

20520 BETHELWOOD LN

00112188

12/27/2007

duponbj

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

MECKLENBURG COUNTY
Health Department

April 23, 2003

Hugh and Kristina Chatham
20520 Bethelwood Ln.
Cornelius, NC 28031

Dear Mr. and Mrs. Chatham:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 20520 Bethelwood Ln., Cornelius., North Carolina, was completed on 3/21/03. The results of this inspection are enclosed.

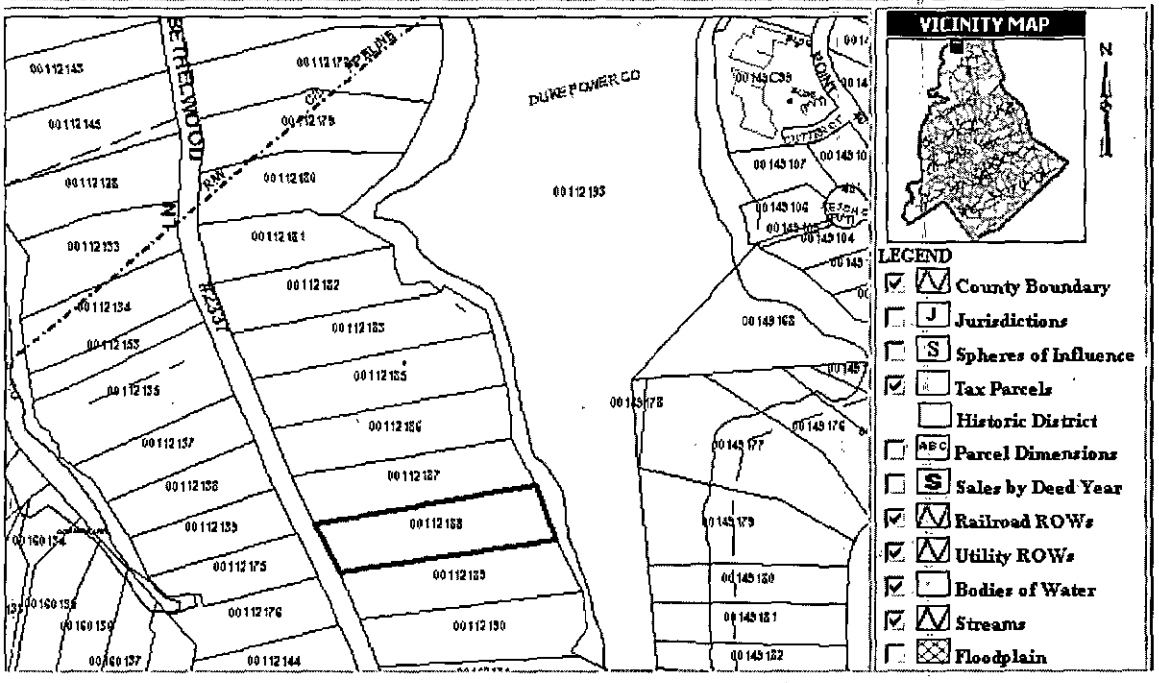
Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Septic System Owner's Guide

Parcel-Id#: 00112188 GIS Map#: 00112188	Legal Desc.: L11 M25-927
Account Type: INDIVIDUAL	Deed Book/Page: 09801/747 Date: 7/17/1998
Owner: CHATHAM HUGH MICHAEL	Sales Price: $0
Add. Owner: KRISTIA RUSHER WF	Sales Date: 7/17/1998 Qualified Sale: N
Mailing: 20520 BETHELWOOD LN	Neighborhood Code: 00137
Address:	Historic Desig.: Farm Desig.:
City: CORNELIUS	Deed Acreage: 1.54 Assessed Acreage: 1.54
State: NC ZIP: 28031	Assessed Land Value: $300000
Location: 20520 BETHELWOOD LN Get Directions	Total Assessed Value: $605210
Municipality: CORNELIUS	Tax Bill Information: Click Here!



