

6209 LAKE RD

13709906

8/18/08

marliwr

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

MD 1053307

100

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

MD 1049477 ACS

[] CRT

11/12/04 JKA Check 4000

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

(704)336-5102 file 55461A

te:

PERSON FILING APPLICATION:

NAME: Doug Campka (last) (first) (mi)

ADDRESS: 6313 Lake Rd PHONE: (704) 5451531

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:

NAME: Jimmy Kennedy (last) (first) (mi)

ADDRESS: 6209 Lake Rd PHONE: (704) 5737114

CITY: Charlotte STATE: NC ZIPCODE: 28227

OPERTY INFORMATION (FROM ENGINEERING FORM):

X/PARCEL NUMBER: 137-099-06

REET DRESS: 6209 Lake Rd Charlotte NC 28227

ONING:

UBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 40 50 LOT SIZE (in acres): 150X800

YPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
New Bath + Landry

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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: [signature] Date: 11-12-04

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.

...11-12-04 OK TO USE EXISTING SYSTEM

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

[signature] 11-12-04
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

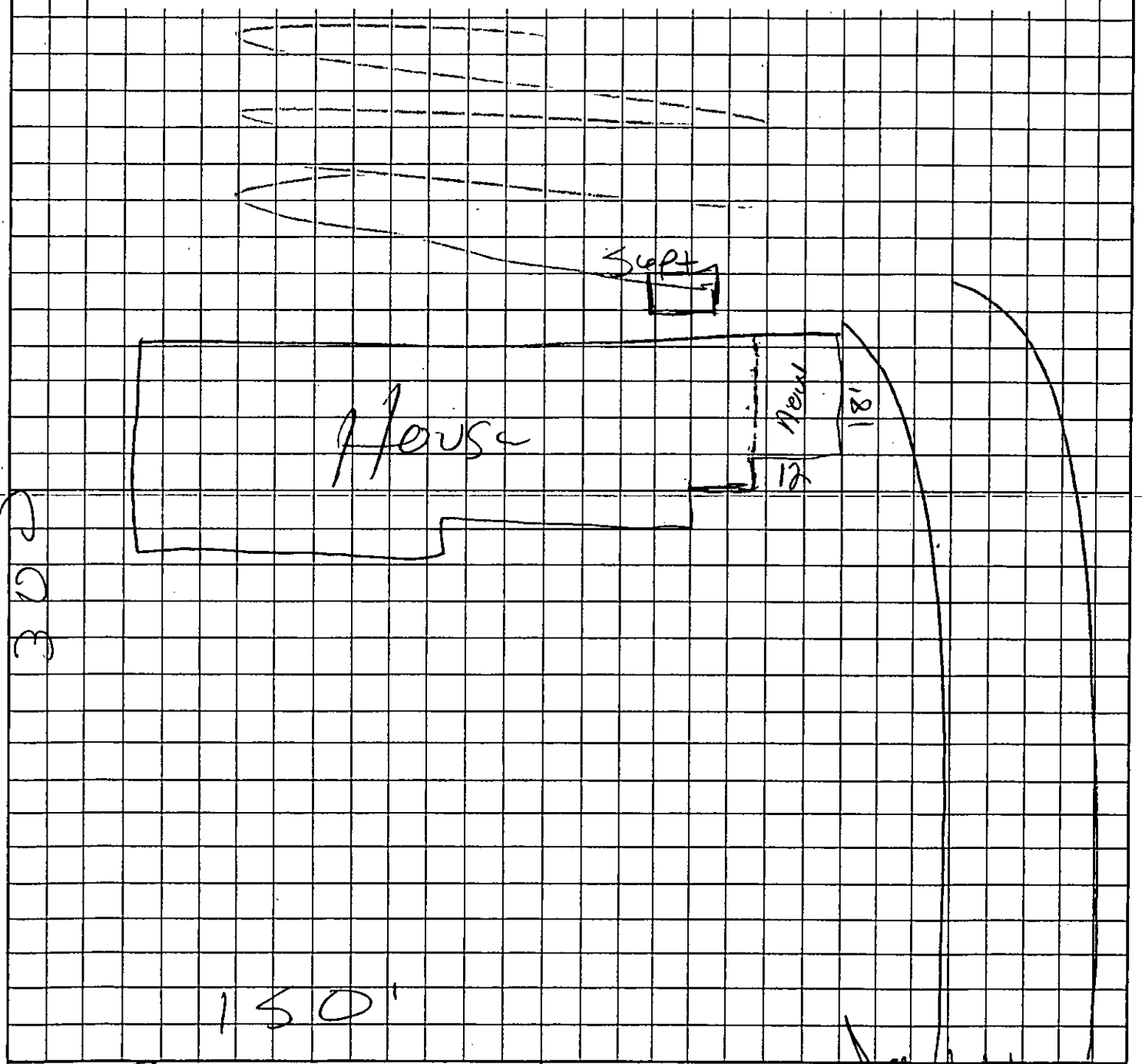
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

