

20540 BETHELWOOD LN

00112186

12/27/2007

duponbj

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

MECKLENBURG COUNTY
Health Department

April 16, 2003

Stephen and Elke Gallagher
20520 Bethelwood Ln.
Cornelius, NC 28031

Dear Mr. and Mrs. Gallagher:

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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County
Health Department

20540 Bethelwood Ln.
Location

Stephen J. and Elke E. Gallagher
Owner/Agent

N/A
Operator

IIIb
Type System

Name of Establishment

Residence
Type of Establishment

20540 Bethelwood Ln., Cornelius, NC, 28031
Address

Address

March, 2008
Next Inspection Due

2047B
Permit/Project No.

480 GPD
Design Flow

Phone

Phone

	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. Replace with stainless-steel bolts. I will re-inspect.
PUMP SYSTEMS:			
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)

CERTIFICATE OF COMPLETION/OPERATION PERMIT 400

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

FILE: 20478/92188 DATE: 9/30/94

TC 001121-02 ☐ L ☒ CRT

SERIAL Nº 14380

Name of Owner Rodney J. Holtzmuller Juris.:

Address of Property 20540 Bettswood Ln.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 540'

Number of Lines 6 @ 90' offset

Cover Depth 24"

Water Supply Source municipal

Distance to Water Source water line not installed at time

Excavation Inspected 9-30-94

Tank(s) Inspected 10-6-94 Kelly Randall

Wash Line Inspected —

High Water Alarm Inspected 12-16-94 (SK)

PLOT

Design: 1994, 1500gst, 1000, gpt, 12" stone FJ Ervin 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: 3/4 hp Gould WE0712H; G9443480, alarm in garage

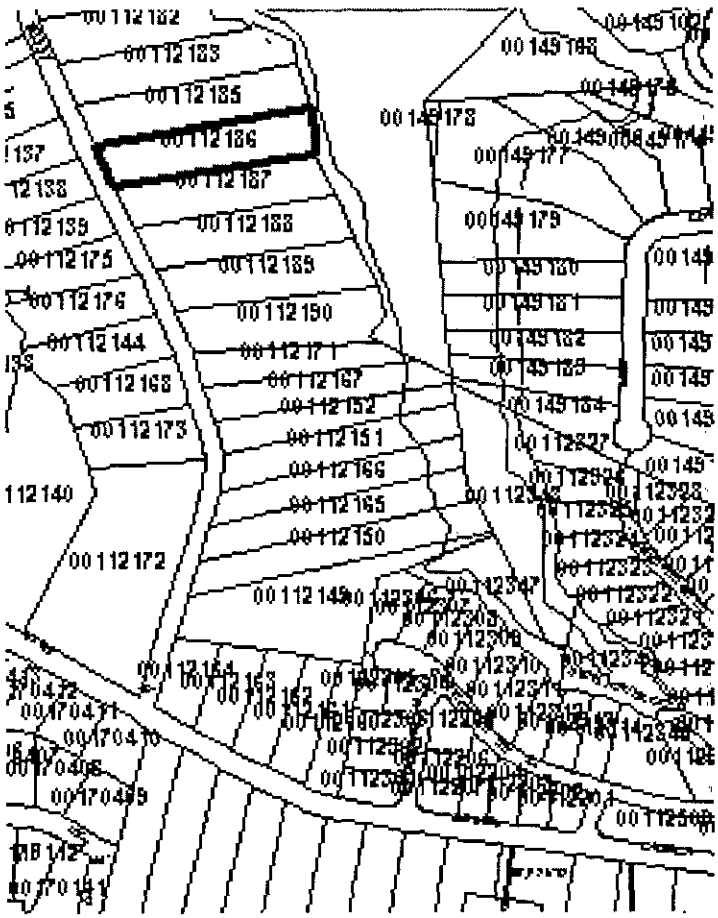
Turfgrass ? III(6)

J Newell for S Daniel Inspected by Kelly Randall/Judy Kiser/Susan Sutton
Environmentalist

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

2047B / 9218A

Parcel-Id#: 00112186 GIS Map#: 00112186	Legal Desc.: L9 M25-927
Account Type: INDIVIDUAL	Deed Book/Page: 10554/092 GET DEED! Date: 6/18/1999
Owner: GALLAGHER STEPHEN J	Sales Price: $975000
Add. Owner: GALLAGHER ELKE E WF	Sales Date: 6/18/1999 Qualified Sale: Y
Mailing: 20540 BETHELWOOD LN	Neighborhood Code: 00137
Address:	Historic Desig.: Farm Desig.:
City: CORNELIUS	Deed Acreage: 1.6 Assessed Acreage: 1.6
State: NC ZIP: 28031	Assessed Land Value: $300000
Location: 20540 BETHELWOOD LN Get Directions	Total Assessed Value: $833860
Municipality: CORNELIUS	Tax Bill Information: Click Here!



NOTICE MAILED 10/30/02.

Done 3/21/03

* Could Not Remove Pump Tank Riser Lid. Bolts Rusted Out - Frozen

Mecklenburg County
Health Department

October 30, 2002

Stephen J. Gallagher
20540 Bethelwood Ln.
Cornelius, NC 28031

Dear Mr. Gallagher:

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 located 20540 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 13, 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

Stephen J. Gallagher
20540 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
Stephen J. Gallagher	20540 Bethelwood Ln.	00112186	2047b	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: 10/30/02

Payment Due Date: 11/13/02

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

~~INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT~~ DHEC Approval

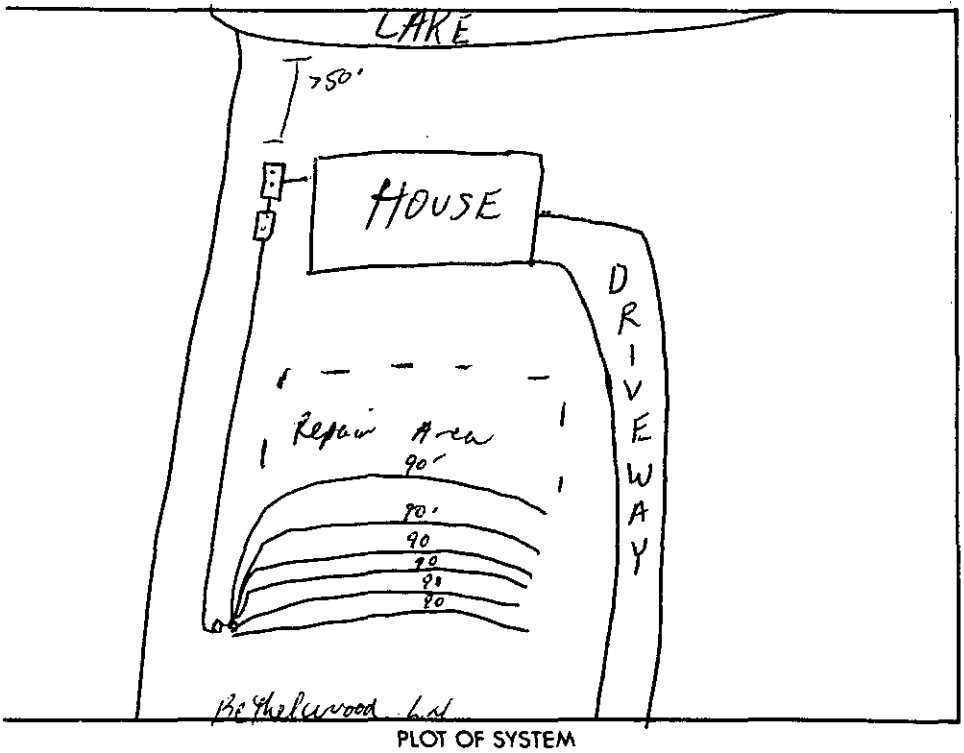
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20478/9218A DATE: 8/24/94