NOTICE MAILED 10/24 Done 3/21/03 * Could NOT Remove Pump Tank Rigger Ltd. Bolts Rusted Out - Frozen

8/3

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval 1540

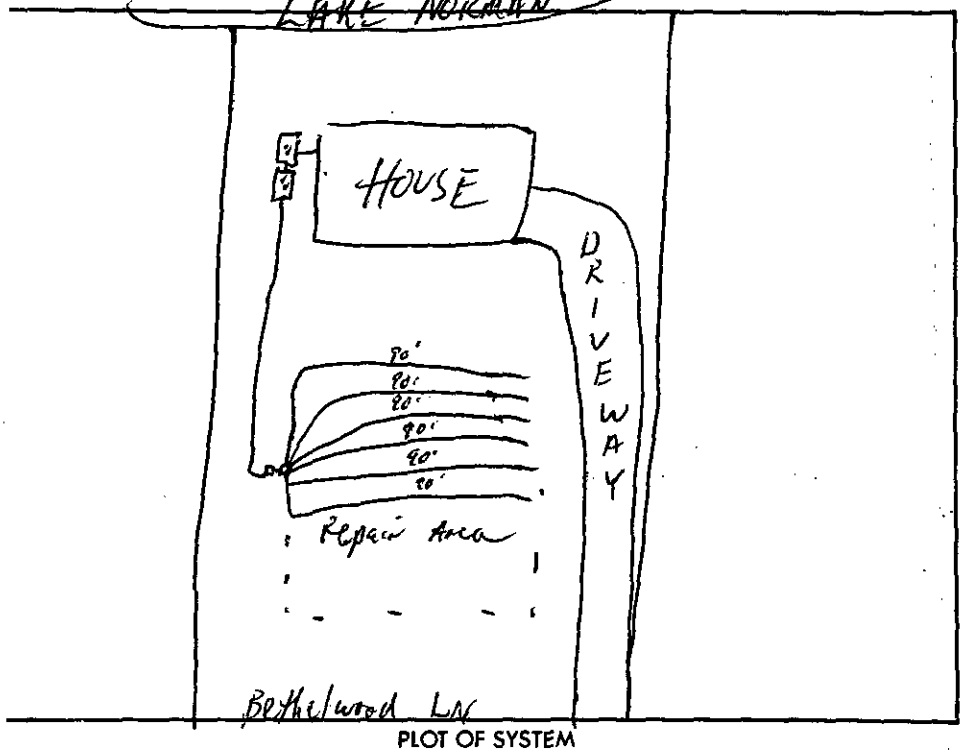
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2049B/9220A DATE: 8/3/94

TC: 001 121 02 PO ☐ L

SERIAL Nº 15776

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 2/21/94. All work shall be completed on or before 9/3/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15A NCAC ~~10A~~ 18A .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:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 6 (90')

Depth of Stone 12 inches

Distance from House ≥ 5' feet

Distance from Property Line 310' feet

Distance from Well CMUD ≥ 10' feet

NAME OF OWNER Lakeview Homes Inc

LOCATION OF PROPERTY 20520 Bethelwood Ln

Comments: 1500 ST, 1000 DT, PI, Washer box 6 lines x 90' long x 3' wd x 12" stone
Keep septic system ≥ 50' from water line.

Jon A Newell Jon S. Daniel
Division or Section Head

Philip S. Walker 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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County **Health Department**	**Name of Establishment**	2049B **Permit/Project No.**
20520 Bethelwood Ln. **Location**	Residence **Type of Establishment**	360 GPD **Design Flow**
Hugh and Kristina Chatham **Owner/Agent**	20520 Bethelwood Ln. **Address**	**Phone**
N/A **Operator**	**Address**	**Phone**
IIIb **Type System**	March, 2008 **Next Inspection Due**	

	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?.....	☐	☐	
Tanks pumped, cleaned out as needed?.....	☐	☐	We recommend pumping out tanks every 3-5 yrs.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly	☐	☐	N/A
High-water alarm present and operating properly?	☐	☐	N/A
Floats/pipe/valves/disconnects in good condition?	☐	☐	N/A
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	Could not remove pump tank riser lid, bolts rusted-out/frozen.
PUMP SYSTEMS:			Replace with stainless-steel bolts. I will re-inspect.
Required pumps present, operating, and cycling properly?	☐	☐	Could not access to inspect.
High-water alarm present and operating properly?	☐	☐	Could not access to inspect.
Floats/pipe/valves/disconnects in good working condition?	☐	☐	Could not access to inspect.
Control panel enclosure/components in good condition?	☒	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	N/A
Siphon(s) appear to be working/alternating properly?	☐	☐	N/A
Bells and vents free of debris and in good condition?	☐	☐	N/A
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☒	☐	
Minimal ponding in subsurface trenches?	☒	☐	
Surface water being effectively diverted away?	☒	☐	
Diversions/ditches/swales/tiles 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?	☐	☐	N/A
No effluent standing in lower laterals?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	N/A
Pressure head is properly adjusted?	☐	☐	N/A

OVERALL CONDITION AND OPERATION OF SYSTEM No effluent surfacing

Improvement **SUMMARY OF IMPROVEMENTS NEEDED:** **Repair Within (Days)**

Remove pump tank lid for reinspection.