6209 Lake Rd

FILE: 55546A

TC: 137-099-06

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/AGENT SIGNATURE

DATE 11-12-04

APPROVAL DATE 11-12-04

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5546-A DATE: 4-4-91

TC: 137-09906 ☐ L ☒ CRT

SERIAL Nº 13785

Name of Owner JIMMY KENNEDY Juris.: MINT

Address of Property 6209 LAKE ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 272 ST + 140 WL

Number of Lines 2 4 @ 70' WL 60' ST

Cover Depth 6" - 1.5'

Water Supply Source well

Distance to Water Source 51'

Excavation Inspected 4-2-91

Tank(s) Inspected 4-4-91

Wash Line Inspected 4-4-91

High Water Alarm Inspected NA

PLOT

Design: 1991, 1500 ST, 816 SFT, 12" ~~ROCK~~, 420 SFW, 12" stone CTR# 174 cecil

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

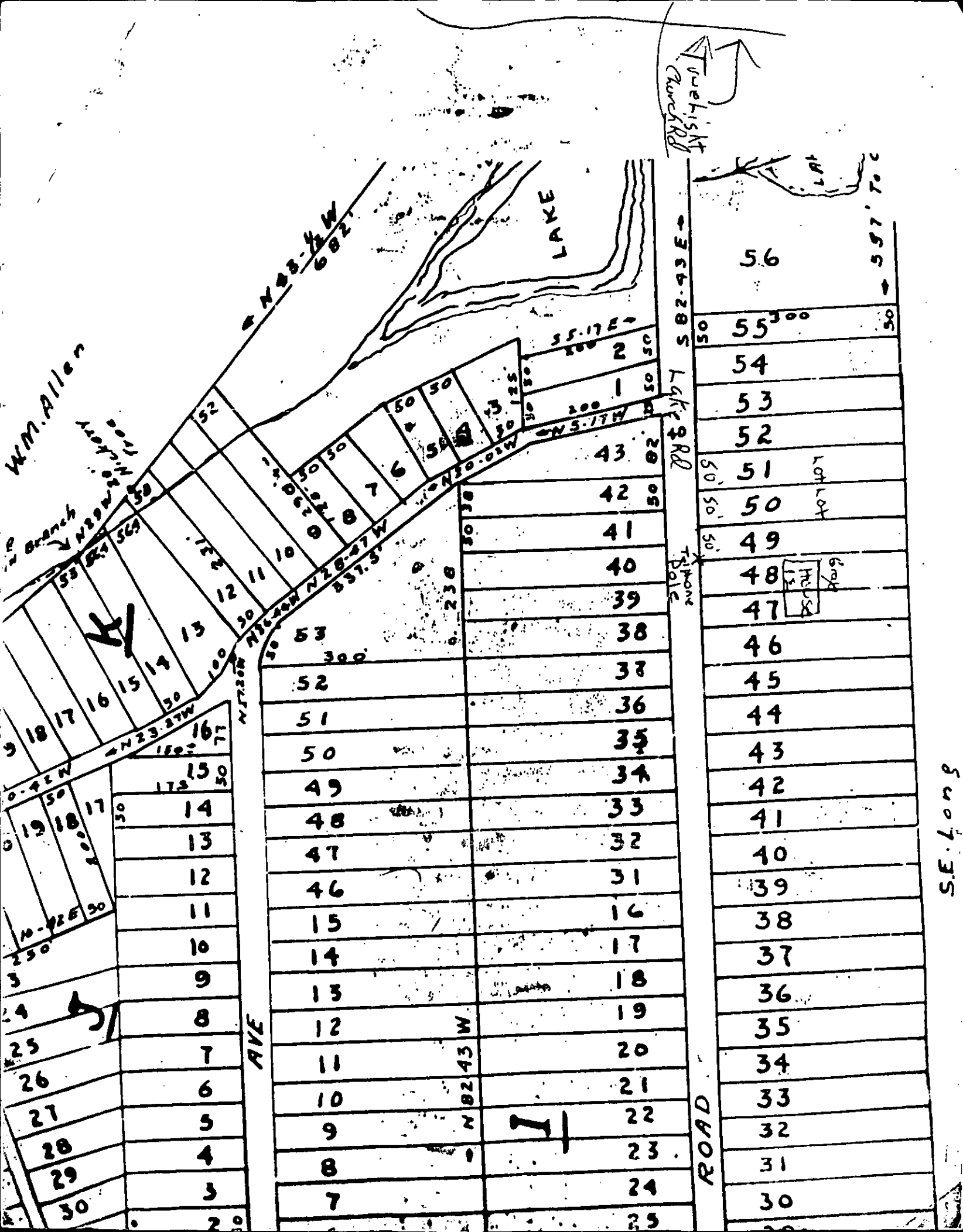
☒ Certificate of Completion ☐ Operation Permit

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 DESIGNED FOR 3 BEDROOM RES.

Environmentalist

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


Twilight Church Rd
LAKE
N 88-½ W 682'
WM. Allen
N 89 W 2.00
N 28-47 W 837.5'
N 26-40 W 238
N 5-17 W
S 82-43 E
Lake Rd
Telephone Pole
Gas
N 23-27 W
N 2-42 E
N 82-43 W
AVE
ROAD
S.E. Long
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

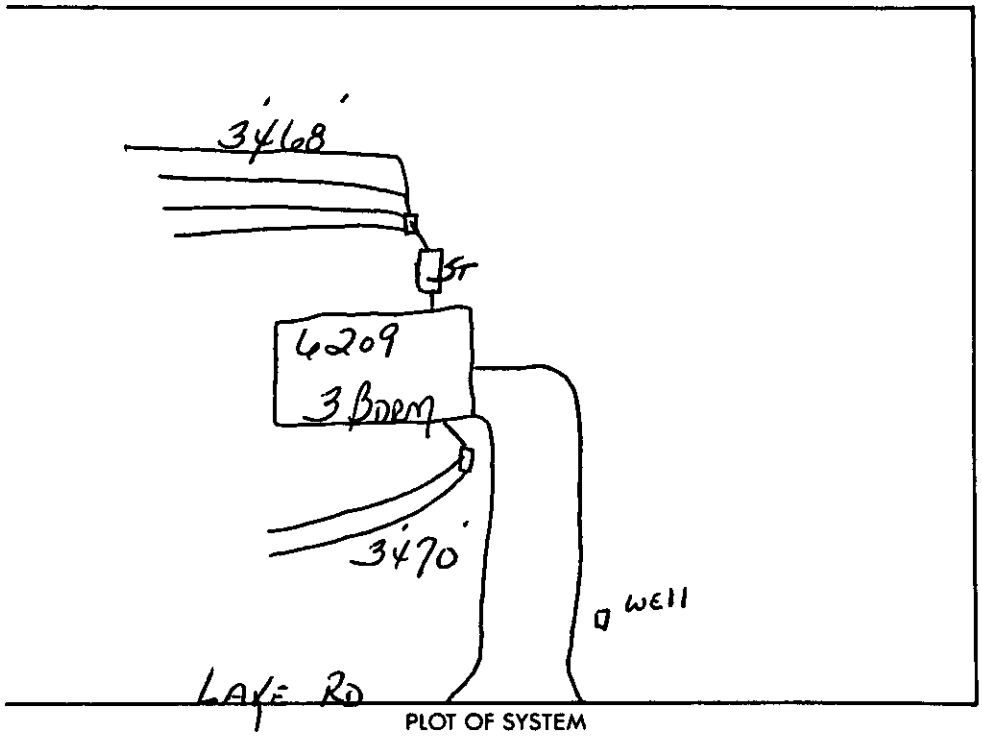
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5546A DATE: 3/28/91