TC: 001 121 02 ☐ L

SERIAL Nº 15803

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 3/21/94. All work shall be completed on or before 9/24/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ 18 NCAC ~~15~~ 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 >15' feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Rodney J. Holtzmuller

LOCATION OF PROPERTY 20540 Bethelwood Ln

Comments: 1500ST, 1000DT, 6 lines x 90' long x 3' wd x 12" stone
Keep lines on contour of land / Keep septic system >50' from high water mark ~~Approved~~

Division or Section Head

Phila 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

SERVICE REQUEST/WORK ORDER

2047B

Log No.: _____ Section: IWWS Hazard? [ ] Yes [ ] No

Date: 06-20-95 Parcel: 001-121-81 <60 Days? [ ] Yes [ ] No

2047B

REQUESTING PERSON: Lynn Lathen Phone X5507

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Jeff Gordon Home

Address 2054 Bethelwood Ln. City Davidson Zip _____

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

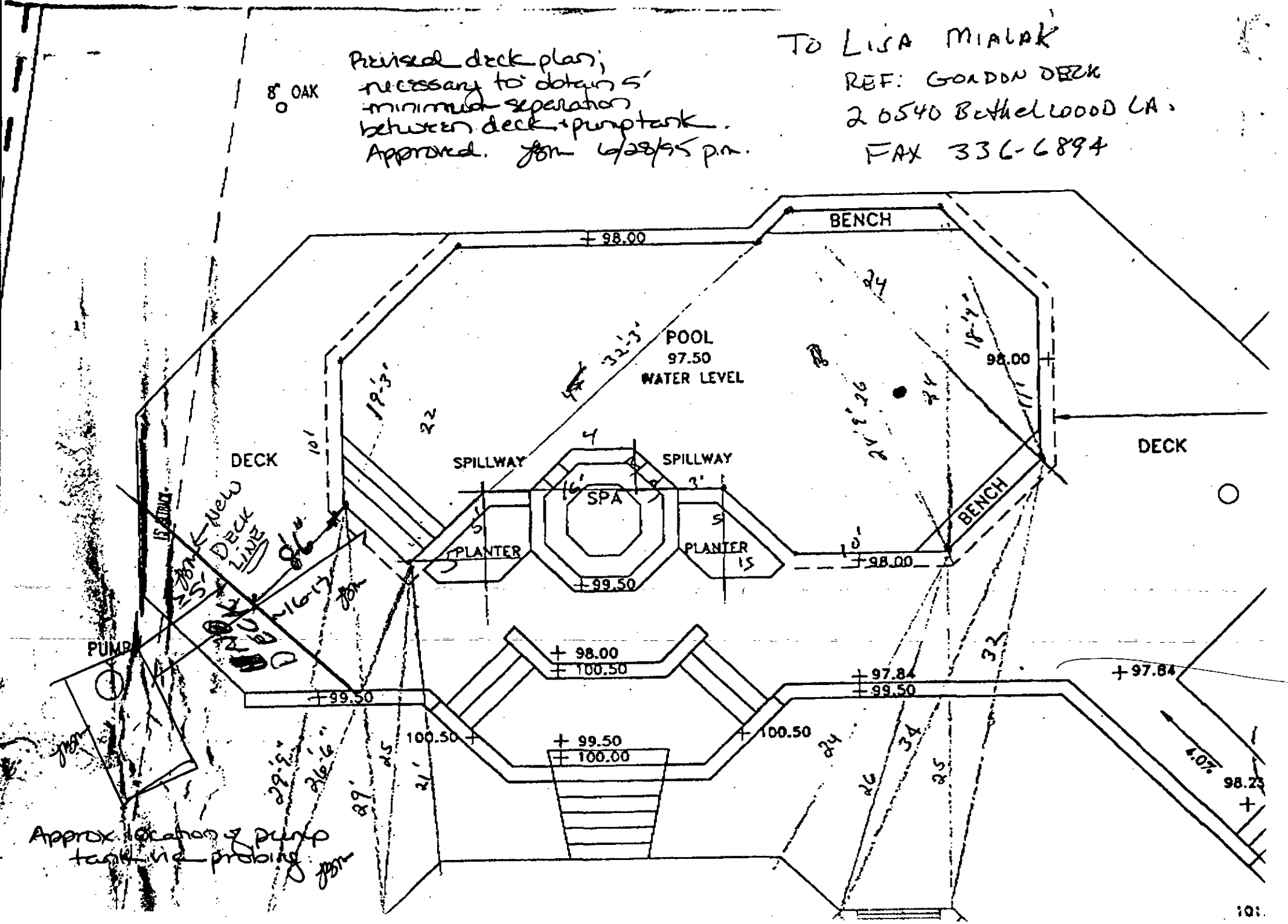
ASSIGNED TO: Susan Bateman TAKEN BY: _____

DATE	ACTIVITY REPORT
	Cartridge filter to be installed - no backwash
6/22/95	Rec'd work order.
6/26/95	PC to Mr. Gordon regard. staking of pool deck. NC. LM.
6/26/95	PC w/ Joe Lombardo of Lombardo Pools.
6/26/95	OSV. Joe Lombardo present. Septic tank + pump tank appear to be at least 15' from proposed pool site as staked, however, decking around pool (as proposed) does not appear to maintain minimum of 5' from pump tank. Per Mr. Lombardo, agreed to change deck specifications to meet 5' separation requirement.
6/27/95	PC w/ Joe Lombardo, stated he would send fax of altered plan
6/28/95 9:50	PC to Lombardo Pools regard. fact that fax not received 6/27.
6/28/95	Rec. fax w/ insufficient info. @ 10:43 am
6/28/95 pm	PC to Joe Lombardo.
	Rec. fax @ 5:08 pm; detail adequate.
6/29/95 9:10	PC to Lombardo Pools. LM for Joe Lombardo - Approval by IWWS. L. Lathan to be notified.
6/29/95	LM for L. Lathan @ 5507. fax

