

21202 SENLAC LN

00115150

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Jeremy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#CS

ID Check 8/21/02 SC

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 3239B

PERSON FILING APPLICATION:

NAME: Williams (last) Kenan (first) P. (mi)

ADDRESS: 2929 Shady Brook Ln PHONE: (704) 622-1813

CITY: Lincolnton STATE: N.C ZIPCODE: 28092-9166

Date: Sept. 19, 2002

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-151-50

STREET ADDRESS: 21202 Senlac Lane
Cornelius NC 28031

ZONING:

PROPERTY OWNER:

NAME: Pistone (last) Pete (first) (mi)

ADDRESS: 21202 Senlac Lane PHONE: (704) 608-5914

CITY: Cornelius STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME: Senlac Subdivision

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

TYPE APPLICATION (check one):

LOT NUMBER: 12-A LOT SIZE (in acres): 0.52

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Expansion of bedroom

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: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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: 9-19-02

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.

... O.K. to use existing system for bedroom expansion

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

[signature] R.S. 9/24/02
Environmentalist Date

WWATER : 122791

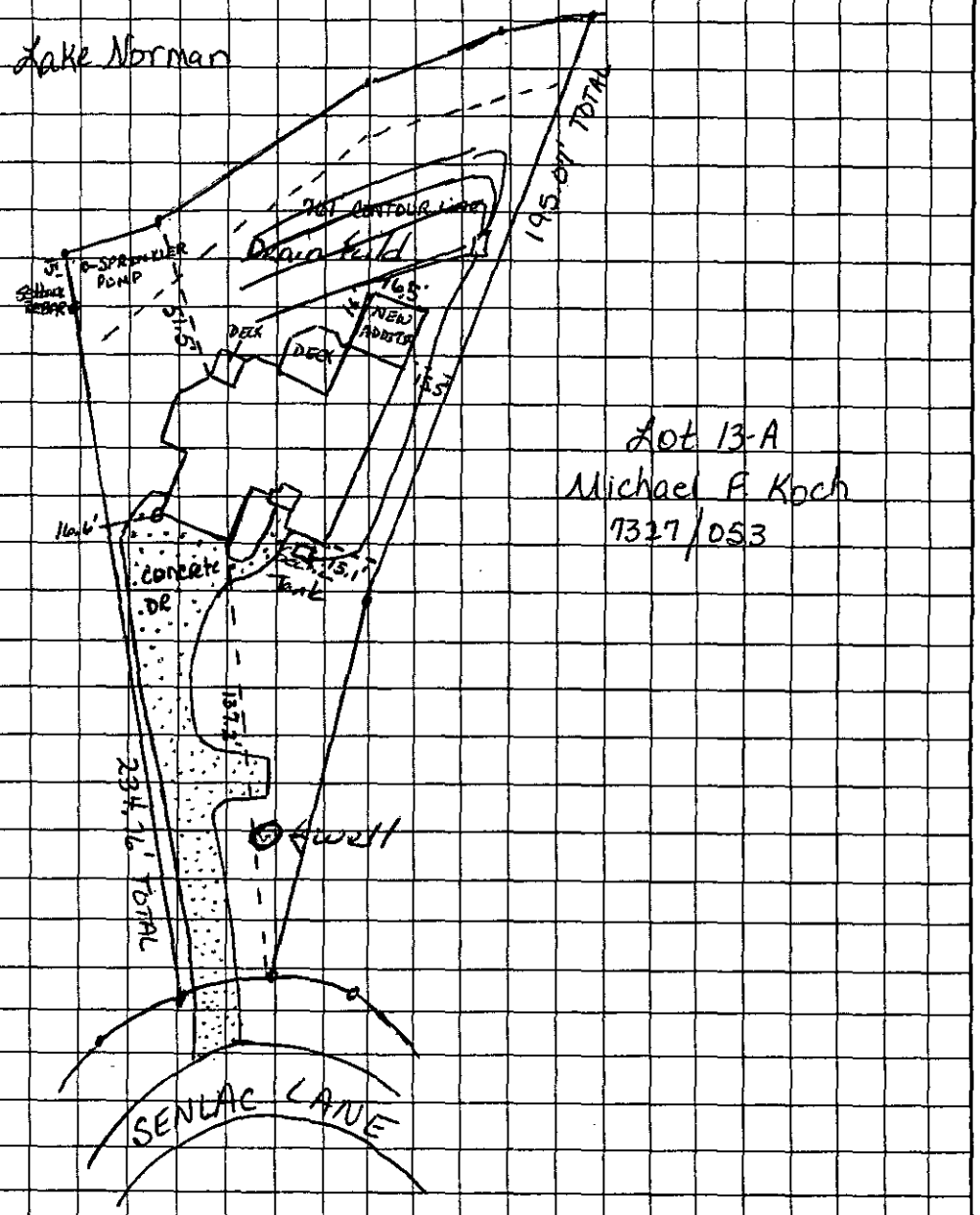
PROPOSED PLOT PLAN

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

FILE: _____

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.



OWNER/AGENT SIGNATURE

DATE 9-19-02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

400 ft

32398

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 pd 7/21/94 R-# 5783 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: Hillen (last) Patsy (first) (Agent) (mi)
ADDRESS: 4501 Columbine Ct PHONE: (704) 543-5830
CITY: Charlotte STATE: NC ZIPCODE: 28226

Date: 7-21-94

PROPERTY OWNER:
NAME: WALLACE (last) Russell (first) (mi)
ADDRESS: 12012 Manchester Rd PHONE: (314) 822-8420
CITY: St. Louis STATE: MO ZIPCODE: 63131

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-151-50
STREET ADDRESS: 21202 SENLAC LN.
DAVIDSON, N.C 28036
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: L12A LOT SIZE (in 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 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: 3 NUMBER OCCUPANTS: 2

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):
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[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: Patsy Hillen Date: July 21, 1994
As Agent

NOTICE:

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...This permit is not transferable.

... PPSPS TYPE III

AGREEMENT FORM ON FILE

[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

Environmentalist Date

Director or Authorized Section Head 11-4-94 Date

WATER : 122791

* Property Owner: Nadeen Jordan Jr. 7-21-94 per Pat 1743 Rutledge Ave Charlotte NC 28211

SHOWN HEREON.