DATE: 3/21/03 SIGNED: David Cornelius, RSI AGENT

Division of Environmental Health

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

Mecklenburg County
Health Department

October 24, 2002

Hugh and Kristia Chatham
20520 Bethelwood Ln.
Cornelius, NC 28031

Dear Mr. and Mrs. Chatham:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 20520 Bethelwood Ln., Cornelius, NC, is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by November 11, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Hugh and Kristia Chatham
20520 Bethelwood Ln.
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Hugh and Kristia Chatham	20520 Bethelwood Ln.	00112188	2049B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/24/02

Payment Due Date: 11/24/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2049B/9220A DATE: 10-14-94

TC: 001 121 88 PO ☐ L ☒ CRT

SERIAL Nº 14246

Name of Owner Lakeview Homes Juris.:

Address of Property 20520 Bethelwood Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 6 @ 90'

Cover Depth 8"

Water Supply Source CMUD

Distance to Water Source 2-10'

Excavation Inspected 8/24/94

Tank(s) Inspected 8/24/94

Wash Line Inspected -

High Water Alarm Inspected 10-14-94 (BO)

PLOT

Design: 1994, 1500ST, 100 ODT, PI, 1610SFT, 12" stone cecil CTR# 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: Septic system designed for 4 bedroom residence

ILB

JNewell for SDemp

Phila A. Walker R.S.
Environmentalist

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

913

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval 1540

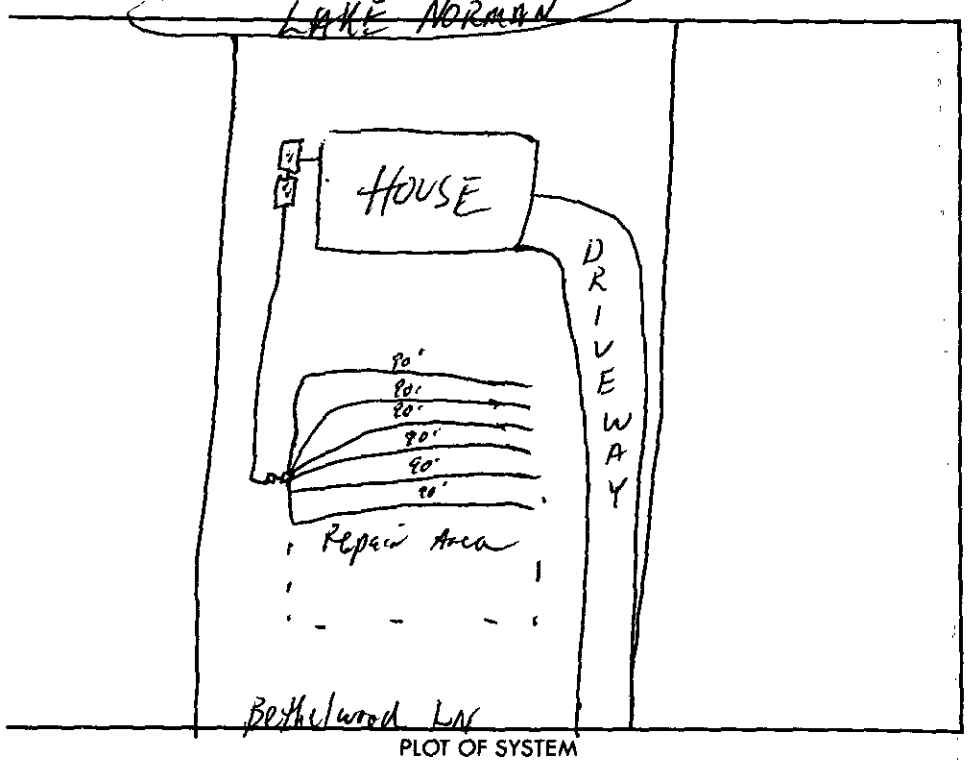
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2049B/9220A DATE: 8/3/94

TC: 001 121 88 P0 ☐ L

SERIAL Nº 15776

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 2/21/94. All work shall be completed on or before 9/3/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 10A~~ 15A NCAC 18A .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:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 6 (90')

Depth of Stone 12 inches

Distance from House ≥ 5' feet

Distance from Property Line 710' feet

Distance from Well CMUD >10' feet

NAME OF OWNER Lakeview Homes Inc

LOCATION OF PROPERTY 20520 Bethelwood Ln

Comments: 1500 ST, 1000 DT, PI, washer box 6 lines x 90' long x 3' wd x 12" stone
Keep septic system ≥ 50' from water line.

