


6625 LAKE RD

13709931

5/30/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 12-29-89

Name/Company: A Quality Electric

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 29 1989

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp Permit
395 Lake Rd

File # 5223A

Fee: $ 100.00

PDCR # 1188

NOTICE:

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

Jackie Abernathy
Completed by

Collected by

# Mecklenburg County
## Health Department

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


December 6th, 1988

Mary G. Dula
201 S. Kings Drive
Charlotte, NC 28204

RE: Property located at Lake Road
FILE: 5223A
PARCEL: 13709931

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15797) is enclosed.

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

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)


Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 15797

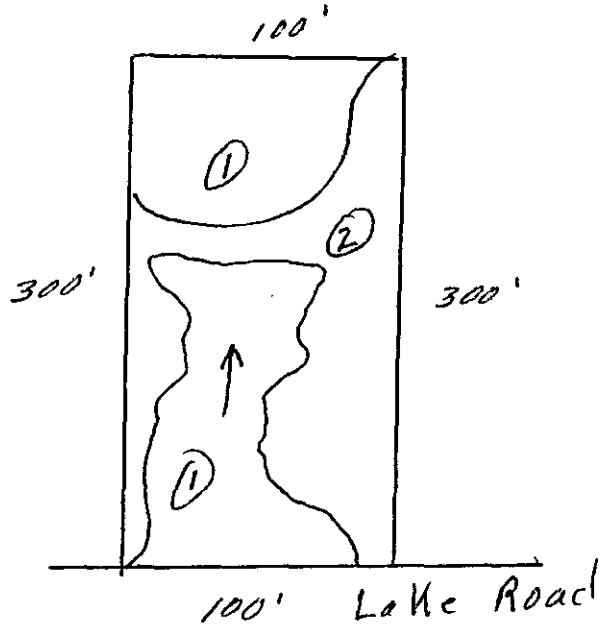
File: 5223A
Parcel: 13709931
Action 2
☐ PC

Location: Lake Road
Subdivision:
Lot: Block: Acres: .69

Owner: Mary G. Dula
Address: 201 S. Kings Drive
Charlotte, NC 28204

Comments: _____

Described by: William R. Martin
Date: 12-5-88




***** 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 6-10% | S PS (U) Complex slopes | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Clay | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" To water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" To water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >36" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS (U) Restricted | 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 | 10A Cecil-Lilly | Complex Slopes | | | | |
| Area Classification | S PS (U) | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5223A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 6625 Lake Road, Charlotte, N.C.

② SUBDIVISION: Wilgrove ③ LOT: 6 & 7 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 99 PARCEL NO.: 31

⑥ DEED REFERENCE: BOOK NO.: 1511 PAGE NO.: 332

**OWNER**

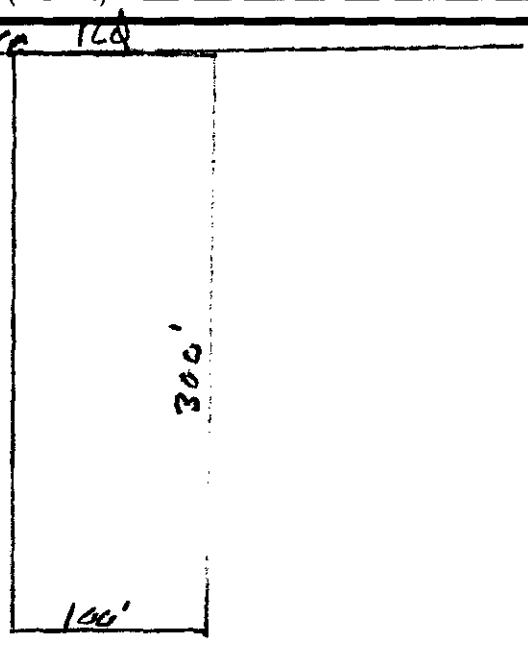
⑦ NAME: Mary (FIRST) G (MIDDLE) Dula (LAST)

⑧ MAILING ADDRESS: Financial Fitness, Inc., 201 South Kings Dr. (Bob Wilburn)

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 704-3770998 (HOME) _____

⑬ Accurately diagram and dimension lot.




⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Mary G. Dula

Date: 11/23/88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date 11/22/88

Name/Company Joyce Gladden

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Soil Test
#5223A, 5222-1A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 23 1988

Fee: $ 60 —

Completed by

Collected by

pd 9-89
$100 ck 9-89

# APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 5223A

TC: _____

SERIAL: № 19489 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 395 (STREET NO.) LAKE RD (STREET) ② FILE: 5223A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-099-31

⑤ SUBDIVISION: WILCROVE FARMS ⑥ LOT: 6 AND 7 ⑦ BLOCK: _____

**OWNER**

⑧ NAME: MARY (FIRST) GRACE (MIDDLE) DULA (LAST)

⑨ MAILING ADDRESS: 201 MIDDLETON DR.

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28207

⑬ PHONE: (WORK) _____ ⑭ (HOME) 333-5335

**REQUEST**

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

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

**DESIGN CRITERIA**

System will serve:

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

㉒ Number of bedrooms? THREE ㉕ Type? _____

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____

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

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mary Grace Dula

Date: 11-14-89

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

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

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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