SIGNED [signature] REGISTERED SURVEYOR L-621



change for Russell
Wallace 7/28/94 SO

BOUNDARY SURVEY

OF

ALL OF LOT 12A SENLAC LAND

Lemley Township Mecklenburg Co.

SCALE 1" = 40

THE PROPERTY OF

MAP RECORDED IN BOOK 14 AT PAGE 49 DEED RECORDED IN BOOK 5815 PAGE 450

DUNCAN-PARNELL, INC. CHARLOTTE, NC 800-768-7788 221623

SHOWN HEREON.

SIGNED [signature] REGISTERED SURVEYOR



change for Russell Wallace 7/28/94

DUNCAN-PARNELL INC. CHARLOTTE, NC 800-768-7788 27253

BOUNDARY SURVEY

OF

ALL OF LOT 12A SENLAC LAND

Lemley Township Mecklenburg Co.

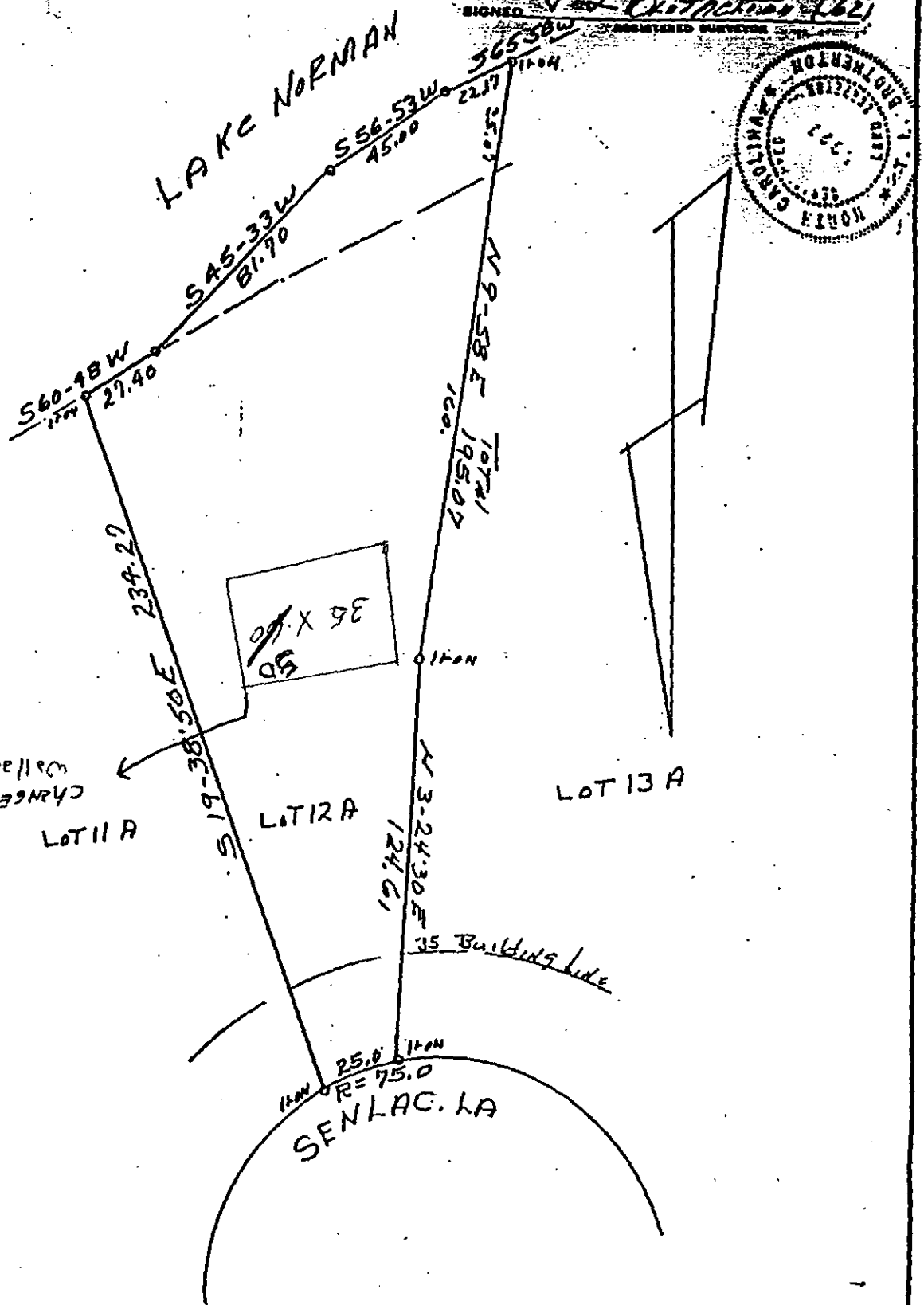
SCALE 1" = 40

THE PROPERTY OF

MAP RECORDED IN BOOK 14 AT PAGE 49 DEED RECORDED IN BOOK 5895 PAGE 450

SHOWN HEREON.

SIGNED [illegible] REGISTERED SURVEYOR



Change per Russell Wallace 7/28/94 SO

DUNCAN-PARNELL INC. CHARLOTTE, NC 800-736-7788 32703

Boundary SURVEY OF

All of Lot 12A Senlac Land

Lemley Township Mecklenburg Co.

SCALE 1" = 40

THE PROPERTY OF

MAP RECORDED IN BOOK 14 AT PAGE 49 DEED RECORDED IN BOOK 5895 PAGE 450

SEE Attached

PROPOSED PLOT PLAN

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

FILE: 3239B

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.