Jon H Newell for S. David
Division or Section Head

Philip S. Walker 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

FILE # 2049B/9220A

400 ☑

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $300.00 CK 1937 2/15/94 DK 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

Date: 2/15/94

PERSON FILING APPLICATION:

NAME: LAkeview Homes, Inc. (last) (first) (mi)

ADDRESS: 20464A Chartwell Center Dr PHONE: 704 8929196

CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001 121 02 P8

STREET ADDRESS: 20520 Bethelwood Ln

ZONING: _____

PROPERTY OWNER:

NAME: LAkeview Homes, Inc. (last) (first) (mi)

ADDRESS: 20464A Chartwell Center Dr PHONE: 704 8929196

CITY: Davidson STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: Bethelwood Bay

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

LOT NUMBER: 11 LOT SIZE (in acres): 1.54 Acres

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 N)
[ ] 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:

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: 2/15/94

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.

...

Lift 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

Phyllis S. Walker R.S. 2/22/94
Environmentalist Date

P. Walker R.S. for S. Daniel 2/22/94
Director or Authorized Section Head Date

WATER : 122791

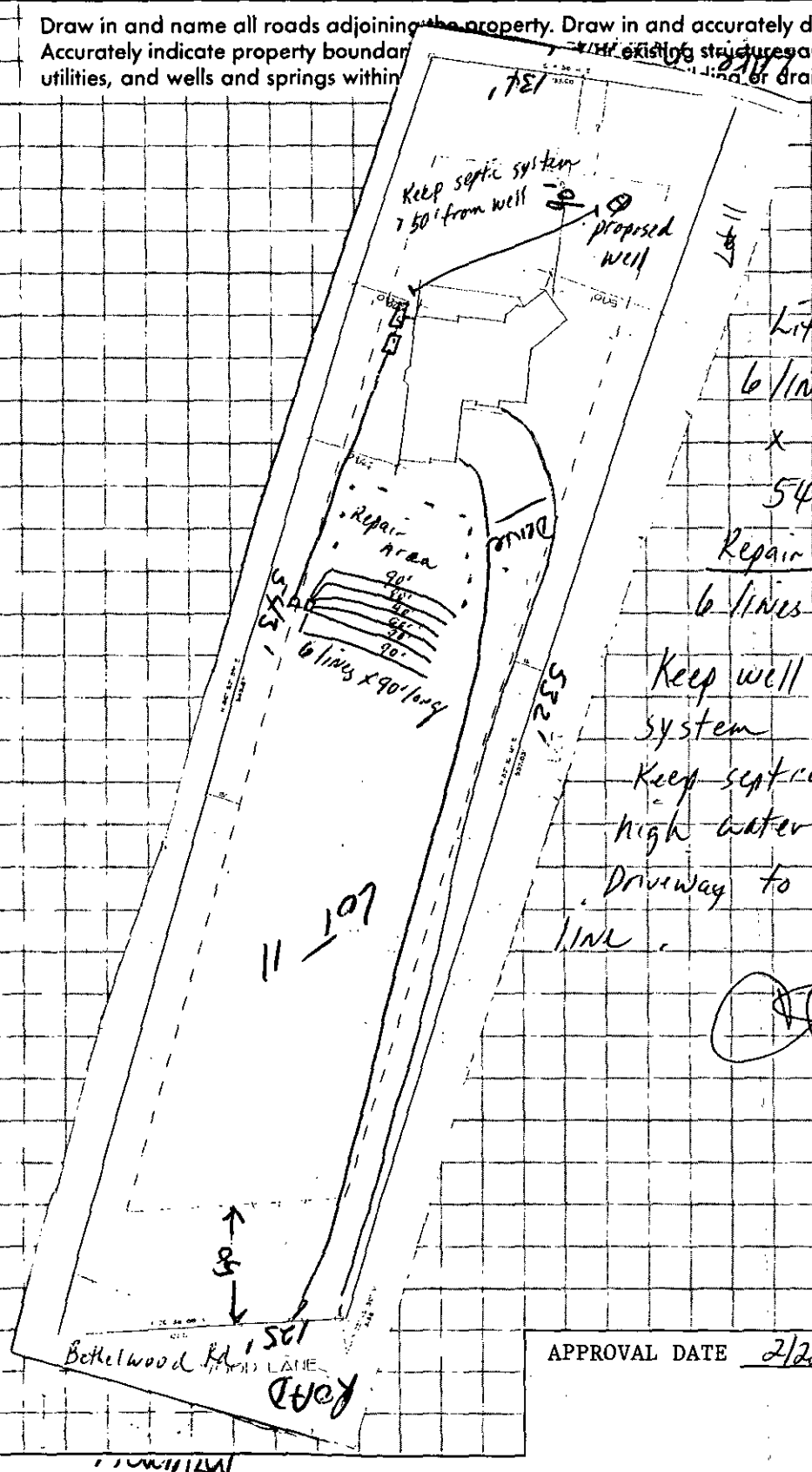
PROPOSED PLOT PLAN

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

FILE: 2049B/9220A

TC: 001-121-02-80

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, existing structures and driveways, underground utilities, and wells and springs within building or drainfield.