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

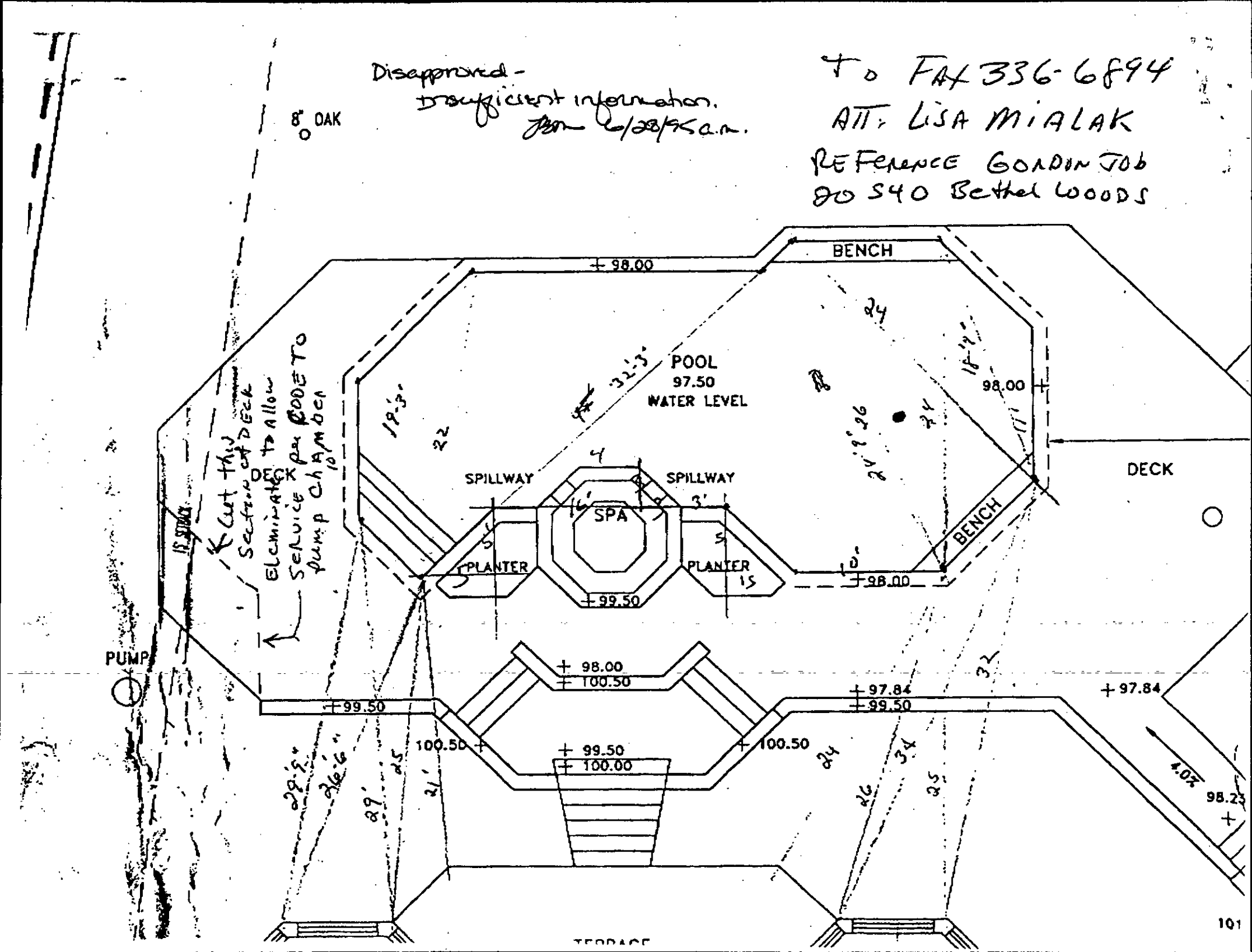
COMPLETED BY: Joba B. Mialik, RS , 6/28/95

REVIEWED BY: _____ /


8" OAK
Revised deck plan; necessary to obtain 5' minimum separation between deck + pump tank. Approved. JGM 6/28/95 p.m.
TO LISA MIALAK
REF: GORDON DECK
20540 Bethelwood LA.
FAX 336-6894
BENCH
98.00
POOL
97.50
WATER LEVEL
DECK
SPILLWAY
SPILLWAY
SPA
PLANTER
PLANTER
BENCH
DECK
New Deck Line
PUMP
99.50
98.00
100.50
99.50
100.00
97.84
99.50
100.50
4.0%
98.25
Approx. location of pump tank via probing JGM

Disapproved -
Insufficient information.
[signature] 6/28/94 a.m.

To FAX 336-6894
Att: Lisa Mialak
Reference Gordin Job
90 540 Bethel Woods



INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

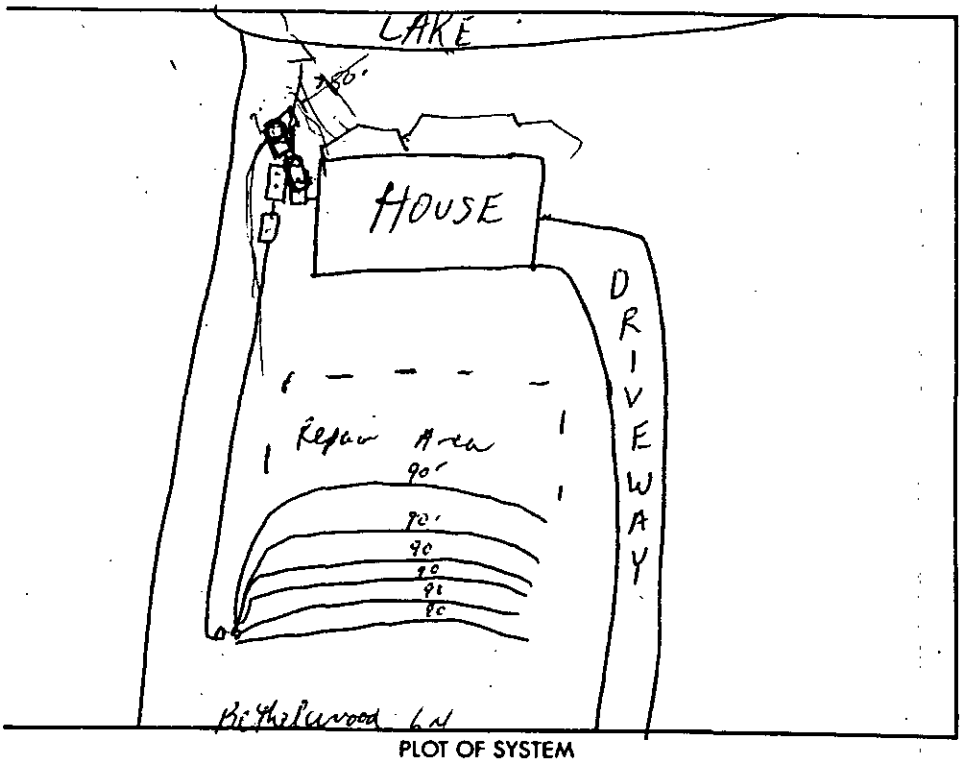
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20478/9218A DATE: 8/24/94

TC: 001 121 02 ☐ L

SERIAL Nº 15803

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 3/21/94. All work shall be completed on or before 9/24/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ 18 NCAC ~~10~~ 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 >15' feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Rodney J. Holtzmuller

LOCATION OF PROPERTY 20540 Bethelwood Ln

Comments: 1500ST, 1000DT, 6 lines x 90' long x 3' wd x 12" stone
Keep lines on contour of land / keep septic system >50' from high water mark Approved

Division or Section Head

Phila 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

C of A (s) No. 21293

Date Issued 10-11-84 Serial 7041 T C No 021-1041

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Potts, Dale
LAST FIRST MIDDLE

Location of Property 20519 Bethelcloud Rd.