APPROVAL DATE _____

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

mcHD
FILE: 3239B

L\WORKS\WORDPRO\DFS2P

DESIGN SPECIFICATION
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 6-INCH PPBPS-GRAVITY DISTRIBUTION
- 6-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3) Bedrm.
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

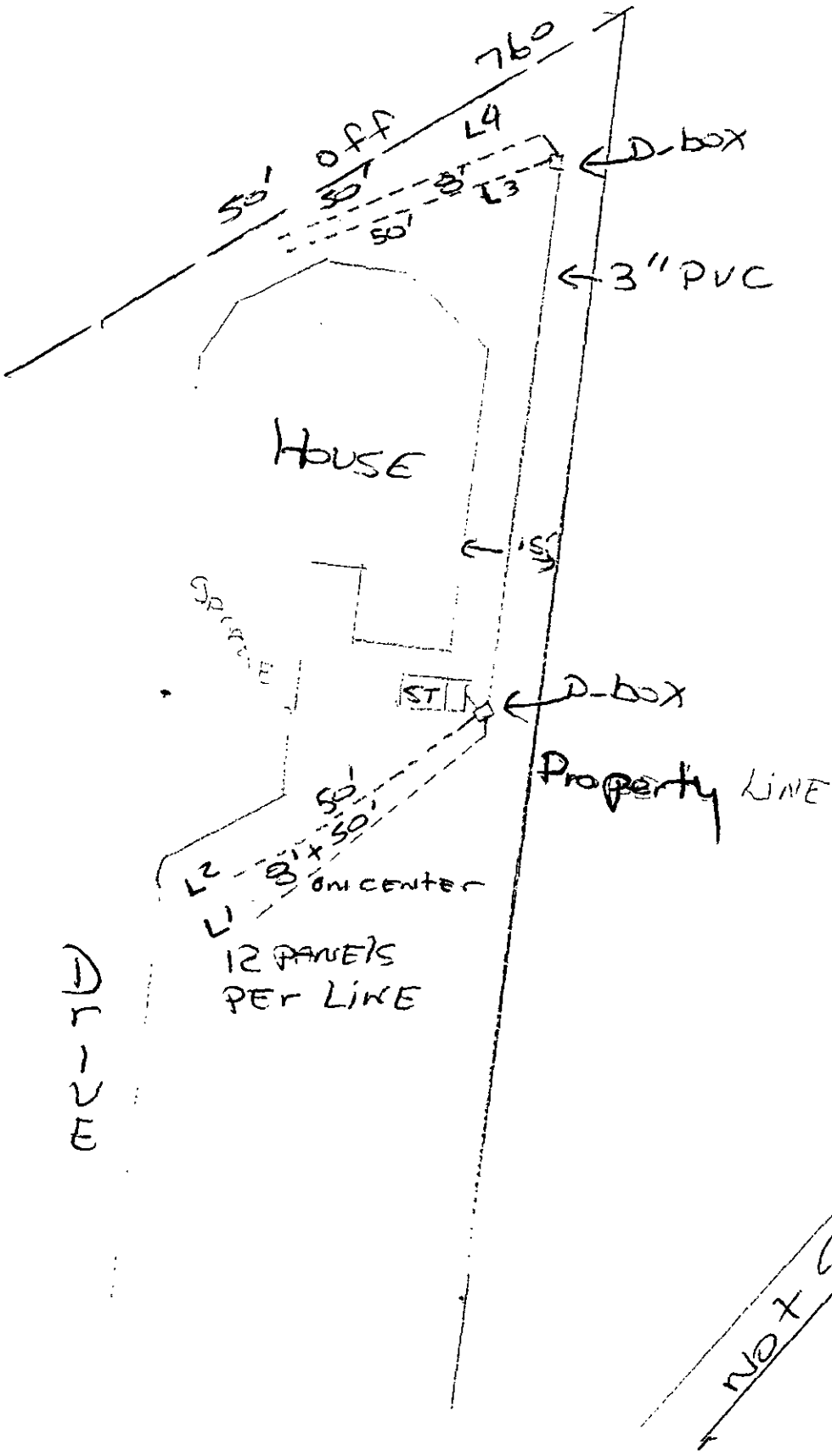
DROP BOX	WELL ABANDONEMENT
✓DISTRIBUTION BOX (2)	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 GAL. SEPTIC TANK
OTHER	

Primary

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L1	12	1				50		
L2	12	1				50		
L3	12	1				50		
L4	12	1				50		
Totals	48 PANELS					200'+		

