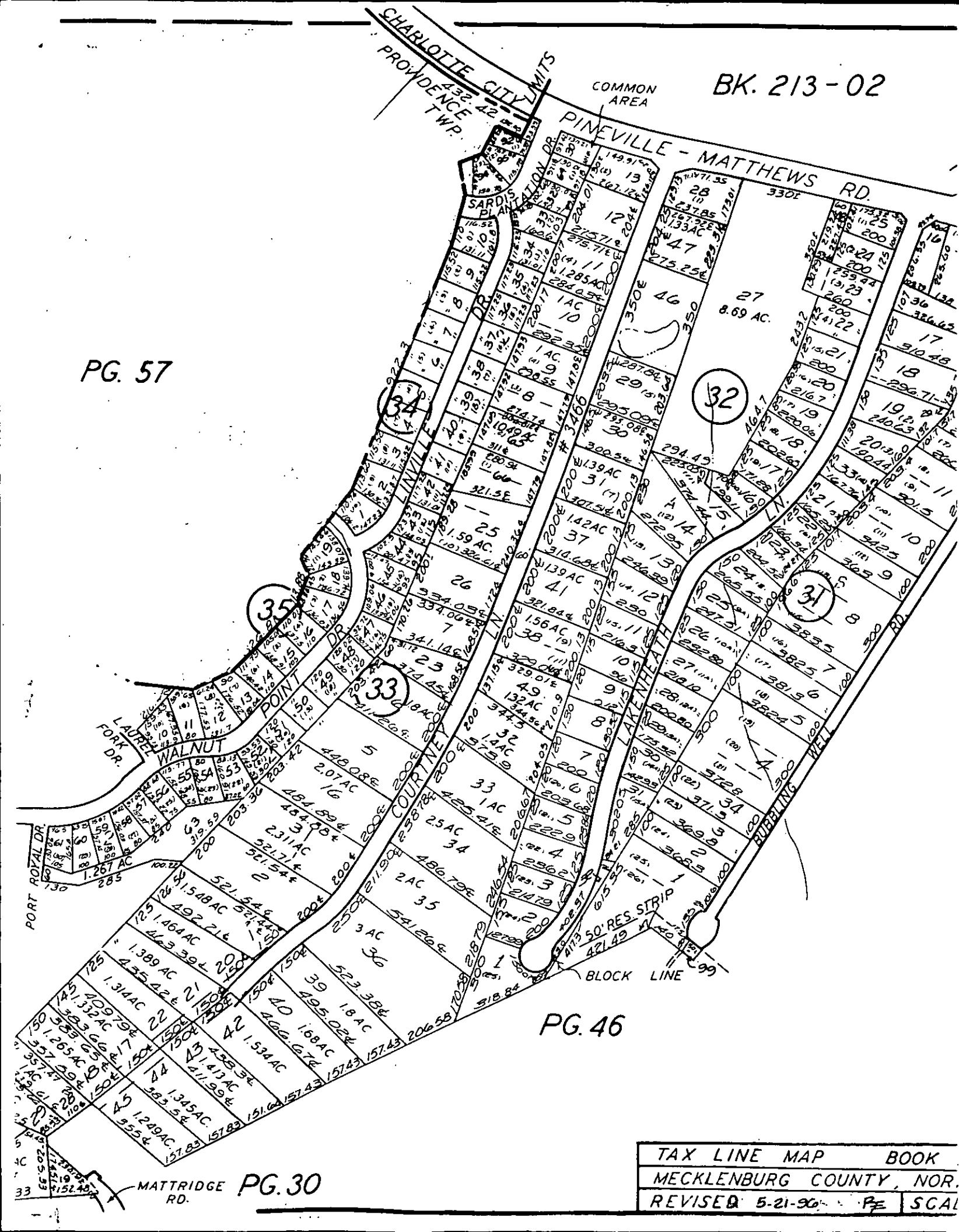



Wayne Rhyne
OWNER/AGENT SIGNATURE

DATE 12/26/96

APPROVAL DATE _____

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


BK. 213-02
CHARLOTTE CITY LIMITS
PROVIDENCE TWP.
COMMON AREA
PINEVILLE - MATTHEWS RD.
SARDIS PLANTATION DR
LINVILLE DR
COURTNEY LN.
LAKENHEATH LN.
POINT
WALNUT
LAUREL FORK DR.
PORT ROYAL DR.
RUBBLING WELL RD.
50' RES. STRIP
BLOCK LINE
MATTRIDGE RD.
PG. 57
PG. 46
PG. 30
TAX LINE MAP BOOK
MECKLENBURG COUNTY, NOR
REVISED 5-21-90
SCAL

# MECKLENBURG COUNTY
## Department of Environmental Health

March 19, 1987

Wayne D. Plybon
421 Lakenheath Lane
Matthews, NC 28105

Dear Mr. Plybon:

RE: Property located at Lakenheath Lane, Lot 9A
FILE: 9373
PARCEL: 227-031-25

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the site evaluation report (Serial No. 11543) is enclosed for your information.

The soil on this property is not suitable for use with any conventional system, modified or alternative, with which I am aware.

If I can be of assistance, please do not hesitate to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

ECKLENBURG COUNTY ENVIRONMENTAL HEALTH
•TE EVALUATION REPORT
ERIAL NUMBER 11543

File: 9373 Action 2
Parcel: 227-031-25 PC

cation: Lakenheath Lane

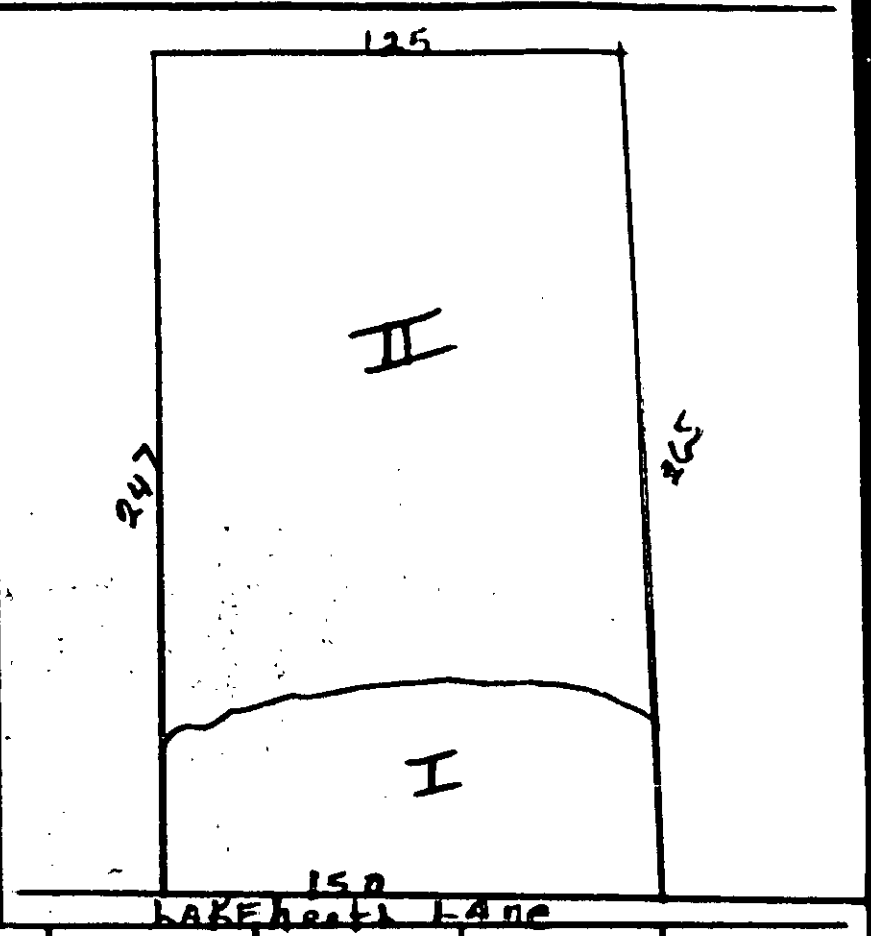
bdivision:

t: Block: Acres: .69

vner: Wayne D. Plybon
ddress: 421 Lakenheath Lane
Matthews, N. C. 28105

mments:

scribed by: W. B. Ramsey
e: 3-17-87




*** EVALUATION KEY ***
= Suitable U = Unsuitable
= Provisionally Suitable
e "Area Classification" below indicates the suitability of as in the diagram.

| CTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| pography | S PS (U) Soil moved, fill | S (PS) U 0–2 | S PS U | S PS U | S PS U | S PS U |
| xture | S PS (U) | S PS (U) | S PS U | S PS U | S PS U | S PS U |
| ucture | S PS (U) | S PS (U) | S PS U | S PS U | S PS U | S PS U |
| ainage | S PS (U) | S PS (U) High Table 10–15" | S PS U | S PS U | S PS U | S PS U |
| pth | S (PS) U 40"+ | S PS (U) 25–30 | S PS U | S PS U | S PS U | S PS U |
| strictive Horizons | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| ailable Space | S PS (U) | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| her (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| il Group/Series | Dat+L Filled | IIE2 Monacan | | | | |
| ea Classification | S PS (U) | S PS (U) | S PS U | S PS U | S PS U | S PS U |

FEE: 100.00
DATE: 12/27/96
CK # 6458

**APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM**

[ ] CRT

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___ 4 PINEVILLE
✓ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2525

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 24

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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___ ON SLAB
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___ WITH BASEMENT /PLUMBING
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IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ___ YES ✓ NO | WELL, SPRINGS OR WATERLINES | ___ YES ✓ NO |
| EXISTING WASTEWATER SYSTEMS | ___ YES ✓ NO | DESIGNATED WETLANDS | ___ YES ✓ NO |
| EASTMENTS OR RIGHT-OF-WAYS | ___ YES ✓ NO | | |

**PROPERTY OWNER:**

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ADDRESS: 1600 White Pond Lane
CITY: Waxhaw STATE: N.C. ZIP: 28173
DAYTIME PHONE: (704) 847-1400

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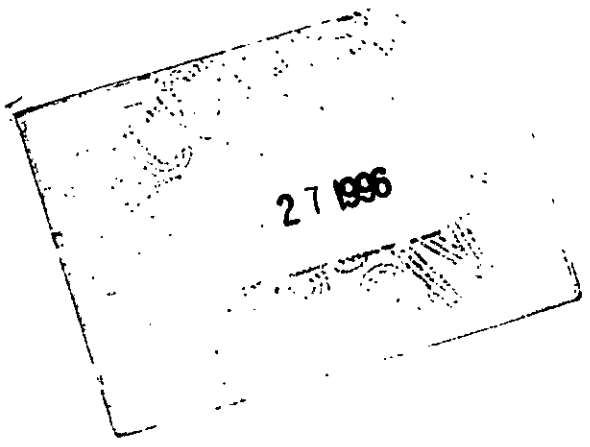
NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) - N/A

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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27 1996