Application Number 21293 Permit Number 21293

Inspection Data:

Liquid Capacity of Tank 1000gal LS / 1500gal ST

Total Length of Drain Tile 267'

Depth of Filter Material 12"

Water Supply Source well

Excavation Inspected 10-11-84 DATE

Nitrification Field Inspected 10-11-84 DATE

Washing Machine Line Inspected, If Applicable ____ DATE

Tank Material PVC

Number of Lines Four

Cover Depth 12"

Distance from Water Source 50'

Tank Inspected 10-11-84 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Environmentalist

Serial No. 07611

ICAR(S) Permit No. 21243

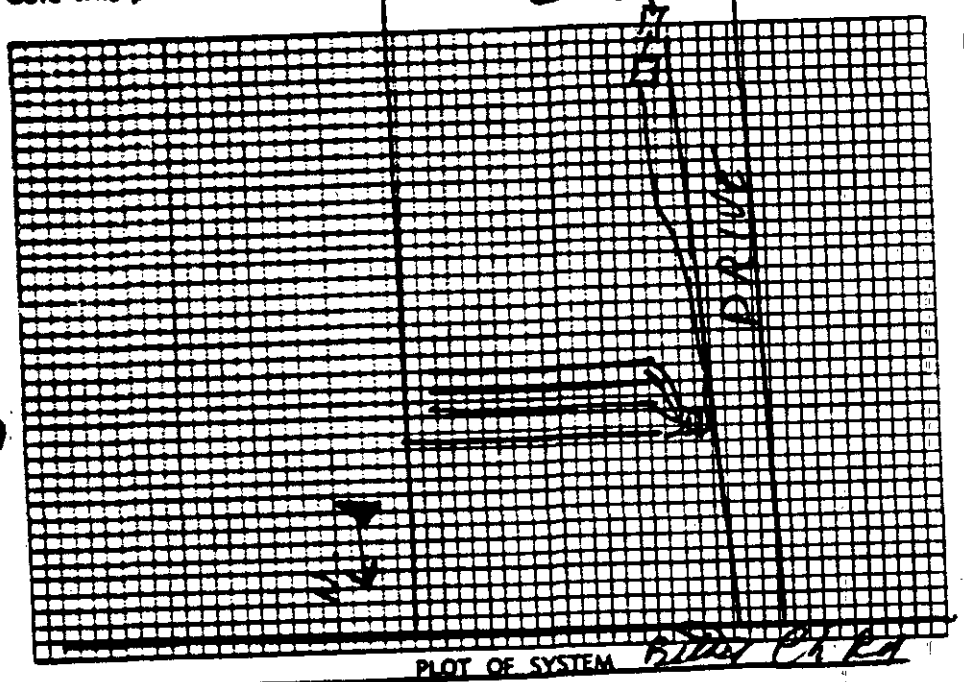
Date Issued 10-8-1984

T.C No 001-1[illegible]

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 application 21243 dated Aug 10 1984 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before NOV 8 1984, after which date this permit shall be null and void.



Permeability Rate PS IA

Liquid Capacity of Tank 1000 gal C / 1500 gal S

Tank Construction Pre Cast Co

Absorption and/or Nitrification Lines

Total Line Length 267 FT.

Number of Lines FOUR

Distance from House 5 FT

Distance from Property Line _____

Distance from Well Keep 100 FT AW / NOT IN USE

NAME OF OWNER POTTS, DALE

LOCATION OF PROPERTY 20519 BETHEL CHURCH RD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: FOUR Trenches to be 69 FT x 3 FT x 12 wide Stone-Cap as [illegible] COVER grade b/c - LIFT STATION

B. Sanders
Division or Section Head

Robert Miller
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

Serial No. 5887

SIR No. 21293

T. C. No. PO 001-101-07

Date Issued 9-27-84

Map Date L

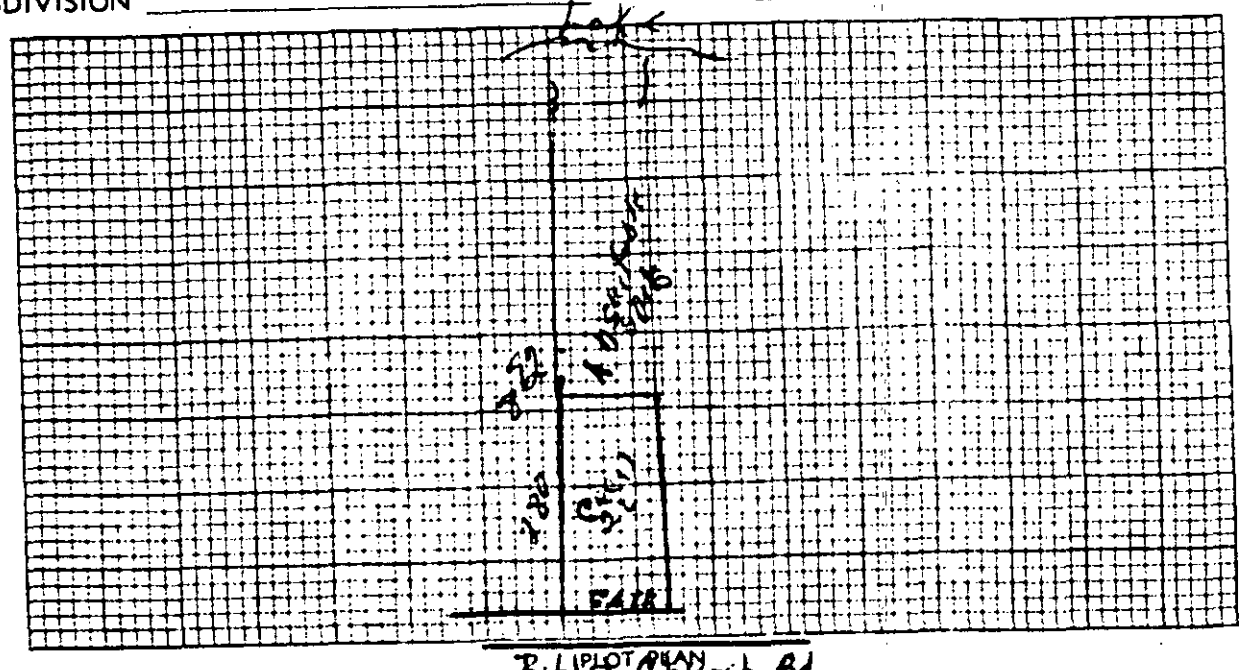
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Potts, (LAST) Dale (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 2501 Toddville Road, Charlotte, NC ZIP 28214

LOCATION OF PROPERTY 20519 Bethel Church Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