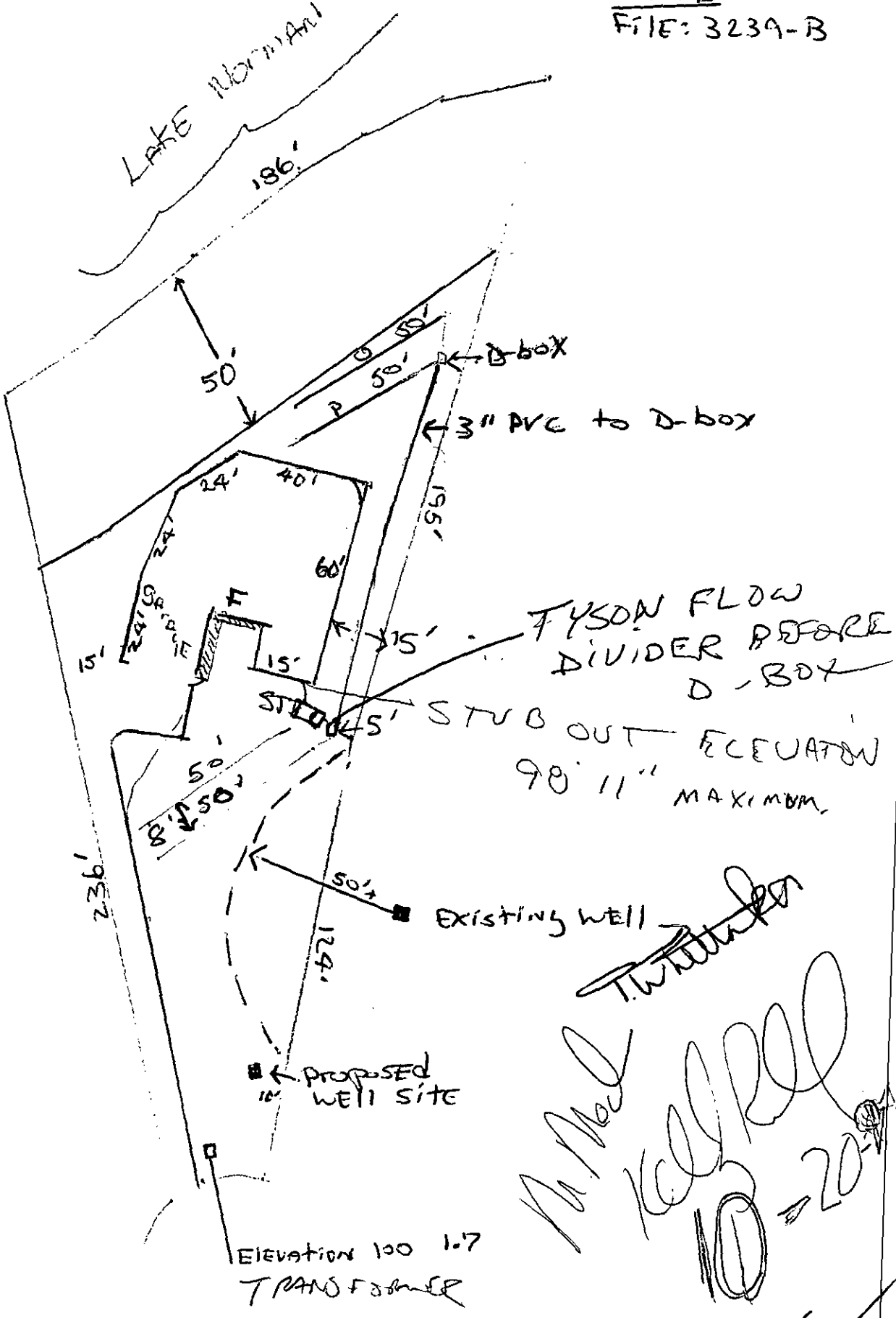
Tim Whitaker
866-9540

MCHD
FILE: 3239-B



ELEVATIONS
100 = 1.7
L1 = 4.0
L2 = 4.0
L3 = 6.8
L4 = 7.1

MCHD
File: 3239-B



CERTIFICATE OF COMPLETION/OPERATION PERMIT

DX100

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3239-B DATE: 4-5-95

TC: 001-151-50 ☐ L ☑ ~~GRT~~

SERIAL Nº 16212

Name of Owner RUSSELL WALLACE Juris.: _____

Address of Property 21202 SENLAC LANE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 4 @ 50

Cover Depth 6"

Water Supply Source well

Distance to Water Source 53'

Excavation Inspected 4-3-95

Tank(s) Inspected 4-3-95

Wash Line Inspected ✓

High Water Alarm Inspected ✓

PLOT

Design 1995 PPBBS TYPE III CTR# McCLOUD CONST.

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: _____

Kelly Randall

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3239 B DATE: 3-6-95

TC: 001-151-50 ☐ L

SERIAL Nº 16194

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 ~~10~~ 2-21-~~95~~94. All work shall be completed on or before 4-6-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 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

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous YES

Total Line Length 200 feet

Number of Lines 4

Depth of ~~Stone~~ SAND 24" inches

Distance from House 5'+ feet

Distance from Property Line 5'+ feet

Distance from Well 50'+ feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER RUSSELL WALLACE

LOCATION OF PROPERTY 21202 SENLAC LANE

Comments: INSTALL IN ACCORD W/ PLAN ON FILE

Jon Nuzzio-Burney, R.S.
for S. David

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/04/94 08:29
BK: 07963 PG: 0396/0398 #:0020 13.05

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3239-B
PARCEL # 001-601-26

The undersigned, RUSSELL W. WALLACE, SR., owner of property located at 21202 SEILAC LN., (the "site") and described in an instrument recorded in Book 6565 at Page 209, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: RUSSELL W. WALLACE, SR.
Mail after recording to: Michael Mock
P.O. BOX 1321 DAVIDSON, N.C. 28036

(3 copies)

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- .When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Russell Wallace Sr. _____ (SEAL)

_____ ~~President~~ PERSONALLY _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Missouri
STATE OF ~~NORTH CAROLINA~~
COUNTY OF St. Louis

I, Sharon K. Weiss, a Notary Public for said County and State, do hereby certify that Russell Wallace, Sr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 28th day of October, 1994.

Sharon K. Weiss
Notary Public

My Commission Expires:
11-2-96

SHARON K. WEISS NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

.66 3667371 e

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 7/21/94 Ck.#5785 ☐ CRT

3239B

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: Hillen (last) Patsy (first) (Agent) (mi)
ADDRESS: 4501 Columbine Ct PHONE: (704) 543-5830
CITY: Charlotte STATE: NC ZIPCODE: 28226

Date: 7-21-94

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Davidson, N.C 28036
ZONING:

Township (check one):
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☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION
LOT NUMBER: 5

TYPE APPLIC 1 1/2 Story

Kelly
Tim has a layout on this system off Torrence Chapel. You'll probably be hearing from him.

☐ SOIL TES
☐ NEW CONS 2 car garage underslab in basement
☐ EXCHANGE
☐ ADDITION
☐ COMMERCI

S OR LESS (N)
HOME SIZE (A or M)

CHANGES (X)
BEDROOMS (Z)
: 2

RESIDENTIAL
☐ SINGLE WIDE (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER

(S)
ing' (O)

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐

d the
The undersigned, owner, or legal agent for the owner, of the pro... ...authorized agents of the MECKLENBURG COUNTY HEALTH
foregoing application, acknowledges that the contents of same are tr...
DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Patsy Hillen Date: July 21, 1994
As Agent

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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 : 1227

* Proposed Owner: Walter Jordan Jr.
7-21-94 per Pat 1743 Rutledge Ave
Charlotte, NC 28211

SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED _____ REGISTERED SURVEYOR



LAKE NORMAN

S65-58W 22.17

S56-53W 45.00

S45-33W 81.70

S60-48W 27.40

N9-58-E 100.

TOTAL 195.07

234.20

S 19-38-50 E

N 3-21-30 E 124.61

35 Building Line

R=75.0

25.0

SENLAC. LA

LOT 11 A

LOT 12 A

LOT 13 A

35 X 35

Change per Russell Wallace 7/28/94

Boundary SURVEY

OF

All of Lot 12A SENLAC LAKE

Lemley Township Mecklenburg Co.