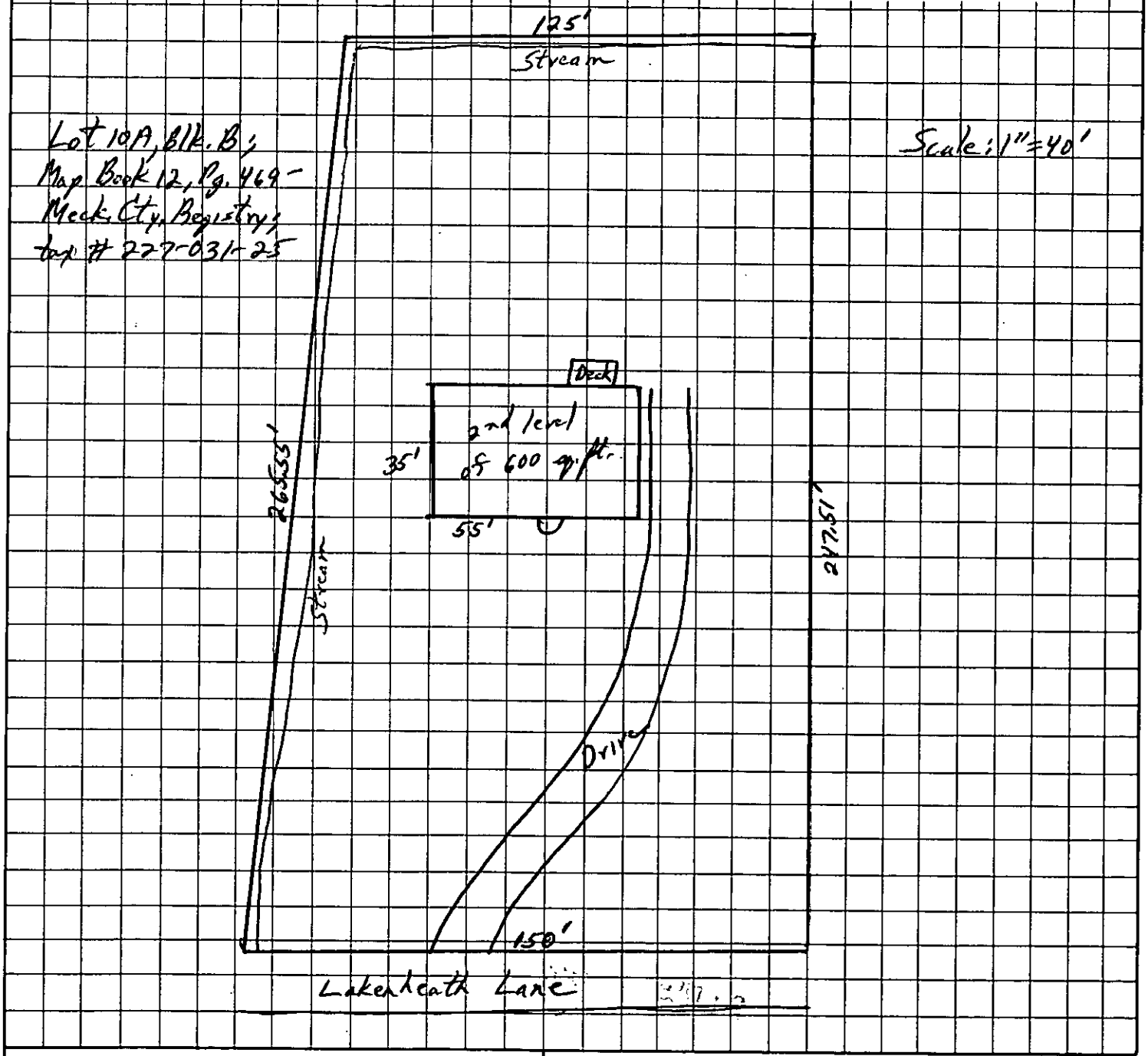
# PROPOSED PLOT PLAN

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

FILE: 9313

TC: 227-03-25

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.