BETHEL CHURCH RD

PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE

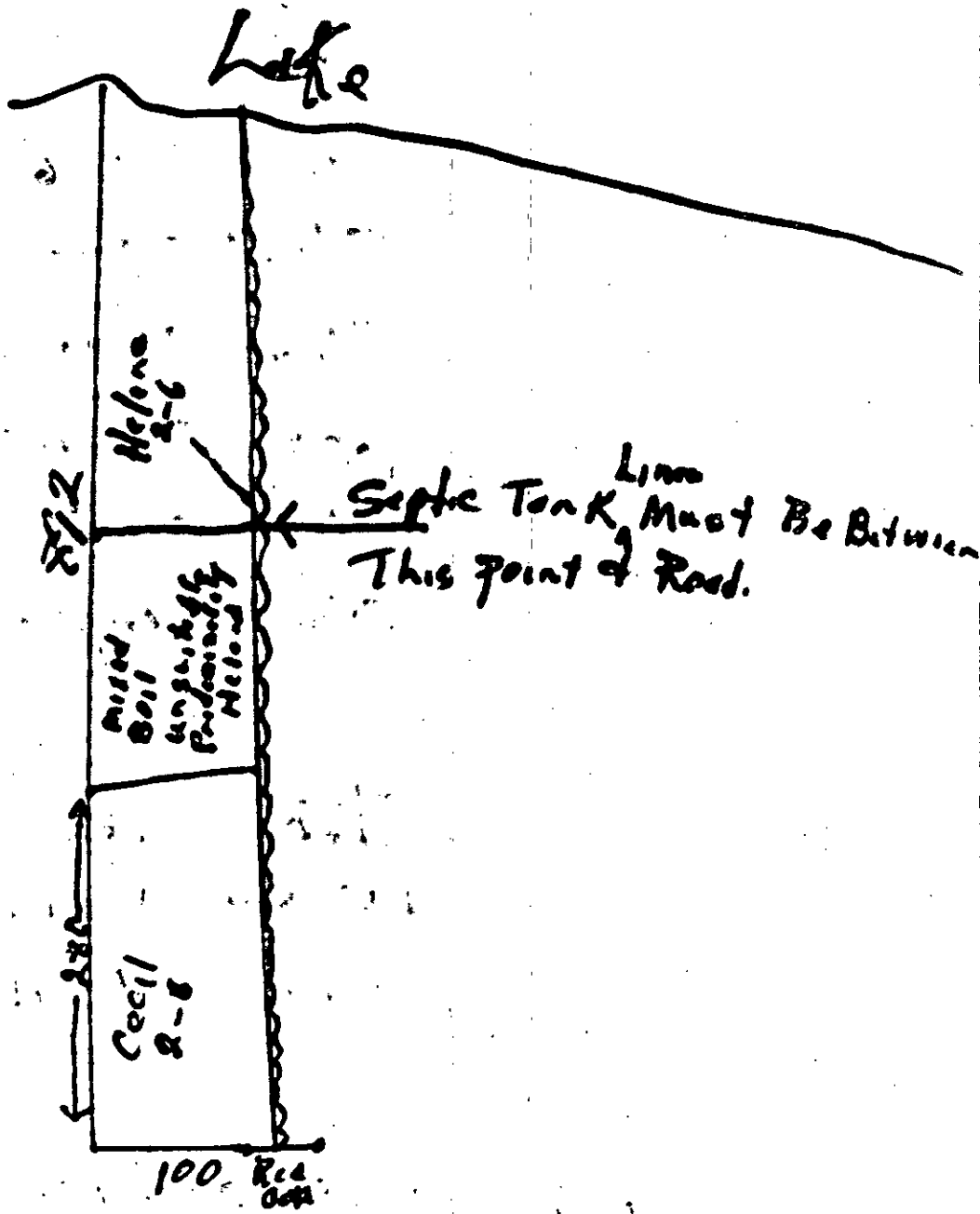
The permeability rate determined by the investigation was _____. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Li Ramsey
Soil Scientist

Bill D. Hardister
Environmental Health Director or
Authorized Section Head


Lake
Septic Tank Line Must Be Between This Point & Road.
Bethel Church Rd

400 - CK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2/7/96 BE
Cash #30.
CRT

2041B

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:

PERSON FILING APPLICATION:
NAME: Hawle (last) David (first) H. (mi)
ADDRESS: 1915 Kenwood Ave PHONE: (704) 332-1923
CITY: Charlotte STATE: N.C. ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-121-86
STREET ADDRESS: 20540 Bethelwood
001-121-86
ZONING:

PROPERTY OWNER:
NAME: Gordon (last) Jeff (first) (mi) fax
ADDRESS: 20540 Bethelwood Ln. PHONE: (__) 896-8908
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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: LOT SIZE (in acres):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
pool House 1/2 BATH
DWH 3-6-96

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: 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):
[ ] 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: David H. Hawle Date: 2-7-96

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:

3/6/96 Release - UXS for pool house with bathroom. fax

...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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

2/13/96 OSR. David Hawle present. Pool House Site O.K. however, nitrification line saturated due to D-Box(?) and/or topography problem - depression. Advised to have Gordons or their legal agent contact S.T. Contractor.

2/26/96 OSR w/ E.J. Ellis S.T. Contractor. Line not saturated → topo. problem. Ref. J. Ellis Letter refer topo. correction to landscaping company due to in ground irrigation system.

2/26/96 PC w/ Jeff Gordon, per Mr. Gordon - 4 bedroom house with rec. room - no closet. Advised of situation.

Lpa B. Mialik RS 2/29/96
Environmentalist Date

J. Bateman for S. Hamel Program Mgr. 3-6-96
Director or Authorized Section Head Date

2/27/96 OSR. Keith Lindberg of Zimmerman Lindberg Landscape Architects present. Discussed topo. corrections to existing slope. 2/29/96 OSR. Mr. Barnhardt present. Topo. appears O.K.

Keith Lindberg of Zimmerman Lindberg Landscape Architects 364-5067

PROPOSED PLOT PLAN

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

FILE: 2047B

TC: 001-121-86

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

SEE Attached

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

Mecklenburg County
Health Department

November 29, 1994

Mr. Rodney Holtzmuller
10627 Tyre Court
Charlotte, NC 28210

Re: 20540 Bethelwood Lane
File: 2047B/9218A
Parcel: 001-121-02PO

Dear Mr. Holtzmuller:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal systems, 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspection at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Please call me at 336-5569 to discuss any question you may have concerning this matter.