SCALE 1" = 40

THE PROPERTY OF

MAP RECORDED IN BOOK 14 AT PAGE 49 DEED RECORDED IN BOOK 5895 PAGE 450

DUNCAN-PARNELL, INC. CHARLOTTE, NC 800-768-7788 22123

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20430

File: 3L 373 Action 1

Parcel: 101-151-31 ☐ PC

Location: 21201 Linda Lane

Subdivision:

Lot: 12A Block: Acres: .18

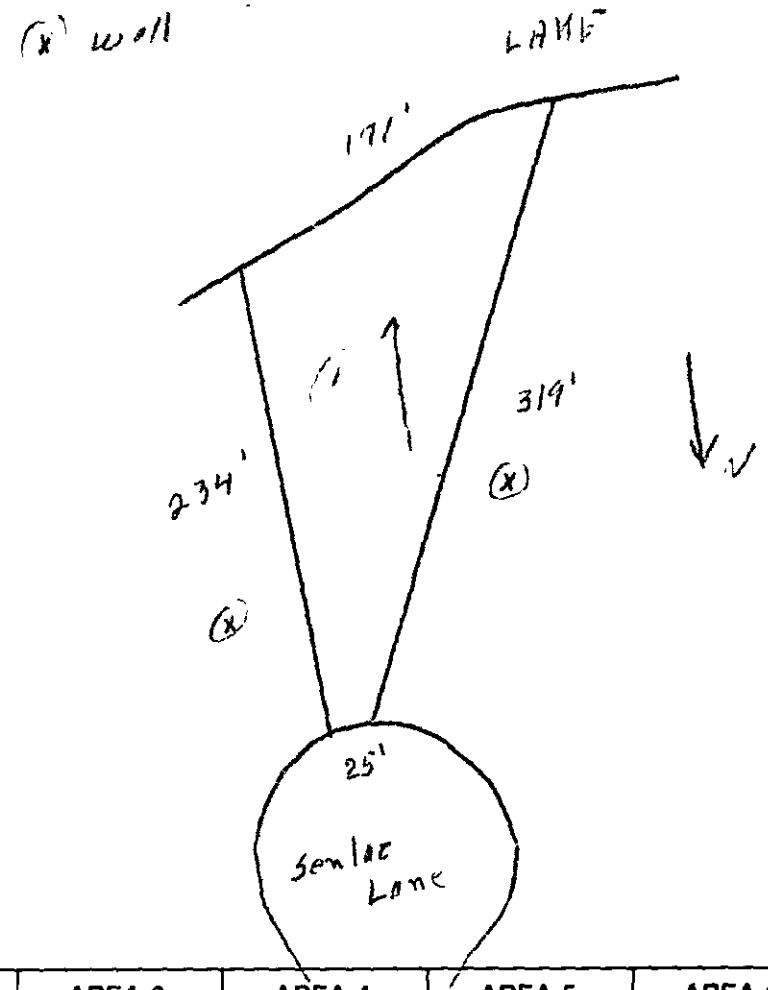
Owner: Russell Whitaker

Address: 12012 Winchester Drive
St. Louis, Mo. 63131

Comments: No sewer in area
Public sewer is required. Type I
soil log filed

Described by: William H. Harris

Date: 1-26-94



***** 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 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly firm, massive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U weak blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 74" Type	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 74"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 74"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	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	IV Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

August 11, 1994

Russell Wallace
12012 Manchester Road
St. Louis, Mo. 63131

Re: 21202 Senlac Lane
File: 3239B

Dear Mr. Wallace:

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Effectively rake and lime all trench sidewalls.
- Landscaping of original system area and repair area is prohibited. No grading, shaping, or altering in any way.
- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter, please contact me at 336-5575/

Sincerely,

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

KR:gf

Enclosures

Mecklenburg County
Health Department

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

Russell Wallace
12012 Manchester Rd
St Louis Mo. 63131

Re: ~~21202~~ 21202 Senlac Ln.
File: 3239-B

Dear M- Wallace

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are gapproved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constucting the residence.

- Effectively rake and lime all trench sidewalls.

- Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

- This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,
Kelly Randall R.S.

Enclosures

MCHD
FILE: 3239B

L\WORK\WORDOC\DFS2P

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3) BEDRM.
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

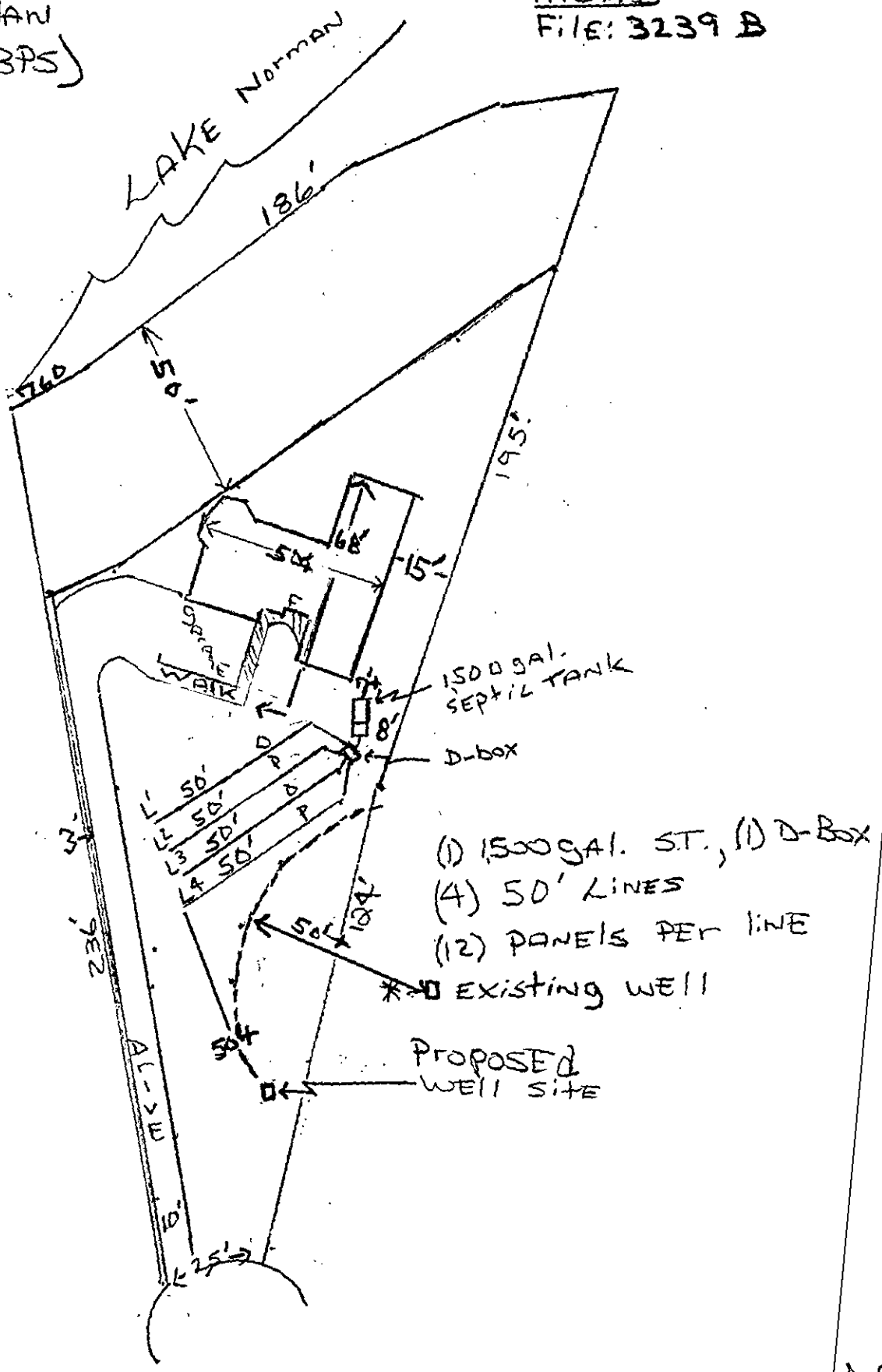
DROP BOX	WELL ABANDONEMENT
✓DISTRIBUTION BOX (1)	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 GAL. SEPTIC TANK
OTHER	