Wayne Allyn
OWNER/AGENT SIGNATURE

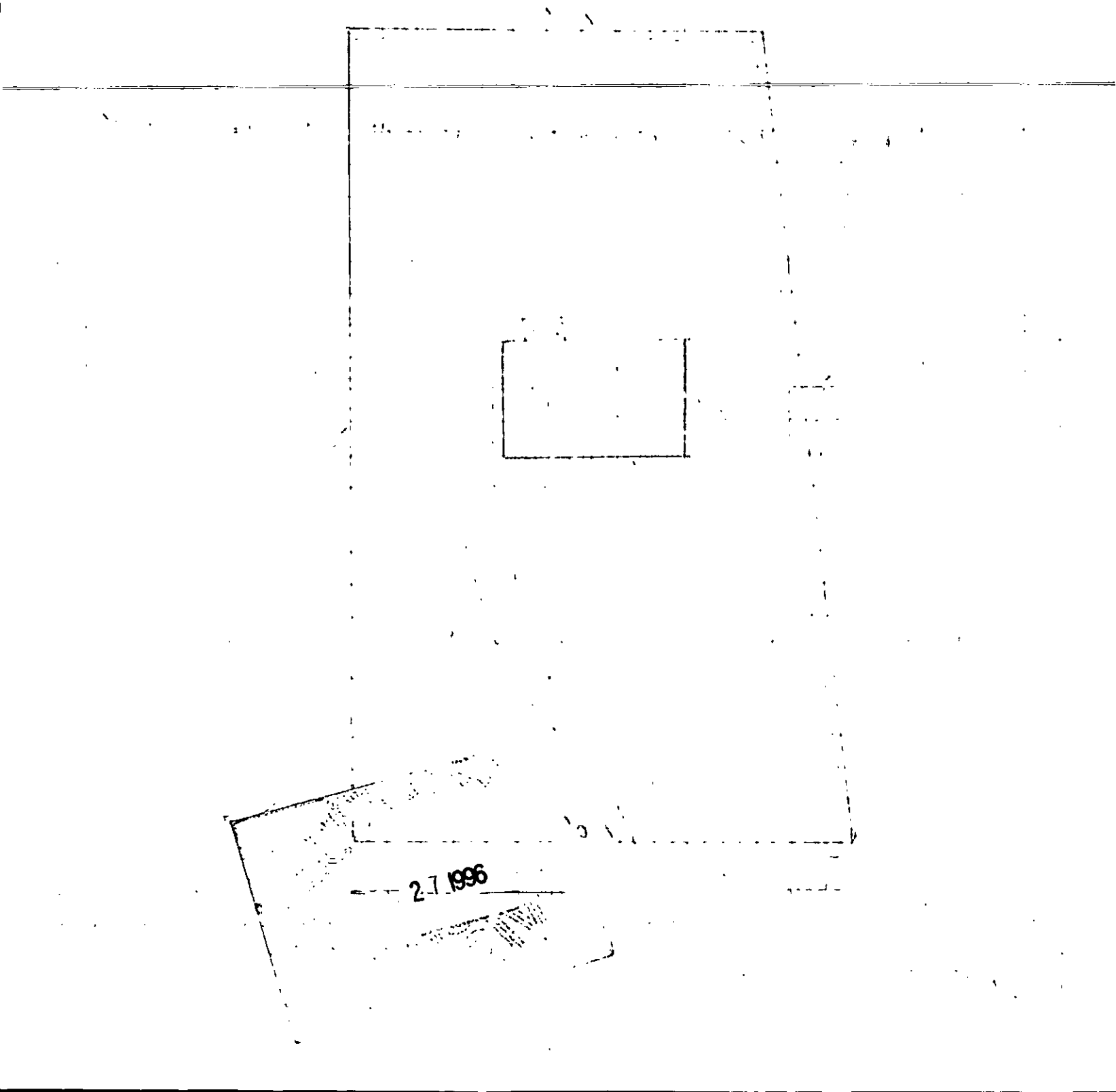
DATE 12/26/96