TC: 137-099-06 ☑ L

SERIAL Nº 14953

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 3/28/91. All work shall be completed on or before 4/28/91, 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 N/A gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 272'/140 feet

Number of Lines 4/2

Depth of Stone 10" inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Jimmy L. KENNEDY

LOCATION OF PROPERTY 6209 LAKE RD.

Comments: INSTALL 1500 G.ST 4 LINES 3'68', W/L OF LINES 3'70'

Division or Section Head

Environmentalist RSI

* 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

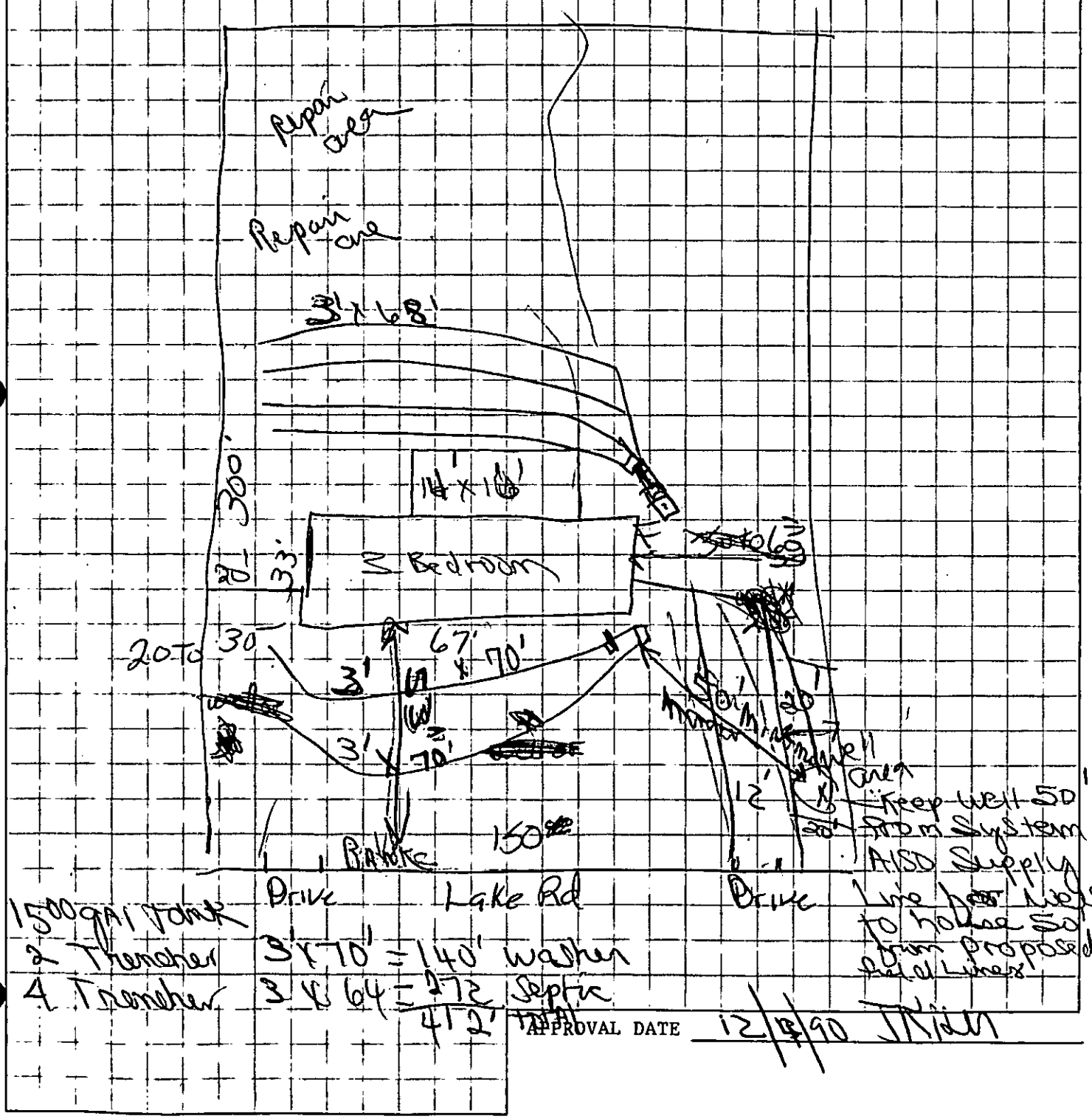
PROPOSED PLOT PLAN

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

FILE: 5546A

TC: 137-099-06

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 12/5/90

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 5546A

TC: _____

SERIAL: № 21328

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 6209 (STREET NO.) Lake Rd (STREET) ② FILE: 5546A

③ JURISDICTION: Meck ④ TAX PARCEL NO.: 137-099-06,07

⑤ SUBDIVISION: Wilgrove Farms ⑥ LOT: 49, 50, 51 ⑦ BLOCK: _____

OWNER

⑧ NAME: Jimmy (FIRST) L. (MIDDLE) Kennedy (LAST)

⑨ MAILING ADDRESS: 4801 Bethany Pl

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212

⑬ PHONE: (WORK) 534 1040 ⑭ (HOME) 536 1114

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 6 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jimmy L. Kennedy

Date: 11-27-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 60 months from the date of issuance.

Judy Kuei R.S. 12/3/90
Environmentalist Date

Director or Authorized Section Head KS 12-5-90 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-27-90

Name/Company: Jimmy Kennedy

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. (New-3 bdrms)
6209 Lake Rd

File No. 5546A

HEALTH
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 27 1990

6

Fee: 200.00

CK#1021
200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

Mecklenburg County
Health Department

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

August 18th, 1989

Jimmy L. Kennedy
4801 Bethany Place
Charlotte, NC 28212

RE: Property located at Lake Road
FILE: 5546A
PARCEL: 13709906

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 12166) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12166

File: 55-46A Action 2

Parcel: 137-09906,07 ☐ PC

Location: Lake Rd.

Subdivision:

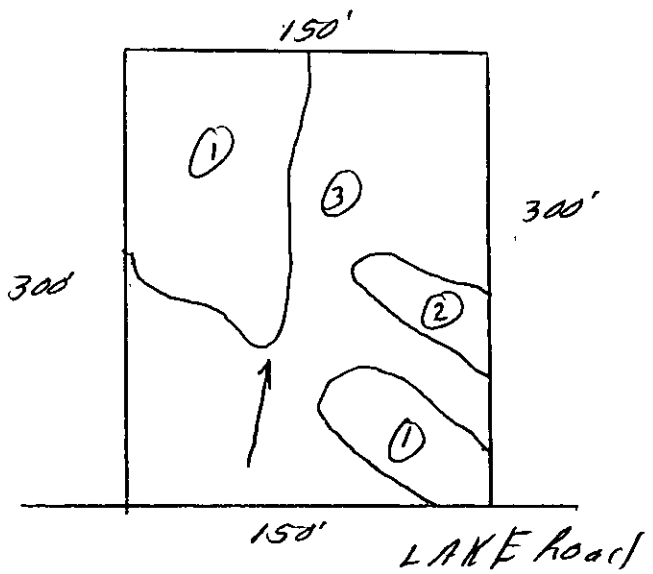
Lot: 49, 50, 51 Block: Acres: 1.0

Owner: Jimmy Kennedy
Address: 4801 Bethany Pl
Charlotte, NC 28212

Comments: Lot would require
1000 repair

Described by: William McMahon

Date: 8-17-89



***** 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 6-15%	S PS (U) complex slopes	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 7-36" To water	S (PS) U 7-36" To water	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS (U) 24-36"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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-Lilo	IVA Pacolet-Ura	Complex Slopes			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

8-17-89

The property owner saw me on the lot and said that he had bought an additional 50' (49) lot to the right of lots 50 & 51. The total acreage was in line for the 1.0 acre fee. I went ahead and checked lot 49 while I was there.

W R Mn

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5546A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6209 Lake Rd.

② SUBDIVISION: Wilgrove Farmes ③ LOT: 50 & 51 ④ BLOCK: G

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 13709906

⑥ DEED REFERENCE: BOOK NO.: 010175 Deed 1589-81 PAGE NO.: _____

Byer OWNER

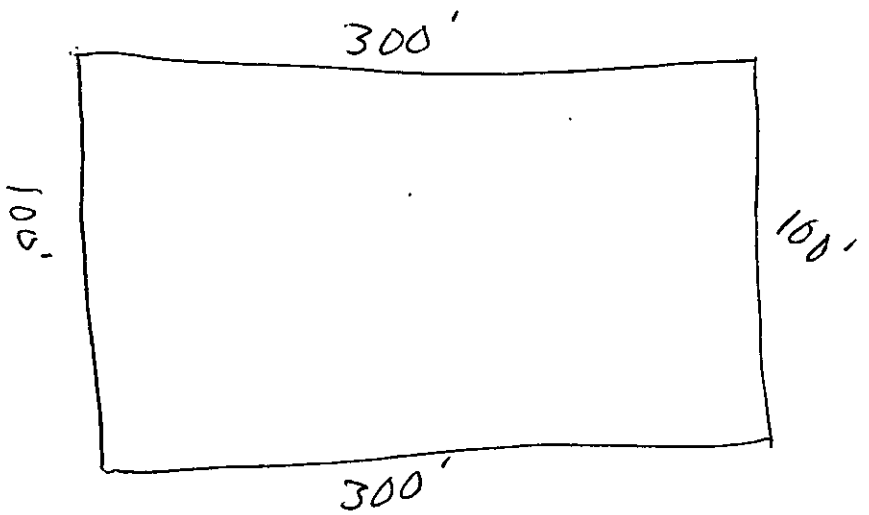
⑦ NAME: Jimmy (FIRST) L (MIDDLE) Kennedy (LAST)

⑧ MAILING ADDRESS: 4801 Bethany Pl

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 5341040 (HOME) 5451531 or 5361114

⑬ Accurately diagram and dimension lot.



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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jimmy L Kennedy

Date: 3-13-89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

[redacted]NBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/21/89

Name/Company Jenny Kennedy

Sanitation ____
Vector Control ____
O.P.W.D. ✓

Service: Soil
5546A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 21 1989

Cash #725

Fee: $ 30.00 - $30.00

K Faulk
Completed by

Collected by