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
			Primary					
L1	12	1				50		
L2	12	1				50		
L3	12	1				50		
L4	12	1				50		
	48 PANELS					200'+		

Tim Whittaker
866-9540

(3) Bedrm. Plan
Gravity (PPBPS)

MCHD
File: 3239 B

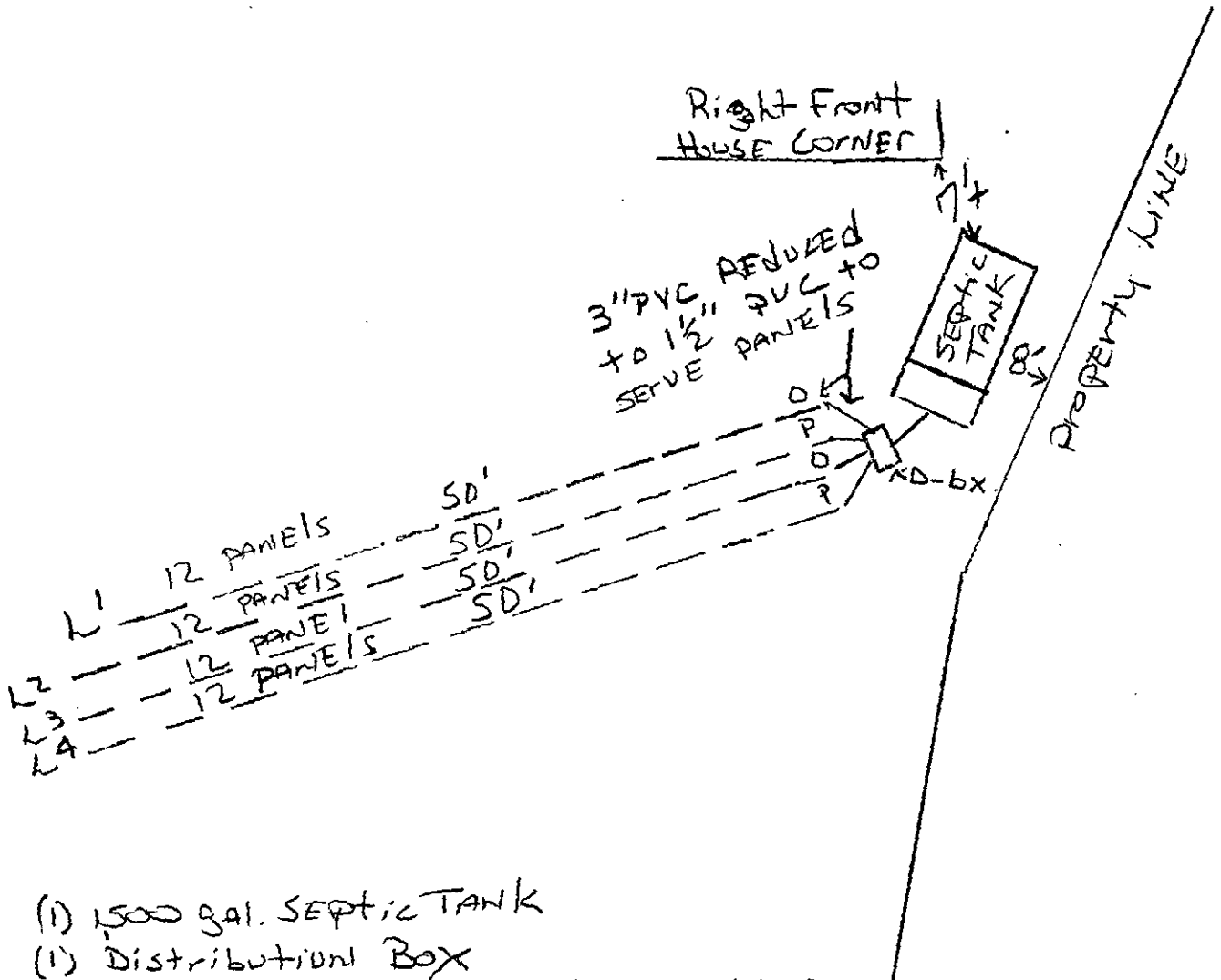


(1) 1,500 GAL. S.T., (1) D-Box
(4) 50' LINES
(12) PANELS PER LINE
EXISTING WELL
PROPOSED WELL SITE

Tim Wheeler
866-6540
SCALE
AD

(3) Bedrm. - PPBPS - Gravity

MCHD
File: 3239 B



(1) 1,500 gal. Septic Tank
(1) Distribution Box
(4) 50' Lines, 12 panels per line
200'± Total (48) panels ~~total~~