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy


2.1 1996

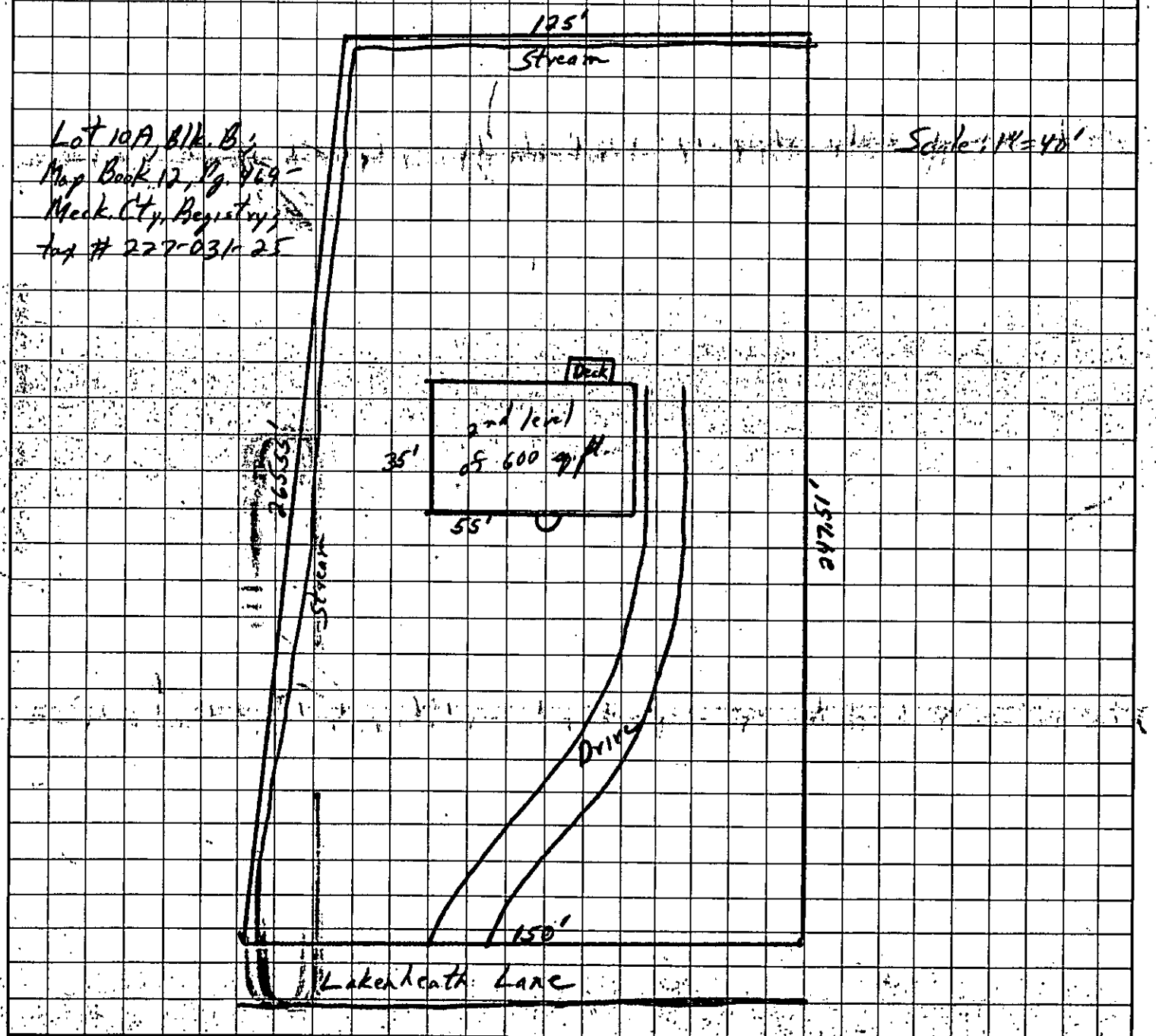