1500 SF
1000 GT
Lift pump required
6 lines x 90' long x 3' wd
x 12" stone
540 SF

Repair Area
6 lines x 90' long = 540' LF

Keep well > 50' from septic system

Keep septic system > 50' from high water mark

Driveway to hug right property line.

2/22/94

APPROVAL DATE 2/22/94 PSW

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

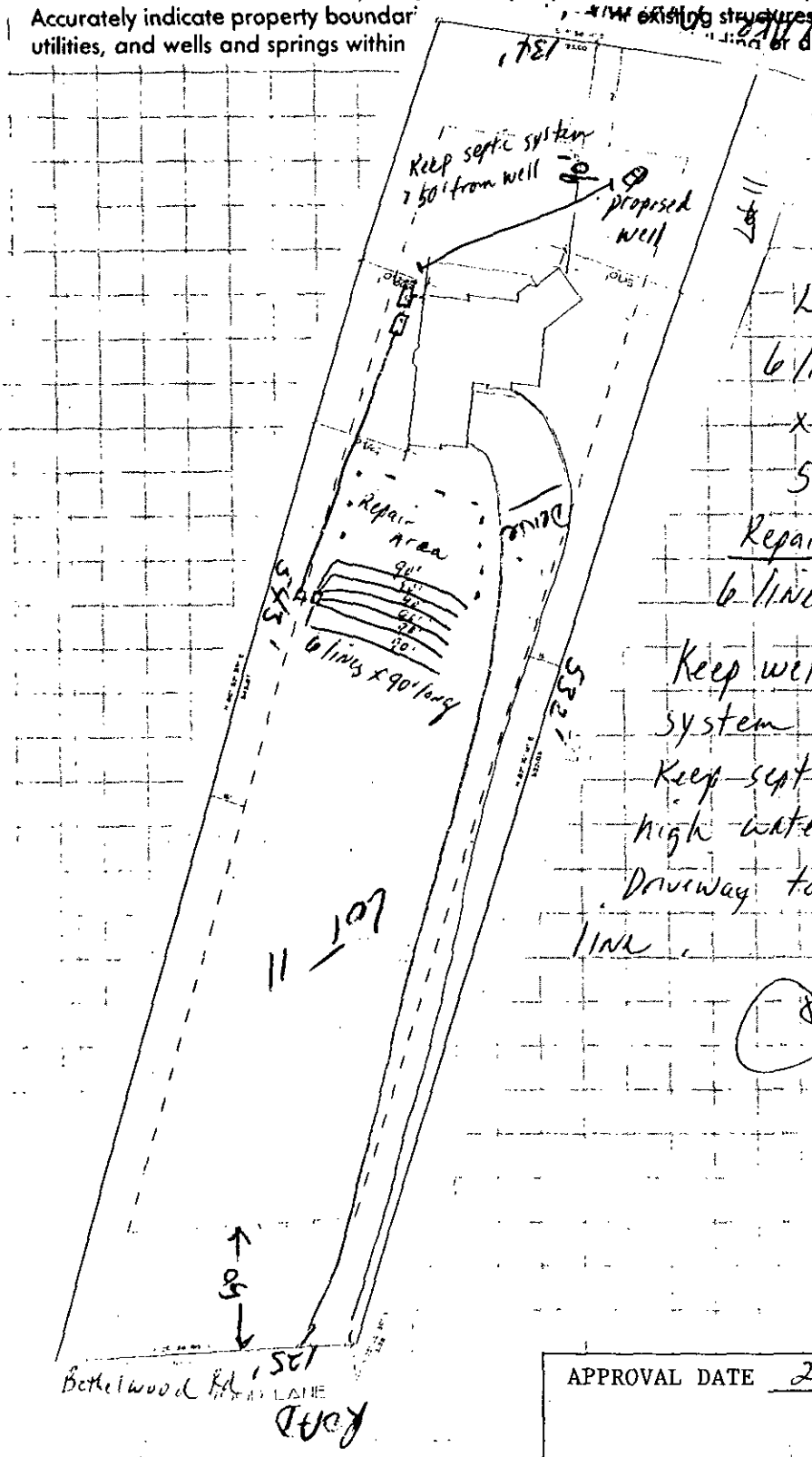
PROPOSED PLOT PLAN

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

FILE: 2049B/9220A

TC: D01-121-02 80

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, existing structures and driveways, underground utilities, and wells and springs within ~~building~~ or drainfield.