T. Whitaker
not scaled

MCHD
File: 3239-B
TC: 001-151-50
Lot: 12 A

L:\WORK\WORDS\DESIGN

DESIGN SPECIFICATION
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3 Bedroom)
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
✓DISTRIBUTION BOX (1)	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1500 Septic Tank
OTHER	

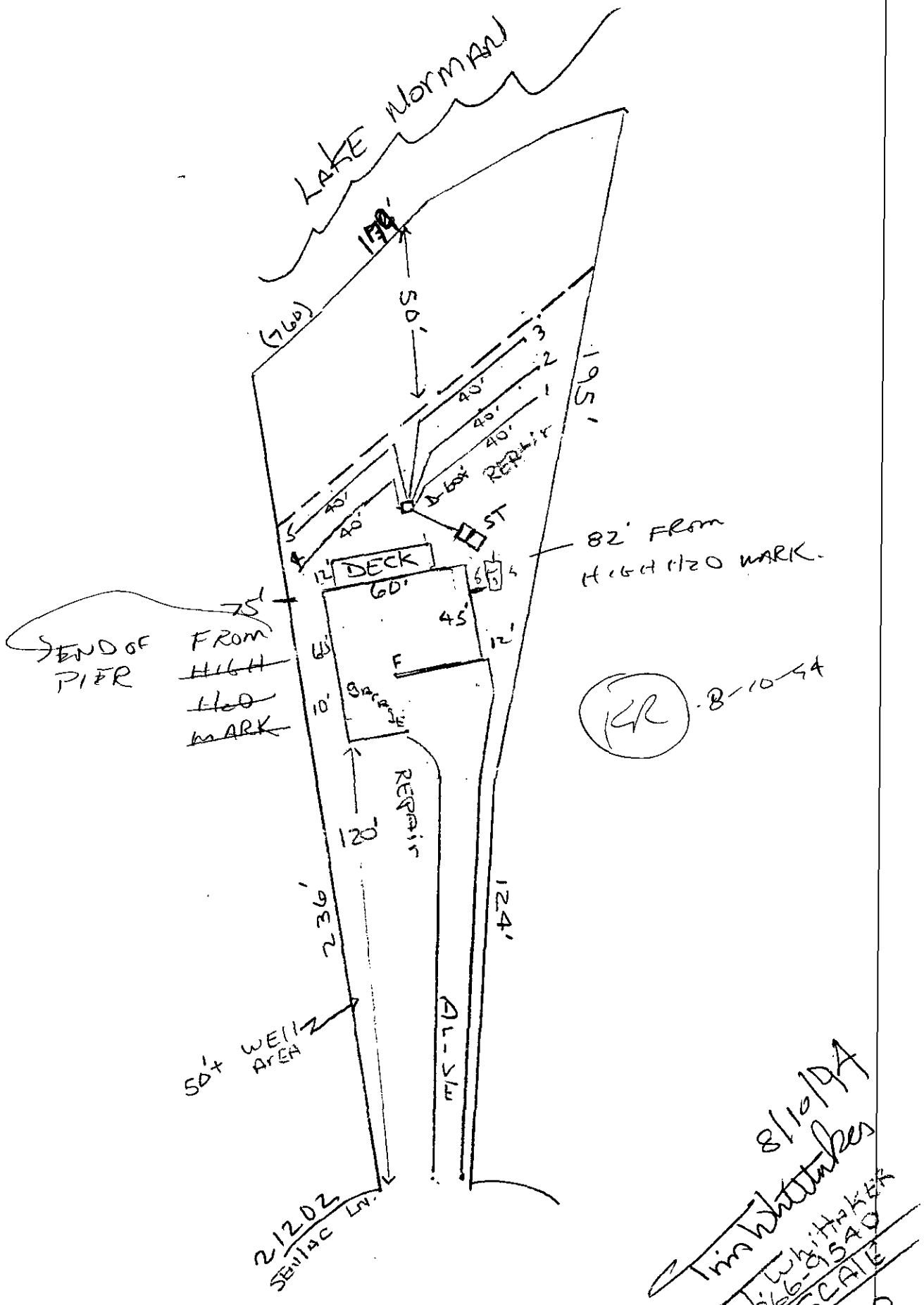
LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
			Primary			40'		
L1	10					40'		
L2	10					40'		
L3	10					40'		
L4	10					40'		
L5	10							
	50 PANELS					200'		