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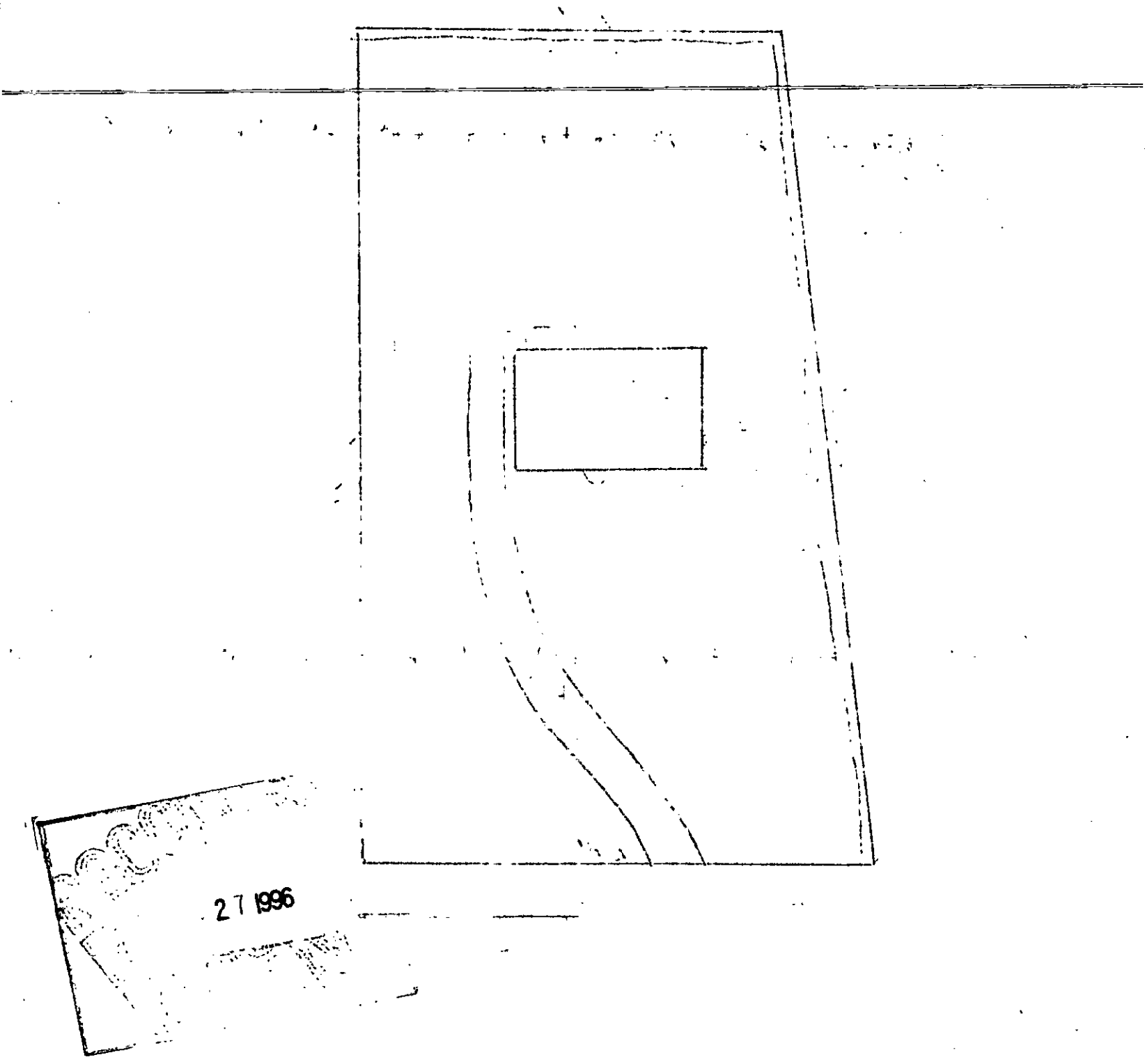



