

9001 LAKEBROOK RD

05322316

12/18/2007

duponbj

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

Lot # 54B (84ISA)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

"REPAIR" [ ] CRI

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: STIKELEATHER (last) ALEX (first) C. (mi)
ADDRESS: 9001 N. LAKEBROOK RD PHONE: (704) 399352X
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: JULY 25TH 1992

PROPERTY OWNER:
NAME: STIKELEATHER (last) ALEX (first) C (mi)
ADDRESS: SAME PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-158-07
STREET ADDRESS: 9001 N LAKEBROOK RD
ZONING: RES.

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:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] 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) [ ] 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)
[ ] 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: Alex C. Stikeleather Date: JULY 25TH 1992

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

N.C. STATE DEPT OF TRANSPORTATION
REQUESTING REMOVAL OF SEPTIC
TANK FROM RIGHT OF WAY
NEED SOMEONE TO CHECK OUT
FOR PERMIT TO MOVE

LET ME KNOW WHEN SOMEONE
CAN COME SO I WILL BE HERE

399 3524

Alan C. Stubblefield

Lot # 54A/B (84SA)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

"REPAIR" [] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: STIKELEATHER (last) ALEX (first) C. (mi)
ADDRESS: 9001 N. LAKEBROOK RD PHONE: (704) 399352X
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date: JULY 25TH 1992

PROPERTY OWNER:
NAME: STIKELEATHER (last) ALEX (first) C (mi)
ADDRESS: SAME PHONE: (___) _____
CITY: SAME STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-158-07
STREET ADDRESS: 9001 N LAKEBROOK RD
ZONING: RES.

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:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] 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) [] 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)
[] 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: Alex C. Stikeleather Date: JULY 25TH 1992

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

544B

Mecklenburg County
Health Department

August 10, 1992

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

Mr. Alex C. Stikeleather
9001 Lakebrook Road
Charlotte, North Carolina 28214

Subject: Property Located at 9001 N. Lakebrook Road

Dear Mr. Stikeleather:

Receipt of your application for an Improvement Permit to relocate the sewage treatment and disposal system at the above location due to the Department of Transportation expansion of the I85 service road at Lakebrook Road is hereby acknowledged. Upon receipt of the request, a site evaluation was conducted in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal". Our comments are listed below:

The soils in the area proposed for the relocation of the drainfield was found to be unsuitable for septic tank system installation. These soils have expanding clay minerals present in the subsoil horizons. Indications of seasonal perched water (drainage mottles) was found as shallow as eighteen (18) inches from the soil surface.

There is insufficient area available to install a drainfield sized to accommodate the dwelling and also meet all setback requirements, i.e. from drainage ditches house and garage foundations. The area is further limited by a well located at the rear of the house. The minimum setback distance from a well is fifty (50') feet. There appears to be insufficient area for relocation of the well.

Therefore, based on this information, your request to relocate your sewage treatment and disposal system is denied.

If you have any questions concerning this matter or wish to exercise your right of appeal, you may contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

cc: Terrell Smith
Department of Transporation

Mecklenburg County

Health Department

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

M E M O R A N D R U M

TO: Judy Kiser, R.S.
Individual Water and Wastewater Systems

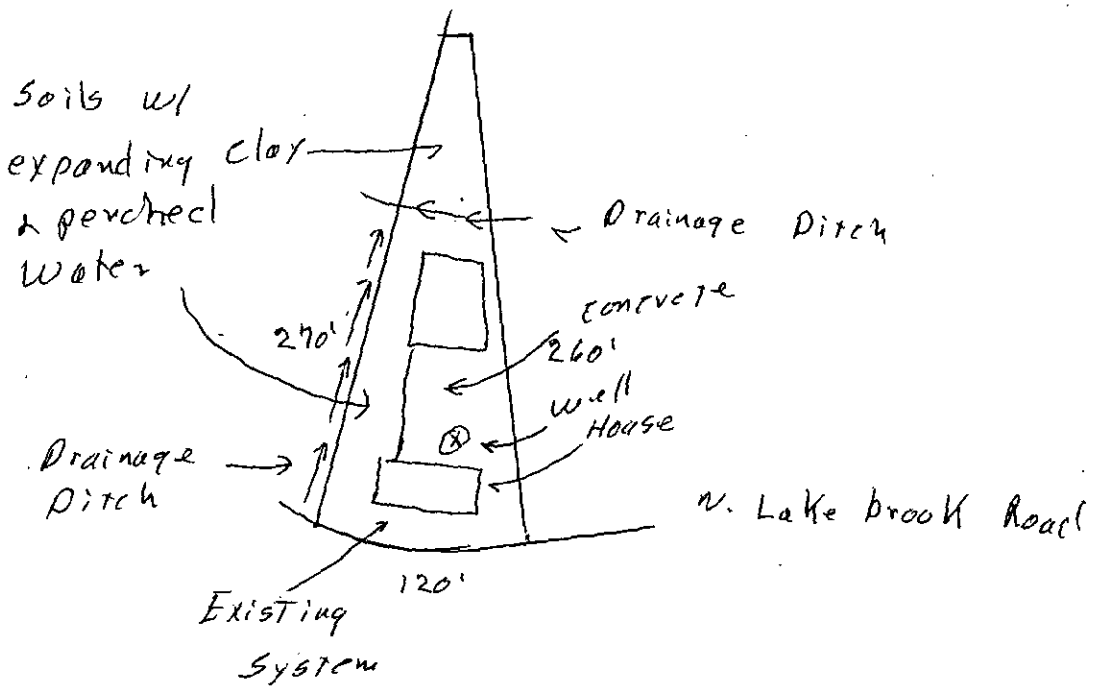
FROM: William R. Marlin, Soil Scientist
Individual Water and Wastewater Systems

William R. Marlin
8-11-92

Re: Site Investigation at 9001 Lakebrook Road

A site investigation was made at 9001 North Lakebrook Road on August 06, 1992 to evaluate an area for the proposed relocation of the septic tank drainfield. The soils in the area proposed for relocating the drainfield were found to be unsuitable for septic tank system installation (see accompanying sketch). These soils have expanding clay minerals present in the subsoil horizons. Indications of seasonal perched water (drainage mottles) were found as shallow as 18 inches from the soil surface. These appears to be a lack of available space to completely replace the drainfield. A drainage ditch also crosses the area and there is a well on the property that would have to be abandoned.

Therefore, on the basis of this investigation, the site is determined to be **UNSUITABLE** for the relocation of the drainfield due to the widening of North Lakebrook Road.



9001 N. Lakebrook Rd.

WAM 8-7-92