Sincerely,

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

SB:gf

$200.00 03/15/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2047B/9218A Ck# 03774 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: Holtzmuller (last) Rodney (first) J (mi)
ADDRESS: 10627 Tyne Ct PHONE: (W) 541-8171
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

Date: 3-14-94

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-121-02
STREET ADDRESS: 20540 Bethelwood LN.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Bethelwood Bay

LOT NUMBER: 9 LOT SIZE (in acres): 1.6

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: 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: Rodney Holtzmuller Date: 3-14-94

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

[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

Phila S. Walker 3/21/94
Environmentalist Date

P. Walker for S. Hand 3/21/94
Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

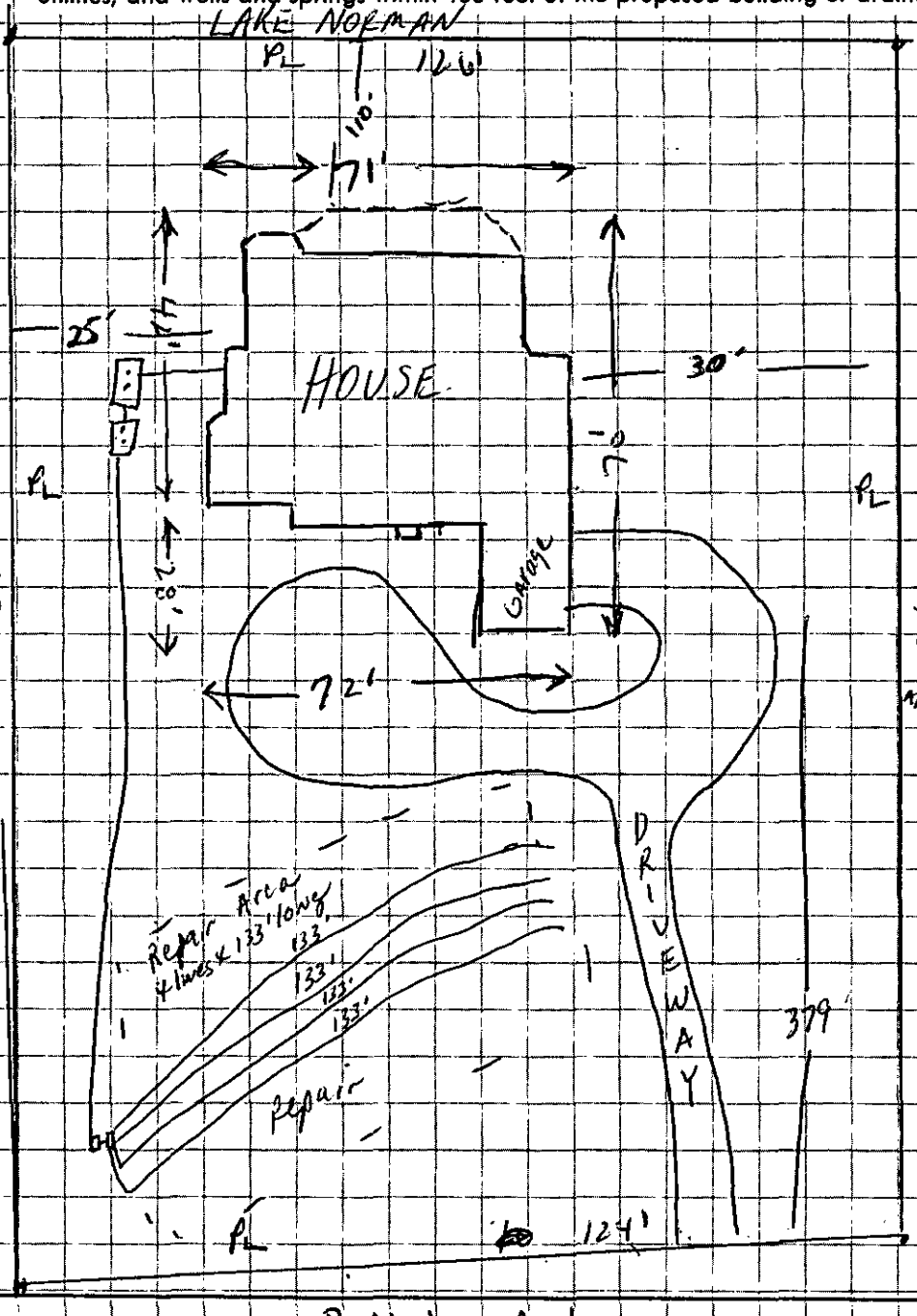
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

2047B1 9218A

FILE: ~~3214A~~

TC: 001-121-02

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.



1500 ST
1000 DT
Lift pump required
4 lines x 133' long
x 3 wd x 12" stone
532 TLF
Repair Area
4 lines x 133' long
Keep septic system
> 50' from high water
mark and wells.
Keep septic lines on
contour of land
379' from front of house
to front property line
CMUD water
Keep water > 10'
from septic system

3-21-94

APPROVAL DATE PSW 3/21/94

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

PROPOSED PLOT PLAN

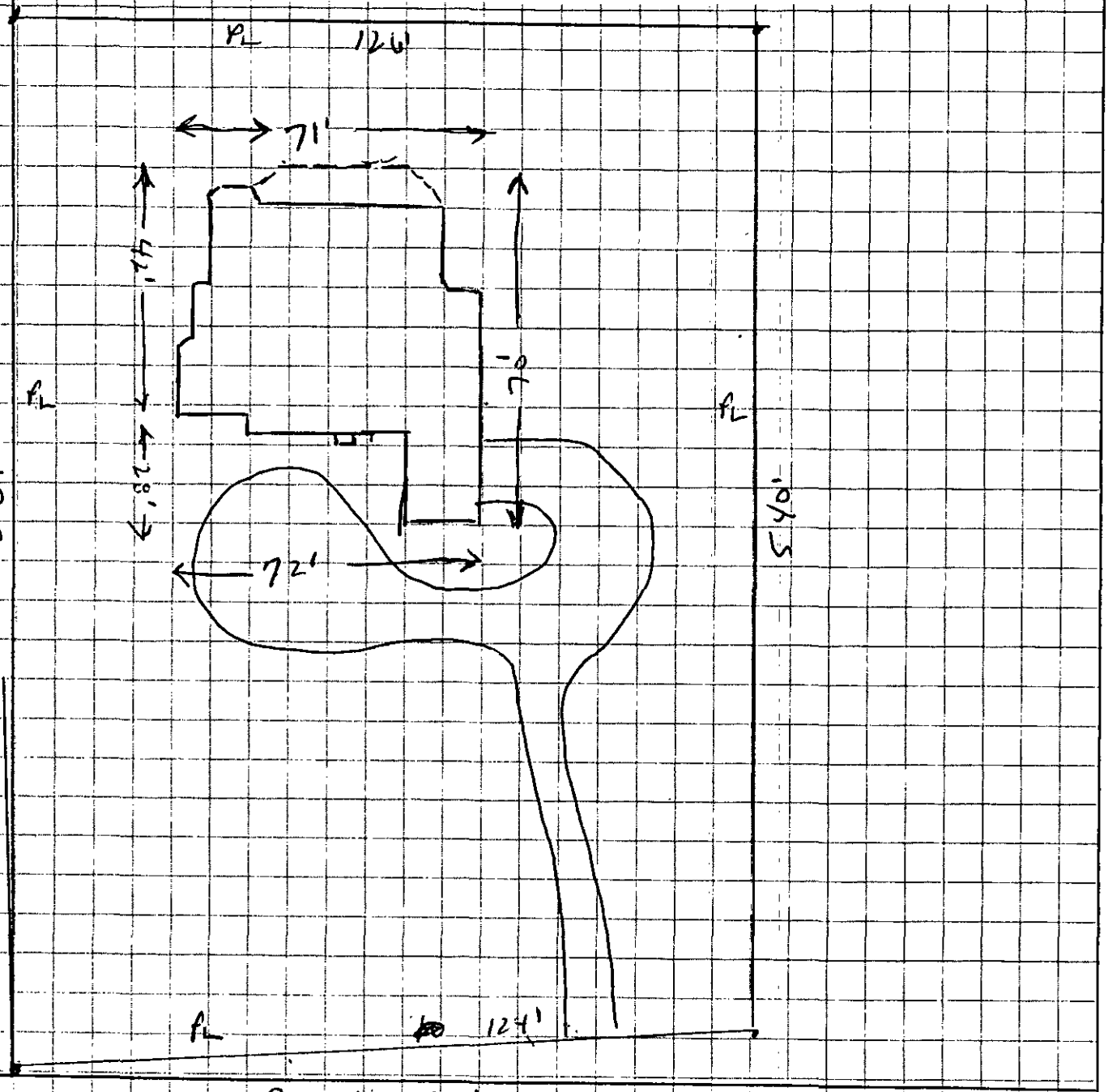
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