OWNER/AGENT SIGNATURE Wayne Rhyne

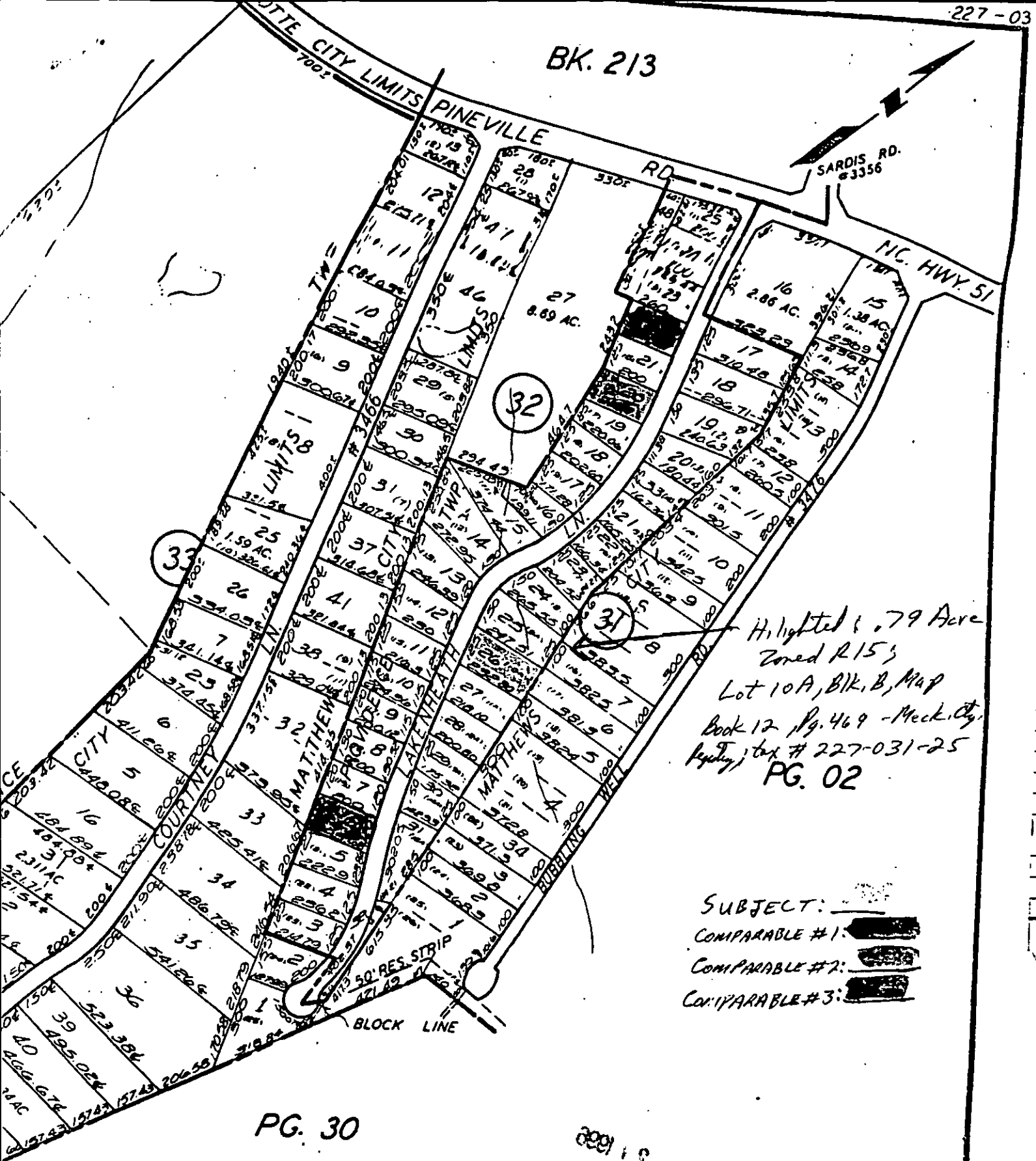
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White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy



27 1996




| TAX LINE MAP | BOOK 227 PAGE 03 |
|---|---|
| MECKLENBURG COUNTY, NORTH CAROLINA | |
| REVISED | SCALE 1" = 400' |

2735

ONLY

File 9373