Repair
N/A

Shown on-site

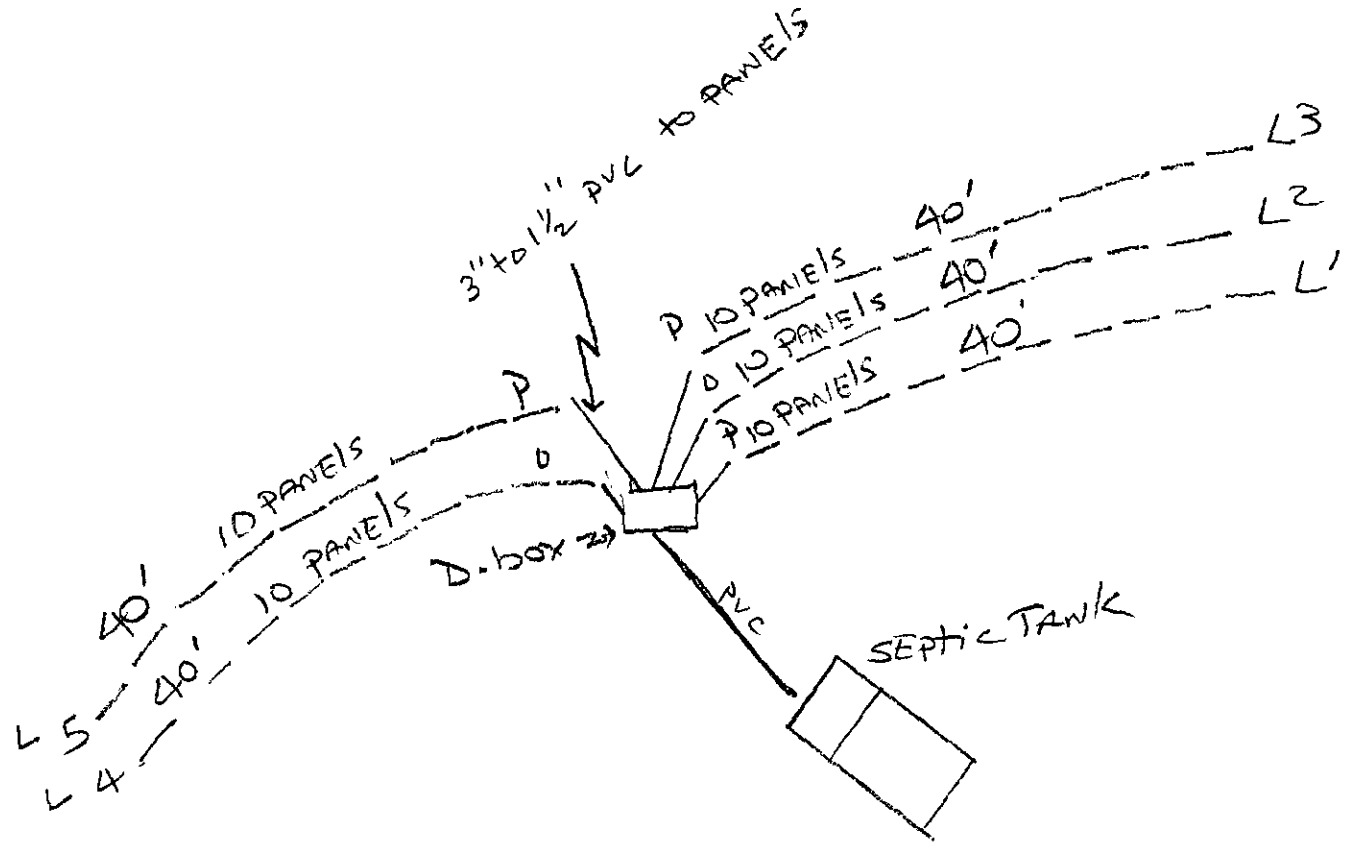
T. Wilcox
866-9540

MCHD
FILE: 3239-B
TC: 001-151-50



3 BEDroom / Gravity (PPBRS) PLAN

MCHD
FILE: 3239-B



(1) 1,500 GAL SEPTIC TANK
(1) Distribution Box
(50) PANELS

* option to VARIANCE to 5' off property line may ACCOMMODATE 50' LINES.

Tavis Hacker
NOT SCALED

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: _____

TC: _____ ☐ L

SERIAL Nº 16068

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 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 _____ gallons

Liquid Capacity of
Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER _____

LOCATION OF PROPERTY _____

Comments: _____

_____

_____

_____ _____
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: _____

TC: _____ ☐ L

SERIAL Nº 16069

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 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 _____ gallons

Liquid Capacity of
Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER _____

LOCATION OF PROPERTY _____

Comments: _____

_____

_____

_____ _____
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT 12460
SITE EVALUATION REPORT
SERIAL NUMBER 20430

File: 32 39B Action 1.

Parcel: 001-151-50 ☐ PC

Location: 21202 Senlac Lane

Subdivision:

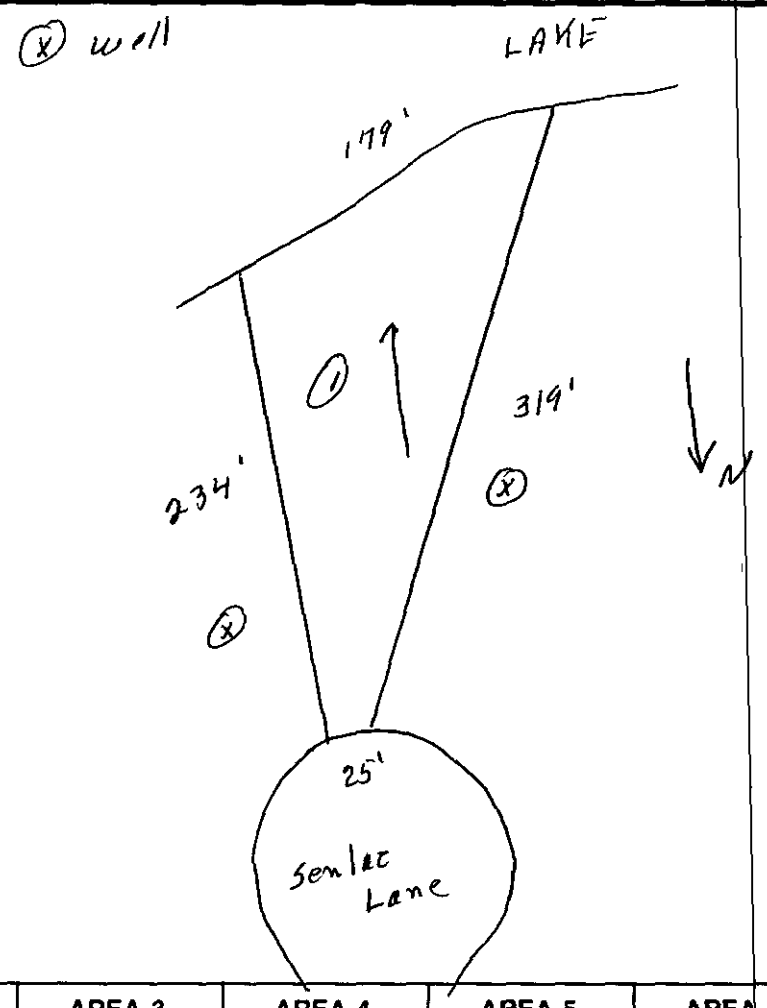
Lot: 12A Block: Acres: .68

Owner: Russell Wallace
Address: 12012 Manchester Road
St. Louis, Mo. 63131

Comments: Not sure if 100% repair is required, 3gpf/ 972/ day + TAR

Described by: William A. Marlin

Date: 7-26-94



***** 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 2-10%	S PS U	S PS U	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 Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
estrictive Horizons	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
ailable Space	S (PS) U Limited	S PS U	S PS U	S PS U	S PS U	S PS U
er (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
roup/Series	IV Cecil like					
ssification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U