1500 ST
1000 DT
Lift pump required
6 lines x 90' long x 3' wd
x 12" stone
540 SF

Repair Area
6 lines x 90' long = 540' LF

Keep well > 50' from septic system
Keep septic system > 50' from high water mark
Driveway to hug right property line.

2/22/94

APPROVAL DATE 2/22/94 PSW

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

Mecklenburg County
Health Department

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

January 4, 1994

McConnell Family Limited Partnership
20729 Bethelwood Lane
Davidson, NC 28036

RE: Property located on 20520 Bethelwood Lane (LOT #11)
FILE: 2049B/9220A
PARCEL: 001-121-02P0

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 Number 20113) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20113

File: 20490/1920A Action 1

Parcel: 00 001-121-02

~~PPC~~

Location: 20520 Bethelwood Lane

Subdivision:

Lot: 11 Block: Acres: 1.54

Owner: McConnell Family Limited Partnership

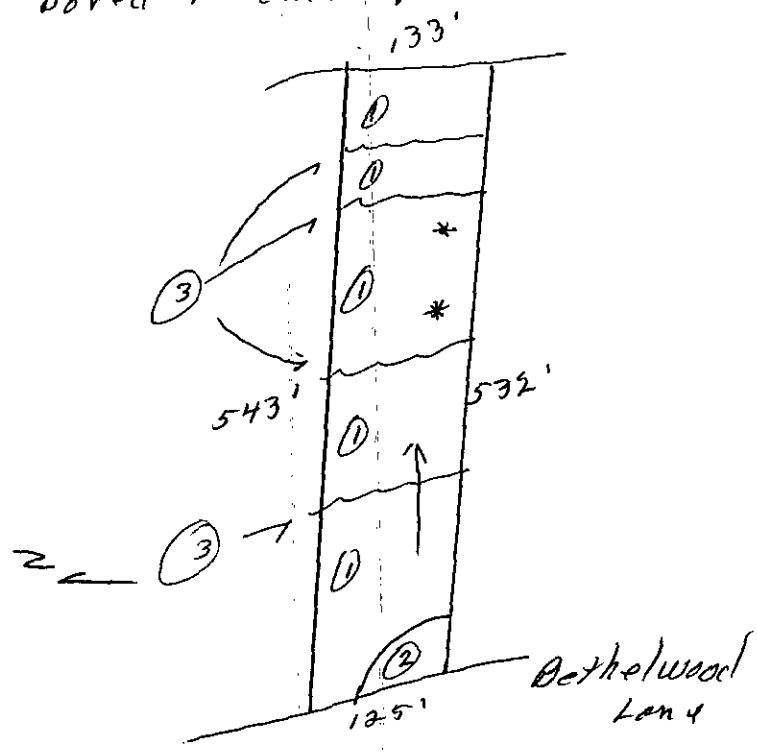
Address: 20729 Bethelwood Lane
Davidson, N.C. 28036

Comments: 100% Repair, system may need pump, 3gal/ft²/day LTAR

Described by: William R. Marlin

Date: 1-4-94

* 28" Borings
Recommend drainfield site be spot bored to check profile Depth



***** 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	S PS (U) old terraces	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 subl Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 40" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U see Note *	S PS (U) Rock Outcrop	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Lilo	Rock Outcrop	old Terraces			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Tax Parcel 001-121-02

75 E

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2049819220A

ck#8752 $75.00
4/03/93

[ ] 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

COPY

PERSON FILING APPLICATION:

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

ADDRESS: 20464A Chadwell Center Dr PHONE: (704) 8929196

CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

Date:

PROPERTY OWNER:

NAME: McConnell Family Limited Partnership
(last) (first) (mi)

ADDRESS: 20729 Bethelwood PHONE: (704) 892 1480

CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001 121 02

STREET ADDRESS: 20520 Bethelwood Ln

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: Bethelwood Ln

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

LOT NUMBER: 11 LOT SIZE (in acres): 1.54

TYPE APPLICATION (check one):

[x] 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 (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: 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)
[x] 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: Lottie A. McConnell Date: 4-21-93