2047B1 9218A

FILE: ~~3214A~~

TC: 001-121-02

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

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

DATE: 3-14-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-121-02

ASSIGNED ADDRESS 20540 Bethelwood LN

EXISTING ADDRESS 2079

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: new 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: JCN

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20104

File: 2047B/9216A Action 1

Parcel: PO 001-121-02 ☐ PC

20540
Location: Bethelwood Lane

Subdivision:

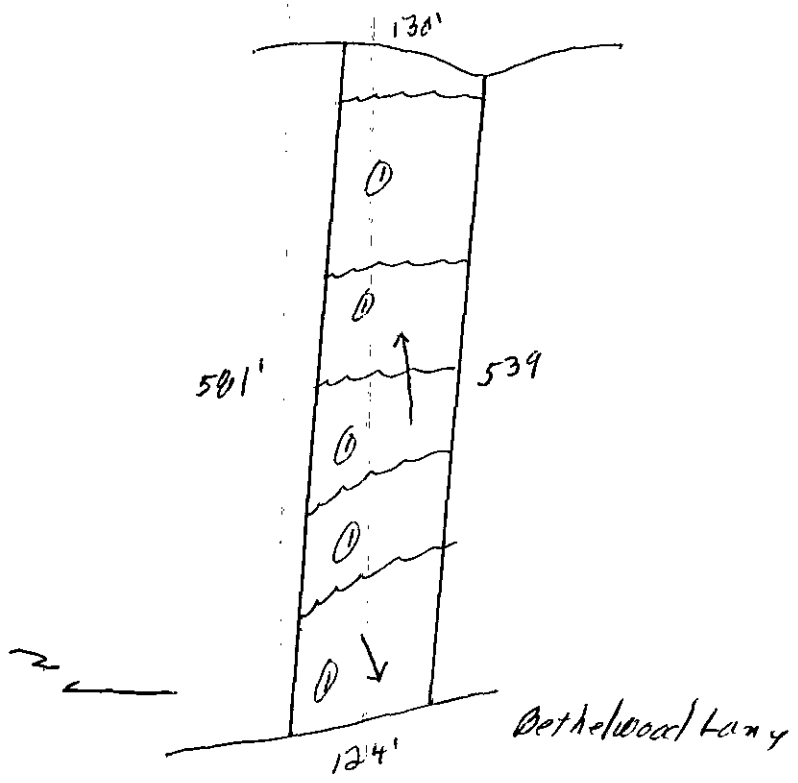
Lot: 9 Block: Acres: 1.60

Owner: McConnell Family Limited Partnership
Address: 20729 Bethelwood Lane
Davidson, N.C. 28036

Comments: 100% Repair, 3 gal/ft²/day LTAR
system may need pump,
recommend area for drainfield
be spot-checked by respective depart

Described by: William A. Marlin

Date: 12-10-93



*** 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) Terraces	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 Subs Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-40" water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-40"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	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	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-1.Ho	Terraces				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

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

December 10, 1993

McConnell Family Limites Partnership
20729 Bethelwood Lane
Davidson, NC 28036

RE: Property located on 20540 Bethelwood Lane (Lot #9)
FILE: 2047B/9218A
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 20104) 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, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

Tax Parcel 001-121-02 100.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK# 8752 11/03/93
$100.00

2047B/9218A

[ ] 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: 20540 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 Hts

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

TYPE APPLICATION (check one):
LOT NUMBER: 9 LOT SIZE (in acres): 1.60

[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: Lillie 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

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 4001-121-02

ASSIGNED ADDRESS 20540 BETHELWOOD LN

EXISTING ADDRESS Lot #9

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: S.F. 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. McConnico

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

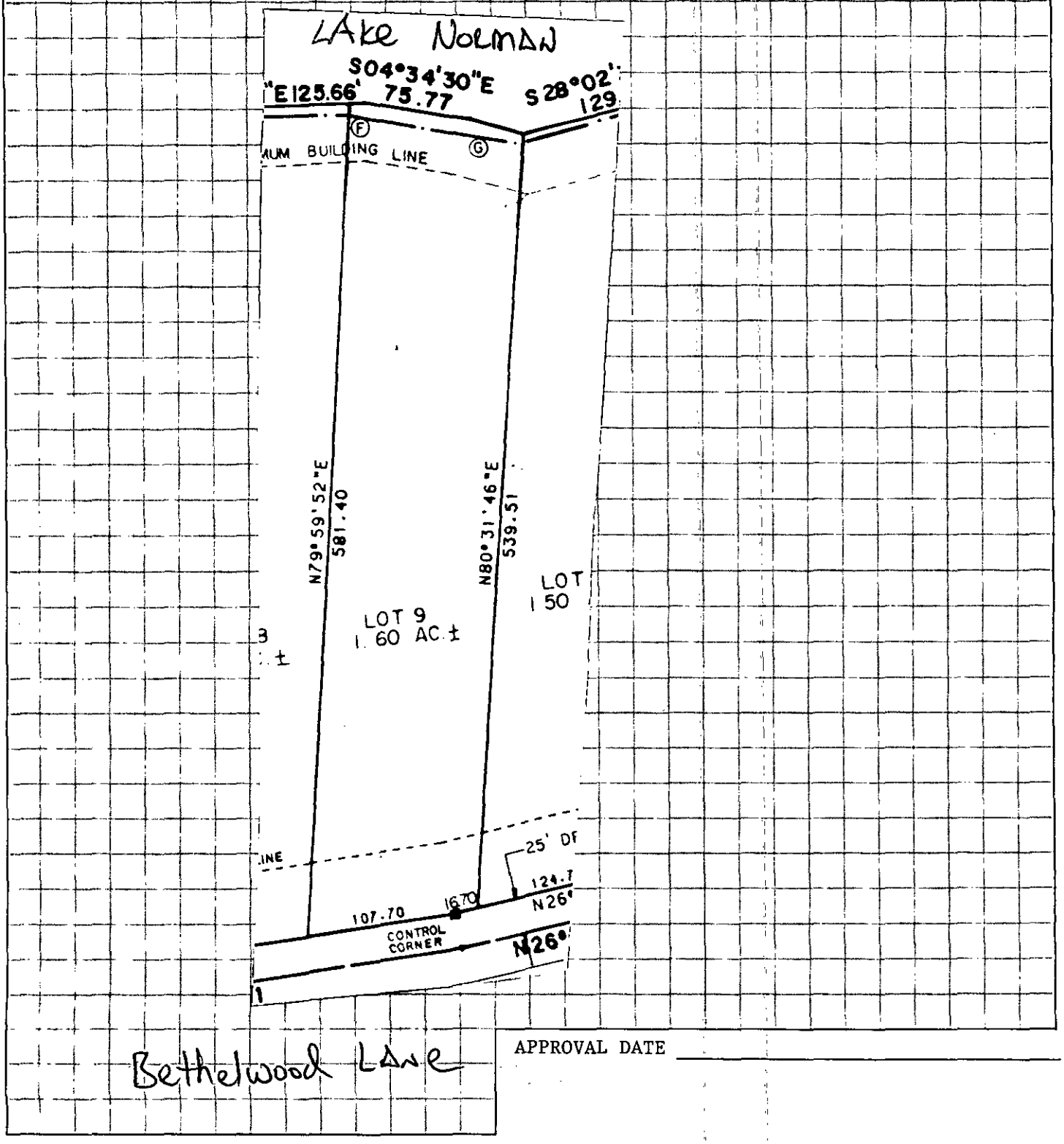
PROPOSED PLOT PLAN

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

FILE: 2047B19218A

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

Tax Parcel 001-121-02

156.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Cash 8752 11/03/93
$100.00

[] CRT

2047B/9218A

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:

PERSON FILING APPLICATION:

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

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

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001 121 02

STREET ADDRESS: 20540 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 Add

Township (check one):

[x] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 9 LOT SIZE (in acres): 1.60

[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 (H) [] 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: Lillie 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

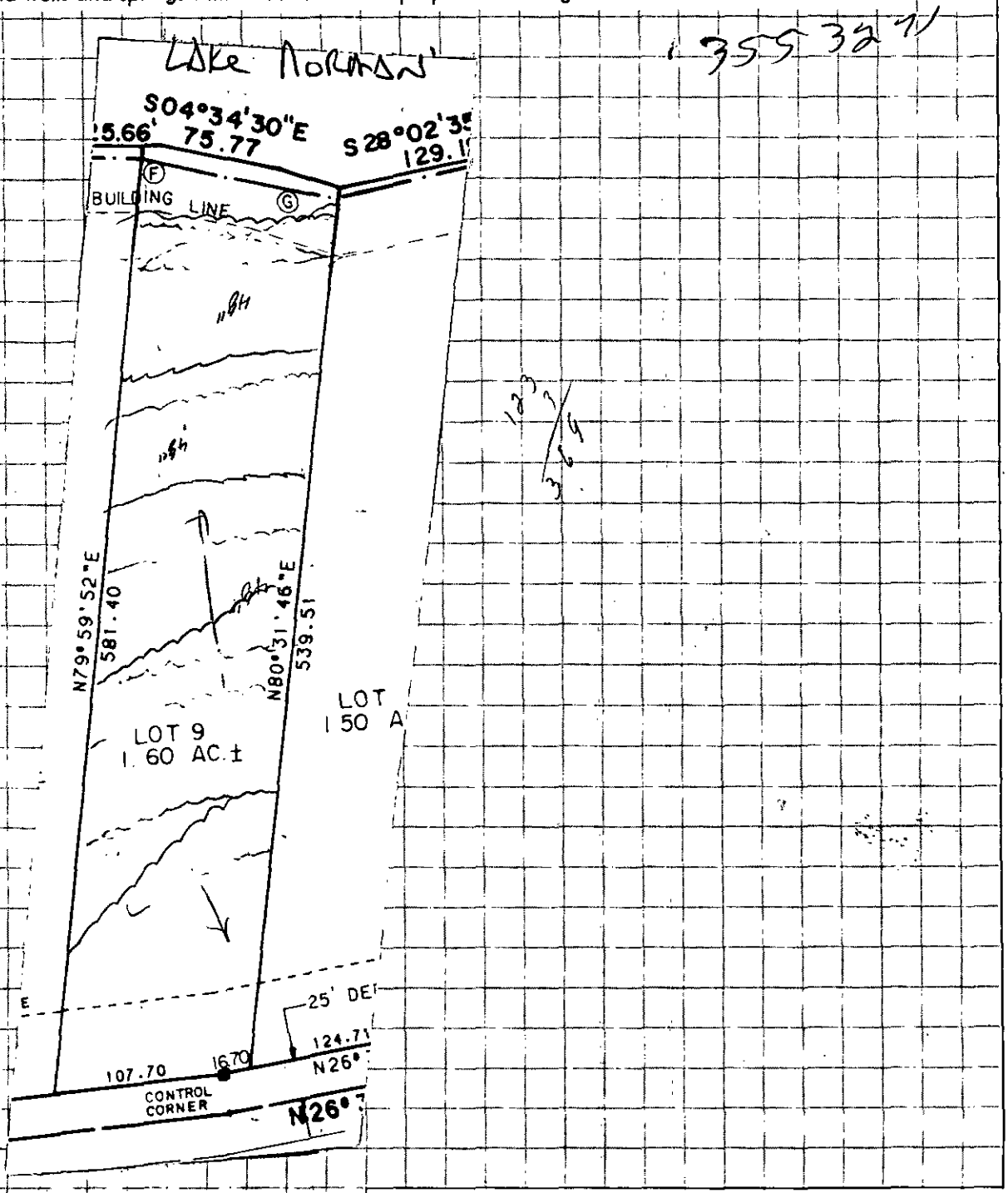
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102
2668
0-704-532-6594

FILE: 2047B/9218A

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 Lane

APPROVAL DATE _____

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

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21293

T.C. NO. Col 121-07

(Ground Absorption Sewage Disposal)

OWNER: DALE M. POTTS
ADDRESS: 2501 Teddsville Rd 28214

PLAT NO:
LOT SIZE: 2A

LOCATION OF SITE: Bethel Church Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-8	S (PS) U 2-6	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Mixed Clay	S (PS) U Clayey	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Weak Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS (U) 24'	S (PS) U 36-45	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S (PS) U None	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Slow	S (PS) U Adequate	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIB	IVa		
9. SITE CLASSIFICATION	Unsuitable	P. suitable		
10. SOIL SERIES	Helena	Cecil		

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Survey of Front Part of Lot.

Described by: W. B. Ramsey
Title: Sanitarian

Date: 9-25-84

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Gallagher Residence	2047B
Health Department	**Name of Establishment**	**Permit/Project No.**
20540 Bethelwood Lane	House	480
Location	**Type of Establishment**	**Design Flow**
Stephen J. Gallagher	20540 Bethelwood Lane	
Owner/Agent	**Address**	**Phone**
Operator	**Address**	**Phone**
IIIb	9/15/09	September 2013
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

System appears to be functioning properly at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 9/15/09

SIGNED: _____ AGENT

Division of Environmental Health

Printed Name:

Phone #:

Bethel Church Rd
872
100
158
Clearing
100
Area where
Drain field could
Go.
Drop off
Low Area