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

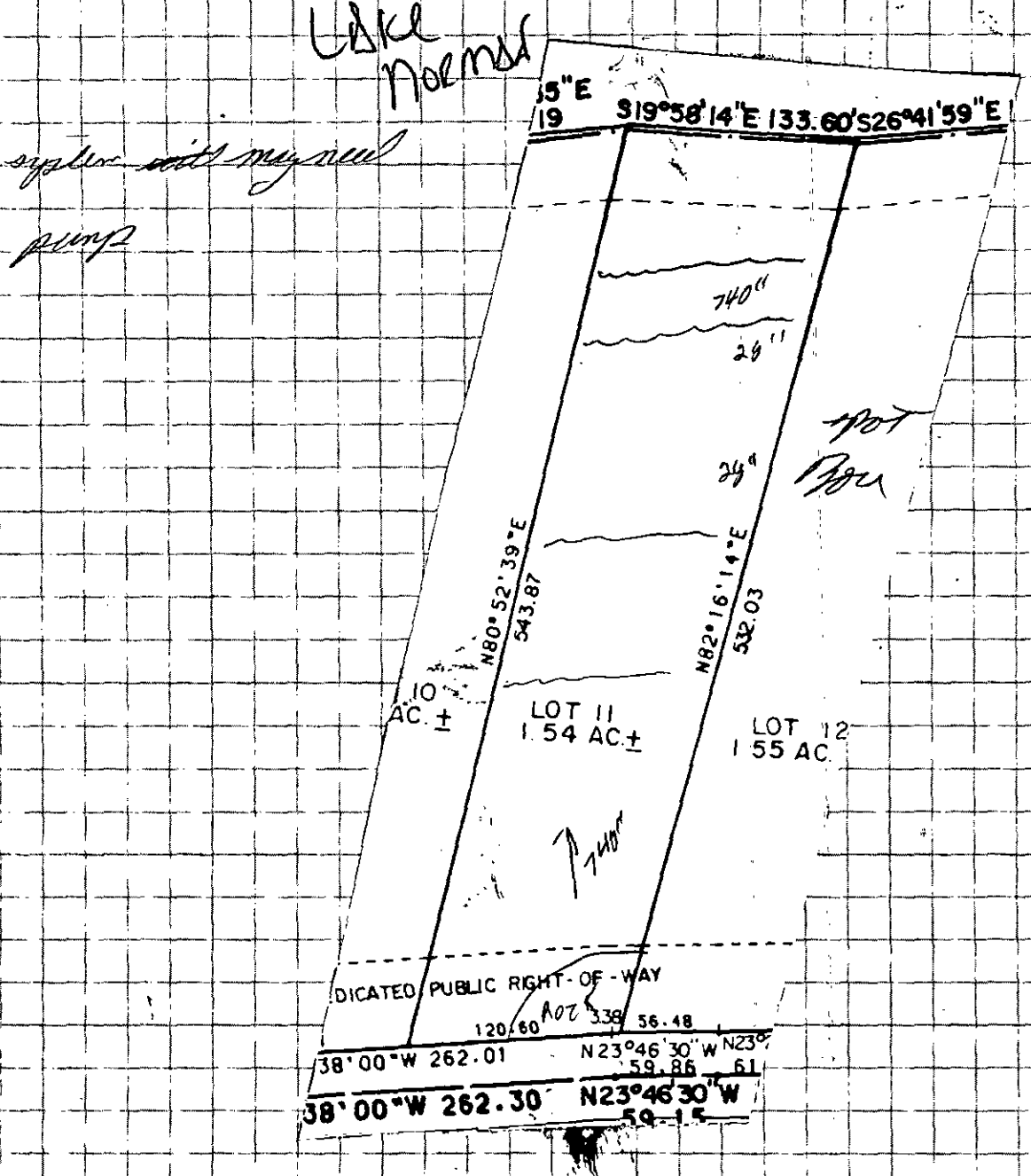
PROPOSED PLOT PLAN

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

FILE: 2049B1 '220A

TC: _____

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.



Bethelwood Ln.

APPROVAL DATE _____

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

Tax Parcel # 001-121-02

75.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2049B19220A

ck#8752 $75.00
11/03/93

[] 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 Homes, Inc
(last) (first) (mi)

ADDRESS: 20464A Chartwell Center Dr PHONE: (704) 8929196

CITY: Davidson STATE: N.C. ZIPCODE: 28036

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001 121 02

STREET ADDRESS: 20520 Bethelwood Ln

ZONING:

PROPERTY OWNER:

NAME: McConnell Family Limited Partnership
(last) (first) (mi)

ADDRESS: 20729 Bethelwood PHONE: (704) 892 1480

CITY: Davidson STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:
Bethelwood Ln

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

LOT NUMBER: 11 LOT SIZE (in acres): 1.54

TYPE APPLICATION (check one):

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COMMERCIAL/INDUSTRIAL PROPERTY:
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Underground Storage Tanks On Property (Y/N) ___ Type _____

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[] 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: Lettie A. McConnell Date: 4-21-93

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.

...

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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

WWATER : 122791

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

DATE: 6-29-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #001-121-02

ASSIGNED ADDRESS 20520 Bethelwood Ln

EXISTING ADDRESS Lot #11

PROJECT NAME BETHELWOOD BAY

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: SF. HOME.

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: B. McCombs

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

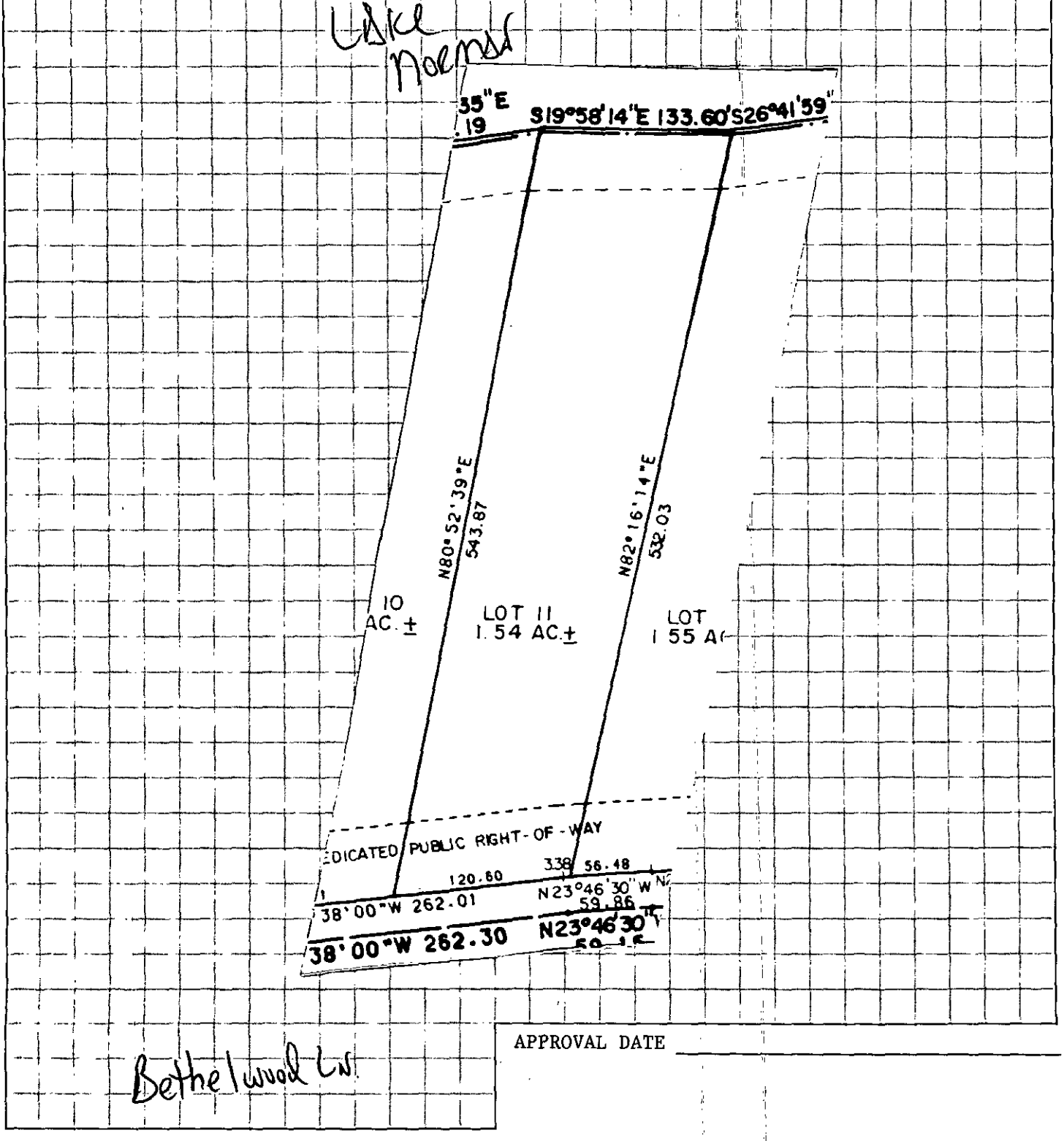
PROPOSED PLOT PLAN

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

FILE: 2049B/9220A

TC: _____

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APPROVAL DATE _____

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